LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND DISABILITY

(Reference: Annual and financial reports 2004-2005)

Members:

MS K MACDONALD (The Chair)
MS M PORTER (The Deputy Chair)
MRS J BURKE

TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 29 NOVEMBER 2005

Secretary to the committee:
Ms E Eggerking (Ph: 6205 0129)

By authority of the Legislative Assembly for the Australian Capital Territory

The committee met at 10.01 am.

Appearances:

Mr John Hargreaves, Minister for Disability, Housing and Community Services, Minister for Urban Services and Minister for Police and Emergency Services

Department of Disability Housing and Community Services
- Ms Sandra Lambert – Chief Executive
- Dr Colin Adrian – Deputy Chief Executive
- Mr Ian Hubbard – Director, Finance and Budget
- Ms Bronwen Overton-Clarke – Executive Director, Policy and Organisational Services
- Ms Lois Ford – Executive Director, Disability ACT
- Ms Roslyn Hayes – Director, Disability ACT
- Ms Rosalie Hardy – Senior Manager, Therapy ACT
- Mr Martin Hehir – Executive Director, Housing ACT
- Mr Nic Manikis – Director, Multicultural and Community Development
- Ms Maureen Sheehan – Director, Housing ACT
- Ms Meredith Whitten – Director, Advocacy, Review and Quality
- Mr David Collett – Director, Strategic Asset Management
- Ms Leanne Power – Senior Manager, Property Services and Business Improvement
- Mr Adam Stankevicius – Senior Manager, Governance and Strategy

THE CHAIR: I declare open this public hearing of the Standing Committee on Health and Disability, which is inquiring into the 2004-05 annual reports. This morning the committee will be taking evidence in relation to the annual report for the Department of Disability, Housing and Community Services. For the benefit of those present, I point out that this is a public hearing and a *Hansard* transcript of the proceedings will be made. Answers to questions taken on notice during these hearings must be received by the committee office five working days after the proof transcript of proceedings has been provided to the minister's office.

Witnesses should understand that these hearings are legal proceedings of the Legislative Assembly, protected by parliamentary privilege. That gives you certain protections but also certain responsibilities. It means that you are protected from certain legal action, such as being sued for defamation, for what you say at this public hearing. It also means that you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

I welcome Mr John Hargreaves, Minister for Disability, Housing and Community Services, and the accompanying officers. When officers are called to answer a question for the first time I request that they state their full name and the capacity in which they appear. Please speak clearly and directly into the microphone to assist the Hansard staff who are recording the proceedings. Precedence will be given to questions from members of the health and disability committee. We only have members of that committee here at the moment, but should other members be in attendance, they are also welcome to question witnesses after the committee has had a go. Minister, would you like to make an opening statement?

Mr Hargreaves: I would indeed like to make an opening statement, and I thank the

committee for making the time available. Before making a formal statement, I will make a couple of initial observations. I would like to welcome all the other interested members of the Assembly—visitors to your committee—who are here this morning expressing their interest in matters relating to disability, housing and community services. If they are upstairs listening in in their offices—good morning to you all.

With regard to the length of time for answers to questions lodged on notice, we are happy to do the best we can to comply. However, I place a tiny caution on the record because of something that occurred last time. A visiting member came in here—like a magpie, popped in, pooped and popped out—dropped a set of 20 questions on notice and promptly left. When we get one of those parcel post deliveries with 20 questions on notice from a visiting member, it places a strain on officers within the department. I assure the committee that we will do everything in our power to comply. I undertake that, when things become a little complicated like that, we will communicate with the committee secretary as soon as it becomes obvious to us that there may be a delay.

I thank the committee for the opportunity to appear today; I have been looking forward to it for some weeks. The 2004-05 annual report for the Department of Disability, Housing and Community Services, which covers three volumes, details the third year of the department's operations. I would like the record to show that this particular annual report—heavy as it is—is the easiest one to read and the most beautifully presented. It has been done with a great deal of professionalism and I believe it details quite specifically what the department has done both internally and in partnership with the community. It is probably the most complete and easy to read annual report provided to the Assembly out of all those I have seen, including reports of my other departments. I would like to record my appreciation to the department, to all the people within it and especially to the people behind the production of this tome.

It was a year of significant change with the addition in November 2004 of the Office for Children, Youth, and Family Support, multicultural and community development, child and family centres and the Vardon report implementation team. With the exception of multicultural and community development, these new functions report through Minister Gallagher. You will see there that this significant additional workload has placed burdens on the executive and on the coordination officers within the department. Those officers assumed an awful extra load and I pay my respects to them.

There were some major activities and achievements over the 2004-05 reporting period. In fact there were so many of them that to detail them here would use up the four hours, so I will refer only to a few. In the area of disability we saw the conclusion of the first stage of disability reform, with the final six-monthly progress report on implementation of the government response to the board of inquiry into disability services. There was the launch of the key policy documents—*Future Directions: A Framework for the ACT 2004-2008* and *Challenge 2014—A ten-year vision for disability in the ACT*—in September 2004. I was congratulated on both those documents when I attended a seminar of local government professionals involved in disability and aged care services in Melbourne earlier this year. They thought it was innovative and that it was, in fact, leading the country in setting targets.

We have seen the implementation, with increased funding, of the ACT's "future directions". The caring for carers report that I tabled in the Assembly last week in respect

of ongoing support for carers reflects the department's work and I am sure it has attracted a great deal of interest. There has been the establishment of the northern hub of the single therapy service at Swanson Plaza, Belconnen, and expansion of autism assessment services with the establishment of the autism assessment and family support team in March 2005.

In multicultural affairs and community development we launched the community engagement initiative including community engagement manual, charter and web page. We also hosted a highly successful multicultural festival. Specifically, there was a four per cent increase in the audience of 2003-04 and—cop this—a 60 per cent increase over the previous four years. I am expecting it to be even better. This was coupled with a fresh approach to engaging with the multicultural community through numerous forums leading to a multicultural summit in December this year.

In housing we have achieved a significant increase in tenant satisfaction, with a national housing survey result showing a rise from 59 per cent in 2003 to 65 per cent, with the level of dissatisfaction falling by three per cent to 14 per cent. We also successfully negotiated a new housing repair and maintenance contract with Spotless PNF, which is already producing improved services for tenants.

We continued significant investment in support and services for the homeless under the breaking the cycle report. We have established more streamlined and equitable energy concession schemes covering gas and electricity services, along with improved access to spectacles subsidies. We now have enhanced performance and support for tenants through sustainable tenancies, debt management programs in public housing and a focus on strengthening of community partnerships through improved funding agreements and grant processes, with over $65 million in service purchases. We have made a significant investment into the revitalisation of community facilities—notably the Griffin Centre and the new multicultural centre. It has been a year of significant growth, change and maturing of the Department of Disability, Housing and Community Services. I commend the annual report to you. My officers and I are happy to take questions.

THE CHAIR: Thank you, minister. We might go now to the chief executive review.

MS PORTER: At the top of page three of the report there is mention of significant progress having been made on the tenant participation project. Could you tell the committee about this, please.

Mr Hargreaves: With the committee's indulgence, I would like to give you a couple of sentences on how I perceive it. I will then ask the department to talk in a more fulsome way about it and questions can flow from that. One of the hallmarks of recent times with tenancies within the public community and emergency accommodation sector has been the way in which the department has engaged with the clients and tenants. The hallmark of the way the government works—and I say government in both past and present tenses—is that we provide homes; we do not provide houses for people. You cannot do that unless you are engaging with the tenants themselves.

I made the observation last night that the private sector gives out houses and the public sector gives out homes. One of the issues in our summit will be to see if we can narrow that gap a little more. I am pleased with the way in which we have engaged. In some of

the ministerial forums I have had in the reception room, it has been encouraging for me to see real tenants who are not necessarily part of another group. It is important, for me particularly, that we have that direct engagement. I will ask Maureen Sheehan to go down that track more comprehensively.

Ms Lambert: Minister, may I say something before Ms Sheehan speaks?

Mr Hargreaves: Certainly.

Ms Lambert: While we are very pleased with the progress made recently in tenant participation, I think it's very important to note that it must be a diverse and ongoing process. It's not enough just to have one or two groups who identify formally; it's very important to keep seeking ways to continually engage with tenants in different ways. Some people do not wish to be part of formal processes and would like us to do other things.

We continue to run focus groups with particular interest areas, as we did last year. For instance, we spoke with young housing tenants and learned what their perspectives were. As a result of some of that activity we also managed to change, or slightly refocus, our community linkages grant to include tenant initiated activities. I am very pleased with the progress we have made, but I would be the first to say we still have a way to go. I will hand over to Maureen to give you some of those details.

Ms Sheehan: The government and the department were very pleased, in partnership with the Tenants Union and ACT Shelter, to fund an auspicious venture where a project officer was employed to work with tenants to inform the department how they would like tenant participation to be conducted. It would have been easy for the department to put an officer on and then tell tenants how we would engage with them, but that would have defeated the purpose and the whole idea of participation on terms the tenants feel comfortable with. So it was important for us to work with existing organisations that supported public housing tenants.

Through the course of a year the project officer convened a series of broad based meetings with our tenants—not just in multiunit properties where, in a sense, it is easier for tenants to get together because you have a lot of people in one place with access to a community room but also with our tenants living in houses in the suburbs—so we could obtain a broad range of our tenants' views. This culminated in a tenant summit in November 2004, where tenants came together and set out a course of action for the next year as to how they would like to proceed. The report was delivered to the department in February this year and the department was able to respond to all the recommendations. The minister publicly launched the department's response to that report during Tenants Week this year. That report is available on the website.

The tenants recommended to us a combination of ways in which they would like to participate. One way would be to have a formal group, or a number of formal groups, so the department would be able to engage with the group or groups. Of course there are advantages in forming a group because you get the collective benefit of people working together. Tenants also said they would like to express their views on a one-on-one basis. That, of course, is quite consistent with the approach the government and the department have adopted in the community engagement strategy.

Tenants confirmed for us the ways in which we were trying to engage with people right across the community, not only as a group but also as individuals. The tenants said they would like to engage with us mainly on issues that directly affect their housing. They are very interested in maintenance issues; they are very interested in the location of their homes; they are interested in the relationship of their homes to other tenants—none of that would be surprising—and they are also interested in participating in the policies for the planning and delivery of their housing services. To us that seems absolutely fundamental. It's one thing to ask a tenant, "What colour would you like your walls to be painted?" but it's another thing to invite them into the room to plan the way in which you will maintain their property. That's the fundamental commitment the department and the minister have to tenant participation—not to ask about small things which are relatively unimportant in the big picture but to ask tenants to be involved in the big picture.

At the moment we are continuing with our joint champions group. That is a group of tenants who have identified themselves as being very interested in developing a whole range of committees which will work on specific issues of concern to tenants. The priorities we will be focusing on in the first year will come directly out of the advisory forum the minister had with our tenants on tenant participation earlier this year.

The department has also been able to allocate up to $90,000 to assist tenants to work on the priorities they have identified to the minister. Tenants will receive a combination of small grants to work on issues of specific interest to them, as Ms Lambert was outlining, and they will also be able to apply for grants in conjunction with existing community organisations that are supporting tenants through our community linkages program or other organisations that have worked with them, such as the Tenants Union and ACT Shelter. In summary, we have a combination of supports for tenants to participate on a fundamental level as to how we should plan and deliver housing services to tenants, as well as specific issues of concern to housing tenants, such as issues around their properties and issues around living in a community with their neighbours.

THE CHAIR: I am conscious of the fact that, because we are dealing with the chief executive review, we will be jumping around the department a little. You may not wish to ask some of the questions here; you may wish to ask them when we get to the output classes.

MRS BURKE: I refer to page 9 of volume 1. It should probably be read in conjunction with volume 3, but I will stick to page 9 of volume 1.

Mr Hargreaves: Could you tell us which part of volume 3, please.

MRS BURKE: I am trying to link them together as we speak, but it is quite difficult. I am looking at pages 6 and 7 and possibly page 8, talking about assets, high liabilities, liquidity, debt ratio and that sort of thing.

Mr Hargreaves: Okay. That's helpful.

MRS BURKE: On page 9 of volume 1, it reads:

> The Department's 2004–05 financial position was an operating deficit of $2.996m,

compared to a budgeted operating deficit of $1.576m.

People can read that part. I will not waste time going through it. I am wondering if you can give a little more detail on the operating deficit compared to the budgeted operating deficit in each of those cases. We see that Housing ACT had an operating deficit of $13.9 million, compared with a budgeted deficit of $19.4 million

Mr Hargreaves: You have completely lost me there.

MRS BURKE: I am referring to the statement in the second paragraph on page 9 under "our financial position" in volume 3. Perhaps somebody can give us an indication in plain English.

Mr Hargreaves: You are talking about the operating deficit.

MRS BURKE: Yes—compared to your budgeted operating deficit.

Mr Hargreaves: I will ask Mr Hubbard to address that. You were talking about debt ratios and that sort of stuff a minute ago. I would be interested to know. I signed off on a question on notice to you regarding all that debt ratio stuff.

MRS BURKE: The liquidity?

Mr Hargreaves: Yes. You will have received that, I hope.

MRS BURKE: My adviser is nodding. That's why I said I will stick with volume 1. Thank you, minister.

Mr Hubbard: Probably the best explanation for that is on page 3 of volume 3, where it lays out the operating result pretty clearly. That's for both parts of the department. From my perspective that's a pretty good result, considering the amount of funds that go through the department. Under the heading "operating result" essentially it says that it was $1.4m higher going through. As you will see, the first dot point is $900,000. The major reason why that adds to the loss is because that $900,000 is in the balance sheet as cash at bank. We draw that down and expense it, and there's no matching revenue coming in. The $900,000 goes straight onto the bottom line.

The $200,000 for the feasibility study, which is the second dot point, reflects a change in accounting policy. Previously feasibility studies for capital works were capitalised and added to the amount of the project and that amount would then go onto the balance sheet. With the change in accounting policy, feasibility studies are expensed. That adds $200,000 to the bottom line without the matching revenue coming in. The final one—the $300,000—was for an increase in expenses related to disability relief staff. When you add those up you have the $1.4 million. On top of those, you usually get some other minor technical adjustments that flow through the accounts over the 12 months covered by this. In a nutshell, they are the big movements for the department. Are you happy with that for the department?

MRS BURKE: Yes. I will add a supplementary question to that. I will then ask the rest of the questions and take the minister's comments on board. I guess the concern is that,

when we look at the financial assets to total liabilities ratio, which is slightly less than 1.1, that is of course the ideal. On page 9 of volume 3 it says that the department will need to ensure prudent management of its long-term employee leave liabilities. How do you intend to do that?

Mr Hubbard: Those sorts of ratios are interesting. They are a guide to the flows of cash going through the organisation. While they are useful in that sense, they do not give you a great deal of information when dealing with a public sector organisation. They are really relevant in the private sector where you are earning your revenue, it's coming in and you are relying on customers to buy your goods and provide you with the revenue. In this case, because it's government funded, there's really no threat to our ability to meet our liabilities in any year. It's very low. That's a good ratio.

MRS BURKE: I again highlight the comment in your report on page 9 that the department will need to ensure prudent management of its long-term employee leave liabilities. How are you going to achieve that? You are talking about prudent management.

Mr Hubbard: As you probably appreciate, long-term employee leave liabilities are unfunded. They are a bit like depreciation. Therefore we have to make sure that, in any one year, we have sufficient funds to cover people exiting the organisation. We do that as a matter of course and make provision for that.

MRS BURKE: By borrowing from Peter to pay Paul?

Mr Hubbard: No. It's just part of running a normal business. Whilst we are recruiting, we also know that people are exiting. The age of the person determines what that liability is. We get a fair bit of warning about when people are going to exit the organisation. Those sorts of things are pretty well in hand.

MRS BURKE: Thank you.

Mr Hargreaves: There is another issue which I would like the record to show for your information. The department is acknowledging the leave issue both in respect of its effect on budget when people exit, if they exit in any number, and the liability that will accrue with that. This department is very seriously aware of ensuring that its staff, particularly those staff dealing directly with human services like crisis people, use the leave they have available to them for the replenishment it was provided for. In some other departments it's not necessarily quite so vital. In fact, in non-human services departments people can bank it and take, for example, two years worth of accumulated recreation leave plus some long service leave and go to Europe for five months. We cannot allow people working in the delicate area of human services, as this department is, that luxury or they will burn out.

As to the management of it from a budgetary perspective, as Mr Hubbard has pointed out, we're aware of making sure the liability of a build up will carry itself and therefore its one-off effect on a particular year's bottom line. Even more importantly, you have seen us admit—not admit so much as acknowledge—in this annual report that all manner of leave, whether it be long-service leave, replenishment, sick leave or recreation leave, has to be managed on each individual case. I think the department should be

congratulated a bit for highlighting the fact that we actively look at what we do with people's leave credits.

Ms Overton-Clarke: As the minister says, it is absolutely a crucial part of work force management and, particularly in those front-line areas, we encourage people to take block amounts of leave. For the disability services officers, for example, block leave is built into the enterprise agreement to ensure that, as the minister says, people are actually able to have a decent break and able to switch off. It is absolutely part of the work force planning management that, particularly in those front-line areas, there is encouragement to take substantial amounts of leave. As a tool throughout the year in the department, we keep managers up to date about the amount of leave that people have accrued, and we also have a punitive tool in terms of deeming leave if people accrue more than two annual leave amounts. So there are a number of measures that we have in place to make sure that, within the financial parameters, we are managing the leave provisions.

MS PORTER: On page 4 there is mention of additional assistance provided to refugees through the ACT refugee resettlement services plan. Could you outline the assistance for the committee?

Mr Hargreaves: I will ask Mr Nick Manikis to come to the table and give you some detail. It is really important that we look at how we provide succour to people who are coming to this town as refugees. A measure of the quality of any government is how it looks after its more vulnerable people. You will rarely find in our community people more vulnerable than refugees who come here considerably damaged, so we have now this refugee resettlement services plan. Mr Manikis will go through that in a bit more detail for you.

Mr Manikis: The refugee resettlement services plan that we have is a one-stop document that captures the services that are available in the ACT for refugees that come here to settle, refugees as defined by the commonwealth's humanitarian program but also those people that come here outside that program, usually temporary protection visa holders who come out of detention centres. The ACT is a jurisdiction that embraces all and we do extend a welcoming hand and support to that group of people as well.

I will just mention several services that we have developed and implemented over the last 12 months or so. English language classes are available to refugees and temporary visa holders. They are held at the CIT free of charge. Also, childcare facilities are available at the time that the language classes are held so that the parents can have freedom of mind to concentrate on language classes while the children are being looked after. That facility was pioneered in the ACT and it is certainly being picked up by other jurisdictions as well as a support measure.

Also, we have been working closely with the introductory learning centres that the department of education runs. They have modified some of their classes to take into account some of the unique needs of these people. As the minister pointed out, the people who come here are very traumatised from their previous experiences. These classes have been tailored for those children and are providing a service that is quite valuable.

The other program that has proven to be quite useful in this area is the work experience

and support program that we have. It has been operating for quite some years, usually for those refugees, migrants and people who are finding it difficult to get Australian workplace experience. Some of the people that come here as refugees are a little bit more advanced than others and are ready for workplace experience and to find a job. After all, it is at the time that you find a job that life settles down and you can get on with it. The work experience program has certainly proved quite valuable in that regard. Quite a few of the people that we take on board there are refugees or have a refugee background. So that is another program.

The one good thing that has flowed from the ACT refugee resettlement services plan is that we have managed to get together as a network, in a more structured way, the service providers round town, certainly those people in the community that do great work with refugees at the community level, church groups and other community groups. We have a refugee settlement coordination committee, which I chair, and we work collaboratively in designing services and trying to come to solutions where there are gaps in services and where there are needs. We work together and have been doing so with this committee for the last year or so as well.

MS PORTER: Mr Manikis, you might be able to help me with my next question. Page 5 mentions that multicultural affairs and community engagement continued to provide financial assistance to six ACT community councils and Volunteering ACT and the chief executive continued to host the regional community services forum, involving the seven regional community service agencies. Could we have a little bit more on the background to that?

Mr Hargreaves: I think we have waxed eloquently enough about the way in which we have to make connection with people. It is vital that people have the feeling that they can be represented at community council level and that sort of thing. I have met with the forum once. I will get Mr Manikis to give you a more fulsome response, against the background that community engagement is a nice, glib title but it actually means something to us. We do not pay-lip service to the community and tell them what we are going to give them and then give them what we feel like giving them. We need to have this actual engagement. What I would like to see happen with this particular initiative, which I think is wonderful, is that all governments from now on will continue to have this approach, regardless of colour. Mr Manikis is free to say whatever he likes.

Ms Lambert: I might start, minister, in terms of the regional community services forum. That was something that was begun when the department began in the second half of 2002. Essentially, it was about acknowledging that the regional community services do provide significant service on the ground for us and are essential and indeed vital to the successful delivery of a number of services. With the addition of the office, that has become even more so, because they provide a range of family support programs as well.

Perhaps a good example of the way they might be used: we meet quarterly and it is generally the executive directors of those organisations who meet with me, but when the initiative for the child and family centres began it was critical for us to make sure that we connected with the services that were in the area, both in Gungahlin and in Tuggeranong. That forum was critical in actually designing the service delivery side of the child and family centres in Gungahlin for a start and then again in Tuggeranong.

It is an opportunity for the regional community services to interact directly with me—I chair those meetings—and talk to me about the issues they have and the emerging needs on the ground in the community, because they can be a lot closer to it sometimes than we can. We talk about those and indeed work through some policies with them. The community facilities asset management policy was worked through that forum as well. It is an opportunity for us to deal directly with the community. Our engagement with the community councils has been operational obviously since the department was formed, but Mr Manikis can talk about the beginning of that because that was when they were in Chief Minister's.

Mr Manikis: The six ACT community councils and Volunteering ACT, unlike the regional community services forum, are incorporated bodies and certainly do stand alone. We provide some financial support to the six ACT community councils for their secretariat work. As far as Volunteering ACT is concerned, they are under a service agreement of $50,000 a year for three years.

The six ACT community councils have proved to be quite useful in terms of getting to the local constituency. They are there as a conduit between the grassroots in the respective district and the government. They have been, as I said, quite successful. ACT planning are using those six councils now as well and providing them with financial assistance as well on planning matters.

Every couple of months or so we have a community councils forum where the chairs of those six councils come together to discuss issues of mutual interest, do some information sharing and what have you, and that is quite useful as well. So, by and large, as there are new developments, new initiatives, around town the respective community council gets involved and tries to get right down into the households and get views on whatever government initiative is being conducted. That has been quite successful.

As an incorporated association, you can understand that there are issues with internal management, operations and what have you from time to time, and that has happened across the six community councils. But, by and large, it has been a successful operation over the last 12 months at least.

DR FOSKEY: On page 11, under the heading "Our future", there is the statement that community service agencies have been sent a positive message through this budget that from the next budget indexation will be 80 per cent wage cost indexation and 20 per cent consumer price index. Minister, does this refer to all services, including youth sector services? Is this positive message secure against budget pressures?

Mr Hargreaves: Sorry, can I have the second half of that again, please, Dr Foskey?

DR FOSKEY: Does this refer to all services, including youth sector services? Is this positive message going to remain secure against budget pressures?

