



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

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

(Reference: [Annual and financial reports 2013-2014](#))

Members:

DR C BOURKE (Chair)
MR A WALL (Deputy Chair)
MS Y BERRY
MS N LAWDER

TRANSCRIPT OF EVIDENCE

CANBERRA

FRIDAY, 7 NOVEMBER 2014

Secretary to the committee:
Mrs N Kosseck (Ph: 620 50435)

By authority of the Legislative Assembly for the Australian Capital Territory

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

APPEARANCES

Community Services Directorate.....	61
-------------------------------------	----

Privilege statement

The Assembly has authorised the recording, broadcasting and re-broadcasting of these proceedings.

All witnesses making submissions or giving evidence to committees of the Legislative Assembly for the ACT are protected by parliamentary privilege.

“Parliamentary privilege” means the special rights and immunities which belong to the Assembly, its committees and its members. These rights and immunities enable committees to operate effectively, and enable those involved in committee processes to do so without obstruction, or fear of prosecution.

Witnesses must tell the truth: giving false or misleading evidence will be treated as a serious matter, and may be considered a contempt of the Assembly.

While the Committee prefers to hear all evidence in public, it may take evidence in-camera if requested. Confidential evidence will be recorded and kept securely. It is within the power of the committee at a later date to publish or present all or part of that evidence to the Assembly; but any decision to publish or present in-camera evidence will not be taken without consulting with the person who gave the evidence.

Amended 20 May 2013

The committee met at 9.30 am.

Appearances:

Gentleman, Mr Mick, Minister for Planning, Minister for Community Services, Minister for Workplace Safety and Industrial Relations, Minister for Children and Young People and Minister for Ageing

Community Services Directorate

Howson, Ms Natalie, Director-General

Chapman, Ms Sue, Deputy Director-General

Hubbard, Mr Ian, Senior Director, Finance and Budget

Nolan, Ms Christine, Executive Director, Office for Children, Youth and Family Support

Collis, Dr Mark, Senior Director, Integrated Statutory Services, Office for Children, Youth and Family Support

Matthews, Mr David, Executive Director, Housing and Community Services ACT

Sheehan, Ms Maureen, Executive Director, Service Strategy and Community Building

Gotts, Mr Robert, Director, Community Sector Reform Project, Service Strategy and Community Building

Manikis, Mr Nic, Director, Community Participation Group, Service Strategy and Community Building

THE CHAIR: Welcome to this public hearing of the Standing Committee on Health, Ageing, Community and Social Services inquiry into annual and financial reports for 2013-14. Today the committee will be examining the following components of the Community Services Directorate annual report: child, youth and family services; care and protection; community services; and ageing.

Minister and officials, could I confirm that you have read the privilege card lying on the table before you?

Mr Gentleman: Yes, indeed.

THE CHAIR: And you understand the privilege implications of the statement?

Mr Gentleman: Yes, I do.

THE CHAIR: Good. Before we proceed to questions, minister, would you like to make an opening statement?

Mr Gentleman: Thanks very much, Mr Chairman, and thanks to everybody for the opportunity to discuss our work across care and protection, ageing and community sector reform with the committee today. The Office of Children, Youth and Family Support works with some of the most vulnerable children, young people and families in Canberra. Care and Protection Services is at the forefront of that work.

It has been a year of development and consolidation for care and protection. We have had significant progress made on the development of the proposed out-of-home care strategy. Some of the initiatives there include a pilot of therapeutic assessments and plans for some children and young people in care; building our oversight of the out-of-home care functions; improving our information management to support children and young people in care; and training for staff and carers.

The policies, procedures and practice guidelines for the Care and Protection Services integrated management system were delivered, resulting in better practice in streamlining a number of procedures. And development of an integrated statutory service commenced, which will provide an integrated model of case management to make things easier for clients. We have seen improved outcomes for young people transitioning from care thanks to the efforts of the youth on orders team and the youth support and transition team.

Turning to ageing, our commitment to positive ageing in the ACT is evident through initiatives including funding of \$80,000 for the “participation of seniors” grants; coordinating the annual *Life’s Reflections* photographic competition; and managing the elder abuse prevention program. I would also like to mention the second older persons assembly; many attended on 1 October 2014. That was developed in the 2013-14 year and was a great success.

Community sector reform is one of our most important projects, focused on delivering better services for Canberra. The human services blueprint is a long-term plan to improve the way human services are delivered across Canberra. It was guided by comprehensive consultation with community partners. I know many of the committee members have been involved there too. It provides a framework for the community, health, education and justice systems to work together to better coordinate support and services for people and families when they need them and for the right duration of time.

The first initiative is to develop the local services network in west Belconnen, with the government investing \$1.3 million over two years. The second is investing \$445,000 to expand the successful strengthening families project, where lead workers will work with up to 50 families with complex needs to improve their outcomes. Finally, the government has invested an additional \$322,000 to establish a single human services gateway where people will be linked to supports and services they need through a single entry point. And the blueprint will guide the ACT government’s decisions about how human services are delivered in the ongoing years.

I and directorate staff are happy to answer any questions the committee has.

THE CHAIR: Thank you, minister. I will kick off. What consultations you have had to develop the out-of-home care strategy 2015-20, and what are the overall goals?

Mr Gentleman: We have had quite a bit of consultation with the sector. I have personally been involved in consultations with organisations providing out-of-home care services on a number of occasions in my short time thus far as minister. Early intervention is providing—and we want to see—better support for carers. And we are looking at a continuum of care. We want to make sure that that support starts earlier to

provide the best opportunities for young people as they grow a bit older. I will go to our directorate officials to see if we can expand on those details for you.

Ms Nolan: We have had extensive consultations with a range of stakeholders in developing the out-of-home care strategy. We have had a two-year process of research and consultation to develop the strategy; we have used a variety of consultation modalities during that time, including a range of workshops, but also a co-design project, facilitated by the consultancy ThinkPlace, which brought together representatives of all the key players in the out-of-home care system—carers, agencies, ourselves, children and young people, birth parents—to work together to think “if we were starting from scratch building an out-of-home care system, what exactly would people want to see in that system?”

There were three major milestones, in particular, around the consultations that it is probably worth mentioning. In 2013 there was an issues paper released initially, with submissions sought in response to that. There was a discussion paper late in 2013, with submissions sought in response to that. And then earlier this year, there was a public consultation, a wide-ranging consultation, with an information paper and a series of question and answer papers directed to different target groups; that occurred over the month of May.

The general directions and objectives of the strategy are really trying to ensure that we get better life outcomes for our vulnerable children and young people in Canberra through working very hard to keep them with their families in the first instance. So it is investing further in very intensive family support to make sure kids stay with their own families wherever that is possible.

Where it is not possible, we want to generate better life outcomes for kids in care. One of the ways that we want to do that is by developing a therapeutic trauma-informed care system doing therapeutic assessments of every child or young person as they come into care so that we understand their needs in depth and early in the piece and we can get them on track through special interventions to try and normalise their life outcomes as much as possible.

Where they cannot go home safely to their parents, we would like to see many more children exiting out of the ACT out-of-home care system into permanent alternative secure, loving families, either through adoption or through enduring parental responsibility orders.

And then the third strand of the out-of-home care strategy objectives is really around creating a more coherent, higher functioning system as a whole, one where there are clear accountability arrangements and we are sure that we are getting the best possible safe, supportive circumstances for kids and the best value for money out of the service purchasing that we do in that space.

THE CHAIR: I have a supplementary around that: what is being done to reduce the overrepresentation of Aboriginal and Torres Strait Islander people in the care and protection system?

Mr Gentleman: There are quite a number of things being done. Firstly, we are

looking at the numbers of Aboriginal and Torres Strait Islander people in care. You would be aware that the rate for the reporting period is quite low compared to previous years. In 2003-04, I think it was 38.3 per thousand, and in 2012 it dropped to—sorry, down from 57.8. So it has reduced quite a bit from that earlier time, from 57.8 to 38.3. At the moment, the directorate is in the process of recruiting a pool of Aboriginal and Torres Strait Islander cultural advisers, who will provide independent advice when key decisions are being made, including placement decisions and assisting with cultural plans. We want to see if we can get the best results for those people. The numbers in the youth justice system have reduced quite dramatically, and that is a good sign. I will ask the directorate if they want to give some further details.

Dr Collis: There continues to be overrepresentation, and there is a trend of about 25 per cent of Aboriginal and Torres Strait Islander young people in our out-of-home care sector. That has been a stable trend for a while; we really want to reduce that in the coming years, and there is a particular emphasis around that in the out-of-home care strategy.

The minister mentioned the development of the Aboriginal and Torres Strait Islander cultural adviser panel, who have been recruited. The training is next week; we will commence that process immediately after that training. The objective of that training and that panel is to ensure that we have real advice in decision-making. This is not an exercise in liaison; this is an exercise in injecting advice into the important decision-making processes that happen when a young person in a family comes to the attention of care and protection, and also in decision-making around determining what the future permanent arrangements should be for children. This is an attempt to transform quite significantly a notion of liaison with injecting independent community advice into decisions made by care and protection on a day-to-day basis.

There has already been an emphasis on the development of cultural plans throughout the care and protection system. Currently 87 per cent of Aboriginal and Torres Strait Islander children in the care and protection system have a current cultural plan, and we are working on the others. That is a fairly high level of cultural planning. We have a team of Aboriginal and Torres Strait Islander people to lead us through that process, and to guide our staff in that process, not only to develop outcomes for children and young people in the immediate space but also to develop cultural proficiency outcomes in the more medium to long-term space for our workforce.

As you would be aware, one of the positive aspects of the ACT care and protection system in regard to Aboriginal and Torres Strait Islander young people relates to the extent to which we have been able to successfully place Aboriginal and Torres Strait Islander children in family-based care situations. Nationally, we are one of the highest jurisdictions in that space. However, this is a long-term goal that is at the centre of our thinking: both currently, in terms of how we are making decisions now, and in the future, as we transform the out-of-home care sector, this is a fundamental goal of achievement.

Ms Nolan: Another thing that it is important to emphasise is the strengthening high risk families stream of the out-of-home care strategy. That will be of great assistance to Aboriginal and Torres Strait Islander people who find themselves having dealings with care and protection. The whole goal of that stream is to provide intensive in-

home support to families so that families can get their problems addressed if they have deficiencies in how to parent their children, if they do not know how to run a household or how to budget. The whole stolen generations phenomenon has meant that for many people there is not that continuity of parenting expertise coming down through generations. We will be putting paraprofessional support into those homes to support families. Once, hopefully, the government has agreed and announced a strategy, we would be looking to go out and try and find Indigenous service providers in that space as a top priority so that people can feel they are going to a service that they can feel very comfortable in.

There are a couple of other proposals within the strategy that would also be very helpful for Aboriginal and Torres Strait Islander people. Many of our Aboriginal and Torres Strait Islander kids are in kinship care, and at the moment we feel that kinship carers are probably not getting their fair share of support. When we look across the system and we see where we are spending our money, the foster carers who are supported by agencies tend to be getting a higher share of contingency funding and that kind of thing. They are dealing with set case ratios compared to our staff, who are supporting the kinship carers and have to deal with all the work coming in at the front end as well as supporting kinship carers.

There is a proposal in the strategy that was canvassed earlier in the year about outsourcing kinship care support to the non-government sector, as we do with foster carers. I think that would be helpful to many of our Aboriginal kinship carers. We have also tried to push forward on the topic of professional foster care, which we would see as very helpful in keeping Aboriginal sibling groups together, because it is very difficult for us if there are five or six kids in a family to actually keep those kids in one foster care placement. Very few Canberra families can take on kids in that number. So if we could actually have salaried foster carers who did not have to work and we could place them into a large ACT house, I think that would be very helpful in keeping Aboriginal sibling groups together. But at the moment there is an industrial relations barrier about employing people 24/7. So we are continuing to try and work with the commonwealth around the Fair Work Australia legislation to get that resolved.

Mr Gentleman: I might mention too, Mr Chairman, our recent ministerial council meeting with Minister Andrews, the federal minister, and ministers from all over Australia. The other states and territories are watching closely on how we continue with the out-of-home care strategy. They congratulated us at that meeting on the Melaleuca Place early intervention program. We left that message with Minister Andrews about the possible implications of industrial relations legislation and 24-hour caring.

THE CHAIR: Minister, earlier Dr Collis talked a lot about cultural plans. Perhaps one of your officials could tell us what a typical cultural plan might involve?

Mr Gentleman: Indeed. Dr Collis.

Dr Collis: Cultural plans are plans that are adjuncts to the care plan that we have. They would include an exploration of the family linkages of the children and ensure that those linkages and the cultures within them are maintained and supported through

that. They would identify specific activities or relationships that might need to be enhanced through the child's day-to-day experiences to ensure that they remain in contact with their culture. They also, in a sense, work with the family and the caseworkers about the particular identity the child has in terms of experiencing their culture. As you would appreciate—I know we have spoken about it before—that is a very broad experience for some of our children. They are embedded and are very strongly associated with an Aboriginal family, Aboriginal culture, Aboriginal language even. Some of our children may, in fact, only become aware of Aboriginal cultural linkages as they come into care. It is a moving feast in terms of that.

The team that supports our caseworkers around this have identified the need for our caseworkers to be able to normalise cultural care planning through the case management process. Indeed, we have commissioned training through AIATSIS around how to research genealogy and family linkages through that process. With the cultural care plan the focus is child centred around the children concerned. The process itself has a spin-off in terms of developing our capacity and our cultural proficiency to engage with Aboriginal families into the future.

THE CHAIR: Minister, you mentioned reducing the number of Aboriginal and Torres Strait Islander children in out-of-home care in the future. What is your plan to do that? What is the government's plan to do that?

