



**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY**

**SELECT COMMITTEE ON ESTIMATES 2007-2008**

**(Reference: Appropriation Bill 2007-2008)**

**Members:**

**MR M GENTLEMAN (The Chair)**  
**MR B STEFANIAK (The Deputy Chair)**  
**MS M PORTER**  
**DR D FOSKEY**  
**MRS J BURKE**

**TRANSCRIPT OF EVIDENCE**

**CANBERRA**

**THURSDAY, 28 JUNE 2007**

**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 relevant to this inquiry that have been authorised for publication by the committee may be obtained from the committee office of the Legislative Assembly (Ph: 6205 0127).

## APPEARANCES

<b>Department of Disability, Housing and Community Services.....</b>	<b>856</b>
<b>Office for Children, Youth and Family Support .....</b>	<b>856</b>
<b>Office for Women.....</b>	<b>856</b>

## The committee met at 9.33 am.

### Appearances:

Gallagher, Ms Katy, Minister for Health, Minister for Children and Young People, Minister for Disability and Community Services, Minister for Women

### Department of Disability, Housing and Community Services

Lambert, Ms Sandra, Chief Executive  
Hehir, Mr Martin, Deputy Chief Executive  
Ford, Ms Lois, Executive Director, Disability ACT  
Sheehan, Ms Maureen, Acting Executive Director  
Whale, Mr Andrew, Director, Disability ACT  
Overton-Clarke, Ms Bronwen, Executive Director, Policy and Organisational Services  
Whitten, Ms Meredith, Director, Advocacy Review and Quality  
Hardy, Ms Rosalie, Senior Manager, Therapy ACT  
Pappas, Ms Helen, Manager, Child and Family Centres  
Stankevicius, Mr Adam, Director, Government Strategy and Community  
Hubbard, Mr Ian, Director, Finance  
Collett, Mr David, Director of Assets

### Office for Children, Youth and Family Support

Lambert, Ms Sandra, Chief Executive, Department of Disability, Housing and Community Services  
Hehir, Mr Martin, Deputy Chief Executive, Department of Disability, Housing and Community Services  
Denley, Ms Lou, Executive Director  
Duggan, Mr Frank, Director, Care and Protection  
Kitchin, Ms Jenny, Director, Early Intervention  
Harwood, Mr Neil, Director, ATSI Services  
Wyles, Mr Paul, Director, Client and Adolescence Services  
Overton-Clarke, Ms Bronwen, Executive Director, Policy and Organisational Services  
Stankevicius, Mr Adam, Director, Government Strategy and Community  
Hubbard, Mr Ian, Director, Finance

### Office for Women

Lambert, Ms Sandra, Chief Executive, Department of Disability, Housing and Community Services  
Hehir, Mr Martin, Deputy Chief Executive, Department of Disability, Housing and Community Services  
Fieldhouse, Ms Anna, Manager, Office for Women  
Stankevicius, Mr Adam, Director, Government Strategy and Community  
Hubbard, Mr Ian, Director, Finance

**THE CHAIR:** Good morning, minister, officials from the Department of Disability, Housing and Community Services and members. I welcome the minister to the 2007 estimates round. I will just read the witness card before we begin.

The committee has authorised the recording, broadcasting and re-broadcasting of these proceedings in accordance with the rules contained in the resolution agreed by the Assembly

on 7 March 2002 concerning the broadcasting of Assembly and committee proceedings. Before the committee commences taking evidence, let me place on the record that all witnesses are protected by parliamentary privilege with respect to submissions made to the committee in evidence given before it. Parliamentary privilege means special rights and immunities attach to parliament, its members and others necessary to discharge the functions of the Assembly without obstruction and without fear of prosecution.

While the committee prefers to hear all evidence in public, if the committee accedes to such a request, the committee will take evidence in camera and record that evidence. Should the committee take evidence in this manner, I remind the committee and those present that it is within the power of the committee at a later date to publish or present all or part of that evidence to the Assembly. I should add that any decision regarding publication of in camera evidence or confidential submissions will not be taken by the committee without prior reference to the person whose evidence the committee may consider publishing.

This morning we have the Minister for Disability and Community Services; this afternoon we have the minister again in her role as minister for children, youth and family services, then as Minister for Women. We will try to break this morning about 10.30. Minister, would you like to make any opening comments?

**Ms Gallagher:** Thank you, chair. No, I would prefer to move straight into it. We have all the officials here—ready, willing and able to answer any of the committee’s questions.

**THE CHAIR:** I might start off. There is a letter in the *Canberra Times* today, written by a Mr RG Blazey, regarding disability services. He says:

Since mid-2004 we have experienced the continuing horror of behaviour identified in the Gallop report. Nothing has changed.

Minister, can you tell us what you have done to date to address the recommendations in the Gallop report?

**Ms Gallagher:** I read that letter this morning as well. I am very concerned by the content and the allegations raised in the letter. They go to claims of negligence, abuse and cover-ups, and they seem to attribute them to people in public office. I am going to refer that matter to the department and seek some legal advice around the content of that letter—and specifically around some of the allegations that are raised in that letter, because that is the first I have heard of it. When you have claims like that put out in public, they need to be substantiated or there needs to be evidence to support those allegations for us to look into. We will be dealing with that letter separately. But there has been enormous reform work undertaken since we came to office and implemented some of the recommendations around the Gallop report. That reform work continues. I will hand over to Lois Ford and Andrew Whale to answer some of the detail of that question.

**Ms Ford:** I will ask Mr Whale to talk about the changes that have been made and our own individual support services that we deliver in relation to risk, quality et cetera.

**Mr Whale:** There has been a lot of work done across Disability ACT and in conjunction with the whole sector in relation to improvements of quality and quality assurance measures. I might quickly run through a few to give some sort of context to the moves since the Gallop

inquiry.

I suppose the most fundamental thing, which was a direct response to some of the issues raised in Gallop, has been a focus on risk management. We have staff who are qualified in doing risk assessments and risk management processes. With clients, where there is a need—particularly if there is a higher, complex need in relation to behaviour or physical need—there is a risk assessment done involving all parties associated, including clinicians. Often occupational therapists from Therapy ACT are involved if there are issues such as modifications required to premises or a facility to assist the individual. Specialists, including visiting psychiatrists from interstate, are often brought in on some of those risk assessments—and developed. That process has now been in train for many years and has been growing and developing as we continue through with the improvements to and development of risk assessments.

We also now undertake a three-monthly periodic service review, which assesses the needs in each household and how the operational service standards are being matched to those needs. We have established a complaints management unit so that complaints can be dealt with properly and transparently. That is within Disability ACT and more widely across DHCS. As you would also be aware, there are now other mechanisms outside the department, with the commissioner and other roles, where complaints can be taken and dealt with.

We have done a lot of work with ACT Health on partnerships to assist people with disability. There has been a particular focus with mental health. We are working very closely with the leaders in that field in the ACT to provide a consistent, cross-departmental approach so that it is as seamless as we can make it if a person is requiring any service through disability or mental health. We have also established the dual disability service, which we co-fund. It sits under mental health, but we co-fund it; it sits within our organisation and is available with clinicians there in the office so that any of our staff that wish to get advice, information or support can literally walk around the corner and speak to clinicians there. They are also involved in the risk assessment processes and the development of procedures that we have put in place to assess any risks or needs that have been identified to improve the quality.

We have developed an active support program to ensure that activities are being provided for clients that are functional and part of the development of their requirements as an individual to grow and have more access to the issues and the desires that they have to express. Very significantly, in the past 12 months we have implemented a new risk management tool called RiskMan. It is a new database which we have rolled out over the last 18 months. We started training in it 18 months ago. So we now have a new electronic reporting system for every incident that occurs across the Disability ACT network, including respite as well as accommodation support. Therefore, if there is an incident, for example, today—there is a rating level for every incident. Based on that rating level, a report will be electronically sent to various players, including senior management, me, risk assessors, supervisors and staff, to say that there is an immediate notification and an opportunity for response.

We are also looking at the data we are getting out of that now. It has been in place for 12 months. We are getting very effective data and looking at systemic issues. We had an example recently where there were a number of incidents occurring—of a relatively minor nature in the scheme of things, but significant—in a house. The analysis that was undertaken by staff using that program indicated that we could draw it down to a time of day; it was around breakfast time. We managed to put in additional resources around that time of the day

to assist in those issues.

It is that sort of systemic data that we are now getting that we can look at with a holistic approach, see these patterns and respond in a very effective way. We are still learning ways to better use that. It has been in place for only 12 months, but it has already proven to be very effective in improving the quality standards that we have across our system. We are looking at the potential over the coming years for the expansion of that system or a very similar system across the whole sector. We are starting discussions on that with the sector shortly.

There has also been a very substantial increase in the staffing standards that we employ across Disability ACT. We have undertaken a whole new process in regard to recruitment which includes a broader audience that we try to attract staff from. During that recruitment process we hold information sessions before we finalise, so there is an understanding from people applying for the jobs as to what is involved and what is required. Then there is a detailed induction process where they spend four weeks on the job and in classroom training, undertaking supernumerary shifts where they are buddied with an experienced staff member to learn the individual issues in a house or across a network of houses. They undertake a number of workplace learning modules over a six-month period. And there is a six-month probation where there is follow up and assessments as to how they are progressing against the standards that we expect.

Training is provided in such things as bowel management, oxygen, PEG feeding, ageing, sexuality, dual disability and mental health first aid. The range of training that is provided to staff from day one leading up to the end of that probation period is very extensive. That also ties in with the standard police checks and other issues that require a standard quality measure.

Every year there are at least five days of training for all staff. There is a renewal process, so advanced learning is undertaken, particularly around issues such as epilepsy: there are very significant changes, almost on an annual basis, in our management and understanding of issues around epilepsy. We have significantly increased the budget we are spending on training.

**MRS BURKE:** By how much? How much have you increased it by?

**Mr Whale:** The current budget we are spending on training within Disability ACT is around \$1.3 million.

**MRS BURKE:** And that has gone up from?

**Mr Whale:** It would be up from around \$1 million.

**Ms Gallagher:** That gives an outline of some of the safety and quality measures that have been put in place since Gallop. I should also say that in our current negotiations with the commonwealth over what was known as the CSTDA—it may have a new name in the future—the commonwealth raised quality as an issue for them. They were concerned about complaints around disability services and the standards of care that were being offered. The commonwealth raised this in a ministerial forum. Following that ministerial forum, officers of DHCS met with the commonwealth at my request to further investigate those concerns. Again, it was news to us if they had concerns around the quality and safety of service

provision. We were informed that the ACT was not a jurisdiction that they were concerned about—precisely because of some of the measures that we have put in place since Gallop that other jurisdictions perhaps have not implemented or have not got to this stage.

**MR STEFANIAK:** Have you signed it now?

**Ms Gallagher:** Signed what?

**MR STEFANIAK:** The commonwealth-state agreement?

**Ms Gallagher:** We haven't got one to sign.

**MRS BURKE:** It is being developed, isn't it? Surely you are due to sign it? It expires in June—tomorrow.

**Ms Gallagher:** It does.

**MR STEFANIAK:** Where is it at then?

**Ms Gallagher:** The commonwealth has written to us, and I have responded around a six-month continuation of the current agreement, at the commonwealth's request.

**MRS BURKE:** And they have agreed to that?

**Ms Gallagher:** They have written to me asking if I would agree to it and I have written back saying, "Yes, I agree to it."

**MRS BURKE:** When do you expect to agree to the actual—

**Ms Gallagher:** When we see the agreement. We have not seen an agreement to sign. We have had negotiations—if you can call them that. We have had a meeting with Minister Brough. There was no draft agreement for ministers to consider. At my request, officers of the ACT department met with the commonwealth to work through some of the issues the commonwealth had said were key areas for them in a new agreement. We said to the commonwealth that we were very keen on a multilateral agreement—a commonwealth-state-territory disability agreement—but asked if there would be bilateral agreements that came off that to deal with specific local issues. We are just going through that process now. It has not been finalised; that is largely around some of the detail, but also about the disagreement that exists about how to proceed.

**MRS BURKE:** So the ball is not in the court of the states and territories; it is in the commonwealth's court?

**Ms Gallagher:** No, it is in both. The agreement is being negotiated.

**MRS BURKE:** What are you doing to expedite it? Obviously you would want it there, because there are some good things in it, I understand from the advisory council.

**Ms Gallagher:** There are no good things in the agreement from the commonwealth's point of view—barring this announcement today, which I have not seen or heard about: as usual, it

appears on the front page of a paper and then we will scurry around and try and find out what they are talking about. It is obviously a similar approach to the indigenous package. It is, I think, a similar approach to the mental health initiative. The commonwealth have just said, "Well, we're just going to start doing these things ourselves, and ignore the commonwealth-state-territory disagreement"—I think; that is only what I can draw out of the paper today. The offer from the Commonwealth has been 1.8 per cent indexation. If you think that is a good deal for us to sign—

**MRS BURKE:** I am just going on what the advisory council are telling me today.

**Ms Gallagher:** What advisory council?

**MRS BURKE:** The disability advisory council were alluding to the fact that there were some good things up and coming—about to be in the agreement, if not already in that agreement at the early stages. I do not know. I am just going on the advice I was given today.

**THE CHAIR:** Ms Porter, you had a question.

**Ms Gallagher:** I would be very surprised: I have not seen the agreement, and neither have they.

**MRS BURKE:** Are you saying that you do not know any of the components of the agreement?

**Ms Gallagher:** No. An agreement is signed—

**MRS BURKE:** What did you ask for from the territory's perspective?

**Ms Gallagher:** That is very clear. We have written to Minister Brough. We have been very clear.

**MRS BURKE:** Do you want to table the letter for the committee?

**Ms Gallagher:** We have been very clear. I can table correspondence if you are after—

**MRS BURKE:** I know. I am just saving time; that was all.

**THE CHAIR:** It might be nice just to hear the answer.

**Ms Gallagher:** What we want is growth in recognition—in actual fact, what we want is on the front page of the *Canberra Times*. Every area that I have written to Minister Brough over is recognised in that little snapshot box on the front page of the *Canberra Times*. Obviously, I have a lot of influence with Minister Brough that I was not aware of: he has taken my advice around areas of need in the ACT and applied it to the whole of Australia. We are very happy about that. That is exactly what we asked for.

There is growth; there is appropriate indexation; there is unmet need; and there are target areas such as ageing carers, more supported accommodation, more respite and more access to the community. I think that is all reflected in what they are looking to do now. It is how they choose to proceed. The commonwealth seem to do what they want to do anyway. But the



disability sector, as I understand it, is very keen on a national approach to this commonwealth-state-territory disability agreement being maintained. From my reading of today's information, I think that is in jeopardy, and that is very sad.

**THE CHAIR:** Ms Porter, you have a supp to my original question.

**MS PORTER:** Yes, I do. Minister, I have two supps, actually. One was around the commonwealth funding, given the discussion that we have just had. I wondered how the ACT government was making up the shortfall in that. How are we coping, given that? That was one of my supps. The other one is this. I notice that page 193 of budget paper 4 mentions increasing services and capacity to meet demand for young people and adults with a high level of disability. I wondered whether that was that increase that Mr Whale mentioned coming back off that question where he talked about increasing care for people with high and complex needs. They are two supps to the original question.

**Ms Gallagher:** In this budget we funded an additional—just over \$15 million. That is based on a piece of work that has been undertaken around the level of unmet need in our community and the need to address some of that unmet need. In the lead-up to the budget, we did a lot of work around prioritising, measuring where we were at and looking at the areas that money needed to go to. That has been very helpful, to date, with the commonwealth in terms of advocating to them the situation the ACT is in.

There is really a historical inequity in the commonwealth-state-territory funding agreement: we do much worse than other jurisdictions. I think Victoria and the ACT are down at the bottom in terms of support from the commonwealth. Where we get 17c in the dollar from the commonwealth, a jurisdiction like South Australia will get 43c in the dollar. We have been arguing that that is unfair and that we need that issue addressed as well as trying to get on top of some of the unmet need.

That is coming from a range of different factors. It is coming from people surviving illnesses and accidents that they have not survived in the past, and requiring ongoing care. There is also a new group of people with a disability: people whose parents have been caring for them for many years—who have never sought help and who are now getting to such an age that that is impossible for them and are advocating very strongly about the need for some services for their children, children who are adults.

This money is all spent. It has gone. This \$15 million will go to exactly those target groups. If the commonwealth were to match what we are doing—if they were to even come close to giving what we as a territory government are providing—we would be a lot better off. Even if that comes out of this \$1.8 billion—if it is new money, which we do not know—and comes to the territory, I do not really care how it comes; the need is here, and that will alleviate pressure on us, the territory government, to try and continue to find the money that we have been finding over recent years to fill the gap the commonwealth has removed itself from.

**MRS BURKE:** Isn't that what the GST was for, though?

**Ms Gallagher:** Oh, Jacqui, look—

**MRS BURKE:** No, no. You can laugh, but I think you are embarrassed about this as well.

**Ms Gallagher:** Well, I will laugh. I am not embarrassed at all. I am embarrassed for you.

**MRS BURKE:** You would be very embarrassed. The amount of money that has come back to this territory since it started, and the prioritising, or lack of it, by the government—how do you explain it? You were given the money to do what you want—\$350 million above what you thought we were going to get. Where has it gone?

**Ms Gallagher:** Jacqui, if I can—

**MRS BURKE:** You talk about matching money.

**Ms Gallagher:** On Monday, you put out a media release around health, saying, “We have got all this GST to spend on health, and where has it gone?” You cannot just keep re-running that GST was for disability, GST is for health, and we have just blown it.

**MRS BURKE:** I am not doing that at all. It is a prioritising of funding.

**MR STEFANIAK:** It is a significant amount of money.

**THE CHAIR:** Order, members! One question at a time.

**Ms Gallagher:** Across a range of service areas—

**MRS BURKE:** Yes, absolutely.

**Ms Gallagher:** The commonwealth contribution for disability—you can keep talking GST, but what you are actually arguing here is that the commonwealth has kept up its deal on disability services. That is wrong, and you will not—

**MRS BURKE:** No; I am saying that you have not kept up with your level of funding across—

**MR STEFANIAK:** It takes two to tango.

**MS PORTER:** Perhaps I could ask—

**Ms Gallagher:** If I can respond to that, if Mrs Burke wants to go through every initiative this government has funded without any money from the commonwealth, I am happy—

**MRS BURKE:** What is your responsibility then? What do you say is your responsibility?

**Ms Gallagher:** We have a joint responsibility under the commonwealth-state-territory disability agreement—one which now sees the ACT government taking more responsibility and the commonwealth taking less. Mrs Burke, sit here and defend the commonwealth—

**MRS BURKE:** That is where GST came in, so you cannot argue it.

**THE CHAIR:** Order, Mrs Burke!

**MRS BURKE:** Well, chair—

**Ms Gallagher:** That is fine, but the issue is here. Their contribution to disability services has declined, not increased, in line with demand.

**MRS BURKE:** You got the GST to do exactly that.

**Ms Gallagher:** If you think 1.8 per cent indexation is an adequate deal that you would argue I should sign off on, you are wrong. And I will not do it.

**MRS BURKE:** No. Tell me what you are doing with the GST; then I will agree with you.

**MS PORTER:** Minister, I want you to clarify something.

**MRS BURKE:** You cannot keep ignoring it.

**THE CHAIR:** Order!

**Ms Gallagher:** So GST is your answer to everything, Jacqui?

**MS PORTER:** Yes, that is—

**THE CHAIR:** Ms Porter, wait till she finishes.

**MRS BURKE:** No, not at all. Prioritising of it—

**Ms Gallagher:** Health, education—

**MRS BURKE:** which was put back on the states and territories.

**Ms Gallagher:** disability.

**MRS BURKE:** No.

**MS PORTER:** Minister, I wanted to ask you to clarify something.

**MRS BURKE:** Perhaps you need to talk to your Chief Minister on this project.

**THE CHAIR:** Order, Mrs Burke!

**MS PORTER:** I presume, minister, that all these other states and territories that you are referring to, which also are signing this agreement with the commonwealth for disability services, receive GST payments. I presume that to be the case.

**Ms Gallagher:** That is right.

**MS PORTER:** Therefore, I can understand the equation that we are discussing. It seems to me that everybody receives a GST and everybody also signs up to this agreement.

**Ms Gallagher:** Yes.

**MS PORTER:** Can you explain to me why we are having this discussion? It does not make any sense to me.

**Ms Gallagher:** I am not sure. I do not think you can just sit and say that \$400 million over a number of years solves all the pressures that exist. We have done the work—

**MR STEFANIAK:** It goes a significant way.

**THE CHAIR:** Order!

**MS GALLAGHER:** Look, the commonwealth accept our work. They are not disputing it. You are the only one that is sitting here disputing it.

**MRS BURKE:** I am not disputing it at all. I am disputing what you are doing with the GST to make up the shortfall that you say exists.

**MS PORTER:** No other state or territory has to do that, Mrs Burke

**Ms Gallagher:** I will tell you what we are doing to make up the shortfall—\$15 million in this year's budget.

**MRS BURKE:** I am sorry?

**MS PORTER:** No other state or territory has to do that.

**MRS BURKE:** Of course they do. There is no adjusted funding from the commonwealth, is there, minister?

**THE CHAIR:** Dr Foskey, you are being very patient there.

**DR FOSKEY:** I am, but my questions are not on this line. I was letting it run. I am always a little amazed that you feel you are representing the commonwealth here.

**MRS BURKE:** I do not.

**MS PORTER:** Obviously she does.

**DR FOSKEY:** Anyway, that is just my observation.

**MR STEFANIAK:** Give credit where credit is due, though.

**Ms Gallagher:** Well, where is the credit for the \$15 million?

**DR FOSKEY:** I want to move on to a specific area, if that is okay. It is in relation to people under 65 with disabilities as a result of accidents who are in nursing homes. It is a problem that we talk about here pretty much every year. I do not know if this is actually connected, but page 203 of budget paper No 4 shows an extra \$221,000 for respite care. That is above target. What kind of at-home care did the additional \$221,000 allocated to respite services provide? Was it home care to people with complex needs who need intensive care or was it restricted to people who need less frequent, less intensive home support?

**Ms Ford:** Is that your question, Dr Foskey? For in-home respite there is a range of support, going from support workers actually going into either individual or family homes at any time during the day or through the evening, if that is required, to assist the families. So it is largely about assisting the family to get some respite or break from the family member. It can be in the form of assistance just to get the person up, which usually comes through HACC, but we sometimes supplement that around ensuring that the person has something to do during the day in their own home or supporting them to learn basic life skills. It might be learning how to cook or how to clean or it might be assisting them to do something like catching a bus so that they can get out more. Sometimes in-home respite moves over into community access as a person is transitioning into that.

There is also a range of activities that the support worker will do with the individual to give the family respite. They are all services targeted towards giving the family or the primary carer some respite, some opportunity to get away from the intensity of the day-to-day caring or, if the individual is living in their own home, to support them to move on. We usually target medium to high and complex needs. Most of the in-home respite is targeted to people who have reasonably high—not exclusively, but reasonably high—support needs where the intensity on the family to care for them on a 24-hour basis has a considerable impost on them. Does that answer your question?

**DR FOSKEY:** Yes, thanks. I am sorry about my garbled introduction. I was trying to get questions out of my notes instead of actually reading you the questions. In relation to that additional \$220,000, how much of a dent do you think it actually made in comparison to the need?

**Ms Ford:** I could not project accurately how much of a dent it has made in relation to the need, but certainly it has prevented a number of people from having to move from their own home into either a residential vacancy or a rest home option. We have approximately 11 families a year where the natural support will probably break down. So we anticipate every year there is going to be about 11 families where their natural support network will break down. With the introduction of in-home respite, being able to provide additional support to them in the home, whilst that does not lower the overall figure, certainly prevents that figure from getting any higher. We are able then to support families to continue in the caring role. Many families do want to continue in the caring role. There are very, very few families who would choose not to or who choose to walk away from that role.

That in-home respite is absolutely critical in supporting them, both emotionally to continue the caring role, but also physically because, as you are aware, we do give priority to ageing adults or homes where there is a health circumstance in a family so that that family is better able to continue in the caring role.

**DR FOSKEY:** Is that a policy thrust of Disability ACT now, where possible, to support people in their own homes as a priority?

**Ms Ford:** It has always been—it has been over the last four years. Certainly future directions do articulate that our consideration is given, where possible, to supporting people in the most normative environment. Obviously, the normal environment for a person is their own home; for younger people it is for them to be living with their own family, and for young adults it is to be able to transition into their own supported accommodation.

When we look at need and we make an assessment around this allocation and prioritisation, we look at the risk factors. The risk factors would be where there is a risk of a family or the natural supports breaking down, but we also look at the quality of life factor and say: will this improve the person's quality of life, and to what extent are we able to do that? So it is definitely very much based on that. We do, however, out of necessity, target people with the highest and most complex needs and the families who are most at risk of breakdown of their natural support networks.

**DR FOSKEY:** In terms of respite?

**Ms Ford:** Yes. Out of necessity, we do that.

**DR FOSKEY:** Yes. Can I pursue a couple more questions on this line? The budget papers indicate that the government purchased an additional 1,400 hours of care from the community sector over and above the target set in the last budget. That is on page 203 of budget paper No 4, footnote 5. Given that 2006-07 spending exceeded the target by more than three quarters of a million dollars, I am just trying to work out whether those 1,400 hours are additional to that target or to the real figures.

**Ms Ford:** I regret to say that that 1,400 is a mistake. It was 1,100. That was a mistake. Additional to that, we renegotiated with one of our non-government providers to change their output. In fact, we will be purchasing approximately an additional 2,250 over the new money.

**DR FOSKEY:** Does that indicate that last year's budget understated the need or that it is just not possible to run Disability ACT with really straitened figures?

**Ms Ford:** No. Last year's budget did not include any new money and whilst we anticipate that we are going to have to fund on currently through our budget, within our budget, we are going to have to fund some people non-recurrently because, again, there is a risk of breakdown and natural support or a change in circumstances that cannot be accommodated through any of the other services. We have always—maybe not always, but traditionally—incurred a higher outcome than our estimated outcome.

**DR FOSKEY:** Would not it be that you absolutely would have to have that buffer, that ability to find more hours of care to be—

**Ms Ford:** Certainly, absolutely.

**DR FOSKEY:** If you have a choice you cannot have a bottom line that allows people to suffer all those issues that you were talking about?

**Ms Ford:** Absolutely. We manage our budget very closely. We micro manage our budget. We anticipate that we are going to have to deliver additional hours of care every year. We do not always accurately anticipate how many. We always have to do that on a non-recurrent basis unless there is recurrent funding in the budget. To date, over the last four years anyway, we have been very fortunate in having additional resources. As you know, there has been an additional \$11 million into our base funding since 2003. This year, there is an additional \$3 million going in. Next year there is an additional \$1 million going in. That money is meeting known current demand. That is the demand we know.

We stay in close contact with families who are having non-recurrent funding so that we can continue to reassure them that we will support them in the very best way we can. Because we do it on a non-recurrent basis and because it is an emergency circumstance, families will not always get exactly what they want and sometimes exactly what they need. But we work closely with our non-government providers and look at any surpluses that they may accrue through the year that can be reapplied. We use a variety of methods to ensure that we can respond as much as possible to people that find themselves in emergency or crisis circumstances, and we anticipate every year that we are going to have to do that.

**DR FOSKEY:** Finally, the question I anticipated. Minister, would you outline what the government is doing to move younger people out of residential aged care and nursing homes?

**Ms Gallagher:** Yes, sure. I might get Lois to answer the detail of that. That is a joint program with the commonwealth. I think it is around \$3.8 million to move people out of nursing homes. The program has come online this year with a relatively small amount of money. I think it is only a couple of hundred thousand dollars and it ramps up in the outyears. The initial target population is people under the age of 50. I think we have had some trouble. We are trying to move to the next group, under 50?

