



Annual Report 2025–26

Health and Community Services
Directorate



The ACT Government acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

The Health and Community Services Directorate acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

We respect the Aboriginal and Torres Strait Islander people, particularly our Aboriginal and Torres Strait Islander staff, and their continuing culture and contribution they make to the Canberra region and the life of our city.

Contact for this report

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Freedom of information

Freedom of information requests can be made by emailing: HCSDFOI@act.gov.au

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Information about the Directorate and an electronic version of this annual report can be found on the [Health and Community Services Directorate website](#).

Photo credits:

Middle: Brendan and Peyton Rocha

Bottom: Jakida Smith (Wiradjuri Echoes) at the ACT Reconciliation Day event, 1 June 2026



Annual Report 2025–26

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Director-General foreword

I am pleased to present the Health and Community Services Directorate Annual Report 2025–26.

This marks the end of our first year as an organisation. Throughout 2025–26, our Directorate had the privilege of supporting the health, safety and wellbeing of the people who call Canberra home.

Whether we are caring for someone in a moment of vulnerability, strengthening families, partnering with community organisations, promoting health and wellbeing or shaping long-term system reform, our work aims to contribute to something bigger than any one program or service – we are helping build a community where everyone can be healthy and thrive.

During our inaugural year, we delivered significant reforms and improvements across the health and community services system. We strengthened the ACT health system through major reforms including activity-based funding across ACT public hospitals, implementation of mandated nurse- and midwife-to-patient ratios, the release of the *ACT Virtual Care Strategy 2025–2030*, the launch of the *Evidence-based framework for dementia care in the ACT* and commencement of the voluntary assisted dying scheme. We also expanded preventive health initiatives, including opening the ACT's first dedicated youth vaping cessation service to support young people to quit vaping and manage nicotine dependence. Together, these initiatives strengthen access, quality, safety and sustainability across the ACT health system.

Significant progress was made in strengthening outcomes for children, young people and families through reform across the child and family service system, including the expansion of early intervention and family support services, and continued implementation of the *Next Steps for Our Kids 2022–2030* (Next Steps) reform. At the same time, we expanded access to safe, affordable housing, with the Housing ACT portfolio surpassing 12,000 dwellings and supporting more than 20,500 Canberrans. Increased investment in housing maintenance, energy-efficiency upgrades and homelessness services helped improve housing quality, enhance tenant wellbeing and provide greater stability for vulnerable individuals and families across the ACT.

We continued to strengthen inclusion and participation across our community. This included implementing the *Disability Inclusion Act 2024*, establishing the ACT Disability Advisory Council and progressing Thriving Kids foundational supports. We also advanced the *Capital of Equality Strategy 2024–2029* and delivered the 2026 National Multicultural Festival, celebrating the diversity, vibrancy and connectedness of our community.

This year also marked an important milestone in the ACT's response to domestic, family and sexual violence with the launch of the *ACT Domestic, Family and Sexual Violence Strategy 2026–2036* and its *First Action Plan*. Supported by significant investment in prevention, early intervention and victim-survivor services, this work establishes a strong foundation for long-term cultural and system change. The Directorate also delivered the award-winning Great Sex Starts With Consent campaign, which increased awareness of ACT consent laws and helped build Canberrans' confidence to seek and give clear, enthusiastic and ongoing consent.

Advancing outcomes for Aboriginal and Torres Strait Islander peoples remained central to all aspects of our work. We continued to embed Aboriginal and Torres Strait Islander leadership and shared decision making across health, housing, disability, child and family services and social policy reform. Important progress was made through initiatives including Birthing with Country, establishing the ACT Aboriginal Children's Forum, developing the ACT Aboriginal and Torres Strait Islander Health Workforce Action Plan and continued implementation of the Closing the Gap priority reforms. We also strengthened the Aboriginal community-controlled sector through continued investment in Aboriginal community-controlled organisations and support for community-led service delivery.

As a newly established Directorate, we have also worked to bring together our people, expertise and services to create a more connected, person-centred system. By integrating health and community services, we are better positioned to support people throughout their lives, from early childhood through to older age, and to respond to increasingly complex community needs.

Our work is a vital part of the ACT Government's Wellbeing Framework, helping to build a Canberra where individuals, families and communities can thrive. Through our work, we contribute directly to wellbeing outcomes in health, safety, living standards, access and connectivity, and identity and belonging. In 2025–26, this included major reforms to the health system, increased investment in community-controlled services, strengthened responses to domestic, family and sexual violence, and continued delivery of safe and affordable housing for Canberrans most in need.

I would like to thank all Directorate staff for their commitment, professionalism and compassion throughout this foundational year. I also acknowledge the many partners, community organisations, service providers and people with lived experience who work alongside us every day. Together, we are building a stronger, fairer and more inclusive Canberra.

Kareena Arthy

Director-General

Health and Community Services Directorate

Abbreviations and acronyms

Abbreviation/ acronym	Meaning
ACAT	ACT Civil and Administrative Tribunal
ACCO	Aboriginal community-controlled organisation
ACCHO	Aboriginal community-controlled health organisation
ACT	Australian Capital Territory
ACT Agreement	ACT Aboriginal and Torres Strait Islander Agreement
ACTPS	ACT Public Service
ADACAS	ACT Disability, Aged and Carer Advocacy Service
ADHD	Attention deficit hyperactivity disorder
AEDC	Australian Early Development Census
AEFF	ACCO Establishment and Expansion Fund
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
ANU	Australian National University
AOD	Alcohol and other drug
ARMC	Audit and Risk Management Committee
ART	Assisted Reproductive Technology
ASQ-TRAK	Ages and Stages Questionnaire – Talking About Raising Aboriginal Kids
ATOD	Alcohol, Tobacco and Other Drug
ATOD-MH	Alcohol, Tobacco and Other Drug – Mental Health Alliance
ATODA	Alcohol, Tobacco and Other Drug Association ACT
ATSIEB	Aboriginal and Torres Strait Islander Elected Body
Best Start	Best Start for Canberra's Children: the First 1,000 Days Strategy
CALD	Culturally and linguistically diverse
CaPOs	Children and Young People (Care and Protection Organisation) Standards
CAYPELS	Children and Young People Equipment Loan Scheme
CCO	Community care order
CDS	Child Development Service
CHaMP	Complaints Handling and Management Policy
CHHP	Community Health and Hospitals Program
CHN	Capital Health Network
CHS	Canberra Health Services

Abbreviation/ acronym	Meaning
CMCF	Canberra Multicultural Community Forum
CMTEDD	Chief Minister, Treasury and Economic Development Directorate
COTA ACT	Council on the Ageing ACT
CYFSP	Child, Youth and Family Services Program
DFSV	Domestic, family and sexual violence
DFV	Domestic and family violence
DIP	Disability Inclusion Plan
ECRC	Energy Consumer Reference Council
ERMF	Enterprise Risk Management Framework
FCC Plan	Fraud and Corruption Control Plan
FCCO	Forensic community care order
FOI	Freedom of information
FTE	Full-time equivalent
G&R	Growing and Renewing Public Housing Program
GP	General Practitioner
GTP	General treatment plan
HAFF	Housing Australia Future Fund Facility
HCSD	Health and Community Services Directorate
HVAC	Heating, ventilation and air conditioning
IAHA	Indigenous Allied Health Australia
iCBR	Infrastructure Canberra
ICT	Information and communications technology
IEP	Integrated Energy Plan
IIA	Institute of Internal Auditors
IMS	Integrated management system
ISRP	Integrated Service Response Program
ITP	Individual treatment plan
JCC	Joint Consultative Committee
JOG	Jurisdictional Officers Group
KPI	Key performance indicator
L&D	Learning and development
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning and asexual
LHN	Local Hospital Network
MACA	Ministerial Advisory Council on Ageing
MACM	Ministerial Advisory Council for Multiculturalism
MACR	Minimum age of criminal responsibility

Abbreviation/ acronym	Meaning
MACT	Multicultural ACT
MACVF	Ministerial Advisory Council for Veterans and their Families
MEL	Monitoring, evaluation and learning
MHCC	Mental Health Coordinating Council
MHCG	Mental Health Coordinating Group
NACCHO	National Aboriginal community-controlled health organisation
NAIDOC	National Aboriginal and Islander Day Observance Committee
National Agreement	National Agreement on Closing the Gap
NBHF	Ngunnawal Bush Healing Farm
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NHRA	National Health Reform Agreement
NLP	Natural language processing
NMF	National Multicultural Festival
NPS	Net promoter score
NRS	National Relay Service
NRSCH	National Regulatory System for Community Housing
NSW	New South Wales
OATSIA	Office for Aboriginal and Torres Strait Islander Affairs
OBOWIOC	Our Booris, Our Way Implementation Oversight Committee
OMHW	Office for Mental Health and Wellbeing
OSP	Office of the Senior Practitioner
PC2	Physical Containment Level 2
PCYC	Police Community Youth Club
PDW	Professional Development and Wellbeing
PMF	Performance management framework
RAMF	Risk Assessment and Management Framework
RSL	Returned and Services League
RTW	Return to work
SBLGBTIQ+	Sistergirls, Brotherboys, lesbian, gay, bisexual, pansexual, transgender, intersex, queer, asexual, aromantic, agender, and non-binary people.

Abbreviation/ acronym	Meaning
SERBIR	Senior Executive Responsible for Business Integrity Risk
SHAP	Social Housing Accelerator Program
SLA	Service level agreement
SOP	Standard operating procedures
TFM	Total facilities management
TIDES	TIDES Youth Trauma Service
TIS	Translating and Interpreter Service
TRM	Tenant-responsible maintenance
TTY	Telephone typewriter
VSC	Variation in sex characteristics
Winnunga/ Winnunga Nimmityjah	Winnunga Nimmityjah Aboriginal Health and Community Services
WHS	Work health and safety
WWVP	Working with vulnerable people
YAM	Youth Aware of Mental Health
YWCA	Young Women's Christian Association

Glossary of technical terms

Term	Meaning
Activity-based funding	A funding model where health service funding is linked to the volume and type of patient care delivered, supporting transparency, accountability and efficient resource allocation.
Aboriginal community-controlled organisation	As per Clause 44 of the National Agreement on Closing the Gap, an Aboriginal and/or Torres Strait Islander community-controlled organisation that delivers services, including land and resource management, that builds the strength and empowerment of Aboriginal and Torres Strait Islander Communities and people and is: <ul style="list-style-type: none"> • incorporated under relevant legislation and not-for-profit • controlled and operated by Aboriginal and/or Torres Strait Islander people • connected to the community or communities in which they deliver the services • governed by a majority Aboriginal and/or Torres Strait Islander governing body.
Affordable housing	Housing provided to people on low to moderate incomes, for purchase or rent, at a reduced cost, normally 20–25 per cent below market rates.
Charter for multiculturalism	A set of principles established under the Multiculturalism Act 2023 (ACT) guiding the ACT Government's commitment to promoting cultural diversity and inclusion.
Co-design	An approach that actively involves stakeholders and end users in the design process of a policy or service to ensure the result meets their needs. Co-design is one aspect of a larger process called co-production – an equal and ongoing partnership between people with lived experience and professionals working towards shared goals. This process represents a movement from participation or consultation towards people with lived experience having a more meaningful and powerful role in the service production process.
Commissioning	A strategic planning approach that embeds community needs analysis, ongoing strategic evaluation, co-production and increased transparency and accountability into investment and resource allocation.
Community housing	Housing owned or managed by community housing agencies for low-income people or people with special needs, including those eligible for public housing. Registered community and affordable housing agencies are regulated by the Directorate as part of the National Regulatory System for Community Housing.
Culturally and linguistically diverse	A commonly used policy term referring to individuals from diverse cultural backgrounds or who speak languages other than English.
Drs4Drs (Doctors for Doctors)	A confidential support service providing health and wellbeing assistance to doctors and medical students.
Early intervention services	Services for vulnerable families to strengthen parenting including parenting information and advice, home visits and other support services within the Child Protection area.
Early support	Providing support early in the life of an issue or episode, or early in the life of a child, to meet people's needs holistically and before they reach crisis point. An early support approach recognises providing assistance early enables better wellbeing outcomes for individuals and families.
Federation Funding Agreement	An intergovernmental funding agreement between the Commonwealth and states and territories that supports the delivery of nationally agreed programs and services.
Memorandum of Understanding (MoU)	A formal agreement between parties that outlines roles, responsibilities and areas of cooperation
National Disability Insurance Scheme (NDIS)	Australia's national scheme providing funding and support to eligible people with permanent and significant disability.
National Health Reform Agreement (NHRA)	An agreement between the Australian Government and state and territory governments that sets out funding arrangements and health reform priorities for Australia's public health system
Notifiable disease	A disease that must be reported to public health authorities under legislation to support surveillance and public health response activities.
Out-of-home care	Out-of-home care is a care placement away from the family home which is provided for children and young people deemed to be in need of care and protection. Out-of-home care placements are funded by the Directorate. Out-of-home care is also a term used to refer to the collective system of out-of-home care that includes kinship care, foster care and residential care.
OzFoodNet	Australia's national network for the surveillance and investigation of foodborne disease outbreaks
Provider	An organisation or individual delivering disability, education or care-and-protection-of-children services to another person. It does not include a close family member of the other person or an informal carer for the other person.

Term	Meaning
Public housing	Housing owned and managed by the Commissioner for Social Housing (through Housing ACT) for eligible disadvantaged and vulnerable Canberrans including those unemployed, on very low incomes, with a disability, with a mental illness or at risk of homelessness.
Restrictive practice	A practice that is used to restrict the rights or freedom of movement of a person for the primary purpose of protecting the person or others from harm. It includes: <ul style="list-style-type: none"> • chemical restraint • environmental restraint • mechanical restraint • physical restraint • seclusion.
Seclusion	The sole confinement of a person, at any time of the day or night, in a room or other space from which free exit is prevented, either implicitly or explicitly, or not facilitated.
Safewards	An evidence-based model of care designed to reduce conflict and containment in healthcare settings and improve safety for consumers and staff.
Service system reform	Improvements for how government and community services sectors work together to improve the lives of vulnerable and disadvantaged people.
Social housing	An umbrella term that includes both public housing and community housing. Its provision involves some degree of subsidy, usually through rental rebates and/or rent assistance.
Social and Emotional Wellbeing (SEWB)	A holistic concept of health used by Aboriginal and Torres Strait Islander peoples that encompasses mental, physical, cultural and spiritual wellbeing
Respiratory Syncytial Virus (RSV)	A common respiratory virus that can cause serious illness in infants, older people and other vulnerable groups.
Therapeutic trauma-informed practice	A therapeutic trauma-informed care system is one in which organisations, service providers, carers and families are aware of the impact that trauma has on a child or young person's behaviour, health and development. The service system focuses its resources in helping children heal from trauma by building safe, stable, secure and nurturing relationships.
Thriving Kids	Thriving Kids is a new foundational supports program for children aged 0 to 8 years with developmental delay and/or autism who have low to moderate support needs, and for their families, carers and kin. It is being jointly funded by the Australian Government and states and territories as part of the response to the NDIS Review
Variation in sex characteristics	People who have variation in sex characteristics, or are intersex, are born with sex characteristics (such as genitals, gonads or chromosome patterns) that do not fit typical binary notions of male or female. It is recognised that a range of terms are used by individuals and organisations that represent or provide services to these populations.
Virtual care	Healthcare services delivered remotely using digital technologies, including telehealth, video consultations and online monitoring.
Voluntary Assisted Dying	A process that enables eligible people with an advanced, progressive condition that is expected to cause their death to receive medical assistance to end their life in accordance with legislative requirements.
YourSay Conversations	Structured engagement activities conducted through the YourSay platform that provide community members, consumers, carers, families, staff and stakeholders with opportunities to contribute feedback, share experiences, and inform planning, policy development, service design and decision-making.