Mr Gentleman: Mr Chairman, it is really focusing on early intervention. The strategy in our out-of-home care plan is on early intervention. It is making sure that we are able to look at the issue of trauma-based recovery and work on early intervention for young children. A really good example for me was attending the Marymead foster carers seminar a little while ago and listening to Dr Judith Pratt on the opportunity for early intervention for children that have been through trauma that are facing out-of-home care conditions. She was really open about the challenges for foster carers and kinship carers. I will hand over to the directorate to talk more broadly about the support for those services.

Ms Howson: Thank you, minister. Dr Bourke, thank you for the question, because I think this is an important issue for the whole service system. In fact, the question about preventing any child—Aboriginal and Torres Strait Islander child or non-Aboriginal and Torres Strait Islander child—from coming into care goes back to the minister's point about early intervention and prevention.

The whole system is actually examining its proficiency in relation to its engagement of the Aboriginal and Torres Strait Islander community. We can take that back to some of the discussion we had yesterday about the child development service and availability and access of therapy services to intervene early in a child's life in that age bracket from zero to four to identify very early any issues that might be arising and have them adequately addressed—through to the support work that we do for new parents and families through our child and family centres and the non-government sector's focus through our child, youth and family support program.

One of the things that we are doing in the Community Services Directorate is examining our own proficiency in ensuring that the services we deliver are meeting the needs of the Aboriginal and Torres Strait Islander community and, further, it is

reflected in the Aboriginal and Torres Strait Islander agreement. You might recall that the primary theme around that agreement is strong families.

So we are looking at the whole continuum. As Ms Nolan has already indicated, there are elements of the out-of-home care strategy that are about intensive family support. But further to that, if we draw back from a continuum where families are not in crisis, we are working with those families, intervening early and ensuring that people have the access to the mainstream services that they deserve.

THE CHAIR: Thank you.

MS BERRY: A supplementary, chair?

THE CHAIR: Yes.

MS BERRY: You mentioned, Ms Nolan, salaried foster carers—paying foster carers on a full-time basis. Can you give us a little bit more information about that?

Ms Nolan: Yes.

Ms Howson: I might just come in there, if that is all right. Part of the issue for us is that finding foster care families is becoming increasingly difficult. This is an issue that all jurisdictions are facing all over Australia and, in fact, internationally. It is a consequence of our modern lifestyles and the fact that women are very high participants in the workforce and traditionally, of course, they have been the people that have stayed at home to look after children.

What we are finding is that many of our children in the very high and complex needs category really need someone at home with them to stabilise their environment and stabilise their behaviour. Finding foster carers that are prepared to, if you like, sacrifice their capacity to enter the workforce, earn a wage and contribute to a superannuation fund is becoming increasingly difficult.

Against that backdrop, all jurisdictions are looking at the opportunity of, if you like, incentivising families that are prepared to open up their home and offer a loving and caring, nurturing environment to children and incentivising them through offering them a remuneration to compensate for the fact that they will not be in the paid workforce in order to provide that opportunity for children.

The industrial issues are important because the expectations of having people work on a 24/7 cycle as employees is confronting. What all jurisdictions are arguing is that in this particular set of circumstances for this particular objective all of us are interested in having that issue more broadly debated.

MS BERRY: Has this ever happened in Australia before?

Ms Howson: Christine?

Ms Nolan: It has. There are a wide variety of arrangements. Certainly 30 years ago, when I was a young child protection worker, there were people doing this kind of

work in what were then called family group homes. I think since then, with changes in industrial legislation, there have been increased limitations in that space.

There probably are a couple of agencies doing it informally in other states. It has come and gone, but it leaves those non-government agencies very vulnerable if the goodwill fails. There has been some litigation, I understand, where goodwill has failed and people have then claimed they had been exploited by employers. It is certainly not something we can go forward with as a government unless we have a clear legal framework around it. For that, we need exemptions from the current fair work legislation or amendments to that legislation.

One of the concerns has been whether unions would support it. It is easy to understand what the proposition is. We are probably talking in terms of hundreds of people across Australia in the first instance. We are not talking tens of thousands of workers. Of course, we are talking about people who volunteer to go into that sort of role.

Ms Howson: These are important policy questions that we cannot really advance here, but I think in terms of understanding the context in which we are proposing this initiative, that is essentially the background. The other thing I would emphasise, as Ms Nolan has, is that we are talking about a very small number of children that might fall into this set of circumstances. The options that we have available for them at the moment are residential care settings where you have staff rostered on 12-hour shifts at maximum. So there are a number of people in those children's lives. It is not stable, and they more than any other child need that stability and that nurturing environment to be able to become the adults they might otherwise be.

MS BERRY: Putting the industrial complexity aside, what sort of accountability could you put in place to those people?

Ms Howson: I think these are questions that need to be explored into the future. The strategy at the moment is proposing this option, but we have not explored these issues in any detail with the government.

MS BERRY: Have you spoken to unions about this at all yet?

Ms Howson: No, we have not.

Mr Gentleman: That will be my next task.

THE CHAIR: Mr Wall.

MR WALL: A further follow-on: you mentioned that the intent to shift to a paid arrangement for foster caring is due to a shortage of volunteers. What is that shortage at the moment? How many more families are required to take on foster children to meet the needs of the community?

Ms Howson: What we are finding is that we have a growth in our kinship care arrangements, which is also positive, because we want to keep children connected to their families or their own personal networks. In terms of the foster care arrangements

that are currently in place, we do not have a particular target number that we are aiming for. We work with the cohort that is available to us. I cannot give you a very direct answer to your question, Mr Wall. I will ask Mark to make some further comments.

Ms Chapman: Sorry; I just wanted to clarify something, Mr Wall, to make it clear. This is not a shift to paid foster caring in the broad. As the director-general said, we have some young people with very high, very complex needs for whom a residential care setting with the revolving shifts does not work and for whom it is difficult to find foster carers who can stay at home. There is not a shift to full-time paid foster caring across the board; it is actually for a very small, very particular cohort. This is one way of actually giving them stability. I just wanted to get that on the record.

MR WALL: Yes, I understand.

Dr Collis: There is no absolute number, and, indeed, all children who come currently are able to be placed in a foster arrangement if they require a foster arrangement. We do have management of demand capabilities, for example, a reception house, to bring children in who are coming in as an emergency and whom we cannot immediately place but within days we do. Currently, last time I looked earlier this week, there was no-one in the reception provision.

What the shortage of foster carer arrangements does, however, is tend to limit choice in the matching of families. For example, one of the common ways that foster carers come to have children in long-term arrangements is that frequently they start as interim emergency carers. It was not their motivation to be in that space, but they become converted into a long-term foster care. It is more expressed not as an absence of being able to meet a foster care placement, it is actually more expressed as a capability to match the circumstances on a moment-by-moment basis in the best possible way, filling large sibling group placements in one family, for example, and so forth. The more foster carers who can come in, the greater the choice, the greater the capacity for us to do that matching and get the right placement with the right people at the right time.

THE CHAIR: A substantive question.

MR WALL: I might ask a few questions about the Auditor-General's report that was done in 2013 into care and protection. I believe that the government's response to that was presented at the beginning of this year. I was just wondering, minister, if you can provide an update of the recommendations that were agreed with, how their implementation is going and what work is being done on the other recommendations.

Mr Gentleman: Yes, sure. I will get directorate staff to give you the key details on that, but we have been responding to the Auditor-General's report.

Dr Collis: The Auditor-General's report made 66 recommendations to which the government agreed to 62. The general theme of the Auditor-General's report highlighted the need for improvement in areas like recordkeeping and regulation of out of home care, audit risk analysis and workforce planning and capacity and cross-government collaboration. They were the general themes that came out of that.

A report in April to the Standing Committee on Public Accounts showed that at that point, of the 62 recommendations that were agreed to, 28 had been completed. As of 29 October, which was last week, 46 of those 66 recommendations are now complete. So we are moving quite quickly on those partly because many of the recommendations relate to the delivery of our integrated management system and the delivery of projects that sit around the out of home care strategy. The integrated management system for us is now fully delivered as of September. That is a complete information and quality assurance system right across every single process. Every policy, procedure and practice in care and protection over the past 18 months, two years, has been reviewed, has been updated, has been put into an electronic portal so that it is accessible on a real-time moment by every worker in our care and protection system.

With the delivery of that, a whole range of those recommendations around recordkeeping, compliance and so forth were achieved. I am pleased to acknowledge we presented this to the Public Advocate as a demonstration of the integrated management system and the feedback we have had has been absolutely positive. We are very excited by the fact that we have gone beyond what, I think, was ever envisaged in terms of that space. So we are very pleased with that.

The final completion of all recommendations is due in June next year. We believe that we are way on track to actually deliver that, hopefully earlier. Aspects of the out of home care strategy which were funded in this year's budget and which go to other aspects of the Auditor-General's report include the trial in therapeutic assessment. We are currently recruiting and getting a service model and will be putting in a trial around that. The other aspects of the out of home care strategy as we move forward will be instrumental in achieving most of the rest of those recommendations.

MR WALL: You said that there were 62 recommendations the government had agreed on of the 66 made by the Auditor-General. For the four remaining, what were the reasons for not agreeing with and implementing those changes?

Dr Collis: Of the four remaining, three were agreed in principle and there were differences in how we wanted to deliver on those. There was one recommendation not agreed to. I do not have that record in front of me. I would need to take that on notice.

Ms Howson: Ms Nolan, do you remember?

Ms Nolan: No.

Ms Howson: We can take that on notice.

THE CHAIR: It would be in the government's submission. Ms Berry.

MS BERRY: I have some questions on kinship care. You mentioned outsourcing kinship care carers to the non-government sector. You talked about there being a difference in support for foster carers and for kinship carers. Were you talking financial support as well as just general support?

Mr Gentleman: There are two avenues of support there. We want to make sure that they have the best opportunity to look after those children. We have an actual kinship care and support team. That commenced operation back in May 2012, and it is staffed by a team leader with five support workers, including an Aboriginal and Torres Strait Islander support worker. Staff, in conjunction with the CPS workers, support children in care and, of course, the carers as well. But I will go to the directorate staff now for more detail for you.

Ms Howson: The nature of the support, as the minister said, is certainly improving for kinship carers and coming more into line with the opportunities that are available to foster carers. We want to take that further through the proposals that we have put forward. And there is a difference in the financial support, which Mark Collis can talk to.

Ms Nolan: Before Mark does, kinship carers are entitled to all the same supports as foster carers, and that is not the case in some other states, for example, Victoria. I think that is a really great thing we can say about our support for kinship carers here. We have undertaken a whole lot of detailed financial analysis and modelling to inform the out of home care strategy, and that has revealed to us that kinship carers are not using as much contingency money on top of their carers subsidies as foster carers are accessing.

We think that probably reflects the fact that the foster carers are being served on a roughly 10 foster carers to one caseworker caseload in the outsourced environment. We enter into contracts with NGOs and we have clear expectations of them that they will provide a caseload around that number. We think that probably the lower expenditure on contingencies, which are additional special purpose payments over and above the subsidy, relates to the fact that kinship carers are not getting the same level of caseworker-social worker-type support as are carers. That is underlying the whole proposal in the out of home care strategy of trying to make sure they have equitable access to the same levels of support. But in theory, they are fully entitled to the same levels of support.

MS BERRY: It is not the same process for foster carers as it is for kinship carers. I came across a woman who wanted to care for a child who was already in a kinship carer arrangement nearby. The child was related. She had volunteered to step up but then had to go through the whole process of being a foster carer. Is there any fast-tracking of any of that, taking into account different circumstances for individuals?

Ms Nolan: We do not usually fast-track foster carers because they would ordinarily have no previous relationship to the child. If the child is known to the person, even if they are not a relative, they are more likely to be processed as a kinship carer. The directorate does the assessments of kinship carers and they are done pretty speedily usually, because we need to find a placement for the child. We may take more time to do that if we can, if the child is already placed somewhere appropriate. But yes, there is a totally different pathway in. Most kinship carers, in a sense, are not volunteering in the same way as foster carers are. We are going to them often and saying, "Would you be willing to take on your grandchild or your niece?" Foster carers are people who come forward out of the community generally and out of a sense of goodwill or wanting to extend their own family experience and say, "We'd like to help vulnerable

children and young people.”

Mr Gentleman: One of the positive outcomes from the construction of the kinship care support team is that we have seen a reduction in complaints from kinship carers. They now have a single point of contact with the directorate. So they are getting that more frequent assistance.

MS BERRY: Is there a breakdown of the number of kinship carers and foster carers? Is it in here somewhere?

Ms Howson: We can give you that figure. Would you like that figure?

Dr Collis: The figure broadly is 55 per cent currently. It does go up and down week by week. But 55 per cent of placements in home-based care are kinship carers, and the others are obviously foster carers.

MS BERRY: Can you provide the numbers in numbers and not percentages?

Ms Howson: I can. I can give that to you now. For the week ending 2 November, we had 229 children or young people placed in a foster care placement, 263 children in a kinship care placement. That was provided by 138 foster care households and 177 kinship care households.

MS BERRY: And do you have a breakdown of the numbers that are Aboriginal and Torres Strait Islander as well?

Ms Howson: We do. They are children that are in care or in receipt of a service. Have you got that, Mark? I have got that table, I just do not—

Ms Nolan: It is 157 Aboriginal and Torres Strait Islander children in care at the moment. We do have figures on where they are.

Ms Howson: There are 157 Aboriginal and Torres Strait Islander children in care and 430 non-Aboriginal and Torres Strait Islander children in care.

THE CHAIR: Ms Lawder.