**Ms Ford:** Yes. Would you like me to provide more detail?

**Ms Gallagher:** Yes.

**Ms Ford:** I would like to preface that detail by saying that the initiative of the commonwealth complements what we have already been doing in the ACT in relation to shifting younger people out of nursing or preventing them from going in. Dorothy Sales Cottages has approximately seven people plus a respite bed. It caters for seven people with acquired brain injury who would otherwise be in residential aged care. Koomarri also have several people who would otherwise be in residential aged care, and we work with them to prioritise one of their vacancies. Disability ACT has four group homes that deliver to young people with very high intensive support needs who otherwise would be in residential aged care.

Along with that, last year we funded Hartley and TAS to deliver services to four people with acquired brain injury who would otherwise be in residential aged care. Then, over the last four years, through our ISP program, we have been prioritising people who may end up in residential aged care. Additionally, we are working very closely with ACT Health to move people who have been long-stay residents in hospital from there, and we have had a degree of success with that.

I think our figures do reflect the work we have done. In the ACT, we have four people under 50 and 11 people between 50 and 55. In total we have 54 people under 65. The total is 54 people under 65. We have four people under 50 and 11 people between 50 and 55. They will be our top priority.

**DR FOSKEY:** So they are still in—

**Ms Ford:** In residential aged care.

**DR FOSKEY:** Do they get any sort of support or is there any attempt to place them with

peers from time to time?

**Ms Ford:** Yes, definitely.

**Ms Gallagher:** Some of them are happy in their residential aged care.

**DR FOSKEY:** Well, you would not want to wrench them out.

**Ms Gallagher:** No.

**Ms Ford:** No. There are four people under 50, and because we had such small numbers we expanded that to looking at the first six as a priority. We have had direct contact with them and three do not want to move on, basically. They want to stay where they are. Their families are happy where they are. It works for them and that is what they want. A further three have indicated they would like to explore alternative options and we are working with them now to look at what those alternative options will be, bearing in mind that the phasing of the funding means that any new residential service comes on line next year.

There are a further four people that we are going to be meeting with over the next couple of months, and of the remaining five—that is the figure of 15 under 55—one has now moved interstate, one has entered hospital and one unfortunately has died. We have been notified that one of those people has died, which is always very sad.

**DR FOSKEY:** What is the youngest age of that group?

**Ms Ford:** I do not have the youngest age because it is between 50 and 55. I think it is 51.

**DR FOSKEY:** But the under fifties?

**Ms Ford:** The under fifties—I do not have the youngest age, I am sorry. I can get that for you, if you want.

**DR FOSKEY:** It is just of interest.

**Ms Ford:** We will continue to work through that program. We have started to offer some additional support for people who are in residential aged care and people who are in hospital who would move to residential aged care. We have been offering additional daytime support. An example would be one gentleman for whom we provide five hours additional support a week, which means he now does get out into the community. He uses our respite facility, or was using our respite facility, coming out for meals and socialisation. He now prefers just to go out with a support worker during the day. We are in close contact with the family as well to work out what is the best way of working with it. That is a young man of 34 who would otherwise have no support at all. It is enabling us now to start giving out additional support.

**DR FOSKEY:** Okay. Thanks for that.

**THE CHAIR:** Mrs Burke.

**MRS BURKE:** Thanks, chair. Minister, page 59 of budget paper No 3 outlines the funding increase in disability services. We note that for 2007-08 it is \$3 million and for 2008-09 it is



\$4.110 million and so on into the outyears incrementally increasing in 2011 to \$4.390 million. For the sake of *Hansard*, the note states:

This initiative will increase the service capacity to meet current priority demand for a range of accommodation and other services for young people and adults with high intellectual and physical disabilities.

I am not sure if you gave the full breakdown of that, and you did seem to allude to the fact that the money is all spent. My first question is: where exactly is that, or has that funding gone given that you have said it is all spent?

**Ms Gallagher:** We can give you that breakdown, and Lois probably has that.

**MRS BURKE:** Certainly.

**Ms Gallagher:** But it will go across those areas I have talked about and Lois has talked about. A proportion of the money will go to the non-recurrently funded people who have been living year to year. I think that is almost \$800,000, isn't it?

**Ms Ford:** It is \$1.4 million, including personal consumption, yes.

**MRS BURKE:** So they were not on individual support packages?

**Ms Gallagher:** There was no—

**MRS BURKE:** Are you talking about them?

**Ms Gallagher:** They were being cash managed by the department eventually. They had no permanent funding attached to them. That is a part of it. There is money going to graduates—I imagine they will be graduates of Black Mountain school every—

**MRS BURKE:** Post-education options?

**Ms Gallagher:** Post-school options people.

**MRS BURKE:** Post-school options?

**Ms Gallagher:** Yes. It will be dealing with the current group of post-school options whom we have been managing and then a new batch for the graduates of this year. Again we are providing some service, not just finishing once they finish school.

**MRS BURKE:** Did you do anything for that last year? To reflect back might be—

**Ms Gallagher:** There is a post-school options program which is operated, but all the services are running to capacity. This is the thing. Once somebody gets a service, unless they pass away or move interstate, there is no real moving through.

**MRS BURKE:** So we are just holding the status quo in a way, would you say?

**Ms Ford:** No.

**Ms Gallagher:** No. This money is new capacity. If you are asking me if we were holding—yes.

**MRS BURKE:** We are not meeting beyond that need, which is what I think—

**Ms Gallagher:** No. This money is, but in the past that had to be cashed managed by the department. So—

**MRS BURKE:** Perhaps Ms—

**Ms Gallagher:** we are still providing it.

**MRS BURKE:** Yes.

**Ms Gallagher:** Well, Jacqui, if I can just finish—

**MRS BURKE:** Yes.

**Ms Gallagher:** This is going to be a very irritating day if every time I try to answer a question, you are going to interject.

In the past we have been providing service, but it was not part of the base funding. It has been cash managed by the department through the year. What this funding does is deal with some of that. It deals with the non-recurrent funding—and that is the question that Dr Foskey had asked about buffers and how you provide service—and a proportion will be going into new service delivery for people who have not been receiving a service.

For example, there is an organisation of elderly parents who have got together—you probably will be aware of them—called Stepping Stones. We have funded a project officer to work through exactly what is needed to get the type of service they want for their family members up and running. That will be funded through this money. So that is new money going in. There is new service, but we are also meeting some of the pressures that we have been meeting in the previous years, and that will create capacity to manage future demand in the next few years as well.

**MRS BURKE:** Surely you have been seeing this building and building. I am just wondering why it is only now that we have come to the realisation that—

**Ms Gallagher:** It is not only now. We have had it—

**MRS BURKE:** Sorry, I let you finish; you can let me finish. We have seen this situation getting increasingly worse. We are now seeing \$15.8 million of what you are saying is new money, yet you are saying some were cash managed by the department and have been for quite some time.

**Ms Gallagher:** Yes.

**MRS BURKE:** That was unacceptable. I wondered why that had been going on for so long and not been changed over to current funding. You are saying that you have got new people

who were not getting funding and who now are. Surely this is just catch-up, minister. We are not meeting the need, are we? Clearly we are not meeting the need.

**Ms Gallagher:** Yes, we are meeting the need.

**MRS BURKE:** There is still a lot of unmet need.

**Ms Gallagher:** There is a level and there will continue to be because, as Ms Ford said, every year we cater for a number of families who will need either increased support or new service delivery. That is a fact of the disability sector and you will see that across the board. As I said, if we get from the commonwealth in terms of their share of funding anywhere near what we have put in, it will go a long way to meeting all the need there is in the community. I don't sit here and say that we are meeting all the need in the disability community—I have been quite up-front on that—but this money will go a long way and it is all that we could afford in the context of this budget. Almost a quarter of the new money of every single initiative funded in this budget is going into the disability sector. That is quite a feat and has been welcomed very warmly by all of the disability sector that I have—

**MRS BURKE:** They have been waiting a long time for it, let's face it.

**Ms Gallagher:** No. They waited—

**MRS BURKE:** That's what the parents are saying, minister.

**THE CHAIR:** Mrs Burke, you wanted the minister to wait until you had asked your question. What about waiting until she answers?

**Ms Gallagher:** Prior to this budget, there had been a 25 per cent increase in Disability ACT's budget over previous budgets. Although Mrs Burke was not a member of the previous government, I can't believe that we are going to sit here and be criticised for injecting \$15 million on top of a 25 per cent increase since we came to government. That money goes through a number of budgets. It has gone into transport, it has gone into supporting young people, it has gone into addressing unmet need, it has gone into intensive care and treatment programs, it has gone into children with high and complex needs including autism, it has gone into additional therapy support for children with high and complex needs, it has gone into meeting the increased costs for disability support staff in relation to relief support staff, almost every single budget, and now we have an additional \$15 million.

**MRS BURKE:** Where is that money going?

**Ms Gallagher:** This is not an area you can criticise the government for and not one that I will take criticism about.

**MRS BURKE:** I just want you to give a breakdown, which was the question I asked. Where is that money actually being targeted?

**Ms Gallagher:** It was one of the questions you asked before you started having a go about how it wasn't going to do anything.

**MRS BURKE:** I didn't say that.

**Ms Gallagher:** Ms Ford, I'm sure, can outline the breakdown of the money.

**Ms Ford:** As the minister has already gone across the areas, I will just do the actual dollars in them. For people who have been assisted, as the minister said in the first part, people who have high support needs requiring ongoing support, either they are just requiring a little bit of community access through to where we have had to step in and provide 24-hour supported accommodation for where there has been a breakdown of natural support, approximately \$1.4 million to \$1.5 million is already non-recurrent and will be going out as recurrent.

**MRS BURKE:** Sorry, is that this year or spread over the outyears?

**Ms Ford:** No, that is this year. For children of ageing carers, we have been working with them and planning with them over the last three years now to develop their own support plans, the types of arrangements that they would like to have, and those are people that are not necessarily requiring it immediately, so that over the next couple of years from now we will be working with those families to put in place the support requirements that they want. We estimate that to be about \$900,000 because we know that every year we have approximately 20, up to 20, young people leaving school who will either require ongoing support or require some sort of transitional support. We call those our new graduates. There is approximately \$370,000 and that will be in the form of higher needs, higher hours, and also where there is a transitional program required to assist them to move from school into supported employment, different types of accommodation arrangements, different types of arrangements with their families.

Additional to that, we will be funding some respite bed nights, our in-home respite Dr Foskey was talking about. That is one way of providing families with some relief, but some families do require more centre-based and we will be funding that in the community, particularly for people who have more higher and more complex needs. Additional to that, we will have our annual quality of life grants.

**MRS BURKE:** Sorry, what was the dollar value on the respite?

**Ms Ford:** The dollar value on the respite is about \$220,000. Additional to that will be the quality of life grants. About 35 people generally benefit from that. That is just a small amount of money to assist people. It goes directly to them and assists them to purchase an additional piece of equipment they may not have. Also, we try to use that as creatively as we can. Sometimes it is to assist a person to get into employment, something they may need to get into employment. It is sometimes a little bit of additional support to change the family dynamics. I am thinking of a couple of instances where we have done that. Additional to that, we will be, with community providers, addressing some of the infrastructure demands within the community providers.

**MRS BURKE:** And what is the dollar value of that?

**Ms Ford:** The dollar value of the quality of life grants is \$100,000. As to the infrastructure grants for community providers, we are still working through how we will determine that as there will be some other opportunities for them to access as well. We are working with our community providers on what they think is the need and they are coming up with quite a wide range of things, not all of them equipment or operational. Some of them are thinking

that maybe it would be good to do some innovation with the community providers, which tells us that if they are thinking like that the stresses have been coming off them.

**MRS BURKE:** How many support packages will be provided or funded each financial year, minister, over the outyears in your funding here?

**Ms Gallagher:** As part of the new funding?

**MRS BURKE:** Yes.

**Ms Ford:** We haven't actually calculated it on individual support packages this time because we have looked more clearly at accommodation support, respite, community access and community support, but we anticipate that there will be about 20. Whilst we have got these figures, and certainly we have put them in our projections, we are very cognisant of the fact that people's needs change. A person comes with their funded plan, and when you actually start working with them, assessing their needs, with them starting to really think about what they would like, their needs and quantum change quite considerably. We know that from experience.

So when we make our best-guess estimates, we do so based on what we know, bearing in mind that there will be fluctuations and that, but we think that there will be an additional 20 accommodation support places. That, incidentally, is a growth of about 14 per cent since 2003, quite a significant growth in a jurisdiction of this size, particularly where we have a high emphasis on providing support for people in their own homes. We are calculating about 20,000 to 20,500 community access hours, a growth of 30 per cent since 2004. For centre-based respite, that money will buy an additional 1,054 bed nights, a growth of 11 per cent since 2003. For community support we calculate that we will be able to assist an additional 170 people. That, incidentally, is a growth of 45 per cent, as best as we can calculate, since 2004.

**MRS BURKE:** What is the level of funding being applied this year and in the outyears for individual support packages?

**Ms Ford:** We don't know for 2007-08, because that will depend, but the level of funding that we currently supply for individual support packages is about \$8.3 million.

**MRS BURKE:** That is not increasing this year, though, is it?

**Ms Ford:** It may well do. It will entirely depend on how people choose to go. They may choose to go through block-funded arrangements, which some families will choose to do—they have got a provider, they know that provider and they want to stay with that provider—or they may choose to have an individual support package. It will be entirely determined on what people decide they want to do with the funding.

**MRS BURKE:** Thank you. Finally, what about accommodation options for young people residing in group homes? I know it has been a contentious issue. Is there any money or funding directed towards group homes next year or in the outyears?

**Ms Ford:** Accommodation support places include places in a group home, so accommodation support can be anything from some support to get a person into their own

home and some support that is provided in there to maintain that through to group homes. Again, it will entirely depend. We have a number of families, but I will just use one example. Three families have come to us and they have already done the work that they want to do. They have worked out how they want to accommodate their three daughters. That plan is with us at the moment and that would be accommodating them in one house where they would then choose a provider of their choice, which we did with the people with acquired brain injury, where we went out with a tender to get a provider and we block-fund the provider, but the families themselves choose that provider.

**THE CHAIR:** We will take this opportunity to take a break.

### **Meeting adjourned from 10.31 to 10.50 am.**

**THE CHAIR:** Welcome back, minister and members. We are still dealing with the disability, housing and community services portfolio. Mrs Burke has a supplementary question.

**MRS BURKE:** Yes, probably another point of clarification. Minister, in regard to the funding that we see in budget paper 3 at page 59, a further breakdown of the funding might be useful in terms of the allocation targeted to administration and, in relation to that, of the funding that is actually targeted to the delivery of front-line services. What proportion of administration costs would be included in that funding?

**Ms Ford:** In this particular funding, the new funding?

**MRS BURKE:** Yes, in the \$15.5 million.

**Ms Ford:** None. However, in saying that, we do need to recognise that to introduce some of the programs and to do some of the work we will be bringing people on temporarily to do the assessments, otherwise people won't get their assessments and their funded plans through. My experience has been that if you don't work efficiently around working with people to do their assessments, work out their funded plans and assist them to engage with the services they need, you end up with a bottleneck, so you've got people waiting for service but they can't get the assessment, they can't get through.

**MRS BURKE:** Is all this funding going purely to the delivery of services?

**Ms Ford:** It will be, yes, apart from, as I say, some work on a temporary basis, bringing in more assessors and probably some project workers to assist to get the transition going.

**MRS BURKE:** What sort of dollar value would you put on that in terms of funding?

**Ms Ford:** We haven't costed it into this actual funding here because we have costed this funding based on need. So we would look within our own resources and see what we need to do or see what we would need to put in. We are looking at our assessors, and I don't have the figures on me, but we have a fair idea of how many assessors we are going to need. Depending on what people choose to do in terms of meeting their needs, we may need to put in an additional project worker or whatever to assist them to do that or put it into the community, but some of that has actually been costed into our additional community support dollars as well because, as I said, there will be, I think, 170 additional community support places and some of those will be assisting people to work out new arrangements and to do

that work. Does that answer it clearly enough for you?

**MRS BURKE:** I think so, yes.

**Ms Gallagher:** So there will be no new staff in Disability ACT.

**MRS BURKE:** No, I wasn't really alluding to that, minister. I was trying to ascertain if this money is going purely to front-line service delivery.

**Ms Gallagher:** The answer to that is yes.

**DR FOSKEY:** Apparently the number one reason that advocates in the disability community sector are contacted by clients is to handle matters of housing and accommodation. How does Disability ACT liaise with Housing ACT to ensure that people with disabilities have access to appropriate accommodation and are given the necessary support to assist them with their tenancies?

**Ms Ford:** First of all, Disability ACT works very closely with Housing ACT. Now that Disability ACT is co-located with Housing ACT, of course, that really does help our officers to work together even more closely. Ms Sheehan will enlarge on that. There have been changes to the early allocation list, which now includes people with disabilities, so that improves access for people, particularly if there is a breakdown of natural supports, and also dollars for modifications, and then the access to public housing. We have also worked with Centrelink to develop their network community model, which is a supported housing model that enables people with low to medium needs to live with the appropriate support in the community, but within a community where they are closely related to each other.

We have worked with TAS Housing to develop what we call a friendly landlord model, so that people who have quite high and sometimes very complex support needs have the support of a friendly landlord who will watch rent and utilities and assist them to work out what they may require in their own homes so that they can live independently. I am thinking of some of those environmentally controlled homes. They monitor that very closely and provide quite a lot of tenancy support with that. They also work external to that in the community through the various community housing agencies, so people who are doing disability-specific housing and tenancy also work very closely with the community housing agencies. Of course, people with disability have access to the whole gamut of housing, from public right through to community housing and group housing, through the different community services and our own.

We have also developed some shared tenancy arrangements for a person with a disability who is living with somebody who doesn't have a disability, so there is some shared support there. We have got models where we have two families who have come together—I have already talked about three families that have come together—to work out how they would like to have their housing and tenancy arrangements organised. We have had two families where we have provided some of the support—in this case Centacare have provided some of the support—and the families have provided some of the support. So we have a really wide range of models to work on around housing tenancy to make sure that people's supported accommodation is highly individualised. On the recognition that no one size fits all, we were looking at how we might work and build models and things like that, but we have actually found that families themselves are coming to us with their own models, and through that we

then work with housing. I will hand over to you, Maureen, to talk about some of the stuff you have done with disability, which has been terrific.

**Ms Sheehan:** As Ms Ford said, the public rental housing assistance program was changed on 7 June 2006, to change the early allocation categories. The highest needs category now has, as a category, people with a disability where their natural supports have broken down or are likely to break down. That goes directly to the issue of mature carers. The minister gave the example earlier of the Stepping Stones group of mature carers. We are actually working with that group to provide appropriate housing for the first three older people that will come through with that project.

In the past, before we made the amendments to the public rental housing assistance program, we would have been likely to have had to head lease a property to a community organisation which then would have provided tenancy management for that group of young people, because our rules were not flexible. We weren't able to simply bring a property forward to house a group of people. But, having made those changes to our legislation, we are now in a position where, because that group of people can go straight into the top group, we can actually work a couple of years in advance, where the support dollars are being put together by Disability ACT, our asset people scope up the physical needs of the accommodation, and then we are in a position to bring the accommodation and the support together at the same time and then simply use that changed legislation to house people immediately. That is very exciting for us in public housing because there is no reason why people with a disability should be stopped from having an innovative solution within public housing. That is a choice that they should have, and now they will have that choice.

Ms Ford was also referring to other partnerships that we will do with community housing providers. What Housing ACT does there is that it provides a property through a head leasing arrangement under the community organisations rental housing assistance program. Properties are head leased to community organisations and then they manage those tenancies. What we would also be expecting over the next seven years, as Community Housing Canberra doubles the amount of housing that it provides to the community sector for affordable housing, is that we would be working with Community Housing Canberra there to make sure that a proportion of that housing is also made available to people with a disability.

**THE CHAIR:** I have a supplementary question on Ms Sheehan's response. When you are looking at purchasing housing for housing trust tenants, do you look at houses that may be easily able to be modified later for use for disability?

**Ms Sheehan:** We look at a range of things. The first thing is that we often do spot purchase a property specifically for the needs of a person with a disability. We need to do that because the private market simply won't provide that, and therefore, if we don't purchase or construct ourselves, then there won't be appropriate accommodation. Also, over the last four years we have spent on average \$1million or more making disability modifications to our own housing stock. We don't necessarily have to purchase a property which can in the future be modified because we are actually able to make changes to our own property. But in our purchase program we do have the broad framework of the public housing asset management strategy, which does provide us with guidance on the need to make sure that our stock is, where possible, able to house people with a disability.

**MRS BURKE:** Have you got a new strategy, by the way, or are you still working on the one



of about 10 years ago?

**Ms Sheehan:** No, it certainly was not 10 years ago, Mrs Burke. It was 2003. We have previously provided it to you and I am happy to provide it to you again. It is available on the website.

**MRS BURKE:** Just for the committee members who have not seen it.

**Ms Sheehan:** Yes.

**DR FOSKEY:** Some of the advocacy groups say that they have spent time explaining to Housing ACT personnel the unique needs of their clients. Are Housing ACT personnel given any special training or instructions with regard to the needs of tenants with disabilities?

**Ms Sheehan:** We do have a wide training program for our housing managers. We don't specifically provide training on physical disability or intellectual disability. We do provide training on mental health issues and mental health in the broad definitions, and certainly in terms of the provision of HACC services. Mental health is within the grouping of disabilities and we do provide specific mental health training. Having said that, we do provide training for our housing managers in our asset standards, and our assets standards do cover our standards around disability modifications. We provide a range of other training for our housing managers around special needs in general that our clients might have. We have cultural awareness training, we have debt training and we have occupational health and safety training. All of these things are, of course, related to providing an overall level of service to people with a disability.

**Ms Lambert:** I wish to follow up on something in answer to Dr Foskey's question.

**MRS BURKE:** Sorry, I need to pick up on what Ms Sheehan is saying about mental health and the link between Disability ACT and Housing ACT before I lose my train of thought.

**THE CHAIR:** It may well be that that will be answered.

**Ms Lambert:** No, I will not be answering on that.

**MRS BURKE:** There have been some issues, I understand. One in particular comes to mind. I am happy to give the minister the details of that, if you don't already know. I won't mention names at this juncture, but this case typifies perhaps a problem where people with a disability are in a setting with other people in the community. Perhaps it is in multiunit complex situations; let's put it that way. What liaisons does Disability ACT have with Housing ACT to overcome some of those situations that arise from time to time?

**DR FOSKEY:** That is the question I am asking.

**Ms Sheehan:** We have a very close relationship with Disability ACT and other disability providers and other support providers in the community generally. The overall philosophy and approach that we have to the management of tenancies is a supportive tenancy management where we try to sustain tenancies. What that means is that if there is a challenging environment, either because the built form is itself challenging or it is challenging because of the disability of the tenant, we work with the tenant to engage support

providers so that the tenants are supported and they can sustain their tenancies.

**MRS BURKE:** What if the problem isn't with the person with a disability, it's other people around in their environment?

**Ms Sheehan:** We work with the community generally as well. For example, if the person with the disability has a problem—I can think of many examples of where a person might not have had a disability when they became a tenant but they acquired a disability throughout their tenancy—we would work with the physical location there. If we needed to put in ramps in the common areas so that it was accessible, we would do that and we have done that. I can think of a number of multiunit complexes where we have done that.

**MRS BURKE:** What about the behaviour of some other tenants impacting upon people with a disability in certain situations in public housing, antisocial behaviour in particular towards people with a disability.

**DR FOSKEY:** Just remembering that I have got a substantive question.

**THE CHAIR:** Dr Foskey has a substantive question that is still to be answered.

**DR FOSKEY:** We can go back to yours after that.

**MRS BURKE:** Ms Lambert is going to answer it.

**Ms Lambert:** I was going to answer some of your original question, Dr Foskey, which was around the interrelationship in the agency between housing and disability. As Ms Ford pointed out, there is co-location and there are also mechanisms within the agency to make sure we share experiences. But in relation to people with disabilities, in terms of your question around the training, we also draw on cross-agency resources. So our therapists are part of the process for people with disabilities. Our occupational therapists look at properties and so on as well to enable appropriate access and appropriate requirements for people with disabilities, too. So we do not just draw on disability; we draw on other parts of the agency as well.

**Ms Sheehan:** The other thing that I should have mentioned in that context, of course, is that with the multidisciplinary panel, which is giving priority access to our very high needs applicants, Disability ACT provide several of their senior staff to sit on the multidisciplinary panel so that we make sure that we are giving appropriate weight to the needs of people with a disability when we are allocating high needs properties to high needs clients.

**DR FOSKEY:** Do you meet on a regular or other basis with organisations like ADACAS to talk anecdotally or in any way about the issues that they hear from clients, given that they are often in a better position to articulate those than the clients themselves, just as a way of getting over some of those issues?

**Ms Ford:** Yes, Disability ACT meets quarterly with all of the peak bodies. So we meet quarterly with National Disability Services, ADACAS, Advocacy for Inclusion, People with Disability and others, like the commissioner for disability, the human rights area, the Office of the Public Advocate. We have quarterly meetings with all of those agencies and any issues that they bring up—we had one recently through ADACAS—I will take back to Ms Sheehan

and also to Ms Lambert and Mr Hehir. We bring that to our senior management meeting and we talk about how we might move forward on that. They are not backward in coming forward in terms of bringing their issues to us. There is ample opportunity, of course, through some of the public meetings we do, but also email and our open door policy with our executive area, for people to approach us directly about any issues that they may not have raised within those quarterly meetings or which need attention sooner than that.

Also, the other venue is that we do sit on the minister's disability advisory council, which has extremely wide representation, so issues that may not have come through the peak bodies would come through there. As I say, additional to that, we have an open door policy and I will receive, as I am sure Ms Sheehan and Ms Lambert receive, emails from different organisations about individual issues and, if it is a disability issue, we address it through disability. If it is one that is a housing disability or a Therapy ACT disability, then we address it as an executive through the appropriate channels.

**Ms Lambert:** I also meet on a quarterly basis with ACROD and they do raise issues with me as they need to. I have also met reasonably regularly, I think it is almost quarterly, with Women with Disabilities as well, as a particular group, and we have worked through a range of issues that have been brought to my attention through that. Sometimes they are individual issues, but other times there are some systemic ones as well. So there is an enormous amount of contact, really, with the community sector within the organisation and there is a lot of opportunity. We try to give people as many avenues as we can around that.

**MRS BURKE:** You mentioned, Ms Lambert, Women with Disabilities. It has come to my attention, and I can give the minister the details, but she may already know—

**Ms Gallagher:** Yes, I know who you are talking about.

**MRS BURKE:** That's fine. I don't want to mention the name particularly.

**Ms Gallagher:** I am not asking you to.

**MRS BURKE:** I don't think there is any need to. The point of what I was wanting to ask, as I have said before, particularly with this budget, is how it would perhaps reflect the rising needs of women in particular whose safety and security can often be one of great discussion and concern. Does this budget actually address issues around women with a disability living independently—in fact, anybody, but particularly women with a disability—in our community? If so, can you point me to where that would be?

**Ms Gallagher:** An issue has been raised with me by one woman. It is not a systemic problem, as I understand it. I have certainly not received any other correspondence indicating there is a pattern of concern here. I, along with Minister Hargreaves, am investigating that issue. We will look at what the options are. I should say that there are other parties involved in that. It is not a simple solution, but we will work through that. In relation to the new money, a significant proportion of that will go to women living with a disability.

**MRS BURKE:** I guess that is what we are saying. We are trying to integrate and allow people to live as normal a life as possible. That is what we want. But, again, if it is going to be that way, there will be more people living independently and therefore perhaps more exposed to elements of the community than may have happened before. Maybe that is

something that somebody would want to comment on. How are you going to address that now and into the future?

**Ms Ford:** Could I make a response here? I just want to clarify people living independently. There is a misconception there. When we talk about people having more independent lives or an individualised approach or person-centred approach, there is an assumption that that means people will be living on their own with minimal support. The majority of our funding within Disability ACT goes to developing individualised or quite personalised arrangements for people, but not necessarily living on their own. I have already given a number of examples of where we work with families or with individuals to look at suitable arrangements where they may be sharing, either two or three sharing, but also taking into account their own vulnerabilities, what are the best arrangements for them given their vulnerability.