Information sources

Hyperlinks in this report

Hyperlinks are used in this report to provide further information. These sources can also be accessed by searching for relevant terms on the websites listed below.

ACT Government

Gateway to ACT Government

<https://www.act.gov.au>

ACT Government Open Access Information Scheme Portal

<https://www.act.gov.au/open-access/search>

Health and Community Services Directorate

Information on and contact details for the programs, services, offices and committees administered by the Directorate

<https://www.act.gov.au/directorates-and-agencies/health-and-community-services-directorate>

ACT Legislation Register

All ACT legislation referenced in this report is accessible by searching the ACT Legislation Register

<https://www.legislation.act.gov.au/>

ACT Legislative Assembly

Information on the role and work of the ACT Legislative Assembly, its members and its committees

<https://www.parliament.act.gov.au/home>

Reporting entities charged with responsibility for scrutiny

- **ACT Auditor-General reports**
<https://www.audit.act.gov.au/reports-and-publications/audit-reports>
- **ACT Ombudsman publications**
<https://www.ombudsman.act.gov.au/publications>
- **ACT Legislative Assembly Committees**
<https://www.parliament.act.gov.au/parliamentary-business/in-committees>

Requesting information under the *Freedom of Information Act 2016*

- **Health and Community Services Directorate disclosure log**
<https://www.communityservices.act.gov.au/hcsd-disclosure-log>
- **Freedom of information (FOI) online access application form**
<https://forms.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1726>

ACT Remuneration Tribunal

<https://www.remunerationtribunal.act.gov.au/>

ACT Government grants

Information on Directorate grants and scholarships, and how to apply

<https://www.act.gov.au/money-and-tax/grants-funding-and-incentives>

ACT Government Contracts Register

<https://www.procurement.act.gov.au/registers/contracts-register>

ACT Treasury

Information on ACT budget

<https://www.treasury.act.gov.au/>



Part A

Transmittal certificate



Minister Stephen-Smith MLA

Deputy Chief Minister
Minister for Child Development and Wellbeing
Minister for Health Infrastructure

Minister Orr MLA

Minister for Aboriginal and Torres Strait Islander Affairs
Minister for Housing and Homelessness
Minister for Disability, Autism and Neurodiversity
Minister for Equality

Minister Tough MLA

Minister for Community Services
Minister for the Prevention of Domestic, Family and Sexual Violence
Minister for Women, Seniors and Veterans

Minister Paterson MLA

Minister for Health
Minister for Mental Health

Minister Pettersson MLA

Minister for Children, Youth and Families
Minister for Multicultural Affairs

Dear Ministers

Health and Community Services Directorate Annual Report 2025–26

This report has been prepared in accordance with section 6(1) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2026*.

It has been prepared in conformity with other legislation applicable to the preparation of the annual report by the Health and Community Services Directorate.

I certify that the information in the attached annual report and information provided for whole-of-government reporting, is an honest and accurate account and that all material information on the operations of the Health and Community Services Directorate has been included for the period 1 July 2025 to 30 June 2026.

I hereby certify that fraud prevention has been managed in accordance with the Public Sector Management Standards 2006 (repealed), Part 2.3 (see section 113, Public Sector Management Standards 2016). For the purposes of section B6 of the *Annual Reports (Government Agencies) Directions 2026 (No 1)*, I certify that integrity risk has been assessed and that treatments to address those risks have been incorporated into Health and Community Services Directorate's fraud and corruption prevention plan.

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

Kareena Arthy

Director-General

Health and Community Services Directorate

29 September 2026

Compliance statement: Health and Community Services Directorate

The Health and Community Services Directorate Annual Report 2025–26 complies with the *Annual Reports (Government Agencies) Directions 2026* (the Directions), made under section 8 of the Annual Reports (Government Agencies) Act 2004. The Directions are available on the ACT Legislation Register at www.legislation.act.gov.au.

This compliance statement identifies the subsections under Parts 1 to 5 of the Directions that apply to the Health and Community Services Directorate and where the information addressing those requirements can be found.

Part 1: Directions overview

The requirements under Part 1 of the Directions relate to the purpose, timing, distribution and record keeping of annual reports. The Health and Community Services Directorate Annual Report 2025–26 complies with all applicable subsections of Part 1.

To meet the requirements of section 15 (Feedback) of Part 1 of the Directions, this report includes contact details for the Health and Community Services Directorate to enable readers to provide feedback.

Part 2: Reporting entity annual report requirements

The requirements under Part 2 of the Directions are mandatory for all reporting entities. The Health and Community Services Directorate complies with all applicable subsections. Information addressing the requirements of Part 2 is included in the Health and Community Services Directorate Annual Report 2025–26 as follows:

- transmittal certificate – see page 2
- organisational overview and performance (including all subsections) – see pages 5–182
- financial management reporting (including all subsections) – see pages 183–335

Part 3: Reporting by exception

The Health and Community Services Directorate has no information to report by exception under Part 3 of the Directions for the 2025–26 reporting year.

Part 4: Directorate and public sector body-specific annual report requirements

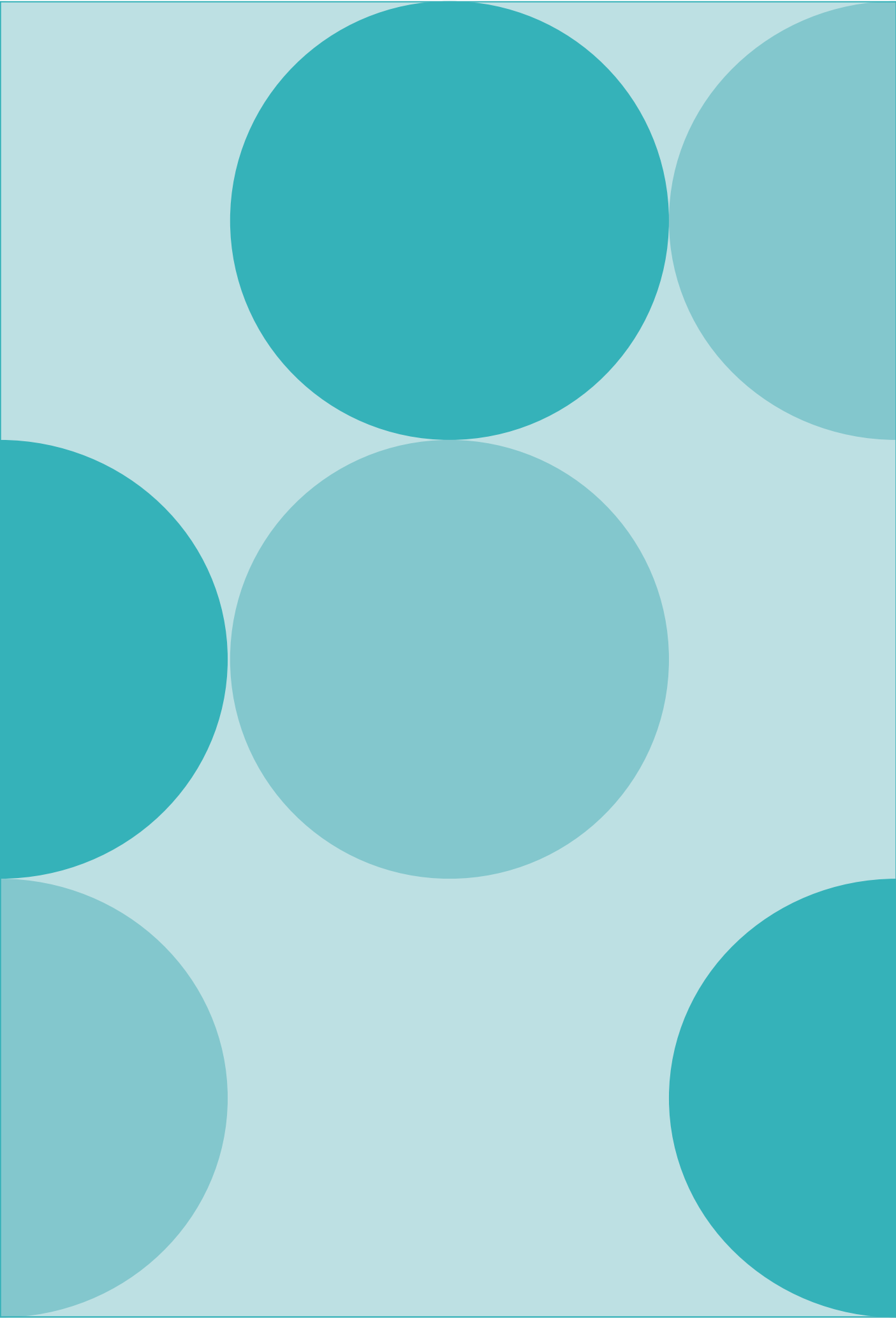
- Mental Health – see the annexed ACT Care Coordinator Annual Report, pages 338–341 and the annexed ACT Chief Psychiatrist Annual Report, pages 342–352.
- ACT Senior Practitioner – see the annexed ACT Senior Practitioner Annual Report, pages 353–363.
- Care and Carer Support Agencies – see pages 174–176.

Part 5: Whole-of-government annual reporting

All subsections of Part 5 of the Directions apply to the Health and Community Services Directorate. Consistent with the Directions, the information addressing these requirements is reported centrally for all ACT Public Service directorates:

- bushfire risk management – see the annual report of the Justice and Community Safety Directorate
- human rights – see the annual report of the Justice and Community Safety Directorate
- legal services directions – see the annual report of the Justice and Community Safety Directorate
- public sector standards and workforce profile – see the annual State of the Service Report
- Territory records – see the annual report of the Chief Minister, Treasury and Economic Development Directorate

ACT Public Service directorate annual reports are available at <https://www.act.gov.au/open/annual-reports>.





Part B

Organisational overview and performance

Organisational overview

Our purpose

Quality care, healthier lives, stronger communities.

We work with our community to strengthen health, wellbeing and connection at every stage of life and across the care continuum. We are stewards of high-quality and integrated systems that put people first, focus on prevention and early assistance, provide care at the right time and right place, and ensure no one is left behind.

We are committed to Closing the Gap for Aboriginal and Torres Strait Islander people.

Our values

We are committed to the ACT Public Service (ACTPS) values of integrity, respect, collaboration and innovation. We aspire to be a values-led organisation where we are proud to work. Our values promise sets out how the ACTPS Employee Values and Signature Behaviours define who we are as an organisation. It represents our commitment to each other, and how we work with our stakeholders, partners and clients.

Integrity

We demonstrate integrity by being apolitical, honest, dependable and accountable for our actions. We recognise achievements, do not shirk from uncomfortable conversations and are consistent in our dealings with others.

Respect

We show respect by valuing diversity and listening to the views and contributions of our colleagues and partners. We seek to understand different perspectives, experiences and contributions. We set high standards for what we do and how we do it.

Collaboration

By collaborating, we gain a deeper understanding of the community's needs. We work together in partnership with our community and key stakeholders to improve the quality of health and safety of Canberrans.

Innovation

Innovation creates value and positive change in our teams and organisation. We support innovation by being curious and courageous. We take time to reflect and embrace feedback.

Our role and functions

We help Canberrans stay healthy, safe and connected.

We are responsible for:

- **health system leadership** – setting strategic direction, policy and clinical leadership, providing system assurance and commissioning services that support public and community health
- **health promotion and protection** – supporting and improving public health, community health and returning people to full health
- **planning and improvement** – making sure services meet people's needs now and in the future
- **early support** – helping people stay safe, take part in their community and live well
- **inclusion and access** – helping people find the right support when they need it
- **strong communities** – helping people feel included and connected where they live.

Ministers, stakeholders and partners

In the 2025–26 reporting period, the Directorate supported ministers in meeting their obligations under the following portfolios.

Table 1: Ministers and portfolios of the Directorate in 2025–26

Minister	Ministerial portfolio
Ms Yvette Berry MLA	Minister for Education and Early Childhood
	Minister for Homes and New Suburbs
Ms Suzanne Orr MLA	Minister for Aboriginal and Torres Strait Islander Affairs
	Minister for Disability, Carers and Community Services
	Minister for Seniors and Veterans
Dr Marisa Paterson MLA	Minister for the Prevention of Family and Domestic Violence
	Minister for Women
Mr Michael Pettersson MLA	Minister for Children, Youth and Families
	Minister for Multicultural Affairs
Ms Rachel Stephen-Smith MLA	Minister for Health
	Minister for Mental Health

We engage and collaborate across the health and community services systems. We support the ACT Government to deliver integrated long-term policy and client-centred services for Canberrans who need them.