Mr Hargreaves: The second half, I put to you, is in the budget base now. So it is not a one-off thing. Whenever we have an initiative like that, we stick it in the budget base. I will get Dr Adrian to give you more detail on the first half because I am not familiar with the absolute detail of the budget construction.

Dr Adrian: As you are aware, Dr Foskey, this was a commitment that the government made in the last budget, but to start from 2006-07, and there was a presentation following the last budget on what the new model meant. As the minister has indicated, that is built into the forward estimates for agencies. It is the responsibility of Treasury, in consultation with CMD and then the individual agencies, to implement that in the upcoming budget. So we would expect to see that flow through and be the basis for community services indexation across government in the upcoming budget.

DR FOSKEY: So that applies to all services; there are no exceptions there.

Dr Adrian: In terms of this agency, there has been no discussion around exceptions. With regard to whole-of-government, that is a question you would really need to direct to either the Chief Minister or the Treasurer.

MS PORTER: On page 8, third paragraph up from the bottom, it is said that Housing ACT has continued the realignment of its housing stock in accordance with public housing asset management. How quickly is this realignment reflecting the change in demand in terms of the type of accommodation being sought and its location?

Mr Hargreaves: One of the big challenges we face with public, community and emergency housing is fitting the applicant and the needs of the applicant to the accommodation that we have available, so there has to be this realignment. Once upon a time, with public housing you had a choice of two things, a three-bedroom house on a quarter-acre block out in west Belconnen or something in, say, the ABC flats across the road. That was it. We did not have this approach to demand on the type of accommodation and all the rest of it. So it is requiring a complete rethink. We have spoken about this thing in the chamber, we have spoken of it in the media and we will be speaking about it in the summit. I would hope to be speaking on it at the summit. I will certainly do so at some point. I will get Mr Hehir to give you a rundown on what it actually means as well as what we are trying to do..

Mr Hehir: That paragraph refers to accommodation which is adaptable and accessible predominantly for older people. The realignment of stock in that regard is actually progressing very well. We have very low waiting times for older persons accommodation and we actually have, as well as this program of new builds, quite an extensive program of adaptation of existing houses to allow people to age in place. Typically in a year we do about 400 properties, some very significant adaptations but also some minor. In terms of the realignment of the stock, particularly towards the demographic changes that Canberra faces, we are actually progressing very well.

I think in your question you also talked slightly around the waiting list. The challenge for the public housing asset management strategy is actually to balance both the demographic and the immediate in terms of the longer-term demographic trends and the immediate needs. In this regard, we are working quite well in terms of the changeover of the stock to meet the waiting list needs as they are appearing, but certainly in terms of the longer-term demographic changes the assets are being realigned quite well and quite effectively. We can see that in terms of the response times, particularly for aged accommodation.

MRS BURKE: In the section headed "Our challenges" on page 9 you say that there are

always issues associated with the amalgamation of agencies and the bringing together of different cultures and work practices and that in this regard 2004-05 was no different. Could you give us an overview of some of the challenges with the different cultures and work practices and how you have overcome those?

Mr Hargreaves: Yes, in a sense. What we have with the creation of disability, housing and community services is the bringing together of a number of other agencies and each agency is different. It is different with the ESA. The ESA was created out of nothing, really. There was a bit of stuff running around with the ESB, but essentially nothing. We had to create a department with statutory authority status within the bureaucracy, if you like. But all of the corporate entities had to start from nothing; so they actually created, if you like, their own culture and their own leave arrangements. We brought together the disability officers and the housing officers and then we added the Office for Children, Youth and Family Services and the multicultural affairs and community engagement units. Most of those existed somewhere else within another part of the bureaucracy and, for example, the culture, the operational systems and the relationships which exist in, say, Treasury or Chief Minister's will be completely different from those that exist within, say, the department of health or the department of education.

This department was created from elements of all of these others. I can tell you, having worked extensively in the department of health and the department of education, that both of those had completely different cultures in terms of their service ethic, the way in which they provided service and interacted with their clients. The systems they used were different and the quality of their management was different. All of those challenges and things all came together under the leadership of Sandra Lambert and it was all of those things that she had to deal with and bring together, particularly as we were dealing with very critical human services. What you see before you now is the result of what she has done in those areas

MRS BURKE: Do not get me wrong: I commend Ms Lambert for her efforts in what has been a marathon job. However, would you say that it is still having somewhat of an impact on client service delivery in regard to those difficulties with cultures coming together?

Mr Hargreaves: Yes, I would actually, Mrs Burke. I would say it is having a most positive effect. One of the interesting things, when you consider some of the criticisms that came out of the Gallop report, for example, is that a lot of that was about relationships of front-line staff with their managers, about relationships of front-line staff with their clients, and about relationships between management and the clients.

MRS BURKE: Do you believe that that no longer exists?

Mr Hargreaves: Those issues are particularly stronger now than ever before. I will cite you an example. You were at the one that I will cite, that is, a meeting I attended of the client-guardians forum at which I was given a flogging, you might recall, about the extent to which we were providing ISPs. What was actually recognised at that meeting was the valuable role that the department had taken in interacting with individuals. Credit was actually paid at that meeting.

If that meeting had a difficulty, it was with me. It was not with the officers at the front

line, with management or with the system; it was with me because I was not giving them enough money. I think that will be an ongoing issue with all manner of different services. But do I think that we have got ourselves into a position where we are very highly regarded out there by individuals? Yes, I do. I would not like to put a percentage on it, but I would put it in the high 90s.

Meeting adjourned from 10.53 to 11.15 am.

THE CHAIR: We will now move to chapter 2 of volume 1.

MRS BURKE: I have a question about page 25 and the release of the results of the survey of the work force supporting people with a disability and providing respite services. What discussions have been held with the business sector and its representative bodies to involve and further encourage private sector employers to assist more people with a disability to enter the work force in the ACT?

Mr Hargreaves: One of the things that I think was absolutely bloody brilliant was the identification by the department that we had to engage the business community. It was not a case of trying to blackmail it by saying that it had to do this or that and legislating for that. You might remember the days with EEO when everybody got forced to do it and no-one really embraced it. So it had to be a case of working with the sector.

I have to say, and I hope the chief executive will agree with me, that I want to pay particular credit to Lois Ford and Ros Hayes in this regard. We had the blitz function to which business community leaders actually came. The dinner was a very entertaining show and that sort of thing, but what struck me was the way in which the business community actually felt like they wanted to be involved and there wasn't a conduit for them to do it; there wasn't a railway line for them to hop on and go there.

The department has actually done that and this is the stuff that you are seeing in here. I am really pleased that you raised it because I would like to get Ms Ford and Ms Hayes to boast a bit about it as I think that it really needs that. I would like to get a lot of the stuff that they have been doing on the record; so, with your indulgence, I will pass over to them.

THE CHAIR: I might just say that I know that it is difficult for Ms Ford and Ms Hayes to boast because they are not of a boasting nature, but they should do so.

Mr Hargreaves: That is very true. They may need some encouragement, chair. If you were good enough to provide that encouragement, I would be forever in your debt.

Ms Ford: Following the innovation grants 2003-2004, when we were looking at our 2005 program, in discussion with the family advocates that had managed that community-governed grants program, we were talking about how to better increase opportunities for, particularly, young people in the ACT community but particularly engaging with businesses. Part of that discussion included some of the ways that that had been done nationally and trans-Tasman and looked at some of the methods that had been used also in terms of inclusion of businesses.

We looked at a model called reverse inclusion, where, instead of, as we usually do,

trying to put ourselves out in the community, we thought it was time to invite business into our community. With much trepidation, we engaged a person who had considerable experience in the business community and had considerable contacts. The brief for them in the first instance, because we wanted to bring a variety of projects together under this particular banner of blitz, was to do a little bit of a feeling-out of the business community to see where they sat and to see what their thoughts were.

We wanted to particularly target the unaware in business. That would be businesses that didn't normally engage with people with disabilities or who would not normally have disability written on their radar. That person did go out and talk to over 30 businesses to look at what their thoughts were, what they thought might be a workable way of bringing business leaders together, what discussions needed to be had and what would be our best approach to business.

The result was that the best approach with business was to go back and ask business, use them as our consultants and ask them to identify the range of ideas, concepts and projects that business might be interested in or even give us the ideas. We didn't have an expectation that business would be fully engaged in the projects; we weren't requesting that of them; we were saying, "Give us some ideas." The other feedback that we got from that was that we needed to have the engagement of a fairly high-profile person working with the businesses to bring together some of the aspects of disability and business.

The third part of that was, from the small reference group that we created, that we wanted to look at the concept, I guess, of people with disabilities as consumers. They are often neglected and overlooked in that businesses don't target them; they don't see them as valued consumers; they don't see them as valued participants in their businesses. That is not all businesses but some businesses. And it is largely because they are unaware of disability.

We engaged the services of Mr Mark Bradshaw who is a multi-national manager with IBM and the chair of Accessibility Australia. He has done quite a lot of work and is very committed to raising in the business sector the profile of people with a disability. We invited 17 business leaders and four people who were either in business or in disability non-government organisations to a roundtable forum. That roundtable forum was quite tightly structured. It had, for each of the tables, a question for those business leaders to identify where they felt not so much that they could make a difference but what needed to happen.

There was a huge range of feedback from them. There was a plenary session in the afternoon, with a wide range of interest and a wide range of feedback, the most significant being that often businesses, not that they don't want to engage people with disability employment, don't know how; they don't know how to make that first approach. It often becomes too hard for them to do that. As a result, they then tend to think, "We'll put that into next year's program." For a lot of them, that was understanding technology and people with disability and technology and becoming aware that there is a lot of new technology available now for people with a disability to assist them to engage.

They themselves identified that people with disabilities needed to be marketed, too, and

that this was a huge opportunity that businesses were not taking into account. They themselves also identified people with a disability as valued employers and that there was an enormous range of benefits. It was a very positive experience, with very positive feedback to us, and highlighted several areas that we could move with.

We followed that business leaders forum and roundtable with another engagement with a cross-section of those business leaders to look at what they felt would be the areas that we would work with first. They have come back very supportive, with several ideas. In the new year, the chamber of commerce will hold a forum, again for businesses that would not normally engage people with a disability to start looking at aspects and to talk about the roundtable and what has come out of that. We are now looking at the outcomes and the key projects that we could take from that roundtable and then start working on those key projects in 2006.

We will continue to engage with the business community. We are hoping—and it has been indicated—that there is every possibility that we will be able to form a small business leaders forum with disability. Blitz will be a three-year program. It will also lead into the inclusion awards that we are having on an annual basis, the ACT inclusion awards. Through those two significant, very high-profile events, we will continue to work with business.

In the first year, we will want to work very much in a partnership with business. In the second year, we are hoping that business leaders will take a greater lead on this. In the third year, we would like to be supportive of business leaders moving forward with this. Early indications from some of those business leaders are that that is an entirely acceptable way to move forward. So we will continue working.

Mr Hargreaves: Can I address a couple of things, to follow on from Ms Ford. Mrs Burke issued a press release of 28 November titled "'One stop shop for disabled job-seekers a good idea: Burke'". There are a couple of things in there with which I disagree and on which I would like to make a statement. There are some of them on which I agree, and that is lovely.

One is—and Mrs Burke is quite right—disabled people should not be labelled as a burden on business. I agree that more needed to be done to prove that to employers. We know that there is a mindset out there that disabled people can be looked after by Koomari and that is about it. In fact, there is a role for them to play. If we are going to normalise their lives, there have got to be normal job opportunities. We accept that.

The suggestion by some executives from Australia's big companies that there should be a one-stop shop is a welcome one; if they want to set it up we would love to see it. However, they seem to be operating in a bit of a vacuum.

The blitz roundtable was held on 14 September. We advertised that particularly widely. It was known well amongst the business leaders in this town. Indeed, I had long conversations with Chris Peters at that particular function. As Ms Ford has said, there was a follow-up on 27 October. The Chamber of Commerce and Industry is going to be doing something in 2006.

It is suggested in this press release that the ACT government could be working more

proactively. We have just demonstrated that the ACT government has been working rather proactively. I would like to see an acknowledgment of that. I would welcome a public statement from Mrs Burke to that effect, having now been given the information that she has. I think that is reasonable.

The other thing I agree with in the press release, which is good, is that one such business is leading the way in terms of training, employment and lobbying for people with disabilities, and that is Capital Careers. I couldn't agree more. In fact, that is why we engaged Capital Careers in the very beginning to do all this sort of stuff. They are very high on our list of contacts when we talk about things like the blitz, the follow-up roundtables and what we are doing in 2006.

Having suggested in the press release that we could do more, I would really welcome a press release which says, "They are doing nicely," and encourage us to do a little bit more.

MRS BURKE: Can I respond to that, minister?

Mr Hargreaves: Yes.

MRS BURKE: If you read that correctly you would see I had asked and called on the ACT government to support businesses.

Mr Hargreaves: You can table it.

MRS BURKE: Feel free. Ms Ford just talked about support. You have done an enormous amount, and I acknowledge that publicly. I am not not acknowledging that.

Mr Hargreaves: Thank you.

MRS BURKE: What I am saying is that support—that is what the release goes to—for businesses is support with a person in support. It is that conduit between business and government. Yes, you are working together, but it needs people on the ground. That is what I am alluding to, with respect. Be fair to me. I appreciate your acknowledgment that I am trying to put up some positive suggestions. I also talked about a register in that, which you did not mention.

Mr Hargreaves: No, I did not.

THE CHAIR: Can I make the suggestion that we—

MRS BURKE: I will talk to you about it afterwards.

THE CHAIR: Minister and Mrs Burke, if you want to have a conversation about it, some other time might be more appropriate.

MRS BURKE: Yes, we will.

Mr Hargreaves: Can I, Madam Chair, with your indulgence, get Dr Adrian to put a couple of seconds worth in on what we are doing in the future.

Dr Adrian: For the committee's benefit, one of the specific areas that we have been delighted with is, in the new contract with Spotless for the facilities management work in public housing—and we have had a number of discussions with them obviously around that contract—when they entered into, on a commercial basis, their subcontracts, one of the big winners in those commercial contracts was Koomarri. In fact, Capital Careers have been involved in some of those discussions with Spotless and Koomarri and have been part of those events and activities with the chamber and the Business Council that Ms Ford mentioned.

The fact that, on a commercial basis, a company like Spotless was able to take on board Koomarri and their workers, in recognition of the fact that Koomarri workers could deliver, on a commercial basis, the outcomes that they were obviously looking for, is a pretty practical example of the value that some people with a disability can contribute. So we want to promote that and use that. The suggestion is that that and other examples be used in the promotion work of both the Business Council and the chamber with other businesses, to demonstrate that you can employ people with a disability in a practical way that is advantageous not only to them as individuals but also to the businesses concerned.

Mr Hargreaves: I went around to the aCe program and had a look at it yesterday. I walked with the people there for a little while and played in their garden. What struck me was the range of people who were there at this particular facility that Disability runs. What was really nice was that people with significant disabilities were actually in the workforce. They would go to work for a couple of days a week. They told me the general nature of their work, but I didn't ask them the name of the company. So it is quite clear to me that Disability ACT was facilitating the entry of these people into the workforce in a quiet and unassuming way.

THE CHAIR: In case anybody missed it, we are on output 1.1, Disability services and policy. We have Ms Ford and Ms Hayes at the table.

DR FOSKEY: On pages 21 and 22: as we know, ISP has proved to be a very large and complex project. We hear about situations that emerge that suggest a little more funding and flexibility could resolve a range of problems for consumers. Are the recommendations of that ISP reference group reported on in this report and are those recommendations available publicly?

Mr Hargreaves: Firstly, before I get Ms Ford to collect the bits and pieces and respond to you with respect to that, I refer to your statement that more money might be a good way forward in a lot of this. The answer to that of course is yes, it is. This is the 2004-05 financial year. This is recording achievements or otherwise of things from 30 June back to the turn of the century. You will also notice, from examination, the 2005-06 budget, which was passed last year, contained $800,000 to augment the ISP.

The answer to your question about extra money going in there is yes, it is, and we have put extra money in there. There was $792,000, to be exact. There you go. So over to you, chief executive.

DR FOSKEY: Did you need me to repeat the question, because it is really about the

reporting and the reference group itself?

Ms Hayes: I am right. Yes, the report is available publicly. There was public consultation in relation to the recommendations of the report, and the outcomes of that consultation have been taken into account by the reference group that is responsible for oversighting the implementation of those recommendations. That reference group now meets monthly and is chaired by the executive director. It contains a mixture of people who are consumers, family members, service providers and advocates and is responsible for working with the department on the implementation of the range of recommendations.

It is quite a large project because it involves looking at all of our policy and procedures in relation to individual funding, not only in what has traditionally been the ISPs but also looking at our post-school services, mature carers funding, one-off grants for people that we have called quality of life grants—all of those funds. We have a project team who have been working on this project during this year. It is a project in addition to their ongoing work.

The project is now about 40 per cent complete and is on track for completion by April of next year. The sort of work that is currently well under way includes the guiding principles for our individual funding; the purchasing guidelines; the processes to be used for application, assessment and priorities; processes around how we review existing ISPs; how those funds are acquitted back to the department; trying to look at flexible ways to do that for people; and policies and procedures in relation to emergency funding. We have drafts around that suite of things.

Many of those recommendations were in fact tested in the 2004-05 funding round. It is as the result of that experience that we have been able to refine what we think future procedures need to be.

DR FOSKEY: As a supplementary: how can we or interested people—carers, members of the community—find out about the implementation of those more complex recommendations? Is it being reported on? How will we find out?

Ms Hayes: As I say, there are eight people on the reference group who represent a range of interests. We have not been providing progress reports more generally, except to that reference group. However, that is something that is possible. Perhaps something that we could do through our community partners newsletter is provide an update on where the project is up to.

Mr Hargreaves: We find that we are not ambushed by hordes of people wanting to have progress reports on that. You have got to consider the extent to which you put resources into publicising it. We do not wish to deny people access to that information, but we are a bit cautious about just flooding the marketplace. I know that you have an interest in it. Can I offer, if you would like to talk about it, a date at some stage when we will be happy to give you a briefing on it, which can be far more fulsome and will not take up so much time. We are happy to do that.

DR FOSKEY: That is exactly the outcome I would like. Thank you.

Ms Ford: Can I add to that that the reference group has got representatives from ACROD, which is a non-government organisation, and the two auspicing agencies who are dealing with the majority of ISPs. They feed back through their channels. Then people with a disability feed back through their channels, along with family members. The health and community care program has a representative as well. They feed back through the HACC program. So it is very broad.

The purpose of putting a reference group of that nature together was to ensure that the information flow out of the meetings was public and transparent and that the decision-making was very transparent around it as well. So any one of those agencies has the information. Within the reference group itself, we table all documents in relation to any discussions that are going to evolve. Those documents that are tabled are also open for any scrutiny by any member of any of those groups or anyone else who may have an interest in it.

MRS BURKE: In relation to ISPs and the review and so forth, I wanted to know what adjustments, if you can tell me, are being made to the complaints policy. Is that too broad? Would you need to take that on notice? Can you give us some indication?

Ms Ford: Are you talking about people—

MRS BURKE: You talked about the individual support services policy and procedures manual, including a review of the complaints policy.

THE CHAIR: Which page?

MRS BURKE: Page 27.

Ms Ford: What you are referring to is Individual Support Services, which is our direct service provider, as opposed to individual support packages. Ms Hayes will answer your question in relation to that.

Ms Hayes: The individual support services policy and procedures manual process is well under way. We expect, by the end of this year, to have a first draft of the new manual. In the process of reviewing that, we have discovered a large list of things we would like to do, which aren't going to get done in this project.

One of the processes that we have been reviewing as part of that is our complaints policy. That is in line with the other shifts that are happening in terms of complaints to the Disability Commissioner, with the department having a broader section around complaints and a whole-of-department policy around complaints management and making sure that our service delivery policy around complaints fits within those frameworks and takes account of feedback that I have had from families that some of them weren't aware of what the complaints processes were.

It seemed that, although we thought we had done a good job around information dissemination on that, we needed to do more. That will be part of what we are doing with our new procedures—ensuring that every family that we are working with has the complaints policy and the process that they use if they wish to make a complaint.

Mr Hargreaves: Given that the vast number of people who are involved in this program and other support programs administered by the department are very, very satisfied and quite grateful for the assistance that they receive, I have asked the department to come up with not only a proper and transparent complaints process, as they would, but also an open and transparent congratulations process, because we need to acknowledge that predominantly the people out there are receiving excellent service. We need to have a proper process by which they can extend their congratulations to government for doing that. We don't have one.

MS PORTER: Minister, at the bottom of page 22 it mentions a feasibility study undertaken by Disability ACT to assess the needs of clients who have dual disability. I was wondering if you could outline to the committee the progress of the implementation of the subsequent program?

Mr Hargreaves: Yes, I'll get the officers to do that. Just one small point though: we are examining the 2004-05 year, and for the last few questions we have actually been talking about activities of the department in the 2005-06 year, so I just highlight that with you for the moment.

THE CHAIR: Yes, and I do appreciate your forbearance on that matter.

Ms Hayes: Considerable progress has been made on the implementation of this new service. We have been working over the last couple of months on the service design issues, particularly working with mental health to ensure that the future service design is a partnership between us and mental health services. That work has largely been finished, and we're now at the stage of implementing the service at a more detailed level. We have just recruited an implementation manager, who will start with us next week, and that person's role will be around the recruitment of other staff, the setting up of operational policies and procedures, the establishment of understandings between that part of our service and the existing accommodation support service, between that new service and the therapy services, and the sort of more mundane matters of accommodation for staff, budget, and how all that is going to work.

Whilst that implementation manager is on, we are in the process of recruiting the permanent manager for the new service, and we're advertising for that position both nationally and internationally. That ad went out two weeks ago, I think. We expect that we will appoint to that position around the end of March, and there'll probably be a period of about a month where we have both an implementation manager and the new manager, and the service will be then ready to commence operations—it won't be fully operational until the actual capital phase of the project comes along.

THE CHAIR: Can I, just at that point, say that I take note of what the minister said and I ask members of the committee and visitors to the committee to try and keep their questions to the 2004-05 financial year. I know it's often the case that we do stray over to things that are carrying on, and there's a natural curiosity, but you might be better served to request a briefing of the department, in the interests of time. We will now move on to the next output class. Thank you very much, Ms Ford and Ms Hayes.

DR FOSKEY: Does that mean there are no more chances to ask questions on this class, or would you just like to hurry on? I have a quick one.

THE CHAIR: Okay. It's probably easier to ask it rather than put it on notice.

Mr Hargreaves: We can make it quick for you, Dr Foskey.

DR FOSKEY: The local area coordination program, on page 23: I understand that tender documents were developed after extensive documentation but no tenders came in, so I'm just wondering if you've done any soul-searching about why that might be. The report was due in August—I don't know if I'm allowed to ask this—

MRS BURKE: But you'll ask it anyway.

DR FOSKEY: To summarise: what did the local service providers need to make it attractive to encourage tenders? And, secondly, has the select tendering process been successful?

Mr Hargreaves: I just remind you, Dr Foskey—quite friendly-like—that you're talking about an activity that applied in the 2005-06 financial year. I'm sure that Ms Hayes will be delighted to answer your question—but my patience is running out.

THE CHAIR: Ms Hayes will answer to the best of her ability.