MS LAWDER: I would like to ask about the table on pages 142 and 143 of volume 2 of the annual report, output class 4. It has a total cost with a target of \$55,716 million. The actual result is slightly above that, but many of the indicators are down. Would that mean if you had a lot more reports requiring appraisal, for example, that your budget would have been significantly over?

Ms Howson: Damn lies and statistics. Thank you for the question, Ms Lawder. The actual cost of the indicators is a simple equation of units of service by funding streams. As you have observed, as the units of service reduce but the budget does not change, the cost increases. These indicators, however, tell a very good story of what is happening in terms of our interventions to reduce the number of children coming into the out-of-home care system. I might get Mark Collis, if you would like us, to walk you through what those indicators are telling us.

MS LAWDER: Yes, I have a couple more specific questions, but I think it would be good to have a bit of an overview.

Dr Collis: If we look at the first category under (a), child protection reports and child concern reports, the original target was 15,000. We have been on a trajectory for some time—10 years—of increasing child concern reports coming in. So we have projected ahead to an increase in child protection reports. In this reporting year child concern reports actually for the first time went down to the 2009-10 level of child concern reports. We have been thinking as to why would this be the case, and this is a reason for some speculation as to how this came about.

The things that have happened over the course of this year and preceding years are, I think, a real focus in early intervention services, particularly the child, youth and family services program coming closer into supporting vulnerable families. So there is significant investment there. There is significant investment around the CFC service models, and there has been a particularly strong communication program held with some of the people who are most frequent child concern reporters, for example, teachers. We have been wanting to link schools and teachers up with support in the community and we have also been talking to them about engaging with the child, youth and family services program in that. We believe that is probably an indicator of that. We also believe these numbers do go up and down. One swallow does not make a summer, and we would like to see what would happen in future years about this. But that would be the child protection concern reports.

As we move down that table it reflects a moving deeper and deeper into the child protection system. Of those reports, assessments requiring appraisal are also very low. There has been a significant drop this year. Those are child concern reports have been determined, a risk assessment has been made, information gathered and it is determined that there needs to be an investigation about whether abuse has happened. The next element under (c) is appraisals that were substantiated as child abuse, and that, too, is significantly down in this year.

If we stop there, there is another piece of data that is not in this table which we track, which is the resubstantiation rates. That is a measure of whether, once child protection services substantiate abuse, does further abuse occur in a three-month and 12-month period, and you will see that in the output indicators. We have been tracking that and that has been going dramatically down. Our resubstantiation rates quarter by quarter by quarter have really reduced quite dramatically.

This corresponds with the implementation of the integrated management system and the training that sits behind that. It is almost a direct correlation. As our staff and our systems have fallen into place behind this, it appears that the early trend is that our capacity to manage the risk and get the appropriate response to families is improving dramatically as a consequence. That is not to say our workers were not doing that beforehand, but they were less certain about risk and so, therefore, they would be more likely to want to hold that risk, obviously unnecessarily if we had our systems in place.

This data is indicating very nicely that the early intervention, the contact with our key

stakeholders, is paying off. I think the most dramatic reductions there are a direct relationship to how our child protection workers are being supported and feeling more confident about the decisions they are making.

MS LAWDER: A supplementary: I am interested in (j) at the end of that table about the number of adoptions. Are you able to give me a breakdown of the number by intercountry, interstate, local and step family adoptions?

Dr Collis: Yes.

Mr Gentleman: You can see it is a small number of adoptions across the territory. Indeed, historically, adoptions have not been a large part of the territory's support for children. But I will go to directorate staff for those details for you.

Dr Collis: Ms Lawder, in the 2013-14 year there were 10 intercountry adoptions and seven what are known as "known adoptions", which include people who are adopting the child knowing the child before the adoption.

MS LAWDER: So would they be all local ACT ones?

Dr Collis: Yes. In fact, that represents a significant increase in adoptions over that year in comparison to the previous year and so forth. However, if we take those 10 intercountry adoptions last year, there is a degree of serendipity about when they become registered with the Family Law Court in terms of the process with the overseas country and so forth. The fact that there were 10 in this one year reflects the work that was done in the years that led up to last year as much as they did there as well.

But what is really pleasing is that there has been an emphasis from our adoption and permanent care unit to go through and review all of our cases for permanency, and there is an increasing and growing trend for permanency that this data is indicating. So that will be the breakdown we have.

MS LAWDER: I think everyone agrees that returning children to their families is the best option where that is safe and appropriate. But, equally, notwithstanding the work the directorate is currently doing, but outcomes for out-of-home care are not as positive as those for children who have been placed into adoption or permanent homes. Is the government intending to, for example, allow non-government providers to enter the adoption system?

Mr Gentleman: We have had some conversations with non-government providers. As you say, the best way for children to succeed is to be in a family situation. We know that for sure, and the studies show that, too. Adoption, of course, is only a part of the suite of services that we provide for young people in care. But I will go to directorate staff for further detail for you.

Ms Howson: We currently have five children that are being assessed by Barnardo's and Marymead for permanency. We very much encourage working with our non-government partners in this process. As Dr Collis indicated, there are a larger number of children under assessment at the moment for permanency. The point you make is a

really important one—that outcomes for children in out-of-home care are not favourable and what undermines the potential of a child is changes to placements and frequent changes to placements. Establishing a stable home family life is incredibly important.

MS LAWDER: For example, some foster families might be interested in a longer term—

Ms Howson: That is right. There are actually 39 children and young people at different stages of assessment for permanency as we speak.

MR WALL: A supplementary: still on the table over pages 142 and 143, Dr Collis has given us a reasonable rundown on some of the reasons why the indicators are lower than budgeted for or in previous years, but the cost of providing those services was still over budget. It was only by a small amount—a three per cent overrun on the original target of \$55.5 million—but, given that there was ultimately considerably less work done in terms of appraisals and reporting, what were the causes for those costs still being met?

Mr Gentleman: I suppose the quick answer is that you still need to invest, so it is important that, whilst we are getting results, the investment still needs to occur and there are children and young people that need that support.

Mr Hubbard: Thanks for the question, Mr Wall. As has been explained, there is only a slight correlation between the outputs in the output class here and the actual total cost. On the comment you made about less work being required or less work being done, what you see is that behind the scenes there is a quite a lot more work being done and the numbers of FTE are pretty constant in that area.

The reason the total cost has gone up, the major driver of that is the EBA result post-budget, so the \$1.8 million additional increase is mainly the result of the EBA—so salaries and wages for the workers. The other major contributor to the increase would be the costs associated with the development of the out-of-home care strategy. And there has been a slight increase in some of the behind-the-scene costs of doing business.

MR WALL: There has been an increase in some of the behind-the-scene costs?

Mr Hubbard: Yes.

Ms Howson: I should correct that: there has been an increase in activity associated with the development of our investment in a number of these continuous improvement measures, and that has added to the overall cost per unit.

Ms Nolan: I might add something here—I believe this includes the out-of-home care costs for children in this output, so the numbers of children in care continue to rise and, of course, the grants to the non-government sector that provides these out-of-home care placements are subject to indexation as well.

THE CHAIR: Minister, perhaps you could tell us about how you are working to

improve recruitment and retention of Care and Protection Services staff.

Mr Gentleman: Yes, certainly. It is an ongoing program for the directorate and me as well. We want to make sure that we get the best people. As you have seen today already, directorate staff are quite passionate about the job they do. I will hand over to staff now to give you some more detail on that.

Dr Collis: Thank you for the question, because one of the highlights this year has been the recruitment and retention of staff into the care and protection system. We currently are at full capacity and, indeed, slightly above and probably likely to go further above in the coming weeks.

This is quite unusual in comparison to other jurisdictions, as you might be aware. This is a major issue, and we are in a very competitive market. Anyone who reads the job advertisements in the *Canberra Times* of a Saturday will see other jurisdictions advertising in our jurisdiction for workers in this space.

As to the recruitment and retention strategy, at the beginning of the 2013 reporting year a workforce management plan was devised in terms of how we were going to grow and keep our workforce. A key aspect of that was improved training and induction opportunities for our staff. Through the IMS development we have improved the job satisfaction of our staff. We also recruited a growing your own strategy. We actively recruited early career officers and developed our own. That has been a very successful strategy. It changed the balance of our workforce. We needed to invest in some experienced case management pathways so, as a strategy, we introduced a clinical case management pathway so that people did not have to get out of case management in order to progress their careers. That has been very significant in building up the experienced part of our workforce as we are investing very strongly in bringing new workers on.

In addition, we instigated rolling recruitment. So rather than go out and recruit at particular times through the year we kept the recruitment process open at all times. We also continued to seek overseas recruits but not as our only or main strategy. The workforce management strategy had a whole raft of arms and, therefore, no single point of failure, if you like, about it. We were recruiting overseas, we had changed our recruitment practice to a rolling recruitment practice, we had introduced the clinical career pathways and we had recruited our own. At the same time we were improving induction and conditions round our workforce being able to do their role. All of these strategies have led over the year to increasing recruitment and diminishing separations over that period of time to the point now where, as I say, we are fully staffed and probably a little bit more.

The other retention strategy that has been in play now for a number of years has been in relation to the retention bonus. You may be aware that there is a retention bonus for front-line staff—\$4,000 on the third year. That comes into play after three years of service. We have conducted a quick internal review of that and we will be looking at the results. We are still determining the efficacy of that model. It would be safe to say that we would need to continue to work on that strategy into the future.

At this point, through developing a number of strategies rather than one single

recruitment strategy, we seem to have been able to grow our workforce in a sustainable way and maintain that. It is, however, a very difficult business. It is always going to be a challenge to keep people long term, particularly in the front-line activities of this work, because it is very difficult and personally stressful. It is clear when you work in this area that there are some people who seem almost to have been born to be child protection workers and they stay in there—they love the work—but, for most, they are really committed to the work, it is stressful and they need to come in and go out and do other things. It will always be a challenge, but we are going to continually update our workforce management plan, find out what is working and what is not, and is there anything else we can do.

We also are very lucky in the ACT to have the Institute of Child Protection Studies at the Australian Catholic University. Last year we had eight social work placements out of that. We have a strong record of converting those placements into roles with us longer term. That is another advantage we have.

Mr Gentleman: I might just add that some of the strategies used before in recruitment, especially overseas recruitment, worked quite well. In fact, one particular staff member, recruited back in 2005, I think, whom we got to know through these annual reports hearings, is still working with the directorate now, albeit in a different line. It is great to have that passion, I think, to stay with the directorate.

THE CHAIR: Thank you, minister. What sort of specialist training have you provided for Care and Protection Services staff working with families affected by sexual abuse?

Mr Gentleman: It is a quite a detailed amount of training. I will hand over to directorate staff to give you the details.

Ms Howson: I will allow Dr Collis to answer that. We have been putting a lot of investment into specialist staff training and this particular area has been a focus. Mark, would you like to talk about the details of that?

Dr Collis: Thank you for the question. We have over the course of the last year invested in a specific training package for sexual abuse training for our staff. It is an intensive training period. It is a module that has been designed based upon the Victorian model. It is delivered in conjunction with external consultants from Victoria, the Australian Federal Police sexual assault and child abuse team and appropriate Health staff.

We have had the first 20 staff members off-line doing that training. We have another two of these training cohorts planned. It is intensive training. We have biased the training to those people who are in the front-line of our services first so that we can build our capabilities with that training. That has been a significant investment. Our feedback from both our staff and the Australian Federal Police has been that this has been very beneficial and sets us very well in terms of our capacities and skills in this area.

THE CHAIR: Thank you. Mr Wall, a substantive question.

MR WALL: I am just wondering if you can provide a little more information on the viewpoint national trial, what the purpose of the trial is and how many participants thus far.

Ms Howson: This is something I am very excited about. We have been exploring different methods to ensure that we are capturing the voice of children and young people in our decision-making. Through the use of some interactive mediums on iPads, we are able to engage young people and children at a pace that suits them and in a very non-threatening way to raise issues and questions with our caseworkers that they might not otherwise wish to discuss. Again, I might let Dr Collis talk about the details of this. I think the implementation of this tool to support our engagement with children is an excellent development.

Dr Collis: Viewpoint is an interactive audio computer interview tool. It is designed to engage young people but to do so in a way that mitigates the risk of adults influencing the information that is held. It is delivered through the use of iPad technology. Young people can interact with it as they wish, either with support or without, independently.

The viewpoint interactive has been successfully implemented in the UK and Western Australia. Indeed, this national trial has come out of the national framework for protecting Australia's children in the action plan that sat around that. Currently it is seen as something that will eventually be rolled out for all children in care—our capacity to fully engage with the notion of hearing the child's voice in out-of-home care. We have trialled the initial technology and the processes. I believe we have 11 young people who have completed the trial.

Ms Howson: If you would excuse me, Mark, I would just like to explain it. I think it is fantastic. It is basically an animated presentation. A child or young person can select their own image—avatar, if they like—that becomes them as they walk through this process. Each question can be read out to the child through the technology. So if the child has some literacy issues, they are not blocked from this; there is no impairment to them being able to understand the question. They can stop it when they choose and there are games incorporated. If the child is a young child, they can go off the survey and go in and play some games and come back as they choose.

In that way, it is not just a survey that is being presented in the written form on the computer; it is actually a very engaging tool. As well, it produces a report for the case manager so they can then go back to the child and follow up on the answers they have given to the questions. They can also do some collective analysis which will provide excellent feedback to the team for their practice supervision and, again, improvement around decision-making.

Mr Gentleman: This is one of the avenues of letting children have their say. Importantly, this is part of the Children and Young People Act 2008, which says that, when making decisions, we must give a child or young person a reasonable opportunity to be able to express his or her views on those decisions. It is a great way of interacting with the kids for that purpose.