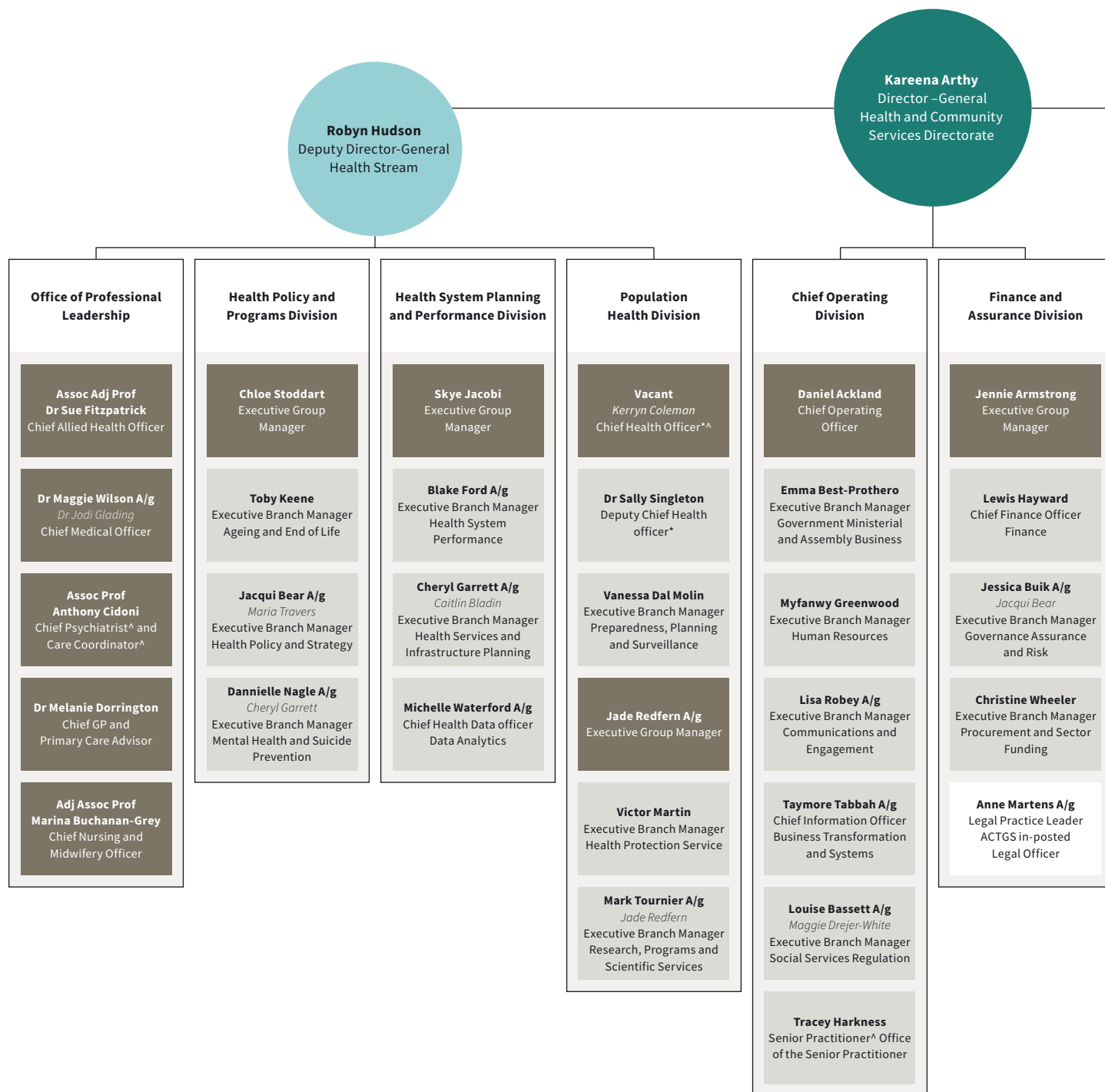
In doing this, we recognise the essential role of:

- health and social care consumers, whose engagement is critical to improving our health and community services system
- our community and our clients including children and families, women, Aboriginal and Torres Strait Islander people, LGBTIQ+ people, people with disability, culturally and linguistically diverse people, carers, seniors and veterans
- non-government organisations, including Aboriginal community-controlled organisations (ACCOS), across the span of the community and health sectors
- tertiary research and education sector partners, including universities, colleges and vocational training institutions, which support innovation and play an essential role in developing our future workforce

- other directorates in the ACT Government that we collaborate with to achieve better health and community outcomes
- relevant Australian Government, state and territory counterparts
- professional organisations, regulators and unions, which represent our workforce and advocate and provide advice on their behalf
- healthcare and community services professionals who provide services in the ACT health and care system, as well as those who work privately, or independently in collaboration with the public health and care system
- Capital Health Network (CHN) – the ACT’s Primary Health Network that plans and commissions primary care services in the ACT
- peak bodies that play a crucial role in representing various sectors and communities.

Organisational structure

Figure 1: Organisational structure – as of 30 June 2026



**Note:**

*Denotes members of the executive leadership team who are employed under the relevant enterprise agreements, not executive contracts.

Legend

Director-General

Deputy Director-General

Executive Group Manager

Executive Branch Manager

[^] Statutory role

Our business environment

The Health and Community Services Directorate (the Directorate) commenced on 1 July 2025. This change to administrative arrangements also included the following movement of teams and functions:

- the incorporation of the Office of LGBTIQ+, formerly part of the Chief Minister, Treasury and Economic Development Directorate, into the Directorate
- the transfer of the former ACT Health Directorate's health technology implementation and project delivery function to Digital Canberra
- the transfer of the Human Ethics Research function, formerly part of the ACT Health Directorate, to Canberra Health Services

- the transfer of Strategic Infrastructure Development and Delivery, formerly part of the ACT Health Directorate, to Infrastructure Canberra
- the transfer of Housing Infrastructure, formerly part of the Community Services Directorate, to Infrastructure Canberra.

During the reporting year, the Directorate's strategic priorities were set out in the ACT budget papers and aligned with the commitments of the 11th Legislative Assembly.

In 2025–26, our work was led by 5 pillars guiding the strategic direction of the Directorate.



Inclusive person-centred support

We are meeting the current and emerging needs of our diverse community through inclusive, person-centred policies and services that consider the whole person, recognise the full range of influences on health and wellbeing, and empower individuals, families and carers to actively shape their pathways.



Prevention and early intervention

We are taking steps at all stages of life to keep people healthy, safe and connected, promoting healthy and supportive environments, intervening early when necessary, reducing crisis-driven system entry and supporting positive long-term outcomes.



Shared solutions

We are working alongside communities to understand their lived experiences, strengths and needs, and to co-design equitable, culturally informed and responsive services that reflect what matters to them and promote a sense of belonging.



Quality systems

We are building strong partnerships across health, community and social services to create a coordinated, sustainable, evidence-informed system that delivers seamless, high-quality services while continually innovating to improve quality and drive systemic reform. We provide system assurance within a robust regulatory framework.



Being capable, connected and future-ready

We are investing in ourselves as highly skilled, adaptable and culturally competent professionals, supported by strong systems, data and collaboration to deliver person-centred services and stewardship of the systems we oversee.

Internal accountability

Director-General

Kareena Arthy was appointed as Director-General on 11 December 2025. Ms Arthy had been acting as interim Director-General from 10 November 2025. Prior to this, Catherine Rule was interim Director-General from 1 July 2025 until 31 October 2025.

The Director-General provides overarching leadership, including responsibility for statutory functions, and the development and delivery of government policy and programs in line with the commitments of the 11th Legislative Assembly. The Director-General is responsible for the ongoing integrity and accountability of the organisation.

The Director-General also oversees public housing and homelessness services as the Commissioner for Social Housing and is responsible for administering the ACT Local Hospital Network. The Director-General also exercises a range of responsibilities under the *Children and Young People Act 2008*.

Deputy Director-General Health

Robyn Hudson held the role of Deputy Director-General Health for the full 2025–26 reporting period. The Deputy Director-General Health oversees:

- health system assurance and planning functions led by the Health System Planning and Performance Division including the service funding agreement for Canberra Health Services (CHS), Territory-wide health service modelling and strategic infrastructure planning. The Division includes the Chief Health Data Officer and oversees national health funding negotiations
- clinical leadership and engagement and strategic policy direction on health workforce development, clinical governance and strategic policy direction for the ACT health system provided by the Office of Professional Leadership, including the statutory Office of the Chief Psychiatrist
- development and implementation of strategic policy, legislative reforms, programs and health and mental health reform initiatives led by the Health Policy and Programs Division

- work of the Population Health Division, including statutory responsibilities of the Chief Health Officer, prevention and management of public health risks, health research and other services and programs to improve and protect the health of the ACT population.

Deputy Director-General Community Services

Kirsty Windeyer is the Deputy Director-General Community Services. Throughout the 2025–26 reporting period Anne Maree Sabellico and Jacinta Evans also acted in this role. The Deputy Director-General Community Services oversees:

- the Children, Youth and Families Division which works with key stakeholders in government and the community sector to provide child protection and youth justice services to children, young people, their families and their carers.
- provision of social housing that is appropriate, affordable and meets the needs and circumstances of low-income and disadvantaged people led by the Housing Assistance Division. This includes funding and support to the specialist homelessness sector to assist and support homeless people and people at risk of becoming homeless.
- work to strengthen community connections and participation opportunities for all Canberrans, led by the Inclusion Division. This includes facilitating engagement between the community and government and enhances the capacity of the community sector through a variety of support and development activities. The Division is also responsible for early support and intervention of children and their families where children may be experiencing concerns with development or need targeted services due to other vulnerabilities.
- the Strategic Policy Division which leads governance for cross-directorate and whole-of-government programs of work and works with the community sector. This includes strategy and reforms related to children, young people and families; veterans; seniors; housing and homelessness; disability; Aboriginal and Torres Strait Islander affairs; and human service system reform.

Remuneration

All executives employed by the Directorate were paid in accordance with the determinations of the ACT Remuneration Tribunal.

The ACT Remuneration Tribunal is an independent statutory tribunal with responsibility for setting the remuneration, allowances and entitlements for public officials in the ACT. Further information can be found at the [ACT Remuneration Tribunal website](#).

Internal governance structure

The Directorate's governance structure provides a foundation for corporate activity and supports transparent and accountable decision making that reflects the Directorate's values.

Executive Board

The Executive Board, chaired by the Director-General, serves as the peak governance committee for the Directorate. The Board provides high-level strategic policy direction, oversees the Directorate's performance against its agreed-upon objectives, ensures its conformance with legislative and governance obligations, and addresses matters relating to culture.

Audit and Risk Management Committee

The Audit and Risk Management Committee (ARMC) provides independent advice to the Director-General on the Directorate's financial and performance reporting responsibilities, risk oversight and management, and systems of internal control. The Chair and Deputy Chair are external to the Directorate and the ACT Government, and at least 2 members are external to the Directorate.

Committees and advisory bodies

Various significant committees and advisory bodies, including the following statutory and non-statutory bodies, inform the work of the Directorate.

Statutory

ACT Aboriginal and Torres Strait Islander Elected Body

Established to strengthen self-determination and formalise community input into government decision making, the [Aboriginal and Torres Strait Islander Elected Body](#) monitors progress and provides advice to the ACT Government on its obligations under the [National Agreement on Closing the Gap](#) and priorities of the [ACT Aboriginal and Torres Strait Islander Agreement 2019–2028](#).

ACT Children and Young People Death Review Committee

The [ACT Children and Young People Death Review Committee](#) is an independent statutory committee established to review information relating to the deaths or serious injuries of children, young people and young adults in the ACT. Through its review functions, the Committee identifies opportunities for systemic improvement and makes recommendations to government and relevant agencies on legislative, policy, practice and service delivery reforms. These recommendations aim to reduce preventable deaths and serious injuries and improve outcomes for children, young people and young adults in the ACT.

ACT Disability Advisory Council

The [ACT Disability Advisory Council](#) was established under the [Disability Inclusion Act 2024](#) to provide strategic, independent advice to the minister responsible for disability and the ACT Government on issues impacting people with disability. Following an accessible expression-of-interest recruitment process, 12 members were appointed by Cabinet in August 2025. The Council held its first meeting on 9 December 2025 and will meet 6 times a year.

Domestic Violence Prevention Council

The Domestic Violence Prevention Council is a statutory advisory body established under the [Domestic Violence Agencies Act 1986](#) to provide strategic advice to the Minister for the Prevention of Family and Domestic Violence.

The Council has been suspended for the remainder of its term which expired in 2025–26. This is in recognition of its limitations, including the absence of sexual violence from its remit, and the need to establish refreshed governance arrangements for the domestic, family and sexual violence (DFSV) sector.

The Aboriginal and Torres Strait Islander Reference Group, which sits under the Council, continued to provide advice to the Minister for the Prevention of Family and Domestic Violence and the Directorate about DFSV responses for Aboriginal and Torres Strait Islander communities. More broadly, the DFSV sector continued to engage with the Directorate to inform its work throughout 2025–26, independently of the Council.

As part of a broader governance refresh, the 2026–27 Budget provides funding to establish a DFSV-sector network and elevate the Aboriginal and Torres Strait Islander Reference Group to directly advise the minister.

Gene Technology Advisory Council

The Gene Technology Advisory Council was established under section 11 of the *Gene Technology (GM Crop Moratorium) Act 2004*. It is chaired by the Chief Health Officer and performs an investigative and advisory function, providing advice to the Minister for Health on matters related to genetically modified food plants and gene technology.

Medicines Advisory Committee

The *Medicines Advisory Committee* was established under section 194 of the *Medicines, Poisons and Therapeutic Goods Act 2008*. It provides expert advice to the Chief Health Officer on complex clinical matters involving the prescribing and supply of medicines in the ACT. Specifically, it gives advice on the applications for approval to prescribe controlled medicines and endorsement to treat drug dependency.

Mental Health Advisory Council

The *Mental Health Advisory Council* was established under section 238 of the *Mental Health Act 2015*. The Council provides advice to the Minister for Mental Health about emerging or urgent mental health issues, mental health service reforms, policy and legislative changes, and other mental health matters requested by the minister.

Ministerial Advisory Council for Multiculturalism

The Ministerial Advisory Council for Multiculturalism (MACM) was established under the *Multiculturalism Act 2023* to provide strategic advice to the Minister for Multicultural Affairs.

Radiation Advisory Committee

The *Radiation Advisory Committee* was established under Part 5 of the *Radiation Protection Act 2006* and provides advice to the Chief Health Officer about radiation user licences and radiation source registrations.

Restricted Medical Treatment Assessment Board

The Restricted Medical Treatment Assessment Board was established under section 29 of the *Variation in Sex Characteristics (Restricted Medical Treatment) Act 2023*. The functions of the Board are:

- as members of assessment committees, to assess applications relating to treatment plans and review treatment plans
- to advise the Minister for Health about, and make recommendations on, which variations in sex characteristics should be covered by the Act
- any other function given under the Act or another territory law.

Therapeutic Support Panel for Children and Young People

The *Therapeutic Support Panel for Children and Young People* was established under the *Children and Young People Act 2008*. The Panel oversees and coordinates therapeutic responses for children and young people who are at risk of, or engaging in, harmful behaviours. It provides multidisciplinary advice on therapeutic needs, develops and reviews therapeutic support plans and advises on systemic issues affecting children and young people. The Panel also provides advice to government on opportunities to strengthen therapeutic responses and improve outcomes for vulnerable children, young people and their families.

ACT Voluntary Assisted Dying Oversight Board

The ACT [Voluntary Assisted Dying Oversight Board](#) was established on 3 November 2025 under section 110 of the [Voluntary Assisted Dying Act 2024](#). The functions of the Board are to monitor the operation of the Act; monitor requests for voluntary assisted dying; and advise the Minister for Health on the operation of the Act, the Board's functions, and the improvement processes and safeguards for voluntary assisted dying.

Non-statutory

ACT Health System Council

The [ACT Health System Council](#) provides strategic advice to the Minister for Health and the Minister for Mental Health on service integration, planning and commissioning of the ACT health system. It is comprised of members with a depth, breadth and diversity of experience in health or a health-related field and undertakes a specific function within the ACT health system. During 2025–26, the Council acted as the reference group for the Inquiry into ACT health system data, demand and processes.

ACT Aboriginal Children's Forum

The [ACT Aboriginal Children's Forum](#) brings together organisations that provide child and family services to Aboriginal children and their families in the ACT including ACCOs, service providers and ACT Government representatives.

The Forum supports Aboriginal self-determination and collaboration across the service system and works to strengthen policies, practices and cultural approaches that embed the Aboriginal and Torres Strait Islander Child Placement Principle.

The Forum follows both the *National Agreement on Closing the Gap* and the *ACT Aboriginal and Torres Strait Islander Agreement 2019–28*, with a focus on ensuring Aboriginal children and young people grow up strong, safe and connected to their culture, families and communities. It also promotes greater consistency in the interpretation and application of policy and practice across the child and family service system.

