



QUESTION TIME
OF THE
LEGISLATIVE ASSEMBLY
FOR THE
AUSTRALIAN CAPITAL TERRITORY

HANSARD

Edited proof transcript

Wednesday, 1 November 2023

This is an **EDITED PROOF TRANSCRIPT** of question time proceedings that is subject to further checking. Members' suggested corrections for the official *Weekly Hansard* should be lodged with the Hansard office as soon as possible.

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Questions without notice
Mental health facilities—security

MS LEE: My question is to the Minister for Mental Health. Minister, last week during question time you were asked whether you were aware of any patients from ACT mental health facilities who were on approved leave that were either missing or uncontactable, and you answered, “No.” In recent days, media have published articles reporting that 31 patients absconded from mental health facilities over the past year. Minister, how are patients managing to abscond from a secure facility? And how come you do not know?

MS DAVIDSON: I thank the member for the question. As part of recovery and transition back into the community, people who are in mental health facilities sometimes have leave approved in order to undertake therapeutic activities that will help them with attending to the activities of daily living as they prepare to go home. For example, it might be things like visiting family and friends, attending appointments, education and things like that. In only two per cent of cases do inpatients actually abscond, so it is a very small number of people that we are talking about here, and it is not something that is happening in the kinds of numbers that the member is trying to make it sound like.

MS LEE: Minister, I ask you again: are there any patients currently missing? If yes, how many?

MS DAVIDSON: Not that I am aware of.

MS CASTLEY: Minister, how long, on average, have the 31 patients who have absconded spent out in the community before returning?

MS DAVIDSON: Thank you for the question. Some people are back late from leave because they might have missed a bus, because the appointment that they were attending took a bit longer than they were planning or because something unexpected happened while they were on leave. This can happen to people who are attending appointments or are doing things in the community, whether they are a person who is on leave from a facility or not. It can happen to all of us. In the vast majority of cases, it is not an issue and people are contacted and do return from leave. It is not always the case that the same cause or the same outcome happens.

Mental health facilities—security

MS LEE: My question is to the Minister for Mental Health. Minister, we have heard from families of patients in Canberra’s mental health facilities concerned about the safety of their loved ones who may have accessed illicit drugs like heroin and ice whilst on leave as admitted patients or under mental health orders.

Minister, what measures are in place to protect patients in your mental health system from accessing illicit drugs?

MS DAVIDSON: I thank the member for the question. Our forensic mental health facilities do provide care for people with complex mental health needs, and that might

sometimes include people who also have drug and alcohol substance issues. We see that in forensic mental health facilities across the country, so Canberra is not unique in that way.

The team at Dhulwa work very hard to ensure that there are appropriate treatment plans and behavioural management and risk management plans in place for all the people in their care, based on their individual needs, and that staff are resourced and supported to undertake this work. They are also working with people who are more likely than the rest of the community to have had some past traumatic interactions with police, so the forensic mental health team at Dhulwa take this into account when they are deciding how best to ensure safety for both the staff and the people who are in their care. If families have concerns, they can attend individual care planning sessions, with patient consent, or discuss this with Dhulwa team members directly.

MS LEE: Minister, what do you say to family members of patients whose loved ones abscond and access illicit drugs whilst away from ACT Health facilities and appropriate health care?

MS DAVIDSON: I thank the member for the question, but it sounds to me like she is suggesting that a program that works really well, and without issue in 98 per cent of cases of people who have complex needs, is not working well. That is actually not true. In 98 per cent of the cases, the system is working well, and people are able to receive good, therapeutic care—

Mr Parton: A point of order on relevance. The question was very specifically about the loved ones who do abscond and not about the percentage that do not. I would ask that the minister be relevant to the question.

MADAM SPEAKER: Could you come to that area of the question, Ms Davidson.

MS DAVIDSON: The reason why the system works so well in the majority of cases is that, if families have concerns, they can attend individual care planning sessions, with patient consent, to discuss with the Dhulwa team members directly what is needed for therapeutic care for that individual.