MR WALL: So far with the trial, you said 11 children have participated?

Ms Howson: Eleven as part of the trial.

MR WALL: That has been done at the point of setting up a case management plan for them?

Ms Howson: I think it is directly tied to the development of their case management plan.

MR WALL: Is this tool something that is going to be able to be used then on an ongoing basis for this child as their plans are assessed and reviewed over time? How is the data stored and captured, and what is the future use of that?

Ms Howson: The data will be able to be loaded directly into our information management system and become part of the file records for that child. That translates very easily. I do not think it requires the case manager to do a second handling of that information, so that will reduce any error of transcription. These are all elements of the improvement process to ensure that we have the most contemporary and accurate information coming forward to case managers to assist them in their decision making.

MR WALL: Is it just the 11 so far that have participated?

Dr Collis: The next phase is for us to roll this out for the next 50. The goal is for us to continually roll this out so that everyone has it. Every child in care will have access to this technology. We are learning as we are going along. The reason there are 11 and not a bit more than that is that some young people have elected not to complete this—even so, only a few. We are learning both the technology and the way young people will interact with this as we go along. The next phase is for us to roll this out with 50 and then we will continue to roll this out.

There are some interfaces that will occur with the out-of-home care strategy because the therapeutic assessors who will be coming on board will have a growing role in this. Obviously this technology, as described by Ms Howson, is really ground breaking in terms of being able to get the perspective of the child. It is absolutely valuable data for us and for the therapeutic assessors to assess how they view the world, how they are responding to the world, and what that means for them.

MR WALL: The platform, the hardware for it, is an iPad, you said?

Dr Collis: Yes.

MR WALL: The software—is that something that was bought off the shelf from another company or was it specifically targeted for the directorate's needs?

Ms Howson: It was an off-the-shelf application.

Dr Collis: Yes, it was off the shelf, and we bought the licences to use it for the future.

Mr Gentleman: It is probably important to note too that we are working with non-government agencies with a viewpoint as well, as well as individual carers. So both lots are being assisted with a viewpoint to roll out.

MS LAWDER: I have a supplementary. I just wondered how culturally appropriate it is, for example, for children from Aboriginal and Torres Strait Islander background.

Ms Howson: My understanding is that that has been taken into account in the design process and, again, children can choose images that suit them. The language is certainly plain English and adjusted to age-appropriate levels. I think one of the officers from our Aboriginal and Torres Strait Islander team is leading this work out.

MS BERRY: I have a supplementary. I know it is a small number, but have you had feedback from the children who have been participating in the trial? I know it is good for data. It sounds like it is great for data, but how is it for the children who are participating in it?

Dr Collis: I think there are two ways of answering that. One is that the actual data in the outcome of the instrument is going to be indicative of their view of it. That is why we are trialling it and trying to learn from that. We are reflecting on how young people did respond to it.

It is a little complicated in the sense that the technology is trying to remove a bit of the adult referencing around the interview because we know that in interviews children and young people frequently feel either intimidated or that they would need to respond in a way that pleases the interviewer. We are trying to be a little careful about engaging young people afterwards so that we do not give the impression that we are oversighting what their comments are. But we certainly will be, through their support team, working out what their responses are.

MS BERRY: I have another supplementary. Are there ways for children and young people in care and protection to get together with each other? I know there are some sensitivities around different relationships and things like that, but are there ways for them to get together and just spend some time with each other and be with people who are in similar circumstances to themselves?

Dr Collis: The CREATE Foundation have a presence in the ACT in service advocacy but also serve to bring together groups of young people and children in out of home care. There is a conference held biannually, I believe, and it was held last year in the ACT, where children in out of home care come and relate what is of significance in their experiences. CREATE have been a very strong supporter of our work in the sense that they have been providing us with excellent feedback.

I know they have been an active participant in the formation of the out of home care strategy and, indeed, provided young people's voices and views into that strategy. That would be the main mechanism by which that would happen, bearing in mind, of course, you have already picked up that the nuance for many children, their family and their sibling group and their broader family is who they want to be identified as and with.

Ms Nolan: I might just add to that comment. I think there are also a range of other gatherings. The foster care agencies have a variety of gatherings that bring together the foster carers and children and the directorate does as well. We had a carers

thankyou morning tea recently that the minister attended where there were a whole array of children in care with their carers. We have the kinship carers Christmas party in December. There are a range of other more informal events where kinship carers whom we support come together at our CFCs periodically for training and gatherings.

Mr Gentleman: That most recent one was at Belconnen child and family centre, and it was a wonderful opportunity for those people to come together. We actually had a gentleman there who is attached to CREATE Foundation who spoke about his time in care in his younger time. Now, of course, he works with children in care. So it was a great opportunity to hear the personal story but also a success in how he has been looked after and is now looking after other people in care.

MS BERRY: That goes to my substantive question about the transition from care services and the outcomes for young people, which is on page 61. It was the youth support and transition team that you established in 2012-13. So this must be in the second year of that program.

Mr Gentleman: Yes, there are some great stories from this team. That is on page 61, about transitional care. There is a wonderful story here, I think, about how these people have come through assisted by the transition team. The team comprises five full-time positions who are specialised in working with young people, providing support, advocacy for young people throughout the stages of planning, transition and post-care. Some of those assistance packages include developing living skills like budgeting, cooking, cleaning, support and assistance in obtaining their own accommodation. Private housing rental is a good example. They have never done this before; so it is a wonderful opportunity to help them there and also to help them if they want to pursue further education or training opportunities.

There is also a brokerage fund to support transition. They can get some funds for getting furniture, educational resources or whitegoods, for example. Having probably never lived by themselves before, it is a wonderful way of assisting. But I will go to the directorate now for some further detail for you on the team.

Dr Collis: The youth support and transition team has been a really positive innovation. The 2011-12 budget provided \$2 million for the support of this. Since the commencement of the program, over 154 young people have been supported in this program. In the current reporting year it is 119. That is enormous because this is a voluntary service, in a sense, and it is on the basis that we knew that young people when they reach 18 are not necessarily prepared for life. And we know from our own children and our own brothers and sisters and nephews and nieces that that period, 18 to 25, is a really formative time where things can go wrong and family frequently support young people to move into adulthood. That is a story within a family with resources and with capacity. For young people who might not have that capacity to walk that journey—and many of our young people at 18 do not—that is absolutely vital.

The growing evidence around this is that we are getting employment and we are getting education outcomes that are very positive. We are getting young people who are saying, “We want to be supported by this program,” and, therefore, are voting with their feet around this. I think there are some significant stories that are coming

out every day about young people who are graduating or moving on to a university education and who are identifying that the impact of their use of our support and transition team has been essential for them to move there.

One element that I think is really significant around the work of this team as well as the training and education is the effort that goes into reconnecting with broader family systems for many of these young people. This is an acknowledgement I think that growing and relating to your family does not stop when you are 18. In fact, we all know that it can become even trickier after 18. So one of the really important things that happen here is that this team look for the natural supports and natural family and work with the young person into embedding them into that broader identity and their broader family as they move forward.

Mr Gentleman: And for Indigenous people too, the team works closely with Gugan Gulwan, Winnunga Aboriginal Health Service, the Canberra Hospital Aboriginal liaison service, Narrabundah House and the Aboriginal Legal Service to provide culturally specific services to those young people as well.

But they also work with Bimberi, and one of the really noticeable results that I have seen personally is from a visit we made to the transitional area a little while ago. We visited a young man who, I would say, probably early in his life had a lot of challenges and did not see much of a future. He was leaving that afternoon to start work as a bricklayer on the next Monday. It is a wonderful story and a great way of relaying how much importance this sort of work has.

THE CHAIR: Ms Lawder.

MS LAWDER: I have a question relating to the item on page 291 of volume 2. Ernst & Young had two contracts for baseline financial assessment. What was that?

Mr Gentleman: Mr Hubbard is probably good on the financial side.

Ms Howson: I will ask my deputy, who has not had a chance to say very much this morning, Ms Chapman, to answer that.

Ms Chapman: The Ernst & Young work was actually to help support us in our work to develop the out of home care strategy. One of the things we needed to understand was: how much is our system costing, where is the money being spent, how is it being used, that kind of thing? When we talk about baseline, that is actually to get a really good understanding of our entire service system, not just what CSD does but the whole service system, in out of home care.

One of the reasons we used Ernst & Young was that they have actually got real experience and expertise in this. They have done it in Victoria, they have done it in New South Wales. So they understand that sector incredibly well.

MS LAWDER: So you did not have that baseline data before?

Ms Chapman: No, certainly not in the depth that we had. We knew how much we spent, we knew what we gave in grants or in contracts with the out of home care

providers, but this was actually digging right down into the depths and modelling it to say, “If it looks like this and we did these things, what would that do to where the money might be spent or to what the outcomes might look like or the number of young people that might come into care or not come into care?” It was a very detailed look at the whole service system with modelling that said, “If we twiddle with this, what will it do downstream? If we twiddle with that, what will it do downstream?”

We used them because we did not have the expertise internally to actually do that level of modelling. As I said, they are very experienced in this. They have been doing it in the other jurisdictions. They can bring their knowledge from those jurisdictions to help us actually understand our service system better.

MS LAWDER: I am interested that there were two contracts, and the second one was let only six weeks after the first one, although the first one was for three months. Was it that the initial contract was not big enough in scope?

Mr Gentleman: Two phases, sorry.

Ms Chapman: Sorry, minister, feel free to answer the question.

MS LAWDER: I can see here it says phase 2.

Mr Gentleman: There were two phases of the assessment program.

Ms Chapman: That is right. Because this was a strategy that we were developing, we needed some fundamental answers to some really basic questions to get started. And after we did that and we realised we needed to look at a new service model, we needed to do additional work which actually informed the business case and the strategy for the government. It actually took that first piece of work.

We then decided, as Ms Nolan said, if we had a greenfield site, what would a service system look like in the best of all possible worlds? And then we remodelled it based on all of the information we had to determine what would it look like, where could it go, how much should we invest, how could we re-invest, how could we use what we already had, but in a different way. That was phase two of the process.

MS LAWDER: It is interesting that you were six weeks into the first one. Was the three-month project completed and then the second one started, or did the second one start on 12 November?

Ms Chapman: Yes.

MS LAWDER: Then what happened to the remaining six weeks of the first contract?

Ms Chapman: They ran concurrently, because they were actually two different groups of people doing the work, although the principal from Ernst & Young was the same principal. There were different skill sets that we needed. So they got a team to do X and then we moved to Y they got a different team to work with us on Y.

MS LAWDER: Will that work that was done by those teams inform the report on

government services, for example? What did you get out of that that you are going to be able to use? Has it informed your budget submission for this year?

Mr Gentleman: It certainly has.

Ms Chapman: In terms of the ROGS data, that is a data set that is specified and we report on it every year across Australia. And they look at particular things, how many children in care, how many bed nights, that kind of thing.

MS LAWDER: I understand that. I am just trying to understand what you are going to use this data for.

Ms Chapman: We knew that information. The work, the drilling down, actually informs two things: one, the budget submission; and, two, the business case in terms of going forward. For example, it will help inform how we procure different services into the future, what should we be aiming for, what should we look for, how much do we think it should cost and so on. As I said, we knew a lot about our system at a superficial level. This was actually to give us real evidence about the things that we needed to understand to inform our strategy and our business case going forward.

Mr Gentleman: Because, invariably, when you go to budget, you need the real evidence behind you. It is no good talking about the theory.

Ms Chapman: Certainly, minister. The finance department, Treasury, always ask us those questions.

MS LAWDER: My question earlier was about the total cost on page 142 and your original target. You were three per cent over with the actual result. Is this work that has been done going to perhaps ensure—

Ms Howson: It certainly informed the business case and our budget submissions around what is going in. Inasmuch as we end up receiving appropriation aligned with that evidence, yes, it is informing what you might see flow through into our accountability indicators into the future. It is most definitely informing where we need to invest if we are going to reduce growth in the system, in other words, reduce the number of young people coming into care for extended periods. It is going to inform our procurement strategy and, as Ms Chapman has already indicated, what services we need to procure in this new model.

THE CHAIR: It is now just after 11. The committee will adjourn for a short break and resume at 11.25.

Sitting suspended from 11.03 to 11.25 am.

THE CHAIR: Minister, we shall recommence taking some more questions on care and protection. Perhaps you could tell us about the improvements that have been made to the electronic system of supporting Care and Protection Services and youth justice?

Mr Gentleman: That is an output class designed for Thursday, but—

THE CHAIR: I shall leave it until Thursday, then. What is the aim of the *Working Together for Kids*, an information booklet for parents and families which you launched recently?

Mr Gentleman: It was designed to assist those parents that are involved with kids in care and protection to give them better resources and better connectivity with the directorate as well. I will pass over to directorate staff to give you some more detail.

Ms Howson: This is a resource for parents that are involved with the care and protection system to basically demystify that system and make it easier for them to understand their rights and their obligations as part of that process, where they can get support and what is involved in the process of being involved with the statutory children's service system. We believe it has been written in a way that, as I said earlier, basically demystifies what is quite a legalistic framework within which we have to operate.

Dr Collis: The booklet was a collaboration with the Family Inclusion Network, a body that largely represents birth families and families who come in contact with the child protection system. This was an 18-month collaboration and it was launched in May of this year. As Ms Howson said, the goal was to demystify a process which is not only very legalistic and confusing for people but when people are in contact with the system, they are most frequently in emotional turmoil. So they seek the support of others and the support of documents and artefacts that might allow them to revisit where they are in the process, what their rights are and who can support them in this situation.