Ms Hayes: I'll summarise: we went back to those agencies who had expressed some interest in it and had discussions with them—that being me and my community co-chair of the Implementation Reference Group. We got from them what issues there were that prevented them from lodging a tender, and we took those into account in our next phase, which was a select tender process. Four tenders were received. The evaluation committee has evaluated those. We've made recommendations and we're currently in the process of negotiating a contract with the successful tenderer.

DR FOSKEY: Thank you.

Mr Hargreaves: I think we've probably answered half the questions for the 2005-06 annual report hearing. That's lovely.

THE CHAIR: I can guarantee that they will still be asking them. We will now move on to output 1.2, community development services and policy, from page 30 onwards. I might ask a question at this point. On page 31, there's reference to the ACT homelessness strategy called breaking the cycle, which continued to assist homeless persons this year. I understand this strategy has employed a series of working groups to progress various actions of breaking the cycle. This structure therefore allows for diverse skills and experiences to be drawn upon to implement the strategy. I note that these working groups are listed on the top of page 32. Minister, could you or your officials inform the committee of what organisations have assisted in these working groups?

Mr Hargreaves: Yes, I might just get Mr Hehir and Ms Sheehan to give you full details on that. One of the things that's driving us is this nonsense that houselessness is homelessness. It's absolute nonsense. Homelessness is a state of being. People can actually be homeless and still have premises to go to and sleep of a night time. So we need to attack it from a completely different social viewpoint than we have done in the

past. We need to address it not only from the perspective of putting a roof over somebody's head, which is absolutely essential, but also as an holistic approach to the causes of it.

I was recently given a case of a person who was homeless for a few days. When we looked into it, there was a whole range of reasons why that particular person was homeless. It goes to social breakdown in the family. It went to gambling. It went to redundancy at work, which caused the gambling and the breakdown of the social family fabric—so all of those issues needed a support plan to be brought to bear, in addition to the need for a roof over their heads. So sometimes it's a better idea to have a very, very temporary arrangement to stop people sleeping rough, if you like. But, if we don't bring those other social supports in, appropriate ones, we're going to solve absolutely nothing by giving somebody some premises somewhere else—absolutely nothing. So there is this change in thinking, and I'm pleased to say that that phrase I used a minute ago about houselessness not homelessness came from Ms Sheehan, who can give copyright to it for somebody else but it absolutely encapsulates what we're doing. I'll pass over to Mr Hehir and Ms Sheehan through the chief executive.

Ms Sheehan: The membership of the subcommittees of the ACT Homelessness Committee comprises government agencies as well as non-government agencies. I can provide you with a complete list but I can quickly run through the composition. With the Youth Homelessness Working Group, we have representatives from our own department, including the office, which is obviously very important. It will be listed also in the annual report and it's listed in the report the minister tabled last week on the first year's achievements under the ACT homelessness strategy. Do you want me to run through the answer there—the composition of groups?

THE CHAIR: I'm happy for you to direct me to where I can look it up. That's fine.

Ms Lambert: The composition of the homelessness advisory committee that I chair will probably be in there, but the subgroups are unlikely to be there.

Ms Sheehan: Then we will provide you with a copy of the list of composition. But in general we've involved the peak groups such as the youth coalition. In the Charter of Rights Working Group we have representation from the Human Rights Commission as well as from the welfare and legal rights centre. In the Community Awareness Working Group we of course have the peaks such as ACTCOSS and representatives of Shelter, as well as government agencies. On the Aboriginal and Torres Strait Islander Working Group, we have representatives from the Aboriginal and Torres Strait Islander community, including a Mr Jim Best from Billabong, who is also a member of the main committee, which is the ACT Homelessness Committee, and representation from the SAAP Resource and Development Service.

In the Implementation, Monitoring and Reporting Subcommittee, as well as government representatives we have representatives of course from the peaks—importantly from the ACT Council of Social Service. What's important about the structure of these working groups, as Ms Lambert explained recently, is that it's not just community participation; it's a model of joint community-government governance of the homelessness strategy. This is what makes the homelessness strategy so unique: it's not just participation but joint governance with the community sector.

Mr Hargreaves: It is also interesting to note for the record that, when we have had housing ministers conferences and we have talked at various forums about what we are doing here in the ACT, we have been as a jurisdiction congratulated on having one at all. Most people recognise it as a blight on society; we do not look after the vulnerable in our community. But people have done sweet bugger all about it interstate. When they have seen what we are doing, people are picking up on the process, picking up on the philosophy, and I think we should note for the record that for a very small jurisdiction, and numerically across Australia, we have got a very low number of such people.

It is also worth while noting that, I think it was in 2003-04, if my memory serves me correct, there were recorded by, I think, ABS—I could be wrong about the recording—about 200 people sleeping rough in this town per night, and the latest one is 70. That was done about late last year.

Ms Lambert: The survey you mentioned actually, I think, had 74. It was an earlier survey that had the larger number.

Mr Hargreaves: Yes. So what has happened is that the strategies that we have, the partnerships and all the rest of it—the holistic success of the homelessness strategy approach—has dropped it by 300 per cent, or thereabouts. So I think it is a sign of success. Of course, 70 people sleeping rough is 70 people too many, and we acknowledge that. But I am very confident that our target, which is as near to zero as we can get it by 2013, is not unachievable—not unachievable at all. There will always be some people who want to sleep rough, so we need to recognise there will be a number of people like that. But predominantly for those people for whom choice is not an issue we need to intervene, and I think this strategy has been very, very effective in doing that.

THE CHAIR: While we are talking about homelessness, I would like to ask about the youth homelessness action plan, which is referred to on page 32 of the report. Are you able to give an indication of what the main triggers to youth homelessness are and how you believe the youth homelessness action plan aims to remedy these?

Ms Sheehan: The causes of youth homelessness are as diverse as the causes of homelessness for adults. However, it's well documented in the SAAP national data collection that children become homeless as a result of their parents becoming homeless. So, in dealing with youth homelessness, we are dealing with homeless children who are accompanying their parents into homelessness, as well as young people who become homeless—say, young teenage people or people from 12 years on who become homeless because of issues within the family. Some well-documented issues would be around alcohol and drug use of the young person or of a family member, violence or sexual abuse. These would be amongst the more extreme reasons for youth homelessness.

But there can be other reasons for youth homelessness that can be, in a sense, opportunistic, which might be some breakdown in the relationship inside the family which might not lead to long-term homelessness of a young person. So, in terms of the responses to youth homelessness, we have to deal with the whole range, including opportunistic breakdown, which can be quickly addressed. We fund a number of services. Homelinx would be a good example of that—services that we fund are of course listed in the annual report—where you can very quickly move to reunite a young

person with their family. In the action plan for youth homelessness, we are focusing on that—I do not want to call it the soft end—end of youth homelessness where quick action can, where appropriate, reunite young people with their families.

The services that you will see listed in the annual report are very much directed at that very sharp acute end where the homelessness is around those very serious issues that I was just referring to, such as drug and alcohol abuse, sexual abuse, violence and so on. We do have a very good range of services there at that very acute end. So it is marvellous to have the opportunity to do something around that—again, not the soft end—end where some quick action really can have a chance of reuniting young people with their families to avoid long-term homelessness.

Ms Lambert: One of the things that the research shows is that schools are often very effective in preventing homelessness and so the cross-representation of departments at a senior level on the committee is also important because of the intersection with schools and their welfare processes as well. That intervention is often the critical one in preventing homelessness for young people. The other thing that is an advantage to us now is that the department has youth services as part of the department and the connections we can make with them. You were talking earlier about the issues and challenges. It is about making sure that we don't operate with boundaries; that we operate, acknowledging our respective accountabilities, across government departments and within government departments, around working with young people to prevent homelessness.

Mr Hargreaves: Can I also draw the committee's attention, in the interests of time also, to chapter 5, at some point, at your leisure, and the various outputs. You will see listed in there the various organisations that we provide funds to, to attack not only crisis accommodation but imminent and actual homeless people. I just opened it up at random and picked out the Lowana Young Women's Service, with nearly half a million dollars just in for supported accommodation for young women who are homeless or at risk of, and the Lowana Boarding House Outreach Service. You will notice as you tiptoe through these pages in chapter 5 that, when we talk about community partnerships, about addressing homelessness, it's a real thing. It's not something that government can do by itself. In fact, if it tried to do it by itself, it would blow it. It wouldn't have a prayer in the world of doing it. We need to have that partnership within the community, hand them over some money, support them with our professional support and then we can attack the issue. You'll see lots and lots of it through these pages.

MRS BURKE: Minister, again sticking on page 32, Raja, the crisis supported accommodation provider, increased its capacity from six to 12 families.

Mr Hargreaves: It certainly did.

MRS BURKE: What was done to support three Sudanese families who were being supported by Raja, if that makes sense?

Mr Hargreaves: That's a specific case, Mrs Burke. I'd prefer, with your indulgence, chair, to get Mrs Burke the answer outside this session.

MRS BURKE: Thank you. I'll take that; that's great.

Mr Hargreaves: I would prefer in fact just to go directly to Mrs Burke with the answer, if that's all right with you.

THE CHAIR: Yes, that's fine. Thank you, minister. But can I just remind committee members that it's a better idea with individual cases to request directly from the minister's office, rather than taking it through a public session.

Mr Hargreaves: Yes, thank you.

MRS BURKE: All right. Noting that, what support was offered under Housing ACT's policy that focused particularly—this is a broader question—on a heightened level of support to refugees and new migrants?

Mr Hargreaves: I thought Mr Manikis already answered that.

THE CHAIR: Yes, he did. Ms Porter asked a question about that before.

Mr Hargreaves: Mrs Burke, after you've examined the *Hansard*, if you feel as though it doesn't answer it comprehensively enough for you, please just get back to us and then we'll respond to you.

MRS BURKE: Thank you for your indulgence.

MS PORTER: In the same output class, but looking in volume 2, on pages 23, 24 and 25.

Mr Hargreaves: A trick question.

THE CHAIR: Not at all, minister—not at all.

MS PORTER: It's a range of issues, but I think it sort of can be in the one question. It mentions on page 23 a budgeted amount which is to enable the establishment of a range of accommodation needs for people of diverse needs. And then on the next page it mentions the fact that the department undertook significant consultation with Aboriginal and Torres Strait Islander communities, and again on page 25 it talks about housing tenants with complex needs and additional support for people with complex needs. I was wondering if we could just have some general information about those three major points: diverse needs, indigenous people and complex needs, please.

Mr Hargreaves: Catch this ball, Mr Hehir and Ms Sheehan.

Ms Sheehan: Thank you. Again, it's well documented in the national SAAP data collection, and anecdotally from information that our service providers provide directly to the department, that the profile of complex need in SAAP clients has increased dramatically over the last 10 years. The result of this is that we need to provide a range of services which will be able to meet the needs of clients that do have complex needs, but not just within the SAAP services themselves but by linking in appropriate external supports. That is really the beauty of the homelessness strategy: it sees that the solution to breaking the cycle of homelessness is not just through the provision of crisis

accommodation at the point of crisis, but by linking people into longer term supports, which can help them to address the causes of their homelessness, and then to support them in their tenancies once they move out of homelessness into long-term housing. So in terms of the range of services that were funded through the ACT government funding, which is in addition to the funding under the supported accommodation assistance program, which is the joint Commonwealth, state and territory program, the new services that were established with ACT government funding directly responded to the identified service gaps through the needs analysis that was done in 2002, prior to the development of the homelessness strategy. So we already had the range of what I would call traditional support models for people who are experiencing homelessness or are at risk of homelessness. We identified the gaps in the services, and then we were able to establish new services to deal with the gaps, particularly around complex need and the needs of families. I did earlier refer to the fact that many children become homeless because their parents experience homelessness.

Mrs Burke asked a question about Raja. Raja is specifically a service that houses families, and within that service they employ specific children's workers to address the needs of children who have become homeless. Children aren't just young people who require childcare because their parents have experienced homelessness; they have very special needs which come out of the fact that they have experienced homelessness. They may have experienced violence themselves, they may have witnessed violence against their parent, against their mother, they may have seen alcohol and drug abuse and so on. So the complex need there is addressed specifically with the employment of a children's worker inside that service.

Other types of complex need that are addressed through the establishment of the new services are accommodation services specifically for couples. Previously there was no accommodation for couples. There was accommodation for men, there was accommodation for women, there was accommodation for women and children, but not for couples. So that's an accommodation service that has been provided. With respect to men, we've established services for single men—those new services are listed in the annual report—and we even have a service there for men coming out of prison. So, again, with complex needs that probably led to the fact that men were in prison, complex needs as they come out, we have new services to address those complex needs.

MS PORTER: And indigenous people?

Ms Sheehan: With respect to indigenous people, again well documented in the SAAP national data collection and the ACT data collection, indigenous people are over-represented in SAAP services, compared to the number of indigenous people in the community. That means that indigenous people are being provided with service in our general SAAP services, but the ACT government has allocated specific funding for indigenous families. In the same way that Raja and the YWCA are providing general services for families, the government has allocated money specifically for indigenous families. When we went to tender for those services, we didn't get a response to the tender because we didn't have an indigenous provider specifically of homelessness services in the ACT.

What we do know is that, if you don't establish an appropriate service that indigenous people feel is appropriate to them, they won't use the service. So it would be all very

well to have six houses standing ready and able to provide accommodation and support to indigenous families, but if they didn't see that as an appropriate service they would not come. That's why we felt we had gone out to the market to see what was available and, when we didn't have an indigenous provider, we needed to go back to the indigenous community and find out what they thought was the appropriate model.

We've been working with the community on a range of options. The indigenous providers of housing have been working with the SAAP sector to come up with some options for the indigenous community to look at. We'll be having a special meeting of the Aboriginal and Torres Strait Islander working group of the homelessness committee on 15 December, and hopefully at that meeting the indigenous community will be able to provide us with final advice on the model of that service provision.

With respect to housing for indigenous people, one of the solutions to homelessness is to provide housing. The minister tabled in the Legislative Assembly two weeks ago the agreement between the ACT government and the Commonwealth government on Aboriginal housing, and that listed quite serious achievements in the ACT of providing additional housing to Aboriginal and Torres Strait Islander people, not least of which is of course public housing. Public housing is 10 per cent of the total housing stock in the ACT, but it provides 20 per cent of the total housing stock for Aboriginal and Torres Strait Islander people. That's just one example of housing services that are being provided to Aboriginal and Torres Strait Islander people.

Mr Hargreaves: There are two things about indigenous people's needs that give us significant worry. One is their notion of extended family, which poses its problems, and the other thing, I think it's fair to say, is that in public and private housing indigenous people are the ones that suffer the greatest amount of overcrowding in the one house. That poses problems for us, because we might, say, give somebody a four-bedroomed house, which might be enough for your average Anglo family but it may very well be significantly insufficient for an indigenous extended family. It may be two or three bedrooms short, but we find it very hard to come across properties of that size.

Ms Lambert: That's where, again, having the broader department is useful, because I'm looking at research done by, I think, the Telstra Institute that Fiona Stanley heads, and looking at issues in relation to Aboriginal and Torres Strait Islander children. When you look at the incidence of particular crises that they have in their lives before the age of about seven and then you look at what ameliorates that, the number of people in a household ameliorates the risk to those children. So it's really good to have the connections and be able to see some of those, intersecting them with our housing policy. You did mention also public housing clients with complex needs. We've certainly noticed a growth in that area in the last couple of years, and we've devoted quite a bit of resources to training of staff in this area, and also into sustaining tenancies with appropriate support so that we do enable, within the rules, people who are significantly at risk to remain within public housing as well. But it is difficult with some of those clients because of the complexity of their need.

MRS BURKE: I have a broad question about homelessness, specifically crisis and emergency accommodation, acknowledging the money that has been put into that in the 2004-05 budget. Minister, I would like you to comment on the crisis and emergency accommodation providers who are working to capacity, and have done for quite some

time. Many have not been able to help people. Did the figure you gave of 70 homeless people take into account women escaping domestic violence, because the books of all the crisis service providers are closed?

Mr Hargreaves: The short answer is no, it did not. We are talking about people who are sleeping rough. People escaping domestic violence are a very difficult demographic for us to provide succour to and we acknowledge it. In my view, are we doing really well to support these people? Yes, we are. Could we be doing a lot more to support these people? Yes, we probably could. A lot of our difficulty is in being able to pre-empt it. We do not know how many might pop up tomorrow. It is one of those sorts of things. For example, you might have seen the ad on TV saying that it is not on. We need to do more of that. The White Ribbon Day thing for which Mr Gentleman was an ambassador has to be promoted at a rate of knots so that we do not have women fleeing domestic violence.

We have, I am sure, women in this town who are staying in a violent relationship because they perceive there to be nowhere to go. Let me assure you, Mrs Burke, that this is one that the department and I take particularly seriously. There should be no women fleeing domestic violence who are homeless. If that comes to our knowledge, we will fix it. Let me tell you, we will fix it. I need to put a caveat on this, and I go back to something I said earlier. Just having a roof over one's head is not sufficient, and it not sufficient particularly with domestic violence because there is a range of issues and I have a lot of experience in this from before I came into this place and afterwards.

Women fleeing domestic violence can flee by themselves, in which case we have refuge accommodation or we have, if necessary, backpacker, motel and other accommodation whilst we wait for something to be released. We will help those people; let me be absolutely crystal clear about that. The other group which is a little bit more difficult, and we have had some of these people, are women who flee with children. You can't then separate them. We have all manner of things that kick in there: the houses that Raja do. The YWCA assists in this process. We will put people like that as a family unit into a motel while we see about getting things together, because we need to talk about this holistically. We need to find the causes of that domestic violence, of that episode. It is not just a case of some bloke doing his block and belting someone. There are much more underlying causes for this. So we need to be able to bring these other supports for these women and their families in very quickly.

MRS BURKE: Do you believe that that has happened, minister?

Mr Hargreaves: I do. I am absolutely and totally convinced of it.

MRS BURKE: You do not believe that there is anybody out there still waiting for service providers to house them.

Mr Hargreaves: Mrs Burke, there is no doubt in my mind that there is a woman out there in the Canberra community who would dearly love to flee a domestic violence situation but does not know where to go.

MRS BURKE: What about the service providers and maybe the properties, or shortage of, so that people can open their books again? What is the government doing about that?

Mr Hargreaves: We cannot pre-empt the number of people who will knock on a door. We cannot have, as Ms Sheehan said—

MRS BURKE: Sorry, minister, these are already in crisis.

Mr Hargreaves: Let me answer the question.

MRS BURKE: You are not answering the question, though.

THE CHAIR: Mrs Burke, allow the minister to get to it.

Mr Hargreaves: We cannot just have a series of places sitting there waiting for someone to come and use them. We just do not have the resources and never will have. There were no resources when your lot were in government and there are resources available now. You have acknowledged the additional resources we have put into this thing. It is also, as I said before, a community problem and requires a community solution and we are playing our part in that, but what is happening now that was not happening before is this holistic approach.

I can recall in my own history trying to help a young woman in exactly the situation, with three kids, and all she got was a home. What happened? The husband found her and flogged her again. We need to bring into account things like security. We need to bring into account things like where we accommodate people. It is very disruptive if we take a family of a woman and three kiddies of primary school age from, say, Belconnen and accommodate them somewhere in Tuggeranong, where the kids do not get a chance to go to their own school again. It is not as simplistic as just saying, "We will stick them in this place here and that will be fine." It isn't.

MRS BURKE: Yes, I realise that.

Mr Hargreaves: So what we do, and we do well, in conjunction with people like DVCS and other supports like the Y, and there are details in there about those partnerships, is we put them somewhere where we analyse what exactly is the situation and where we can actually go. It needs to be underscored that this is a priority for us and, if I were king of the world, I would just wave a magic wand and, bang, there would be safe and secure accommodation fairly close to where they were before, but I cannot do that.

MRS BURKE: Going back to the service providers, which was what my question was about, are there any service providers that you know of that are still waiting for accommodation to be allocated to them by the government?

Mr Hargreaves: In what respect?

Ms Sheehan: If I could answer that, minister.

Mr Hargreaves: Yes, go ahead. It is a confusing question.

Ms Sheehan: A number of our women's services are moving to provide more space inside their refuge models so that women do not have to share a room and that means, for

example, that at one refuge which I will not name there will be an extension to that property so that, instead of two women sharing a room, each woman can a room. There is another refuge that has a cluster model and we are going to facilitate their moving from two families sharing a house to a house per family. We are supporting those different services through the period of transition. There is one service that is waiting for one more property. The property has been identified and shortly it will be coming on line. There are one or two additional properties coming into service to support that, giving the women and the children more space. The other important thing is that over the course of the last year more than 40 properties have been brought into the SAAP system. That is a huge capital investment. If you think of more than $300,000 per house, it is an absolutely huge contribution to addressing and breaking the cycle of homelessness, over $12 million.

Ms Lambert: I have been out visiting all the refuges and services over the last little while and I have convened a meeting for tomorrow. With your indulgence, minister, I will talk about this financial year. I have convened a meeting for tomorrow with representatives from across the sector on domestic violence. We have to acknowledge, as the minister has said, that this is complex. It isn't just about providing a roof. It is about a whole range of other issues as well. We have provided additional funding to DVCS for brokerage services to enable support for women in particular circumstances.

We have changed some of our policies or adapted some of our policies internally in housing in relation to women in our houses that we know are suffering domestic violence. We have done some work around that as well. The issues are quite complex and we will work through with the sector the ways that we need to respond. I have to say that, with some of the refuges I visited, there is a significant throughput of clients, they actually move through very quickly. I am not aware of refuges closing their books or services closing their books. They do get full at times but vacancies occur, often as people move into public housing.

MRS BURKE: Isn't it an extension of the contracts that you have to do that because they could not offer short-term contracts and they had to be moved to long-term contacts?

Ms Lambert: No, not that I am aware of.

Mr Hargreaves: No.

MRS BURKE: That was information that was given to me, but I will talk to the minister about that separately.

Mr Hargreaves: Mrs Burke, I think that needs addressing for the record. No, it is not a case of having to do this or having to do that. It is a decided result of the conversations that the department's officers, both in terms of the community supports and housing, are having constantly with people in the sector. Ms Lambert has just indicated to you how tomorrow she is going to have a meeting with the sector to talk about what is going down here. This informs us on where we go. No, it is not a case of us saying, "We are being beaten up because we are not doing this; we ought to do Y." That is not the case at all. It is, I reiterate, a case of engagement of the department, particularly in the accommodation services but more holistically through the chief executive and the executive team, with

the sector and actually working out where to go from now.

I might just put down for the record one of the difficulties I experience personally. You will know that I have tried to meet everybody within the sector that is in touch with my departments in terms of multicultural affairs and urban services, a whole stack of people. It is very difficult for a male minister to become intimately acquainted with the services of some of our crisis women's services and I rely heavily on the dialogue that happens between the senior management of Disability ACT. If you have a look at their staffing, by the way, you will see a huge number of women in the department versus blokes, so it is really handy for me. I feel quite overpowered.

Can I say also that I would love and I am sure other members of the Assembly would love to be able to find out exactly what is going down by seeing it for ourselves, but it is totally inappropriate for us to do that. I am satisfied 100 per cent that the department not only knows what is going on but also is responsive to what is going on.

DR FOSKEY: I want to jump back to an item on page 15 of chapter 2, under the heading "Ownership agreement".

Mr Hargreaves: Is this referring to the financial year 2004-5, Dr Foskey, or subsequent years?

DR FOSKEY: I will leave that to you to judge, Mr Hargreaves.