MS CASTLEY: Minister, what impacts will the use of illicit drugs like heroin or ice have on the recovery prospects of patients with complex and severe mental health conditions?

MS DAVIDSON: I thank the member for the question. As I was saying earlier, the forensic mental health facility at Dhulwa does deal with people who have complex mental health needs and, sometimes, co-occurring drug and alcohol issues. That is why staff work so hard to ensure the treatment plan for the individual takes into account the complexity of the individual's needs and why they think about how the behaviour management plans and the risk mitigations work for the individual—making sure they are ensuring the best possible safety for staff and other people in their care at the same time.

Mental health facilities—security

MS CASTLEY: My question is to the Minister for Mental Health. Minister, I understand that not all people in mental health facilities are under mental health orders. However, Dhulwa is a forensic mental health unit for people who are likely to be involved in the criminal justice system and has been identified as the location of a number of violent incidents. Minister, when patients abscond from a health facility, does the government alert nearby community or community facilities and how long does that take?

MS DAVIDSON: I thank the member for the question. We have talked before about the processes that we go through when someone does not necessarily return from leave at the time they were expected to, and how it might be different if the person is under orders versus whether they are not. I note you are also specifically asking about Dhulwa and you are referring to violence at Dhulwa. I would note that the independent report into Dhulwa has resulted in an independent board that are looking at how the recommendations for change are implemented, and that I have provided two reports to this chamber about how those recommendations have been implemented and that this includes—

Ms Castley: On a point of order Madam Speaker, on relevance. I was not asking about a report that has been done on Dhulwa. I was asking: does the government alert nearby community or community facilities and how long does that take?

MADAM SPEAKER: Ms Davidson, to that please.

MS DAVIDSON: That includes a review of leave procedures and processes. These questions have also been answered in detail previously with regard to the incident at ANU and that all of these are already on the record.

MS CASTLEY: Minister, has the government undertaken any assessment of risks to the community related to patients absconding from secure mental health facilities, given Dhulwa is located within a one-kilometre radius of multiple primary schools, pre-schools and aged care facilities?

MS DAVIDSON: As I was just saying, there is a review of leave processes currently underway.

MR PARTON: Minister, on how many occasions has the government lost track of patients from the secure mental health facility?

MS DAVIDSON: I refer the member to Ms Lee's question at the start of today's question time, in which she actually talked about the number of people who have absconded while on leave. So—

Opposition members interjecting—

MADAM SPEAKER: Members!

Arts—Funding

MS CLAY: My question is to the Minister for the Arts.

Minister, I was concerned to read *Riotact*'s piece this week about funding levels and indexation rates for our arts organisations. I understand that 29 arts organisations recently received correspondence from ArtsACT that next year's funding indexation has been set at just 2.5 per cent and that the indexation will commence in July, not January as expected. That effectively means that they are getting an index of only 1.25 per cent for the year. CPI is around 5.4 per cent and rising. Other organisations, like the Community Services Directorate, are getting an index of 5.25 per cent. How did you decide on the indexation rate for arts organisations?

MS CHEYNE: I do not decide the indexation rates for arts organisations. This is a Treasury determination. I will be responding to those arts organisations with this information. But the funding deeds provided to the arts organisations state that CPI would be available from 2024, if available, and to be determined by the territory.

Opposition members interjecting—

MS CHEYNE: Madam Speaker?

MADAM SPEAKER: Members, please. If the central table can remain silent.

MS CHEYNE: The 2.5 per cent is a projection and Treasury will update that in February or March. Indexation arrangements are also considered in each budget, including for arts organisations. Unlike the community sector and their relevant award, there is no clear or singular award rate for artists and arts makers. Community sector funding is from a different arrangement, being service funding agreements.

MS CLAY: Minister, how does an indexation rate that is less than half of CPI match up with the government's remuneration principles to ensure that artists receive fair pay for their work?