ACT Clinical System Governance Committee

The ACT Clinical System Governance Committee is a system-level advisory committee comprising of consumers and carers, multidisciplinary clinicians and health service leaders from the ACT health system and surrounding region. It provides governance, insight, recommendations and advice to ensure that safe, effective, person-centred healthcare is consistently delivered across the entire ACT healthcare system.

ACT Inclusion Council

The [ACT Inclusion Council](#) is a group of business, government and community leaders working in partnership with community to develop initiatives that value and engage people with disability. It connects business and government, supporting new and innovative projects and events that showcase opportunities in the business and disability sector and promote employment pathways for people with disability.

ACT Youth Advisory Council

The [ACT Youth Advisory Council](#) provides advice to the Minister for Children, Youth and Families on issues affecting young people in the ACT. The Council supports young people aged 12 to 25 years to participate in consultation and engagement activities, contribute to policy discussions and provide youth perspectives on matters that affect their lives.

ACT Reconciliation Council

The [ACT Reconciliation Council](#) is an advisory body appointed by the Minister for Aboriginal and Torres Strait Islander Affairs that provides advice to the ACT Government on advancing reconciliation. It supports the planning and delivery of Reconciliation Day and associated activities and promotes reconciliation through community engagement and advocacy. Council members act as ambassadors, fostering dialogue on the importance of reconciliation within the ACT community and region.

Chief Psychiatrist Advisory Committee

The Chief Psychiatrist Advisory Committee oversees provisions and functions within the Mental Health Act 2015. It provides advice to the Chief Psychiatrist on the ongoing implementation of the Act, and on the interaction of the Act with other relevant legislation, the need for legislative reform, and the management of risks associated with the Act. It also reviews and endorses Chief Psychiatrist guidelines and oversees the development of forms and other documentation related to the Act.

Chief Psychiatrist Restrictive Practices Oversight Committee

The Chief Psychiatrist Restrictive Practices Oversight Committee's role is to oversee the monitoring, reporting and review of restrictive practices across ACT public mental health services and the Emergency Department. It reviews data on the use of seclusion and restraint, monitors compliance with the Mental Health Act 2015, identifies emerging trends and risks, and provides advice and recommendations to support service improvement and the reduction of restrictive practices.

Child and Family Reform Ministerial Advisory Council

The [Child and Family Reform Ministerial Advisory Council](#) provides strategic advice to the minister responsible for children, youth and families on the implementation of child and family services reform in the ACT. The Council supports oversight of the Next Steps reform agenda and provides advice on system improvement to strengthen outcomes for children, young people and families. The Council includes representation from people with lived and living experience.

Domestic, Family and Sexual Violence Inter-Directorate Committee

The [Domestic, Family and Sexual Violence Inter-Directorate Committee](#) drives whole-of-government action to address and prevent gendered violence and improve outcomes for victim-survivors of DFSV. The aim is to enable directorates to continuously improve their relevant policies, programs and systems so they collectively contribute to reducing DFSV in the ACT. Its membership includes deputy directors-general from across the ACTPS and the deputy chief police officer.

LGBTIQA+ Ministerial Advisory Council

The [LGBTIQA+ Ministerial Advisory Council](#) provides advice to the minister responsible for LGBTIQA+ policy and programs on issues affecting LGBTIQA+ communities in the ACT.

The work of the LGBTIQA+ Ministerial Advisory Council reflects the goal of the ACT Government to make Canberra the most LGBTIQA+ welcoming and inclusive city in Australia. The Council monitors progress of achievements towards this goal by capturing and conveying the views of LGBTIQA+ Canberrans in their advice to government.

Local Health Network Assurance Committee

The Local Health Network Assurance Committee provides assurance to the Minister for Health on the performance of the public health system in accordance with the annual service funding agreement signed by the Minister for Health, the Chief Executive Officer of CHS and the Director-General of the Directorate. The committee also has responsibility for overseeing the delivery of the CHS Transformation program.

The Mental Health Coordinating Group

The Mental Health Coordinating Group provides a platform for peak bodies, policy and service organisations to convene and deliberate on key issues and needs facing the ACT mental health system. The group provides leadership and governance in mental health systems, as well as high-level, evidence-informed advice and recommendations to the ACT Government.

ACT Suicide Prevention Coordinating Committee

The ACT Suicide Prevention Coordinating Committee provides collaborative leadership and promotes partnerships to reduce suicide in the ACT. The Committee reports to the ACT Prevention, Mental Health and Wellbeing Inter-Directorate Committee.

Ministerial Advisory Council on Ageing

The Ministerial Advisory Council on Ageing provides strategic advice to the minister responsible for seniors and veterans, and the ACT Government on issues affecting older people in the ACT.

Ministerial Advisory Council for Veterans and their Families

The [Ministerial Advisory Council for Veterans and their Families](#) provides strategic advice to the minister responsible for seniors and veterans and the ACT Government about matters relating to the local veteran community and their families.

Women's Advisory Council for Gender Equity

The [Women's Advisory Council for Gender Equity](#) advises the Minister for Women on issues affecting women in the ACT. It replaced the former Ministerial Advisory Council for Women and helps inform the development, implementation and monitoring of the *ACT Women's Plan 2016–26* and related action plans.

Nurse Practitioner Taskforce

The Nurse Practitioner Taskforce was established to oversee the development of amendments to ACT legislation that will enable the practice authority of ACT nurse practitioners to work to their full scope of practice. This is a Minister for Health-directed taskforce with cross-directorate membership from the ACT Government.

Our Booris, Our Way Implementation Oversight Committee

The *Our Booris, Our Way* Review was presented to government in December 2019 and contains 28 recommendations and 8 sub-recommendations. In June 2020, the [Our Booris, Our Way Implementation Oversight Committee](#) was established to monitor implementation of the *Our Booris, Our Way* recommendations. The Implementation Oversight Committee is a wholly Aboriginal advisory committee and provides a cultural lens to guide the systemic reform necessary to meet the expectations set out in the review.

Senior Practitioners Leadership Group

The primary purpose of the Senior Practitioners Leadership Group is to provide a practice-focused forum that develops and promotes contemporary, evidence-informed approaches aligned with the [United Nations Convention on the Rights of Persons with Disabilities](#). The group focuses on behaviour support and the reduction and elimination of restrictive practices within the National Disability Insurance Scheme (NDIS), while fostering national consistency in policy, practice and outcomes.

Sexual Assault (Police) Review Action Committee

The Sexual Assault (Police) Review Action Committee provides implementation oversight of recommendations made by the [Sexual Assault \(Police\) Review \(2024\)](#), which sought to better understand why so few sexual offence cases reported to ACT Policing progressed to charge. Membership includes office holders from ACT Policing, the Office of the Director of Public Prosecutions, Victim Support ACT, the ACT Domestic, Family and Sexual Violence Office and Canberra Rape Crisis Centre.

Joint Consultative Committee for the Total Facilities Management Contract

The Joint Consultative Committee, co-chaired by Housing ACT, Infrastructure Canberra and Programmed Facility Management, is responsible for the overall contract governance for the delivery of the services under the Total Facilities Management Agreement.

Public Housing Repairs and Maintenance Program Control Group

The Public Housing Repairs and Maintenance Program Control Group oversees program delivery, monitors performance, manages key risks and issues, and supports decision making to ensure repair and maintenance activities are delivered in accordance with agreed objectives, priorities, budgets and timeframes. It also provides a forum for resolving strategic matters and ensuring coordination between Housing ACT, Infrastructure Canberra and other key stakeholders. The group is co-chaired by Housing ACT and Infrastructure Canberra.

Public Housing Delivery Program Control Group

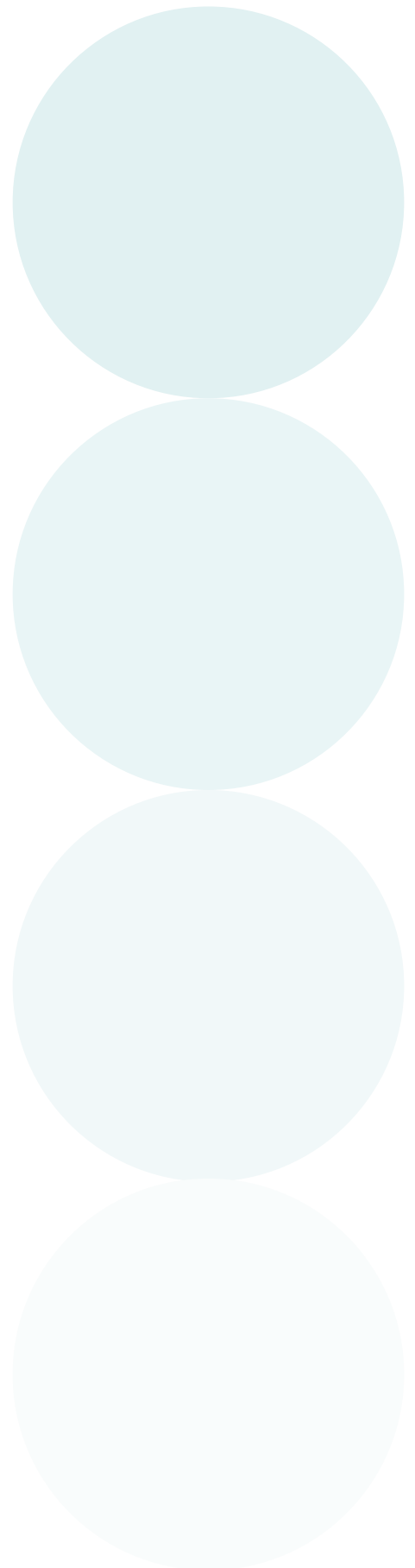
The Public Housing Delivery Program Control Group oversees the planning and delivery of public housing projects, monitors program performance, manages key risks and issues, and supports decision making to ensure delivery outcomes are achieved in accordance with agreed objectives, budgets and timeframes. It also provides a forum for resolving strategic matters and ensuring coordination between Housing ACT, Infrastructure Canberra and other key stakeholders. The group is co-chaired by Housing ACT and Infrastructure Canberra.

Public Housing Facilities Management Project Control Group

The Public Housing Facilities Management Project Control Group oversees project delivery, monitors performance, manages key risks and issues, and supports decision making to ensure deliverables are achieved in accordance with agreed objectives, priorities, budgets and timeframes. It also provides a forum for resolving strategic matters and ensuring coordination between Housing ACT, the Government Insourcing Taskforce, Infrastructure Canberra and other key stakeholders. The group is chaired by Infrastructure Canberra.

United Ngunnawal Elders Council

The United Ngunnawal Elders Council provides advice to the ACT Government in relation to heritage and connection-to-land matters for the Ngunnawal people. The Council comprises representatives nominated by each of the Ngunnawal family groups.



Performance analysis

Summary of performance in 2025–26

The *2025–26 Budget Statement* identifies output classes, outputs, performance criteria and strategic priorities for the Directorate for the reporting period. This Budget Statement was prepared prior to the formation of the HCSD.

In 2025–26, the Directorate worked toward achieving its strategic objectives. This section outlines progress through strategic indicators and the activity that

are driving positive change toward reaching these outcomes.

Key achievements in delivery of outputs are included in the performance analysis. These show how resources in our output classes have supported delivery of key work within our outputs to support health and community outcomes.

Table 2: HCSD Output classes and outputs

Output class	Output
<u>Health and Community Care</u>	Collaborative Leadership, Strategic Policy, Programs and Planning Population Health and Keeping Canberrans Healthy
<u>Strategic Policy, Inclusion and Participation</u>	Inclusion and Participation Disability Strategic Policy Regulation, Assurance and Quality Safer Families
<u>Children, Youth and Families</u>	Child and Family Centres Child Development Service Child and Youth Protection Services
<u>Social Housing Services</u>	Social Housing Services

Outlook for 2026–27

In 2026–27, the Directorate will continue to focus on the following outcome-driven priorities to respond to community need, reduce harm and strengthen wellbeing across the life course. The Directorate will focus on:

- Inclusive, person-centred support – strengthening prevention and protection across the population to reduce harm and minimise the need for more intensive health and community services.
- Prevention and early intervention – investing early and improving systems so people receive the right support and care at the right time.
- Shared solutions – improving equity of access and reducing barriers so all Canberrans can find and use the supports they need.
- Quality systems – working with services and communities to build safety, connection and resilience.

- Capable, connected and future-ready – delivering our priorities through effective stewardship of the health and community services system.

The 2026–27 priorities for the Directorate are in the *ACT 2026–27 Budget Statement C* at page 2 and Housing ACT at page 93. More specific deliverables for 2026–27 are included in this section.

In 2026–27, the Directorate will undertake a review of performance criteria to better reflect the merged functions of the former directorates. The review will look at strategic objectives, strategic indicators and accountability indicators as well as an update to output classes and outputs to reflect the Directorate's organisational structure. These changes will be reflected in the 2027–28 Budget.

Output class: Health and Community Care

Output: Collaborative Leadership, Strategic Policy, Programs and Planning

The Directorate provides strategic leadership and direction for the health system through engagement, development, implementation and administration of policies, programs and strategies.

ACT Virtual Care Strategy 2025–2030

The *ACT Virtual Care Strategy 2025–2030*, released in June 2026, outlines how virtual care can support people to access health care in the ACT. This includes patients, carers, clinicians and health services.

The Strategy guides how virtual care will be planned, delivered and improved across the ACT health system. It supports care that is safe, effective, easy to access and suited to local needs. It also aims to improve access to health services for everyone. The Strategy will help address barriers to virtual care, including limited access to technology and low confidence using online services.

Evidence-based framework for dementia care in the ACT

The ACT Dementia Health Experts Network, supported by the Directorate, launched the *Evidence-based framework for dementia care in the ACT* in June 2026. It forms part of the ACT Government's *Better care of older Canberrans* initiative.

Informed by extensive research, data analysis and a carer-led co-design process, the Dementia Framework outlines evidence-based and human-centred changes for the ACT health system. It identifies system improvements to help health services better meet the needs of people living with dementia, their families and carers.

Reform of the Assisted Reproductive Technology Act 2024

The Directorate progressed amendments to the *Assisted Reproductive Technology (ART) Act 2024* in 2025–26 to facilitate access to donor gametes. The amendments increase the age to access identifying information on the mandatory donor register to 18, with access from 16 where a person is assessed as sufficiently mature. They also remove parents' access to identifying donor information. These reforms responded to stakeholder concerns about donor gamete availability and were informed by targeted engagement with ART providers, advocacy organisations and affected individuals.

Implementation of the ACT Health Workforce Strategy 2023–2032

The Directorate implemented the 23 early actions published in the *ACT Health Workforce Strategy 2023–2032*. The Strategy provides the vision, principles and strategic priorities to build and retain a sustainable health workforce for the ACT and surrounding regions.

Over the next 10 years, the Strategy will be supported by 3 Action Plans. [The First Action Plan: 2025–2026](#) was published on 18 June 2025 and contained 32 actions for implementation by the end of 2026. This work is being overseen by the Territory-wide Health Workforce Planning Group which includes representatives of ACT Government directorates, education providers and non-government organisations.