Mr Hargreaves: Okay, I am quite happy to judge.

DR FOSKEY: One of the objectives is to utilise the additional $33.2 million provided by government to acquire social housing stock. Is that 2004-05?

Mr Hargreaves: That's right. It's the first year.

DR FOSKEY: Had the number of social housing tenancies and properties increased over 2004-05?

Mr Hargreaves: Yes.

DR FOSKEY: Is that the short answer or the long answer?

Mr Hargreaves: That is the short answer. Next question.

DR FOSKEY: Can any more detail be added to that?

Mr Hargreaves: Yes. Next question, please.

DR FOSKEY: All right, here is the detailed question, here is the supplementary: how was that $33.2 million spent on acquiring additional social housing?

Mr Hargreaves: Very well indeed. Thanks for asking, Dr Foskey. Next question.

MRS BURKE: Self-praise is every recommendation, isn't it, minister?

Mr Hargreaves: I didn't. Dr Foskey gave us the praise.

DR FOSKEY: I said, "How was it spent?"

Mr Hargreaves: It was spent very properly, I can tell you.

DR FOSKEY: What were the components of it?

Mr Hargreaves: I will get Mr Hehir to run down what we did during 2004-05. If you feel inclined to go further than that, Mr Hehir, that is fine, or you may wish to give Dr Foskey just a tantaliser and she can wait for next year.

DR FOSKEY: Or you can just say yes.

Mr Hehir: Okay. Of the $33.2 million, $20 million was allocated towards public housing. We purchased about 60 additional properties with that money.

Mr Hargreaves: It was 61.

Mr Hehir: The exact figure is 61. That was done from the time of the third appropriation in 2003-04 through to the end of the financial year 2004-05. The sum of $7 million was allocated to properties for the head leasing arrangement with community organisations, the assets still being owned by Housing ACT. I think it was in the order of 22 properties that we purchased with that money. There was approximately $3 million put aside for community housing specifically, and we are looking to have that spent this year. It has been about making sure that it is done in a way that we get additional growth for the community housing sector through that money. And $3.2 million has been allocated for the funding of ATSI boarding house arrangements.

Mr Hargreaves: I wish to clarify the answer I gave about 61 properties in case I have misread it. I want to put this on the record to make sure that nobody is in any doubt: the $20 million is over four years, starting in 2004-05 it says here.

Mr Hehir: A different $20 million.

Mr Hargreaves: A different $20 million. All right, there is another $20 million. There are $20 million amounts flying everywhere.

DR FOSKEY: I will ask about that next year, then.

Mr Hargreaves: No, this is starting in 2004-05, Dr Foskey, but I am going to give you a tantaliser for next year's annual report. Of this other $20 million that Mr Hehir has identified, in 2004-05 there were 16 properties acquired from the first capital funding. There was $5 million worth in 2004-05. But in 2005-06, 15 properties are expected to be acquired, another 15 in 2006-07, and 15 in 2007-08. So I look forward to your questioning again in each of those three years. We will answer the one in 2005-06 and then we will photocopy it for the other two years for you.

THE CHAIR: I am conscious of the time left to us and feel the need to move on.

Ms Porter has indicated to me that she has a number of questions in relation to output class 1, public housing services and policy, on page 62. Rather than having Ms Sheehan and Mr Hehir jumping up and down and coming back later, we will deal briefly with that area. I will give it 10 minutes and then move on to another area. I am aware that Mr Pratt has some questions on multicultural affairs.

Mr Hargreaves: He has been very patient, too.

MS PORTER: My questions are actually about page 63 and the references to intervening early in tenant debt and a debt review committee project. In my mind, they are related. I was just wondering if you could discuss that a bit.

Mr Hehir: Intervening early in debt is crucial in terms of sustaining tenancies. The majority of our clients are on statutory incomes and any debt at all makes it very difficult for them to keep their tenancy in operation. So it is critical that we actually get onto debt very quickly and manage it. I think the success of 2004-05 is that we collected 100 per cent of the rent that we were expecting for the year. With some of that there will be a little bit more debt created that year but we also picked up some past debt. So, in essence, we have actually stabilised the level of debt within the tenancies very well and we are collecting all the rent that we should be. We are working very hard to do that.

We are continuing to seek to improve our processes. We do have some level of clients with higher debt and generally they have some very complex issues that require management, but our processes identify that as soon as a tenant is more than $20 in arrears. That is $20 in arrears from two weeks in advance, so it is a very early warning to our housing managers. We are working very closely with out housing managers to make sure that they identify and contact clients very quickly to make sure that the debt does not get out of control. The systems support the management of the debt very well, and the management processes within Housing ACT are also very tightly focused on looking at and managing the overall debt of the client.

The debt review project is looking at clients who are carrying quite high levels of debt and whether that debt is actually appropriate, and that is appropriate in two ways. Whether we can actually substantiate that the debt really was there in the first place. To a certain extent, there have been claims around tenant responsible maintenance that have not been able to be substantiated. In some cases we will ask for that to be written off on the basis that it should not have been raised in the first place. We have improved our processes around that as well. We have taken that information, poured it back into the management team and looked at what processes we have in place to support the creation of debt at all. We are utilising digital photography much more in terms of that so we actually have a record that will demonstrate what we are doing and we have very strong processes around how we will actually raise the debt.

We also have a look at whether a particular client may not be actually responsible for the debt. One of the more common unfortunate occurrences is where there has been domestic violence and the partner has been responsible for creating a substantial amount of the property damage or rental debt. That is one of the issues that we look at. We will generally refer that to Treasury to seek a waiver of that debt because it is technically correctly raised and we need therefore to waive that process.

I must say that initially when we entered into the debt review process we were expecting the majority of the clients to come from the community sector organisations. In the end, Housing ACT identified over 60 per cent of the clients itself. I think it was very proactive management on the part of the housing managers and the management within the team to go in and look at their existing clients as well as the clients on the waiting list and say, "Why does this person have a high level of debt? Is there an issue associated with this that we need to be more conscious of and make sure that we reconsider what is actually occurring with that debt?" It has been a very useful process, both culturally within the organisation and in terms of making sure that the people who have been living with quite a substantial debt have been able to have it waived or written back.

Mr Hargreaves: I was asking for some assistance a minute ago about the technical difference between write-off and write-back. What happens is this: if you have an actual debt, you can then cancel that debt, for reasons of a policy nature. It might be, for example, people can't pay and you cancel the debt. That is a write-off. But a write-back is where the thing should never have existed in the first place. I was getting some advice on the extent to which, out of the amount of debt that we have, how much of that may have been stuff that we have raised that we shouldn't have. Therefore, I can get a proportion for it, but the answer to that is: very, very small.

In the context of that conversation, however, I discovered that our debt figure is about $1 million. But you need to take that in the context of the amount of debt we collect a year, which is $65 million. If you are talking about an amount of debt of $1 million out of the amount of rent collected of $65 million, you are talking about 1/65th, which is just over one per cent.

MRS BURKE: Are you saying, minister, that that explains the blow out?

Mr Hargreaves: It is a very, very low debt-to-rent-collection ratio compared with, say, out there in the private sector.

MRS BURKE: Are you saying that that explains the debt blow out from around $800,000 to over $1.2 million?

Mr Hargreaves: That is not a blow out**;** that is just a—

MRS BURKE: Is that what Mr Hehir was saying? Can you explain that?

Mr Hargreaves: No, it is not a blow out. "Blow out" is a rather emotive term.

MRS BURKE: What I am getting at is this: we talked about early intervention. Why hasn't that managed to identify people?

Mr Hargreaves: We have.

MRS BURKE: We are exponentially increasing our debt from $800,000 to $1.2 million. Can you explain?

Mr Hargreaves: No.

THE CHAIR: Mr Hehir can clarify that, for the benefit of the committee.

MRS BURKE: That would be good.

Mr Hehir: The level of debt from 2003-04 to 2004-05 changed very little. Certainly in the previous financial year there had been an increase in the level of rents. That related more to the tools that the housing managers had in terms of making sure they were managing their debt. That is why I talked about the fact that the senior management team is very focused on making sure the housing managers are looking at the debt and making sure they are responding quickly to debts raised and to have their notification that one of their clients has a debt to them. We have strengthened the management processes around that. Certainly the previous year there had been an increase in the level of tenancy debts. It is only $1 million.

Mr Hargreaves: Is that for 2003-04?

Mr Hehir: Yes, 2003-04. The actual increase over 2004-05 was negligible, if any.

MRS BURKE: It is $400,000 according to your graph on page 68. It rose from $800,000 in July 2004 to over $1.2 million in June 2005. You are saying you have implemented things since June that are making a difference now?

Mr Hehir: It may well have started off there. Certainly there had been a rise at one period. The worst period that we have in terms of the debt for our clients is Christmas. We have a significant issue every year from November through to January where we have high levels of debt with our clients—and we are very active in how we have managed that—but it is still a very difficult time for the housing managers to convince parents, predominantly single parents, that they need to pay their rent and not buy presents for their child. It is a very difficult time to manage.

We are, as I said, very focused on making sure we manage that. But it is an ongoing issue. With most of our clients—by far the majority of them—being on statutory incomes, it is very difficult once they do get themselves into debt to recover from that. It takes quite a period of time to pay off. It takes about five weeks to pay off one week's debt raised that they have missed. They miss one week of rent; then it takes them about five weeks to pay it off. It is quite a substantial period of time for them to move forward on that.

But what we have done is improve the management processes around it. We still have the same system where debt is identified early. What we have done is strengthen the process around making sure that the management team is supporting the housing managers to get out there and work with the clients to address it. It certainly has been an ongoing issue around debt, moving from the $800,000 up to a million.

MRS BURKE: Over that, $1.2 million.

Mr Hehir: The $1.2 million includes our COREHAP properties as well. When I was talking about $1 million, I was talking about the Housing ACT tenancy properties. There is quite a bit there. The $1.2 million includes all the community rental properties as well. Some of that relates to payment arrangements that we have with them. The position was

relatively stable, around $1 million, for quite some months of that year and continuing into this year. It has been relatively stable for at least 12 months now. We will continue to work with our clients on making sure that they manage their debt and that we intervene quickly where we go forward.

One of the things that we have identified as a tool to assist us with that is having a high degree of clients with debt on repayment agreements—formalised agreements with us—to repay the debt. That is an effective tool to make sure that people are aware of the responsibility. We have recently put into the housing managers' responsibilities that we want to see them have more formalised agreements and a higher percentage of those agreements for the debt. That is the sort of continuing process we will look at.

MRS BURKE: You are flagging with me that post-June 2005 we should see a marked improvement in our debt management?

Mr Hehir: It will certainly remain relatively flat. We are hoping to see it decrease, but it will take some time.

Mr Hargreaves: The other thing I would underscore very quickly is the figure. When you look at this graph, it is not just public housing. When I was talking before about $1 million in debt over $65 million worth of rent collected, it is only public housing. It is a part of that graph. Of course we need to consider activities around debt management in both of those two sectors.

If one of them doesn't come on board, like the COREHAP one, then you will see a bit more of a trend. If it does come on board, you will see the flattening of it. Of course if they both improve, it will start to go down. I need to prepare you for that because, whilst we are total masters of our destiny when it comes to public housing, we are not total masters of destiny when it comes to COREHAP. That is a partnership arrangement.

Mr Hehir: The other thing that needs to be said is that there are some clients who have very, very complex issues and who can have very high levels of debt associated with them. Quite frankly, the answer isn't to evict those tenants; it is to work with them and find the solution. There are some clients who carry high levels of debt.

THE CHAIR: Further questions on that topic can be placed on notice.

Mr Hargreaves: Can I remind the committee, Madam Chair, through your good offices, about the possibility of a dump of 20 questions. It will take a lot more time if that happens.

MRS BURKE: We have got to ask the questions, minister; we have got to hold you accountable.

Mr Hargreaves: It wasn't you, Mrs Burke.

MRS BURKE: No names, no pack drill, minister. I am going to continue to ask questions and so will other members.

Mr Hargreaves: I have got no problems with that, but I am just telling you that I need

the time to do it.

THE CHAIR: Order! Let us not digress. We are taking up time doing this. We were up to output 1.2.

MR PRATT: At page 41, chapter 2 illustrates quite clearly how successful the multicultural festival was. It says, on page 42 as well, that there was a 60 per cent increase in audience over four years, which is quite impressive. I know that you and I have got significant difficulties in dealing with the Multicultural Council.

Mr Hargreaves: Yes, and I explained to you what that was in the adjournment debate recently.

MR PRATT: Yes, partly. Given that you have got those concerns—and I know you are trying to sort that out—in the past the Multicultural Council has always been able to maintain a significant role in running the multicultural festival.

Mr Hargreaves: No it hasn't. Can I address that very quickly. The annual report of the council claims to have a large role that it has played. It has played a significant role. It hasn't played a pivotal role. The multicultural festival would have been put on if the council never existed. In fact, its contribution last year was considerably less than what we would have liked.

MR PRATT: Yes, indeed. Its contribution has declined, for reasons that we probably understand. But given that it had had a much more significant role some four or five years ago, do you anticipate trying to get the council back into the fray? What are your plans for that?

Mr Hargreaves: That is a policy and political question that I shall take, troops. The answer is: I would love to see a rejuvenated council take part in all facets of multicultural life in this town. If they don't fix their act, we will do it without them. I have articulated the reasons for that in the adjournment debate. But in a snapshot, their management needs addressing by their members. It is not something the government can march in there and fix; it has to be fixed by their members. Whilst ever their management is in such disarray, we can have very little confidence in them, at the moment.

I have to say to you that I have 100 per cent confidence in the Office of Multicultural Affairs and, as we are talking about the festival, absolute confidence that this festival about to be put on is going to go ahead considerably better than last year. When you consider that the Multicultural Council has been in such gross dysfunctional disarray, it is to somebody else's credit that the festival for 2006 is going to work.

MR PRATT: I entirely agree on that.

Mr Hargreaves: Mr Manikis and Mr Mico can take a lot of that credit.

MR PRATT: With regard to the Multicultural Council, I won't revisit the observations and comments I made before about what could be done to try to bang heads and pull things together. I appreciate they are not a governable entity that you have a direct responsibility over. What other steps have you been taking? I don't see any mention at

all in the 2004-05 report about the disarray that the council is in.

Mr Hargreaves: You won't.

MR PRATT: I find that surprising. I would have thought there might have been a mention in this report. What have you been able to do, apart from the fact that you have spoken to a lot of multicultural groups? Clearly you have. What else have you been able to do to try to steer the community in the direction of sorting out its council?

Mr Hargreaves: Thanks for that; that is a good question. The answer needs to be put on the record. The reason why it doesn't feature in the report is that, as was reported by the Auditor-General when she looked into the difficulties, her report highlighted that it is not a government agency. Government agencies are reflected in the annual report. The only thing you will see in there is how much money we have given them in that particular financial year.

We need to understand, though, that I came on board as minister in November 2004. It was in the first half of my first year that I was made aware in detail of the difficulties with the council. You will appreciate the learning curve you get in your first six months. It was only in the early part of 2005 that we were able to talk about what can be done, given the interesting nature of this beast.

As to the lessons learnt out of the Auditor-General's report: they said the department's procedures could have a bit of a look at. And we did. They essentially congratulated the department. But there were little bits we could fix up, and we did that. It then became obvious to us that what had happened was that the relationship between the council and government, on behalf of community, wasn't particularly well defined for record purposes.

What happened was this: I had a meeting, in my office in fact, with the president of the council and with the administrative officer—the chief executive officer, the grand pooh-bah, whatever it is; I don't know what his title is—and said, "We appreciate these difficulties. We will give you a contract now for a period of time starting on 1 July and going to 30 March, and we will very clearly articulate what we expect you to deliver for the money we are giving you. We will evaluate you in February," so that, if they don't perform, bang, they are gone in March. I said to them, "If you don't deliver on the criteria that we are setting you, we will de-fund you, and we will—

MR PRATT: March 2004?

Mr Hargreaves. "We will de-fund you effective March next year," if they haven't achieved by February what we have set them. Then I have said, "We will cease funding and we will go to project funding." In other words, we will put the same money into multicultural events; we will put advertising in the paper for other groups to come forward and achieve the same things as we are now doing, if you like, on single-select with the Multicultural Council because they have not been able to achieve. The evaluation, of course, will happen in February. It will give them a chance to do it and give an opportunity for the festival to run its course as well. To do otherwise would be grossly unfair.

I maintain that position, but I have to say to you that, in recent times, that position has been exacerbated, in my mind, by the behaviour of the president of the Multicultural Council in recent times and, more importantly, the expressions of discontent or lack of confidence from significant members of the community. Indeed, I got an email again today asking me to do something about it. Of course my response is that the communities themselves have to fix this.

But when it comes to the expenditure of public funds, when the multicultural community is saying to the government, "Would you please put some money into our particular sector," they expect us to have confidence in the person to whom the money is going to be delivered. I have to share with you a lack of confidence in the current president of the Multicultural Council in terms of his ability to knit together the communities that he purports to represent. "He has been put on notice" is the short answer to your question. I mean business. I will de-fund them and go to project funding if they don't achieve the targets that we have set them.

MR PRATT: I note those observations. The opposition supports you in those concerns, by the way, particularly in relation to the Wahabist issues raised on the Friday before last—mind you, in the press before going to the police. Given that that has a serious impact on the morale of the multicultural community too, by the way, what else have you been able to do? I know the Chief Minister has responded quickly. We understand why. At the multicultural level, what have you been able to do to try to patch that mess up?

Mr Hargreaves: The first thing we have got to understand is that it is not our role to go and patch these things up. We would do it because we want to do it; it is not something that we are charged by any particular legislation to do.

Secondly, as you would well know from your meanderings around the community and, particularly, within the Islamic community, because it is very, very delicate at the moment and they are very, very damaged, we need to be very cautious about what we do. What I have done is had conversations with that particular grouping—with not as many people, let me tell you, as I would like.

The Chief Minister has announced that he is going to create a Muslim advisory council. I can share with you that I have asked the Chief Minister if I can take a major role in the activities of that advisory council or committee because it needs to be knitted into the wider multicultural community. I have had discussions with some of the significant people in that community saying that we are going to be doing the summit. The summit is where we are going to pull these people together and have the rest of the multicultural community tell the Muslim community that they are brothers and sisters in oneness with us. And people who want to go out and ferment discontent are not welcome.

As you quite generously pointed out, I have had the ministerial forums. As I pointed out in the adjournment debate, at that last forum there were 30 people representing nine communities from European nations. That is a lot of people to come for a couple of hours and chat-fest with the minister over a cup of tea—30 of them. We spent 2½ hours with these people from various types of political entities—shall we say some were Muslim communities, some were not—all of them expressing concerns or discontent with the council's management and particularly in the president, asking me to do something about it. Of course I couldn't do anything about it.

The common threads of information I got through the other five forums were things like concern about loss of language, concern about loss of culture, blah, blah, blah, blah. Threaded all the way through that was the lack of a representative peak body to represent them specifically. Only two communities, if my memory serves me correctly, expressed any confidence in the current leadership. The rest of them said, "We want you to abolish it and give us another one." Then I had to explain to them that I can't do that.

MR PRATT: Not to mention the other group that wants to establish an alternative forum?

Mr Hargreaves: Indeed, and some people there just came to me and said—

MR PRATT: What do you know about that?

Mr Hargreaves: I know quite a lot about that. With your approval, I won't reveal in public who they are, because it is up to them to do it. I said to them, "It would be my preference that we go with a continued multicultural council," with those particular people vitally involved in its regeneration; otherwise I have got two competing groups. If that is what has to happen because the multicultural community does it—and when I talk about project funding and say, "This is what the communities want for the money that the government is giving," and that group tenders and gets it, so be it—we would be quite pleased to deal with another group. But that is my preference. If we are talking about unity and diversity, it makes a bit of a mockery of it if we have got competing groups within the multicultural peak bodies. I am sure you will agree with that.

MR PRATT: Can I ask another one on an entirely different area. At page 47, we see, under the consultations, community engagement area, broad discussion about the number of groups, councils, et cetera that the government and OMA work with. I know that you have taken the decision to sack or stand down MACMA in this current financial year. Surely, though, in 2004-05 you must have been having difficulties with MACMA. Again I ask you: why is it not reported upon in this report? It wasn't brilliant in 2004-05.

Mr Hargreaves: There is a mention in volume 2. I will answer your question anyway, to save you the trouble of looking it up. There were two things about MACMA when I took over as minister that I observed. The first thing was that it was the Chief Minister's advisory committee on multicultural affairs, not an advisory committee to me. Its tenure concluded on 30 June 2005. I had a choice of creating another one under my own title and recommending to the Chief Minister that he continue with his or doing neither of the above. I chose neither of the above and recommended to the Chief Minister that nothing further be done with that thing. So it wasn't a case of sacking; it was a case of saying, "We don't need you anymore; thanks for being there."

The question you then ask is: why did you do that, Sunshine?

MR PRATT: Or what did you replace it with?

Mr Hargreaves: Yes. "Why don't you do that?"

MR PRATT: What did you replace it with?

Mr Hargreaves: I replaced it with myself. The reason why I did away with the need for it was threefold. I had hoped that the council itself would do that sort of work. Secondly, the amount of time the Chief Minister—

MR PRATT: The Multicultural Council?

Mr Hargreaves: Yes, a rejuvenated one. Secondly, the Chief Minister had considerably less time to engage with people and so needed an advisory council to assist him. I had and have had a personal commitment to this for a long, long time and wanted to make it my business to personally engage. Why would I need an advisory council to do that?

Thirdly, that had been nothing but a cream-cake-throwing contest for about six to 12 months before that. It hadn't met in six months; it didn't provide me with one report; and it was as dysfunctional as the current executive of the Multicultural Council.

MR PRATT: For the same reasons?

Mr Hargreaves: Yes. Indeed, I believe so. The reason why—and I will be brutal about this—was that people had forgotten that they are charged with representing communities and were hell-bent on self-aggrandisement because they had some perceived position of power. They needed to be knocked off their perch. Go back to taws again and say, "What am I here for?"

The dysfunctionality of the two groups has a very common thread through it. To be quite frank with you, that steeled my resolve to engage personally with the communities out there. When I had a proper feel for their needs and wants, demands and everything else like that, then I would make some decisions about an ongoing management process from within or a connection.

My preferred model is that the minister of the day has a personal engagement fairly early on in the process and an ongoing engagement. A lot of my social life is taken up going to these because I enjoy it. The second thing is that there needs to be an effective peak body like a multicultural-based council. It doesn't have to be that one, but it has to be an effective one.

The second one is to have a very empowered and involved Office of Multicultural Affairs. I have talked around the country about how DIMIA, for example, bless their little black hearts, don't hold a candle to our Office of Multicultural Affairs in terms of understanding the pain and the joys of the community within which they work. I have seen these officers out and about, as you have. I will bet you haven't been to one multicultural event where there hasn't been an officer of the Office of Multicultural Affairs.

MR PRATT: I will vouch for that.

Mr Hargreaves: These folks walk, cry and laugh with their community. They are brilliant, and they are better than anywhere else in this country. I want to keep that going. The only thing missing from that equation now is a revitalised multicultural council. If I want a Christmas present, it is that Mr Omari resign his position and then somebody

else emerge from the multicultural community, take over that council and rejuvenate it. That would be what I would like for Christmas.

THE CHAIR: Thank you.