When we look at people living independently, particularly with a disability, we recognise that many of the people with a disability in that 17 per cent of the population would choose to live alone in the same circumstances as any of their peers would choose to do. If they found themselves in circumstances where their disability, the living condition, was not conducive to the disability or their vulnerability, then, if that is brought to our attention, we would work on and look at what their support needs are and what would be a more appropriate way of addressing those support needs. I just wanted to clarify that individualised or independent living issue. It is a vexed issue that comes up quite frequently.

**Ms Gallagher:** Chair, before I forget, I have here the letter to Minister Brough that I said I was happy to table. I would like it to be noted that it had a one-day turnaround, so an extremely efficient operation was being run by Disability ACT.

**MR STEFANIAK:** Staffing for the whole department dropped from 855 to 829. What impact has that had on any service delivery in disability and what is the disability staffing? Has that increased, stayed static, dropped a bit? I note that drop of 26 people overall.

**Ms Lambert:** I can answer that, Mr Stefaniak. Largely that is the full-year effect of shared services on the organisation. Shared services became operational in February of this year and that is the full-year effect of that. I think we have given—Mr Hubbard can correct me if I'm wrong—about 24 staff to that. In terms of disability and the changes in staffing, the impact on disability has been minimal. Where we have had an impact is in streamlining our contract work. We are setting up one contract unit across the department so that it is one which services all the department. That has led to a slight reduction—I'm not sure how many—in staff in disability.

**Ms Ford:** Nine.

**Ms Lambert:** Nine staff. That is nine admin staff, not front-line staff.

**MR STEFANIAK:** So no effect in terms of the delivery of services, but nine full-time equivalent admin staff.

**Ms Lambert:** We have worked very hard to quarantine our front-line delivery of services, so that generally is quarantined and we look at how we can be more efficient in our back-of-house processes, although that is not a term I like to use. There has been some efficiency by consolidating in one site for disability as well. As Ms Ford pointed out, they are

now co-located with housing at Nature Conservation House. As I said, the one contract unit has resulted in efficiencies as well.

**DR FOSKEY:** One of the other things being observed is that some clients have difficulty in accessing a breakdown of the expenditure of individual support packages. I was just wondering if this is the case in some instances and why it might be the case.

**Ms Ford:** I am not sure, Dr Foskey, whether you are referring to the actual package from community providers. Are people with an individual support package wanting a breakdown of their expenditure from the provider that is auspicing their package; is that what you are referring to?

**DR FOSKEY:** Do you sometimes administer ISPs on behalf of clients? Do you sometimes disburse those?

**Ms Ford:** I will just go through the process for ISPs and that might clarify it for you. If a person has an individual support package, we would allocate the package through a process of assessment, a funded plan that is negotiated between the individual who is going to be receiving the package or the individual with the actual needs, the support provider and ourselves. So we would negotiate what that funded plan looks like, and this is all in our individual support package policy, and that funded plan would be signed off by ourselves and the agency, then the agency would receive the individual support package and they would auspice those dollars on behalf of the client. Part of the contractual arrangement that we have with our non-government organisations which are auspicing individual support packages is that the client signs off on the expenditure on a quarterly basis. I haven't had any complaints come to me. Whilst we have been working quite hard with our auspicing agencies to ensure that happens, we feel—

**DR FOSKEY:** That that might be where the problem lies?

**Ms Ford:** I don't know, because I haven't had any complaints come to me about people not being able to access information about their support package. Our conversations with particularly one of our central agencies around how they do that is that they do it in a transparent way, and we have agreed now how they can report that back to us. So there is transparency and accountability at both ends. But I haven't been aware of any individuals who have been unable to get a breakdown of expenditure on their packages.

**DR FOSKEY:** Okay. We will just track that.

**Ms Ford:** Yes. I would be very keen to know that because, with the launch of the individual support policy, people are very aware that that is a necessity.

**DR FOSKEY:** That might have been old news, then.

**THE CHAIR:** There are some more questions to go on this one, but we will look to getting to output class 1.2 by half-past 11.

**MRS BURKE:** Minister, I draw your attention and that of the departmental officials to the accountability indicators on page 203 at part b. I want clarification on the community support and the number of people accessing the service. There is an increase there from the target of

380 in 2006-07 to the estimated outcome of 561 for 2006-07. How much pressure has this number of clients placed on the department's resources, particularly in services, if services, as you've said, are reaching full capacity?

**Ms Gallagher:** This increase is the effect of a couple of new services which were funded in previous rounds coming on line as well. If you are asking me whether the department has been stretched in the past and, I imagine, will be in the future, the answer is yes.

**MRS BURKE:** What are you doing to address that?

**Ms Gallagher:** The sum of \$15.4 million goes a bit of the way to helping it in terms of this year. We continue to work with Treasury around future processes to put in place to manage the growth that we are seeing, similar to that which has occurred in health.

**MRS BURKE:** What will be the processes?

**Ms Gallagher:** That we look at what the ongoing growth and demand continues to be. We do not just fund and say, "That is all you are getting because you have this increase. Manage it, and that is all you need". We go through a process with treasury. We do the financial modelling along with advice from Disability ACT about what the demands are and continue to be. We look at the demographic data coming through—how many children will be leaving school and what their options are—right through to indications of desire for service coming from people we do not know about or people who move interstate.

I am very pleased with this. We have a process established to gauge that and look at how we fund that in future years, and not just for this government. This is going to be a problem for anyone. Funding disability services adequately is going to be a problem for any government that has the job of running them. The indications are very similar to health, that CPI or indexation does not in any way go to meeting the increase in demand for services because of ageing carers, because of people living from accidents and illnesses that they have not had before, and community expectations about how people should receive support. So all of that has compiled to show growth outstripping indexation or any of those sorts of other adjustments that have existed since self-government. So that work is underway.

**MRS BURKE:** Given your acknowledgement that the department people and people delivering the services are under stress and pressure, what is currently in place to assist with that? It is a very difficult sector to work in. We all know and acknowledge that.

**Ms Gallagher:** The biggest pressure was the need for more recurrent expenditure, and that is what we have delivered. That will go a long way to dealing with these pressures that have been experienced in the past. This is the single biggest increase to disability services since self-government, but it comes on the back of a number of other initiatives funded in previous budgets. As I said, if we get a good deal out of the commonwealth, which we are very hopeful about because we are in productive dialogue with them, that will help again. That will help enormously. It will be all money well spent.

**MRS BURKE:** Given the quantum leap in funding, though, this year—this goes back to probably one of my previous points—why has it not been incremental increases over the years? It seems we are continually trying to play catch up. You have dumped a big bucket of money and spread it across a whole range of things.

**Ms Gallagher:** We have. That is the answer. If you go back into the budgets since this government took office, there is money in every single budget that will go to disability. In the last budget there was young people in residential aged care. So if we add that in, which was the commonwealth joint project, there has been money in every budget.

What this seeks to do is not just maintain the deal with the system as it is now. It builds in money to deal with the pressure that we have been dealing with year by year. If you ask any parent who has been existing on non-recurrent expenditure—and I have had the opportunity to meet with quite a few of them over the past year, and some since the budget—they have been very happy that they have had non-recurrent funding attached. It has been very upfront that this is non-recurrent money and we manage year by year to try to look at where we can get the money from. There is enormous relief from those parents that the situation has been addressed. Half of this \$3 million in the first year goes to dealing with those people who have been receiving a service but they have not had security around that service. They now have security.

**MRS BURKE:** Why did they not before, though?

**Ms Gallagher:** Perhaps because they are the 10 families that break down each year that you do not know about. You are the provider of last resort. Here you are, you have to do something. So, again, Disability ACT, to give credit where credit is due, has cash managed these crisis situations that emerge.

**MRS BURKE:** So individuals you are talking about, individual cases?

**Ms Gallagher:** Yes. But 10 individuals may equal upwards of \$1 million.

**MRS BURKE:** I understand that.

**Ms Gallagher:** That is a situation that is dealt with year by year. I imagine there will be some this year that we have to deal with. But this goes to dealing with that, plus providing new service to people who have not received a service in the past—maybe because they did not want one or because they were not at that crisis point.

**MRS BURKE:** What is “crisis point”? What do you perceive to be “crisis point”?

**Ms Gallagher:** Well, when they come and say, “That’s it. I can’t go on any more. I am relinquishing my responsibilities here”. That has happened, as you would be aware. Disability ACT takes up that issue. Or a community provider says, “We have been managing this person, but we do not want to manage them any more”, for whatever reason. They become Disability ACT’s responsibility to provide service. All of those situations occur. This money will deal with some of those situations, but, they will go on and do more, and they have capacity to do more. Next year there is more capacity with another \$1 million, plus there is this ongoing work that has commenced with treasury around future funding and growth decisions, as I said, similar to those discussions that occurred more than a year and a half ago around health. That is, estimating what the growth will be, what is a fair funding increase each year, recognising that disability will not stay within the 2.5 per cent indexation that is provided.

**MRS BURKE:** So you are conceding that we really have not been keeping pace by going to treasury in things like health, but particularly disability services? Are you now saying that you have indicated that you are not receiving enough money, the money that you should be?

**Ms Gallagher:** No, I want a way for the future. This is me asking that a piece of work be done now. It will not benefit me or this government, perhaps, but it will benefit kids of the future around an appropriately resourced disability sector. It has historically—and this goes back before self-government—been an underresourced sector. It is a very easy sector to underresource because of the vulnerable nature of the people who use the service. This is about setting a much more positive, almost aggressive, response to making sure that in three years' time we have the capacity to deal with the graduates of years 7 and 8 at Black Mountain school.

**MRS BURKE:** What about three years ago?

**Ms Gallagher:** In previous years, that work has not been done, so that work has missed.

**MRS BURKE:** Sorry, in previous years the work had not been done?

**Ms Gallagher:** No, not in the sense of a growth formula for the future.

**MRS BURKE:** Why not? That is what I am saying. Why not? Why was it not done four or five years ago?

**Ms Gallagher:** Why were a lot of things not done, 10 years ago, 15 years ago.

**MRS BURKE:** No, that is a non-answer, minister.

**Ms Gallagher:** Why did Gallop happen? Why did the previous government do absolutely nothing about disability services?

**MRS BURKE:** Look, this is your first line of defence, is it not—attack?

**Ms Gallagher:** No, it is not.

**MRS BURKE:** No, it was a lot of waffle.

**Ms Gallagher:** You have been sitting there attacking this government on the most significant increase to disability services since self-government.

**MRS BURKE:** No, I am standing up for the people who have not received services from this government.

**Ms Gallagher:** No, you are not standing up for them. You are attacking the government.

**MRS BURKE:** I certainly am.

**Ms Gallagher:** I am responding to that. I could play this game, too. I could sit there and say, "Bill, why didn't you do this? Why is it left to 2007 for me to come in and start doing this work and making sure that 20 years of unmet need are being addressed?"



**MRS BURKE:** No, you do not question the committee. You are here to answer our questions today.

**Ms Gallagher:** I could sit here and do that, but I am not. I am saying this is a positive story. We have enormous resources coming into the sector.

**MRS BURKE:** Why were you not planning this picture five years ago?

**Ms Gallagher:** The sector is very happy. More people than ever will benefit from these services.

**MRS BURKE:** Sorry, that is not a good enough answer.

**Ms Gallagher:** But it is a true answer. It is not good enough but it is true.

**MRS BURKE:** No, it is not a good enough answer.

**THE CHAIR:** Members, It is appropriate we move on to the therapy services, output class 1.2. Ms Porter, you have a question?

**MS PORTER:** Yes, I do. Minister, I may not understand the numbers correctly, but under output 1.2, therapy services, it appears from those figures that there is no new money in the budget for therapy services other than the initiatives that were announced last year. I am particularly concerned about services for autism. Could you explain those figures to me, please?

**Ms Gallagher:** Yes, sure. Rosalie Hardy, who is the Director of Therapy ACT.

**Ms Hardy:** There has been no new funding this year for autism, but what we have done is look at our services and look at our partners. We provide a very interagency service with education. We work very closely with the peak body, the autism and asperger's association, and we have responded to some of its requests, and we run a lot of joint workshops with it.

**MS PORTER:** So you have a partnership between yourself and education, is that what you are saying?

**Ms Hardy:** Yes, we do. Some recent research has come out about the type of early intervention, and we are certainly working with them to look at how we can best meet those needs.

**Ms Lambert:** Therapy ACT also does a range of things with families. I am aware because returning from leave I got a brief around a couple of things that were run this week. The first was a meeting with grandparents of children with autism, which I think happened on Monday. There was another one, too, for siblings of children with autism. So there is a range of support as well as the direct diagnostic service, which has been quite significant in Therapy ACT. There have been significant diagnoses occur, and Rosalie might have the numbers on that.

**Ms Hardy:** Yes.

**Ms Lambert:** But, as well as the diagnoses and the working cross-agency, there is also, if you like, work to support the families more broadly around autism, and that is therapy's role. Also, we have worked with health very closely around, if you like, education for other professionals around how you diagnose autism. When the autism people came to speak to me, they talked to me about the fact that often GPs do not know enough about the early symptoms of autism. So, together with the previous head of health, we met with them and we set in train a process which concluded with a meeting of professionals where a range of activities were agreed, making sure that autism, if you like, and knowledge of what is called autism spectrum disorder, which is a broader diagnosis, is available not just to specialists, like the people in Therapy ACT, but more broadly in a community sense.

**MS PORTER:** So you are saying there is a more joined-up approach between all the different players?

**Ms Lambert:** Yes, that is right. We have been working on that. I would not say we have completed it, but it is one of those things that will be ongoing.

**Ms Hardy:** Can I just say also, when we run some of these workshops, we have the interagency staff attend and run the workshops with us. So that has been quite a progressive thing for us.

**THE CHAIR:** Minister, I just want to bring you to some figures on page 204 of budget paper 4 under this output class. There is a note there on the average cost per hour for therapy services for an individual or group. The outcome for 2006-07 was down from the projected target, but it is up again for next year. Can you tell me what inputs you have had to indicate it is going to cost you that much more next year?

**Ms Gallagher:** I am sure there is a very good answer.

**Mr Hubbard:** Those numbers along the bottom are a pretty—

**THE CHAIR:** At page 204.

**Ms Gallagher:** It is \$194 to \$189.

**THE CHAIR:** It was a \$194 target for the last year, and the actual outcome was only \$189, but the target for next year is \$198.

**Mr Hubbard:** Those numbers are basically reflecting the cost increase around certain things that go to make up the therapy budget. Predominantly, the cost increases there are due to increases in salaries and wages.

**MRS DUNNE:** But they seem to have gone down, Mr Hubbard, from the target to the outcome and then they go up substantially again. There is a modest reduction followed by a slightly less modest increase as a target.

**Mr Hubbard:** Yes, I appreciate that. I will have to get the break-up for that number. It is a calculation and it depends on the throughput of the service itself. I will need to get that break-up of the throughput hours.

**Ms Lambert:** While we were moving premises, there was a drop, if I can call it that, in service, and that had to be managed while we were moving premises.

**MRS DUNNE:** But that is an average cost per hour.

**Ms Lambert:** Yes, that is right.

**MRS DUNNE:** So, if you are doing less, it should rise rather than fall. If you are providing fewer hours of service, that cost should logically rise.

**Ms Lambert:** Ian will have to find that number.

**Mr Hubbard:** Yes.

**MRS DUNNE:** Can I ask a question, Mr Chairman, that follows on from Ms Porter's question?

**THE CHAIR:** Supplementary to Ms Porter's?

**MRS DUNNE:** Yes. Ms Porter made the point—and I thought it was well put—that what you are aiming for is more joined-up services. I started to explore this the other day with education. If education identifies someone in need of a particular sort of therapy, could you explain how you respond to that and what the sorts of times are? Another question on the same issue is this: what is the waiting time for diagnosis of children who are suspected of having autism spectrum disorders?

**Ms Overton-Clarke:** I will start in the broad and then Rosalie can take over with details of time wait and so forth. Certainly three and four-year-olds are eligible for five hours of early intervention support, which is provided through education. So therapy works very closely with education to ensure that after the assessment, which is a thorough process in itself and takes up to 25 hours, clients are working very closely with education, and those early intervention services come on stream as soon as possible. I will hand over to Rosalie to explain the numbers.

**Ms Hardy:** I will just go back a bit. Once a child is in our service, we would then refer them to an education-run playgroup at around 18 months to two years. So we work in partnership there with the teachers and education. We work very closely with the teachers and the school counsellors. Depending on the needs of the child, we run what is called school-teacher-parent meetings. We often co-ordinate those, or we go to those meetings if the school calls them. So we are able to work with those. We input a lot into classrooms, into modification of curriculums for specific children, and especially modifications to the environment, depending on what is needed. Sorry, there was just something else I was going to say and I have forgotten it.

In relation to autism waiting times, we have a new process that we introduced about 18 months ago requesting that families provide a number of assessments before we do an assessment, one being a cognitive assessment, one being a medical assessment and one being a hearing assessment. Once those are in, we are then able to put the child on a waiting list, and now the waiting time is about three to four weeks for an assessment.

**MRS DUNNE:** So it is currently about three to four weeks?

**Ms Hardy:** Yes.

**MRS DUNNE:** Who pays for the pre-assessment? As a parent, if I am going out to get a hearing assessment and a medical assessment, et cetera, what are the costs associated with that and who pays?

**Ms Hardy:** Hearing assessment is through the Australian Hearing in the territory. The cognitive assessment is through the school counsellors service, which is a free service.

**DR FOSKEY:** Could I just ask a supplementary directly related to that?

**THE CHAIR:** The committee has agreed that only one supplementary question comes from the original, so then we go back to questions.

**MRS DUNNE:** Well, this is about a complex series of services that cross a whole range of portfolios.

**DR FOSKEY:** That is what I want to follow up.

**THE CHAIR:** Other people might want to ask questions about it, too.

**DR FOSKEY:** I have been told that while that might shorten the delay with Therapy ACT, it sets up a whole lot of other delays in accessing the pre-assessment assessments. For instance, to get an autism assessment—correct me if I am wrong—I believe you have to see a paediatrician, have hearing tests, take a developmental and IQ tests given by the Department of Education and Training. Are you aware—is the minister aware and obviously the officers—of clients who are waiting for extensive periods of time for these parts of the process themselves, which are separate from the waits that are encountered before they are even allowed to see Therapy ACT?

**Ms Hardy:** Just on the last point, many of these clients would already be clients of Therapy ACT. They may just not have had an autism assessment. We feel it is very important that that pre-diagnosis information is provided so that we can be very sure that the diagnosis that we make is based on good, solid facts.

**DR FOSKEY:** How long does it take to get an autism assessment, adding in these other waiting times, if you are a school student and, comparatively, if you are an adult?

**Ms Hardy:** Well, it really depends on how long it takes to get your pre-diagnosis assessments. Once they are in, it is within a month to six weeks that we are able to provide an assessment now.

**DR FOSKEY:** Are you aware of a number of people going to the private sector because they just feel they cannot wait for Therapy ACT?

**Ms Hardy:** I am not aware of the numbers, but we have opened our family support service and education program to people who are privately diagnosed, because we have found that

once a person is given a diagnosis in the private system, they have no support. So we have opened our service to them, and private practitioners refer clients into our education and family support program associated with that.

**DR FOSKEY:** Does it short circuit the waiting time if you go and get a private assessment and then become a client of Therapy ACT?

**Ms Hardy:** Many people are clients of Therapy ACT already, and they may choose to go privately, the same as some people choose to have private therapy or whatever.

**Ms Gallagher:** Having the autism assessment diagnosis does not preclude you from using Therapy ACT in the meantime.

**DR FOSKEY:** Except for waiting time that you might have to wait.

**Ms Gallagher:** But you can already be accessing Therapy ACT whilst those things are going on. It does not preclude you from being involved with the services Therapy ACT provides.

**Ms Hardy:** If you are on a waiting list, we also run information sessions for families and extended families around what is autism and the whole process. We also invite education to those meetings, and we have a childhood medical officer who can come and give a medical explanation. We just provide all that free information for families.

**Ms Overton-Clarke:** I think it is a good point to make, as Rosalie has, that the whole assessment process happens in parallel with the receiving of services. Only 46 per cent of people assessed are diagnosed with autism. So there are a number of people receiving services who feel as though as though there are autism-type symptoms but, once they have gone through the whole assessment process, are not diagnosed with autism. That makes no difference to the services that they receive through Therapy ACT.

**MRS BURKE:** Minister, on the back of Ms Overton-Clarke's comments there, are the numbers of children being diagnosed with ASD on the increase? I understood they were. Is that correct or not?

**Ms Gallagher:** I understand that they are. I cannot give you the exact figure, but I understand we are seeing more, certainly through the schools system. I am not sure whether Rosalie has anything to add to that.

**MRS BURKE:** The second part to that, then, I wanted clarification. Did Ms Hardy say there was no extra new funding for autism in this year's budget?

**Ms Gallagher:** There is no new recurrent initiative for Therapy ACT included in that.

**MRS BURKE:** How are we going to meet the need? I guess that is my question, then? How are we going to meet that increased need?

**Ms Gallagher:** Again, there have been significant increases in this in previous budgets. I cannot give you the exact figure of the increase in children coming through Therapy ACT who then have a diagnosis of autism, but I am sure we can give you those figures. But the money, the \$15.4 million, would not exclude people with autism.

**MRS BURKE:** But is Therapy ACT getting any of that funding to meet the increased need?

**Ms Gallagher:** No, it is not. It is not going into Therapy ACT. It is going to Disability ACT, which is a different output, but people with autism use Disability ACT as well.

**MRS BURKE:** They use the therapy services out of that.

**Ms Gallagher:** They are not excluded because they use therapy.

**MRS BURKE:** No, no.

**THE CHAIR:** Order! Mrs Burke, could you wait till the minister finishes her answer. We cannot hear what she is trying to say.

**MRS BURKE:** Sorry, you said, minister?

**Ms Gallagher:** I am saying there was no specific new initiative for Therapy ACT in this budget. In previous budgets we have gone to addressing some of the infrastructure needs, which I had a quick tour of on Tuesday this week, to make the environment more conducive to running a range of programs out of Therapy ACT, which will increase capacity. If you ever get the opportunity to have a look around Therapy ACT, it is looking fantastic, particularly at the Holder site. In previous budgets, as I said, quite a bit of money has gone specifically into addressing some of the growth that we have seen in autism. There has not been a sharp growth this year. This has been a steady increase over a number of years in relation to demand for autism services.

**MRS BURKE:** With the numbers of children being diagnosed, we are going to get to a critical situation where we are not going to be able to give therapy services to those children, speech pathology, voice therapy. Is that right or not—through Therapy ACT?

**Ms Gallagher:** I think we should give you the figures about the growth that we have seen before we say there has been enormous growth that cannot be managed. The advice to me is, yes, therapy services are in demand, just like any other part of human service delivery, I think. I cannot think of one service where I would get advice saying this one is managing well within budget and has no pressure. So, yes, therapy is no exception there. We work on these things day by day to make sure that families get the services that they need. Rosalie, do you have any numbers you can give? We can get back to the committee on those.

**Ms Hardy:** I would just like to say that, really, the peak of assessments has died since we have been able to open the autism assessment family support service. There were only about 20 or 30 done per year, so there was considerable backlog. In the past four years we have done over 330 assessments, and, of those, only a percentage gets a diagnosis. But those people who do not get a diagnosis are still eligible for services, or we look at what services they are eligible for. As part of this, we have also been able to develop a partnership with CAMS, because we do find that many of the older children that are referred to us have some psychological and mental health issues. So we are now being able to do some joint assessments with CAMS for those more complex clients.

**MRS BURKE:** It was not so much on the assessments, but thank you for that. It was children

who have been diagnosed after the assessment and that subsequent treatment, whether we are meeting the level of demand of the assessed and/or diagnosed children.

**Ms Hardy:** It is only in the last couple of years that we have been able to do a snapshot of our client load. It has not been a formal published document, but we have been able to look at our diagnosis across the board. Of that, we have found that about 16 per cent of our client load have a diagnosis of pervasive developmental disorder, which does include autism.

**MRS BURKE:** Are all 16 per cent receiving services?

**Ms Hardy:** They are all current clients within our service.

**MRS BURKE:** Is there an unmet need out of that?

**Ms Hardy:** There could be, but we are not always aware of that. I suppose another thing that we have done is work with Aspect, which is the New South Wales autism association, to look at some of the programs that they are running on their early intervention. We are discussing training. And we are in discussion with the University of Canberra in relation to some of the services and training that we might be able to access there.

**THE CHAIR:** Mr Stefaniak.

**MR STEFANIAK:** I note that through 2006-07 there was a slight increase, of \$480,000, if you look at the figures on BP4, page 196. What did that go on? What services did that increase meet?

**Mr Hubbard:** Which numbers are you comparing?

**MR STEFANIAK:** Output 1.2 on page 196.

**Mr Hubbard:** You are comparing the total cost increase?

**MR STEFANIAK:** Yes. It was a moderate increase.

**Mr Hubbard:** I might explain what the increase actually constitutes.

**MR STEFANIAK:** Thank you; that is what I want.

**Mr Hubbard:** What is involved in that increase is the general indexation of the administration side of the budget for therapy and also the indexation of the salaries and wages side of the budget. Basically what has happened there is that there has been a maintenance of capacity to cover recurrent services within that group.

**MR STEFANIAK:** So there are no additional services? It does not cover any additional initiatives or anything? It is maintaining what you actually got to?

**Mr Hubbard:** It is reflecting increases in costs.

**MRS BURKE:** Administrative, not services.

**MR STEFANIAK:** Yes, admin.

**Mr Hubbard:** Yes. That is a direct service delivery function, so it is maintaining that.

**Ms Overton-Clarke:** I might add that, over the last few years, the ability of Therapy ACT to attract and retain staff has increased significantly. We have a much smaller turnover than we used to. Certainly in terms of psychologists, social workers and occupational therapists, Therapy ACT has been fully staffed for the last two years, which is fantastic. Of course, being part of a broad human services department, there are opportunities across the Office for Children, Youth and Family Support child and family centres, where a lot of the health professionals go. While it is a relatively small unit compared to the hospital and the Department of Health in general, the sort of attraction that people feel in working in a community-based service and the sort of opportunities that we give, particularly to the younger members of staff who leave on maternity leave and are able to return to the workplace in part-time hours, are something that they find very attractive. We have been really emphasising, and have been able to develop, the staffing profile in such a way that we are able to retain and attract a number of those professional staff.

**DR FOSKEY:** Could I ask a sup to that? Do you have the full complement of therapies covered adequately in Therapy ACT?

**Ms Overton-Clarke:** Yes.

**DR FOSKEY:** How do we go with training speech and occupational therapists? As we do not do that in the ACT, how are we recruiting them and how are we keeping them?

**Ms Overton-Clarke:** I will start and Rosalie can add some detail. We have a number of graduate programs and traineeships which are linked to regional universities. So we have a number of students who do placements in Therapy ACT and, at the end of those placements, often come to the ACT. There is word of mouth; there is also internet recruitment, which we do as well. It is across a whole range of mechanisms. Of course, in the last couple of years, we have worked very closely with the new allied health school at the University of Canberra to ensure that we work with them as well.

**Ms Gallagher:** That new allied health school, which opened just earlier this year, will turn out the first home grown physiotherapy graduates at the end of this year. Between Therapy ACT and Health we could employ all of them—and probably have, hopefully.

**Ms Lambert:** In terms of dollars being related to retention going into this budget, when we did our exit interviews when the agency was formed we found that one of the issues for our staff was the accommodation they were in. We have had significant injections into therapy in capital dollars. The minister talked about her visit to Holder this week. That has been a significant feature in our retention as well—that people have a very appropriate place to work in.

**DR FOSKEY:** You might have to take it on notice, but what are the comparative staff turnover figures, say over the last two years? If there can be a comparative indicating that there is a difference, I would like to see that documented.

**Ms Lambert:** We can do that. My recollection is that when we took over it was 33 per cent,



and we are now between six and 10 per cent. Is that right?