MS CHEYNE: I thank Ms Clay for the supplementary. Government funding is just one way that arts organisations support and remunerate people who work for them. Funding from the government goes to support operational costs and it contributes to the delivery of activities. But, of course, we do expect and encourage arts organisations to leverage funding to explore and secure a diversity of revenue sources, including raising funds through their own activities, venue hire, sponsors and other government funding.

MR BRADDOCK: Did ArtsACT previously indicate that funds would be indexed and increased in January 2024, not July 2024?

MS CHEYNE: Not to my understanding. My understanding is that the funding deeds provided to arts organisations state that CPI would be payable from 2024, if available, and to be determined by the territory.

ACT Ambulance Service—response times

MR MILLIGAN: My question is to the Minister for Police and Emergency Services. Minister, recently I was contacted by a member of the public who shared a story about

their father, who was suffering a suspected heart attack at a local shopping centre and had to wait an hour for an ambulance to take him to hospital. Fortunately, this man survived on this occasion, but an elderly person waiting so long for an ambulance is unacceptable. The 2023 *RoGS* data shows that ambulance wait times in the ACT have been steadily worsening since 2014-15. Minister, what is causing these extensive delays in ambulance wait times and what is being done about it?

MR GENTLEMAN: I thank Mr Milligan for the question. I have not been made aware of an hour wait time for a suspected heart attack. That would be quite extraordinary. I will certainly take that on notice and make inquiries.

Our ambulance response times are the best in the country. We have continued to invest in our fantastic paramedics across the ACT, in budget after budget, and not just in paramedic numbers but also in new equipment, facilitating the ability for them to work safely in their chosen career. They do a fantastic job. As I mentioned, the response times are very quick. I am not aware that there has been the delay that Mr Milligan mentioned, but certainly I will look into it.

MR MILLIGAN: Minister, when can the people of Canberra expect the wait times for ambulances to improve?

MR GENTLEMAN: They are the fastest in the country. To improve on that will be the outcome of the investment we make in more paramedics, more stations and more equipment for paramedics into the future.

MRS KIKKERT: Minister, do you take personal responsibility for the deterioration in ambulance wait times?

MR GENTLEMAN: There has not been a deterioration. I think I have made that quite clear. We have the fastest response in the country. We will continue to invest. I certainly do take responsibility for the investment that we have made. I am very proud of the work that our paramedics do across the ACT.

ACT Ambulance Service—response times

MR MILLIGAN: My question is to the Minister for Police and Emergency Services. Minister, *RoGS* data from the beginning of this year shows that the ambulance-attended cardiac arrest survival rate has dropped from 63 per cent to 30 per cent since you became the minister. Minister, why has the cardiac arrest survival rate dropped by so much under your watch?

MR GENTLEMAN: I thank Mr Milligan for the question. Of course, particular responses from paramedics to particular circumstances will vary, depending on the number of people and the particular call-out, and it can vary from year to year.

MR MILLIGAN: Minister, how have the long ambulance waiting times contributed to this fall in ambulance-attended cardiac arrest survival rates?

MR GENTLEMAN: I have mentioned that the ambulance wait times are not significant at all. They are quite responsive. This does show up in *RoGS*. In regard to

the particular event that Mr Milligan has mentioned, I will certainly investigate that and take it on notice.

MRS KIKKERT: Minister, how have the long hours worked by ambulance officers contributed to the fall in the ambulance-attended cardiac arrest survival rate?

MR GENTLEMAN: The long hours that our paramedics put in actually assist in achieving the necessary outcomes that we want to see for Canberra. They do do long hours; there are 14-hour night shifts which quite often extend well beyond the 14 hours so that they can complete their tasks and provide the service necessary for the Canberra community. We have had strong discussions with our paramedics about changing the roster that they have at the moment. I think that the 14-hour night shift is too long, and we would like to see that reduced to perhaps one night shift in a block period. We are working with paramedics at the moment to work through those roster changes. I want to see them in a far better position than having to work for 14 hours or even more on a night shift. But, during that time, they are on the job keeping Canberrans safe.

Education—early childhood and care workforce

MS ORR: My question is to the Minister for Education and Youth Affairs. Minister, can you update the Assembly on the ACT's early childhood workforce strategy?