MR PRATT: Can I ask a question about—

THE CHAIR: No. It is after 1 o'clock.

Mr Hargreaves: I am happy to have a conversation privately with Mr Pratt about this.

THE CHAIR: I am sure you can.

Mr Hargreaves: As I have offered in the adjournment debate, I am very happy to do it.

THE CHAIR: That is fine. Before everybody takes off, however, I need to advise that all further questions need to be placed on notice. Those questions need to be in to the secretary to the committee by close of business Thursday, 1 December, which is this coming Thursday, in two days time.

MR PRATT: Thanks, minister.

THE CHAIR: It would be extremely helpful to the committee secretary if, as well as providing a typed copy, it would be possible to provide an electronic copy so that it can be forwarded to the department. That will facilitate the answering of the questions. Minister and officials, thank you very much for your time.

Mr Hargreaves: Before we all go, can I please say thank you to the committee for what was a very informative session, both ways. I also express my personal appreciation to the staff of the department under Sandra Lambert's leadership. They are an excellent and devoted bunch of people. You will, along the way, examine other annual reports and you will find that they are not fit to walk in the shadow of this department.

The meeting adjourned from 1.05 to 2.05 pm.

Appearances:

Mr Simon Corbell, Minister for Health and Minister for Planning

Healthpact
Ms Kerry Arabena, Chair, ACT Health Promotion Board
Ms Sam Moskwa, Director

Community and Health Services Complaints Commissioner
Ms Roxane Shaw, Community and Health Services Complaints Commissioner
Ms Karen Tatz, Acting Principle Investigations Officer

ACT Health
Dr Tony Sherbon, Chief Executive
Mr Mark Cormack, Deputy Chief Executive
Mr Ron Foster, Director, Financial and Risk Management
Dr Paul Dugdale, Chief Health Officer
Ms Jenelle Reading, General Manager, Community Health
Dr Peggy Brown, General Manager, Mental Health
Mr Ian Thompson, Executive Director, Policy
Ms Megan Cahill, Executive Director, Government Relations and Planning
Mr John Mollett, General Manager, Canberra Hospital
Ms Deborah Cole, Chief Executive Officer, Calvary Hospital
Mr Owen Smalley, Chief Information Officer
Mr Robert Glynn, Director, Human Resource Management
Mr Greg Wicks, Senior Manager, Human Resource Management
Ms Jennifer Beutel, Chief Nurse
Ms Karen Murphy, Allied Health Adviser

THE CHAIR: This afternoon the committee will be taking evidence in relation to the annual reports of Healthpact, the Community and Health Services Complaints Commissioner, and ACT Health. For the benefit of those present, I point out that this is a public hearing, and a Hansard transcript of the proceedings will be made. Answers to questions taken on notice during these hearings must be received by the committee office five working days after the proof transcript of proceedings has been provided to the minister's office. If a member wishes to place questions on notice, these must be provided to the committee office by the close of business on Thursday, 1 December, which is two working days from today. It would be appreciated if they could be provided electronically.

Witnesses should understand that these hearings are legal proceedings of the Legislative Assembly, protected by parliamentary privilege. That gives you certain protections but also certain responsibilities. It means that you are protected from certain legal actions, such as being sued for defamation, for what you say at this public hearing. It also means that you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

I welcome Mr Simon Corbell, the Minister for Health, and the officers accompanying him. When officers are called to answer a question for the first time, I request that they state their full name and the capacity in which they appear. Please speak clearly and directly into the microphones, to assist the Hansard staff reporting the proceedings. Precedence will be given to questions from members of the health and disability

committee, but other members, should they be in attendance, are able to and welcome to ask questions of the witnesses. Minister, would you like to make an opening statement?

Mr Corbell: Thank you, chair. I am very happy to be here. I do not propose to make an opening statement in relation to Healthpact, but I would like to welcome Kerry Arabena, who is the chair of Healthpact, and Sam Moskwa, who is the chief executive of Healthpact. Together, we are very happy to try to answer your questions.

MS PORTER: I will start at the very beginning, with the chairperson's review. Page 6 of the chairperson's review mentions some recent administrative reforms of Healthpact. Could you expand on those reforms and give the committee some examples of how they have affected the organisation?

Ms Moskwa: The administrative reviews that happened in 2004-05 were predominantly around transparency and accountability. The board worked through, particularly with the funding rounds, the clarity of the priorities set. The timetabling was reviewed. Last year, people had three months to prepare to wind up or wind down, instead of notice being given to people on 1 July. That was something that the NGO sector was really looking for. There was a one-stop cheque issue, instead of two cheques being issued. Systems were streamlined to make things more efficient for the secretariat, so we could do more work, and there were changes in areas to assist the NGO sector, like not having to bank a cheque twice. We had a pact arrangement, which we do not have now. It was changed. Once the actual application was approved by the board, it was funded and there wasn't another discussion. You might remember, Ms Porter, that you used to have to come in and have another discussion and work out your objectives, which were already in the application. Those sorts of administrative changes have particularly helped the community funding round area.

MS PORTER: On the same page there is mention of the establishment of the Healthpact research centre for health promotion and wellbeing with the University of Canberra. Could you give the committee some more details on that?

Ms Arabena: Earlier this year we were able to open up the Healthpact research centre for health promotion and wellbeing. It is going to deliver ACT research that is about capacity building and developing a best practice base for both policy and service providers in our territory. Funding for the infrastructure of the research centre is essentially through a leverage approach for which we have put up $150,000. It has been allocated out of our budget and those funds are now being used by the University of Canberra to access further funding to do health promotion activities and to do further research and evaluation of programs that are happening in the territory. It is a new initiative that I think has set a precedence in the country in that there is a good flow through now in terms of the continuum between the work of the board, the work of the community sector and having an external facility that can do the evaluation and feed that information into both a policy framework and a best practice framework. It is something that we are looking to further consolidate over the next few years. I think the board believes it to be a very good investment.

Ms Moskwa: Can I add two other points? Health promotion and wellbeing is an Australian first. Normally health promotion looks more at disease-focused areas in terms of research and having wellbeing in the title is actually a tremendous achievement

because the priority is one of looking at the health aspects and capacity rather than the disease capacity. The other opportunity for the research centre is that NGOs are already approaching the research centre to do external evaluations which previously they would hire a consultant to do. They do a tremendous job and then, when they leave, the information goes with them, whereas if they can develop a dedicated person in the centre who is doing lots of evaluations with health promotion and wellbeing in the ACT we may get even stronger evidence from that person having the opportunity to be around for a few years and see trends across a number of evaluations.

MRS BURKE: You talk about outstanding outcomes in relation to partnerships and synergies that you have with some organisations listed in the chairperson's review. I am particularly interested in the Winnunga Nimmityjah partnership and why you believe that it has been so successful.

Ms Arabena: To which page are you referring?

MRS BURKE: The chairperson's review, the fourth paragraph down. You list a range of partnerships there.

Ms Arabena: I think that the Winnunga Nimmityjah Aboriginal Medical Service is a very good example of an organisation that has benefited from a range of inputs from community but also about establishing solid partnerships that are going to lead to longer-term support, funding and capacity development over a period of time. The kind of work that we have been doing with Winnunga this year I think is reflective of the board's approach to meeting priority needs in the community and working with them in a developmental way, which then not only allows someone else to come in and do the work for them but, across the whole of the work force, allows that to develop a capacity within the organisations to uptake health promotion activities as part of their ongoing work within their own communities. I think that that has been a very good example of the kinds of partnerships that we are looking to develop with organisations now. Did they win an award this year? No.

Ms Moskwa: No, but their project officer that we funded for a number of years took on the role of also being a health promotion mentor in other parts of the Aboriginal community and we have noticed that we are having more applications from the community. With the board's current affirmative action policy for Aboriginal and Torres Strait Islander groups, 10 of the 11 groups that applied in that financial year were funded. Mentoring is extremely important in this area. We are noticing in the mental health area, which is also an affirmative action group, that we do not have a similar position and some of those groups are not being able to deliver their projects.

That is one of the reasons the board piloted last financial year the health promotion learning development officer in an NGO sector, because it is important to grant resources but it is also important to work alongside some groups which might not be as familiar with doing community development and health promotion projects. So that position was piloted and they worked with 12 groups, I think, including one that they mentored the group into taking that step into a permanent home within the department of education, after three years funding with Healthpact. This is the Kippax uniting care project. They worked with the learning development officer and gained those lobbying skills and were successful for a long term. I actually think it is a one year commitment from the

department of education but it is looking good.

MRS BURKE: When you have started people off with seed funding or whatever you want to call it, have you had any problems with people regressing and not being able to continue on from where you have left them? Is that a problem? Are there gaps there in service delivery that need to be filled, where you start something and perhaps it is not maintained?

Ms Moskwa: Yes.

MRS BURKE: Can you give any examples of where that might be?

Ms Moskwa: We had one project come back from Woden community services this financial year and one came back from sexual health and family planning. We are trying to narrow the gap between when people apply with their great idea and when they actually get notice of the project. There was a nine-month gap and we are bringing it down to a six-month gap, and even shorter for some of the projects, which have five rounds now. They have a great person who finds another job. That is what happened with both of those groups. The project officer that was going to do the innovative work left the organisation and it was hard to recruit someone else, so the projects did not happen. That is one of the problems we have. In the mental health area sometimes the vision is hard to put into a system and sometimes they have not got the resources; they are often very small groups. The larger organisations seem to have the capacity to deliver and some of the smaller organisation do not. As I said, that is why the learning development officer is there.

MRS BURKE: Has that made you revisit this whole area of what you are doing and what you start up, because surely you do not want to set people up to fail? I am sure that that is never your intention.

Ms Arabena: There is a range of different processes in which people can choose to continue to engage or not and an organisation is left to determine its capacities to follow through with the programs. But with appropriate mentoring and appropriate support to make good decisions for that organisation at that point in time, I think we alleviate a lot of the potential disasters that could occur through people accepting money and then not being able to be accountable for it at the end of the day.

Ms Moskwa: We are very negotiable with groups, because we need to walk the talk that it is a capacity building experience to be an applicant of Healthpact.

THE CHAIR: You gave two examples to Mrs Burke. Are you saying that the projects never took off?

Ms Moskwa: They returned the money.

THE CHAIR: Have you already managed to reduce it from nine months to six months in terms of that?

Ms Moskwa: Yes. It is even less, about 5 months actually.

MS PORTER: On page 57 you talk about Healthpact seeking to increase its commitment to individual projects and decrease the total number of projects to enable stronger community capacity. Is that part of that whole thing whereby you are trying to increase the capacity within organisations to enable them to be able to complete the projects and maybe build up some of their organisational capacities? One of the things I remember from my work in the community sector is that it was often the organisational infrastructure and things which could cause failure rather than the actual idea. Is that a part of that?

Ms Moskwa: Very much.

Ms Arabena: It is very much a part of that, but it is also about having equity in terms of making assessments around the kinds of applications that people put in. It is very difficult for a small organisation to compete in a similar pool with a larger organisation that requires $56,000 to do a project and they are only requiring a small amount of money to develop their infrastructure and perhaps take that next step of making a larger application for funds. This, I think, is a recognition of people's placement on a continuum of health promoting capacity and where they want to be on that continuum.

There are now steps that we have put in place so that organisations can take on these smaller pools of moneys to develop infrastructure or to attend conferences so that people can get exposure to a range of different learnings, bring that back to the organisation and then make an organisational decision on whether to take up a larger application in the next funding round. We are helping organisations develop this incrementally, rather than just saying that they need to be able to do it in one funding round and, if the entire application is for $80,000, the whole lot is getting knocked out because it is above what the organisation is able to do or does not necessarily fit in properly with what it was that they were able to offer at that time. We are in a process of continually improving access and equity issues, and I think that this is a very good demonstration of that.

MRS BURKE: The final paragraph of the chairperson's review states that the ACT Health Promotion Board is a leader in practice and quality in Australia and internationally. What would you say are the key points to that? I was interested to read that and it is a very big statement. What makes you feel that you can say that about your organisation?

Ms Arabena: We have made a bigger investment this year in actually lifting what it was that health promotion practice, experience and evidence were to be internationally recognised as having a kind of basis that could be applied across a range of different areas. In terms of the kinds of internal processes that we have done, we have done assessments that help us with regard to the national aspect of the work to become more equitably placed with other health promotion boards across Australia. So we have really made some of our processes uniform in that regard. Internationally, I think that the introduction of the new research and evaluation centre in health promotion and wellbeing, participating in international partnerships and being a member of international organisations and then feeding what we are doing as good practice through that variety of avenues into an international arena and getting feedback that what we are doing here is important and relevant in that context is, I think, enough of a demonstration that we have also become internationally relevant as well.

MS PORTER: Page 17 talks about equity and diversity in the workplace. It must be very difficult with a total headcount of seven to do that. I guess that with Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse backgrounds you do seek perhaps to consult with people within the community about some of those issues, rather than trying to hold all that knowledge in the workplace itself. Would that be a correct assessment? It is a very hard thing to have.

THE CHAIR: The experience of the board members would contribute to that as well because, as well as the staff in the workplace having policy experience and experience in delivering the services, the members of the board surely would be seen as being a resource.

Ms Arabena: Co-contributors, really, to Healthpact's outcomes. All of us have a diversity of experience in cultural and linguistically relevant relationships with the community in which we live and work. I think that those are things, as the chair has said, that are worth really exploring. In some ways, it used to be exploiting but then we all got paid really well, which is good.

Mr Corbell: Not really well; adequately.

Ms Arabena: It depends on where you sit in the spectrum, but I think I get paid really well.

THE CHAIR: It is nice to meet somebody who is satisfied with their remuneration.

Mr Corbell: I am very pleased that we have on the board a very wide range of people of diverse backgrounds who are very enthusiastic about their role. That is one of the real pleasures of working with the Healthpact board. On the occasions that I get the time to meet with them, they are always very enthusiastic and they do bring a wealth of knowledge about a whole range of sectors.

Coming to the issue you raised, Ms Porter, about diversity and engaging with diversity in our community, I think it is fair to say that the very nature of Healthpact's work and the focus of this board, certainly since Ms Arabena has been chair—it predates that, too, but it has become more focused since Ms Arabena has been chair—has been on targeting assistance and supporting those groups in the community which are most disadvantaged and which tend to be from different ethnic and linguistic backgrounds, different social backgrounds, from what you might otherwise call mainstream. That, in itself, means that the board has a very strong focus on engaging with those parts of our community. I think that it is to the credit of the board and its members that they have chosen that very real and meaningful engagement with people in our community who would otherwise have poorer health outcomes than the average.

MRS BURKE: My final question is about acknowledging you as an indigenous leader, Ms Arabena, and the fact that sadly we do still see an overrepresentation of Aboriginal and indigenous people in terms of poor health outcomes. If you could pick one, what would be the most outstanding achievement this year, going back to my earlier question to you, in regard to Aboriginal and Torres Strait Islander health outcomes or things that you feel have set you apart? If it is hard to choose one, you can choose more than one if you like.

Ms Arabena: There is a range of ways in which I engage with the community and it is very handy to be the chairperson of the Healthpact board because you bring a lot of ideas and options that people want to have considered to a group of people who are very interested, who listen deeply and who care enough to be able to try to make some systemic changes through which people's health can be improved. I think that the way that Healthpact has established mentoring relationships with a range of organisations and has made easier access to the kinds of programs that it runs has really lifted the bar as to the quality of those things for which it gives program moneys. Also, the care and consideration it gives to these issues and its willingness to understand the context in which those programs are delivered have built a trusting relationship that will stand Healthpact as an organisation in a good position in the community for the long run. I think that it has been really important that people understand that Healthpact makes good investments and that those investments are valued because they are very valuable. I think that it is really important that the investments that we make are valuable because they are valued.

MRS BURKE: Are there some key projects with which you really feel you have made some good inroads in regard to the poor health outcomes for Aboriginal and Torres Strait Islander people? They have all been good, haven't they? You have said that.

Ms Arabena: Yes, they have all been bloody excellent, really, if you want to get down to it. I do not think we have backed a loser yet. If we have, there have been extenuating circumstances that we are pretty happy to be flexible around.

MRS BURKE: I was just trying to see what you had done that may set the way for building on.

Ms Arabena: I would love to sit here and promote a really good one. However, we have awards programs which are all open and transparent and I do not want to choose one group over another. Seriously, there is fantastic work going on across a range of sectors in the ACT and I think we have all got lots of things to be really proud of.

DR FOSKEY: I am interested in what is entailed by Healthpact being a member of the International Network of Health Promotion Foundations, page 6, and I am just wondering whether that membership informs your policy or whether Healthpact is involved on any fronts broader than just the ACT level due to its membership of that body.

Ms Moskwa: The International Network of Health Promotion Foundations came together as a network about three years ago. VicHealth and Healthway are the big sister groups in Australia and Healthpact became involved about 18 months ago. One of the key things that it does is about sharing information and we actually share good practice. When we are looking at knowledge management systems and reviews, we go to each other to see how each other does it and those sorts of things. They are all independent bodies that have been funded through the tobacco tax, so they have that in common.

They are assisting also as buddies or mentors to other countries that would like to have achievements in these health promotion areas, particularly in the smoking areas. Healthpact has a very small role in that because it is small, but it is involved with helping

run the strategic plan and doing work. We did have a world health study tour out here a week ago from India; so we share in the practice of a board. It is the same whether it is a $3 million board or a $50 million board, as in ThaiHealth.

DR FOSKEY: Do you give the minister advice on matters such as, to give an example that has been topical recently, needle exchange in prisons? Do you have a role there, perhaps informed partly by this international network membership?

Ms Arabena: I am sure that, if the minister asked, we would try our very best to provide him with expert advice that would also be cognisant of what happens within the international arena and how that might be translated into an ACT context. But at this stage we are really trying to focus on getting the moneys that we have available to the community through the best possible avenues that we can, using our best practice models to inform international people about how to do this kind of work in their regions as well.

DR FOSKEY: On page 13, under Aboriginal and Torres Strait Islander reporting, it is stated that Healthpact is committed to implementing the recommendations of the Royal Commission into Aboriginal Deaths in Custody. It has been a long time since those recommendations were released. Sadly, they haven't all been implemented. What outstanding concerns do you have with the implementation of those recommendations?

Ms Arabena: As an indigenous person, I have grave concerns about the fact that there is a range of recommendations that have not been implemented. However, if they were going to be implemented anywhere in Australia, I feel assured that they would be implemented here. I think that there is a good framework for the alleviation of distress and suffering in our communities and I think that a range of recommendations, even though they have not necessarily formed part of the policy basis—I'm sorry, I actually feel really uncomfortable.

THE CHAIR: Ms Arabena, I was not paying attention. That question was about deaths in custody, wasn't it?

Ms Arabena: Yes, it was around the fact that we are committed to implementing the recommendations in those reports, as referred to on page 13. I don't about what I could say about which ones have not been.

DR FOSKEY: It is just that the commitment is stated and I was just checking whether there were specific issues. Obviously, across these reports there are a number of issues that do have impacts in the ACT—bringing them home, for instance. That's okay; you do not have to give me an answer for the sake of giving me an answer.

Ms Arabena: Thank you. That would be good.

THE CHAIR: Dr Foskey, Healthpact deals with a limited range of functions. While they touch on these particular reports they do not deal with the entirety of them. The point that I am making is that it is not really fair to ask witnesses to comment about things which are not really in their purview.

DR FOSKEY: Okay. I can only use the report.

Mr Corbell: I think the point being made in the annual report is that as an organisation Healthpact takes the philosophy that underpins that report very seriously in terms of self-determination and in terms of communities taking responsibility for their own health outcomes and assisting them to do that. So it is more the general philosophical approach that the board commits itself to rather than specific issues around preventing deaths in custody, which obviously is not immediately within the purview of Healthpact.

THE CHAIR: We will finish with Healthpact there. Thank you very much for your time, Ms Arabena and Ms Moskwa. I ask for Ms Shaw and Ms Tatz to come to the table. Welcome. You were both present when I read the usual statement.

Mr Corbell: Before we begin, I note for members' information and also place on the record that this report deals with a period during which Mr Philip Moss was Community and Health Services Complaints Commissioner. Mr Moss has since resigned from ACT government service, regrettably. He did an excellent job as commissioner and I would like to place on the record my thanks to him for his efforts. Ms Roxane Shaw is the acting commissioner whilst a recruitment process is being undertaken to fill the position permanently. Ms Shaw had previously been one of the principal investigators for Philip Moss and for his predecessor. I would just like to clarify for the benefit of the members that the commissioner for the period of this report is not available but Ms Shaw, Ms Tatz and I will endeavour to answer any questions that the committee has.

THE CHAIR: I would also like to put on the record my appreciation of the work that Philip Moss did as Community and Health Services Complaints Commissioner. I am sure that is endorsed by all members of the Assembly.

MS PORTER: On page 3 of the report, under the commissioner's overview, the former commissioner referred to the eventual amalgamation of the office of the Community and Health Services Complaints Commissioner with the new Human Rights Commission. Minister, can you tell the committee about any benefits, financial or otherwise, that you anticipate as part of this amalgamation?

Mr Corbell: I think the most obvious benefit that will come from this is a co-location and a sharing of knowledge and workload amongst all the commissioners in the new Human Rights Commission. The commission brings together a range of oversight functions that have previously sat in different offices. I think what will be most valuable is that we will see the ability for matters to be expedited, wherever possible. For example, there is often a pattern of complaint about particular issues around government service or service by private providers going to a range of commissioners and simultaneous investigations happening through each of the respective commissions—health complaints, maybe human rights, and so on. So there is the opportunity for that work to be more focused and for the president of the commission to say that it is primarily a health complaint, a human rights complaint and so on and allocate the workload. So it does have real benefits in that regard in terms of expediting issues to do with complaint.

The other benefit, I think, is that each commissioner's staff is quite small and co-locating those staffs under a single commission does allow for a greater level of information sharing and knowledge sharing, as well as learning better practice from each other within a single environment. Those are some of most tangible benefits that come from that.

There isn't really enormous saving in terms of co-location. There may be some administrative savings, but each of the commissioners will have their own respective workloads to continue. Certainly, when it comes to health services complaints, that is one of the busier investigatory bodies we have in the territory and I do not envisage their workload or their financing for their investigations will change significantly as a result of the co-location. I think what will change is that there will be some efficiency in administration, but overwhelmingly it will be the benefits that come from working with the people involved in similar activities, albeit in different areas.

MRS BURKE: I have a broader question in regard to complaints handling. I have talked to Ms Shaw about this matter on a previous occasion. The former commissioner reported that there had been a four per cent increase in the number of written complaints received and an 11 per cent increase in the number of written complaints closed, so there have been some positives and some negatives. One thing that still gives me some cause for concern is the timing of the initial response to people's complaints to your office. I do not know whether that is due to a lack of resources for your office. I know that you have set new time frames in place. Having said that, it still seems that the 21 days you now have to respond to complaints is a long period to wait for somebody who feels aggrieved or is going through quite a traumatic time. What would be your response to that?

Ms Shaw: Thank you for the question. It's always a case-by-case situation in relation to timeframes. On 1 July 2004 we brought in new benchmarks so we could attempt to deal with every complaint within 70 days of receipt.

MRS BURKE: Seventy days?