**Ms Hardy:** Sixteen. I would like to add that none of our staff that have left have gone to jobs within the ACT. They have either moved interstate or gone off on maternity leave. With a predominantly female staff, we have a large number of people on maternity leave. We really feel that we retain our staff while they are in the ACT.

**Ms Overton-Clarke:** Often the resignation comes if mothers decide to take a longer term off at home as well and decide to just exit the workforce. Even where that happens, we keep up with them; and often later on they rejoin.

**MRS BURKE:** Minister, just keeping on the line of staffing and client satisfaction surveys and outputs, I want to go to page 204, “Accountability Indicators”, “c”. Client satisfaction with therapy services is measured by an annual survey. I note that there is a target of 85 per cent for the coming year, up five per cent. Given that we have just talked about increases in one area and no new funding being placed, how are we going to fully meet and better improve on the delivery of service when we have maybe not funded Therapy ACT to the extent that we need to?

**Ms Overton-Clarke:** I will not comment on that last comment, but in terms of satisfaction we have spent the last few years reshaping or building Therapy ACT as an entity that services clients from very young to very old; so creating a single therapy service. Part of the model of that has been to develop what we have called a hub-and-spokes system. That has meant some disruption as we move in terms of client teams, but now, at the end of it and emerging out of that, it has meant that we are able to provide two substantial homes, one in Holder and one in Belconnen, that offer a full range of services across those age spectrums. We really feel as though we are coming out of the bedding down stage that we have been going through over the last few years, to be able to offer those services across the ACT.

**MRS BURKE:** Is that going to require an increase in funding, though—to be able to deliver that outcome?

**Ms Overton-Clarke:** No. We have been working through it over the last few years. It has meant changing the way that teams are structured. It has meant losing rented accommodation in Homeworld and taking up new accommodation in Belconnen. It has all been done within budget. But it has, of necessity, at times meant some disruption to service that we can now put behind us.

**MRS BURKE:** What was that disruption to service that you are hoping to rectify?

**Ms Overton-Clarke:** A week or two where we relocated staff from one premises to another.

**MRS BURKE:** You are saying that that impacts on the clients?

**Ms Overton-Clarke:** Yes, it does.

**Ms Gallagher:** They are not there to do the usual things.

**MRS BURKE:** No.

**Ms Overton-Clarke:** But we have been able to ensure that it is not in school time. A lot of the clients are of school age, so a number of the services are delivered through the term time. Parents, like the rest of us, like to have a bit of down time in the holidays; we have managed to work through and make sure that those rearrangements occur at times that are least disruptive to the clients.

**THE CHAIR:** Mrs Dunne.

**MRS DUNNE:** I want to talk about disruption while providing services to clients. The first part of this is probably something to take on notice. For each of the services—speech therapy, occupational therapy, et cetera—what is the current waiting time for assessments? I also want to follow up on Dr Foskey’s questions. What is the gross waiting time for an assessment for autism spectrum disorder? You send people off to paediatricians; sometimes it might take you months to get in to see a paediatrician. How long do you have to wait to get into Australian Hearing to get a hearing assessment done—those sorts of things? Also, could you give some estimate of the cost that people are encountering in that pre-assessment process?

**Ms Gallagher:** We can take that on notice.

**MRS DUNNE:** Thanks.

**THE CHAIR:** Further questions?

**DR FOSKEY:** Yes, just a couple. How many services do you deliver to children in groups as compared to as individuals?

**Ms Hardy:** I am sorry; I do not have that information with me. I can certainly provide it.

**DR FOSKEY:** Is there a growing tendency to deal with children in groups?

**Ms Hardy:** There is a growing tendency, but each child has their own individual needs, so it is only those that are suitable to see in groups that are seen in groups. Many clients are seen on an individual basis, or we provide consultation into a childcare or school situation, depending on what the needs are at the time and also what the families and parents would like—what suits their needs.

**DR FOSKEY:** Would you see, say, a child with a need for speech therapy as an individual or in a group?

**Ms Hardy:** Each child has a very different need, and there are what we would call more minimal needs. It might be an articulation problem. They might not be able to say their “s” properly or something like that. Those children come in through our drop-in system; then the therapist would make a decision: “Can I give this family a home program where we’re just going to work on that and come back and review it?”—sometimes that works very well—or “Do we need to bring them into a group program where they’re getting a lot of support and education on how to implement the strategies at home?” If we had a child with a more severe complex need—for example, one that needed a communication system—they would be seen on an individual basis. They also would be seen in all the different environments—such as school, after-school care, whatever was needed—so that the system set-up would be appropriate to the child.

**DR FOSKEY:** It sounds good.

**Ms Gallagher:** Dr Foskey, part of the refurb at Holder—I have yet to get out to Belconnen—has been to create some really lovely play spaces for groups of children. They are just lovely places to be now. They are brand spanking new. So there is a focus on being able to provide group opportunities, if that is appropriate, including access for support groups for parents to use therapy as well. In terms of some additional capacity that is being delivered through this capital upgrade, that has certainly been a part of it.

I should also say this. There is no doubt that, if you had more money available, you could put it into a range of areas across this department, because of the type of work this department does. But I should also say that I have been approached recently by two parents from New South Wales who have come up to me and said, “Look, we just want to acknowledge the wonderful service we get from Therapy ACT. Can’t believe it’s universal. Can’t believe it’s just provided. You’d never get this in New South Wales. We feel very lucky that our children can have this access.” Whilst we can always do more, we should be very proud of the work that Therapy ACT does here.

**MRS BURKE:** Do we see a lot of people coming across the border or accessing our services, and how does that impact on ACT people?

**Ms Gallagher:** These are people that have moved to the ACT.

**MRS BURKE:** Actually moved here? You have to be resident here before you—

**Ms Gallagher:** Yes. They have moved here. They have been working through the New South Wales system. It is only that it has happened in the last couple of weeks. Both of these parents have come up to me and it has just been their experience that access is a lot better here.

**DR FOSKEY:** I have a couple more questions, but they are on slightly different areas.

**MRS BURKE:** I want to continue with the accountability indicators. On page 204, “Therapy Services”, part (a) refers to “Hours of therapy services provided”. It displays a growth of hours of therapy services provided. You can see there that a targeted 47,200 hours for 2006-07 climbed to an estimated outcome of 49,000 in 2007-08, which is expected to remain the same. I can see that it is to do with some consolidation, but I am just concerned that it is static. Are we saying that it is not going to increase in the outyears? How are we saying that it is just going to be that amount of hours provided next year?

**Ms Gallagher:** It is above the target. There is growth; it is just that we over-delivered this year.

**MRS BURKE:** No; I think that note alludes to the consolidation, not—

**Ms Overton-Clarke:** The second part of the note is also referring to the increase in the number of group programs being provided for clients. While it is the same number of hours, there are greater numbers in the groups.

**MRS BURKE:** Right. How are we going to do that with therapy services, given that we have not increased the funding? Are we doing it on existing resources?

**Ms Overton-Clarke:** Yes.

**MRS BURKE:** So it is not going to put pressure on Therapy ACT to deliver in a timely way to get the client satisfaction that you want?

**Ms Lambert:** No. As Ms Hardy was just saying, where it is appropriate, we have the facilities now to move to all group delivery. I am not a speech pathologist, but I certainly know a lot about language development; when you are working with language development, working in groups is a critical part of development of language skills. What we have got in these new facilities is the capacity to do more group work. That means that you have one therapist working with a range of people, so you are actually delivering more hours in that particular situation. You are working efficiently within the resources that you have, which is one of the things we are required to do.

**MRS BURKE:** But often for ASD children that will not be a correct type—

**Ms Lambert:** I am not talking about ASD here. I was talking about people with language difficulty.

**Ms Gallagher:** There is a whole range of children accessing therapy. As we have said, only 16 per cent—

**MRS BURKE:** Yes. I just wondered about the static figure; that is all. Why that? And there is no indicated increase in terms of—

**Mr Hubbard:** It is an increase from the 2006-07 number to what we are budgeting for next year, which is—

**MRS BURKE:** It says “consolidated services: sites and team structures”. What you are doing is putting (a) and (b) together. That is what that says to me—or is that not correct?

**Ms Gallagher:** The hours of therapy provided in—our target in 2006-07 was 47,200. In 2007-08, it is 49,000. So there is growth.

**MRS BURKE:** Yes. So that is the consolidation there?

**Ms Gallagher:** Yes.

**MRS BURKE:** And growth?

**Ms Gallagher:** Yes. But if you have four children accessing the small group, I presume that would be counted as four hours of therapy, as opposed to one. If you had two children in that group, it would have been two hours. That is why the note is there. It is not intending to mislead anyone—

**MRS BURKE:** No; I did not say it was.

**Ms Gallagher:** It is just intending to say that this is how it can be delivered, how that growth can—

**MRS BURKE:** So we are not looking to try and increase the number of hours of therapy services?

**Ms Gallagher:** We are, certainly, in the target that we are setting, but—

**MRS BURKE:** Not from 2006-07—

**Ms Gallagher:** But the estimated outcome—as I said, they have over-delivered.

**MRS BURKE:** So that remains static.

**Ms Hardy:** We have the opportunity to revise those figures should we go up.

**Ms Gallagher:** They have been working hard at Therapy ACT; that is the secret.

**MRS BURKE:** I am sure they are. I am on their side here.

**Ms Overton-Clarke:** That is the difference between the target and the estimated outcome. We set the target at the beginning of the financial year, which is what we are doing for 2007-08.

**MRS BURKE:** I just asked: did the funding match that, and accordingly—

**Ms Gallagher:** Yes. And next year we may be here looking at a similar picture if Therapy ACT does not stop working so hard.

**Ms Hardy:** It does depend a bit on the retention rate throughout the year—how many people we have go off who have had babies and what our recruitment strategies are. That does influence it.

**Ms Overton-Clarke:** But the footnote reflects the difference between the target and the outcome. What that is saying is that we expected the target to be lower because of the consolidation, but in fact we have been able to achieve an outcome that is greater than the target that we set. And that has become the target for next year.

**DR FOSKEY:** You said earlier that you are dealing with some adult clients as well. Does Therapy ACT see its role as providing support for adults with autism and other problems? Often, people with a disability have ageing parents who are really concerned about how they are going to be looked after.

**Ms Overton-Clarke:** Yes. Across the department, we service adults with autism. Both in Disability ACT and in Therapy ACT, clients are separate and shared. There are a number of clients with autism who are seen by Therapy ACT who are clients of Disability ACT. To go back to Mrs Burke's earlier question about the additional money coming through the budget process, at the moment there is over \$1.3 million spent on adults with disability being serviced through Disability ACT. In that way, there is an impact. But a number of those clients are also clients of Therapy ACT. That was part of developing an adult—

**DR FOSKEY:** So the support comes through Disability ACT while Therapy ACT provides the therapeutic services? Is that how it works?

**Ms Hardy:** It is really a bit of a combination. It is very much on individual needs. We certainly work very closely with the Disability ACT around those services. We work very closely with them—for clients in supported accommodation as well. And we do some training in the orientation programs with staff, and provide services there.

**DR FOSKEY:** I have one more question. How long does it take to assess an adult for autism? I asked this one before in relation to how long it takes to assess children. But how long does it take to assess an adult for autism?

**Ms Hardy:** Are we referring to the actual assessment?

**DR FOSKEY:** Yes.

**Ms Hardy:** We would go through a very similar process. We would do observations in the natural environments, whether in their home environment, the work environment or whatever; we would get reports from other people involved; and we would do our assessment and observations in the clinic.

**DR FOSKEY:** Is there a waiting list for that process to begin, and how long is it?

**Ms Hardy:** Not for the adults. We have very few referrals for adults. In the whole time, out of our 360, we have done six people over the age of 15 and only one of those has received a diagnosis.

**THE CHAIR:** Mrs Dunne.

**MRS DUNNE:** I want to go back to a point that I wanted to explore earlier—the relationship with education. As members, we get mixed messages about how seamless that process is. For instance, if there is a child who is in a disability unit at a school, what involvement does Therapy ACT have in, say, a SCAN assessment, if any? And if the SCAN assessment throws up that a child is in need of particular therapies, what is the pathway for getting that child into those therapies?

**Ms Hardy:** If a child is in a special unit in the school and is a current client of ours, we are involved in their individual learning plans. We communicate with them, with the teachers and with the families. If the parents want, we attend their individual learning plan meetings, or their SCAN ones. Over the period of time of the development of the SCAN we have had a lot of involvement and feedback in relation to that. If an issue is identified in any of those family or parent meetings, we would take that on board and work with the teachers and parents. Therapy ACT has introduced some of our action plans, which are more a goal-driven method; so we are able to communicate with teachers and parents over those issues.

**MRS DUNNE:** Explain what you mean by goal driven?

**Ms Hardy:** We are looking at what the parents feel their needs for services are, and we work with them to have goals, outcomes or outputs.

**MRS DUNNE:** In the formation of, say, an ILP, or through the SCAN assessment, if it is decided that a particular child needs a particular sort of therapy, what is the pathway? Once that decision is made, irrespective of whether Therapy ACT is at the meeting, what is the pathway?

**Ms Hardy:** If they are not a current client, they would need to go through the referral process through our intake service. If they are a current client, then either the parent or the teacher would access the therapist involved.

**MRS DUNNE:** So if they were not going to Therapy ACT—for instance, they decided they needed speech therapy, but hitherto they were not receiving speech therapy though they may have been receiving some other assistance—they would not have to go through the intake process?

**Ms Hardy:** No. There are internal referrals for that sort of thing. I should mention something else. We provide assessments for clients who have specific language disorders within a term. They may be identified by the school; we have an arrangement with education that, if a child is identified, we will provide an assessment and report for the funding rounds within that term. So they move up our priority list.

**MRS DUNNE:** Let me go back to the case where a child may have had a private diagnosis, et cetera. I have written to the minister about one of these cases recently. A child was privately diagnosed and is now in an autism unit, being provided with therapy, but through a private provider. In this case—and I do not know the answer to this—the child may not be a client of Therapy ACT. What is the waiting list like then to get your foot in the door?

**Ms Hardy:** There are waiting times. With the waiting list, we look at what the need is. If there are life-threatening issues or feeding issues, they are a priority; they are seen almost immediately. If you have an articulation problem, there is a long—six months or so—waiting time. But although we have a waiting time, we look at all the referrals that come in at that time and we take those with need. Although you may have been waiting for six months, if somebody comes in with a higher need and we feel that we need to act on that, we would see that client before that. It is not a chronological waiting time; it is a needs waiting time.

**THE CHAIR:** It is a triage system.

**MRS DUNNE:** Yes.

**THE CHAIR:** Thank you, minister and officials from the department. We will go to the lunch break now. We will see you back at 2.30 with your hat on for children, youth and family services.

**Ms Gallagher:** Does that mean Disability ACT and ACT Therapy officers can leave?

**THE CHAIR:** Yes. Thank you.

**Meeting adjourned from 12.17 to 2.30 pm.**

**THE CHAIR:** Welcome back, minister and officials from the department. We are returning

to Minister Katy Gallagher in her role as minister for children, youth and family services, output class 2, early intervention. We will look to a break at about half past three. Minister, would you like to make any opening comments for this output class?

**Ms Gallagher:** No, thank you. I think we are just happy to move straight to it. I would just seek the committee's advice, though. This afternoon session would also cover SAAP or homelessness. I am just wondering if that is being dealt with between 5 and 6, with women.

**THE CHAIR:** That is where we have got it programmed.

**Ms Gallagher:** Yes. I am just mindful of the fact that there have been two hours set aside for children and young people and one hour for women and homelessness.

**THE CHAIR:** I might suggest to the committee that if children, youth and family services finishes before the due time at 5 pm—

**Ms Gallagher:** Yes. I just thought I would draw it to your attention because I know Dr Foskey is interested in that area.

**THE CHAIR:** Thank you. Mr Stefaniak.

**MR STEFANIAK:** My colleagues Mrs Burke and Mrs Dunne will have a few questions here. My apologies, minister, I am going to have to leave at about quarter past three. I am going to a wedding of an old friend at the hospice. It is rather nice—a couple getting back together.

Just on early intervention, one thing that concerned me from time to time when I had responsibility for the area were the stories of children who were in foster care who would go back to either a parent or parents who had great difficulty looking after them, usually because of substance abuse. It was a constant source of concern. Often the foster carers would have real concerns for the safety of the child. The birth parent was pretty much incapable of looking after them often because of drug abuse.

What does the department currently do in those situations? What early intervention procedures are you doing, or can you do, to assist a parent to get over their problem or at least ensure that the child is not at risk because the parent is incapable of getting over whatever particular problem it is that makes them incapable of properly looking after the child?

**Ms Gallagher:** Sure. I will just begin and then the officers can deal with the questions in more detail. It is a good question. It is one that consumes all of our minds a great deal. I should point out that children returning from foster care to their parents or carers is often based on a court decision, in which case it is not discretionary for us whether we follow the court's determination or not. The court does go through a process of assessing that. I am aware at times that foster carers and kinship carers are unhappy with those outcomes and rightly concerned for their children.

One of the pieces of work that we have been focusing on this year is our family support program. We are looking at targeting that program to vulnerable families. In the past that has been a diverse program, in the sense that it funds a number of organisations. Perhaps at times those interventions have not been targeted to families most in need—it has been whoever may walk through the door and it may be someone who has been in the care and protection



system. We are looking at better finetuning that. Lou can speak more about that.

The other issue is a health initiative which we have pursued in this budget around support for vulnerable families, particularly focusing on the nought to twos, coming out of the Murray-Mackie report into how we care for babies particularly, and those who are non-verbal. Health has an initiative in there for \$2 million to get the program up and running. We are looking at assisting a lot of the families through that program. We will talk about it more tomorrow, I imagine: children of parents who are either involved in a drug treatment program—for example, the methadone program—and how we provide the best support to them. A range of things are underway. I will hand over to Lou.

**MR STEFANIAK:** Just before you do, you mentioned that occasionally it is a court order. Have you appealed any of those court orders or are they so few that it does not really matter?

**Ms Gallagher:** I know that we are certainly involved in all the cases. At times the care and protection service would advocate a view one way or another and that view would be held in the minds of the courts around their decisions. But as to appeals, I am not certain.

**MR STEFANIAK:** Could you take it on notice. I am interested in the number of appeals—the last two years will be fine.

**Ms Gallagher:** Sure. Unless you can answer that off the top of your head, Frank?

**Mr Duggan:** No, I cannot. Sorry.

**MRS DUNNE:** So that means there must have been some?

**Mr Duggan:** If we felt that there was justification, we are legally represented in court matters; therefore we take our legal advice on that and appeal if we felt there were grounds, yes.

**Ms Denley:** You asked about early intervention services. We have put a very large focus on early intervention services and have been doing a number of projects over this last 12-month period to really increase our interaction with the family support sector as a whole. One of these projects is called the integrated family support project. In that project we have 10 non-government organisations, which provide family support, to work with us, health and education in joining up a wraparound approach for families that we are very concerned about. We have been successful in getting some commonwealth money to also support this and we have matched that commonwealth money so that there is flexible brokerage money to support families' needs.

We have done a lot of training with the agencies and staff involved, so they are very aware of our risk assessment. This project is also being mirrored in the work that we are doing with nought to five-year-olds, with families at risk, through the child and family centres. We have also put a child protection worker in both of the child and family centres. We have also been working closely with health and education on an indigenous family support service. The director of the indigenous unit, Neil Harwood, could talk more about that. Also, under the children's plan, the whole-of-government committee has been working as well with representatives from the non-government sector on the whole issue of building collaboration.

We believe that working to link families that we are notified about into support services is one of the single biggest and most important changes we need to make. In doing that, we are also very mindful that the agencies are feeling comfortable in working with us on the issue. The staff training initiative has been well taken up by the non-government sector and our other colleagues across—

**MRS BURKE:** Is that program you are referring—

**THE CHAIR:** Mrs Dunne, do you have a supplementary?

**MS PORTER:** I have a supplementary, chair.

**MRS BURKE:** Sorry, chair. I need a reference. Where are they are talking about funding? Was it page 82 of BP3? That is all I am asking for.

**Ms Denley:** I am sorry.

**MRS BURKE:** The women and children's detox program?

**Ms Gallagher:** That is under health, yes.

**MRS BURKE:** Yes, I just wondered what program you were talking about and where the funding is for that. You said health.

**Ms Denley:** Sorry. It is the vulnerable infants' project. We are part of the committee, along with health, planning that.

**Ms Gallagher:** That has been underway. It is linked to the initiative but it has happened before.

**MRS BURKE:** I thought you said a new program, but that is fine.

**Ms Gallagher:** Yes, there is—supporting vulnerable families, I think it is called, under the health portfolio.

**Mr Duggan:** Under the health portfolio there is \$2.1 million over the next four years.

**Ms Gallagher:** But the vulnerable families' cross-agency work has been underway. They are just similar names.

**THE CHAIR:** Ms Porter has a supplementary and then Mrs Dunne has a supplementary.

**MS PORTER:** Thank you. During that explanation just now, mention was made of the child and family centres. Could you advise the committee whether the government still intends to develop a third family centre and whether it will be in west Belconnen. What plans do you have for west Belconnen?

**MRS DUNNE:** That is not a supplementary.

**MRS BURKE:** You are drawing a long bow for a supplementary there, Ms Porter.

**Ms Gallagher:** It is under this class, I think.

**MRS BURKE:** All right. I will let you off.

**MS PORTER:** It is in this class. It is to do with what was just talked about.

**MRS BURKE:** Mrs Dunne, I think, has a supplementary.

**MRS DUNNE:** It doesn't matter. I will move on to it. It is all right.

**THE CHAIR:** Order, members!

**MS PORTER:** She can still ask it. I am not stopping her.

**Ms Gallagher:** We are currently looking at a range of ways to expand the child and family centre program because it has been so successful in Gungahlin and Tuggeranong. One of the ideas is to look at a service in west Belconnen because, on all of our social indicators, that is an area that would benefit greatly from a wraparound service such as the one the child and family centre offers. But we are also looking at how we can work in with the new P-2 schools with education. There is one in Southern Cross; it is not really technically west Belconnen. It is a little out of that catchment, but that is where a P-2 school is going to be. The Chief Minister, when opening the Tuggeranong Child and Family Centre a couple of weeks ago, did express an interest in understanding how we could have a third child and family centre in Belconnen. We will continue to do some work. But the centre would have to come with additional resources. At the moment the two child and family centres are going strong and we could not stretch a third one out of them.

**MS PORTER:** At the moment?

**Ms Gallagher:** Yes, at the moment.

**MS PORTER:** There are discussions being had?

**Ms Gallagher:** We are investigating it. The Chief Minister has made it very clear that it is something he would like to see pursued.

**MS PORTER:** Okay. Thank you.

**THE CHAIR:** Mrs Dunne.

**MRS DUNNE:** Thank you, Mr Chairman. Just as a bit of an exposition: I keep hearing the term "wraparound service". The minister just used it, as did Ms Denley. What do you mean when you talk about a "wraparound service"?

**Ms Gallagher:** There are greater minds than mine to define it but, in my head, it is a combination. It is where the services wrap around the individual, the child or the family. It is not a service response to an individual's needs but rather a range of responses pulling on a number of services. That is essentially what it would be. The child and family centre seeks to promote that model through the various services it offers. People can come in and if they

have a problem, they want some sort of assistance or they just want information, then that can be tailored around their needs. You do not have to come with a problem. It is about what you need rather than what service is provided. We do that across the agency to a much greater extent now. Turnaround would be an example of a service that we have established under that kind of model.

**MRS DUNNE:** It is like case management?

**Ms Gallagher:** Individualised.

**MRS DUNNE:** Individualised.

**Ms Gallagher:** Yes.

**Ms Lambert:** Instead of saying, “These are the services we offer”, when someone asks for something, we say, “What are the services that you need?” We then try to get an array of services that are appropriate to suit that particular need. It is a very intensive model but it is a model that you need to use, particularly with families who are in significant difficulty.

**MRS DUNNE:** Yes. To follow up, Mr Chairman: there is so much written about the importance of early intervention and reading the stuff that, for instance, Noel Pearson was writing on the weekend about early intervention. How do you identify people? With child and family centres you get the people who recognise that they have a problem. Are there people out there that we are still not reaching because they haven’t identified themselves? The articulate people always find the services but the less articulate may not.

**Ms Gallagher:** Yes, and I think that is always a challenge for us. Part of what we want to do is get to these families before their issue gets more serious. A report might be made about it and we do not want that to be the first time we hear about that family. It is a challenge for us, but we hope that through working together across health, across education and through the office that we will come into contact, whether it be through the MACH nurse, who sees the family once the baby is born, to—

**Mrs DUNNE:** A midwife? Are midwives involved in identifying people who—

**Ms Gallagher:** They could. We have set up the arrangements now under legislation for prenatal reporting of concerns. That requires voluntary participation by the mother. That is a legislative change that went through the Assembly earlier this year. So, yes, that is what we are trying to do. Also, once the report has been made, if that is the case it eventuates into a report that the appropriate response is then given as well. The child and family centres are getting pretty well known out there, particularly across non-government agencies. Within our small jurisdiction we try as best we can to get to those families in need. Do you want to add anything, Helen?

**Ms Pappas:** The issue is: how do we get those families known to the child and family centres. We are piloting a project with the care and protection service and calling it the birth to two project or focusing on birth to five-year-olds. That is a project which sees the care and protection service and child and family centres talking with families to get them into community services and support services before they have to enter the statutory system. So it is about engaging with the families and speaking to them about what it is that we can provide

you, your family and your children to prevent you having to go down that statutory line. That has proven to be very successful. We certainly have a lot of interest. Once we get families into the centres they seem to then progress through various other programs that we offer them, and it is about the needs that they identify. They certainly come through the maternal and child health service that is based at Tuggeranong and Gungahlin. There are multiple access points for these families.

**Mrs DUNNE:** What research underpins all of this? Is the approach you are following supported by research or are you sucking and seeing as you go?

**Ms Denley:** There is quite a body of research now around two areas. There is the research around the importance of getting to children at a young age. You would be aware of the neurological work that is being done by people like Fraser Mustard. There is also a lot of literature now. ARACY, which is short for Australian Research—

**Mr Duggan:** It is the Australian Research Alliance for Children and Young People.

**Ms Gallagher:** We can get that.

**Ms Denley:** Yes. They have just pulled together a very good review of the research into family support. Certainly what comes out of that research is the importance of having the wraparound approach, the importance of collaboration of cross-agencies. One of the quotes in there that is really important is that the retention of families is often about the service model rather than the family themselves. So hard-to-reach families, if engaged correctly, can be sustained. But it does take them to being empowered and feeling as if their immediate definition of need is being met. It certainly is about making sure that you respond to their immediate and particularly substantive needs—you are not just addressing a single need—flexibility in the service approach and the importance of the relationship development with the professional. Quite a lot came out of that research.

The other research that is of interest in this, particularly to us, is the research that has come out of the evaluation of the innovations program in Victoria, conducted by Monash. They found that by putting in the early intervention services they were certainly able to reduce re-notifications to the care and protection service. We were very interested in that. We can certainly furnish you with those studies.

**MRS DUNNE:** That would be good.

**Ms Gallagher:** ARACY stands for the Australian Research Alliance for Children and Young People.

**THE CHAIR:** Dr Foskey, do you have a supplementary?

**DR FOSKEY:** Yes, thanks. I recently hosted a meeting at which Dr Sue Packer spoke. She made a very strong point that intervention has to be early to be really effective. She was saying that we need to get to children before they are six months old, which is very early, because of the brain processing, the hard wiring and so on. How is the government managing to get to parents whose children are at risk when there is a general tradition, often amongst the groups of people we are talking about, that the welfare will get you—that sort of thing. We know that is still prevalent. I am just wondering what programs you have or what you can

do. You do not want people staying away from the child and family centre programs. Do you have any anecdotal evidence or any strategies?