Nurse Practitioners Legislation Amendment Act 2026

The Nurse Practitioner Taskforce oversaw legislative amendments to enable ACT nurse practitioners to work to their full scope of practice. A key milestone was the passage of the *Nurse Practitioners Legislation Amendment Act 2026* on 25 February 2026, enabling ACT nurse practitioners to independently certify death and non-written health directions. This makes the ACT the first Australian jurisdiction to grant this authority and is expected to significantly improve end-of-life care.

Professional Development and Wellbeing Fund

A \$4 million Professional Development and Wellbeing (PDW) Fund was established to strengthen recruitment, retention, wellbeing and sustainability of the ACT general practice workforce over 4 years. General practice workforce sustainability and ongoing community access to high-quality care are core aims of the PDW Fund. In 2026, the Fund is supporting:

- targeted professional development in priority areas including mental health, neurodivergence, women's and children's health, voluntary assisted dying, and LGBTQIA+ and gender-affirming care
- the Drs4Drs ACT helpline, delivering free, independent and confidential support to doctors and medical students
- the General Practice Registrars Association to deliver its Going Places/Future GP mentoring and networking program in the ACT
- the GP Community Connect event, hosted on World Family Doctor Day, 19 May 2026, which brought together the ACT general practice workforce and government, to strengthen engagement, recognition and collaboration across the sector.

The Directorate has commenced consultation to inform the co-design of activities to be supported by the PDW Fund in 2026–27. This includes the establishment of the PDW Advisory Group, comprising representation from the ACT general practice workforce including local GPs, practice nurses, practice owners and managers, GP registrars and supervisors. This group will advise the government on the framework to consider activities to be supported by the Fund, ensuring activities represent value and tangible benefit to the ACT community.

Output: Population Health and Keeping Canberrans Healthy

The Directorate seeks to improve the health of the ACT population through:

- evidence-based promotion of healthy lifestyles and interventions to address the range of risk and protective factors and influencing the social and environmental conditions that impact on population and individual health
- improving the health and wellbeing of the ACT population by monitoring and evaluating health programs and policy
- supporting programs and activities aimed to reduce the use of harmful substances and risk-taking behaviours
- environmental monitoring of air and water quality
- regulation and other public health responses to ensure food is safe for human consumption
- preventing, identifying and providing a timely response to potential public health incidents and threats
- reducing the occurrence of infectious diseases
- contributing to national plans and strategies that seek to address nation-wide population health issues.

Disease surveillance and outbreak management

The Directorate strengthened disease surveillance and outbreak management through improvements that enhanced the ACT's ability to respond rapidly and proportionately to public health threats. This included streamlining notifiable condition surveillance, analysis and reporting processes, alongside improvements to electronic laboratory reporting and enhancements to the Notifiable Disease Management System.

The Directorate undertook close monitoring and assessment of acute respiratory illnesses throughout the year, including weekly reporting on COVID-19, influenza and respiratory syncytial virus (RSV) activity during the winter season. It also developed a digital project to support case management and contact tracing for syphilis notifications in the ACT.

Public health surveillance teams investigated 15,363 notifiable disease reports and a further 1,337 notifications that did not meet surveillance case definitions but still required assessment and follow-up (as of 30 June 2026). Analysis, reporting and investigations were also completed for 1,187 foodborne and enteric disease cases, including 5 outbreaks.

The Directorate conducted preparedness, surveillance and response activities to prepare for emerging public health threats, including Ebola, avian influenza and diphtheria. Hantavirus was added as a notifiable disease through regulatory changes effective from 29 May 2026. The Directorate provided public health advice and post-exposure prophylaxis to 112 people potentially exposed to rabies or Australian bat lyssavirus.

Surveillance and outbreak management support was delivered for 123 gastroenteritis outbreaks in early childhood education and care settings, 97 acute respiratory infection outbreaks and 10 gastroenteritis outbreaks in aged-care homes. Additionally, the ACT Arbovirus Surveillance Plan included 20 weeks of adult mosquito surveillance across 2 ACT locations between November and April, providing valuable information on mosquito abundance, species prevalence and the presence of arboviruses.

Lung health, screening and smoking prevention

The Directorate continued to strengthen prevention and early intervention initiatives to improve health outcomes across the ACT. In March 2026, the ACT's first dedicated vaping-cessation and nicotine-dependence support service for young people, Nicotine Knockout @ The Junction, opened at Anglicare's The Junction Youth Health Service. Commissioned by the Directorate and supported through a Federation Funding Agreement with the Commonwealth, the service provides young people with a safe and accessible pathway to quit vaping and smoking or manage nicotine dependence.

The Directorate also delivered professional learning and curriculum resources to educators, supporting the provision of health-promoting information about vaping and e-cigarettes in schools and early-learning settings. This work also helped build educator capability to incorporate fundamental movement skills into the day-to-day activities of children. In addition, the Healthy Canberra Grants program supported organisations to deliver initiatives focused on vaping cessation, particularly for young people in the ACT.

The Directorate managed the implementation of the National Lung Cancer Screening Program in the ACT. Launched on 1 July 2025, the program supports the earlier detection of lung cancer, with participation in the ACT continuing to increase steadily throughout the year.

A healthy community through collaborative leadership

The Directorate leads the Territory's health system to help people live healthy, active and productive lives. It ensures evidence-informed strategic health policy guides system-wide priorities for safety, quality, expenditure and service delivery.

To achieve this objective, the Directorate engages and works collaboratively with our community, health sector partners, businesses and other directorates, and participates in national and inter-jurisdictional forums.

Strategic objective: Improving the health status of Canberrans

Good health is the foundation of a good life and contributes to greater productivity, reduced inequality and a decreased demand for health services. Physical health status at a population level is influenced by a range of factors relevant to the Directorate's role as a health system leader, including access to appropriate preventive health, health protection, primary care and hospital services.

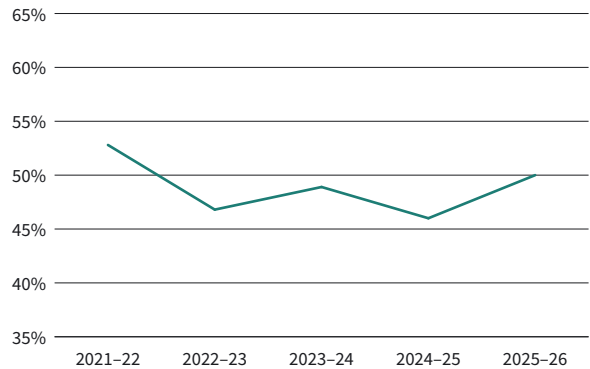
Strategic indicator: Percentage of ACT adults who self-report their health status as very good or excellent

Table 3: Percentage of ACT adults who self-report their health as very good or excellent

Strategic indicator	2025–26 target	2025–26 actual
Percentage of ACT adults who self-report their health as very good or excellent	>55%	50%

Source: ACT General Health Survey, 2025

Figure 2: Percentage of ACT adults who self-report their health as very good or excellent



Source: ACT General Health Survey

Activities that supported this strategic objective in 2025–26:

- Facilitated the Australian Primary Care Prevocational Program in collaboration with CHS and local GP practices. The Program supports junior (prevocational) doctors to experience general practice as a specialisation, through joint investment from the ACT Government and the Australian Government. Feedback from the first 2 participating junior doctors has been highly positive.
- Coordinated projects funded by a Federation Funding Agreement to improve cervical screening access for vulnerable populations in the ACT, targeting under- and never-screened groups by increasing uptake of self-collection testing and non-medical provider testing such as nurses and midwives.

- Delivered and promoted the National Immunisation Program to maintain higher than Australian average [childhood immunisation coverage](#). Delivered ACT Government immunisation programs including:
 - continuation of the RSV immunisation program in conjunction with the National RSV Maternal and Infant Program.
 - expansion of the ACT Government Hepatitis B vaccination program as per recommendations in the *Australian Immunisation Handbook*.
- To improve access to health services for Canberrans, the ACT Government authorised pharmacists to treat uncomplicated urinary tract infections, resupply hormonal contraceptives treat minor skin conditions and provide a broader range of vaccines, including influenza vaccines to children aged 2 years and over.
- The Directorate, CHS and the Pharmacy Guild of Australia, ACT Branch finalised a new 4-year Memorandum of Understanding (MoU) for the provision of opioid dependence treatment in community pharmacies. This new 4-year MoU supports ACT community pharmacies and pharmacists to join and remain in the ACT opioid treatment program.
- Undertook routine samples of ready-to-eat food, and recreational and potable water across the ACT and the Jervis Bay Territory. Participated in OzFoodNet, a national network that monitors and responds to foodborne diseases in Australia, including supporting 5 multi-jurisdictional outbreak investigations.
- Performed 41,565 analytical tests on 20,372 received samples to support regulation, health and safety across toxicology analysis, illicit drug identification, food safety, water safety, asbestos identification and air quality for the ACT.
- Undertook environmental health complaint investigations to assess insanitary conditions and compliance with the *Public Health Act 1997*. Undertook inspections and investigations across food premises, declared events, market stalls, cooling towers and swimming pools to assess compliance with relevant legislation and codes of practice.

Strategic objective: Improving the mental wellbeing of Canberrans

Mental health status is impacted by a range of factors relevant to Directorate's role as a health system leader, including access to appropriate preventive, early intervention, primary care, community and acute services.

Strategic indicator: Percentage of ACT adults who self-report their mental health status as very good or excellent

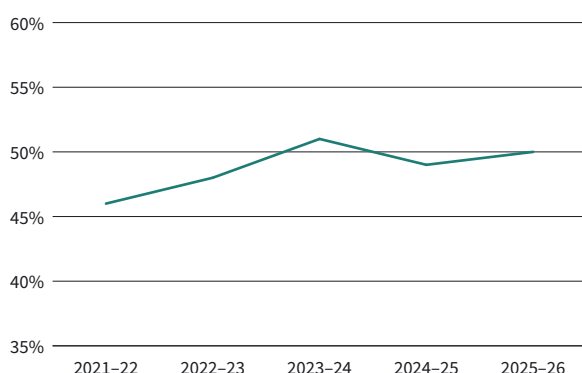
Table 4: Percentage of ACT adults who self-report their mental health status as very good or excellent

Strategic indicator	2025–26 target	2025–26 actual
Percentage of ACT adults who self-report their mental health as very good or excellent	>60%	50%

Source: ACT General Health Survey, 2025

The proportion of ACT adults who rated their mental health as very good or excellent was 50.4 per cent in 2025. Self-reported mental health is influenced by a range of social, economic and environmental factors. The result highlighted the importance of continued investment in mental health promotion, prevention and early intervention to support positive mental health and wellbeing across the ACT community.

Figure 3: Percentage of ACT adults who self-report their mental health status as very good or excellent



Source: ACT General Health Survey

Activities that supported this strategic objective in 2025–26:

The ACT Government continued to progress a number of mental health and wellbeing projects in partnership with the community sector, including:

- A try test learn pilot of the Housing and Accommodation Support Initiative, which is a community-based accommodation and psychosocial support program designed to support people with mental illness to maintain housing, build functional capacity and reduce reliance on acute and crisis services.
- Expansion of the operating hours of the Belconnen Safe Haven, which provides a safe space for people over 16 to access mental health support from peer workers in a calm and caring, non-clinical environment.
- Funding Everymind to deliver the Minds Together program in both online and face-to-face formats. The program provides practical strategies, information and resources to support family members, friends and carers of people experiencing suicidal distress or recovering from a suicide attempt.

Strategic objective: Healthy eating

Fruit and vegetables form part of a balanced diet and evidence shows that eating the recommended 5 serves of vegetables and 2 serves of fruit daily improves gut health, provides vitamins and minerals such as folate and vitamin C, and helps to reduce the risk of heart disease, stroke and some types of cancer.

This is a long-term population-level health indicator which enables monitoring and surveillance of a healthy diet in the ACT. It is used to:

- determine the proportion of the population meeting the *National Health and Medical Research Council Australian Dietary Guidelines* for fruit and vegetable requirements
- inform preventive health policy and health-promotion programs.

Strategic indicator: Percentage of children and adults who meet guidelines for daily serves of fruit and vegetables

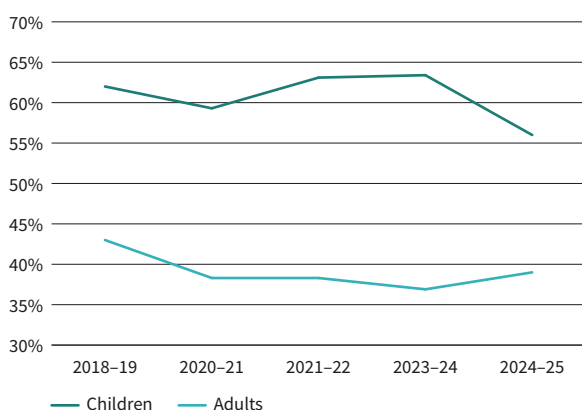
Table 5: Percentage of children and adults who meet guidelines for daily serves of fruit and vegetables

Strategic indicator	2025–26 target	2025–26 actual
Adults who meet guidelines for daily serves of fruit and vegetables		
• Fruit	≥ last year's result	Not available
• Vegetables	≥ last year's result	Not available
Children who meet guidelines for daily serves of fruit and vegetables		
• Fruit	≥ last year's result	Not available
• Vegetables	≥ last year's result	Not available

Source: ACT General Health Survey, 2025

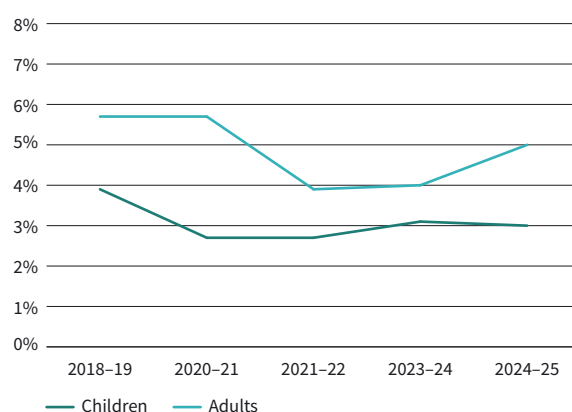
Note: This data was not collected in the 2025 ACT General Health Survey as it is collected in alternate years.

Figure 4: Percentage of children and adults who meet guidelines for daily serves of fruit



Source: ACT General Health Survey Note: As this data was not collected in the 2025 ACT General Health Survey, information is not available past 2024–25

Figure 5: Percentage of children and adults who meet guidelines for daily serves of vegetables



Source: ACT General Health Survey

Note: As this data was not collected in the 2025 ACT General Health Survey, information is not available past 2024–25

Activities that supported this strategic objective in 2025–26:

- Progressed actions under the *Healthy Canberra: ACT Preventive Health Plan 2020–2025* to increase healthy eating by seeking to create a food environment that makes healthier food and drink an easier choice for the ACT community, supporting increasing fruit, vegetables, wholegrains and water intake.
- Through Healthy Canberra Grants, funded 5 community-led preventive health-promotion programs to support healthy eating.

Strategic objective: Culturally responsive health and wellbeing programs and services incorporating the cultural ways of knowing, being and doing of and for Aboriginal and Torres Strait Islander peoples

The Directorate focuses on increasing the number and reach of culturally responsive health and wellbeing programs and services that incorporate the cultural ways of knowing, being and doing of and for Aboriginal and Torres Strait Islander peoples.