Ms Shaw: Within 70 days. That's the outside time limit. We make every effort to respond to consumers within a week of their complaint coming to our office and to get the response from the provider within 21 days, but often earlier. Every situation is different. Sometimes the needs of consumers or providers result in a longer period being necessary to provide the response or address the issues. We have certainly worked hard to reduce those timeframes in the last 12 months. We dealt with something like 74 per cent of our complaints in assessment within 70 days last financial year.

MRS BURKE: I am concerned that there is an increase in the number of written complaints and inquiries being made to your office. That is perhaps a systemic problem through the health system that we need to look at later in these proceedings. Are the categories of complaints forming a pattern, or are they still wide and varied?

Ms Shaw: I'd probably attribute the slight increase to our efforts in outreach during the last financial year. The commissioner, Mr Moss, put considerable effort into refreshing our relationships with consumers and providers. That's probably where the slight increase lies. When there is greater awareness in the community of the service our office provides, people might make greater contact with us. There is awareness not only from consumers but also from providers. The work many large providers in the ACT are doing, or working towards, to deal with consumer feedback in their organisations means that they often speak with people about the option to come to our office. That is probably where the slight increase can be attributed. The overall pattern of complaints has remained fairly similar over the 10 years of operation of the office. Statistically, it can

look slightly more varied but small numbers reflect slightly larger statistical increases.

MS PORTER: On page 15 it talks about case management standards, some of which were instituted by the former commissioner. On page 46 it notes that there has been an increase. It appears that there has been an increase in the number of projects completed. Are these related, or are they two totally different, unrelated facts?

Ms Shaw: Do you mean the completion of the number of projects by the office?

MS PORTER: Yes, and standards that have been instituted.

Ms Shaw: There probably is a link there. If we are able to deal with our day-to-day complaint casework in a more timely fashion, it frees up some capacity within the office to dedicate time to proactive projects such as service improvement and promotion of consumer rights. I think that is reflective, at least in small part, to improved case handling—meaning that the office has a greater capacity to look towards project work as well.

MS PORTER: Is it a fact, or am I wrong in assuming, that the nine per cent increase in the average cost on page 46 is to do with a one-off transfer of funds to deal with the backlog of cases?

Ms Shaw: That's right. That reflects some additional funds for two officers to help us clear an older case list, and also the devolution of IT funding costs to our office.

MR SMYTH: On page 21 of the report there is a breakdown of inquiries and complaints about private service providers. It does a category listing and also a comparison between 2003-04 and 2004-05. I notice that, on page 22, there is no comparison data for the public service provider. Is that data available?

Ms Shaw: I am casting my mind back to our database. I think we might be able to pull it from there. As with all databases, it's a temperamental mechanism but there may be a possibility that we can pull that data. I am prepared to stand corrected on that. Certainly it was not reported in the level of detail in previous years in which we have reported it in the last financial year.

MR SMYTH: Why do we go to the depth of detail about private sector providers but not public sector providers? If we can break it down for one category, why don't we break it down for the other?

Ms Shaw: The private service provider breakdown is in table 6. Table 7 is a public provider breakdown. It's simply that, in previous years, the data was not available to do that comparison, if I have understood the question correctly.

MR SMYTH: I have checked last year's report. The data has obviously been collected, because it is shown on page 22 of last year's report. We have data by percentage for 2001-02, 2002-03 and 2003-04. Perhaps you cannot answer this question because you were not in charge at that time. Why would we give comparative figures on private sector providers but not on public service providers?

Ms Tatz: My understanding is that, in past annual reports, where the percentage was less than five per cent it was not listed as a separate type of provider. I'd have to go back and look at the previous year's annual report.

MR SMYTH: No. It is not the breakdown. The categories are fine. It is the comparison of 2003-04 to 2004-05. How do we work out whether or not the number of complaints against the hospital has gone up?

Ms Tatz: My understanding is that the equivalent information for table 7 did not break down into the same detail of categories. I am not sure. You have obviously looked at it recently. I think you will find that not all those categories of public service providers were listed. That is what was not comparable. It was not considered appropriate to compare apples with oranges.

MR SMYTH: You obviously had the data because table 6 from the year before breaks it down to 50.2 per cent private and 49.8 per cent public. So you obviously broke them down into public and private.

Ms Tatz: Yes.

MR SMYTH: We then chose to break the private sector down into categories which we have listed, and we have done the year-to-year comparison. Why didn't we do the same for the public service providers?

Ms Tatz: I understood that they were broken down but that, if a particular category was less than five per cent, it was not listed as a separate item.

MR SMYTH: That is fine. I understand that. It is still the detail for 2003-04.

THE CHAIR: Can I clarify what you are saying, Mr Smyth? If we look at table 7 on page 21 of the 2004-05 report, you have just the 2004-05 statistics. But if you look at table 6, it has 2004-05 in comparison to 2003-04. Is that your question?

MR SMYTH: Yes.

Ms Tatz: My understanding is that in table 6 in 2003-04 we have the same breakdown of private service providers and we are therefore able to compare 2004-05 to 2003-04. With table 7, if we look at last year's annual report, the equivalent table on public service providers for 2003-04 does not break down into the same categories.

MR SMYTH: That is the point I am trying to make—that there wasn't one. You obviously divide them into two piles—public and private. We then take the extra step with the private providers and break them down by category, but we have never done it for the public service providers. Why haven't we broken down the public service providers?

Ms Shaw: I am not sure why we have not done that in previous annual reports but we have in the 2004-05 annual report.

MR SMYTH: Is it possible to do that for 2003-04 and provide it to the committee?

Ms Shaw: I'd be happy to have a look at that and provide that data if we can break it down.

MR SMYTH: Thank you. I notice that two reports were tabled. One is a photocopied or office produced report, and then there is the printed report. Is there a reason for that?

Ms Shaw: Yes. The report was with the publishers at the time copies were required for out of session distribution. The commissioner arranged for the printed copies to be prepared and distributed. In the publishing timeline, the final published version was not available at that time, so it came later.

MR SMYTH: I notice that over the last three years the number of inquiries about public service providers has gone from 37 per cent of all complaints—in 2001-02—up to almost 50 per cent this year. That is a fairly significant increase of 13 per cent over the three years. Have you or your organisation detected any reason for the increase in complaints against public service providers?

Ms Shaw: Without looking at the raw numbers, it is difficult to know whether that percentage increase might be significant. I would suggest that one of the factors involved is the fact that the public service providers have committed to a consumer feedback process within their organisations. Part of providing consumers with more information about how to raise concerns and have them addressed includes making consumers aware of our services. If there has been an increase in the numbers, I would suggest that would be at least one factor.

Mr Corbell: Perhaps I can add to that. The Canberra Hospital in particular, as the single largest entity in the ACT public health system, has in the past six months committed to and put in place a new consumer feedback program. That is a much more active and deliberate program to get detailed feedback from health care consumers on the quality of care and service they receive from the hospital. As part of that, it has been designed to make sure that people are aware of the avenues for further complaint resolution and investigation, obviously including the commissioner.

I think the acting commissioner is correct when she states that increased public awareness of the avenues of complaint are leading to more people taking advantage of those services, including the services of the commissioner's office. It is difficult to know, without doing a detailed analysis, whether there is an overall increase in the number of complaints or whether there are simply more people utilising the resolution and investigation services of the commissioner from an already existing level of dissatisfaction.

MR SMYTH: Will you do that analysis? It has gone up a percentage, so the number of complaints has apparently also grown. There were 438 complaints last year and it looks as if there will be about 511 this year. The complaints against the public providers went from 37 per cent in 2001-02 to 42 per cent in 2002-03 to 49.8 per cent in 2003-04. This year it is about equal—it is probably about 49.8 per cent again. That is a fairly significant jump. I take on board what you say about the complaints mechanism that has been put in place over the last six months, but that does not explain from 2001-02 through to 2004-05.

Mr Corbell: I think it is worth also looking at the fact that, overall, the complaints that have gone to the commissioner about the public system number 253. As you well know, the occasions of care that occur in the public health system are in the tens of thousands. To suggest that the increase is significant I think needs to be put in some context. The context is that that is a very small number of complaints compared to the overall occasions of care provided. In fact, it would be less than one per cent, on my very rough and poor maths. It is something on which you need to be within that context.

The government's approach in relation to complaints is to ensure that complaints are dealt with wherever possible by the service providers themselves, thus preventing the need for a more detailed investigation by the commissioner and the time and angst that can cause for all parties. That is needed occasionally and the commissioner performs an important role there but, wherever possible, the best practice is to resolve complaints at the service level. That is what the consumer feedback program is designed to do.

Taking the hospitals for example, we have been trying to have all comments about the hospitals come to a central point. Previously there was a central point for complaints but not a central point for other comments such as improvements, suggestions and thanks—and we were not getting the full picture. The idea now is to get the full picture of complaints and suggestions for improvement, as well as people saying thank you for the care they have received. We are building up a more comprehensive picture of consumers' experiences of the hospital—and I use TCH as an example because this is where I know it has been in place for some time—both good and bad. That is something we will use to gauge how we are performing.

MR SMYTH: Did you undertake to report back? Ms Shaw said she would look at it.

Mr Corbell: I do not think it is needed at this time.

MR SMYTH: A 13 per cent increase in the number of complaints, even if it is a small number, does not warrant reporting?

Mr Corbell: Overall, the level of complaints about public health services in the ACT would be less than one per cent. There has not been a dramatic increase in total numbers.

MRS BURKE: This may be one that you cannot answer, Ms Shaw. It says that the commissioner and a conciliator visited Winnunga Nimmityjah Aboriginal Health Service and met with the chief executive officer and staff to discuss ways in which the commissioner might assist indigenous consumers to resolve any concerns. Do you know much about that? Do you know how practical it was? It says, "Close links will be maintained with Winnunga." Of what value was that? Was there a good and positive outcome? It does not say too much about it. Do you know much about it?

Ms Shaw: I was not at that meeting, so I do not know it in detail, but I know that the former commissioner kept in touch with the director of Winnunga. Our conciliators are currently looking at what we might be able to do to assist Winnunga with skills training in that area, to strengthen their capacity to assist their consumers in resolving situations brought to them that might not come to our office.

MRS BURKE: If you have any information on what happened at that meeting, would you be able to provide it to the committee?

Ms Shaw: Certainly.

DR FOSKEY: On page 2 it is stated by Mr Moss that the Chief Minister asked him to investigate the occurrence of retribution in nursing homes. Can you give us any information about the findings of that investigation?

Ms Shaw: My understanding was that it was not to conduct an investigation but rather to be involved in looking at the issues and how they might be resolved. Following the commissioner's involvement in those processes, a memorandum of understanding was signed with the commonwealth Aged Care Complaints Resolution Scheme to ensure the cooperative handling of complaints where there are commonwealth responsibilities as well as responsibilities for the commissioner in relation to individual registered practitioners. That MOU is now in place and we work closely with the commonwealth Aged Care Complaints Scheme in relation to nursing home matters.

THE CHAIR: Dr Foskey, it is my recollection that that review was made public. We will check on that for you.

Mr Corbell: No. That was a separate piece of work done by the Chief Minister's advisory body.

THE CHAIR: Yes. I am pretty sure it was public, wasn't it?

Mr Corbell: Yes, but it was not done by the commissioner.

DR FOSKEY: It is stated on page nine that 50 per cent of providers were satisfied or partly satisfied with matters that went to conciliation. I am wondering what the reasons were for some providers being satisfied. My suspicion is that the complaints against them were substantiated and they didn't like it. Anyway, perhaps you could fill me in on that. What were the reasons?

Ms Shaw: The questions we ask on our feedback forms are broken down into different areas. I think the part you are referring to is in relation to satisfaction or partial satisfaction with the outcome of a conciliation. All conciliation outcomes are mutually agreed between the provider and the consumer. They are not at the direction of our office and are not based on the findings or conclusions of our office; it is up to the parties to negotiate their own outcomes. Without looking at those bits of feedback in more detail, I cannot offer any reasons as to the exact meaning behind that feedback.

DR FOSKEY: Thank you.

THE CHAIR: Thank you, Ms Shaw and Ms Tatz, for appearing today.

Meeting adjourned from 3.04 to 3.19 pm.

THE CHAIR: Minister, I know you were here before, but a number of your officials weren't, so I'll again declare open the public hearing into the 2004-05 annual reports.

This afternoon the committee will be taking evidence in relation to the annual reports of HealthPact and the Community and Health Services Complaints Commissioner, which we just did, and ACT Health, which is why all of you good people are here in the gallery.

For the benefit of those present, I point out that this is a public hearing and a *Hansard* transcript of the proceedings will be made. Answers to questions taken on notice during these hearings must be received by the committee office five working days after the proof transcript of proceedings has been provided to the minister's office. If a member wishes to place questions on notice, these must be provided to the committee office by close of business Thursday, 1 December. I'll add again that it would be appreciated if they could be done electronically in order to facilitate the answers to the questions.

Witnesses should understand that these hearings are legal proceedings of the Legislative Assembly protected by parliamentary privilege. That gives you certain protections but also certain responsibilities. It means that you are protected from certain legal action, such as being sued for defamation for what you say at this public hearing. It also means that you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

Welcome again to the Minister for Health and his officials from the department. Precedence will be given to questions from members of the health and disability committee, but other members in attendance are able to question the witnesses. Minister, would you like to make an opening statement with regard to the Department of Health?

Mr Corbell: No, I don't wish to make an opening statement. In the interests of time, I'm quite happy to go straight to questions.

MS PORTER: I have a couple of questions on pages 11 and 12, which are sort of related. They're to do with the emergency department, category 5 in the first instance, and I note that it appears that there are 11,000 less than last year. Could you advise the committee why there was such a significant decrease in the category 5? Then on page 12 it mentions that for categories 3 and 4 there was actually an increase. Can you explain to us about that one decrease and the other increases in emergency department categories?

Mr Corbell: Generally speaking, as I think I'm on the record previously as saying, we are seeing an increase in the overall level of acuity at our emergency departments—a significant increase in the number of emergency, urgent and semi-urgent presentations. In fact, over the last two years there has been an increase of more than 30 per cent in those three categories, 2, 3 and 4. That is having a significant impact on access in the emergency department, with a significant increase in the number of people who are quite unwell.

In relation to non-urgent cases, category 5, there has been a slight decrease in the number of people presenting in that category overall. The reasons for that I think are a little unclear at this stage. The provision of the after-hours GP clinic at both of the hospitals may be having some effect in relation to that, but it's a little too early to tell. The other factor that we'll need to look at in the coming year is the opening up of the new bulk-billing GP clinics—certainly seven days a week if not 24-hour GP clinics—being run by primary health care here in Canberra, which was announced by primary health care in the local papers recently. That may also have an effect in terms of people

presenting in that category 5, but it's a little too early to tell at this stage.

MS PORTER: Thank you.

MRS BURKE: Minister, in the Assembly on 22 September you advised that it was anticipated that formal advice would be received in November of this year from the ATO, the Australian tax office, regarding the manner in which ACT Health has self-assessed the application of FBT exemption to its staff and its salary packaging arrangements. Where is that advice? Is that contained here, or do you have advice from the tax office?

Mr Corbell: My understanding is that the department continues to clarify this issue with the ATO. The department did two things following this issue being raised in the estimates hearings earlier this year. The first was to refer the issue itself to the ACT Auditor-General. The ACT Auditor-General found that there was no improper conduct on the part of ACT Health or its officials in relation to this matter. The department has also sought the advice of the ATO, through its tax advisers, and that matter is ongoing, but I'll ask Dr Sherbon to perhaps provide some detail.

Dr Sherbon: The minister is correct. As at this morning, our tax advisers, PricewaterhouseCoopers, have checked with the ATO that they have received sufficient information to form an opinion as to their level of comfort with ACT Health's treatment of taxation arrangements with staff. We're advised as at this morning that we expect an answer from the ATO later this year—hopefully before Christmas was their report this morning—but they've indicated this morning that they're satisfied they have received the appropriate information.

Mr Corbell: The suggestion was made, Mrs Burke, in that earlier hearing, particularly by Mr Smyth and Mr Mulcahy, that in some way the department was acting dishonestly or improperly. The telling point is that the Auditor-General found that that was not the case. The Auditor-General specifically found that the department at all times acted in good faith.

MS PORTER: Minister, on page 14 of the report it makes mention of two Calvary health care nurse refresher programs that were conducted, with an 89 per cent retention rate for nurses completing this program. Have there been other courses that maybe are not listed here, and are we planning more refresher courses in the upcoming—

Dr Sherbon: We're certainly planning more courses. I'll just ask the Chief Nurse to indicate when they're planned for.

Ms Beutel: There are two courses that we are looking at developing for the ACT in the future, starting from next year. There are two modules, or two flexible access routes for that. One is the Calvary program, which is a structured lecture program, and the other one is a modular program across community, mental health and the acute aged care sections at The Canberra Hospital, which is looking at being able to be more flexible with regard to having modular units rather than a structured program over a specific time period. Is there any other information—

MS PORTER: How many weeks would the course run? Would there be a difference

between the structured one and the module one?

Ms Beutel: They equate out to the same competency level. With the modular one it's just a more flexible way of doing it. They'll be able to do it as a full-time component or part time. Some people might wish to do it for two days a week, others may wish to do it for three or four, so it's looking at that. There's a theoretical component and there's also a clinical practice component, which goes over about 11 weeks or something like that—over a three-month period.

MS PORTER: How much is practical and how much is theory in the division of those hours; would you know?

Ms Beutel: It depends on the level of skill of the individual and how long they've actually been out of practice. We're taking into consideration their prior learning, the period of time they've been out, and the competence levels they have as well.

Mr Corbell: It's worth emphasising that an important part of sustaining our work force and dealing with work force shortages is to encourage those nurses who perhaps have been out of practice for some time to come back into the work force, not feel that they're starting from scratch but that their previous skills and experience are recognised. They're put through an appropriate framework which acknowledges that but also makes sure that they are at the level we need them to be at to come back into the work force. So I think it's a very positive initiative, one the government funded in the last budget, and just a small part of the overall strategy to address some of the work force challenges we've got in terms of staff numbers.

MRS BURKE: Minister, on page 14 of the report, under future directions, it says:

> Planning is well under way to build a sub and non-acute facility (28 beds for rehabilitation/transitional care and 20 beds for psychogeriatric care) on the Calvary site.

What's the current estimated completion date and/or opening date, and why is this facility, previous stated to be a 60-bed facility, now described in the annual report as a 48-bed facility, with 28 rehab and transitional and 20 psychogeriatric beds?

Mr Corbell: The completion date is the end of next year—approximately December of next year. Development approval has been granted for the project and tenders have been called for the project. They were called on 21 November this year. There are a number of slight revisions to the design, which are subject to approval by the planning authority, but I understand that is well advanced and does not present any significant problems with the time frame or commencement of the project. We anticipate commencing the project very early next year and completing by December next year.

In terms of the number of beds, there has been no overall change to the number of beds, but the beds will now be located in two locations. The majority of the beds will be located in the sub-acute facility when it is built and 12 beds will come online next year immediately prior to the facility being built and will be located within the geriatric area at the Calvary hospital itself. So there has been no overall change to the beds and the project is on track for completion at the end of next year.

MRS BURKE: Thank you, minister.

MS PORTER: Minister, you were mentioning before recruitment issues around nursing staff and on page 20 it says that one of the issues is that the recruitment of suitably qualified mental health professionals from all disciplines remains a problem in the ACT. I was wondering if you could give the committee some information about efforts that are being made to source appropriate staff for Mental Health ACT.

Mr Corbell: We are continuing quite a comprehensive recruitment program and we're also continuing a fairly important continuous professional improvement program as well in terms of scholarships for people studying to become mental health nurses, and that is something we'll continue to support. The other element has been recruitment nationally and internationally, and in particular from the United Kingdom, as is noted there in the report, where we have been successful in recruiting a number of mental health nurses.

This area of the work force is particularly problematic. It's seen as a very difficult and demanding job to be a mental health nurse, so finding and retaining people is a challenge because of that. I don't have the details of the recruitment program from overseas. I don't know whether there's someone else who can assist with that.

Ms Beutel: With regards to the recruitment program overseas, what we've done this year so far is that one of our staff went over to both the big expos in Dublin and London, and we have done some targeted advertising. With regard to the expos, we've had about 40 people interested—not just nursing staff but across the board—and we're following those individuals up at the moment. But it's actually targeted advertising as well as placing a name for the ACT in those environments. One of the things we found, certainly in that program development, was that people in the UK don't recognise the ACT.

MS PORTER: Understandably.

Ms Beutel: Well, they are looking for a beach. We did a joint ACT business and ACT Health initiative and we found, certainly from the discussion, that a lot of people didn't even know the ACT existed, let alone knew what ACT was and where Canberra was. They actually thought it was New South Wales. So we've got a real issue about how we develop that profile for the ACT community health across, particularly, the UK. We're looking at strategies, working with ACT business and ACT tourism, for how we do that as well.

MS PORTER: While Ms Beutel is at the table, minister, I was just wondering if I could have some information about the nurse practitioner training program? I have got quite a bit of information previously about that, but just how it's going currently and what's happening with those three student nurse practitioners we had originally in the program.

Ms Beutel: What we're doing with regard to the training for nurse practitioners is that we have a course of masters of nurse practitioners at the University of Canberra and there are five students who are going through that at the moment. There are also other programs that we're putting in place to support nurse practitioners, such as the joint research projects that we've got going with regard to the federal government and ACT Health and aged care, which is supporting three aged care nurse practitioner students.

We're in the process at the moment of looking at positions for nurse practitioners as well in the ACT, and that's going through the system at the moment.

Mr Corbell: It's just worth reminding you, too, that the government did fund a number of positions for nurse practitioners in the last budget. They will be in a variety of settings and a decision will be made on that quite shortly. So we'll see that initiative up and running quite soon, certainly well under way this financial year. That's just another part of building that. So the ACT will have the first of the nurse practitioners coming through, not the actual first nurse practitioner—there are couple who are already accredited as such here—but this will increase the numbers significantly.

THE CHAIR: Thank you.

MS PORTER: Still on the matter of recruiting, I noticed page 16 mentions the issue of recruiting additional full-time and part-time radiation oncologists. I was just wondering if you could fill us in on that.

Mr Corbell: There has been a significant improvement in the provision of radiation oncology services overall. There is no longer a need to send patients interstate for radiation therapy, which is the most important achievement. Compare that to a couple of years ago, when we were having major problems with the work force, which was severely limiting our capacity to provide timely radiation therapy. So that work is now really achieving results. We now have recruited a new director of radiation oncology. The number of radiation therapists is up to the establishment level, and that has been a result of the government making decisions to improve rates of pay and conditions of employment for people in those positions. We are also increasing the number of staff specialists in radiation oncology, and that will shortly go from three FTE to 4.6 FTE. So a significant amount of work has occurred, particularly as a result of the establishment of the capital region cancer stream. So streaming of cancer services into a single stream is making a real difference.

Just to give members a bit of an idea of what that means in terms of outcomes for patients, we are now ensuring that 100 per cent of patients who are urgent, who should be treated within 24 hours, are being seen within that time frame. It was previously 82 per cent. Semi-urgent, within two weeks, was 48 per cent; it's now 81 per cent. Semi-urgent, within four weeks, was 90 per cent and is now 100 per cent. Non-urgent A, which is within four weeks, was 64 per cent and is now 85 per cent, and non-urgent B, within six weeks, was 50 per cent and is now 100 per cent.