**Ms Gallagher:** I think one of the successes of the child and family centre model is that it is not about care and protection. It is only recently that we have a care and protection worker based out there, although there have always been connections. It is a very normal environment for families to go to if they need help or advice—and that is reflected through some of the groups that are run or hosted through those centres. I speak with Dr Packer pretty frequently. The best way in to those children, which we would be concerned about, is through the health system at that early age. I am excited about this initiative, the vulnerable families project. We are looking at the nought to two group prenatally. In the first instance, we are hooking families up with a midwife and then, post the birth, with a MACH nurse, who will be with the family for up to two years. This is a way of getting some trust and a relationship in place and to try to sustain that relationship in the early years when problems may arise.

That is where this project has originated from, but it is under the health portfolio. It is early days. I was speaking to people about getting that project off the ground. We have had some work being done across agencies around this, but this is specifically funding some extra staff in this area under the health portfolio. The only concern I have is that it does not become the one answer to everything. This is the beginning of what will be an expanding program. It is only \$2.1 million over four years, so it is \$500,000—

**DR FOSKEY:** That is ACT money?

**Ms Gallagher:** Yes, it is under ACT Health, so we will probably deal with it tomorrow. If we are trying to get to babies, that is the best way in from the government's point of view. We will either see them through our public antenatal clinics, or we will see them at birth or the MACH nurses will see them afterwards. They are the first agency that comes into contact with these families. My feeling is that we need to identify these families and then work with them.

**MRS DUNNE:** Does that include parenting skills and stuff like that?

**Ms Gallagher:** Yes, absolutely.

**MRS DUNNE:** Is that part of the program?

**Ms Gallagher:** That will be.

**MRS DUNNE:** It will be?

**Ms Gallagher:** That is already happening to some extent, but this will be expanding that and taking a particular number of women in.

**DR FOSKEY:** I have read about a similar program in New South Wales where the home visits follow the birth. I guess the aim is for the person to become close to a friend at least.

**Ms Gallagher:** Yes.

**DR FOSKEY:** Nutrition advice and so on—is that the kind of thing we are talking about

here?

**Ms Gallagher:** Yes.

**Ms Pappas:** Certainly at child family centres the nurses run new parent groups, so we capture a whole group of new mums. At Gungahlin we have a nutritionist who comes out and visits these parents right at the beginning, and a child health medical officer, and they all work together to provide services.

**MRS DUNNE:** That presupposes that the people have already identified and have presented themselves in some way. I am concerned about the people who have not identified.

**Ms Denley:** The link with child protection does fit here as well. Very recently we had a report and we were very concerned about a young mum. The person from the child and family centre was able to home visit with us and has been able to develop a relationship and to then pick the very young mother up and has linked her in effectively. It was a purely child protection response, which addresses Dr Foskey's concern about people being alienated by just a child protection response.

**MRS DUNNE:** What is the range of NGOs that you are working with?

**Ms Denley:** There are 10.

**Mr Duggan:** There are 10 NGOs who are on our integrated family support project, but the momentum of that project means that we are working with nearly all family support agencies in different aspects of their work. We are really collaborating very broadly now with all the agencies about a different response to child protection.

**MRS DUNNE:** Could you provide us with a list?

**Ms Denley:** Yes.

**Ms Gallagher:** That is under that project. Were you asking around the child and family centres?

**MRS DUNNE:** More generally—not only that project but also how the child and family centres work. Is there a list of NGOs that you work with?

**Mr Duggan:** Yes, there is. We engage more with a collaborative approach. We have just developed a very strong case conferencing model. Over the last two training days over 70 NGO staff turned out to be engaged in this project. We have got specific programs, but there is a broader perspective.

**Ms Denley:** It does go beyond just the agencies that we fund for family support. Relationships Australia is in there and Karrilika is a partner in it. It does go broader than just the purely family support-funded agencies. The other thing I need to mention that fits as well with the child and family centres is that we have placed the parents as teachers' workers there, which means that you have also got an outreach component that is following up new mothers in their home from that perspective. That is parent education. The focus there is parent education—educating parents about child development in a way that is

non-threatening in their home.

**THE CHAIR:** Ms Porter.

**MS PORTER:** Thank you. I have a supplementary. When I was in the Northern Territory I was working with indigenous people in remote communities; it is a totally different environment here. I am concerned about people who come from colder backgrounds where it is not seen as appropriate to go outside of the family for assistance. How do we reach people whose culture tells them “you must do this within the family”? They may not necessarily have family support but would look to keep that information or their particular issue in a family setting and not go outside of that for help.

**Ms Denley:** In relation to the indigenous, our indigenous unit has family support workers. They do home visits and follow up and provide family support. Also, our child protection workers do work closely with the multicultural community, and we have, in fact, used our own multicultural unit for advice as well.

**Mr Duggan:** I think we have worked with a range of cultures within the community very successfully. We have a very successful relationship with Companion House and we have been doing a lot of work with a couple of families from African countries very successfully. In fact, we have had some very delightful responses from the community about the sensitivity we have had with those community members. We actually do cut across a lot of cultures and we are very sensitive to that engagement.

**Ms Lambert:** An individual example I can give is where we had a young man from a Polynesian background who was in significant difficulty. We did need to have some form of cultural mentoring and we were able to approach the multicultural office, which is also under my responsibility, and provide options for that particular young man, which would have been a lot harder to do. We do work as much as we can, and it is an advantage having those areas as part of the department, because it enables those things to occur perhaps a little more fluidly than they generally occur.

**MS PORTER:** Thank you very much.

**Ms Denley:** I just need to add that we also fund family support into two indigenous agencies to provide family support programs and to work with us on family support issues.

**MRS BURKE:** Which are?

**Ms Denley:** At the moment, Billabong. We have also set up a new family support worker in Gugan.

**THE CHAIR:** Minister, still on the same line: I am sure we are all aware of the health and social outcomes of early intervention. Have you ever extrapolated out the savings, the future costs, in the health and justice system if you are intervening early? Has that ever been done?

**MRS BURKE:** For every dollar spent, for example?

**MRS DUNNE:** There is lots of research on it.



**Mr Duggan:** The most famous research is the Perry Street project. I think they estimated that every dollar spent was worth \$7 in later costs to government or to society. There is a lot of research on that.

**DR FOSKEY:** We have talked about working with people here. Canberra, probably especially amongst that group, has a lot of transient families or people who have come up from the region, the country towns for various reasons. What are the contacts like with New South Wales authorities so that you can be alerted that a family is coming here and they have already been recognised as having problems?

**Ms Gallagher:** We are doing some work. In fact, I think we are leading national work for CSDMAC—the Community Services and Disabilities Ministers Advisory Council—which has responsibility for child protection matters. We have been leading this work not only because we are wrapped around by New South Wales, particularly—

**DR FOSKEY:** This phrase “wrap around”. My goodness!

**Ms Gallagher:** It is a different wrap around. It is perhaps not more important but more relevant to us than many other places and the risks to us are great. In fact, they were brought home by the very tragic circumstances of that young girl that died here who was not known to us. We did not know she was here, but it was known to quite a number of other jurisdictions.

**DR FOSKEY:** That is the sort of thing—

**Ms Gallagher:** I am taking a paper to the next ministerial council meeting on interstate alerts.

**Ms Denley:** Also one that has been signed off by all other jurisdictions that we led was around the transfer of orders interstate as well.

**Ms Gallagher:** That is right at the forefront of our minds.

**THE CHAIR:** Mrs Burke.

**MRS BURKE:** Thank you. On page 204 of budget paper No 4, the number of community development and education programs is pretty static for 2006-07 and 2007-08. Firstly, minister, are you able to tell us what sort of funding is allocated to that sort of area? I do not expect you to list all 80 programs. Perhaps you could take that on notice and provide the committee with the information at a later date. What sort of funding would be apportioned to that sort of activity?

**Ms Pappas:** Are you looking for the types of programs that we will be running there?

**MRS BURKE:** Yes. Under output 2.1, child and family centre program, item b mentions a number of community development/education programs. The note refers to “any activity that engages the community”. What sorts of things are they, and how much money are we apportioning to that?

**Ms Pappas:** I can give you a couple of examples of programs. We run a program called over the trolley. The child and family centres go into the local shopping centres with key partners.

We might be running for the month of March something on child safety, so we would take Kidsafe, SIDS and Kids and Relationships Australia, for example, into the shopping centre. We set up a spot and have balloons, and kids, of course, are attracted to balloons. They bring their parents over and we have a conversation there with those parents and hand them information about promoting services in their local community. It is a soft contact opportunity for those parents to find out what the centres can offer them. They take away brochures and they are encouraged to make contact, if they need to. That happens on a monthly basis in Gungahlin and Tuggeranong.

Other programs are welcome to Gungahlin and welcome to Tuggeranong. They try to capture new families that have moved into those areas. We promote that through schools, the shopping centres and childcare centres and we invite people to come to the centres, meet the staff, meet our partners and find out again about the services that we offer them, what it is that—

**MRS BURKE:** Do you take feedback? Do you track and do surveys at these little posts that you have?

**Ms Pappas:** We survey after each parenting group. We get 100 to 120 people approach us over the course of that time. We certainly survey people after an intervention and we are getting some good feedback. People are satisfied with what they are receiving to date and we certainly take on board comments about being flexible to the needs of the community. We take on board people's feedback to us. They might say, "I could have done with more work on how to parent a two-year-old." Then we can tailor some programs around that. We put people who express interest on waiting lists. If five families that come to us and say, "We need something on toilet training," we run a session on toilet training and we invite those families into the centre to hear that information.

**MRS BURKE:** How is this funded? How is what you do funded? Is it within normal departmental activities?

**Ms Pappas:** It is within our normal activities, yes.

**MRS BURKE:** There is no extra?

**Ms Lambert:** It is within our budget.

**MRS BURKE:** Thank you.

**THE CHAIR:** Mrs Dunne.

**MRS DUNNE:** I know that when new people come to town and they sign up for their electricity and they are encouraged to change their electoral enrolment, there is a one-stop thing. Would you access that information to target people who are in your target group and new?

**Ms Pappas:** I am not sure if we have. I will look into it. But we certainly seek to capture a lot them. We certainly use housing connections. When people are housed in our area, we are notified. We do have a broad range. We seem to find out about most of the people who are moving into Tuggeranong and Gungahlin.

**MRS DUNNE:** Gungahlin is pretty easy because whole streets go up at once.

**THE CHAIR:** Questions, members.

**MRS DUNNE:** Yes. For clarification, are we asking questions generally on these areas or are we going to stick at this stage to the output classes? I was delayed on the phone.

**THE CHAIR:** The gamut is general, but it is probably time to move on a little bit. We could go, perhaps, to 2.2 now.

**DR FOSKEY:** What have we moved on from? It has been a very broad ranging discussion.

**THE CHAIR:** It has.

**MS PORTER:** Most of what we have been asking I thought was related to 2.1.

**MRS DUNNE:** Yes. I suppose most of my questions are on 4.2.

**MS PORTER:** We have not got there yet.

**THE CHAIR:** If members are finished with output class 2—

**DR FOSKEY:** I have not finished. I have not even really begun.

**Ms Gallagher:** Where are we now?

**THE CHAIR:** We are at 2.2.

**MS PORTER:** Page 197 of budget paper No 4 mentions childcare services. Could you let us know what initiatives the government is planning in the area of childcare and if there is any additional money in the budget for childcare services? This is for children in childcare.

**Ms Gallagher:** Yes. We are doing quite a bit in children's services. I chair a children's services forum which has had two meetings now. It involves a range of government agencies, but also representatives from the childcare sector. It includes all community-based private and corporate operators, training authorities, out-of-school hours care representatives and representatives of FaCSIA and ACTPLA. It is attempting to pull together a common understanding of the ACT government's role in childcare, to look at ways to better integrate all the things we do and to get a good picture of where the sector is as a whole.

From time to time we hear comments about childcare shortages, long waiting lists and not enough places, and we are asked, "What is the government doing about it?" I felt that some of the responses across government were a bit disjointed. My job is fairly clear. It is to manage the licensing and regulation of childcare centres, with a few other bits on the side. We manage all the community-based childcare facilities, or most of them—I think health has a couple that they manage—so we have some responsibilities there. Largely it is around licensing and regulation.

People would say that there is not enough land or not enough childcare, but that was not

within my portfolio. This forum brings all the areas together and opens the dialogue. We will use the census data now that it is available to look at the demographics, at changing patterns and ages and where future demand might be. ACTPLA are doing some work around that as part of this forum. We are looking at how we can tap into some of the initiatives the commonwealth government has established. The commonwealth has set up an access hotline that you can ring up and say, "I live in this postcode. Are there any childcare places available?" That service is directly available to parents. We have looked at establishing a central waiting list ourselves. While it sounds very appealing, we would have some real problems implementing it, which I think the commonwealth government has just realised on a national scale.

There is a whole range of work happening. I think the big pressure is in childcare; it is not around places. The data from the commonwealth government showed that, on any given day across Canberra, there are vacancies in childcare centres, particularly long-day care. It is the type of care that is the problem. There is certainly pressure for nought to two places. We need to have a look at that. Certainly some centres are struggling at the moment and others have incredibly long waiting lists. They are largely due to demographic reasons. I really do not think it is about quality of childcare at all.

The other perhaps significant pressure, which we do not have an answer for yet but which we need to some more work on, is around workforce matters. Again, they are largely out of my control. We are working with CIT and some of the other training providers. We are getting the people into the training. They are just not staying in childcare. They get trained and then they go on and do a degree or go somewhere where they get better conditions. So there is a supply issue. But the demand for training is not really there.

The workforce is a huge issue because we have to give a range of exemptions to services to operate without the level of trained staff that we would like because there is simply no way they can staff their centres. That happens across the board. I think the latest national data on that revealed that we had the highest rate of exemptions for staff working in childcare centres because of those workforce shortage issues. If you talk to anyone who works in the sector, that is the single issue for them. Their centres are either full or getting full. It is around how they staff those centres. That is something we need to do more work on.

In this budget the extra money will go into upgrades of some community-based centres. It will be for repairs and maintenance. We are also extending a couple of services. We are building a couple of babies' rooms to deal with that nought to two shortage. Then there will be money well spent, I think, on upgrades to the facilities that some of those childcare centres are in, and we will take the advice of the centres about their wish lists.

**DR FOSKEY:** I am probably jumping back here, but it is a little unavoidable given the way things are going. A number of concerns have been raised with regard to the women and children detox program, really not about the program itself but about the shortage of programs that actually have childcare running alongside them. I think you probably need to clarify this for me. Concerns have been raised—

**MRS DUNNE:** This is a health question.

**Ms Gallagher:** It is a health question. Karrilika, for example, and—

**DR FOSKEY:** This is Arcadia House.

**Ms Gallagher:** Arcadia House are both funded under the health portfolio.

**DR FOSKEY:** Okay. Can I talk about the youth health framework here? No, I cannot.

**Ms Gallagher:** That is health as well.

**DR FOSKEY:** Okay. What about the review of family support services?

**Ms Gallagher:** Yes. That is not health. I could say that was health and then tomorrow say that is something else, but that would—

**MRS DUNNE:** Yes, but we would get you for misleading.

**DR FOSKEY:** The 2004-05 annual report of the ACT Office for Children, Youth and Family Support commits to implementing the recommendations of the review of family support services. How many of these recommendations have been implemented and how many funded in this budget?

**Ms Kitchin:** I think almost all of those recommendations have actually been implemented. There were a number that related to forward planning for the family support planning group that was established. Certainly, looking at the evaluation of the program and also particularly looking at future directions and some of the targeting work for family support that the minister referred to earlier, that is one of the key directions that we are moving forward on now.

**DR FOSKEY:** Do you work with the education department in their program with young mothers of school age children? Generally they are in high school. Do you work to support those young women and their children who attend school out at Stirling, I think?

**Ms Kitchin:** That is a program that is funded through the community inclusion fund. It is a three-year program and education is supported there. Certainly, through some of our family support programs that operate in the Weston Creek area, we would have some contact with those young mothers. However, that program is an independent program.

**DR FOSKEY:** It is, and the community inclusion funding is limited. It runs out next year, I would say. It would be hoped that some agency will take that up. Would your agency be looking at it?

**MRS DUNNE:** In a wrap around sense.

**DR FOSKEY:** Yes, in an integrated, whole-of-government way.

**Ms Gallagher:** There is quite a bit of planning going on around a range of programs that are being funded under the community inclusion round, and agencies have been asked for advice on how to maintain that funding. That falls under education, that one. We have our own to look at. But, yes, there is quite a bit of work going on. That has been a very successful program for all involved, with an increased number of young women staying at school. When the program was dispersed across the high school-college sector, at any given time there were

only three or four girls, often on their own at their own school, trying to deal with this. The numbers they have today indicate that most of those girls were just disengaging from school. Our birth rate is up, but it is not that high in that age group. Certainly we would be looking at keeping the program going.

**DR FOSKEY:** Can we do Quamby here?

**Ms Gallagher:** Yes.

**MRS DUNNE:** Yes, but we are not quite there yet.

**DR FOSKEY:** Okay.

**MRS DUNNE:** While we are on output class 2, page 205 of budget paper No 4 deals with accountability indicators. We have had a greater than targeted number of children provided with services through the adolescent day unit. Why are we dropping back to the previous target? Is the greater than targeted outcome an indication of unmet need? What is the rationale for dropping back?

**Ms Kitchin:** I am quite happy to take that. That target is a combination of three programs: the adolescent day unit, the youth connections program and the schools as communities program. The changing figure there relates to a schools as communities indicator. Last year we did a particular large group activity across three schools with a number—about 50 or 60—of children. We decided that it was a particularly effective day but that, in terms of counting that activity into the performance indicators each year, it was probably not a very useful one and that this year we would not be doing that. We have gone back to the much smaller group and the small individual interventions that we do with children in schools as communities. That is what that change is.

**MRS DUNNE:** So that number, 536, represents individual interactions, essentially?

**Ms Kitchin:** Yes, or very small group work or individuals.

**MRS DUNNE:** Could the department provide that information broken down by those programs?

**Ms Kitchin:** Yes, we could.

**MRS DUNNE:** Thank you.

**THE CHAIR:** Mr Seselja.

**MR SESELJA:** Thank you, chair. Good afternoon, minister. I have a couple of questions. I will seek your advice as to whether they go here or in a later output class. One is around world youth day and the other is around national youth week. Are we in the right output class for those?

**Ms Gallagher:** I imagine so.

**MR SESELJA:** Okay. Firstly, I understand some work has been done at your departmental

level in helping prepare for world youth day. There is going to be spillover, I understand, in Canberra when world youth day is held in Sydney next year. Are you able to tell us where you have got to with that?

**Ms Lambert:** Yes. We have got a planning group with the Catholic office here, with the diocesan office. I have been chairing that and chief executive Mike Zissler is on it as well. We are in the preliminary stages of doing quite a lot of planning. We have had one meeting. It is likely we will be involved in the broader group that the Catholic Church has organised as well. We have just started working out some of the logistics on what has to happen and divvying up responsibilities. That is where we are at for that.

**MR SESELJA:** What kind of numbers are you expecting in Canberra?

**Ms Lambert:** They have not really decided on their numbers yet. They are suggesting an extra 10,000 to 12,000 people, but that is still dependent on some of the work they have got to do. That is the diocese's program and they are still collecting, if you like, information about who that will be and so on.

**MR SESELJA:** Yes. Did I hear right that that clashes with the Kanga Cup or it is around the same time as the Kanga Cup? Is that right?

**Ms Lambert:** That was one of the things that were brought to our attention and we are working on that with the people who are responsible for that.

**MR SESELJA:** That will be quite an exercise, I am sure. Just moving on to national youth week, minister, the media highlighted union advertising in show bags for national youth week. Were you aware that those stickers were going to be included in those show bags? Were any of your departmental officials aware?

**Ms Gallagher:** I am not sure about departmental officials. I certainly was not aware. I do not get down to the detail about what is put into show bags. I think the arrangement was that the people that were presenting workshops at the conference, which is where the show bags were given out, were invited or allowed to put material into the show bags. UnionsACT had been invited there by, I believe, the young people who had organised the conference, and that is how that arrangement was struck.

**MR SESELJA:** So departmental officials had no knowledge or involvement in allowing those particular pieces of union advertising into the show bags?

**Ms Gallagher:** Well, the department's role in the youth conference, because it is organised by young people for young people, is really to allow the young people to facilitate that day. So unless it was something that was offensive or illegal, I cannot see really a role for the department in approving or not approving something going into show bags. I am trying to think of something else where the department would perhaps have a view about it. Yes, it would be dangerous, perhaps.

**MR SESELJA:** So you would be happy, therefore, if in the future there was party political advertising put in those kinds of things? It did have the ACT government logo on it so it was not totally at arm's length.

**Ms Gallagher:** On the show bag?

**MR SESELJA:** On the show bag, yes.

**Ms Gallagher:** Yes, and I think it would probably have the federal government logo somewhere. They support national youth week. I do not know if it was, but I think both governments support national youth week. I know we have a difference. Obviously, as has been aired in the media, we have a difference of opinion on this. It is not party political material. It was UnionsACT's material. They were providing a workshop on the day. They had been asked to run a workshop and they provided some of their material for that. But I understand this is subject to an FOI request from you, and all of that information will be made available.

**MR SESELJA:** An FOI request that has been delayed, I might add. We may have had the answers by now.

**Ms Gallagher:** Well, I am not involved in those decisions.

**MR SESELJA:** Sure, but it has been well over a month since we put that application in.

**Ms Gallagher:** Yes. I am not involved in that, quite rightly. Look—

**MR SESELJA:** Just to follow—

**Ms Gallagher:** as to whether I had a problem with that material being in the show bag, no, I did not and I do not.

**THE CHAIR:** Mrs Burke.

**MRS BURKE:** Thank you, chair. Minister, on page 205 of budget paper No 4, the accountability indicators reveal the number of families supported through the parents as teachers program. I do not think we have covered that this afternoon, have we? I know we have traversed a lot. The estimated outcome is 80, and then—

**Ms Gallagher:** I am sorry. Where are we?

**MRS BURKE:** Page 205 of budget paper No 4, accountability indicators, item b, the number of families supported through the parents as teachers program. The footnote states:

The lower target ... reflects the need to accommodate a higher proportion of disadvantaged and high risk families who require more intensive support and dedicated resources than normally provided through the program.

We have dropped by 10 families. Clearly, they need more support. What has happened to the 10 families and where and how are they being catered for?

**Ms Kitchin:** It is not that we have not been able to take as many families as we have in the past. What it has really meant is that we have actually been able to mainstream to other services in the child and family centres. This is one of the beauties of having a parents as teachers program located in a child and family centre. But for some of those families with



less intensive needs we can hook into some of the other programs in the child and family centre. What the parents as teachers program has been able to do is to target some of those more complex families where there is substance abuse, domestic violence issues and child protection issues. Those families need more hours, so in terms of a caseload for workers you have to have slightly less.

**MRS BURKE:** So has that impacted upon the overall budget? Has the requirement lifted your financial—

**Ms Kitchin:** No, it has made no difference. We have got two workers allocated to that program. As I said, some of the other families have been picked up through the programs operating in the child and family centres.

**MRS BURKE:** But two workers for 10 families?

**Ms Kitchin:** I am sorry. It is one worker in the Gungahlin centre and one worker in the Tuggeranong centre. That is an equal caseload of 35 each.

**MRS DUNNE:** Why is that indicator in that output class and not in the child and family centre program output class?

**Ms Kitchin:** At the moment the Office for Children, Youth and Family Support has been funding those two positions. The two parents as teachers positions are funded by the office to the child and family centre. That is why it has been in our—

**Ms Lambert:** The child and family centre budget is a separate budget from the budget from the Office for Children, Youth and Family Support, which is why it is there.

**MRS BURKE:** In terms of intensive support—

**MRS DUNNE:** I am sorry, Mrs Burke.

**MRS BURKE:** That was my question, but—

**MRS DUNNE:** Why would you put it there if they are actually operating out of—

**Ms Lambert:** It is an historical thing, essentially. They were in existence well before the child and family centre program started.

**MRS DUNNE:** So you have not finished the integration of those programs?

**Ms Lambert:** Yes, that is right.

**MRS DUNNE:** Do you envisage that that will happen?

**Ms Lambert:** Yes.

**MRS DUNNE:** Thank you.

**MRS BURKE:** What would the more intensive support and dedicated resources be?

**Ms Kitchen:** Intensive support usually means spending more hours with the family, again moving more into the integrated family support model. It would be linking with either the more specialised mental health services or the domestic violence crisis service. That takes more time for the worker in terms of working in that model. So that is what it would mean.

**THE CHAIR:** We have still got quite a few questions, I think, on this output class. So we might go to the break now and come back.

**Ms Gallagher:** I am happy to come back early if you have more to do.

**MRS DUNNE:** We have bucketloads to do.

**Ms Gallagher:** I am in your hands, chair.

**THE CHAIR:** We will go to the break and come back at 10 to four, still within this output class.

**Meeting adjourned from 3.30 to 3.48 pm.**

**THE CHAIR:** Thank you, members. Minister, we are still on output class 2.2.

**MRS DUNNE:** Just going back to Mr Seselja's point, minister, how much was the government's sponsorship of Youth Week and the conference?

**Ms Kitchen:** The Youth InterACT Conference, which is the event that we were referring to before, we spent \$15,234 on. That is an annual grant.

**MRS DUNNE:** What did that cover? What was that for exactly?

**Ms Kitchen:** That was for the organising of the conference. The Youth InterACT Conference.

**MRS DUNNE:** So it was just a general grant so that the conference could be organised, or was it directed in any way?

**Ms Kitchen:** It was to cover all the costs around promotion, venue hire, catering. Well over 150 young people came, so we subsidised all the catering. We had some bands that came and entertained as well. So that was what the money went towards.

**MRS DUNNE:** Therefore, that included the production of the sample bags but not the contents of the sample bags?

**Ms Kitchen:** It covered the cost of the production of the bag, but all the items that went into the bag were provided by the community organisations who ran workshops on the day.

**MRS DUNNE:** So who were the organisations that ran workshops on the day?

**Ms Kitchen:** There was a whole range of them. I do not have a list of them here.

**MRS DUNNE:** Could you provide us with a list?

**Ms Kitchen:** There were some from the mental health area, but we can provide a list of that. We can provide a daily program which had a list.

**MRS DUNNE:** The program would be the best way forward.

**Ms Kitchen:** We will have a list of all the workshops that were run for young people on that day.

**MRS DUNNE:** Was Unions ACT one of those groups that provided workshops on the day?

**Ms Kitchen:** Yes, it did.

**MRS DUNNE:** Who put together the program?

**Ms Kitchen:** The young people on the ministerial youth council. They had a number of meetings to decide the things that they wanted. From that they wrote to a large number of community organisations inviting them to offer workshops. A number wrote back, including Unions ACT, and from those that responded the program was devised.

**MRS DUNNE:** What was the theme that they wanted to explore that resulted in Unions ACT making a presentation?

**Ms Kitchen:** It was about young people in the workplace, and negotiating contracts in the workplace, finding work, staying at work. So it was a very general thing around keeping work and finding work. Most of the young people that went to that workshop are employed in some kind of casual employment and wanted to talk a lot more about some of those issues.

**MRS DUNNE:** Was any sort of government-type industrial or industrial relations organisation invited to attend?

**Ms Kitchen:** In every workshop we had a facilitator and we had a departmental person who took notes from the particular workshops to collate into a report on the day.

**MRS DUNNE:** But if Unions ACT was presenting about how you negotiate in the workplace, et cetera—and on the evils of WorkChoices—was there anyone providing information about how WorkChoices is implemented and how it is envisaged that it would operate, or was it just the views of Unions ACT?

**Ms Kitchen:** That particular workshop run by Unions ACT was Unions ACT providing their information.

**MRS DUNNE:** So there was no balancing of that?

**Ms Gallagher:** Well, I should say that this is something the minister's youth council ran. This is what they chose to run, and I certainly do not get involved in telling them what they can and cannot have operating at a conference—again, unless it was offensive or illegal. This is what Youth Week is about. This is why the commonwealth funds Youth Week. The logo is often, "For young people by young people." What we are traversing around here is a view that if young people say they want one thing then we have to balance that out with another

thing purely because of this issue around WorkChoices.