Activities that supported this strategic objective in 2025–26:

- Procured Indigenous Allied Health Australia to develop the ACT Aboriginal and Torres Strait Islander Health Workforce Action Plan.
- In November 2025, released the Mental Health NGO Commissioning Strategic Investment Plan, which established five funding streams including the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing funding stream.

- Completed Phase 1 of the Indigenous Data Sovereignty and Indigenous Data Governance project with initial audit of ACT Government Aboriginal and Torres Strait Islander data holdings (completed in partnership with CMTEDD and Digital Canberra) being used to inform initial collaboration with Community regarding their health data priorities.
- Engaged Aboriginal and Torres Strait Islander consultancy Yamagigu to lead the co-design of an Aboriginal and Torres Strait Islander youth mental health service in partnership with Aboriginal and Torres Strait Islander communities, young people, stakeholders and service providers across the ACT.
- Invested in the vision and leadership of Winnunga Nimmityjah Aboriginal Health and Community Services by providing funding, land tenure and cross-government coordination to support the design and construction of a new 24-bed residential alcohol and other drug rehabilitation facility for Aboriginal and Torres Strait Islander people.
- Gathered community recommendations through the Birthing with Country listening process to inform the co-design and implementation of a culturally safe and community-led maternity model for the ACT.

For more detail see Aboriginal and Torres Strait Islander reporting at page 142.

A safe responsive and sustainable health system that supports our community

The Directorate plans for our community's future needs, carefully considering how to allocate resources to best improve health outcomes and enable safe, high-quality care for now and into the future.

Examples of how the Directorate meets this objective can be seen in the Canberra Hospital Master Plan, planning for a new Northside hospital, and the ACT Health Services Plan, which provides a system-wide view of priorities for health service development and redesign across the ACT, until the end of the decade.

The Directorate works to deliver high-quality services through:

- ensuring our regulatory services remain responsive and risk based, and facilitating regulatory compliance through co-design and engagement
- our focus on applying the quality improvement cycle to ensure health services are delivered at the right time, in the right way, in the right place to meet consumer need

- embedding and utilising accurate and responsive health data and analytics that inform planning, decision making and service delivery
- driving a dynamic and innovative health system that translates research and best evidence into better health outcomes.

Strategic objective: The introduction of a funding and commissioning approach for public health services in the ACT

The ACT Government is strengthening how it funds and commissions public health services so that funding is more closely linked to the care delivered. Activity-based funding provides a clearer linkage between demand, cost and performance. This in turn enables better planning, stronger accountability and more effective use of public resources. The aim of commissioning via activity-based funding is to improve access, timeliness, quality and sustainability of services for the ACT community.

In 2025–26, the Government introduced activity-based funding for public hospital services and established a service funding agreement and governance arrangements with Canberra Health Services. These arrangements set clearer expectations for funded activity, service delivery, performance reporting and assurance, supported by oversight through the Local Hospital Network Assurance Committee and regular reporting to the Minister for Health and Mental Health.

From 2026–27, the model will begin moving to more active commissioning. With activity-based funding in place, the Government can use the service funding agreement to monitor delivery, strengthen performance oversight and support better decisions about future investment and service change as community needs evolve.

Activities that supported this strategic objective in 2025–26:

- The Government introduced activity-based funding for public hospital services in the ACT in July 2025. This means that funding is directly linked to patient care which helps to ensure resources are used efficiently and transparently. Activity-based funding is for all patients who visit emergency departments, are admitted to hospital or visit walk-in centres or non-admitted clinics.
- The Directorate established a [service funding agreement](#) and new governance arrangements for it. This included a Local Hospital Network

Assurance Committee to oversee the agreement and regular reporting to the Minister for Health and Mental Health.

- The service funding agreement describes the Government's strategic priorities for the health system and sets an activity-based budget for CHS.

Activities that further supported a safe, responsive and sustainable health system in 2025–26:

- The Directorate supported government in its agreement to the National Health Reform Agenda Addendum 2026–31. This national agreement sets out commitments to improve health system stewardship, integration, safety and quality. Under the agreement the ACT is expected to receive \$4.1 billion over five years to 2030–31, including an additional \$75 million in 2026–27 that recognises the unique challenges of health service delivery in the ACT.
- The Directorate completed implementation of mandated minimum nurse- and midwife-to-patient ratios across all inpatient units at CHS by 1 February 2026. The ACT is one of only 2 jurisdictions across Australia to include counting babies as part of the midwife-to-patient ratio.
- The *Nurses and Midwives: Towards a Safer Culture – The Next Steps Strategy* supports the fundamental rights of nurses and midwives working in ACT public health services to be safe and protected in their workplaces. The Strategy is entering the evaluation phase. Key deliverables of the Strategy have included:
 - supporting 12 inpatient wards across CHS, inclusive of mental health inpatient units, to embed the Safewards model of care
 - publishing a clinical supervision framework for nurses and midwives in the ACT
 - collaborating with the Directorate's Communications and Engagement team to deliver a campaign raising community awareness about occupational violence and acceptable behaviour within ACT Government facilities.
- Successfully delivered the ACT's voluntary assisted dying scheme from 3 November 2025, establishing the legislative, clinical and operational arrangements required to support safe, lawful and person-centred access for eligible Canberrans.
- The development of the ACT Clinical Incident Management Best Practice Guidelines. The guidelines can be used by any ACT health service to determine how to apply best practice into local management of clinical safety events, including identifying how Aboriginal and Torres Strait Islander patients and families can be better engaged in the outcomes of safety reviews that directly affects them.
- Established the Palliative Medicines in Community Pharmacies program. The program aims to realise the full potential of community pharmacies in palliative care by supporting their role, function and scope. This includes supporting pharmacies to permanently stock palliative medicines, work collaboratively with palliative-care prescribers and specialists, and access targeted training.
- The implementation of activity based funding lays the groundwork for improving the financial sustainability of the ACT health system. Further work is needed to more closely align funding outcomes for service delivery with performance targets, and this will require engagement with CHS and ACT Treasury in coming years.
- Delivered a range of Territory-wide health research activities under [*Better Together: A Strategic Plan for Research in the ACT Health System*](#), including:
 - The 2026 Canberra Health Annual Research Meeting in collaboration with partners across the ACT health system, providing a forum to present health research conducted in the ACT and support professional networking and collaboration among researchers.
 - The Vacation Study Program 2025–26 supported 19 undergraduate students from ACT academic institutions to undertake 6-week funded research placements across the Directorate and CHS. Projects covered a range of healthcare and medical research topics, including patient care, population health and wellbeing, health systems, quality and workforce, and clinical practices within the Canberra region.
 - The Research and Innovation Fund supported 9 multi-year projects. These projects focus on emerging and established clinician-researchers, building research leadership, capability and collaboration across the ACT health and medical research system.

Trusted, transparent and accountable

The Directorate is a trusted source of information and advice to the community and our stakeholders. Inclusion of our community in our work helps to build trust and holds the Directorate accountable to meet the needs of the community we serve.

Strategic objective: Community engagement

The Directorate engages in community consultation and other campaign activities designed to support the delivery of health and community services, infrastructure projects, programs, policies, and health information to the public. The Directorate can deliver better services and outcomes through effective, genuine community engagement. Information gathered through these activities is used to inform or improve policies, programs, services, facilities or projects and is reported within the Directorate's Annual Report.

Activities that supported this strategic objective in 2025–26:

See Community engagement activities at page 97.

Activities that further supported sharing of information with the community in 2025–26:

- Published the *ACT Drug Strategy Action Plan Mid-Point report*, with 27 of the 34 actions being significantly progressed or completed, and the Harm Reduction Review, which found the current harm reduction interventions in the ACT are cost effective.
- Tabled the final report of the evaluation of the operation of the 2023 drug possession law reforms. The evaluation's findings were positive and findings indicated strong alignment with the intention underlying the reforms – to prioritise a health and social response and reduce harms associated with contact with the criminal justice system for people who use drugs in the ACT.
- Following sufficient responses to the Maternity Experience Survey launched in September 2024, the public Maternity Experience Dashboard was launched in February 2026. By making consumer reported experience and satisfaction data publicly available, the dashboard promotes transparency, accountability, and opportunities for continuous improvement in maternity services while supporting informed choice on maternal care options.
- Facilitated an inaugural Learning from Death: Strengthening Incident and Death Reporting for Safer Systems event. The event brought together consumers, clinicians and leaders from ACT health system to explore opportunities to strengthen ACT's approach to incident and death reporting, ensuring processes are transparent, consistent and support system-wide learning.

High-performing organisation that values our people

The Directorate provides a range of services aimed at benefiting our community now and in the future. To achieve the best outcomes for our community, we require a knowledgeable and engaged workforce. This requires the Directorate to recognise and value the whole person and provide a culture that meets their needs as an individual and as a member of our workforce.

Strategic objective: Health and Community Services is a great place to work

The Directorate continues to implement governance systems and business processes to enable us to build the skills and knowledge of individuals within our workforce. We seek to create a culture where our staff are engaged with the work they do and feel recognised and accepted within the workplace.

This indicator measures how engaged the Directorate's staff are with the organisation and the success of initiatives in place to improve organisational culture.

Strategic indicator: Health and Community Services is a great place to work

Table 6: Health and Community Services is a great place to work

Strategic indicator	2025–26 target	2025–26 actual
a. Staff engagement	>75%	66.6%
b. Strengthening culture through living our values	>80%	64.1%

Source: ACTPS Employee Survey 2025

Notes:

- Staff engagement is calculated from the proportion of HCSD staff who agreed or strongly agreed with the following statements in the ACTPS Employee Survey: 'I work beyond what is required in my job to help my organisation achieve its objectives' and 'My job inspires me'.
- Strengthening culture through living our values is measured by the proportion of HCSD staff who agreed or strongly agreed with the following statement in the ACTPS Employee Survey: 'My organisation supports and actively promotes a safe and inclusive workplace culture'.

Conducted during the Directorate's first year, the survey results provide an important baseline for understanding workforce experience across the Directorate. Both measures underpinning the "great place to work" indicator were below target. Although a majority of respondents reported positive experiences across both measures, the results indicate there is further work to do to build a workforce experience that reflects the Directorate's ambitions.

Further analysis of the results for Aboriginal and Torres Strait Islander employees provides additional insight into the Directorate's progress towards Closing the Gap commitments and highlights areas where the employee experience differs from that of the broader workforce.

- Levels of personal engagement were strong, with 79.3 per cent agreeing that they are inspired by their job and work beyond what is required to help the organisation achieve its objectives. This result exceeds both the Directorate result (66.6 per cent) and the target (75 per cent) for this strategic indicator.
- In contrast, 58.5 per cent agreed that the Directorate supports and actively promotes a safe and inclusive workplace culture. This result is below both the Directorate result (64.1 per cent) and the target (80 per cent) for this strategic indicator.
- These findings show that Aboriginal and Torres Strait Islander employees report strong engagement with their work, although perceptions of a safe and inclusive workplace culture remain comparatively lower. This highlights the importance of continued efforts to strengthen cultural safety, inclusion and belonging across the Directorate.

Future priorities for Health and Community Care.

In 2026–27 the Directorate will:

- develop the Government response to the *Inquiry into ACT health system data, demand and processes*. Lead the implementation of the National Health Reform Agreement in the ACT including pursuing cross border agreement negotiations with NSW and reform actions on funding and service delivery models.
- develop the Aboriginal and Torres Strait Islander Health Workforce Action Plan for the ACT. This work is being led by Indigenous Allied Health Australia in close collaboration with the community.
- provide ongoing funding to Indigenous Allied Health Australia to continue its successful implementation of its Health Academy program in the ACT.
- review the *Variations in Sex Characteristics (Restricted Medical Treatment) Act 2023*. This review is required under the Act and will consider the Act's operations and effectiveness.
- engage with the community through a citizens' jury to consider access to voluntary assisted dying for people who lose decision-making capacity after they have been assessed as eligible, but before they can make their final decision. The citizens' jury will consider a range of community perspectives, hear from experts and stakeholders, examine the issue in detail and develop recommendations for government.
- continue co-designing culturally safe models of maternity care for First Nations women and families in the ACT. This work is led by the Maternity in Focus Cultural Governance Group, comprised of Aboriginal Community women leaders, strengthening self-determination and decision making. The Cultural Governance Group has convened a Birthing with Country Working Group of First Nations mothers and midwives, CHS maternity leadership, Aboriginal liaison workers, representatives from Winnunga Nimmityjah Aboriginal Health and Community Services and Yerrabi Yurwang Child & Family Aboriginal Corporation to co-design models of care for the best start in life for First Nations babies and their families.

Output class: Strategic Policy, Inclusion and Participation

Output: Inclusion and Participation

The Directorate provides strategic advice to strengthen inclusion and participation across Canberra's community, including people from multicultural backgrounds, people with disability, seniors, veterans, young people and women. It leads efforts to reduce discrimination and improve the wellbeing and circumstances of LGBTIQ+ people. The Directorate recognises and supports community participation through events, awards, ceremonies and grants. The Directorate administers and funds community sector services and programs.

Implementation of the Capital of Equality Strategy (2024–2029)

The Office of LGBTIQ+ Affairs led the ACT Government's implementation of the *First Action Plan (2024–2026)* of the *Capital of Equality Strategy (2024–2029)*. Key projects that aimed to reduce discrimination and improve the wellbeing of LGBTIQ+ communities included:

- running the Unsaid Says A Lot awareness-raising campaign to improve understanding of the experiences of trans and gender-diverse people in the ACT
- completing a co-design process with Aboriginal and Torres Strait Islander LGBTIQ+ people in the ACT, which aimed to identify needs and develop culturally appropriate responses
- providing funding to LGBTIQ+ peer-led organisations to meet the needs of LGBTIQ+ communities, including specifically focusing on trans and gender-diverse people and LGBTIQ+ people with disability
- fostering LGBTIQ+ community building and community connections through the Capital of Equality Grants Program
- conducting the 2025 ACT LGBTIQ+ Communities Survey to evaluate the progress towards equality and capture emerging experiences.

Strengthening the anti-racism and anti-discrimination frameworks

In 2025–26, the Directorate delivered programs, services, grants and awards that support Canberra's multicultural community, ensuring Canberra remains an inclusive and welcoming city for all. The Directorate worked collaboratively across government on frameworks and initiatives that protect and enhance Canberra's multicultural community and its participation. This included informing the community about the phased implementation of a positive duty under the *Discrimination Act 1991*, that requires individuals and organisations to take proactive steps to prevent discrimination. In August 2025, representatives from the ACT Human Rights Commission attended the Ministerial Advisory Council for Multiculturalism Community Consultation Forum to inform the community of the positive duty and their rights and obligations. The Directorate also collaborated with the Justice and Community Safety Directorate on the review of hate crimes and anti-vilification laws to strengthen and broaden protections.

These actions strengthened protections for Canberra's multicultural community and promoted Canberra as an open, inclusive and safe city.