So I'm very, very pleased with the outcomes we're achieving in relation to radiation oncology. We are now eliminating the need for people to go interstate for radiation oncology treatment. The work of Robin Stuart-Harris and his team has been very important in turning that situation around. That, combined with increased resources the government has provided to that area, is certainly demonstrating results.

MRS BURKE: Minister, I just need to take you back to page 14. I think the math is a little wrong here. You said nothing would change. You gave me the answer that 12 beds would come online in the geriatric area, which would make the 60 beds, 28 for rehab/transitional, 20 for psychogeriatric. I think you may have this wrong. According to the report, on page 15 it says 12 medical beds will come online for the emergency

department. I would then take you over to page 18 and ask you why the 10 new sub-acute and aged care rehab beds have not been opened yet, or are they due to open soon?

Mr Corbell: Sorry, what was the last part of your question, Mrs Burke?

MRS BURKE: The last part of my question related to "Ten new sub-acute aged care/rehabilitation beds will be opened at Calvary before the end of 2005". I was talking about sub-acute facility. You align that to saying that 12 beds would come online under geriatric, but in fact on page 15 of your report it actually says that the 12 beds are medical beds for the emergency department to—

Mr Corbell: No, no. Those are different beds, Mrs Burke. We have increased the number of beds in the emergency department.

MRS BURKE: Yes, by 12. But then—

Mr Corbell: I was not referring to those beds. The total number of beds for sub-acute care is 60, and that has not changed. Forty-eight of those beds are being provided in the new facility and the other 12 will be provided in Calvary hospital itself.

MRS BURKE: But it's only got 10 in the report, or are they different beds again, minister, on page 18 of your report?

Mr Corbell: I'm not quite sure where you're referring to, Mrs Burke.

MRS BURKE: On page 18 of your report, under future directions: "Ten new sub-acute aged care/rehabilitation beds will be opened at Calvary before the end of 2005". Have they opened? That's the question.

Mr Corbell: I'll just ask Dr Sherbon to explain the difference there.

Dr Sherbon: Twelve additional medical beds were brought online on 1 July 2005. Ten additional sub-acute beds will be brought online within Calvary hospital in February 2006. I did previously advise the minister it was 12—

Mr Corbell: My apologies; it is an error.

Dr Sherbon: but it is 10. You're quite correct.

MRS BURKE: So what about the sub-acute facility total of 60 beds and the 12 beds—where are these numbers fitting in? Are there still 12 beds short? Are there going to be extra beds?

Dr Sherbon: I just told you: 10 within the hospital and then the other facilities within the new building, plus there'll be another two later in 2007 to make up the 60.

MRS BURKE: So there's another two now you're talking about. So there has been a change?

Dr Sherbon: In 2007, when it opens, there will be 60 additional beds.

Mr Corbell: There has been no change to the number of beds.

MRS BURKE: Well, there will be no change, because there are two yet to come on.

Mr Corbell: The beds don't exist yet, so there will be no change; you're quite correct in terms of your tense, Mrs Burke.

MRS BURKE: Thank you, minister.

MS PORTER: Page 17 mentions "the design phase for the refurbishment of the community rehabilitation unit at Dickson Health Centre". I was just wondering where that was up to, and could you talk a little bit about the "successful piloting of the Intermittent Care Service", which is on the same page.

Mr Corbell: I'll ask someone from Community Health to give you some advice on the Dickson health centre, Ms Porter. In relation to the intermittent care service, that is a model that we have entered into—arrangements with the commonwealth—to provide intermittent care. The strategy is to provide an increased level of support to older people in their own homes, to assist them to return to home sooner than perhaps they would otherwise, or to prevent them having to be readmitted to hospital, because of their age, their illness or their surgery they're not able to do it themselves.

That work has proven very successful. To date, I am advised, 25 care packages have been provided to clients in their own homes. There will be an ongoing provision of this service. There will be 15 care packages provided. The reason for the change is that there will be a stepping up via the establishment of the nursing-home-based service model to complement the intermittent care service outreach model. In relation to Dickson health centre—

Dr Sherbon: I can answer that. The Dickson health centre project is under way. Works are under way I am advised. Similarly, with the intermittent care service, a tender process has been conducted for the residential component. The minister just outlined the community-based component of the service. For the residential component the tender announcement will be made by the minister at his discretion, but the committee has made a recommendation and we're just seeking the final approvals before an announcement is made.

MR SMYTH: Minister, on page 25 there's a note that says, "Mandatory reporting of all sentinel events has been introduced." What is a sentinel event? How many such reports were made and can you give us a clear example of what such a thing is?

Mr Corbell A sentinel event is an event that could result in an adverse outcome to a client, to a consumer, is my understanding of it; I don't have the technical definition but that's essentially what it is. This is part of the work we're undertaking to improve quality and safety across the public health sector. The work we're doing is quite comprehensive in this area. But I'll ask Mark Cormack to give you some more information.

Mr Cormack: Thank you, Madam Chair. Yes, sentinel events are defined and there is a

national standard. These sentinel events are required to be reported from all clinical areas through our clinical review committees. We have those located in each of the clinical divisions. There is also an overarching clinical advisory committee which assesses and receives reports on the investigations undertaken into those sentinel events.

As I indicated, there is detailed investigation by clinical review committees and the outcomes of those investigations lead to the development of risk reduction action plans. So we look at the incidents, profile the risks that may have emerged following our analysis and investigation and e track progress against those risk reduction action plans as part of our patient safety and quality improvement process. We have also put some additional resourcing into that area out of the 2005-06 budget that will further enhance the infrastructure that supports clinical services, the reporting of these events, the analysis of them, the rating of the risk and the translation of those into action plans and reduced risk for patients.

MR SMYTH: How many events were there?

Mr Cormack: I do not have that information available.

Mr Corbell: We are happy to take the question on notice, Mr Smyth.

MR SMYTH: Can we have a breakdown of what the events were?

Mr Corbell: Within the provisions of the privilege attached to those, yes.

MR SMYTH: Thank you.

DR FOSKEY: Dealing with the major issues identified in the Chief Executive Review, I note that the three reviews of the alcohol and drug program and the actions taken as a consequence of those are not mentioned as a major issue, although I have found them reported upon in a number of places through the report. Those reviews are outlined on page 181.

My question is about reporting. Because it was, in the life of the ADP, at least, and perhaps in the Department of Health as a whole, a fairly consequential sort of process, I was just wondering if there would be an opportunity in future reports to give some reporting on the implementation of the review? Perhaps you could comment on whether you felt it could have been relevant even in this year's report.

Mr Corbell: What is the question, Dr Foskey?

DR FOSKEY: Yes, I am good at that. The question is: was it not a major enough event to be regarded as an issue in the Chief Executive Review, and therefore reported on, and can there be reporting in future annual reports on the progress of implementation of the recommendations of the reviews?

Mr Corbell: Well, I think the Chief Executive Review is just that. It is an overview of what has occurred. It is not intended to be a comprehensive assessment of everything that has taken place. The government has been very open and very clear in its response to the allegations that were made about goings on in the alcohol and drug program. The

department commissioned three separate investigations. They have all been made publicly available, along with the government's response in relation to all the recommendations that have been made.

As I think I have indicated in previous Assembly debates on this, Dr Foskey, it is quite open, through this process in particular and the estimates process, for members to question and investigate the implementation of those recommendations. We will certainly be very open and forthcoming about what is happening in response to any or all of those issues that have been raised.

DR FOSKEY: Is there not a process whereby, in annual reports, a department is supposed to report against recommendations of reports and reviews?

Mr Corbell: That is only in relation to recommendations made by Assembly committees.

DR FOSKEY: Thank you. Where will policy about the ADP now be developed?

Mr Corbell: You mean alcohol and drug policy generally or—

DR FOSKEY: About the program.

Mr Corbell: A business plan has been established for the ADP. That outlines its work over the coming year. It incorporates the review recommendation, along with the policy objectives of the government in our alcohol and other drug strategies. So that work is well in train. That has involved engagement with staff in the development of the business plan and new corporate and clinical government structures. So it is a fairly comprehensive response to the issues that have been raised.

DR FOSKEY: Just to get the process clear, that has been developed within the ADP, and I am aware of that. Does it then go somewhere else in the department for signing off? How is it monitored and reviewed?

Dr Sherbon: Through you, Chair. Yes, there is a business plan that has been devised by the new director of the alcohol and drug program. The director reports to the general manager of community health. We are monitoring progress against that business plan. The deputy chief executive gets a frequent report. My team and I share progress reports. We are due to share one tomorrow, actually. We expect to do that on a six-monthly basis.

DR FOSKEY: Thanks. That will do.

MS PORTER: Minister, page 21 of the report mentions a consultation process. It is towards the top of the first column. It talks about a consultation process with Orygen Youth Service and the development of clinical guidelines for the management of first and early onset. That is to do with young people, I presume. It goes on further in the bottom dot point to talk about an adolescent mental health services infrastructure plan, the crisis assessment treatment facility and the mental health services population-based mental health master plan. Was the consultation with the Orygen Youth Service of Victoria in the context of that master plan or are they two separate events?

Mr Corbell: I will ask Dr Peggy Brown, who is the chief psychiatrist, to answer this question. Before I do, can I just clarify an answer I gave earlier to Dr Foskey? I said that the government had tabled all three reports into ADP. In fact, I have tabled two of those reports and the government response to the workplace environment review. That report itself was not released for confidentiality reasons. So my apologies for that.

Dr Brown: I am Acting General Manager of Mental Health ACT. In relation to the consultation process with Orygen Youth Services, that is to assist us in developing ACT-specific clinical guidelines in the management of early intervention, particularly dealing with young people. It has being conducted as quite a separate process from the master planning process but will, of course, inform the clinical services delivered in a young adult facility or an adolescent facility.

MS PORTER: So where are both of those things up to?

Dr Brown: The Orygen process is just reaching finalisation. The last of the consultations with Orygen has been completed and the guidelines are just being finalised. The master planning process feasibility study is also approaching finalisation. That is around the adolescent facility and the replacement of PSU. We expect that feasibility study to be ready within the near future.

MS PORTER: Thank you very much.

MR SMYTH: Just while Dr Brown is there, is Mr Jacobs no longer in charge of Mental Health ACT?

Mr Corbell: He is currently on leave.

MRS BURKE: On page 26 of the report, the Health Protection Service reports that there were five food-borne and 23 non-food-borne disease outbreaks and clusters. Minister, what were the food-borne diseases or infections? What action was taken to control them and prevent reoccurrence? Perhaps I can ask also: what were the non-food-borne diseases or infections? Were any water-borne? Were there any outbreaks or clusters of cryptospiridium or giardia?

Mr Corbell: I am not aware of any outbreaks of cryptospiridium or giardia. I think there might have been one case of a private swimming pool, but that is all I am aware of. Dr Dugdale is technically not the Chief Health Officer at the moment, but he does substantively hold the position. Dr Charles Guest, who is the Chief Health Officer at the moment, is involved in an exercise to test the ACT's preparedness around an avian influenza outbreak, so Dr Dugdale is filling in.

THE CHAIR: Dr Dugdale, what are you at the moment, then?

Dr Dugdale: First of all, during the reporting period 2004-05 I was the Chief Health Officer.

THE CHAIR: Yes, but for my curiosity—

Dr Dugdale: At the moment I am 80 per cent seconded to ANU, where I am having a

sabbatical and doing research and writing, and I spend 20 per cent of my time working for ACT Health, reporting to Dr Guest.

We did not have any outbreaks of giardia or cryptospiridiosis in that period. We did have outbreaks of salmonella and of Nara virus. They are the two most common outbreaks that we get. I am sorry I do not have the detail of exactly which outbreaks we had, but they the two most common ones and we certainly had them.

MRS BURKE: We are happy to take that on notice.

THE CHAIR: What is the second one?

Dr Dugdale: Nara virus is infectious gastroenteritis. You will remember a couple of years ago we had over 400 cases in a number of nursing homes. It is the highly infectious institutional gastroenteritis that we sometimes see.

THE CHAIR: Thank you.

Dr Sherbon: To complete the answer, all outbreaks were contained within a small number of infected individuals. The Health Protection Service is very proficient at food-borne disease occurrences such as these. As Dr Dugdale has mentioned, we now are getting very well practised at containing cooking or nursing home-type outbreaks quite proficiently. The five incidents that you refer to were well managed by our team, I have got to say.

Dr Dugdale: Can I just add that the non-food-borne outbreaks are often caused by the same agents, but they are transmitted through the fecal-oral route or through fomites, which are contaminated objects like tables or railings? So it is often the same viruses, but they are not transmitted through commercially prepared food.

MRS BURKE: Part of my question concerned what action was taken to control and prevent reoccurrence. From your answer it is obvious that you are constantly reviewing systems for effectiveness, and Dr Sherbon has just said that they are effective.

Dr Dugdale: Yes. When we get notified of an outbreak, there are some standard protocols and also there are some responses to the particular circumstances. Our staff visit and identify cases. That is case finding. Then we try and identify the infectious agents. We do that through laboratory testing on the one hand and through looking at the pattern of the epidemic on the other, how long it has taken to become infected, the closeness of cases, and so on. Then we look at risks of transmission. If it were in a nursing home, we would do an inspection of the food preparation areas and look at the practises for certain food. We would also look at other infection control things like hand washing. With Nara virus, we even look at pets because pets can transit the virus. We have occasionally quarantined a pet dog from a nursing home. So that is within the institution.

The other thing is we would notify all other relevant institutions, hospitals and nursing homes, that there is an outbreak going on and for them to be especially vigilant. So it is not just related to the people who are having the actual outbreak. We try and prevent it spreading. Those are the general approaches.

MRS BURKE: The report alludes to the fact of the 23 non-food-borne outbreaks being not only in aged care, which you said, but also childcare. Would similar protocols apply?

Dr Dugdale: Yes. In childcare centres, they are commonly not food-borne. It is just the transmission from children, and also between staff and children. Staff will often get infected if there is an outbreak. The same kinds of protocols apply, but we do have specific protocols for nursing homes and specific protocols for childcare centres because they are different places to operate.

DR FOSKEY: I just wondered whether there has been any incidence of mosquito-borne diseases in the ACT, Ross River virus, et cetera, or whether you are monitoring that?

Dr Dugdale: We do monitor it. Arboviruses are notifiable. The great majority of cases are acquired elsewhere. I do not have the specific figures in front of me, but we always get a few cases of malaria in Canberra each year acquired from overseas. We also get cases of Ross River fever, usually acquired in coastal areas. I am just hesitating a little bit for confidentiality. We do believe we have had one case of Ross River fever transmitted within the ACT. You cannot be certain with a single case, and a single case does not a pattern of local transmission make. But it is certainly something we are watching very closely. As I say, the great majority of Ross River fever cases have been transmitted in coastal areas where the disease is well established.

THE CHAIR: Would it be possible for Ross River fever to be transmitted readily within the ACT?

Dr Dugdale: Not in the ACT. The weather conditions are wrong and the mosquito populations are wrong. We do not have the populations of the two mosquito types that are most commonly associated with it. But it is something that we are vigilant about. We are watching very carefully and we certainly talk with every case that is reported and look at where it may have been acquired.

MR SMYTH: Minister, on page 30 under the line area heading Policy Division, the report states that the Karralika committee provided a final report to the minister in June 2005. Minister, I also understand that there was a dissenting report. When will you release these reports? When will you release the government's response to the two reports, given that they are now six months old?

Mr Corbell: The first thing I would say, Mr Smyth, is that the community committee took very close to 12 months to do its work. It went through a whole range of issues to do with the future use of the Fadden site and what was the appropriate use for the Fadden site of Karralika. I am in the process of developing a government response, and that is something that I will release as soon as possible.

I am cognisant that I do not want to make the same mistake twice and release it too close to Christmas lest I be accused of trying to avoid public comment and debate and awareness of the government response. So, cognisant of the fact that Christmas is approaching, it may not be released until the New Year. But I would certainly envisage that it would either be released this year or very early next year.

MR SMYTH: So the government has not decided what its plans for Karralika are yet?

Mr Corbell: I have asked the department to put together a response based on discussions I have had with a range of stakeholders and taking very close account of the Karralika committee report and the dissenting report. Once that work has been finalised, I will be announcing the preferred way forward.

MR SMYTH: Is it usual for a consultant who is employed to run community consultation to put in a dissenting report?

Mr Corbell: The consultant did not put in a dissenting report.

MR SMYTH: So who did?

Mr Corbell: Approximately five members, I think it was. Five members of the consultative committee disagreed. I am sorry. Four members of the committee disagreed with the view of the majority of the committee and they chose to make a dissenting report.

MR SMYTH: And both reports will be released when you are ready?

Mr Corbell: Yes.

MS PORTER: I am sorry to take you back to page 18, but there was a reference made in the third dot point in the first column of—

Mr Corbell: I am sorry. Which page are you on, Ms Porter?

MS PORTER: Page 18. Sorry, minister.

Mr Corbell: Ms Porter, before you go on, can I just clarify one thing? Mr Smyth, Ms Chris Purdon was appointed by me as the independent facilitator of that committee. As you know, she has extensive experience in running community consultation on social and physical planning issues. She did not sign either of the reports. She was the facilitator. She was not the person who dissented.

MS PORTER: The third dot point down on the first column of page 18 refers to "a single central bed management process that allows appropriate and coordinated movement of patients"—this is in-patients—"will be established". Is that for all the beds at all the public hospitals or is that just for Canberra Hospital? If it is a single point, I presume it is for all beds, is it?

Mr Corbell: Yes.

MS PORTER: And how would that work?

Mr Corbell: It is for all aged care and rehabilitation service beds.

MS PORTER: All?

Mr Corbell: Yes.

MS PORTER: Okay. Not across?

Mr Corbell: That is at both the TCH and Calvary campuses.

MS PORTER: And that will improve, one presumes, the availability of beds for other people. Is that the idea of that, to be more efficient or effective?

Mr Corbell: Yes. It has been a real weakness of the ACT health system that we have not traditionally had that level down from acute care. If you are in the hospital, you are in the acute care setting. Unless you are an outpatient, you are in acute care. That has meant that the pressure on our medical beds has been more significant than perhaps in other systems that have had more general hospital, rehab hospital-type functions as part of their overall health system that help take the pressure off the acute care beds in the hospitals.

So the establishment of the subacute facility allows us to create a separate place for people who are needing that step down from acute care but still need a level of care in a hospital-like setting. The establishment of the aged care and rehabilitation service stream is designed to provide that level of care that has not previously been provided in the ACT. That will be done through both the aged care rehabilitation services at the Canberra Hospital, as well as the new subacute facility at the Calvary campus.

MS PORTER: Is there again some issue around recruitment for that particular facility or have we been able to recruit enough staff?

Mr Corbell: For the subacute facility?

MS PORTER: Yes.

Mr Corbell: That work is under way. I might ask Dr Sherbon to summarise that.

Dr Sherbon: The director of ACRS is here with us. I did ask him just as we were walking in how recruitment is going for the 10 additional beds that are coming on line in February 2006. At this stage recruitment is going according to plan. But you are quite right. It would be trite not to suggest that it will not be a challenge to recruit specialist aged care and rehabilitation staff, especially for the 48 beds that are due to open at the end of 2006. Nevertheless, at this stage our recruitment is going according to plan.

MS PORTER: Thank you.

THE CHAIR: Dr Foskey?

DR FOSKEY: I would like to move on to mental health services on page 20.

THE CHAIR: There doesn't seem to be any particular pattern we are following here. We are just jumping all over the place. It was much more structured this morning.

MRS BURKE: There has been a lack of discipline this afternoon.

THE CHAIR: That is right. I have let the team down.

DR FOSKEY: On page 20, there is a reference to advanced agreements, which was an initiative that I believe was in its pilot phase last time I asked. It says here that it is now being implemented more widely across Mental Health ACT. I am interested to know how it is being implemented and whether there is a proactive stance on behalf of the department or whether it is up to clients to initiate the process.

Dr Brown: The advanced agreements originally commenced as a pilot research project. There have been significant efforts made to increase the uptake of that. However, the uptake has been quite slow. What we are currently looking at is incorporating advanced agreements within the individual care plan so that, when that individual care plan is being constructed, questions are incorporated around whether or not the consumer wishes to enter into an advanced agreement. We also are looking at the capacity of MHAGIC to record that on the electronic record.

DR FOSKEY: What is MHAGIC?

Dr Brown: Our electronic record system.

DR FOSKEY: Is the problem perhaps partly that when you see people they may not be in a state to have a considered discussion about the advantages of advanced agreements?

Dr Brown: Yes. Certainly with someone entering at an acute phase of illness, it is not an appropriate time to have a discussion about an advanced agreement. However, once you pass the acute phase and have someone in clinical management, for example, it is a good time to have that discussion about not only how they would like to deal with their illness in the future and any potential relapse that might occur but whether they would like to formally document that in something like an advanced agreement.

DR FOSKEY: To move on to something that I am sure others will be interested in as well: on page 21, the final dot point in the left-hand column mentions funding to develop a business case for the crisis assessment and treatment team. It is linked with similar funding to help deliver a master planning process. As you would imagine, we hear from constituents fairly regularly about frustrations with the CAT team. How will the business plan assist in the delivery of service?

Mr Corbell: If you look closely there, the business cases are in relation to some physical infrastructure for all the CAT team. Accommodation for the CAT team itself was funded in the last budget. It is not in relation to service provision by the CAT team itself; it is in relation to their physical accommodation.

DR FOSKEY: One of the concerns that we have heard is about delays in getting the CAT team to attend.

THE CHAIR: Dr Foskey, before you go on: I am conscious that this afternoon I have been fairly lenient in not pulling up people when they have been talking around issues generally—and I don't wish to do that—but I remind members of the committee and visitors to the committee that we are looking specifically at the annual report for

2004-2005. That doesn't mean that you can't ask about categories for CAT team waiting times. I remind people that we are looking at the annual report for 2004-2005. We are looking at the year in review, not the year to come.

DR FOSKEY: Perhaps it is a matter of how one phrases one's questions. I believe we can refer to omissions as well as inclusions. Since this is the page where the CAT team is mentioned, this is my reference point. Of course you may refuse to answer, minister. For instance, there are limitations on the CAT team's attendance when clients are drug affected. Are there links between the CAT team and the ADP, for instance? These issues cross over between the two programs.

Dr Brown: Yes, we do have co-morbidity workers who work both for Mental Health Services and within drug and alcohol. They can work closely with the CAT team when required.

Dr Sherbon: There are services for acute intoxication as well.

THE CHAIR: While we are talking about that, I ask a question. You talk about links between the crisis and assessment treatment team and the alcohol and drug program. Can you tell me, outside of crisis, what the links are between the Australian Federal Police and the CAT team, the crisis and assessment treatment team? I don't know whether that made sense. Please tell me if it didn't.

Dr Brown: I am not entirely clear what your question is. Outside of crisis?

THE CHAIR: What briefings go on between the crisis and assessment treatment team and the Australian Federal Police, not in a crisis situation but in advance of situations that may be crisis? What training is given to Australian Federal Police from the CAT team in terms of ways to respond?

Dr Brown: Yes, we do liaise with the AFP on a regular basis. A member of our staff regularly participates in training of the Federal Police; likewise, they have participated, at times in the past, with training of our staff. We work with them regularly when we are called to attend. It is not always in a crisis situation, but often it is. There is also, at times, liaison about pending situations where the police become aware of something that may require our input, and vice versa. Sometimes it is done ahead of an actual request for attendance. It is on an as-needed basis. But there is regular liaison there all the time.