**MRS BURKE:** That is right. Did you ask the Greens or the Liberal Party?

**Ms Gallagher:** There is no big deal here. No-one made a big deal. Until Mr Seselja opened his show bag six weeks later no-one even knew Unions ACT attended the youth conference, unless it was the young people who went to the conference. You have given more publicity than they would ever dream of getting by running this line that there is some conspiracy against WorkChoices being run through the ACT's Youth InterACT Conference. It is just laughable. Not a cent of taxpayer's money was spent on it. Young people wanted it.

**MRS DUNNE:** Sorry, hang on, we were just told there was \$15,000 on the sponsorship of the conference.

**Ms Gallagher:** On the Unions ACT material being put in show bags, which is the issue that you are most concerned about. I understand the young people from the minister's youth council are quite concerned around the level of interest that is being displayed about their choices that they made for Youth Week. I imagine they will discuss it at the meeting of their choice. But, really, another hour here on this output class—we accept your position on the show bags and Unions ACT, you do not agree with it, but let us move on.

**THE CHAIR:** Are there questions for the minister?

**MRS DUNNE:** Yes, I have some questions for the minister but I will defer to Dr Foskey, because she is a member of the committee and I am not.

**DR FOSKEY:** Can we move on to Quamby?

**MS PORTER:** That is in output class 4, I think, is it not?

**THE CHAIR:** I am happy to move on to output class 4.

**MS PORTER:** I am happy to move to output class 4 if you are happy to move on to it too.

**DR FOSKEY:** Well, I have some other questions that I will ask. How much money in this budget has been allocated to specific or targeted services for young people who might be escaping a very difficult home situation, in particular to help them to adjust to a new environment?

**Ms Gallagher:** Do you mean in any specific way?

**DR FOSKEY:** Well, it is hard to find these.

**Ms Gallagher:** Is it around homelessness? That would probably come under output class 3, which we are dealing with after 5.00 pm, I am told.

**THE CHAIR:** Unless we get to it before 5.00 pm.

**DR FOSKEY:** We are trying. I am working very hard.

**Ms Gallagher:** We have not started care and protection yet.

**DR FOSKEY:** I know this is not your area, and we certainly talked about this when the Attorney-General was here, but I was wondering, minister, if you as the Minister for Children and Young People, have had any feedback about access to the young people and children's commissioner, who is also the Disability and Community Services Commissioner, and the value of that service to young people.

**Ms Gallagher:** Have I had any concerns raised?

**DR FOSKEY:** No, feedback. Well, concerns, too.

**Ms Gallagher:** I meet with the children's commissioner—I think every three months we are scheduled to meet—and I see her at a range of different functions. I understand she is taking a very keen view on how she involves children and young people in her work. She lets me know what she is up to, information wise, and we certainly let her know what we are up to as well. But there is pretty good cross-agency support there. I do not think it is a problem that she is under the Attorney-General. We do work pretty closely with her.

**DR FOSKEY:** Or that she has three particular areas when once upon a time she was just going to have the one.

**Ms Gallagher:** Sure, yes.

**Ms Lambert:** It was a very good workshop in which she was a partner with us. I think it was called "Speaking Up," which was about people with disabilities having a more active voice. That is particularly an area for people with intellectual disabilities. So that was a very good workshop and received a lot of support from across the community sector. So that is a very good partnership around disability with the commissioner. That has been very well received and very positively received by the Disability Advisory Council as well.

**DR FOSKEY:** Certainly everything I have seen looks really good. It is just whether the young people feel they are getting their value out of that role because of all the other roles she has to play. I was just wondering whether you had feedback from young people themselves.

**Ms Gallagher:** I have not had any specific, but that is something I can raise with them in the youth council when I next meet with them.

**DR FOSKEY:** That would be good, yes, thank you.

**THE CHAIR:** Any more questions in this output class?

**MRS DUNNE:** I seek guidance because in the priorities there is mention of research to enhance provision of positive ageing programs. Where does that fit?

**Ms Gallagher:** That is the ageing minister's.

**MRS DUNNE:** That is the Chief Minister, okay. I will put that on notice.

**Ms Gallagher:** We do not let young people know they are going to get old, it is too

depressing.

**MS PORTER:** Very wise.

**DR FOSKEY:** They would not believe you anyway.

**MS PORTER:** They do not believe it.

**MRS DUNNE:** I have a couple of things, but I will put them on notice.

**THE CHAIR:** We will move onto child and young people's services.

**MS Gallagher:** Did you want to do output class 4.1?

**THE CHAIR:** Yes, we will do 4.1. Ms Porter?

**MS PORTER:** From page 207, minister, I note that the turnaround program is continuing. Can you tell the committee what the results of this program have been?

**Ms Gallagher:** Sure. I will let Mr Wyles answer that.

**Mr Wyles:** I suppose I could just talk broadly about it. I thought I might go back to Mrs Dunne's question about wraparounds—turnarounds based on wraparound principles.

**MRS DUNNE:** So turnaround is a wraparound program?

**Mr Wyles:** It is, yes. I thought it was useful, in the light of your earlier question, to explain that wraparound is based on 10 principles. They include things like individualised planning, flexible funding, community-based services, strengths perspective, child and family focused, outcomes evaluated and their cultural competence. So they are the sorts of features that grew out of the wraparound services.

**MRS DUNNE:** So that is the greater mind than the minister has put.

**Ms Gallagher:** That is. Thanks, Paul. Up until then, I was the great mind on that one.

**MS PORTER:** That is seven principles. What are the other three? I think that was seven, anyway

**Mr Wyles:** Flexible service approach.

**MRS DUNNE:** Anyhow, that is the general tone. We get the sense.

**Mr Wyles:** So turnaround is a service model clearly based on that wraparound approach from the United States. It is an approach that has been widely evaluated. Typically it is used for high complex young people in out-of-home care systems, in disability systems and in education systems. So turnaround has capacity to see about 20 clients. There are four case coordinators with a team leader. These tend to be young people who are referred by child protection or juvenile justice services, although the range of government and non-government agencies can refer those children and young people. So they will have a range of complex

issues, including perhaps drug and alcohol services. They may have been abused and neglected. They may have been in Quamby, for example, and often disengaged with the school system—those sorts of things.

**MS PORTER:** It is obviously working otherwise we would not be continuing it?

**Mr Wyles:** Yes.

**MRS DUNNE:** How long has it been running now? Three years?

**Mr Wyles:** Three years, yes. The outcomes are achieved at two levels. It is about individual change for the young people and their families, but it is also about services and changes. So where we identify gaps in the service systems, we are keen to try to address them. Probably the best example of that is some of the work we have done with education, where young people entering the program will be allocated a link teacher, and they will work with a turnaround staff member and the other key stakeholders to try to get that young person back into the school system or provide some alternative education. That has been one of the areas I think we have been most successful with, because some of these young people have been quite disengaged with their schools.

**MRS DUNNE:** So in that three years, Mr Wyles, how many people have progressed through and out the other end? What are the statistics about success or how do you measure success?

**Mr Wyles:** I do not have a clear figure on how many. Probably about 30 have progressed through the program in the three years. They stay about 18 months as an average. They are exited really once there is a sense that they have achieved the goals that they have set. Some of the examples are young people who will have achieved their year 10 certificates. They will be in stable accommodation or independent living. They may have been linked back with a family or some other significant support.

**MRS DUNNE:** Do you continue to track these people to see whether the service is sticking, I suppose?

**Mr Wyles:** We do not. What we have is a pretty significant sort of governance system. So there is a referral assessment panel which accepts young people into the turnaround program. It is comprised of about 12 government and non-government agencies. That panel also reviews young people on exit. What is in place on exit from the program is a fairly clear plan with key agencies identified who can continue that work with the young person.

**MRS DUNNE:** But how do you measure the success of the program? Ms Porter asked you this. It must be succeeding as you are continuing to fund it. How do you measure the success?

**Mr Wyles:** It is really about achieving those goals that are set by the case co-ordinator and the young person when they enter the program and then reviewed by the referral assessment panel. We are not exiting people who have not achieved their goals.

**THE CHAIR:** Minister, I bring you to page 210 of budget paper 4. There is a line there on the new youth detention centre, and it shows an increase in cost for 2007-08. Can you tell me why that is there and how do you plan to use that?

**Ms Gallagher:** Sure. This is the final allocation for the new youth justice centre to be built at Mitchell. This increase has largely come about due to the fact that when the original \$40 million was funded we had not chosen a site to build the new centre on. The site that was chosen, with the support of the community, has come at some additional cost, which David Collett can take us through.

**Mr Collett:** As the minister has noted, the cost plan and the budget bid for the new detention centre were prepared some years ago prior to the process of going through a site selection process. A site was selected in Mitchell. It has good access to transport services, but being a greenfield site on broadacre land, it still required the extension of both hydraulic services—stormwater, water supply and sewer—and electrical and telephony systems to the site. It was an area that was part of a rural lease, so some work was necessary to excise the work, replacement of access and overland flow provisions. Also because it was a greenfield site, there were some planning requirements for landscaping beyond the extent of the site itself in order to soften the visual impact of the facility.

**MRS DUNNE:** Because it was a greenfield site or a broadacre site?

**Mr Collett:** Well, both, but a broadacre site actually. Broadacre refers to the land-use policy under the territory plan. Correctional facilities will allow land use there, and that in turn meant that it was a greenfield site. Also, whilst the original cost plan did make some provision for escalation, since it was done some years ago, it did not anticipate the fairly significant rises that we have had which have been well publicised both in building material and construction labour costs over the period. A case was argued for a modest increase in the funding in order to ensure that we did not reduce the extent of the facility.

**THE CHAIR:** What is the timeline for the site now, for the opening?

**Ms Gallagher:** We have a project manager in place. It is underway, as far as I am aware. Best plans and all things going well, we are hopeful that it will be in a position to be commissioned—however that happens at the time, because there will be quite a lot of work done transitioning from the old to the new—mid next year.

**MRS BURKE:** I am interested in the physical security at the new Quamby—fences and so forth. Can you give us some detail on that?

**Ms Gallagher:** Mr Collett can. It is called an energised fence. Is that what it is called?

**Mr Collett:** Thank you, minister. The new youth justice facility will have a secure perimeter on the basis that a high level of confidence from the operating staff in the secure perimeter will allow more flexibility in the way in which young people are managed within the facility. It will be the same three-zoned perimeter security system that will be used in the adult facility. It will include a five-metre-high external fence, which will, in all likelihood, include some sort of movement detector, either picking up sound waves or movement in the fence itself, to know when someone has touched or is climbing the fence. There will then be an exclusion zone six metres wide which will allow for some sort of volumetric sensing devices to be put in that sphere. Then there will be a lower 2.4-metre, 2.5-metre-high fence that marks the inner zone. That will be, as the minister rightly said, energised.

**MRS DUNNE:** So does that mean an electric fence?



**Mr Collett:** It will not mean an electric fence in the sense of the existing facility where the electric wires are at a low level and are intended to work like a stock fence and used to shock as a deterrent. The wires carrying the voltage will be inside the fence. They will be offset from the fence. So a young person approaching the fence or even touching the fence will not receive that, but it is the most effective way, again, of sensing when the fence is being breached.

**MRS BURKE:** I just had another question on Quamby funding, if that is all right, chair? Will training for the detainees at the new Quamby best what is happened at the current Quamby? We were looking to perhaps emulate the model that has been successful and/or do more. What qualifications can a detainee expect to achieve through the programs that are going to be run?

**Ms Gallagher:** That is probably a question for the education department. It runs the Hindmarsh school, but Paul may be able to assist.

**Mr Wyles:** We have been working closely with education and the CIT, and we hope in the lead-up to the new detention centre to establish a tripartite agreement so that there is some clarity around the courses that will be provided. Clearly, it is important for us to assess the needs of the young people coming into Quamby to determine where their skills lie and what is going to be good to transition them back into the community. The reality is that most of the young people are there for fairly short periods, so there is a focus on issues like numeracy and literacy, and making those assessments, and making those links back to schools or other appropriate training programs. Another example of where training is critical and as part of the design, we are establishing a commercial kitchen so that we are hoping that will be able to train young people and give them some skills.

**MRS BURKE:** So would there be sort of work-ready-type skills or year 12 certificate, that sort of thing?

**Mr Wyles:** It will be a combination.

**Ms Gallagher:** Yes.

**MRS BURKE:** As well as vocational training.

**Ms Gallagher:** Some young people have certainly got their year 10 certificate going through Hindmarsh.

**DR FOSKEY:** Just supplementary to that, what happens to education programs at Quamby now when a staff member is not available to work with the teachers?

**Mr Wyles:** Sorry, when there is an absence?

**Ms Gallagher:** The teachers run the school.

**DR FOSKEY:** Well, no. I had heard that when there was not, for instance, an officer available, the teacher is not able to run the classes, and, given that there is not a lot in a detainee's day, that is a big loss. I am just wondering about that as an issue and what could be

done about it.

**Mr Wyles:** The student support services, as part of the Department of Education and Training, provide the Hindmarsh education centre staff—I think there are four—and two from the CIT. So, young people are usually in school rooms with those six staff. I am not aware of that issue.

**Ms Gallagher:** Neither am I.

**Mr Wyles:** It would be something that the education department would need to look at.

**Ms Gallagher:** So you are not aware of this school not being operational? I am not.

**Mr Wyles:** No. But certainly with fairly small numbers of young people recently, the ratio might be one to two of them.

**DR FOSKEY:** I am not sure it is just about the ratio. Anyway, obviously I am not fully around the issue.

**Ms Lambert:** Sorry, Dr Foskey, can I just clarify? Are you saying when there is not a youth worker from our staff available for the centre?

**DR FOSKEY:** Yes. I was not sure whether it is a youth worker or one of the Quamby staff or whoever. But apparently, yes, it probably is a youth worker.

**Ms Lambert:** All right, we will need to take that one on notice and follow it up for you.

**DR FOSKEY:** Okay, that would be really good. I was wondering how the minister is incorporating the recommendation of the human rights audit into the development and staffing of the new detention centre?

**Ms Gallagher:** Well, the human rights audit has been extremely beneficial in planning for the new youth justice centre. That goes to some of the reasons why I have gone back and asked for an additional \$2.5 million to deal with some of the increased costs with the site we chose. I did not want to cut back on the facility that was going to be delivered through the \$40 million, because of advice we had taken, expectation from people who have been involved in the planning process but also the views of the human rights commissioner about what a facility like this needed to be. So, we have taken all of her advice into planning for this facility down to pretty small details. But, certainly, to the amenity of the building, the recreational facilities that will be part of the new facility, visiting spaces, welcoming environment, capacity for seclusion in a dignified way—all of that has been taken into the plans and design for the new centre. David has something to add.

**Mr Collett:** The other important aspect of the audit was the separation of the different cohorts of young people who are in the centre at any time. We have responded to that in the plan by having, I think, probably the most flexible design to deal with different numbers of young people in the centre from those different cohorts of any facility that has been built in Australia. Not only have we come up with a design that gives us a great deal of flexibility; we have tested that design going back over the years with the actual numbers at peak times, both high numbers and low numbers of young people, to ensure that the configuration of different

living wings and different bedroom configurations can meet the requirements under real-life conditions.

**Ms Gallagher:** For example, there will be access for people with a disability in the design of the cabins. There will also be capacity to have, for example, a young woman and her baby there, able to be accommodated, if that situation arose. It has arisen in the past, and we have had to look at other ways of dealing with that because we all felt that Quamby was not an ideal place for that to occur. Trying to create a building of this size to be everything for everybody has been very difficult, but that is what the design has tried to do.

**Mr Wyles:** I would like to make a comment in relation to the human rights commissioner's comments or recommendations around staffing and improving the quality of staff. One of the things we have implemented is some fairly substantial psychometric testing as part of the interview process for new staff at Quamby. We think that is achieving quite exceptional results in getting the right people working in that environment and therefore in the new protection centre.

**DR FOSKEY:** Is there follow-up training?

**Ms Gallagher:** Yes, a lot.

**Mr Wyles:** Yes. It is five weeks induction training. Staff at the basic youth worker entry level are strongly encouraged and supported financially to complete certificate IV in youth work through the CIT; then there is a range of additional training in light of individual-type issues—for example, standing order training, first aid training, breathing apparatus training and use of force training.

**DR FOSKEY:** Finally, which peak youth bodies are the minister or department consulting in regard to the development and administration of the new detention centre?

**Mr Wyles:** We have had very close working relationships with the Youth Coalition of the ACT. They were consulted from the period of site selection through to the design phase. In more recent times we have had fairly substantial briefing of the public advocate's office, the official visitors, the children's commissioner and disability commissioner, the human rights commissioner and the human rights unit.

**DR FOSKEY:** Are you also working with Winnunga and Gugan Gulwan, representing indigenous young people?

**Mr Wyles:** We have certainly spoken with Winnunga through the process.

**DR FOSKEY:** Gugan Gulwan?

**Mr Wyles:** Early on. I cannot recall recently. We have worked pretty closely with our own Aboriginal and Torres Strait Islander unit around the design.

**THE CHAIR:** Mr Seselja.

**Mr SESELJA:** Minister, last year at estimates the Attorney-General, Simon Corbell, said that the whole point of providing for a model prison is to reduce recidivist behaviour.

Presumably the same would apply for youth detention facilities. Is there a reason why you are not expecting recidivism rates to drop after the new youth detention facility has opened in 2008-09? I refer you to page 201, strategic indicator 7.

**Mr Wyles:** A couple of points I would make are ones I have made previously—that recidivism is very difficult to measure and there is no nationally agreed upon measure for recidivism. Some of the work we did to establish these recidivism rates was a comparison between recidivism in the ACT and Victoria which showed that the ACT had a lower rate than Victoria.

In relation to these numbers, we are talking about real numbers that are quite different. For custody, you are talking about quite a small number of young people who are sentenced to a period of detention and then, within a two-year period, come back for a subsequent sentence of a period of detention. There, we are talking about fewer than five young people. On a community-based order, we are talking about a much larger number of young people. There are between 160 and 180 young people on community-based orders annually. I suppose we are feeling that our biggest impact is going to be in the community with some of the things we have been putting in place there. The smaller group in custody are more at the pointy end of the justice system. We would hope we would have some impact over time, but it will take some time.

**MRS DUNNE:** Is there a problem with people who move out of the classification of youth? With somebody who is 17, in a sense you cannot measure the recidivism. If they reoffend in two years, are they measured in the recidivism rates?

**Mr Wyles:** Certainly not in this measure.

**MRS DUNNE:** No, because it becomes a corrections measure. Do corrections take into account that this person might be a repeat offender but they have not previously seen them because they have been in another context? Can you account for that across the two systems?

**Mr Wyles:** Corrections will often ask us for information if there is a history in our system. It is dependent on them asking us for that information. There are a number of young people who do literally bridge that gap who will be transferred into the adult system shortly after 18, depending on their offences. In that case, there is a very clear relationship with corrections and handover.

**MRS DUNNE:** Minister, is it possible to have a look at how you might better account for those? It seems to me that there is a problem there.

**Ms Gallagher:** I am happy to do that. I could write to the Attorney-General and look at some way of setting that up.

**MRS BURKE:** Just around this whole issue, I notice the increase in bail orders, obviously including community-based orders. That is a concern. It is not my area, but that is one part of the question, in terms of the increase of bail orders and what sort of things or activities young people have been involved with that have created that. The other thing I wanted to know was: what action is taken when a young person breaches the bail order?

**Mr Wyles:** In terms of orders, in a sense—

**Ms Gallagher:** We are at the mercy of the courts.

**Mr Wyles:** That is right—and the police to some degree. Some young people will come into custody overnight as a result of being picked up by the police after hours, to appear in court the next day. The second part of your question—

**MRS BURKE:** Breach of bail.

**Mr Wyles:** What action is taken?

**MRS BURKE:** What sort of action? What happens to the young person? What is the process?

**Mr Wyles:** If there are clear breaches of bail, the police or the community youth justice staff can breach. For our staff, it would be a matter of notifying the police, and the police would issue a warrant for the arrest.

**THE CHAIR:** Any further questions in this output class? We will go on to 4.2, child and protection services. Mrs Dunne.

**MRS DUNNE:** First and foremost, minister, one of the priorities is the introduction—the priority is interesting. It refers to planning and implementation across operational areas of the children and young people’s bill. We have not seen the children and young people’s bill yet. Where is the children and young people’s bill?

**Ms Gallagher:** It is coming soon. I was hoping to get it in before I go on maternity leave, but I am going to have only six weeks off; so it will not really matter anyway. Adam can probably take us through this a bit better, but it is very close.

**MRS DUNNE:** It has had a longer gestation period than some other things.

**Ms Gallagher:** Yes, thank goodness.

**MRS DUNNE:** Sorry, that was tasteless.

**Mr Stankevicius:** As you would be aware, we briefed the education, training and young people committee earlier in the year in relation to consultations that we were doing on the exposure draft. We received just over 20 submissions in relation to the bill, which raised with us over 700 issues in relation to the bill.

**MRS DUNNE:** How many pages have you added to the 850 or whatever it was?

**Mr Stankevicius:** We have been given clear instructions by the head of the department and the minister to attempt to reduce it, so we are working on that, despite the fact that we have to introduce or address a lot of the issues that have been raised in the community submissions. We have been working through a process, both internally and in discussions with the justice and community safety department, in relation to addressing those 700-plus issues that have been raised and adopting a position on those. We have to discuss with the minister a number of new policy positions arising out of those consultations before we can get drafting approval

or start the drafting process for those. But, as the minister has indicated, we expect it to be tabled in the Assembly before she goes on maternity leave.

**DR FOSKEY:** Sorry, when would that be? I do not know when you are going on maternity leave.

**Ms Gallagher:** Neither do I, but August. That is a shock to Adam; he has not heard that.

**Mr Stankevicius:** We will see how we go.

**MRS DUNNE:** One of the issues that I think was raised when you briefed the education and young people committee was that there seemed to be substantial replication of some of the sentencing provisions that already exist in other legislation. My recollection—I do not know whether I thought it or I raised it—is that I wondered whether this adds to the complexity of the legislation by taking a lot of the provisions that already exist in other legislation and replicating them in the legislation. It seems to me that that is a problem.

**Mr Stankevicius:** The extent to which that occurs is currently the subject of discussion between the agencies. The issue that we are very keen on is the fact that, as all the UN conventions and all the human rights law across the world indicate, you apply a different lens to children and young people. Even if the provisions are the same, you would want the judiciary, the prosecutors and the police to be applying a different principle in terms of the way they applied that law, even if it was the same law, to children and young people. You want it to be very rehabilitative; you want it child-focused; and you want a child development focus. That would be much different from what you would necessarily find in the adult system.

**MRS DUNNE:** You can provide sentencing guidelines in the children and young peoples act as it applies to the Children's Court, but still there is an element of what goes on that would happen in the Supreme Court where you cannot apply those sentencing guidelines. Is that right?

**Mr Stankevicius:** They are different. It depends on which legislation you choose to do what it is you want to do. The extent to which we can influence the way the Children's Court applies the legislation is one way of looking at the way you apply those principles. If we have it in our legislation, it would apply to any decision maker—equally to the minister as decision maker, the chief executive as decision maker and the Children's Court or the Supreme Court interpreting those provisions. If you locate those provisions in other legislation which applies right across the system, there may be some difficulty in terms of how you apply the requirements to consider child-focused and young people-focused principles across the dispositions, for example, in the sentencing regime. We have real difficulties applying the corrections management stuff right across. Obviously, Quamby or the new institutional facility will be a very different facility from the Alexander Maconochie correctional centre.

**Ms Gallagher:** I think this latest discussion ultimately will be decided in cabinet. I feel very strongly that it is in the right place even if it is replicating some aspects of other legislation. I think it has always been the view of this government that laws relating to children and young people are in a single piece of legislation. I would be very reluctant to change that. On an issue like this, if there is a view that that aspect be looked after under, say, corrections or Attorney-General's, it will open up a whole round of new consultations. This legislation has

been in formulation since 2003. It is now 2007. To have this discussion now is just getting a bit ridiculous. I do not want to see it delayed because of that. I am going to keep pushing through and get it in. Assembly members need time—

**MRS DUNNE:** It has failed the test of simplifying legislation; it has gone from a 300-page bill up to over 800 pages.

**Ms Gallagher:** That is right, but it has dealt with a number of complex issues which we have been dealing with a bit through the Assembly. I would expect that Assembly members would want a period of months to look at this legislation.

**MRS DUNNE:** Does that mean that you would perhaps refer it back to the committee for inquiry?

**Ms Gallagher:** It is certainly not in my thinking at the moment.

**MRS DUNNE:** If we have months to consider it, surely it would be one way of advising members.

**Ms Gallagher:** Let's get it in; let's get it finalised. My view is: let's get it finalised through cabinet. I will get it in. I think it will be the largest bill ever presented before the Assembly. It is on such a significant matter. That would be something I would certainly consider. It is not something I rule out. All I would say is that we have been consulting through lengthy processes to get to this point.

**MRS DUNNE:** But not the Assembly yet.

**Ms Gallagher:** Yes. I would certainly look at that and see whether or not that was something we could accommodate.

**Mr Stankevicius:** It is important to remember—and I think we highlighted it in the presentation to the committee—that the fundamental aspects of it are the policy that underpins it. All the legislation does is give you the capacity to deliver on the policy outcomes thereafter. If you think about it in that context, as we identified in the consultation report, there have been three or four—perhaps five—standing committee reports that have contributed to developing the policy that underpins the bill. Dating back about three or four years, we have done seven rounds of community consultation. I think it was the seventh this year. We have consulted over 120 or 150 community organisations, some of them repeatedly.

**Ms Gallagher:** I think we have tabled the consultation reports, haven't we?

**Mr Stankevicius:** We did—before the committee?

**Ms Gallagher:** Yes.

**Mr Stankevicius:** Yes, absolutely. We have tabled two key findings reports. Once we get through the over 700 issues, we will table the third key findings report—or the minister will table the third key findings report on the basis of how that has all been worked through. There has certainly been a significant chunk of community consultation.

**MRS DUNNE:** There is no doubt about that.

**Ms Denley:** On this point, could I just say as well that it is important that we think about what we mean by simplifying the bill. I know that in some discussions simplifying means reduction in the number of pages.

**MRS DUNNE:** Very good point.

**Ms Denley:** However, what the bill does now—for me, if you are reading it, it is much clearer because it actually gives the detail of what it means. In terms of space, the search provisions now are much longer but it is absolutely clear what it means. I would just caution that simplification does not mean reduction in size.

**MRS DUNNE:** I take your point.

**Mr Stankevicius:** One of the comments that we have got back from quite a number of groups on the basis of the exposure draft is that the current bill is much easier to navigate than the current act. The fact that the index is long may cause concern for some people, but for others it means that they can find exactly what they want very quickly.

**Ms Denley:** And what it means.

**Mr Stankevicius:** And what it means. In terms of the application of the legislation, both by care and protection and by youth justice staff, being able to find exactly what you need much more quickly is probably one of the most important things.

**MRS DUNNE:** Yes.

**THE CHAIR:** Mrs Dunne, have you got any more questions on this output?

**MRS DUNNE:** Bucketloads. I take you to the accountability indicators on page 208. First of all, there is a series of notes which I was wondering whether someone could explain. They represent substantial changes in targets.

**Ms Gallagher:** This table or output class tells a—

**MRS DUNNE:** I have to say that note 3 is completely opaque.

**Ms Gallagher:** Yes. I have had quite a briefing on note 3 myself; I can see your point. Lou can take us through it. When you look at this on the surface as people who look at output classes like we do—

**MRS DUNNE:** People who have no life.

**Ms Gallagher:** it looks as though we are going to do less, it will cost more and we can expect a whole turnaround in situations to occur. That is not the case. Lou, can you deal with this.

**Ms Denley:** With your indulgence I will briefly speak from an Australian Institute of Health and Welfare report, which no doubt you would have seen.