Improving outcomes for older people

The ACT Government is committed to ensuring older people are valued, respected, included, safe, connected and able to live active and independent lives. The Directorate supported improved outcomes for older people within the ACT community through:

- continuing to engage with the Australian Government and states and territory governments on the *National Plan to End the Abuse and Mistreatment of Older People 2026–2036*
- continuing its partnership with UNSW Sydney to deliver a dementia-friendly film screening program for people living with dementia and their families, friends, carers and companions
- administering the ACT Seniors Card Program, in partnership with the Council on the Ageing ACT (COTA ACT), as part of a national scheme that recognises the contribution of older people to society and supports them to remain active in the community

- supporting the ACT Ministerial Advisory Council on Ageing (MACA) which provides strategic advice to the ACT Government on issues affecting older people, supports the development and implementation of positive ageing policies, and links the Minister for Seniors and Veterans with older members of the ACT community
- contracting COTA ACT to deliver Australia's first large-scale dedicated creative ageing festival, UPSTAGING Canberra, as an initiative of MACA. Held from 20 to 29 March 2026, the festival showcased creative activity by, with and for older people in the ACT and engaged 12,600 people across 256 activities.

Supporting veterans

The Directorate remains committed to improving outcomes for veterans and their families through collaborating with the Australian Government, states and territories to respond to the findings of the Royal Commission into Defence and Veteran Suicide, as a member of the Commonwealth, States and Territory Committee which reports to the Federal Veterans Ministerial Council. The focus of cross jurisdictional work in 2025–26 was 4 recommendations agreed by Veterans Ministers as priorities for collaborative efforts related to improving employment pathways, coordination with coroners, developing postvention resources and establishing a national veterans data asset.

The Ministerial Advisory Council for Veterans and their Families (MACVF) continues to provide strategic advice and advocacy on key items impacting the local veteran community. The Council's workplan identifies 4 priority focus areas: Engagement and support; Health and wellbeing; Housing and homelessness; and Justice. The Council actively advises the ACT Government on implementation of the recommendations of the Royal Commission into Defence and Veteran Suicide.

In 2025–26, the Directorate supported the following events:

- a commemorative luncheon to mark War Widows Day on 19 October 2025, hosted by War Widows ACT
- a MACVF private commemorative event at the Garden of Remembrance at the Woden Cemetery on 11 November 2025
- the Minister for Seniors and Veterans attendance at local and national commemorative events in the lead up to and on 25 April 2026 in acknowledgement of the significance of Anzac Day.

Evaluation of programs and grants for women

A formal evaluation of selected Office for Women programs and grants was completed in June 2026 to assess effectiveness and identify opportunities to improve delivery.

The evaluation included the Audrey Fagan Leadership and Communication Program, Audrey Fagan Board Mentoring Program, Audrey Fagan Enrichment Grants, ACT Women's Participation Grants and ACT Women's Safety Grants (until 2024–25). Findings will be used to inform future program design to better support women and girls in the ACT. To support the delivery of this evaluation, the Audrey Fagan Board Mentoring Program and Audrey Fagan Leadership and Communication Program were not delivered in 2025–26.

Strategic objective: Improve the outcomes for people in the community by providing a range of support and services

The Directorate provides funding to community organisations to deliver community development activities, counselling, referral services and emergency relief. The community organisations work in partnership with the ACT Government to build stronger communities, enhance resilience, strengthen capacity and facilitate participation of individuals and the broader community.

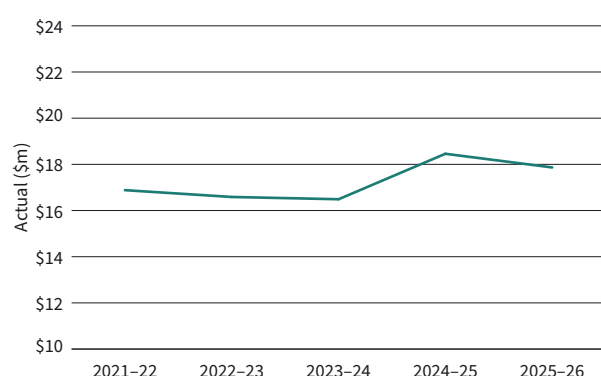
Strategic indicator: Value of community services support programs

Table 7: Value of community services support programs

Strategic indicator	2025–26 target	2025–26 actual
Value of community services support programs	\$18,092,000	\$17,866,432

Source: HCSD Strategic Finance

Figure 6: Value of community services support programs



Source: HCSD Strategic Finance

Activities that supported this strategic objective and other inclusive community initiatives in 2025–26:

- Published the 2025 ACT Youth Assembly Report and ACT Government Response, highlighting young people's priorities and experiences, and informing Government consideration of issues affecting young people.
- Supported the ACT Youth Advisory Council to provide youth perspectives to Government and participate in policy discussions affecting young people.
- Published ACT Youth Advisory Council advice on coercive control and online safety, providing youth perspectives on emerging policy issues.
- Provided grants to young people through the Youth InterACT Scholarship program and grants to support women and girls in the ACT to actively participate in their communities. See Grants and sponsorship at page 100.

- Delivered the 2026 National Multicultural Festival from 6 to 8 February 2026, welcoming over 350,000 attendees to the heart of Canberra. The festival remains a vital platform for celebrating diversity, fostering social cohesion and providing opportunities for communities to share traditions through food, performance and cultural exchange.
- Delivered the National Multicultural Festival grant program to support community participation in the festival. The Directorate funded 67 organisations to deliver performances, workshops, cooking demonstrations and participate in the festival parade, and 21 organisations to present cultural showcases in the festival program.
- Delivered Business Activation Grants in partnership with the City Renewal Authority and Infrastructure Canberra to support local city businesses to participate in the National Multicultural Festival, supporting 14 businesses to run activities and events celebrating multiculturalism in the month of February.

Strategic objective: Promote and increase participation in community life by Canberrans, including those from culturally and linguistically diverse backgrounds

The Directorate promoted Canberra as a multicultural and inclusive city in line with the Charter for Multiculturalism and the *Multiculturalism Act 2023*. Canberra is also an accredited Advanced Welcoming City as part of the Welcoming Cities Network. The proportion of Canberrans who agree that Canberra as a community accepts people from different cultures is an indication of how well the Directorate is contributing to this objective. This is measured annually through the Canberra Omnibus Survey and the ACT Wellbeing Framework.

Strategic indicator: The proportion of Canberrans who agree that Canberra as a community accepts people from different cultures

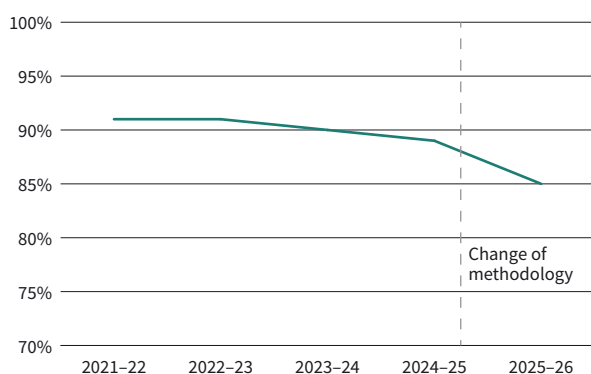
Table 8: The proportion of Canberrans who agree that Canberra as a community accepts people from different cultures

Strategic indicator	2025–26 target	2025–26 actual
The proportion of Canberrans who agree that Canberra as a community accepts people from different cultures	90%	85%

Source: 2025–26 Canberra Omnibus Survey – Decibel Research

Note: In 2025–26, HCSD was required to contract a new research organisation, Decibel Research, to deliver the annual Canberra Omnibus Survey. Historically, Les Winton was contracted to deliver the survey but has since ceased operation. As a result, both the survey sample size and contact methodology were revised compared with previous years. The Les Winton survey contacted 1,000 people via telephone (n=1,000). The 2025–26 Decibel Research survey was an online survey, with a reduced survey sample size of 500 people (n=500). It is probable that these changes have impacted the variance in results.

Figure 7: The proportion of Canberrans who agree that Canberra as a community accepts people from different cultures



Source: Canberra Omnibus Survey

Activities that supported this strategic objective and other multicultural initiatives in 2025–26:

- Hosted 31 citizenship ceremonies, welcoming 2,896 new Australian citizens.
- Supported 40 Canberrans from multicultural backgrounds, through the Work Experience and Support Program, to obtain a Certificate II in Office Skills from Canberra Institute of Technology and undertake an 8-week unpaid work placement in the ACT Government. This improved participants' job-seeking confidence and helped them gain experience in an Australian workplace.
- Celebrated the 2025 Multicultural Awards on 9 September, recognising 4 winners and 3 highly commended nominees for their outstanding contributions to making Canberra an inclusive city.
- Supported the MACM representing Canberra's multicultural communities and promoting the principles of the ACT Charter for Multiculturalism. The Council met 5 times and held 2 community consultations.
- Supported the Humanitarian Coordination Committee met 4 times in 2025–26, bringing together key stakeholders and service providers to support the settlement and inclusion of humanitarian entrants in the ACT. The committee focused on issues including cost-of-living pressures, housing, employment, work rights and access to essential services.
- Delivered the 2025 Young Canberra Citizen of the Year Awards, recognising outstanding contributions by young people from diverse communities.
- Delivered the 2026 ACT Youth Assembly, providing opportunities for young people from diverse cultural backgrounds to participate in discussions on issues affecting their lives and communities.
- Supported 2026 ACT Youth Week Grants that funded some multicultural community groups to hold events to connect young people with their communities and celebrate their contributions to civic and community life.

Strategic objective: Promote an anti-violence culture in the ACT to ensure that women feel safe

The Directorate worked to enhance the status of women and girls in the ACT and to create a community where they are safe, healthy, equally represented and valued for their contribution to society. This is achieved through the implementation of the *ACT Women's Plan 2016–2026* and work under the *National Plan to End Violence against Women and their Children 2022–2032*.

This work will continue through targeted women's programs such as grant and leadership programs for women and girls, International Women's Day celebrations and the application of women's safety assessments to ACT funded major events and environment design in urban planning.

The data is obtained from the Australian Federal Police's (AFP) Community Satisfaction with Policing national survey, measuring women's perception of safety when they are by themselves walking in the neighbourhood during the day and at night.

Strategic indicator: The proportion of women who feel safe when they are by themselves, walking in the neighbourhood during the day and at night

Table 9: The proportion of women who feel safe when they are by themselves, walking in the neighbourhood during the day and at night

Strategic indicator	2025–26 target	2025–26 actual
Day	93%	88%
Night	42%	36%

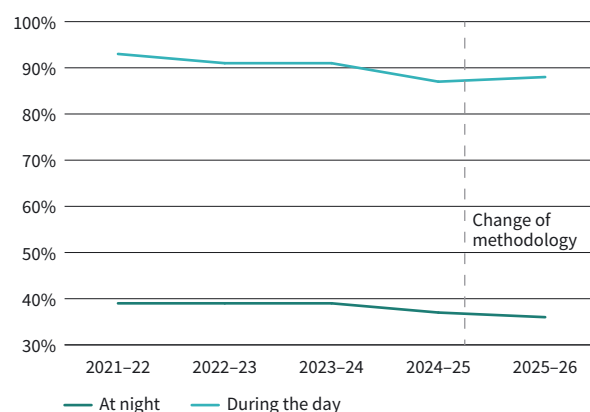
Source: AFP, National Survey of Community Satisfaction with Policing, at 30 June 2026

Note: The AFP has advised that due to a national change in the data collection methodology for the National Survey of Community Satisfaction with Policing the data is not comparable to previous years' results.

The AFP has further advised that the new methodology for collection has shifted for all jurisdictions to a mix of online and phone modes using a sample mix combination of mobile computer-assisted telephone interviewing (CATI) and online (through a probability-based online panel). This change has significantly impacted the NSCSP results as respondents' answers differ between CATI and online. The sampling mix also differs between jurisdictions. Accordingly, the 2025–26 data is not comparable to results in previous years.

Interruptions to data collection also affect the ability to compare actual results with targets, as the targets were based on reference years calculated using a methodology that is no longer used.

Figure 8: The proportion of women who feel safe when they are by themselves, walking in the neighbourhood during the day and at night



Source: AFP, National Survey of Community Satisfaction with Policing.

Activities that supported this strategic objective and other women's initiatives in 2025–26:

- Undertook a review of the ACT Women's Awards and opened nominations against revised categories from March to May 2026. The ceremony for the revised Awards will be held in September 2026.
- Delivered the ACT Women's Return to Work Grants program, supporting women on low incomes to build financial independence, including a high proportion of recipients identifying as having experienced domestic and family violence.
- Delivered ACT Women's Return to Work community workshops through an external provider, supporting women to build confidence, develop job-readiness skills and access employment pathways, including tailored delivery for women in the Alexander Maconochie Centre.
- Administered Women's Participation Grants, funding targeted initiatives that support women's safety, inclusion and economic participation, including projects for CALD women, refugee and migrant women and women with disability.
- Evaluated the implementation of the *Period Products and Facilities (Access) Act*, collecting 212 YourSay responses from community members. The findings indicated strong support and highlighted the program's positive impact in reducing period poverty.

Output: Disability

The Directorate promotes social inclusion and community participation of people with disability as outlined in Australia's Disability Strategy and includes supporting the implementation of the National Disability Insurance Scheme (NDIS) and the Integrated Service Response Program; creating positive change in attitudes and understanding for a more inclusive ACT through the *ACT Disability Strategy*; progressing equal access to justice for people with disability through the *Disability Justice Strategy*; addressing ableism and removing physical, attitudinal, communication and social barriers for people with disability through implementation of the *ACT Disability Inclusion Act*; establishing the Disability Inclusion Council; promoting the International Day of People with Disability; and supporting the ACT Inclusion Council and the Chief Minister's Inclusion Awards.

Improving the wellbeing and inclusion of people with disability

During 2025–26, the Directorate collaborated with the Australian Government, states, territories, other ACT Government directorates, local stakeholders and the ACT community to improve the wellbeing and inclusion of people with disability through:

- implementing key priorities under *Australia's Disability Strategy 2021–31*, *ACT Disability Strategy 2024–33*, *ACT Disability Justice Strategy 2019–29* and supporting ongoing participation in the NDIS
- supporting people with disability in crisis through the Integrated Service Response Program. Participants in the Program receive assistance to access or maintain critical disability and mainstream supports. During the 2025–26 reporting period, the Program actively supported 89 participants
- implementing the *Disability Inclusion Act 2024*. Grounded in human rights and a social model of understanding of disability, the Act commenced in March 2025 and provides the legislative framework to address ableism, while building

the capability and capacity of ACT Government to deliver positive change, with and for people with disability

- establishing the ACT Disability Advisory Council with 12 members appointed to the new Council in August 2025. The Council provides a formal avenue for people with disability, carers and the broader community to advise the ACT Government and Minister for Disability on access and inclusion issues and systemic reform priorities. It plays a critical role in embedding lived experience into policy development, strengthening consultation processes and supporting the implementation of the *ACT Disability Strategy* and broader disability reforms.

The Directorate also worked extensively with the Australian Government, state and territory governments to support the co-governance of the NDIS and to steward legislative and operational reforms to the Scheme to reduce growth while maintaining continuity of supports for people with disability.

Broader disability reform was also progressed following the Independent Review of the NDIS and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. This included signing the National Agreement on Foundational Supports and the NDIS Bilateral Agreement on 2 February 2026. The ACT also prepared for proposed reforms arising from the *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026* and implementation of recommendations from the NDIS Review.