THE CHAIR: Can you elaborate on the nature of the training to AFP on mental health issues?

Dr Brown: I have to take that on notice, to provide specific details. But in general terms, it relates to description of mental illness; common presentations and symptoms of mental illness; ways to approach people who are experiencing acute episode of mental illness, what to do, what not to do; de-escalation techniques, et cetera. I will provide you with details.

THE CHAIR: If you are able to provide more details, I would be very interested in that. Thank you.

DR FOSKEY: Something that comes up in the report and elsewhere is the problems in getting suitably trained people to staff the CAT team as well as other services. Can a comment please be made on that? What can we possibly, as a government or as people interested in the area, do?

Mr Corbell: As I have said earlier in this hearing, there are real challenges in recruiting and retaining people who are mental health nurses in particular.

DR FOSKEY: What are the qualifications for being included in the CAT team?

Mr Corbell: Certainly mental health nurses would be members of the CAT team.

Dr Brown: Our CAT team is comprised of a range of disciplines. We have mental health nurses, psychologists and a social worker. I am not sure whether we have currently an occupational therapist. We have psychiatry registrars and psychiatrists.

Mr Corbell: But certainly in relation to mental health nurses, in particular, that is a particular area of workforce shortage not unique to the ACT. It is something which we are working hard to address, in terms of providing opportunities for professional development for mental health nurses. We do that through arrangements with the La Trobe University. There is a scheme for professional development that we provide assistance for, for them to engage in. It is also something that we are continuing to seek to address through the general recruitment strategies that Jenny Beutel outlined earlier, as chief nurse, in terms of recruiting to our nursing workforce overall.

MR SMYTH: I am aware of the five different triage categories. Mr Corbell very kindly explained them in the Assembly the other day. Can you give us some clinical examples of what would constitute a category 1 as opposed to a category 2 patient?

Dr Brown: Category 1 would be someone who is acutely suicidal, for example, and requires an immediate response. A category 2 person may be someone, for example, who has got some symptoms of agitation, perhaps with depression, perhaps expressing some thoughts of self-harm, but not necessarily expressing an act of intent or a likelihood to follow through on those thoughts within the immediate future.

MR SMYTH: Where do acts of violence—throwing things, threatening violence or asking not to go to the hospital—come into it?

Dr Brown: Again, it depends on severity and degree, and the context of that. If someone was extremely violent or had a history of violence in the immediate past and was threatening to act in the same way now, then that would constitute a category 1. On the other hand, if the level of aggressive behaviour is less, or if there is just a threat but no actual action, then it might constitute a category 2. It is a clinical judgment made on the information provided at the time when it is taken.

MR SMYTH: The difference in the response time, though, between category 1 and category 2 is that category 1 is within an hour and category 2 is within 12 hours. Is there really that much latitude in the difference between category 1 and category 2?

Dr Brown: I guess the categories are static time frames. Within category 2 there is

a capacity for the staff to prioritise the call. Whilst it might not be rated as requiring a response within the hour, it may still be processed by staff as having a more urgent response than within the 12 hours that is provided for as a category 2.

MR SMYTH: Is it true that the longer a person suffering a manic-psychotic episode goes without treatment, the longer they will take to recover?

Dr Brown: That is a general principle that is often stated and at least generally, I guess, holds true, in my clinical experience.

MR SMYTH: Is it acceptable that somebody suffering a severe manic episode and psychosis has to wait for four hours for treatment?

Dr Brown: In terms of waiting for four hours, that is not going to impact adversely in terms of how much longer they take to recover as a result of their treatment. It is obviously preferable for anyone who is unwell to have assistance as soon as that is practically available, but four hours would be reasonable for someone who is manic. Oftentimes it takes a number of days to get someone who is developing a manic illness into effective treatment.

Mr Corbell: I know you are referring to the particular case that you asked me about in the Assembly in the last sitting.

MR SMYTH: These are general questions. I can refer to a specific case if you want.

Mr Corbell: No. You were referring to a specific case where you were concerned about the period of time someone waited. I have, of course, already given you an answer to that question, and quite a comprehensive one.

MR SMYTH: What is the cost of maintaining somebody in the high-dependency unit and what is the cost of maintaining someone in the PSU, per day?

Mr Corbell: We would have to take that question on notice.

THE CHAIR: Thank you, Dr Brown.

MRS BURKE: I am asking a question in relation to public interest disclosures, on page 76. There were two disclosures made directly to the chief executive in 2004-05, which have been interpreted as disclosures under the act. One related to a range of probity, work environment and clinical issues. The other was a perceived failure in relation to recruitment selection. It says that they have been resolved during the reporting period. Can you give any more information in regard to the efficacy of the claims made, the changes to systems to prevent such things happening again, et cetera?

Dr Sherbon: I can answer that one. The first of these related to concerns relating to the alcohol and drug program, which have been dealt with earlier in the hearing. The second one related to a selection issue, and that is probably about as far as I can go without drawing attention to the complainant, which, as you know, under the Public Interest Disclosure Act, is not appropriate.

MRS BURKE: Obviously you are satisfied that the investigation provided the result people were hoping for?

Dr Sherbon: No. It would be inappropriate to suggest that people are satisfied with the result of investigations. Complainants who complain under the Public Interest Disclosure Act aren't universally satisfied with the outcomes of investigation. What I can assure the committee is that an appropriate investigation was commissioned, an appropriate report provided and action taken. I can't give an assurance to the committee that the complainant was satisfied.

MRS BURKE: In terms of recruitment and selection processes, has that caused any changes within? Did it effect change?

Dr Sherbon: Not per se, but there was a process of formalising our recruitment and selection processes under way at the same time. It certainly contributed to the thought processes at that time. And those policies are now well in place for recruitment and selection. So there was a positive outcome from the process in that there was a contribution to that clarification of our recruitment and selection policies, yes.

MS PORTER: On page 92, it mentions the renal dialysis satellite—northside. This project didn't go ahead. What were the reasons, the factors, behind that?

Mr Corbell: The project did proceed but not in the way it was originally envisaged and not at the cost predicted to the territory. My understanding—and Dr Sherbon might provide me with some further advice—is that the service is being provided and was able to be achieved within the contract that was set out for the other services we were tendering for with renal dialysis, if I recall correctly. The service is being provided. No, it is not. My apologies. I will let Dr Sherbon answer this, as he knows more than I.

Dr Sherbon: The patients are being cared for, as the minister said, but the northside satellite dialysis service facility is not yet available. We have contracted with Fresenius, an international firm that provides comprehensive dialysis services in other centres in Australia, and they are due to commence operations later this year. We have a target date from them but we expect to be in a position for the minister to announce the commencement of services by the end of this year.

The minister is quite correct in that services are being provided to patients and the project is going ahead. Contractual negotiations did take some considerable time, I would say, and were a source of frustration to us. But the service facility, as opposed to the service, is due to commence later this year.

Mr Corbell: My apologies for that. I just remember the important bit: it wasn't costing us as much money.

MS PORTER: I am sorry to take you back to mental health, but I have a question on mental health. On page 19, it mentions that Mental Health ACT funded 20 community organisations to provide mental health services in the Canberra community and that the funding was increased from $4.1 million in the 2003-04 year to $5.1 million in 2004-05. Could you give us some background on that increase in funding and maybe some flavour of the community organisations that were funded under that program?

At the top of the second column it mentions that ACT Mental Health is strengthening its relationship with partner community organisations and seeking their feedback. How is that working? Would I be correct in assuming this is feedback from some of these community organisations?

Mr Corbell: It is an important part of the mental health strategy and action plan that we have a strong level of engagement with consumers and carers, in particular the community organisations that work to support consumers and carers. It is important to get that feedback in terms of improving our levels of service understanding where there are gaps and breakdowns in the way we provide service. An important element of improving mental health services in the ACT is the listening component and the responding to the issues that consumers and carers raise.

The funding that has been provided is across a range of community organisations. There was a $100,000 payment to Carers ACT to establish a carers support and training program; $104,000 to Respite Care ACT to provide respite services for mental health consumers; there is also recurrent funding of $240,000 per annum for additional supported accommodation for both men and women through Inanna and Centacare; and there is $35,000 for carer support and training through Carers ACT. On top of that, there was an allocation of approximately $107,000 for Respite Care ACT's family respite program and $204,000 for Centacare's respite program.

There is a range of funding to particularly address issues around respite for carers, which really is money well spent when you consider the contribution carers make in looking after the people they are caring for and providing them with support and allowing them to remain more in a family or home-type environment rather than in more of an institutional-type environment. It is a very valuable level of care that is provided for them, and it is appropriate we provide reasonable levels of support for respite. Those are specifically designed to address those issues around supported accommodation and choice for carers and consumers.

MR SMYTH: On page 71, it talks about the 2004 Press Ganey inpatient survey. Were surveys conducted in both Calvary and Canberra hospitals?

Mr Corbell: During the reporting period?

MR SMYTH: In 2004-05 or in 2003-04?

Mr Corbell: There was an inpatient survey, as it says in the report, conducted in November 2004. Yes, there was one conducted during 2004.

MR SMYTH: The question is: is that in both Calvary and Canberra hospitals?

Mr Corbell: I am advised that the Press Ganey survey referred to there was done in Calvary in 2004 but not at TCH.

MR SMYTH: Has there been an inpatient survey conducted by Press Ganey or anybody else at TCH since the last report was done in, I believe, 2003?

Mr Corbell: No, there has not, but there will be a survey conducted shortly by a new organisation at TCH.

MR SMYTH: What is "shortly"? Mr Quinlan's definition of "soon" is "like tomorrow". Will "shortly" be Thursday?

Mr Corbell: It could be anything from a minute after you say it to some indefinite point in the future, which is the beautiful thing around the word "soon".

MR SMYTH: "Soon" is a lovely word. There hasn't been an inpatient satisfaction survey done at the Canberra Hospital since the last Press Ganey report in 2003?

Mr Corbell: No, there hasn't, but Mr Mollett can tell you what steps are being taken to put in place a more comprehensive survey methodology at TCH.

Mr Mollett: The Press Ganey survey system was fundamentally flawed in its ability to allow us to compare ourselves reasonably with other like institutions in Australia. What we determined to do was to piggyback in on Victoria, which had specified a methodology for doing inpatient surveys. Both Victoria and Queensland had determined an approach which we figured would allow us to do two things: one, to do rolling surveys so that we weren't confined to surveys once every couple of years; and, secondly, to enable us, and no doubt the community, to look at the way in which the community viewed service provision at The Canberra Hospital relative to similar institutions in Victoria and Queensland. Victoria signed a contract with a company about three to four months ago. We went through the Department of Human Services in Victoria, got approval to be a co-signatory and we have commenced a rolling patient satisfaction survey.

MR SMYTH: And how will that be reported?

Mr Mollett: It will be reported to us and I'll have to ask the minister how it will be reported beyond me.

Mr Corbell: I haven't made a decision in relation to that yet.

MR SMYTH: So you'll get the data monthly, quarterly, six-monthly, annually?

Mr Mollett: Six-monthly.

MR SMYTH: Given that the magic words of six-monthly have come up, minister, have you got the elective surgery waiting list figures for October, January, August or July?

THE CHAIR: That's not part of the 2004-05 annual reports hearing, Mr Smyth.

MR SMYTH: These reports have always been wide ranging. I know you don't want the answer—

THE CHAIR: Mr Smyth—

MR SMYTH: and I know you want to shut it down, and that's fine, but both estimates—

THE CHAIR: Let's move on.

MR SMYTH: and annual reports have always been wide ranging. It has always been the tradition of such—

THE CHAIR: Come on, Mr Smyth, let's move on.

MR SMYTH: Well, if you want to stifle information going to the public, that's fine, chair.

THE CHAIR: No, it's not—

MR SMYTH: Minister, have you got the numbers with you?

THE CHAIR: Mr Smyth, you know that—

MR SMYTH: No, it's just a simple question. A yes or no wouldn't hurt.

THE CHAIR: Mr Smyth, if you wouldn't mind, we can move on. I'm speaking to you.

MR SMYTH: You're not the schoolmarm.

THE CHAIR: No, I'm not the schoolmarm but—

MR SMYTH: And you're not my mother.

THE CHAIR: I am the chair of this committee and I'm telling you that that question is not in order.

MR SMYTH: Chairs often also extend courtesy to members. Just because you don't want the answer doesn't make it out of order.

THE CHAIR: That question is not part of the annual reports hearings for 2004-05.

MR SMYTH: Annual reports have always been broad ranging. It's an opportunity for the minister to spruik how successful he's been.

THE CHAIR: Mr Smyth, if we took your words for exactly what was broad ranging and what had always been done, there'd be a lot of things that would actually go by the by.

MR SMYTH: Go back and read the *Hansard*s.

Mr Corbell: Do I need to answer that question?

THE CHAIR: No.

MRS BURKE: Well, if you wish to.

MR SMYTH: If you feel free or compelled to, minister, it would be a chance to

spruik—

THE CHAIR: Mr Smyth, come to order, please.

Mr Corbell: I just want to know whether the chair's going to permit the question. If the chair's going to permit the question, I'm quite happy to answer it.

MR SMYTH: Well, that's a cowardly way of hiding an answer.

Mr Corbell: No, it's not. I'm just saying if the chair's prepared to—

THE CHAIR: Minister, don't rise to the bait. Mr Smyth, come to order.

Mr Corbell: No. I'm just making the point. Lest I be accused of hiding information from the committee, I do have information, but it's obviously the chair's decision as to whether or not to allow the question.

MR SMYTH: Chair, if the minister has the information, then surely you will permit it.

Mr Corbell: Let's just make it easy for everyone: on 30 June this year there were 4,625 people waiting for elective surgery at ACT public hospitals. At 30 September this year there were 4,652. Those are the figures I have available.

MR SMYTH: Thank you, minister.

THE CHAIR: Don't ever do that again.

Mr Corbell: That's a significant decrease from the—

MR SMYTH: Madam chair, these things are always—

THE CHAIR: Don't ever come in to this committee and do that again.

MR SMYTH: Well, stop talking like a schoolmarm.

THE CHAIR: Don't do that.

MR SMYTH: Yes, marm.

Mr Corbell: It is a significant decrease from the 5,000 we saw a little while ago.

THE CHAIR: Mrs Burke, you have a question.

MRS BURKE: Minister, on pages 93 and 94 there are tables setting out projects completed, new works and works in progress. It does a show a number of projects being cancelled and one whose scope was reduced. Why were the projects cancelled and one project had its scope reduced?

Mr Corbell: Sorry, which page are you on, Mrs Burke?

MRS BURKE: Pages 93 and 94. There is one on page 93, "Provide emergency power supply to ACT Hospice", with revised estimates. So just a general question: why has the scope been reduced.

Mr Corbell: I'll ask Dr Sherbon to answer those questions.

Dr Sherbon: The projects on page 94 were reprioritised by Canberra hospital. These are under the minor new works program. They're not major government capital works projects; they're under the minor new works program, so there is discretion in the program for reassignment. You can see down on page 95 that those projects with "New project" in the final column replaced those above on page 94. So the batch of projects on page 95 replaced the projects on page 94. The new management team at Canberra hospital felt that they were more appropriate for the needs at the time.

MRS BURKE: So will they ever be considered again or were they considered as not needed, superfluous to requirement, or just a priority?

Dr Sherbon: They will be considered again. I can't answer right now. Some are addressed in the 2005-06 program. I can take that on notice, if you like. We can, with the minister's agreement, indicate what has been the fate of those projects.

MRS BURKE: Thank you, Dr Sherbon. That would be helpful.

THE CHAIR: Mrs Burke, more questions?

MR SMYTH: I have more questions, chair.

THE CHAIR: No. Mrs Burke is a member of the committee.

MRS BURKE: Maybe this can be taken on notice; I'm not sure. The note at the bottom of page 129 says that the decrease in cash is due to the investment of all surplus cash in 2005. There was $3.878 million in 2004 down to $501,000 in 2005—a difference of $3.377 million. However, if we just move forward to page 131, it shows that the investments with CFU went up from $35.685 million to $38.521 million, that being an increase of $2.836 million. Minister, what happened to just a little over $540,000-odd left over and where is that recorded? There is a difference there and where might I find that recorded?

Dr Sherbon: If you could just clarify your question again, I think I might be able to answer it, or I might have to call upon the ubiquitous Mr Foster at some point.

MRS BURKE: We may call upon the ubiquitous Mr Foster then. I'm happy to repeat it. Page 129, the note at the bottom says that the decrease in cash is due to the investment of all surplus cash in 2005. There was $3.878 million in 2004, which was down $501,000 in 2005, which makes that a difference of $3.377 million. However, if we jump over to page 131, it shows that investments with the CFU went up from $35.685 million to $38.521 million, and that was an increase of $2.836 million. So my question is: what happened to the difference, being $541,000, and where is that recorded?

Dr Sherbon: Well, at the end of the 2004 year, as you can see on the bottom of page

129—I know this because I remember this day very clearly—a cheque arrived from Mr Foster's counterpart in New South Wales, who was very naughty and got his own cash balance down on 30 June and gave it to us on 30 June, which was why we got caught with $3.8 million of cash. We would normally invest that amount of cash; we wouldn't have it sitting around in a bank, just sitting there. We would normally have a cash management process to ensure that our cash is kept at trading levels such that we can pay payroll and creditors. But on this occasion Mr Foster's equivalent gave us a 30 June present, which was not quite called for.

MR SMYTH: So that's the large cash payment mentioned in there?

Dr Sherbon: That's the large one, on 30 June 2004. You can see 30 June 2005; that's our normal trading cash level. But the investment difference Mr Foster might have to explain.

Mr Foster: The note on page 129 simply explains why there was a large amount of cash not invested at the end of 2004 as opposed to 2005, which means we were able to get more of our balances invested in the 2005 year than in 2004, because of timing issues. The levels of money referred to on page 131: they again are just a demonstration of the balances in the respective financial years. If you look at page 106, our statement of financial position, you'll see that both cash and investments are recorded in those tables at the top for the respective years, and they simply reflect the levels of funds that we had for the respective years that cover off against our moneys that are committed for commonwealth specific purpose programs that we hadn't expended in that year, capital works money that we'd drawn down and not yet spent, or money for specific purpose accounts. We've had donations that hadn't been spent and other matters. So it's not a matter of missing money; it's just a matter of they are the reconciling amounts in the respective years. They've either been invested or cash at bank.

MRS BURKE: No, I didn't infer it was missing. I asked what had happened to it and where was it recorded?

Mr Foster: It's being consumed daily by the health system.

Dr Sherbon: I think it's worth re-emphasising that the health system was on budget in 2004-05—in fact, slightly favourable to budget.

THE CHAIR: I have a question on a totally different area. I refer to page 46 with relation to workplace health and safety, specifically at The Canberra Hospital. I note that at the bottom of page 46 there's a note that manual handling was an area of major concern at The Canberra Hospital, with the numbers of injuries from manual handling increasing, and as such The Canberra Hospital has implemented a manual handling program. Could you provide information on what that involves. Clearly, nursing is one of the areas, but presumably the wardspersons and other areas are affected by this as well.

Mr Corbell: This is a very important program, Ms MacDonald, so thank you for the question. The number of injuries from manual handling was far too high at The Canberra Hospital, in particular, but also in other parts of the health system. I'm very pleased that the department advised me that I should seek funding for a manual handling program to

address the levels of workplace injury that were occurring in the hospital in particular. That led to over $1 million worth of investment in manual handling activity to reduce manual handling and to reduce the instance of lifting of people manually in particular. A range of measures has been put in place and I'll ask Dr Sherbon to outline what those measures are.

Dr Sherbon: There are two elements to the program. The minister secured funding through the 2005-06 budget and also the 2004-05 budget to establish two key elements to the program. One is an equipment procurement process whereby we're procuring hoists and other lifting equipment. All of us have had the ritual embarrassment of the manager being lifted in a hoist, but it has proved to be a very demonstrative exercise to all the staff that they should use the hoist. I can't give you a figure—I can on notice—of the number of hoists we've purchased. We've also purchased for the stroke unit ceiling-mounted rail track hoists. There is an intense amount of lifting in the stroke unit, particularly of people who've suffered major strokes, so the staff have a beam installed in the ceiling and the hoists runs on the beam so that they don't even have to wheel equipment into the room; it's actually sited in the room. Also, a range of hover mats are being trialled throughout the hospital. Hover mats are mats that you inflate which help you deal with transfer of patients from bed to trolley, trolley to bed, which is a common source of wardsperson injury in particular and nurse injury as well.

So the equipment program is over $1½ million, supplemented in 2005-06 with another three-quarters of a million dollars, and targeted at the higher lift areas. Also, the minister funded an extensive training program, led by the manual handling manager, who has come on board. The system we've adopted is called the O'Shea system, named after Louise O'Shea, who designed it. It's essentially a training program that takes staff through all of their daily activities such that they eliminate lifting completely.

In the period of this annual report, we covered a small number of wards with that system. Since this annual report has been issued, the program has rolled out to most of the ward areas of The Canberra Hospital, with the last area remaining being the operating theatre, to be trained over the January quiet period. So what we've overseen is a process whereby equipment and training is rolled out. In terms of claim figures, I can actually provide those, with the minister's permission, on notice, but they're quite demonstrative in that claim numbers have decreased dramatically as has lost time—not so much that you would have noticed in the figures we've supplied for this reporting period, although the change was evident in the latter months of the 2004-05 financial year, but particularly in the last seven months at Canberra hospital, under John Mollett's leadership, there has been a very significant reduction in workplace injury due to lifting, to the extent that I hope to be able to assure the minister in the near future that his investment through the government of $2.35 million over two financial years should pay off within the next couple of financial years in terms of reduced premium. So there has been a substantial improvement in lifting injury.

THE CHAIR: That's a very good result. I see Ms Porter has been nodding quite significantly. As a former nurse, and with a bad back, I'm sure she appreciates that.

Mr Corbell: We'll undertake to provide some more details on that.

THE CHAIR: That would be good. I know that Mrs Burke has one final question. I was

just wondering: you were trying to reduce the number of claims reaching five days incapacity; would you be able to provide, or tell me where it is in here, the numbers of claims that actually exceed five days?

Dr Sherbon. Yes, we can do that. We've got the systems to do that.

MRS BURKE: My final question: page 137 shows that the average return on investments with the central financing unit was 5.9 per cent. I'm just wondering about this rate. It seems a bit low; it seems a fairly poor rate. Are you satisfied with that? I guess there's always the comment that we can always do better, but your comments on that, please.

Dr Sherbon: The cash management return?

MRS BURKE: Yes, 5.9 per cent weighted average interest rate.

Dr Sherbon: We invest conservatively, in accordance with government policy, so we're bound by the appropriate investment policy of the government as prescribed to us by Treasury.

MRS BURKE: Conservatively?

Dr Sherbon: Naturally. It's public money; it's not for investment in high-risk initiatives.

Mr Corbell: I'm sure you could invest in something much more high risk if you wanted to, but I don't think the community or the opposition would be very pleased if the cash disappeared because of a high-risk investment strategy. Those questions are more appropriately directed to the Treasurer.

MRS BURKE: They of course are. Thank you for your input.

THE CHAIR: Minister, officials, thank you very much for your attendance here today, and just a reminder that all questions on notice must be in by close of business Thursday. Thank you for your patience.

The committee adjourned at 5.00 pm.