The design process went over a number of workshops, which was co-facilitated with the Family Inclusion Network and our staff, and included families who had been in contact. Of course, that is often a very fraught relationship. I really appreciate the Family Inclusion Network and would like to acknowledge the fantastic work they have done. The involvement of the child protection system, as you would appreciate, is not necessarily welcomed always—in fact, most often not—into people's lives. We hope people's experience of our system is positive and useful in the long term, but it is a very difficult thing.

We went through that process of hearing their voice and ensuring that the booklet is written in a way that we were told was accessible and understandable. It is on our webpage as well, but we have invested in the hard copy of the document so we can leave this document with all of the families for whom we make contact.

We also have the documents around key support people in the community so that when they are supporting families in contact with our system, they have a plain English guide to how the process works and where the people are in the process. This also ticks off on a number of other obligations we have under the Children and Young People Act to be able to communicate clearly to people the rights and responsibilities in the system, and we want to go the extra step to make sure we have this capability built in. It has been a very well received document both in the community and by parents and has certainly made the process a lot more understandable, at least for them.

THE CHAIR: Whilst on the subject of documentation, perhaps you could tell me about the child health passport and what that means for children and young people in care and protection?

Mr Gentleman: It is a document that stays with the child. It has the child's records to a degree, so health history—for example on immunisations and those sorts of things—so that carers can go with the child, use that document for health appointments rather than having to get another letter of detail on the health history of the child. So it stays with the child all the time and it allows doctors to be able to see that history straight upfront. It has been instituted as a result of feedback we have had from carers saying it is really important for them to be able to have that record too and understand the health history of that child so when they are talking to doctors they can give the history of the child to the doctor for those better outcomes.

THE CHAIR: Will that proposal be outdated by the current developments around e-health and e-health records, which is a federal government initiative?

Mr Gentleman: This is a different avenue of some ownership for the child and also for the carers of those records as well. It is a different approach for us, but, certainly, e-health is a really important part of that, too.

Ms Chapman: The e-health record is a fantastic innovation for people who are in stable homes, work with the same GP and so on and so forth. Very often if a child is taken into care, it may well be that that family has not embraced an e-health record. So this is a way of ensuring that, when the child is moved into care and may, in fact, be moved into care initially for a little while while we get a stable placement for them, everybody working with that child has some knowledge about the health issues for that child. It is about medication, it is about allergies they might have to eggs or whatever.

One of the things I heard in the roundtables we have had with carers is that that would be a very useful tool and that it stays with the child. It is a simple paper record, but it actually is a good way to start a relationship with a child going into care. The two can work together. One of these days all of us will have e-records, I am hoping, but right now the take-up is not that high, particularly in the cohort that we are looking at.

THE CHAIR: We shall move on to the next output class—community relations. Minister, in regard to emergency relief funding, could you confirm the terms of reference for the current review?

Mr Gentleman: The government is committed to providing relief to Canberrans in need and intervening early to prevent people from needing crisis support. Whilst the fund has been in place, we have been looking at ways of addressing a crisis before it happens. So we are really looking at the early end of that program. The directorate has agreed to undertake a review of this relief program to make sure the funding integrates and aligns with services so people are better supported, and the underlying causes of their need for emergency assistance in crisis need to be better addressed. I will hand over to directorate officials to give you more details of that program.

Ms Sheehan: Thank you, minister, and thank you for that question, Dr Bourke. As

you know, the directorate is responsible for a broad range of provision of services to extremely disadvantaged people right across our portfolio, particularly our \$4.5 billion asset in public housing, all the funding that we provide for homelessness services which sits at around \$20 million a year and so on and so on. In having a look at the provision of emergency relief, which is a comparatively small amount—it is about \$1.5 million a year—the thing is, where does it sit in that continuum of support that we provide for disadvantaged people?

The first thing we have done is an analysis of what is the data telling us from the emergency relief providers now. It is very, very interesting in terms of who is receiving the services. The really striking thing is that 80 per cent of people receiving that relief at the moment are actually public housing tenants and the largest income form is a Centrelink payment. What you are looking at is people who are basically poor; they do not have jobs and they are having difficulty managing their resources based on that and they are also receiving a considerable support from the ACT government through public housing.

Another really interesting thing is that 65 per cent of recipients are women and 50 per cent of recipients have children as well. You are basically looking at emergency supports for predominantly women who are living in public housing with children. In terms of all of the ways we are trying to support disadvantaged people and if you are looking at, say, the west Belconnen trial, which is a place-based approach to stopping a crisis happening and supporting families and women and children before that happens, if you think about what we are trying to achieve through the out-of-home care strategy, again, which is to try and support families before they get to crisis, then we need to have a really good think about where that \$1.5 million is best placed.

We are writing a discussion paper which we will then consult with providers on, but also with a view to broader provider forums. UnitingCare, as you know, is a participant in the west Belconnen trial, and the head of UnitingCare is a member of the better services task force. We will really be having a proper look at the best use of those funds with a view to who needs that support and who is receiving it at the moment.

THE CHAIR: Apart from UnitingCare Kippax, who are the other providers?

Ms Sheehan: The Salvation Army and St Vincent de Paul. Dr Bourke, understanding who needs and who receives those emergency payments is quite surprising. I have been responsible for public housing for a long time and I was not expecting 80 per cent of recipients to be in public housing, but that is what you find when you do that analysis of the data and you really start thinking about who needs the support.

The other thing that is particularly important for the ACT government is what other emergency and crisis payments do those providers make and what are their other funding sources. For St Vincent de Paul, for example, members of the committee probably will not be surprised to hear that more than 50 per cent of the emergency support they allocate comes from either the commonwealth or their own efforts in raising funding. Again, it is what are the other sources of funding, where is that greater source of funding going and what else are those providers seeing as people come through to receive their financial and material aid. So the providers are

Salvation Army, St Vincent de Paul and UnitingCare Kippax.

THE CHAIR: And what is that financial aid typically used for?

Ms Sheehan: The biggest thing is food. The committee would know that in addition to the emergency financial program, the directorate has a large free food program. Not so long ago the minister announced some additional funding for the Yellow Van at Communities@Work, which, of course, is a free food program. We fund the Red Cross food program through the community services program, which is the subject of consideration of the committee today. We have the early morning centre, which is through city UnitingCare. That is funded through the national affordable housing agreement with infrastructure that was significantly augmented through the ACT government. That was a refit of the early morning centre so that homeless people could not only get free food but wash their clothes and hopefully make contact with other providers. We would need to build up that picture of what is the totality of support that people are getting.

Of course, the Griffin Centre is where the Red Cross provides its free food service. There is also the Stasia Dabrowski provider; she receives a grant, as do the Hare Krishna free food providers. Because of the nature of that funding and where they are providing it, they do not have a little check sheet where they say, “This is how many people came for free food on a particular day,” but they do have to acquit the funds—that it went to free food.

It is really interesting that, despite all of those other free food services, with financial and material aid, people are still primarily—that is the largest area. I think about 70 per cent of the funding goes to food. That is different from getting a free meal, of course. It could well be that people are getting food vouchers to go to the supermarket and select.

Ms Howson: Just in summary, I think it is important to emphasise that as we are reviewing this program we are looking at this from a whole-of-system perspective, not just whether or not there is demand for that particular requirement through those three service outlets. That is certainly an important part of the story, but it is a bit like the ambulance at the bottom of the cliff where it would be better if we stopped people falling off the cliff in the first place. So it is about the interactions of all these other programs and systems. And if they are not working well enough so that people in public housing who are entitled to concessions as well as rent relief are still unable to afford and budget for their food, what is going wrong there? We are saying: let us have a look at that.

THE CHAIR: You have said \$1½ million is what the ACT is putting into emergency relief funding. Do you have any idea of what those other organisations are putting in in terms of dollars?

Ms Sheehan: I do not have those figures with me today, but if they have provided the information to us, with the minister’s agreement, we would be able to provide it to the committee.

Ms Howson: We also understand that the commonwealth is reviewing its programs in

this area.

Ms Sheehan: Yes, and we know, from talking to providers, that the commonwealth are looking at a particular focus. As Ms Howson was saying, if it is the ambulance at the bottom of the cliff where people have limited incomes and they are not able to manage to live within those incomes, the commonwealth are particularly looking at the provision of the crisis support but then referral on to financial counselling, which the ACT providers do as well. And the directorate funds Care Inc, which provides financial advice to families, including public housing tenants.

THE CHAIR: Thank you.

MS BERRY: Can I have a supplementary?

THE CHAIR: Certainly.

MS BERRY: Just regarding those three organisations that are receiving that funding for emergency material and financial aid, what sort of accountability do they provide back to the directorate about how that money is being used? Do they provide you with outcomes?

Ms Sheehan: They are all funded under service funding agreements, which are three-year service funding agreements. Then there are measures in the agreement which specify what they are to deliver under the agreement and then the reporting processes under the agreement.

MS BERRY: Part of it is what they are actually delivering, but does it include—

Ms Sheehan: The outcomes for clients?

MS BERRY: Yes, the outcomes.

Ms Sheehan: Thank you for that question, because the reason that we particularly need to review the program is that it is very much based on the outputs being the provision of the crisis relief. When we talk about outcomes, that is the issue that Ms Howson is raising—what are the outcomes for these families more generally and what are the outcomes that we would be wanting to help those families achieve? Those outcomes are not specified at all in this program. We need to see this program as part of that broader issue.

MS BERRY: When do you expect the review to—

Ms Sheehan: We are undertaking the analysis work at the moment; we would hope to have something to the minister by March next year.

MS BERRY: Thank you.

THE CHAIR: Mr Wall.

MR WALL: I might go back to where we were yesterday, the microcredit loan

scheme. You are briefed; you are ready?

Ms Sheehan: Thank you; I am. I am pleased to say that I did remember in broad terms: \$800,000 over four years is not too far from the truth. In fact, it is where we are headed.

The answer is a little more complicated than you would straightforwardly say. The first thing is that in the last budget the ACT government announced a microcredit scheme for \$100,000 a year over four years. In addition to that, it had previously funded the women's microcredit program, which we talked about yesterday. That program was about \$50,000 a year; it was launched in 2010, with a goal of being fully self-funding by 2013. That goal was met, because the women that borrowed the money paid the money back. By the time all of the money was paid back, and it was Lighthouse that had that money, when the government announced the additional \$100,000 Lighthouse was allowed to use the capital that had been repaid from the loans and add the \$100,000 in. That is the amount that we have available going forward. So I want to say a bit over the \$150,000 a year going forward.

Of course, as with any loan scheme, over time the amount that is available depends upon the successful repayment of the money. That is clearly what we are trying to foster. Because the microcredit loans are on business development, we are actually helping people to generate their own income. The expectation is that that will be successful in helping them have a business and they will be able to pay their loans back.

Mr Gentleman: I am not sure whether, in yesterday's questioning, you were informed about the target groups.

MR WALL: We did not get very far. We deferred it to this morning.

Mr Gentleman: Good. The government did look at key target groups for the program. They include Aboriginal and Torres Strait Islander people; migrants; young people; women; and lesbian, gay, bisexual, transgender and intersex persons. And it includes business skills development, individual mentoring, peer support and access to networking events.

MR WALL: What about men?

Mr Gentleman: Interesting. Men are embedded in all of those categories except for the women's category.

MR WALL: It just seems interesting that you highlight a number of groups within the community, but men are clearly missing. Are men eligible?

Mr Gentleman: We looked at these key target groups that have not fared well in terms of support in business. Generally if you look at the business community, men are dominant in the business community and it is these other groups underneath that need the support to come up through the ranks.

MR WALL: So if you are an able-bodied male that is not of—

Mr Gentleman: Our statistics show—

MR WALL: If you are a heterosexual male who is not of Aboriginal or Torres Strait Islander descent, you are not eligible to apply for this scheme?

Mr Gentleman: This was developed through the Canberra Business Council and their views on who should be targeted for this assistance. They were the ones that assisted us in the decision-making. They identified these groups as the ones that really need the support.

MR WALL: What supports are provided for heterosexual non-Indigenous males?

Mr Gentleman: I will pass to our directorate for the details.

Ms Howson: I was just whispering in the minister's ear. There is a range of programs that are administered through the economic development directorate that are available for broad-based business development across the community. My understanding is that they have associations with the Canberra Business Council, Mr Wall, but we would need to refer that to our colleagues in the economic development directorate to get you specific responses. I am confident that there are a range of programs. Of course, our directorate is particularly focused on supporting the most disadvantaged in the community, and the nature of these programs is to target groups that are not successful in navigating and engaging in the broader service system, particularly in terms of economic participation.

MR WALL: How many loans have been administered through the course of the scheme?

Ms Sheehan: In the first six months of its operation, 26 loans were granted.

MR WALL: So it is under the amalgamation of—

Ms Sheehan: Sorry, \$28,000 worth of loans was granted; that was for eight loans.

MR WALL: And the other 18 were done under the women's microcredit scheme—is that correct?

Ms Sheehan: I cannot—

Mr Gentleman: We will come back to you with the details.

MR WALL: What sort of loan terms are the loans issued over?

Ms Sheehan: I do not know the answer to that question.

Mr Gentleman: I might ask Mr Matthews to come down and help us out with that.

Mr Matthews: I have some background in this area. Generally the loans are over a two-year period. Initially they are very much start-up loans, just to get businesses

literally off the ground in their first iteration.

One of the improvements with this program was to give Lighthouse the capacity to come back and give subsequent loans which would be at a low interest rate to help with that next stage of business development. But also in the design of this program we have worked very closely with Westpac Bank, who provide some of the loan finances. One of the clear objectives is to provide a pathway to mainstream lending, whether it be with Westpac or with other financial institutions.