**MRS DUNNE:** For the purpose of *Hansard*, what is it called?

**Ms Denley:** I beg your pardon: *Child protection Australia 2005-06*. Australia-wide, what we are going to see over the next few years is a change in how the activity of child protection is measured. At the moment, a project called the pathways project is being undertaken to look at national indicators. That project is looking at updating the way child protection indicators operate and measure. There is not national agreement about it at the moment. They are trialling and looking at how those measures should be assessed. They are trying to look at outcome indicators. What is the passage and process of dealing with child protection reports? It is changing. It is flagged to some extent in this report, on pages 6 and 7. It is talking about changes in child protection policies and practices and it says:

... it has been increasingly recognised that a large number of reports to child protection authorities are about situations in which parents are not coping with their parental responsibilities. The responses of child protection authorities have become more focused on collaborating with and helping parents.

It goes on to say:

... many jurisdictions have introduced options for responding to the less serious reports through the provision of family support services, rather than through a formal investigation. These policies have been introduced at different times in different jurisdictions, but in all cases they have led to substantial decreases in the numbers of investigations and substantiations.

In setting our projections, we have tried to catch up with the changes, both in our legislation and our policy in practice. We have already flagged with you today that we are moving into a much more proactive collaboration. You may remember that when the minister tabled the Murray-Mackie report we were criticised for not doing enough intense work, particularly around the early stage before we substantiate. The institute have also given us advice that we had not been doing enough work in really proactively doing our referrals and joining up.

You will remember the amendments that came in last year in conjunction with the public advocate. Previously we were including in our substantiation figures to the public advocate, because of our 162 provisions, when a young person was absconding or when a young person was engaging in behaviour such as promiscuous behaviour or risky behaviour, was involved in conflict with their carer, or was involved in self-damaging behaviour. Self-damaging behaviour was considered substantiated if we saw that the young person had in fact been incurring injury. But it technically was not child protection; it was self-inflicted.

What we did with that change is make sure that we put in safety plans. We are negotiating those safety plans and putting those in place—and those reports. One young person during the previous year had had 51 such reports. Now we are working on safety plans. Those 900 reports that the previous year we would have been sending over to the public advocate's office are dealt with differently. We have audited our reports in the same way we did with the Murray report. We are confident that, particularly with safety plans, we are dealing more effectively with young people. But they will not appear. That bulk of activity is not any longer in those statistics.

**MRS DUNNE:** So that figure—the 960 or 1,500 at (c) includes children in the care of the chief executive? Sorry: the 2006-07 includes that large number of reports that might have

gone to the public advocate, of children who—

**Ms Denley:** Yes, the 2006-07 figures would. But this year the only reports there would be the ones that meet the threshold of the new 189 provision.

**MRS DUNNE:** Yes.

**Ms Denley:** That means that the child has experienced, and we have substantiated, abuse by a carer or when they were on an access visit. Most of the problems have been on access visits.

**Mr Duggan:** The substantiated test for the custody and access, as we had discussed previously with the public advocate—

**Ms Denley:** No, this is—

**MRS DUNNE:** Can you explain about access visits? Who has the care of the child?

**Mr Duggan:** We have the care. In most of the cases we have joint parental response between the chief executive and the parent. Part of the plan is to look at restoration or access to the family. That is a court ordered provision, and we have to meet the court ordered provision.

**MRS DUNNE:** It seems that perhaps these accountability indicators need some more development. Could I ask on notice whether that 1,500 figure could be broken down into substantiations, so that you have the reporting, investigation, substantiation—which may be the first time that you become aware of a child. Then there are other substantiations which might relate to the old ones—the current 162 referrals.

**Ms Gallagher:** The 189s.

**MRS DUNNE:** There are the 189s but there are the 162 referrals to the public advocate. Could they be broken down?

**Ms Gallagher:** Sure.

**Ms Denley:** Certainly.

**Ms Gallagher:** That may help the outyear target.

**Mr Duggan:** Do you want them? I have the most recent ones.

**MRS DUNNE:** Okay.

**Mr Duggan:** The section 162s to date to this year—369.

**MRS DUNNE:** Okay.

**Mr Duggan:** And section 189(a)s are 77. In the previous year we had 999 section 162s.

**DR FOSKEY:** When you say “year”, do you mean financial year?

**Ms Gallagher:** Yes.

**Mr Duggan:** Financial year to date, sorry.

**DR FOSKEY:** So this year is significantly lower.

**Mr Duggan:** Yes.

**Ms Gallagher:** It is.

**Mr Duggan:** As it should have been, because of the change from the 162 provisions that Lou has talked about.

**Ms Gallagher:** We had some legislative change halfway through the financial year. But your question is: of the 1,550, how many were first-timers—first known to care and protection—and how many were children in the care of the chief executive?

**Ms Denley:** That is the question?

**MRS DUNNE:** Yes.

**Ms Denley:** We can get that.

**MRS DUNNE:** And how much of those are—is the term re-substantiation?

**Ms Denley:** Yes.

**Ms Gallagher:** Or repeat substantiation.

**MRS DUNNE:** Could that be broken down?

**Ms Gallagher:** Yes.

**Ms Denley:** Yes, definitely.

**MRS DUNNE:** That leads me to one of my other questions. This financial year there have been 369 cases of abuse while in the care of the chief executive?

**Mr Duggan:** Allegations.

**MRS DUNNE:** Allegations. How many of those have been substantiated?

**Mr Duggan:** I don't have the figure for substantiation, but it was low. I don't have the figures with me, but we could get those.

**MRS DUNNE:** I would like to see those.

**Mr Duggan:** Under the provision with regard to the Public Advocate, the 189A cases, we actually meet with them every month and discuss each and every one of those cases, and go through the processes we have followed and do an analogy of how we are working and what

we have done. To date, they have been exceptionally pleased with the professionalism of the staff group. They have written to us on three or four occasions recently about how well we have worked with those children and I really see that as a very, very productive relationship now.

**MRS DUNNE:** But we are still seeing instances where children are being reabused whilst in the care of the chief executive.

**Ms Gallagher:** Allegations of abuse.

**Mr Duggan:** Allegations of abuse, yes.

**MRS DUNNE:** Allegations of abuse, but you said that some of them had been substantiated.

**Mr Duggan:** Some will have been substantiated, but it's a low number. I don't have the figures with me.

**Ms Gallagher:** Yes, through the whole range of out-of-home care, kinship, foster.

**Mr Duggan:** Residential.

**MRS DUNNE:** Can you just clarify something for me? Children in the care of the chief executive would be anyone who is with you.

**Mr Duggan:** It is broader.

**MRS DUNNE:** It is broader than that. How much broader?

**Mr Duggan:** Children who are under the chief executive's care but are living at home with their parents, where we are trying—

**MRS DUNNE:** They can still be living there.

**Mr Duggan:** Yes, where we are trying to restore them back to their family homes.

**DR FOSKEY:** How are you going in terms of finding suitable people to act as foster parents or as parents in the short term? It seems to me that organisations like Barnardos are always looking for people. Do you have any measures in place to increase the number of people that are available to do that work?

**Ms Gallagher:** It is always an area where, as you say, agencies are on the lookout. In fact we fund, or we certainly did in the past, awareness raising promotion for new foster carers to come through the agencies that manage the foster care because, unlike any other jurisdiction, our foster care is completely outsourced to non-government providers. My recollection is that in the previous year we registered just over 500 foster carers and kinship carers. Because we are going through the process now of registering them formally for Centrelink for the welfare to work stuff we have got a new regime. I think we have gone down slightly. We are in the high 400s at the moment in terms of the number of people who are doing it, but that does change frequently.

**DR FOSKEY:** Will they be eligible for the one-off payment of \$1,000 to carers announced today?

**Ms Gallagher:** The \$1,000 for carers seems to be linked to the disability sector. If they are carers of a child with a disability, which many foster carers are, they may well be.

**MRS DUNNE:** On the subject of finding people to assist in the program, we have talked over a number of estimates and annual reports periods about overseas recruitment. Has that process finished?

**Mr Duggan:** The overseas recruitment commenced in 2004 and we had during the contractual period a 97 per cent success rate.

**MRS DUNNE:** What does that mean?

**Mr Duggan:** Where we retain people. Only one person during the contractual period of 18 months under our act returned home.

**MRS DUNNE:** You anticipated my question. If we brought someone out here, there was essentially some sort of bonded period.

**Mr Duggan:** There was a bonded period of 18 months for either national or international recruitment. They were bonded for 18 months to the department and if they failed to maintain the 18 months, as it was a pro rata contract, we would get reimbursed the difference. The one person who left did so for significant family reasons and apologised for having to go back to England, but 97 per cent—31 of the staff—stayed and 75 per cent of the staff are still with us.

**MRS DUNNE:** How many people did you recruit?

**Mr Duggan:** Thirty-two, and I think that about six have moved on from us.

**MRS DUNNE:** Have they moved on from care and protection to somewhere else in the ACT, to another care and protection or back home?

**Mr Duggan:** No, the majority, 75 per cent, have stayed with us and two have moved to other areas of the ACT government, but the department has retained 75 per cent of those staff.

**MRS DUNNE:** Is that what you would anticipate with overseas recruitment?

**Mr Duggan:** I need to be quite honest. I was part of an overseas recruitment process 17 years ago and—

**Ms Gallagher:** It was very successful.

**Mr Duggan:** Yes, it was successful for me, but we lost nearly everyone very quickly. Victoria had a very bad retention rate, whereas with this program, as I said, having retained 97 per cent is, I think, a remarkable achievement for us as a department, given the circumstances for people who do emigrate. There are always issues.

**DR FOSKEY:** Your experience, Mr Duggan, might have been part of the reason that you

have been able to be better this time.

**Mr Duggan:** I actually think that, from a departmental point of view, people were very well supported. I was very impressed with my colleagues, with the way the department embraced that program and the support that the staff have had. I think that we are seeing the benefits of that program quite significantly.

**Ms Lambert:** I think that two of the partners of people who have come under that arrangement work elsewhere in the agency as well.

**MRS DUNNE:** But that doesn't count in your 75 per cent retention rate.

**Mr Duggan:** No, and we have also a third partner about to start with ACT Health as a speech pathologist. I just thought I would put that in.

**MRS DUNNE:** Did the 32 people who came here all have Australian recognisable qualifications? Was that part of the selection criteria?

**Mr Duggan:** Yes. This was pre allied health. We looked for people who had tertiary qualifications in social work. Each one of those people had a licence to practise in Britain, called a certificate of qualification in social work. You can't practise social work in Britain unless you are a licence holder, and they all had licences. Of those staff, 22 had degrees. Five had a master's and a number had postgraduate qualifications, but everyone was university educated to at least diploma level. That is a requirement in Britain. Back home I had a degree, but I also had to have a licence to practise. They all had the right qualifications.

**MRS DUNNE:** What are the qualifications in Australia? Are they Australian qualifications or ACT qualifications?

**Mr Duggan:** Australian qualifications for child protection work, for example, in Victoria or at least a diploma from the Canberra institute of TAFE and some case management experience. Each jurisdiction sets a different parameter. The only qualification issue is around membership of the Australian Association of Social Workers, and that is a very strict four-year social work degree. But there are no limitations on job opportunities.

**MRS DUNNE:** But people don't need to be a member of the association.

**Mr Duggan:** Certainly not.

**Ms Gallagher:** No, social workers are not registered here. They want to be but they are not.

**MRS DUNNE:** There is no registration for social workers in Australia.

**Mr Duggan:** Not here.

**Ms Gallagher:** They have been lobbying for it. COAG has gone through the whole national registration and accreditation regime to simplify these areas and social work wasn't one of them.

**MRS DUNNE:** Have you had the same success in maintaining the Australian-based staff that

you recruit, which was an issue three years ago? How are you going with maintaining staff?

**Mr Duggan:** We have got at the moment a 20 per cent turnover. If you go back and read Vardon, in the previous two years there was a 39 per cent and a 43 per cent turnover. We have maintained below 20 per cent for the last three years. Recently, a minister in Queensland was actually saying that their best retention rate in one of their offices was 22 per cent. They felt that there was a very successful retention strategy at 22 per cent. We are below 20, and that was their best office, but that is for our whole staff group in care and protection.

**Ms Gallagher:** We are short-staffed at the moment and we are going through recruitment processes. I think they have been in the *Canberra Times* and they have been in national papers. There were interviews yesterday, I'm told.

**Mr Duggan:** We will have 27 interviews between today, tomorrow and next week for staff.

**MRS DUNNE:** What's the establishment?

**Ms Gallagher:** It is 110. I think the last figure I saw was about 89, so about 20 short.

**DR FOSKEY:** I have a question that is not related to this area but is certainly related to young people. What happened to the youth advisory council? It sounds like they still exist, but you were concerned about the membership of it last year. I am just wondering if any changes were made and, if so, what they were.

**Ms Gallagher:** We got quite a few more applications for the youth council, 42, which I think would be the most that I have ever encountered, and we are just going through them. I can't recall where the process is up to, but a panel has been established and they will go through the applications and then provide advice to me. I tend to stay out of these matters.

**DR FOSKEY:** How many will be on the final youth advisory council?

**Ms Kitchin:** We've got 42 applications, of which about a quarter are from people under the age of 15, which is more than we have ever had in the past, which is really significant. The final number will be 12, which includes the chairperson, and we are just starting a new process of selection which will involve some group interviews as well, because of the large number of applicants. The other good thing about the applicants is that they have come from a really diverse range of backgrounds for disadvantaged young people. That was what we aimed to do and it has actually happened.

**DR FOSKEY:** How did you let young people know that nominations were open?

**Ms Kitchin:** We did it through an enormous number of ways. We did it through the press, we sent out flyers in the schools, we asked all our youth centres to promote it. At every single community organisation meeting we asked workers to talk about it to young people. I think it was that fairly aggressive promotion that led to the large number of applications. We certainly didn't rely on just advertisements in the *Canberra Times*.

**DR FOSKEY:** I don't think that you would have got too many if you had.

**Ms Kitchin:** No.

**DR FOSKEY:** What is the term of membership of the council.

**Ms Kitchin:** It is three years.

**Ms Gallagher:** And there is some changeover. Some people are staying on as well, just to keep that continuity going because it can be daunting and it is good to have a bit of knowledge. So there are some people who are part of the way through their term. It is something that I have been pursuing to have a push for more diverse representation through this council.

**Ms Lambert:** We will certainly be looking, since we have had such interest in it, at ways we can engage all the people who have expressed interest in the ongoing workings of the youth council as well, because, when you do have such interest, obviously not everyone is going to get on to it. We have actually got to find ways to keep them involved, and I think the youth council has devised a range of ways we can do that in forum-type meetings and things like that as well.

**DR FOSKEY:** Yes, and also little subgroups that might have specific interests.

**Ms Lambert:** Yes.

**MRS DUNNE:** I go back to the accountability indicators on page 208. There was some discussion earlier in the piece about the need for cultural sensitivity and how new groups that are emerging require a different approach. I know that we had an indigenous group in care and protection. Drawing on the other parts of the department, is there provision for assistance with other ethnic groups, and how does that operate?

**Mr Duggan:** The chief executive gave an example earlier about how to utilise our multicultural affairs unit, and that is a fairly integral part of taking advice from the staff there about the needs and understanding of ethnic minorities in the community. If we are working with ethnic minorities, we are always seeking to have someone from that cultural group to give us advice, the same way we work with our Aboriginal and Torres Strait Islander colleagues about actually getting that knowledge, so that we are culturally congruent in what we do.

**Ms Lambert:** We do have a number of workers in our care and protection system who are from different cultural backgrounds as well, so that is very helpful for us too. We are quite lucky, I think, with the diversity of people we have in our actual care and protection. That is probably one of the advantages of being in Canberra.

**MRS DUNNE:** Do you maintain figures on representation of people for reports, appraisals and substantiation by ethnic groups?

**Ms Lambert:** Not by ethnic groups, no.

**MRS DUNNE:** Do you keep figures on Aboriginal and Torres Strait Islanders?

**Ms Lambert:** Yes.



**Mr Duggan:** Absolutely.

**MRS DUNNE:** Is that the only breakdown?

**Ms Lambert:** It is at the moment, but it is something we should think about for future years.

**MRS DUNNE:** Are those figures available?

**Mr Duggan:** Yes, absolutely.

**MRS DUNNE:** Do you have them or is it something you should take on notice?

**Mr Hehir:** It depends on which figures you want. In total, of the 505 identified in the budget there are approximately 101 children at the moment who are identified as Aboriginal and Torres Strait Islander.

**MRS DUNNE:** That is a substantial proportion.

**Ms Gallagher:** Yes.

**MRS DUNNE:** And a much larger proportion than for the general community.

**Ms Gallagher:** Yes, it is.

**MRS DUNNE:** You have an Aboriginal unit which participates in that work, but how does the Aboriginal unit relate to the rest of care and protection?

**Ms Gallagher:** They are part of it, really.

**MRS DUNNE:** I know, but do you have indigenous social workers who are doing the care and protection for indigenous people?

**Mr Harwood:** How it works is that there is a team of family support workers in my area and they work with the caseworkers in care and protection on the cases involving Aboriginal and Torres Strait Islander children.

**MRS DUNNE:** So there are not indigenous caseworkers?

**Mr Harwood:** No.

**MRS DUNNE:** So the indigenous unit provides an advisory role rather than a care and protection role?

**Mr Harwood:** That is right, yes.

**MRS DUNNE:** Is that the most desirable way to do it?

**Mr Harwood:** What we are trying to achieve in the office is culturally congruent practice across the office, so that when workers in the care and protection area, as well as in the

juvenile justice area and the early intervention area, are dealing with a client, whether they are indigenous or not indigenous, they are still able to accommodate and meet the needs of those clients.

**Ms Lambert:** Certainly in the care and protection system the first thing that we consider is the child's safety. The statutory matter is the first determination. The child's safety is the first issue. Then we move from that to the other supports that we need around that. The front line is always about the care and protection response, but then we work with Neil's unit around the things we need to do culturally and to provide the support that is required, both for the child and for the people who are significant in his or her life.

**MRS DUNNE:** Are you saying that 20 per cent of the substantiated reports relate to indigenous children?

**Ms Gallagher:** I am not sure about the substantiation rate; 20 per cent of the children—

**Mr Duggan:** Of children in care.

**Ms Gallagher:** Of the children in the care of the chief executive.

**MRS DUNNE:** Okay; sorry.

**Mr Duggan:** Are Aboriginal and Torres Strait Islander people.

**Ms Gallagher:** For example, Neil's area is also working on the indigenous foster care, kinship care program. Neil's area does work directly with families.

**MRS DUNNE:** Can I just go back then. Twenty per cent of the people in the care of the chief executive are indigenous. Of the substantiated child protection reports, the 690, how many are indigenous children?

**Ms Gallagher:** We would have to provide that to you.

**THE CHAIR:** While you are doing that—

**Ms Gallagher:** But with caution.

**MRS DUNNE:** Yes.

**Ms Gallagher:** I get a bit nervous about these things.

**MRS DUNNE:** I understand that.

**THE CHAIR:** It is probably appropriate that we start to move on; we have two other output classes to go. I suggest we go to 3.1, community and homelessness.

**Ms Gallagher:** But we can take that on notice.

**MRS DUNNE:** Thank you very much.

**THE CHAIR:** Mrs Burke.

**MRS BURKE:** Minister, I refer you to page 206, under “Accountability Indicators”, (b), “Tenant satisfaction with management of community facilities as measured by annual survey”. At the moment it is running consistently at 80 per cent. Why are we keeping it consistent and not hoping to do a bit better than that?

**Ms Gallagher:** Not to be aspirational?

**MRS BURKE:** Well—

**Ms Gallagher:** Is that what you are asking?

**MRS BURKE:** Maybe.

**Ms Gallagher:** Eight out of 10 is pretty good.

**MRS BURKE:** Yes, but could do better. It also says:

The annual survey measures the standard of service and assistance Community Facility Managers receive from the Department.

How many community facility managers are there at the moment, and what is their specific role?

**Ms Overton-Clarke:** There are 39 general community facilities. “Community facilities” comprises what we call general community facilities, so regional community services, community halls and community rooms. And then there is the same number—coincidentally—of childcare facilities. The managers—the one that is surveyed is the organisation that subleases the facility from us and manages the organisation. They can range from a large regional community service that hires out rooms and hires out facilities, or rooms within it, to a very small organisation that is just managing a small facility. It ranges from communities that work down in Tuggeranong through to—very small.

**MRS BURKE:** Would you be able to table a comprehensive list of those for the committee? You mentioned 39.

**Ms Overton-Clarke:** Of the facilities?

**MRS BURKE:** Yes.

**Ms Overton-Clarke:** Yes.

**MRS BURKE:** Thank you for that.

**Ms Gallagher:** They are in the annual report, I am told, Mrs Burke.

**Mr Stankevicius:** Every year they are in the annual report.

**MRS BURKE:** Yes.

**Mr Stankevicius:** They are listed as part of the strategic asset management component of the annual report.

**MRS BURKE:** So that list would not have changed at all from the annual report?

**Mr Stankevicius:** No.

**Ms Gallagher:** No. We have not built anything new, have we?

**Mr Stankevicius:** No.

**Ms Gallagher:** The Tuggeranong Child and Family Centre?

**Ms Overton-Clarke:** That is not a community facility.

**Ms Gallagher:** That is ours. All right.

**MRS BURKE:** In terms of the eight out of 10 mark, minister, what sorts of things have been indicated to you that seem to be a constant problem? Given that it is a constant figure, there must be a constant issue—or is there? Are there issues that people raise—

**Ms Gallagher:** For the 20 per cent that are not satisfied?

**MRS BURKE:** Yes.

**Ms Gallagher:** I just think people find it hard to give you 10 out of 10 really. I must say that I have not perused the annual survey in great detail, although I might in the future. The constant call to me is around space. If there is one single thing that will come to me, it is around “we want more space” or “we want to be in a community facility and stop paying commercial rents”. I do not know if people have more detail around the survey.

**MRS BURKE:** Have you got a copy of the survey—a blank one, of course?

**Mr Stankevicius:** Absolutely. We can easily provide that to the committee.

**MRS BURKE:** Thank you.

**Mr Stankevicius:** The survey was independently developed by the data and research team in the department, which is led by Dr Anne Jenkins, whom we stole from the Australian Institute of Health and Welfare and who is a fantastic team leader in that group. It does not actually ask people to tell us where they are dissatisfied. It essentially asks about 30 questions which independently test a whole series of things about the nature of the relationship between those community facility managers and the department, and it gives a scale rating. As the minister said, we hardly ever get 10 out of 10 on the scale. It is “very, very, very happy” versus “very happy” versus “happy” versus “yes, they’re all right” to “we hate them this month.” We hardly ever get “very, very, very happy” but the majority of the time we get “very happy”.

**MRS BURKE:** I just could not think what sort of things people would be dissatisfied with.

**Ms Gallagher:** I do not think that comes through in the survey.

**Mr Stankevicius:** No, it certainly does not.

**MRS BURKE:** Okay.

**Ms Gallagher:** It is just that what I get in terms of community facility is around space.

**MRS BURKE:** And of course you are constantly looking to address that problem.

**Ms Gallagher:** We are.

**Mr Stankevicius:** If you look at the next measure, (c), which is basically the funded organisations management—

**MRS BURKE:** That is contract, yes.

**Mr Stankevicius:** Yes, across Maureen's area in homelessness. It surveys the managers in SAAP, homelessness services and the community services program. This year we got 92 per cent. We are not quite sure what we did to improve so dramatically on last year. I think it was an eight per cent—

**MRS BURKE:** Sorry, what page are you referring to?

**Mr Stankevicius:** Exactly the same page but the actual outcome we got—this budget paper was published before the survey results were in.

**MRS BURKE:** I see, because this shows 85 per cent.

**Mr Stankevicius:** Instead of 85 per cent we got 92 per cent.

**MRS BURKE:** You see, minister.

**Ms Gallagher:** That is right: aspirational.

**Mr Stankevicius:** Aspirational. Maureen probably has some insights into what she has done in the sector to drag those figures quite so high.

**MRS BURKE:** That is your cue. Would you like to add any further comment?

**Mr Stankevicius:** Would you like me to talk?

**Ms Sheehan:** I do not think so; I think the figures speak for themselves.

**Mr Stankevicius:** Resoundingly, the survey said that the level of communication between the department and community services managers was the thing that they appreciated the most and the thing they rated us mostly highly on.

**MRS BURKE:** Thank you.

**THE CHAIR:** Ms Porter.

**MS PORTER:** Congratulations. Page 198 indicates a variety of community development activities. I wondered if we could have a bit more information about that if that is not too painful. I am not quite sure what it means by “a variety of”—just an indication would be fine. And on page 206, under “Accountability Indicators”, point (a) refers to the number of training sessions provided. Could you tell us how the community organisations are benefiting from those training sessions and the kinds of things that they would be trained in?

**Ms Gallagher:** Adam will help with the answer to that.

**Mr Stankevicius:** I can answer the second one. The training sessions are essentially those that are contracted out to a variety of peak bodies. The ACT Council of Social Service provides some of them. Volunteering ACT provides some of them. Basically they cover issues as broad as basic financial management skills and organisational governance structures. So it is board training, training on management structures—and a bit of IR stuff, but, given the difficulties of providing that sort of information, that might have dropped off. It mainly focuses on those areas. There has also been training offered by Volunteering ACT in the social compact.

**MS PORTER:** The other question was just around the variety of community development activities under that output class.

**Ms Overton-Clarke:** I will talk about the community development and then hand over to Maureen for transitional accommodation and crisis accommodation. “Community development” is a pretty generic term for the fundamental community development money that we give primarily to the regional community services. But also a number of the peak organisations are funded through that—so ACTCOSS’s core funding. It is to recognise their role as the community development organisations, and the activities that go with it, across the territory.

**MS PORTER:** Thank you.

**MRS DUNNE:** Could I follow up on that? Mr Stankevicius, you talked about these programs being run by community agencies, not by the department. One of the constant problems that I encounter is the difficulty with accommodation for community agencies. The standout one at the moment is ACTCOSS, which is in pretty unsuitable accommodation for the services it provides. What efforts were made within the government—not just with your department—to come up with better accommodation for ACTCOSS?

**Ms Overton-Clarke:** I can start, and I will hand over to Adam, who is more intricately involved. ACTCOSS has just moved.

**MRS DUNNE:** Moved to Phillip, yes.

**Ms Overton-Clarke:** We were involved very extensively with Territory and Municipal Services in assisting ACTCOSS to find alternative accommodation. In the end, they chose not to take up the option that we as the department gave them.

**MRS DUNNE:** How many options did you give them?

**Ms Overton-Clarke:** Two that I know of.

**Mr Stankevicius:** I understand that Property ACT provided with them with three options.

**Ms Overton-Clarke:** Three, okay.

**Mr Stankevicius:** They focused on discussion over one option, and in the end they decided—

**MRS DUNNE:** What were the options?

**Mr Stankevicius:** I would have to talk to TAMS. I know the option that they were discussing in most detail, but I understood that—

**MRS DUNNE:** The one that they were discussing in most detail was which one?

**Mr Stankevicius:** Griffith library.

**MRS DUNNE:** The Griffith library?

**Ms Overton-Clarke:** Yes.

**Mr Stankevicius:** Upstairs at the Griffith library where InTACT had previously been.

**Ms Sheehan:** I also provided them with the option of Ainslie Village, which has an almost vacant administration building which is owned by the commissioner for housing and is leased to Havelock Housing Association. They were provided with that option as well. They did inspect the administration building of Ainslie Village.

**MRS DUNNE:** Why were those places considered unsuitable?

**Ms Overton-Clarke:** By them?

**MRS DUNNE:** Yes. What were you told as to why these were unsuitable?

**Ms Overton-Clarke:** When we started to work through fit-out options with them—there is a certain level of fit-out that Territory and Municipal Services offers. As we started down that path, they decided that they wanted a higher level of refurbishment. Unbeknownst to me, but probably in the knowledge of people from Territory and Municipal Services, they were already considering their Phillip option as well, and they decided to go into the Phillip one and refurbish that themselves. The level at which we as the ACT government were prepared to fit them out presumably was not the level they wanted, so they decided to go elsewhere. At no time did they approach us for the additional funds for the fit-out. We would have considered that if they had decided to come to us, but they made the choice—for a number of reasons, as I understand it: not just that one, but a number of reasons—to go to Phillip private accommodation instead.