MS BERRY: I thank Ms Orr for her interest in this issue. Last month, I launched the ACT government's first ever early childhood education and care workforce strategy. The strategy outlines the ACT government's vision for a well-supported, highly valued and highly skilled early childhood education and care workforce. It includes a range of actions to be delivered over a few years. Some of these actions are already well underway. Last week, as members will recall, I introduced a bill into this Assembly which, if passed, will make the ACT the first Australian jurisdiction to enshrine into law access to two years of quality early childhood education prior to formal schooling. The bill will also enable the professional registration of early childhood teachers with the Teacher Quality Institute. This is a significant step in building the recognition and professional standing of early childhood teachers in the ACT. These and other actions in the ACT's early childhood workforce strategy build on national reforms and reflect on the current challenges facing the early childhood profession.

MS ORR: Minister, how will this workforce strategy assist in retaining and attracting more early childhood educators and teachers to the profession?

MS BERRY: For a few years, the ACT government has been providing scholarships of up to \$25,000 for early childhood educators wishing to upskill. This workforce strategy will continue that existing program but will also deliver on new scholarships. These new scholarships include scholarships for Aboriginal and Torres Strait Islander staff working in our Koori Preschools, to increase their qualifications, but also include wraparound scholarships to bring additional people into the profession. These wraparound scholarships will support individuals to flexibly study a cert III, diploma or degree qualification in early childhood education. They will include study financial assistance, paid leave and employer supports, as well as coaching and mentoring. In

addition to this, the ACT government's three-year-old preschool program will give early childhood education and care services funding to invest in things like quality improvement, improved pay rates and conditions, and access to professional development and mentoring for staff.

At the end of the day, I know that pay is the biggest issue facing the early childhood profession right now. The research shows that pay for early childhood educators does not match the extensive regulations that are required and qualifications requirements, so our workforce strategy also includes a strong commitment that the ACT will continue to advocate nationally for improved pay and recognition for the early childhood profession.

DR PATERSON: Minister, can you please update the Assembly on the work towards implementation of universal free three-year-old preschool for 2024?

MS BERRY: I thank Dr Paterson for her interest in this matter as well. On Monday, I announced that 130 early childhood education and care services had signed on for the roll-out of free three-year-old preschool in 2024. This is the ACT government's biggest ever investment in the early childhood sector. More than 5,000 three-year-olds in 2024 will be eligible to access 300 hours of free preschool. This equates to about one day per week. It will deliver lifelong benefits for our littlest learners and it will also save families an average of \$1,329 per child each year. The ACT government's investment of more than \$50 million to deliver this program will increase the number of preschool programs delivered through early childhood education and care centres by degree-qualified early childhood teachers. Parents who want to enrol their child for the 2024 year should check the list of participating early childhood education and care services, which is available on the Education Directorate's website, and contact their preferred provider.

Canberra Hospital—paediatric intensive care unit

MS CASTLEY: My question is to the Minister for Health. Minister, the *Department of Paediatrics Organisational and Service Plan 2021-2023* said that the current case mix at Canberra Hospital would justify a level 1 paediatric ICU. The *ACT Child and Adolescent Clinical Services Plan 2023-2030* has an objective to establish "a dedicated area in the Intensive Care Unit (ICU) for the care of sick children" in the new critical services building.

Minister, is CHS implementing a level 1 paediatric ICU as recommended in the organisational and service plan 2021-2023?

MS STEPHEN-SMITH: What the ACT government did very clearly through the establishment of the Child and Adolescent Clinical Services Expert Panel in September 2022, was to task that panel, including its independent chair, Michael Brydon—who is a paediatrician with many years of experience, notably as chief executive of the Sydney Children's Hospitals Network—to have another look at the plan that Ms Castley has referred to that was previously done as well as at all of the evidence we have at the moment, and to come up with a new clinical services plan for child and adolescent clinical services. We will be following the advice of the expert panel. That is why we asked the expert panel to do the work to look really

closely at how we deliver the best care for the sickest children in the hospital.