Clearly, over time the expectation is not that people continue to receive microcredit finance, but that, after their business seeks to get established, has an income source and has a track record of performance which is more able to be sold to financial institutions, people are supported to do that. That is one of the business development support activities provided by Lighthouse.

MR WALL: What are the assessment criteria that are used to assess it? Is risk a component that is taken into consideration?

Mr Matthews: Absolutely. That is a very important element of the program. Nobody is interested in setting up businesses that are going to fail from day one. The initial intake process through Lighthouse is quite rigorous. Information sessions are held to give people broad-based information; then it is an engagement process with Lighthouse and the proponents. Essentially, people have to develop a business case or a business plan to demonstrate how their business will operate, understand whether it is going to be profitable or not and identify what its long-term objectives might be.

Lighthouse work with those proponents very closely to make sure that they apply a strong degree of analytics over that and are able to give people advice about how they should be developing those businesses further. Then, on an ongoing basis, they work with them to monitor how they are going, tracking against that. So it is a quite a rigorous process, but it is specifically designed to make sure people get that assistance during the very early stages to make sure that as many of these businesses as possible are successful.

Mr Gentleman: I could probably give you a couple of examples, Mr Wall, if you like. There was one business that provides a new free publication that is distributed around Canberra cafes. The publication provides for an affordable print platform for small to medium businesses to advertise their products and services. Then there is a business that has been operating for a number of years selling recycled fashion through themed party events. That has progressed for participation at the Westside development at the Acton Peninsula, so we will see some of that happening shortly. They used the funds to refurbish two caravans that can be used at events as well, at the site.

MR WALL: Have there been any instances of defaulted payments or loans not being repaid over the two-year term?

Mr Matthews: I am not sure if any of my colleagues have got the data in front of them, Mr Wall.

Ms Sheehan: At the moment, no. If we go to the original scheme, which was the

women's microcredit scheme, that scheme has become fully self-funding.

MR WALL: But were there any instances of default, even under the women's microcredit scheme?

Ms Sheehan: I think there were maybe two.

Ms Howson: We will have to take that on notice.

Mr Matthews: We will take it on notice. Mr Wall, generally, when we looked at the functioning of bringing in ideas, with that first women's program, we were absolutely focused on the issue of repayments and the level of default. It was very low. That is very consistent with microcredit schemes more generally; they do actually have a very successful repayment regime. Obviously what Lighthouse do is make sure that, if people cannot repay, they are not put in additional hardship for that. But very much the expectation is that people do repay their finances. The rate of repayment is very high, and that continues to be one of the successful features of all microcredit programs.

MR WALL: You mentioned that there is a combination of no interest and low interest loans. What is the interest rate for a low interest loan?

Mr Matthews: I do not have that information in front of me, Mr Wall; I am sorry.

MR WALL: If you can take that on notice then, and also how the interest rate is set or determined? That would be appreciated.

Mr Gentleman: Certainly. We will come back to you with that.

MS BERRY: A supplementary, chair.

THE CHAIR: Ms Berry.

MS BERRY: Just on this microcredit program: I might have missed when you said how much is actually in that program all together. There are four loans that have gone out so far of \$21,600 each?

Mr Gentleman: Yes. The total commitment, Ms Berry, was \$800,000. That includes the women's microcredit program over four years.

THE CHAIR: A substantive question, Ms Berry.

MS BERRY: I wonder if the minister could give an update to the committee on the human services blueprint?

Mr Gentleman: Certainly. The blueprint has been rolling out across the territory but with a focus, of course, on west Belconnen. I will ask directorate officials to give you an update on the detail.

Ms Howson: Thank you, Ms Berry. This particular initiative of government is to

ensure that our community get a better service experience from the human service system, to be able to improve the outcomes that we are achieving around social and economic participation and, more broadly, to improve the sustainability of the human service system. That goes particularly to our byline around this program, which is getting the right service at the right time for the right duration and eliminating unnecessary duplication or gaps in the human service system where people's needs are not being met.

We are currently in the process of implementing the three flagship elements of the human service blueprint that were funded in the last budget process. One of those is the localised trial at west Belconnen. That trial is designed to illustrate how we would translate an integrated human service system on the ground, what lessons do we learn from that in terms of the way in which we can achieve those three outcomes that I just spoke about and then be able to translate that more broadly across the Canberra community.

It is also giving us a lot of important information about how to engage the community in the design of the services that meet their needs and engage them in decisions about what issues they want to see the human service system respond to. I will let Mr Matthews talk more specifically about where we are at with that. We are also ramping up our access to our strengthening families program, which is a program of intensive service support for families with lead caseworkers—again, families deeply involved in the design of their priorities and where they want to work and how they want to work with the human service system. We are moving from 20 families being involved in that process to 50.

The third element is the human service gateway, which is initially the co-location of our disability, children, youth, family support and housing information services. We spoke yesterday about that being co-located with the National Disability Insurance Agency. But I will ask Mr Matthews to speak more deeply.

Mr Matthews: In terms of the local services network in west Belconnen, we have really got two processes broadly happening there. One is we have got a design team working on the structural elements of how that local services network will operate. That includes, I am really pleased to say, government and community figures working very much together. We have got representatives from the key service providers in west Belconnen, such as UnitingCare and Belconnen Community Service. But we have also got agencies such as Medicare Local involved and representatives from the health, education and community services directorates. So everybody is working together. Essentially, that design team has to deliver a product to the better services task force by the end of the year, which will be the network launch plan, so how we intend to roll that local services network out in west Belconnen from January 2015.

The other element that is going alongside of that is quite an extensive process of community engagement. That is really about how we can involve the whole community in a joint effort to take pride in the community more broadly but also to get people engaged in a process to identify priorities and areas of need in west Belconnen. That has happened very extensively over the last few weeks. It includes elements such as a community survey through the time to talk mechanism. We have had a service provider survey where we have worked extensively with local service

providers to understand their operations and what they are doing in the area. We have held neighbourhood forums in Flynn, Holt and Charnwood. We have also had, very importantly, a roving story board. That is about taking the conversation to the community more generally. The roving story board has been in places such as Kippax Fair, the Belconnen markets and out at Strathnairn, as well as in all the key service provider locations. That is about a street level conversation about what it is like to live in west Belconnen, what people think are the great elements of living in west Belconnen but also what needs to be done differently. All of that work will come together to identify some local priorities and future directions. That will form part of that network launch plan that will kick off from January 2015.

The last point I would make is it is really important not to see this as a one-off exercise. The whole intention behind the local services network is an iterative, ongoing conversation with the community and service providers to continue to design what the local services network looks like and how we can improve services in west Belconnen, because we want to take that learning to the whole of the community and make sure that we are able to independently evaluate that as well so that we have got some analytics about what has changed in west Belconnen, what has worked and what has not so that we can inform any of our future work.

THE CHAIR: A supplementary: you mentioned evaluation and strengthening families. You had some evaluation done by ANZSoG. Could you tell us about that, minister?

Mr Matthews: Thank you, Dr Bourke. Strengthening families has been a really great project because, again, it is developed in partnerships with service providers but also families. It started off about 18 months ago now with a process called listening to families. It was about just hearing families' experiences of their lives, their needs and how they were interacting with the service system. From there we went into a second phase of work where we piloted a particular intervention with 11 families. That intervention was around having a lead worker to coordinate their needs and for that lead worker to be properly authorised by the system to cut through any problems that were encountered.

There were a range of other supports that were put in place as well for both workers and families to be able to describe what families need in a much more real and meaningful way. It was not just about what services they were looking for but what their total goals and aspirations were and how we could marshal natural supports as well as services and local communities to help meet that.

The ANZSoG evaluation looked at all of those elements. It did some surveys of participants both before the beginning of the piloting stage and at the end of the piloting phase. It looked at the level of service involvement that they had and also compared the model with international literature. I am really delighted to say that the University of Canberra said it was consistent with world's best practice in terms of the elements of the program and how it had been delivered in the ACT. They also provided advice about how the next phase of work could take place, which is exactly where we are up to at the moment.

With the support of the government, who allocated funding in the most recent budget,

we are just about to enter our phase 3 work, where we are about to expand the strengthening families approach to up to 50 families and to very much incorporate it within the work of the local services network in west Belconnen to really make sure that we can support the highest end need families in west Belconnen but also families in other parts of the ACT.

Mr Gentleman: It is also interesting to note that Tasmania have followed our lead as well. They are looking at what we are doing with the human services blueprint and rolling it out down there as well.

THE CHAIR: Ms Lawder.

MS LAWDER: I have a couple of questions about the LGBTIQ Community Advisory Council. How often do they meet? Are the people on the council appointed as individuals or representing organisations? I am also interested to know whether the council have discussed or made any recommendations relating to the funding for Diversity ACT.

Mr Gentleman: I will just talk a little bit about Diversity first, if you like. As you are probably aware, Diversity had some funding originally but then later on went into an auspiced agreement with Northside Community Service. The community service advised CSD on 6 February this year that the arrangement would be terminating. While it did begin well, there were some decisions, I think, that did not go well between the two parties and there was a breakdown in that working relationship.

They then worked in an auspiced agreement with Communities@Work. That started off pretty well as well but then it too broke down and we were advised by Communities@Work in July that they would no longer be auspicing Diversity. I looked at what had been occurring and wrote to the council and asked for their input on which way they think that the funding and the provision of services should be done across the territory. They have responded now. I am just looking at some of those responses now to determine the way forward. The membership of the council is quite varied. There are people there from those different groupings that form the council. I think it is a really good representation of those groups across the territory.

MS LAWDER: I also wondered how often they meet.

Ms Sheehan: They meet every two months. In addition to that, the council was doing some work where it wanted to meet more frequently. So in the past 12 months it has met eight times.

THE CHAIR: Minister, can you talk us through some of the benefits that have arisen from the community sector reform program and what has been achieved so far?

Mr Gentleman: Indeed. Some of the reforms we have been looking at are to reduce red tape for the community sector. As you would probably be aware, there is a lot of regulation for them to go through. We are looking at making it easy for the community sector to focus on actually providing a service rather than continually reporting back to us. We have looked at some of the skills and capacities to try and help them with their operational success as well. Also, the sector development

program has been enhanced by linking with the delivery of sector development elements for the national disability insurance scheme. I will go to the directorate now to give you some more detail.

Mr Gotts: Is there a particular area that you would like me to talk on or generally give you some more detail?

THE CHAIR: Let us start at general and then we will go into detail.

Ms Howson: The general achievements, Robert.

Mr Gotts: They can be broken into different groups. For example, we have been working with the 150-odd community sector organisations that are funded by the ACT government. There the focus has been on the things that are of strategic importance to their sustainability. That includes things like governance and financial management. The program that we ran there was a program of tailored support from a panel of consultants that was able to focus on the governance or financial management needs of particular organisations given the situations that they were facing. For example, many of the organisations that were assisted are facing the implementation of the NDIS. For them, it is about what that means. Others were facing different challenges, so it was an opportunity for them to look at the challenges that they were facing and to then tailor the support to meet those particular challenges. That support was equivalent to \$20,000 per organisation, and we did that for over 40 organisations.

The other way that we have been assisting is recognising that for every requirement that the government has of a community sector organisation that is effort they are putting in to meeting that need rather than the needs of their clients. So wherever we can reduce that, that is a direct benefit to community sector organisations. That is the red tape program that the minister referred to. That has been very successful. To date, we have reduced red tape by a bit over \$2.5 million annually, simply by changing the way in which things are done—the way in which contracting is done, the way in which procurement is done and the way in which reporting is done. We have found some legislative regulatory barriers that we were able to move and save time, effort and resources for community sector organisations as well.

We have implemented a new single relationship manager program, so a community sector organisation that once might have dealt with four or five different parts of CSD now just has a single relationship manager for CSD and that manager is able to facilitate the resolution of any issues that that organisation might have. That is a direct benefit to them as an organisation—one person they know that they deal with. They are all quite senior managers so they are well able to get things done within the organisation and also in the relationship with the community sector.

Mr Gentleman: We are really interested in seeing a stronger community sector, and we see this as a really good investment to allow the sector to respond and to provide more services as we go forward. It is a good news story.

THE CHAIR: Minister, are you able to give us any specific examples of red tape that has been cut?

Mr Gotts: I will be happy to. One example is that the Associations Incorporations Act, which comes under a different portfolio, had a regulation in it that specified that an audit for a not-for-profit organisation needed to be carried out by an auditor who was registered to do audits under the Corporations Act, the commonwealth legislation, and the threshold for that was set at half a million dollars. That threshold had been in place since 1991 and obviously inflation had eroded it over time.

THE CHAIR: What does the half a million refer to?

Mr Gotts: Half a million in turnover. So with half a million turnover, you required an auditor with that level of accreditation. An audit of that level costs around \$20,000, give or take. By changing the audit level just by applying inflation over that time, that put it up to around \$1 million, and that meant we saved organisations in the community sector about \$800,000 a year by not requiring audits conducted by that level of auditor simply by putting the inflation rate in over that time. That is one example.

Other examples relate to shifting the financial reporting requirement from twice a year to once a year. If there are issues of risk and concern, then obviously reports can be done more often. But, in a general sense, if we have had a 10, 15 or 20-year relationship with a community sector organisation, then financial management reports once a year would seem to be a reasonable thing to do. We have implemented that, again to considerable benefit to the organisations concerned.

Changes to procurement have been a direct benefit as well. We have introduced a new low risk, recurrent grant instrument for organisations for which we are not actually procuring a service. We might just be providing a small amount of funds to support an organisation, and often that has been the case for many, many years. We have moved those to recurrent grants with lower reporting requirements, again where there are no significant risk issues to be concerned about. It is about matching risk with practice.