**THE CHAIR:** Dr Foskey.

**DR FOSKEY:** I have a few questions on the community sector. I was wondering whether there is going to be any chance to continue to discuss this next week if we do not finish.

**Ms Gallagher:** I have 1½ hours put aside in my diary for recall, which was requested by the committee.

**DR FOSKEY:** Great.

**Ms Gallagher:** So it is there.

**DR FOSKEY:** We will see how health goes tomorrow. I am interested, first of all, in what happened to the very active community engagement unit that used to work and develop the excellent tool document and web page. I am wondering if those are being kept up to date. It seemed to me that, as soon as that got published and so on, we just did not hear about the community engagement unit any more. I would be interested to know what has happened to that.

**Mr Stankevicius:** The community engagement unit still exists. Just because you are not hearing about a unit does not mean that the function is not continuing and does not mean that services are not continuing to be provided. The community engagement manual continues to be distributed across government. There is advice sought from agencies across government in relation to community activities. We are facilitating and have recently organised training events, through the institute of planning administration and the community engagement training that they provide for officers of the ACT government and also ones that are being provided by the International Association for Public Participation, of which we are a member. We are also talking about a proposal for qualifications with the CIT, which was part of the original training and education package that was associated with the release of the community engagement manual.

**DR FOSKEY:** Will the social plan be reviewed by your department?

**Mr Stankevicius:** The social plan is the responsibility of the Chief Minister.

**Ms Overton-Clarke:** Chief Minister's Department.

**DR FOSKEY:** Okay. The other day when we had the Chief Minister here I asked about the community inclusion fund. Apparently the community inclusion board, or whatever it is called, is with the Chief Minister's Department but the fund is with you. It is not the community inclusion board that makes decisions about how that fund is spent, it goes through the grant portal. I am interested in the connection between the community inclusion board, as far as you are concerned, and the community inclusion fund and whether there are particular kinds of submissions and ideas that get funded by the community inclusion fund.

**Ms Overton-Clarke:** The community inclusion fund and the Canberra community grants program finishes at the end of next financial year, 2007-08. At the moment we are working through exactly how the programs that are funded through the community inclusion fund, in particular, will be taken up and evaluated with the government partner agencies. With the transfer of the fund to our department, we have consolidated it and the remaining Canberra community grants program into a single grants program called the community sport support



and infrastructure fund. That will have an assessment panel as part of it, and the chair of the assessment panel will continue to be Lyn Hatfield-Dodds, who chairs the community inclusion board and was the chair of the assessment panel, if you like, for the community inclusion fund.

In developing the new grants program for the minister as a one-off for 2007-08 we are being very clear about who chairs and should be represented on that fund. So we have written to Pat Power, for example, who chaired the Canberra community grants program and asked him to be on the new assessment panel. The confusion with the portal is just that at the same time, in consultation and working with the community engagement unit in the department, we have established for the whole of government a single place for all people to be able to access the ACT grants across ACT government.

So, they are loosely in two components, and the community support and infrastructure grants program will be advertised through the portal, as indeed all other grants programs are. The assessment and the application process will be done through a comprehensive assessment panel. It will just be that one means by which people are able to find out about the grants program is through the portal. The portal was launched just before budget day and is across ACT government projects.

**DR FOSKEY:** What is the state of play regarding the implementation of the community sector task force report?

**Ms Gallagher:** That has just recently been handed back to me by the Chief Minister. It has sat with the Minister for Industrial Relations.

**DR FOSKEY:** For about a year or so.

**Ms Gallagher:** Yes, and the Chief Minister has recently written to me asking me to progress it under the community services banner, so that is what we are going to do. I have spoken briefly with Kim Sattler from UnionsACT. Ara Cresswell and she have written to me asking for a meeting, which I have agreed to, but I want to take some advice from the department about some of the things that we can do to progress the report before I have that meeting with them. I need a way forward on it.

**DR FOSKEY:** We would like to think something had happened in the intervening 18 months or so.

**Ms Gallagher:** Well, a number of things have happened. There are two pieces of work essentially that the community sector seem to be very keen on. They are pay equity and portability of conditions.

**DR FOSKEY:** Portable long service.

**Ms Gallagher:** Well, portability of conditions, whether it be long service leave or sick leave—generally portability.

**DR FOSKEY:** Yes.

**MRS DUNNE:** I was told by the community sector there would be one. It was portability of

long service leave.

**Ms Gallagher:** Yes.

**DR FOSKEY:** They thought that was probably more achievable than the wage parity, I suspect, even though I think they would love the wage parity.

**Ms Gallagher:** They are the two issues that, either way, will come at a significant cost to government. There are other things in the task force report that we continue to work on. Indexation was one of those issues that were wrapped up into the task force that we have responded to in the meantime, and we index higher than any other state or territory.

**MRS DUNNE:** That is the 3.25 per cent?

**Ms Gallagher:** It is 3.75 per cent. From memory, the average is 2.96 per cent and, if we take the disability agreement from the commonwealth, the contrast is 1.9 per cent from it. So, there is a big difference in our indexation arrangements, and that has flowed on. We do not say to community sector agencies that it means they have to reflect a 3.75 per cent increase in wages; that is left to the community sector agencies themselves.

The other thing is that cross-sectoral EBAs or certified agreements or industrial relations advice for community sector agencies are all things that we have either implemented or will continue to work on. We are doing some work around core pricing with them at the moment. This will inevitably lead to pay equity arguments, and that is just one that the government has to look at from the cost point of view.

**DR FOSKEY:** One of the issues that are constantly being confronted by the community sector is the administration and financial and other kinds of accounting tasks which require a particular kind of expertise.

**Ms Gallagher:** Yes.

**DR FOSKEY:** They are all competing for the same small pool of expertise. Is there any way that the government could facilitate some sort of way to deal with that, because so many organisations are accounting in the same way?

**Ms Gallagher:** The short answer is yes. That is what I have been talking to the community sector about. The community sector agencies are largely funded either through DHCS or health. They are the big agencies locally, the ones that I have control over. I have been raising with them this year the idea about—I do not want to use the words “shared services”—but an idea around efficiencies to be run within the organisations. I am frustrated when I see that 40 per cent of the grant we give out goes into administration.

**DR FOSKEY:** Yes. I think they are too.

**Ms Gallagher:** They are frustrated as well. But when you start talking about looking at how you could work with other organisations, that is when it gets very tricky. I have had discussions with people around the future use of certain schools. A number of consortiums have got together to lobby for co-location, and I think there are certainly some benefits around that. We did have a project around IT support, for us to pay for advice around IT

systems and support, and I think that was totally underutilised from memory.

**Mr Stankevicius:** It was totally underutilised. It was only utilised by a very small number of very small organisations.

**Ms Gallagher:** Yes. We funded a help desk, essentially, that was not used. So I have been talking to the sector about better systems across IT, across administration, across HR, where there are opportunities through efficiencies. Some of this task force report is okay and looks at the wages issue, which is really important. But, at the same time, it just cannot be an add-on without questioning efficiencies as well. As you know, like with most things in the ACT, we already fund at a higher rate than nationally. So we already have more money than other jurisdictions going out of the bucket to community organisations. So part of the question has to be whether there are efficiencies that we can deliver within budget whilst looking at these additional requests that come every year as well and the issue of how we deal with wages in the community sector.

That is the advice I need before I move forward on a formal approach to look at how we implement the task force report. I cannot implement that without some offsets from within the sector. I am not talking about cutting services or expecting them to do more, I just want to look at ways to make the system run better and improve. But, as I said, it all sounds nice and then you talk to an organisation that has two staff. You say, "How about this," and they say no, because they do a particular type of thing and would not want to be included in or overtaken. That is where I have been looking for voluntary arrangements.

It exists in the child care sector as well. I want to see the long-term viability of what would have started as community-based co-ops but are largely little tiny centres offering 20 places run by a parent committee. They are going to die out if something does not happen because they have to raise their fees to pay wages to get staff to work there, and they offer less in facilities and toys and excursions than, say, your big corporate provider.

**DR FOSKEY:** But that is the funding formula at the moment.

**Ms Gallagher:** No, it has nothing to do with the funding formula. All childcare wages are paid by fees or through the childcare rebate. Well, the rebate goes straight to parents now.

**DR FOSKEY:** Yes, that is right: there was a different way of funding child care centres.

**Ms Gallagher:** In the past it was operational subsidies, which do not exist anymore.

**DR FOSKEY:** Yes.

**Ms Gallagher:** So there are a number of very small centres across Canberra that do their own bookkeeping, their own cleaning, their own food preparation, their own everything and they pay for all that on their own. So these little community centres are charging \$50 more a week than a large, modern, new centre which has economies of scale. For example, ABC Learning owns a toy shop. It bought a toy shop. So the toys and educational equipment for it are not as expensive as a parent co-op that wants a few nice new toys for the centre. But in progressing that discussion with those little providers, they like the idea but, no, because what is special about them is their autonomy.

**MRS BURKE:** People like choice. I think that is what you are still trying to intimate as well. If you do lump it all in one there is no choice, particularly with childcare. Not everybody wants to send their child, for example, to corporate childcare.

**Ms Gallagher:** There is no operational subsidy. Small centres have to attract staff by applying above award wages. That is the only way they are going to get staff. They do not get the same relief patterns, they do not get the same training opportunities, because they are small, so the only way they can do that is by charging almost \$300 a week. A large corporate centre will charge \$250, provide all your nappies and all your food. That is the situation. We are maintaining some very fantastic services, but ones which have to look at sharing some of their add-ons. They have to, otherwise they will be gone.

**Mr Stankevicius:** A very good example of what the minister is talking about was discussed with us when we had discussions with the Victorian government earlier this year. It had put in place a process to support non-government agencies to do collaborations either in sectors or in regions, and one of the very good ones that was working very well was Barnardos running an insurance consolidation project, where for a fleet of cars across 20 organisations it had managed to get a reduction of 40 per cent in insurance premiums for everyone. So it is that consolidation of all those kinds of business activities can lead to real change, without having an impact on consumer choice or service delivery necessarily, except freeing up money for better service delivery.

**DR FOSKEY:** Yes, I can imagine the community sector has its share of agencies wanting to work independently.

**Ms Gallagher:** Yes, that is right.

**DR FOSKEY:** I know there are issues around employment in some organisations and so on, but it would seem that perhaps with the schools, the co-location, the sharing of services that is something that the organisations need to come to themselves.

**Ms Gallagher:** That is right.

**Ms Overton-Clarke:** A number of them are.

**DR FOSKEY:** And they have to be correctly matched.

**Ms Overton-Clarke:** Yes.

**DR FOSKEY:** Another initiative that has been talked about over the years, and I wonder whether this department has anything to do with its potential outcome, is the idea of a special building—a green building, need I add—being built for ACTCOSS and perhaps the cons council and some other groups that would have those efficiencies of scale. Do you ever hear talk about this in government circles?

**Ms Gallagher:** I have in the past, in relation to some of the redevelopment of City West. Part of that is provision of community facilities through that.

**DR FOSKEY:** It has not happened.

**Ms Gallagher:** But it is not just ACTCOSS and the cons council. It is any community organisation in commercial premises that wants to be in government facilities. So I think with all the people that have applied you could certainly fill quite a number of our primary schools if they did not have any kids in them.

**DR FOSKEY:** Well, do not close any more just to provide accommodation.

**Ms Gallagher:** No, we will not.

**Ms Overton-Clarke:** Within the priorities and hierarchy, if you like, of community organisations going into surplus schools, of course existing tenants and those who are in commercial buildings are top of the list. Consortia, as the Minister has outlined, are one of the priorities but we have also thought very carefully about what the other groups should be. Of course, not disadvantaging existing tenants or tenants in other schools is high up there on the list. So I am being very open with NGOs that come and talk to us about the potential for moving into surplus school sites, that that consortia and demonstration of administrative efficiencies are something that we are really looking at, particularly if we as a department currently pay them money for rent and they would be moving into that sort of a premises, and how can they demonstrate to us that they would be making those sorts of efficiencies. So all of those issues are really being thought through right at the moment.

**MRS BURKE:** I go back to the accountability indicators at item d on page 206 of paper No4, cost per 1,000 head of population. The target for 2006-07 was \$86.86, the outcome was \$84.32 and we see a jump to \$89.13. Would somebody be able to give us an explanation?

**Mr Hubbard:** Yes. Basically what has happened there—this is probably the answer I gave to Mr Gentleman's earlier question.

**MRS BURKE:** It is something similar, yes.

**Mr Hubbard:** It is. What this number represents is a comparison of the budget with the current estimate of the ACT population. For the target for 2007-08, \$30,045,000 is the budget and that is divided by the current estimated population of Canberra, which is 330,089. So when you do that division you end up with the \$89.13.

**MRS BURKE:** Would that come from the ABS statistics? I think the Chief Minister was explaining something the other day.

**Mr Hubbard:** I am not sure if it accounts for the extra 5,000 people being found. I do not think it does, but that is the current ABS number that we have. The reason why it has gone up is a combination of the budget going up and the population going up slightly.

**DR FOSKEY:** I could probably ask some of my other questions I asked in the wrong place. What I might do is ask about transitional housing for women fleeing domestic violence situations.

**Ms Gallagher:** Yes.

**DR FOSKEY:** ACTCOSS has expressed concern that an inadequate level of funding has been allocated for transitional housing for women fleeing domestic violence. As well as this,

it is concerned about a lack of ongoing support for these women and believes that education ought to be given to police and court personnel to deal with these situations. I am sure you know all that. I am interested therefore in what kind of education. Are you in a position to provide education to police and court personnel who are handling complex domestic violence situations? What is happening about the need for that medium-term exit housing for women coming out of refuges? As we know, that is a traditional blockage point because people cannot come into refuges if certain people cannot go out.

**Ms Sheehan:** If I can answer the first question with respect to education. There is extensive education for police about domestic violence. That is through the family violence intervention program, which is a partnership between the Department of Justice and Community Safety, the Domestic Violence Crisis Service and the AFP, and a number of other community-based organisations. So, that is a groundbreaking program which is now being taken on in other places in Australia. It has completely changed the way in which the police take evidence of domestic violence, lay charges and succeed in convictions. So that is already occurring.

The Domestic Violence Crisis Service is funded by this department under the community services program and managed as part of the SAAP and homelessness services grouping. It has played a lead role in reforming the way in which we have provided services to women and children escaping domestic violence.

We have made two important changes as a result of the leadership of the Domestic Violence Crisis Service. The first is—and I referred to this earlier when I was talking about changes to the public rental housing assistance program—that in redefining the categories for priority housing, the women and children escaping domestic violence are now in the top category for early allocation. As I was able to present to the committee at the hearing with respect to public housing, we are now housing people in the top category in around about 50 days. At the time that we made the changes to the public rental housing assistance program we were hoping to house people in 90 days; in fact, we are housing them considerably sooner. Women and children escaping domestic are in that group.

To provide specific assistance, not just to everyone in that group but to women and children escaping domestic violence, the department has run two Christmas domestic violence initiatives. We know from our own work and from the advice of our providers that Christmas is a time when there can be really quite extreme levels of domestic violence, for all the sorts of reasons that people here would be aware of, not least of which is overconsumption of alcohol and drugs over the holiday period.

At Christmas 2005, we ran a trial of our now established transitional housing program. At that stage we used, I think, 15 properties that were going to be redeveloped as part of public housing. We fitted them out and we had a single point of entry into those properties through the Domestic Violence Crisis Service, and the properties were managed by women's SAAP services over that period. In that first year we provided about 1,000 bed nights to women and children escaping domestic violence.

Having trialled that system, we were able to see that although one could be, or the department could be, initially concerned that if you created a transitional program and women and children came into it, what would be their exit point? But, at the start of the trial, the women's services agreed that they would place the women and children from the transitional

program either into the rest of their homelessness services and that Housing ACT would cooperate by being able to place other women in the women's services who were "ready to go" but basically who had addressed their crisis and were ready to maintain an independent tenancy in public housing, and we would agree in housing to place women from SAAP into public housing. That was the beginning of the service system that we now successfully have in operation.

We did that at Christmas 2005. We were so excited with our success there that the government was then able to designate some properties inside public housing for a permanent transitional housing program, and that was announced in the budget in 2006. We are building that up now. We have allocated 20 properties, but again properties that will be redeveloped inside public housing. So it is a really innovative use of stock that would otherwise be awaiting redevelopment or sale. We have very small costs there, in just fitting out the property so that people can come out of their homelessness service into the transitional properties while they are awaiting their final placement in public housing. That stock of transitional housing is then managed centrally by Anglicare, who also runs CEAS, which is our emergency accommodation entry point into public housing.

So what we have there is all of the SAAP services—and again this is where we see a whole service system coming into being—agreeing that they would like to give people coming out of the SAAP services the option to go into the transitional housing program, if it meets the needs of those families better than waiting in SAAP for public housing. So the quid pro quo is that they provide the support to families coming out of the SAAP services into transitional housing, because by that stage the families are out of crisis and needing a very low level of support. So the SAAP services provide the support on an outreach basis.

They do it essentially within their existing resources. So by using 20 properties that would otherwise have been awaiting redevelopment, at small fit-out costs, in the first six months of operation of that program we were able to provide about 5,000 accommodation bed nights for people coming out of SAAP services for virtually no recurrent expenditure. Again, as I said, that is the way we have managed to create a service system. Because of the genesis being the work that the Domestic Violence Crisis Service led in conjunction with the chief executive through a women's roundtable through the department, we have managed to provide services, particularly to women and children escaping domestic violence.

**DR FOSKEY:** Just for some clarification, when you said that you are housing people within 50 or 60 days, is that long-term housing?

**Ms Sheehan:** That is long-term housing, yes.

**DR FOSKEY:** That's their property.

**Ms Sheehan:** That's long-term housing.

**DR FOSKEY:** And is the transitional accommodation around a stairwell in a multi-residential development?

**Ms Sheehan:** No, it isn't.

**DR FOSKEY:** No. But do you have to have the same sort of concerns about confidentiality

of address in relation to transitional housing, as one does with refuge situations?

**Ms Sheehan:** It is important to remember that the addresses of public housing tenants are secret. In fact, there was a change made in the new Housing Assistance Act, which was passed by the Legislative Assembly only about six weeks ago, to specifically protect the addresses of public housing from being available under the Freedom of Information Act. So those addresses are protected. Given that with transitional housing the support is provided through SAAP, we are very careful about that sort of thing.

**Ms Gallagher:** Yes.

**DR FOSKEY:** Although there is always word of mouth, of course.

**Ms Gallagher:** But that is why, particularly for women, having the support of the Domestic Violence Crisis Service and having expertise in managing these situations are so important. I am certainly aware of a number of families who have remained very top secret as to their location.

**DR FOSKEY:** Yes. I am dealing with women's stuff here.

**THE CHAIR:** I think we've moved on to 3.2.

**DR FOSKEY:** Yes. Minister, the budget announced that there would be a levy on fines for victims of crime. I have explored that with the Attorney-General and I know it is a matter for him. One of the issues that were raised with me was the potential for funding for more long-term support for victims of crime, especially women who have been the subject of, say, sexual violence or domestic violence. It is not the one-off intervention that might happen around a court case which the victims of crime co-ordinator, where the money is going, can deal with. Is there any way of getting that money spread out somehow? It's going to be quite a reasonable amount. People won't stop speeding, probably.

**MRS DUNNE:** Or overstaying their parking.

**MS PORTER:** No, it's not parking.

**Ms Gallagher:** No, it doesn't cover parking.

**MRS DUNNE:** It doesn't cover parking.

**Ms Gallagher:** No.

**MS PORTER:** No.

**DR FOSKEY:** No, it's speeding and red lights.

**Ms Gallagher:** No, it is not parking. I think there are some opportunities there. This is always fraught, because victims of sexual assault have been treated separately in some victims assistance in the past. It does range. The debate always is whether that is worse than some other type of crimes, but certainly they should be and will be in the mix of victim support services that are offered through that program. But, again, I am happy to talk to the



Attorney-General about that.

**DR FOSKEY:** Okay.

**THE CHAIR:** Ms Porter, you've been waiting for a while.

**MS PORTER:** Thank you. Budget paper 3, page 67, mentions a couple of things there that I would really like just a little bit more background information about. One is this fantastic initiative—maybe I am not supposed to say it is fantastic but I think it is a fantastic initiative—to establish the scholarship in memory of Audrey Fagan. How is that going to work? I presume it will be open to all women in the ACT.

**MRS DUNNE:** What are the criteria?

**MS PORTER:** And the other one is about the grants program for women returning to work.

**Ms Gallagher:** As to the Audrey Fagan scholarship, we were not in a position to speak with the family prior to the budget being finalised, so the decision that the Chief Minister and I took was to put some money in so that we had capacity to get the program running this year, but that we would not sign off on the type of program that it should be until we had the opportunity to speak to her husband and her daughter around how to proceed with that. I have written to both of them separately asking them if they feel able to meet with me to have a discussion about how they would like to see their mother's or their wife's scholarship program move forward.

It is hard to say that we were generous, because everyone would have preferred that Audrey was still here and we wouldn't be discussing this, but, in terms of a scholarship program, \$60,000 a year does give us capacity to have a range of programs, I think. Even a \$20,000 scholarship will go a long way to someone completing further study, whether it is for two people or three people, or there is one big lot and five little lots. Audrey was a person who was everywhere and involved in big things and little things, so there's something nice around trying to get it to as many women as we can.

The requirement we've put on it is that—again, we will discuss this with the family and if they're not supportive we can change it—is to have it to support women who work in care and protection areas—women who are working with the community, but we will try to be pretty broad with that. But I just haven't spoken with her family yet.

**MS PORTER:** Yes, we'd much prefer that she was here.

**Ms Gallagher:** Yes.

**MS PORTER:** But it's good that we've got that anyway, and hopefully the family will be supportive.

**Ms Gallagher:** They have been supportive of the idea, because they were spoken to in the initial stages but I just haven't had that detail. I would just like their agreement.

**MS PORTER:** And the other one was just around the return to work grants for women, which is mentioned—

**MRS DUNNE:** On page 267. It is also in the priorities in BP4.

**MS PORTER:** Yes, budget paper 3, page 67.

**Ms Gallagher:** This is a program that has been done in other jurisdictions—I think Victoria has done it quite successfully—looking at how we can provide training and opportunities for women, considering the skills shortage that we have. It is looking at ways to assist them with some of their costs of returning to work. So the idea is to look at 200 women when it is in its full year—I think it has a part-year effect—\$1,000 each, administered through the Office for Women to look at either cost of training or cost of childcare, targeting essentially women who would struggle to pay those costs.

So we will target disadvantaged women, women from non-English-speaking backgrounds and Aboriginal and Torres Strait Islander women in the first instance. We just need to see what the take-up is going to be and what the opportunities are for that program. But again, it's something new.

**MRS DUNNE:** Sometimes people might need some appropriate clothes to wear.

**Ms Gallagher:** Yes, exactly.

**DR FOSKEY:** Or a visit to the dentist.

**MRS DUNNE:** On the Audrey Fagan scholarship, with the \$60,000 in this year and the outyears with some indexation, is it envisaged that there will be \$60,000 worth of scholarships every year, or is some of that going to scholarships and some of it to go to a fund to make it self-perpetuating?

**Ms Gallagher:** Again, we just haven't taken those decisions. We've just put the money in because the timing of it was—

**Ms Overton-Clarke:** There is a whole issue as well around that. A branch of the FBI has offered money as well.

**Ms Gallagher:** Yes.

**Ms Overton-Clarke:** So we are looking at whether we need to establish a trust fund.

**MRS DUNNE:** So those things are still being considered?

**Ms Gallagher:** Yes. We don't want them to come and give us \$250,000 or something!

**MRS DUNNE:** But it occurs to me that if you are just relying on \$60,000 recurrent what will happen in 10 years—

**Ms Gallagher:** Yes.

**MRS DUNNE:** I suppose it is a perpetual scholarship and how do you set it up that way.

**Ms Gallagher:** Yes. We will look at that because there has been some interest from outside in supplementing what we're doing.

**THE CHAIR:** Well - - -

**MRS DUNNE:** I've still got other questions.

**THE CHAIR:** One final question before we—

**MRS DUNNE:** One—only one?

**THE CHAIR:** Mrs Dunne.

**Ms Gallagher:** It depends; you can have five.

**MRS DUNNE:** Actually, I've got a dozen.

**THE CHAIR:** A few of us have been here for a long time.

**MRS DUNNE:** Yes, I know.

**Ms Gallagher:** You can have five if they're a minute long.

**MRS DUNNE:** Well, just a couple. How many people are on the ACT women's database of women from different backgrounds?

**Ms Overton-Clarke:** There are 123.

**MRS DUNNE:** And what are the criteria for putting people on the register? If you apply do you get on it?

**Ms Gallagher:** Yes.

**MRS DUNNE:** You do. So that there's no vetting or anything like that, it is just an expression of interest.

**Ms Gallagher:** No, in fact we would like more people on there.

**MRS DUNNE:** Yes, there are only 123.

**Ms Gallagher:** I know, and we've gone out and—

**DR FOSKEY:** How many positions are there for desirable places where one could place—

**Ms Gallagher:** This goes across government, community and business now. You can tick the box on your registry form that you want to be open to anything.

**MRS DUNNE:** So is it time for me to flog the forms—

**Ms Gallagher:** It is. But I have been trying to do it as well. I have recently ramped up the

cabinet appointment process around this too. I think there was a bit of laziness across agencies.

**MRS DUNNE:** That's my next question.

**Ms Gallagher:** There is a box on the cabinet appointment form that says, "Have you consulted the Office for Women?" The health area is one of the worst. It is so male dominated. The industry groups nominate their people and they're usually all men—you get maybe one woman—so all the health boards are pretty iffy. There is certainly very low female participation.

**MRS BURKE:** Time to work on that.

**DR FOSKEY:** Not whiffy, iffy!

**MRS DUNNE:** In the sense that they don't have a good gender base.

**Ms Gallagher:** Yes, that's right.

**MS PORTER:** Yes; no other reason.

**Ms Gallagher:** As for the psychologists board and the social work board, you get women there, but a lot of the other ones are very male dominated. So we have really ramped up now. The appointments cannot come to cabinet unless they have spoken to the Office for Women, and then there's the opportunity: have you consulted the women's register? So we have recently re-ramped that up because of the number of—well, not tantrums but a number of representations—

**MRS DUNNE:** We wouldn't say that.

**Ms Gallagher:** I have made around someone saying, "No, we haven't consulted the Office for Women."

**DR FOSKEY:** Is that the women's register a public document on the web or somewhere?

**Ms Gallagher:** Yes; it is on line.

**Ms Overton-Clarke:** It's a bit clunky and we're upgrading it at the moment. So part of it is about communication, how we get access and how we make it really attractive. So we are also talking to the chamber of commerce and with the YWCA and really looking at how we can make it more attractive (a) for people to get onto it and then (b) selling it around government.

**MRS DUNNE:** To get access.

**Ms Overton-Clarke:** Yes, so both ends really.

**MRS DUNNE:** So where are we with the 50—

**Ms Gallagher:** It is 46—where we have discretion.

**MRS DUNNE:** Yes.

**Ms Gallagher:** It's a bit lower—not much though, 43—where governments do not have discretion. It has gone down.

**MRS DUNNE:** It's gone down. That is what I was thinking.

**Ms Gallagher:** We got down to 49 per cent, I think, at one stage.

**THE CHAIR:** Thank you, minister and officials.

**MRS DUNNE:** We've got another minute.

**THE CHAIR:** You did ask five questions in the one question you were going to ask.

**DR FOSKEY:** That's called a conversation.

**MRS DUNNE:** The minister led on.

**THE CHAIR:** And the minister is coming back.

**Ms Gallagher:** Am I? What for?

**MRS BURKE:** You said an hour and a half.

**Ms Gallagher:** Tomorrow?

**THE CHAIR:** We've got health tomorrow.

**MRS DUNNE:** Actually, I can ask this one tomorrow.

**THE CHAIR:** So, minister and officials, we will see you tomorrow morning at 9.30.

**Ms Gallagher:** Yes, thank you, chair.

**The committee adjourned at 5.58 pm.**