One of the things Professor Brydon has talked about in undertaking this work—and we have had a number of conversations, and it was the topic of a lot of conversation in the group and with clinicians at Canberra Hospital—is the risk that when you establish an intensive unit specifically, you then de-skill your paediatric high care teams, and this has been seen in other jurisdictions.

Ms Lee: On a point of order. We have got less than 20 seconds left and the minister is not answering the question, which is very straightforward: is the CHS implementing a level 1 paediatric ICU, as recommended in the organisational and service plan?

MADAM SPEAKER: I think she is answering the question around the review of clinical provision.

Opposition members interjecting—

MS STEPHEN-SMITH: Madam Speaker, there will be dedicated beds in the ICU in the critical services building. What we need to do is ensure that we have people cross-skilled between both the ICU and the paediatrics team so that we do not end up in the circumstance where children get escalated to the ICU unnecessarily where they could receive that care in the paediatrics department.

MS CASTLEY: Minister, does CHS currently have staff specialists that are able to help in stabilising seriously unwell children?

MS STEPHEN-SMITH: Yes.

MS LAWDER: Minister, have all of the recommendations from the *Department of Paediatrics Organisational and Service Plan 2021-2023*, including the road maps and actions for year 2, been implemented?

MS STEPHEN-SMITH: I will take on notice to provide an update to the Assembly going through each of those actions. But, as I indicated in response to my first question, we referred that plan, along with a whole lot of other information, to the Child and Adolescent Clinical Services Expert Panel—chaired by the former chief executive of the Sydney Children’s Hospitals Network, an experienced paediatrician—and a number of other expert panel members, including people who currently still work in the Sydney Children’s Hospitals Network, as well as our own senior people and consumer representatives, for them to have a look at those recommendations and at other work that has been done and to talk, again, to all of our clinicians. Because while there were recommendations out of that particular piece of work, it has been clear for some time that not everybody in the clinical team supported all of those recommendations.

The opposition seem to be saying that we should have implemented every recommendation in a report, but they then would come back and say, “Well, why are you doing this, because X person over here doesn’t agree with it.”

Ms Lee: Madam Speaker, on a point of order. It is going to hypotheticals here. We are

asking a straightforward question: have they been implemented or not? It is either a yes or a no.

MADAM SPEAKER: She is relevant to the question asked. Any more to add, Ms Stephen-Smith?

MS STEPHEN-SMITH: No.

Canberra Hospital—Obstetrics and Gynaecology Unit training accreditation

MS CASTLEY: My question is for the Minister for Health. The *Canberra Hospital workforce planning update August 2023* for the Obstetrics and Gynaecology Unit that you tabled shows that, as of September 2023, the unit recruited 2.1 full time equivalent staff, not including locums. The document also reveals that the unit hopes to recruit at least an additional 16.5 FTE between June and early February 2024. Given that the unit has only managed to recruit 2.1 FTE staff while losing 2 FTE staff between June and September, do you maintain that you have no expectation that the unit will lose training accreditation?

MS STEPHEN-SMITH: Yes, Madam Speaker.

MS CASTLEY: Minister, what is the cost of the additional locum staff that have been recruited for the unit until February next year?

MS STEPHEN-SMITH: I will take that question on notice. I do note for Ms Castley that when we undertake recruitment of medical staff it often takes quite a long time to onboard those people. People who are being recruited to a health system, if they are medical staff, generally have jobs somewhere else and they usually have to give notice at those jobs somewhere else. They might even want to see out a full year. They might have other commitments in relation to those; they might have upcoming surgeries or patients and they want to ensure they finish those lists. In addition, our recruitment extends to overseas recruitment. One of the challenges we have seen, across all jurisdictions in Australia—and it has been explicitly something that national cabinet has sought work on, and the health ministers have been working on through the health workforce taskforce and the review undertaken by Robyn Kruk—is streamlining those pathways for approval of overseas doctors because there is currently a very cumbersome process of multiple steps, both through immigration and through the health regulators, to bring those people onboard. So recruiting medical professionals takes time. While that is occurring you need to sometimes employ locums; that is how all health services across the country manage staffing shortages.