THE CHAIR: Supplementary question, Ms Lawder.

MS LAWDER: Obviously reducing red tape is good news for community sector organisations, but on the flipside I have heard some concern from the community sector organisations about the indexation that was applied this year and that that had not been communicated to those organisations until early July. Have you heard about this? If you are an organisation, you have to have your budget approved by your board—a normal governance process—prior to the start of the next financial year, and then the amount they received was not exactly what they may have been expecting because of a different indexation. Are you aware of what I am referring to?

Ms Sheehan: Yes. The issue there, Ms Lawder, is that in the forward estimates the Treasury needs to estimate what the indexation rate will be. That is what you see in the forward estimates. Come the time to apply the indexation rate, the actual indexation rate is based on CPI. Of course, for community organisations it is the weight cost indicator, which has an 80 per cent wage component in the calculation. So it is not a reduction; it is making concrete what the actual rate for indexation would be when 80 per cent of the rate is based on wage costs.

MS LAWDER: I do not think I said it was a reduction; I said it was different to what they may have been expecting. My point is not necessarily how you come up with the figure; it is more about the impact it has on these community sector organisations when they have already gone through their governance processes. There is a request from those community sector organisations about better communication and understanding about that, and have you come to a decision or an agreement about how you might communicate with those organisations in the future?

Ms Howson: I think that is a very good point.

Mr Gentleman: Yes, certainly, Ms Lawder. If there are some communications issues in how we bring about the estimates for those costs and, therefore, the influence on those organisations, I am keen to liaise with them at an earlier stage so that they can be involved in that program.

MS LAWDER: I want to ask a reasonably brief question about the spectacles subsidy scheme.

Mr Gentleman: It has been transferred, Ms Lawder, to CMTEDD under the concessions program.

MR WALL: But for the reporting period it was still part of community services?

Ms Howson: Still, that question should be directed to Minister Barr.

THE CHAIR: We will move on to ageing, minister. Minister, can you tell us how you are making Canberra a more age-friendly city, and how do you know what seniors or the aged advantaged want?

Mr Gentleman: I have a personal interest in this, Mr Chairman.

THE CHAIR: You are not the only one.

Mr Gentleman: We are looking, of course, to make Canberra an age-friendly city, and that is part of government policy. We continue to support the Canberra age-friendly city network, which is a make-up of representations from ACT government directorates and key local seniors organisations as well. The group assists in shaping our age-friendly plans and will be vital in the ongoing work of embedding our plans in broader territory strategies and plans.

It is really about listening to that cohort and ensuring that we act on their recommendations. A number of you attended the Older Persons Assembly that we had recently. That is another way of engaging well. I personally want to engage in a front-of-house position as well. I have been out visiting aged persons accommodation throughout the territory over the last three or four months. In fact, I was out just the other day to Goodwin Homes at Monash to look at their new wellness centre. It is not just government policy, but it is a strong interest from me. I will ask the directorate officials to give you some more information about that.

Mr Manikis: I want to commence by referring to the recent OECD report that listed Canberra as the most livable city. If we look at the nine measures of wellbeing, we will find that those mirror the World Health Organisation's measures it uses to mark a city as age friendly. So it is very important that we make sure that we take those sorts of measures into consideration.

It is no coincidence, of course, that our strategic planning has those measures, and we commenced, as you may recall, some time ago with our ACT strategic plan for positive ageing 2010-14. That is coming to an end and we are looking to the next version of that.

What has occurred over the last year or so is we have done a lot of consultation; it has been year of consultation. In the reporting year we have had a national conference on ageing that you may recall. We heard about best practice across the world from other cities. We had a good turn up, and we took away quite a list of things that we could do here in the ACT. That information informed our process for our Older Persons Assembly. The conference was held in 2013 in October, the Australian age-friendly cities and communities conference. Our Older Persons Assembly was held on 1 October this year.

We wanted to ensure that we had maximum opportunity for people to participate in the process. It also involved a couple of months of consultations. I think we had about eight specific consultations in June and July this year to inform the Older Persons Assembly, taking into account what came out of that conference last year and also listening to what people were saying. A couple of hundred people attended those consultations in June and July. From that we crafted three motions for the Assembly.

With that occurring, we put out invitations for people to attend the Assembly, and we got about 60-odd applications, of which we were able to cater for the whole 60 as delegates to the Assembly for them to debate the three motions. Those motions, as I say, were based on what we heard in those consultations in June and July as well as what came out of the conference.

The first motion was infrastructure for an age-friendly city, the second motion was transport for an age-friendly city and the third one was connecting an age-friendly city. Those motions were debated. It was a successful assembly. It certainly was a bit more productive than the first one we had; we learnt a few lessons there. I think everybody got a say and people walked away quite satisfied that they were listened to.

Whilst the applications were a little down on the previous one in terms of participating in the Assembly, the reason was, of course, that people had opportunities to talk at their convenience at the consultations we held in June and July and they felt their concerns had been picked up.

Now we are armed with information after a year of consultations and listening to the community and we are now putting together a draft of what the next rendition of our plan will be. That will go to cabinet early next year through our minister. I am sure we will have a robust document. The agencies are not waiting for this report to be delivered; great work is being done already. In the previous budget the Territory and Municipal Services Directorate appropriated half a million dollars—\$250,000 in this

financial year and \$250,000 in the next financial year—to pilot a couple of age-friendly suburbs, to do things in a couple of suburbs here in Canberra that will assist us moving towards a more age-friendly environment.

That idea has come out of the New York City ageing improvement program as well as the East Harlem district program. That was talked about at the conference last year in October. For example, the East Harlem district program focused on increased seating, both inside venues and outside; improved access to swimming pools; improved road safety measures; and better connection of older residents with existing community events and resources. Those programs have been really successful over there. It is heartening that the relevant directorates are exploring, in a pilot way, what we can do here.

In getting to be the most livable city, we know that being age friendly is a big part of that. We are successful; however, we have got to keep the momentum going, particularly with the population and demographics the way they are. We are up to 22 per cent of people over the age of 60 after 2030; that is a big number to cater for. I think we are very well positioned to continue addressing the needs of our seniors.

MR DOSZPOT: I have a supplementary for Mr Manikis.

THE CHAIR: No, Mr Doszpot. Once the committee members have had their turn, I will come to the visitors. Mr Wall.

MR WALL: Supplementaries or substantive?

THE CHAIR: A supplementary.

MR WALL: I have not got a supplementary.

MS BERRY: I have a supplementary. This might not be in your area, minister; it is a question regarding the over-70s gold card for transport. Is that with you or someone else?

Mr Gentleman: It is with concessions, with EDD.

MS BERRY: I guess that would be something that would be taken into account. I know that public transport, removing isolation from people so that they are getting out and staying in the community, is an important thing for older people. Is that the sort of thing that was discussed through the assembly?

Mr Manikis: It certainly was, yes—transport and moving around Canberra. There is another example there with directorates and the community buses, the new arrangements there. ACTION is responsible for that. But under the seniors grants, one of the grants that we gave out in 2013-14 was to COTA, the council on the ageing, which did a project. I think we gave them \$12,000. They did a project around providing information to those seniors that are socially isolated—just educating them around the options that are available for getting around Canberra, the full spectrum. It is not just buses, but community transport, taxi subsidies and what have you. There is the taxi subsidy scheme. It is the full range.

COTA has done an excellent job with that grant that we have provided them with over the year in trying to get information out. They have been relatively successful. I think they have had some issues in getting into some of the communities. Translated information around transport options is one of the things that we need to do some more work on. That is one of the findings out of that project. Also, they have done an excellent job in getting volunteers together to actually go into people's places and help them out, actually walk them around the system. I think they had seven clients at the beginning of that part of that project, and that is increasing as well.

So it is through those sorts of measures. That is getting back to what the minister was saying—getting these programs and initiatives happening on the ground. Whilst our policy and strategic work is done at a stratospheric level and provides the framework and the guidance, the most important stuff happens right on the ground. It is good that the community, through organisations like COTA, is in tune with what is happening.

Mr Gentleman: I might just add to the transport discussion. I do not know if you have seen them, but you may be aware, members, that there are actually ads in our elevators here in the Assembly about the new transport option for older people through ACTION and Territory and Municipal Services. They can ring up ACTION to book a bus for the next day; the bus will come and collect them, take them to the shopping centre or the GP appointment, and then drop them back afterwards. It is a great opportunity for older persons to get around.

MS BERRY: Yes, that is really good. That was something I think they used to do; they were doing it a long time ago. Now they are starting to do it again; technology has changed, so it is much easier to do it now. That is a great opportunity.

THE CHAIR: Ms Lawder.

MS LAWDER: A supplementary?

THE CHAIR: Or substantive.

MS LAWDER: Substantive?

THE CHAIR: Yes.

MS LAWDER: Sure.

MS BERRY: Sorry, that was supposed to be a supplementary.

MR WALL: I thought we were just doing supplementaries then.

THE CHAIR: We were just doing substantives then.

MS BERRY: That was a supplementary.

THE CHAIR: Sorry. We will come back up the row. Back to you, Mr Wall: do you have a substantive?

MR WALL: I defer my substantive to Mr Doszpot.

THE CHAIR: Mr Doszpot is a visitor; he can wait. We will have substantives and then—

MR DOSZPOT: Mr Chair, I question your ruling.

THE CHAIR: Mr Doszpot, you are a visitor to the committee.

MR DOSZPOT: I am a member of the Assembly.

THE CHAIR: Mr Doszpot, you are a visitor to the committee. You can wait your turn until the members of the committee have had the opportunity to ask a question; then I will offer you the opportunity to ask questions. If you are patient—

MR DOSZPOT: Mr Wall deferred his question to me.

THE CHAIR: Thank you for your suggestion, Mr Doszpot. If Mr Wall wishes to defer his substantive question, that is fine. It is Ms Berry's turn.

MS BERRY: I had a question regarding grants for older people. I wondered if you could talk us through some of the benefits through the funding of the seniors grants.

Mr Gentleman: I will ask directorate staff to provide you with that information.

Mr Manikis: Seniors grants were introduced back in 2004 to provide funding for individuals and organisations to develop activities that promote positive ageing. In the last year, we received 47 applications. Essentially, the projects that were funded embrace social, cultural and recreational activities and events for seniors. We had cooking and nutrition classes by seniors, circus skills, tai chi and IT skills training for older Canberrans. It is really about advancing social inclusion for seniors, getting them up and active. It is about healthy ageing and addressing social isolation as well. That is the idea of these grants. It is not a huge amount of money. Last year it was \$100,000 that we put out there. But in a way, these grants are essentially seeding money; they go to organisations that have quite a few volunteers, with a lot of volunteer time that goes in. The projects are quite diverse and attract a great number of seniors to each one. There is a great deal of benefit for seniors as well.

MS BERRY: I am sure that the volunteers in that organisation know how to stretch very small amounts of money.

Mr Manikis: They do.

MS BERRY: Can you tell us a bit more about some of the programs that benefited from the grants?

Mr Manikis: Yes, certainly. I talked about the council on the ageing. They got a \$12,000 grant for what they did for the whole year. The impact of that has been enormous for a lot of seniors, especially isolated seniors. I have spoken a bit about

that this afternoon.

Another one was training for seniors to become volunteers in the silver memories ArtSound program; \$8,000 was provided last year. That is around ArtSound, which is a radio station for seniors. I think you are all familiar with it; it has a silver memories service which is hugely popular in nursing homes and retirement villages. ArtSound is very keen to make sure that seniors themselves volunteer for administration and presenter roles in that. That project has a lot of dimensions and benefits.

Another one is stay on your feet exercise classes, with the young at heart seniors group, which is the group that got \$1,600. It is not always huge amounts of money. This was about getting a fitness instructor to conduct gentle exercise classes on a weekly basis for a group of seniors—a significant number of seniors, in fact. It was all about overall improvement in fitness, flexibility, mobility and balance. A handful of projects were funded.

MS BERRY: I have another question on the programs: I know that aged-care residences are administered by the federal government. Do any of the programs that we do for older persons in our community go into aged-care facilities?

Mr Gentleman: I was just discussing that with the director-general. In my recent visit to Kangara Waters I saw the silver memories program operating there. I am not sure if it was actually that one, but—

Mr Manikis: Yes, it was.

Mr Gentleman: We saw that the music played there was well recognised by those attending who might in other ways have quite a deficiency in memory or loss in memory. It was interesting to see how that was able to assist them. The music that they heard could bring back memories from a former time that they perhaps would have lost otherwise. It was quite interesting to see it happen on the ground. It was very successful.

MS BERRY: And I have a question on the outcomes. I ask this all the time. I know that we do not really measure outcomes when we deliver grants; we deliver grants based on the service. We never do very well at actually measuring. We know they deliver the service, but what were the outcomes of that service? Is there any work on that through these grants—about how we measure whether the service actually provided the outcome?

Ms Howson: At this stage you are correct, Ms Berry; we do focus on acquittal around the financial outputs and whether the service that the grant recipient intended to provide was actually provided. Across the directorate, though, we are doing more work on outcomes frameworks around a number of our key program areas and looking at how we can better establish our data collection to be able to better inform the specific outcomes that go to the stratospheric plans that Mr Manikis just spoke about—have we actually achieved what we set out to achieve for the community?

THE CHAIR: Mr Lawder.

MS LAWDER: Substantive question?

THE CHAIR: Yes, substantive question.

MS LAWDER: I have a question about the Tuggeranong 55 Plus Club. I think there were a few design issues identified—the driveway a bit steep for wheelchairs, the front door difficult for people in wheelchairs to get in and out, the grassed area a bit uneven for people with mobility issues and the kitchen a bit narrow for people in wheelchairs or with walking frames. Is there some rectification work planned or can you give us an update on what might be being done to address these shortcomings?