MS LAWDER: Minister, are you concerned that more staff will leave the Obstetrics and Gynaecology Unit given that you have failed to substantially increase the number of permanent workforce over the last three months?

MS STEPHEN-SMITH: We have undertaken a successful recruitment and as Ms Castley said in her first question, we also have locums on board. So the actual number of staff in the unit has increased. There has also been substantial work within that unit to understand some of the challenges that they were facing, to work through

those. There have been some changes in leadership and there has been a range of other work that has been done. So I am confident that this unit will not lose their training accreditation and I am confident that they are a group of clinicians that are working together to build a better and stronger culture that will continue to attract new staff. The only people who are undermining that are those opposite, who keep talking down this group of professional clinicians.

Community councils—government support

MR BRADDOCK: My question is to the Chief Minister. Chief Minister, the Weston Creek Community Council no longer has a decision-making entity in place, as no volunteers were found to take on the committee roles. The Molonglo Valley Community Council has decided it is not worthwhile to take up the new deed despite the increase in funding. What does the ACT government see as the future role for community councils in the ACT?

MR BARR: I thank Mr Braddock for the question. You are probably aware that the Standing Committee on Public Accounts provided some recommendations around grants management that have been accepted and put into place in relation to the latest community council deed of grant. The other important thing that the government has done is significantly reduce the meeting requirements for community councils to four meetings a year. I think that is a reduction of more than 50 per cent in the meeting requirement and, effectively, the burden on volunteers.

I do note, though, that surveys of the Canberra community indicate that just four per cent of the community have ever attended a community council meeting and it is the ninth-most preferred form of engagement with the territory government. So I think the nature of the organisations will need to change and the number of meetings significantly reduce.

MR BRADDOCK: Chief Minister, how does the ACT government support community councils' access to information and public servants to allow them to fulfill their roles?

MR BARR: Public servants are available to attend meetings and they regularly brief the executives of those community councils. But it is clear that the community has shifted dramatically in its preference for engagement and it is much more direct either with us as elected members in this place or with the bureaucracy directly and through digital and online forms. I think this is not unusual. I guess the 20th century town hall meeting is a relic of that century and people prefer to engage in other ways in the 21st century.

MS CLAY: How much additional money has the ACT government offered in its deeds to the community councils?

MR BARR: There is \$104,000 in funding available each financial year and each has access to \$13,000.

ACT Health—Digital Health Record system

MS CASTLEY: My question is to the Minister for Health. Minister, I refer to previous instances of Canberra Health Services incorrectly listing unrelated individuals as patients' next of kin. In May your office confirmed that this had happened eight times and was due to human error. I was recently contacted by a Canberra man who, on arrival at hospital, found his next of kin listed as a random person that he had never heard of. This same man was subsequently called about patients for whom he was incorrectly listed as next of kin—not once but twice. How many such mix-ups have now occurred and why do they keep happening?

MS STEPHEN-SMITH: I am aware of the matter that Ms Castley raises. That individual has also written to me, and we are seeking some further advice in relation to that matter. I will take Ms Castley's question on notice to see if I can get some updated information. I am also aware of somebody else who has raised an issue in relation to attendance at North Canberra Hospital and having an incorrect name recorded in the Digital Health Record for them—a name that they had previously used but no longer use. I am getting advice in relation to that as well.

I suspect this is also an issue in relation to the merging of records that occurred in the establishment of the Digital Health Record. There have been a very small number of these incidents. As I said, I will take on notice Ms Castley's question to get some specific information.

MS CASTLEY: Minister, how can you be sure that there have not been or will not be in the future other next of kin mix-ups which Canberra Health Services is simply unaware of?

MS STEPHEN-SMITH: The team has worked very hard to minimise any errors in these matters. Because I do not know the exact reason for the instance that Ms Castley raised, and that I was already aware of, I cannot comment on whether there may be other instances of this at the moment and how CHS can ensure that it is preventing this. When we have some further information, we can make more of a judgement around that.

MR CAIN: Minister, are these next of kin mix-ups related to the implementation of the Digital Health Record?

MS STEPHEN-SMITH: I thank Mr Cain for the question. As I indicated in my first response, I suspect it probably is related to the merger of patient records through the implementation of the Digital Health Record. As I also said, the team worked extremely hard to be very careful about how that was managed. Particularly where people have the same names and are similar ages, there may have been some errors. That is why I am very happy to come back to the Assembly with some information about whether that was an issue in this particular matter or whether it was an issue of pure human error, which of course occurs in every system that human beings are involved in managing and supporting, whether in the public sector or the private sector.

Homelessness services sector—procurement

DR PATERSON: My question is to the Minister for Homelessness and Housing

Services. Minister, a process of commissioning for homelessness services has been undertaken. Can you please outline what this process has involved?

MS VASSAROTTI: I thank the member for the question and for her interest in this commissioning process. It is a very complex process, and it is a really different way that we have been looking at procurement for the specialist homelessness sector. We are one of the first subsectors within the human services sector that is doing this work, so it is a big process.

Through 2022, we worked with the sector in going through a process of analysing the sector and identifying key issues for the sector, such as how the service system was working. We looked at the different types of services that were being provided and tried to identify what was working well, where there were service gaps and where we needed to respond to emerging need.

When we got to the end of that process, we had a number of listening reports that we put out. We also put out a homelessness strategic investment plan, which outlined a range of different approaches that we would take to the procurement process. Throughout this year, we have been working through that process, in terms of the different strategies. We have been doing direct sourcing for a number of organisations. That includes nine grants that have been completed, with two grants in negotiation. Two grants have been completed in relation to select grants. For open grants, there have been two grants released, and both are being evaluated. For open tenders, there are five tenders in total. Two have been released; one is due to be released shortly; and two will be released in February and March. There are a number of other services that have had an extension as we do some further co-design work.

DR PATERSON: Minister, what will be the outcomes of this work for Canberrans at risk of or currently experiencing homelessness?

MS VASSAROTTI: I thank the member for the question. We are trying, through the commissioning of the specialist homelessness services sector, to ensure that we have an integrated and linked-up service that is responding to the needs of people who are experiencing or at risk of homelessness. We have a range of tailored services that are working with people with very high levels of vulnerability, and who have tailored needs and requirements. A number of organisations are responding to cohorts such as families, and women and their children fleeing domestic violence. We have a range of gender-specific services. We also have a range of emergency accommodation, support services, food services and outreach services. We are aiming to have an integrated service sector that is responding to both current and emerging needs.

One of the great things with the commissioning process and working around co-design is that we are strengthening the connections within the service sector. We are also trying to link in very much with the rest of the human services sector. We recognise that, in the specialist homelessness services sector, many of the issues and vulnerabilities come from the requirement to have support from other parts of the human services sector, whether it be mental health, support around drug and alcohol support services and the like.

MS ORR: Minister, when can we expect to see this work making a difference?

MS VASSAROTTI: Thank you for the question. We hope that we are seeing some of the outcomes of that right now. As I have identified, we have been working through the process of entering into agreements with services throughout this year. This is a rolling process. It has been a great process in relation to working with services in terms of the outcomes that they are achieving through their work with people that are experiencing or at risk of homelessness. We are seeing the results now, and we are continuing to work through this process.

We do have some additional work to do, and we are working with our services in terms of some of the further co-design work. Some of the key areas in which we are working in relation to that are around a centralised intake service and how that might connect with other parts of the human services sector, and looking at the work in terms of responding to people with complex needs. People accessing homelessness services generally have a level of complexity and trauma, just by virtue of being in that service system. We do recognise that there is a particular need on the part of groups within the community, and we are continuing to work with services to design the very best service system to respond to those needs.

Mr Barr: Further questions can be placed on the notice paper.