Mr Gentleman: Yes. I visited the Tuggeranong 55 club just a few weeks ago and had a chat to the people that attend there regularly. They did not put forward those comments to me, though. Really, they looked at expansion rather than some of the physicality of it at this time. That part of it actually falls into Minister Barr's portfolio in terms of the asset, but I am happy to take on any comments that they might want to make and forward them to Minister Barr.

MS LAWDER: There would be some good lessons learned for Minister Barr. And speaking of Tuggeranong, I have a supplementary, if I may, chair. A few months ago, there was consultation prior to the older persons assembly for people to think of questions or motions that might be put. Initially, my understanding is that Tuggeranong was left off that consultation list; then some locals from Tuggeranong lobbied very hard to get some consultation, to get one of the sessions done in Tuggeranong. I think it ended up being the best attended session of all of them. Is there a commitment from the directorate that Tuggeranong will be included in future consultations?

Mr Gentleman: Certainly that would be my view. Tuggeranong is pretty active, as the three of us who represent the area know. Certainly it is my view that their views are taken into account and they are contacted on a regular basis.

MS LAWDER: What was the process that went through and that left Tuggeranong off the initial consultations?

Mr Manikis: I have not got a list of where we held consultations. I should have the list, but I do not. However, we looked to make sure we did something in the north, something in the south and something in the middle. And that was the view. I am not quite sure, 100 per cent, but what I think happened there was that it was an issue about location in Tuggeranong, whether it was closer to a group's venue—I think it was at the Tuggeranong 55 Plus Club that we actually held it—and it was about that group of people being transported there rather than not having a consultation at all in Tuggeranong. I think that is the issue for that one.

Ms Howson: We can check that if the minister would like us to come back on that.

Mr Gentleman: Yes, we will check that and come back to you.

MS LAWDER: Given it was so successful, I am sure you will make sure it is on the list for any future ones.

Mr Gentleman: Indeed.

THE CHAIR: Mr Doszpot.

MR DOSZPOT: I have a clarification I need to ask, Mr Chair. Are you allowing me to ask my supplementary of Mr Manikis that I wanted to ask originally and then my substantive question?

THE CHAIR: Mr Doszpot, please ask your questions of the minister and his officials.

MR DOSZPOT: I am asking: am I allowed a supplementary as well as my substantive question?

THE CHAIR: Mr Doszpot, the standing orders, as I recollect, are clear that committees may allow visitors to attend public hearings and ask questions. In this case, I am giving you the opportunity to ask questions in the committee. Let us get on with it and stop taking up time with this when you could be asking questions.

MR DOSZPOT: I am going to ask my substantive question, thank you very much. Minister, through you, in annual reports 2013, the then Minister for Ageing was asked the reason for the rollover in the Community Services Directorate to July 2014. The response received—and this is in volume 2, page 269—was:

Finalisation of the study has been delayed due to difficulties in identifying suitable new sites. The feasibility report is expected to be completed by late July.

That is for the Canberra senior citizens centre. What is the status of the replacement feasibility study for the Canberra seniors centre and why have there been further delays?

Mr Gentleman: This is actually under Minister Barr's portfolio. He owns the assets in this area. It is his portfolio that deals with that.

MR DOSZPOT: So you are not playing any part in this situation at all?

Mr Gentleman: I am not in a position to answer questions about the appropriation under his directorate or his portfolio.

THE CHAIR: Mr Doszpot, do you have another question?

MR DOSZPOT: Yes, I have further questions. In regard to men's sheds, volume 2, page 268, has the final feasibility study report been handed down yet?

Mr Gentleman: I do not think the final study has been handed down as yet. It is actually in Minister Barr's portfolio as well, I am sorry.

MR WALL: Perhaps, minister, you could just give us a bit of an explanation as to where the delineation is between your responsibilities as the Minister for Ageing and Mr Barr's responsibilities under CSD?

Mr Gentleman: Yes, certainly. My portfolio responsibility is about the policy and delivery, and Minister Barr owns the assets under economic development directorate.

Ms Howson: This is part of the administrative arrangements orders that came into place recently where all responsibility for community facilities has now transferred to the economic development directorate under Minister Barr's responsibility.

THE CHAIR: Would you like another go, Mr Doszpot?

MR DOSZPOT: Yes, I would. Mr Manikis, you referred to the older persons assembly. I commend the directorate for the work that was done on the older persons assembly. I have received some thoughts from attendees that I would like to pass on and get some comment from you on. A lot of the attendees felt somewhat disenfranchised by the fact that all they could do was raise amendments to motions but there was very little input from the collective group of people. I think I mentioned this to the minister in a previous forum. And that was a criticism, I guess, that was made, that they would like to have more of an opportunity to raise issues from the floor. Are you looking at opening up the potential for people to contribute in a less directed way, if you like?

Mr Gentleman: If I could just take that for you, the questions and motions were raised through a number of consultations, as Mr Manikis mentioned earlier, including with the Ministerial Advisory Council on Ageing. It was actually their organic development that brought those motions and questions. There were not any issues raised in that sense to me on the day, but if the council wants to seek further input, I cannot see any reason why we should not allow those people—

MR DOSZPOT: Just a question to you on that, then, a clarification: were all of the members who attended the older persons assembly in a forum where these questions were formulated?

Mr Gentleman: There were a lot of consultations. They were all attendees of those conferences, yes.

MR DOSZPOT: There were focus groups, which I attended. There were some members of the assembly there, but not all.

Mr Gentleman: I understand they were all at the initial one, but I will ask Mr Manikis.

Mr Manikis: Many were at the initial one. But all of them had the opportunity to attend the consultations. They all had the opportunity to attend one of the eight consultations, and many did, and many have said that the reason they did not put in to become a delegate was that they felt that they had had their say and that their issues were taken on board.

It is true that just one person that I have heard thought that two minutes per person was not enough time to get the oratory and the issues across for each motion. But when you have 60 people in the room, what we were looking for there was a good,

snappy two minutes for each person for each of the three motions. It was structured. It had to be structured. If it was going to be free form, we have individuals in that group who could have spoken for half an hour to an hour quite easily. And that would have been quite devastating, I think, for the rest of the people that might have wanted to have a say as well.

Mr Gentleman: I can say that whilst those people had a say on the day as well, the contributions that they made on the day of the assembly in talking to the motions meant that those motions were actually impacted and they had a different outcome in the end. So certainly their voice was heard.

MR DOSZPOT: Sure, and I prefaced my comments by saying that they did have the opportunity to amend motions, and obviously that does give them opportunity.

Mr Gentleman: Yes, there does need to be some order, though. If there are 60 people, you can imagine if our Assembly had 60 people during question time, there would be some concern as to how we managed the order for that time.

MR DOSZPOT: I understand. My criticism is criticism that has been passed on to me to pass on to you. Overall, people were, as I said at the outset, very comfortable with the majority of the activities. What they have asked me to simply voice to you is: have a look at ways that perhaps it can be opened up on the day to a certain extent to some of the issues that crop up even while the assembly has been sitting there. As to your comment about some people can talk for lots of time, that can be limited as well to the two minutes. So there is no problem there. It was not the length of time that was being questioned; it was the opportunity to bring up new issues that came up since those opportunities—

Ms Howson: I might just come in here. We will certainly take that feedback on board. I think we are looking always to improve the process and ensure that we do not—

MR DOSZPOT: And that is what these comments are intended to be.

Ms Howson: Exactly, and that we do not close down any contributions. We will re-examine the way in which we ensure that people understand where is the right opportunity for them to canvass the breadth of ideas that they have. I think, as Mr Manikis said, we had to learn the lessons from the first assembly where it was a little more open and the criticism at that point was that it was very difficult to roll the breadth of contributions into some elements that all of the majority of people on the floor would support. But we always look for improvement and we will certainly take on board the feedback that you have been given. Thank you.

Mr Gentleman: Can I add to that too that whilst these resolutions have now come back to the council—and, indeed, they will come back to me as well and we will be taking actions on those—there has been some opportunity already in the community to follow up. You would be aware that the YWCA kicked off their computer club just a few weeks ago in Tuggeranong. One of the things that we saw out of the older persons assembly was a need to assist older people with IT. These young people now at Tuggeranong with the YWCA's computer club are actually going out and purposely taking older people into the computer club and showing them how to use

their IT.

A similar thing has occurred now too with older persons and younger people at the Mura centre at Lanyon. You would be aware of that one, Mr Doszpot. It is directly across from the older persons accommodation in the Lanyon Valley. They are going out and taking those older people into their IT network and teaching them how to use some of the new systems there. So it is really good to see how that is progressing part of what we have been doing as well in the assembly.

THE CHAIR: Minister, perhaps you could tell us about the positive ageing action plan, what comes after that, what is going to be the next version, what can we be looking forward to and what work you have done to achieve that?

Mr Gentleman: The plan I think has been well received and now we want to continue with that work. I will hand over, again, to Mr Manikis to tell us how that is going to occur.

Mr Manikis: We have had the year of consultation and community input. Now we are in the business of pulling it all together. In the next little while we will be talking to our colleagues in other directorates that have carriage of actions under some of the ideas that have come up and have carriage of implementation of those ideas, to come up with the next version of the positive ageing, age-friendly city strategic plan which, as I said before, will go to the minister early next year as a draft.

Between now and then, of course, we will have a draft and I think there will be some opportunities for certainly directorates and perhaps the community to have a look at it before it is finalised and goes to cabinet just to tick off. But we are in the business of an action plan of the ideas that have come up. And there is a whole raft of them that have come out of the conference last year, the consultations in June and July and the older persons assembly. We have taken that very seriously. We have documented those ideas. Agencies have looked at those ideas already and they are working on the feasibility of implementation, the cost of implementation as well and the impacts that those ideas may have on the community as well before coming up with a decision as to whether or not they should fall in underneath our ongoing option plans.

But we certainly will come up with a high-level framework which will be consistent with what the World Health Organisation requires of us in the context of us being an age-friendly city under their guidelines as well. So we need to do a few things there as well. I think early next year will yield a result in this area.

MS BERRY: I have a supplementary regarding the survey responses. I see you got 438 survey responses, which seems quite a small number given the growth in our city of older persons. Is there a breakdown of the actual ages of the people who participated in the survey?

Mr Manikis: No. I could probably get that for you.

MS BERRY: That would be interesting. Where did you go? Were the surveys just online surveys or did you specifically target places where older people would be, like senior citizens groups, aged care facilities and things like that?

Mr Manikis: I will get that information for you.

THE CHAIR: Mr Doszpot.

MR DOSZPOT: Minister, this is a question to you. This question is possibly not within your charter but the outcomes of it are, if you could bear with me for a moment. One of the issues that cropped up at several focus groups I attended in the precursor to the older persons assembly—and a lot of people raised the issue—was the utilisation of pedestrian crossings by people riding bicycles. I received a number of complaints on this just over the last few days from people who have felt uneasy about their safety in utilising pedestrian crossings when people, not just single individuals but groups of cyclists, are riding across at the same time. There have been, I understand, regulations amended to allow that to happen, and I am wondering whether you, as Minister for Ageing, are willing to have a look at whether this actually is appropriate and whether there should be some consideration given to what the area is designated as, a pedestrian crossing, and whether there is any scope for you to act on behalf of older people.

Mr Gentleman: Yes, that actually did come out of the older persons assembly as well—concerns about pedestrian crossings and cyclists riding over pedestrian crossings. I can advise that in a previous incarnation, when I was chairman of the PETAMS committee, we did an inquiry into vulnerable road users, which included older persons, pedestrians, cyclists and motorcyclists. One of the recommendations out of that committee's inquiry was to allow cyclists to actually cycle across a pedestrian crossing without dismounting as long as they reduced their speed to walking speed.

It was a recognition that cyclists were doing this already and that there was little available to regulate that and control the cyclists. We did not see any evidence presented that it was a danger to anybody, either pedestrians or other cyclists. I understand that the government is about to respond to that inquiry now. Mr Rattenbury has made some comments on it, but it does actually sit in his portfolio.

MR DOSZPOT: So you are saying that the concerns that the older people are raising with you about their safety are not valid concerns?

Mr Gentleman: Not at all, no, in fact quite the opposite. It came out of the older persons assembly. It will then from that go to the Ministerial Advisory Council on Ageing and they will come back to me with what their view is on that particular resolution.

MR DOSZPOT: And what is your particular view on it?

Mr Gentleman: It is not a matter for me to have a position on it; it is how they feel and what we can do to provide for their safety in the future.

MR DOSZPOT: I strongly recommend you have a look at that, because it is very difficult to police the speed of cyclists going across pedestrian crossings.

THE CHAIR: I think we will adjourn there.

Mr Gentleman: I have some updated information before we adjourn, if we could.

THE CHAIR: Good.

Ms Sheehan: The question was asked: for the microcredit program at the point where a low interest loan is offered, what is the interest rate? The answer to that is that it is three per cent and that in the original microcredit program contract it specified that if the recipient moves to a low interest loan it will be three per cent. The second question that was asked was: how many women defaulted on the women's microcredit program? The answer is that there were only three defaulting loans.

THE CHAIR: Thank you. Before I adjourn I remind members that the committee has resolved that supplementary questions be lodged with the committee office within four days of receipt of the proof transcript of this hearing. The committee asks that ministers respond within 10 working days of the receipt of those supplementary questions. Answers to questions taken on notice today are to be provided five business days after this hearing, with day one being the first business day after the question was taken.

The committee's hearing for today is adjourned. The committee's next public hearing on annual reports is at 9.30 am, Thursday, 10 November 2014, with the Minister for Housing.

The committee adjourned at 1 pm.