Strategic objective: Strengthen the capacity of people with disabilities, their families and carers to maximise control over their lives

The ACT is committed to the delivery of the NDIS to ensure that it achieves the objectives set out in the *National Disability Insurance Scheme Act 2013*, including enabling people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

The ACT entered into a Full Scheme Bilateral Agreement with the Commonwealth on the NDIS commencing 1 July 2019. Through this Agreement, the ACT commits to improve the outcomes of people with disability by supporting them through the NDIS with the goal of increasing social and economic participation.

Strategic indicator: Number of participants in the NDIS

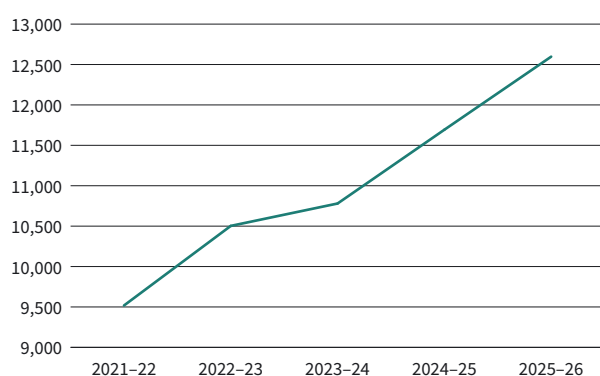
Table 10: Number of participants in the NDIS

Strategic indicator	2025–26 target	2025–26 actual
Number of participants in the NDIS	10,322	12,597

Source: The number of active participants with approved plans in the ACT is published in the *NDIS Quarterly Report* to disability ministers 31 March 2026 – Appendix D state and territory comparison –2025–26

Notes: The ACT entered the Full Scheme Bilateral Agreement with the Commonwealth on the NDIS which commenced from 1 July 2019. Through the Full Scheme Bilateral Agreement, the ACT commits to improve the outcomes of people with disability by supporting them through the NDIS with the goal of increasing social and economic participation.

Figure 9: Number of participants in the NDIS



Source: *NDIS Quarterly Reports*

Strategic indicator: Number of people with disability on advisory councils

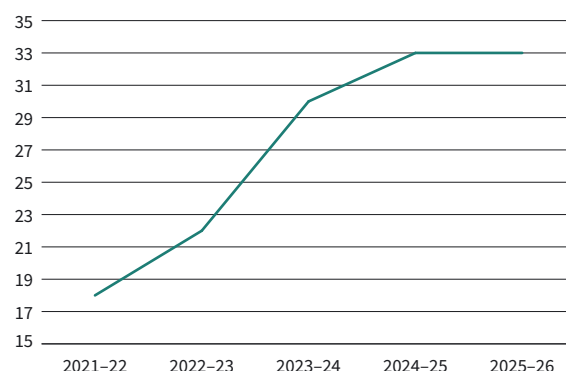
Table 11: Number of people with disability on advisory councils

Strategic indicator	2025–26 target	2025–26 actual
Number of people with disability on advisory councils	25	33

Source: ACT Appointments Register and as reported by directorates

Notes: This data is sourced from the information recorded in the ACT Appointments Register, which relies on accurate reporting by each directorate. In addition, some directorates have directly reported their data to the HCSD. It is also worth noting, members are not required to disclose their diversity status

Figure 10: Number of people with disability on advisory councils



Source: ACT Appointments Register and as reported by directorates

Activities that supported this strategic objective in 2025–26:

- Continued to implement the ACT Government's response to the recommendations of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission). In 2025, the *Disability Royal Commission Progress Report 2025* provided the first national update on progress against all 222 recommendations in areas including education, employment, housing and safety. This included the 129 actions being progressed by the ACT Government.
- Progressed actions under the *ACT Disability Strategy 2024–2033 First Action Plan 2024–26* including commencing a training program to support disability and domestic, family and sexual violence workforces better recognise, respond to and support people with disability who experience violence, abuse, neglect and exploitation; building Changing Places facilities at the Southside Hydrotherapy Pool and at Woods Reserve; and employing a dedicated disability liaison officer within Housing ACT.
- Under the *ACT Disability Justice Strategy 2019–2029 Second Action Plan 2024–28*, funded the ACT Down Syndrome & Intellectual Disability Association to deliver initiatives that build decision making and self-advocacy skills among people with intellectual disability as well as their families and support workers.

- Funded ADACAS to deliver supported decision-making education to young people with disability residing at Bimberi Youth Justice Centre, as well as their families and support networks. This initiative supports young people to develop decision-making skills and increase their choice, control and participation in decisions that affect their lives.
- Delivered the 2025 Chief Minister's Inclusion Awards and administered the Disability Inclusion Grant program.
- Signed the Thriving Kids Bilateral Agreement on 25 February 2026, establishing the first tranche of Foundational Supports. During 2025–26, the ACT published Thriving Kids information resources, including the ACT webpage and factsheet; undertook stakeholder roundtables with service providers and advocacy organisations; consulted with parents, carers and kin; and secured endorsement of the Thriving Kids Implementation Plan by Cabinet. Feedback from consultation activities will inform service design and the approach to staged implementation from on 1 October 2026.
- Administered Women's Participation Grants, funding initiatives that support women with disability to build skills, confidence and representation, including participation in leadership, governance and community life.
- Committed \$300,000 in grant funding to the ACT Disability Directed Advocacy Caucus and National Disability Services ACT to undertake community consultations on disability reform priorities. Consultation projects examined barriers to accessing Foundational Supports, informed prioritisation of Disability Royal Commission reforms in the ACT, gathered community perspectives on proposed NDIS reforms under the *Securing the NDIS for Future Generations Bill 2026*, and sought sector input on the development of an end-to-end Foundational Supports service system for children aged 0 to 8 years. Feedback from these activities informed ACT Government planning, implementation and future disability reform activities.

Output: Strategic Policy

The Directorate works in partnership with its operational counterparts, cross-directorate colleagues, clients, stakeholders and people with lived experience to deliver integrated strategic policy that guides the Directorate's human services responsibilities, including housing, social recovery, women, seniors, veterans, disability, multicultural affairs, children, youth, families and carers.

The Directorate uses data, research and community consultation to develop evidence-informed human services policy to drive service design and deliver reform initiatives with a focus on evaluation, sustainability and continuous improvement.

The Directorate provides strategic legislative reform and policy development to improve long-term, human-centred initiatives that focus on early investment and support to achieve positive outcomes for the ACT community including in partnership with the community sector.

Oaks Estate Strategic Plan

The Directorate led the development of the *Oaks Estate Strategic Plan 2025–2030* in response to an Assembly resolution and informed by in-depth engagement with residents and stakeholders. The 5-year plan includes 37 short-, medium- and long-term actions designed to make Oaks Estate a safer, healthier and more connected place to live. The Directorate leads the Oaks Estate Executive Working Group to oversee implementation of the plan and will provide annual reports to the Legislative Assembly on progress for the life of the plan. The Working Group will also meet with the Oaks Estate Residents' Association twice a year to hear feedback and monitor the effectiveness of actions already implemented.

Community sector support initiatives

The Directorate completed work to finalise the methodology and process to allocate the community sector funding boost to eligible community sector organisations. Approximately 140 organisations were eligible for the boost, which was allocated proportionate to the total base (ongoing) funding organisations receive across all ACT Government contracts they hold:

- Organisations with base funding less than \$19,999 received an additional \$5,000 in 2025–26
- Organisations with base funding of \$20,000–\$69,999 received an additional \$10,000 in 2025–26
- Organisations with base funding more than \$70,000 will receive an additional \$38,840 in 2025–26.

Reporting from organisations will provide advice to the Directorate on how the funding alleviated sustainability challenges for their organisation. Additionally, a set of costing tools were developed and published. The tools were developed collaboratively with the University of Western Australia and a range of community sector organisations to enable the Government, its public service and the sector to have a better understanding of the full cost of service delivery.

National work to protect and strengthen support for children

The ACT Government is a signatory to the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* and *Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031*. The Strategy and the Framework form part of the national agenda for keeping children safe and seek to reduce the risk, extent and impact of child sexual abuse and related harms in Australia.

The Directorate supported the ACT Government's contribution to the national agenda by participating in working groups and providing secretariat support the ACT Aboriginal and Torres Strait Islander Leadership Group, helping the Minister for Children, Youth and Families implement the national agenda in the ACT. This approach to policy reform and implementation aligns with ACT Government commitments and is supported by collaborative national engagement.

National Redress Scheme for people who have experienced institutional child sexual abuse

The ACT Government is a participating jurisdiction in the National Redress Scheme for people who experienced child sexual abuse while in an institution. As a participating institution, the Directorate has responded to 187 applications for redress since the Scheme began in 2018. Information and records are requested from across the ACT Government to process applications. Eligible survivors are offered access to psychological counselling, a direct personal response from the responsible institution for survivors who want such a response and a monetary payment of up to \$150,000. The 10-year Scheme is due to end in 2028.

Progressing child and family reform

The 2024 Australian Early Development Census (AEDC) results were released nationally on 13 June 2025, providing important insights into the developmental wellbeing of ACT children and enabling the monitoring of early childhood development trends over time. In response to the findings, the ACT Government commissioned a comprehensive analysis of the factors influencing ACT AEDC results to inform evidence-based policy and program development. The ACT Government has continued to engage with government and community stakeholders to share the results and support collaborative action to improve outcomes for children and families. The [AEDC 2024 Results for the ACT report](#) was published and widely distributed, alongside 4 [ACT AEDC community stories](#) featured on both the national and ACT AEDC websites, showcasing how schools, services and communities are using AEDC data to inform local initiatives and support positive child development.

The ACT Government progressed the Child Health and Development Check pilot to improve access to early identification and support for children and families. Phase 1, delivered across 2 early childhood education and care services and 2 Koori preschools in 2025, was well received by participating families and services. An evaluation report was completed and informed the design of Phase 2, which expanded to 5 early childhood education and care settings, including 2 Koori preschools in 2026.

The pilot provided on-site health and development checks for children, including developmental screening and health assessments administered by Maternal, Child and Family Health nurses. A culturally safe screening tool, the Ages and Stages Questionnaire – Talking About Raising Aboriginal Kids (ASQ-TRAK), was used with Aboriginal and Torres Strait Islander children. Children identified with developmental or health concerns were referred to appropriate supports and services. A formal evaluation of Phase 2 will be completed in 2026 to inform future policy and service delivery.

The *Best Start for Canberra's Children: the First 1,000 Days Strategy* (Best Start) has continued to be implemented via the *Best Start Phase One Action Plan*. In order to enhance strategic alignment and maximise collective effort across the early years, the *Phase One Action Plan* has been extended to July 2027.

Opportunities which will drive strategic alignment, strengthen integration across services and support a more coordinated approach to improving outcomes for the ACT's children, young people and families continue to be explored as part the development of a Child and Family Network.

Minimum age of criminal responsibility

On 1 July 2025, nation-leading legal reform took effect in the ACT to raise the minimum age of criminal responsibility (MACR) to 14. Over the past 12 months, the Directorate has provided policy advice to support the service system that underpins this reform. This ongoing policy work identifies and supports services to deliver more therapeutic and preventive responses to children and young people engaging in, or at risk of engaging in, harmful behaviour. Elements of that work included supporting key MACR service initiatives such as the Therapeutic Support Panel and the Safer Youth Response Service. The Directorate has supported both initiatives to improve its data collection and reporting mechanisms, which will assist with tracking the impacts of those initiatives.

Output: Regulation Assurance and Complaints

The Directorate seeks to improve services for vulnerable members of the community by building the capacity of service providers through partnership, education and regulation to ensure quality outcomes for service users. This includes regulation of approved care and protection organisations, registered community housing providers and specialist disability service providers not registered under the NDIS. The Directorate exercises its regulatory functions while strengthening engagement with regulated sectors, although operating independently from program, funding and policy streams. This includes services that are managed and provided within the Directorate.

Strategic objective: Ensure the high quality of suitable entities for care and protection purposes

The Directorate has responsibility for the oversight of suitable entities for care and protection purposes. This function requires that suitable entities in the ACT are financially sound, supported by robust governance structures and adhere to current best-practice standards.

Strategic indicator: The proportion of suitable entities for care and protection compliant with registration standards

Table 12: The proportion of suitable entities for care and protection compliant with registration standards

2021-22 actual	2022-23 actual	2023-24 actual	2024-25 actual	2025-26 target	2025-26 actual
100%	100%	100%	100%	100%	100%

Activities that supported this strategic objective in 2025–26:

- Implemented the *Children and Young People (Care and Protection Organisation) Standards (CaPOs) 2025*. These Standards align with the *ACT Child Safe Standards (Human Rights Commission)* and support principles and practices to prioritise the safety, wellbeing and rights of vulnerable children and young people in organisational settings. The Directorate held workshop sessions to support the sector in understanding their obligations.
- Introduced a regulatory framework and evidence guides for CaPOs to provide an overview of regulatory activities and approaches.
- Oversaw 29 approved CaPOs and undertook monitoring activities with all approved providers. In addition, 7 compliance reviews, 3 targeted reviews and 4 new provider registrations were completed.
- Improvement projects and monitoring activities strengthened provider understanding and compliance with the Standards and increased efficiency and effectiveness in regulating CaPOs.
- Continued to engage with internal divisional areas in support of ACCOs. Engagement with the sector has focused on being active partners in regulatory compliance and building risk responsive services.
- The Children and Young People Death Review Committee submitted its *Biennial Report* to the Minister for Tabling in the Assembly.

Strategic objective: Ensure the high quality of suitable entities for community housing purposes

The Directorate has responsibility for the oversight of suitable entities for community housing purposes. This function requires that suitable entities in the ACT are financially sound, supported by robust governance structures and adhere to current best-practice standards.

Strategic indicator: The proportion of suitable community housing entities compliant with registration standards

Table 13: The proportion of suitable community housing entities compliant with registration standards

2021–22 actual	2022–23 actual	2023–24 actual	2024–25 actual	2025–26 target	2025–26 actual
100%	100%	100%	100%	100%	100%

Activities that supported this strategic objective in 2025–26:

- Worked collaboratively with 27 registered community housing providers in the ACT. Fourteen compliance reviews were conducted under the National Regulatory System for Community Housing (NRSCH), ensuring organisations remain financially viable, operate with robust governance and management structures and adhere to legislated practice standards.
- Participated in the NRSCH Registrar's Forum, where all registrars across Australia collaborate to ensure consistent application of standards and lead the approach to risk-based regulation.
- Continued to be part of the NRSCH Operational Leadership Group to drive the collection and use of data, improving the identification of risk and enhancing compliance monitoring and reporting.
- An increase in the number of new organisations established as special purpose vehicles enabled community housing providers to access housing loans and grants available through the Commonwealth's Housing Australia Future Fund Facility.
- Two registered community housing providers had their registration tier upgraded from Tier 3 to Tier 2, reflecting growth in the scale and scope of their operations, including increases in tenancy management, housing portfolio size and housing development activities.
- Another ACCO completed their compliance review in 2026, making them the second ACCO under the ACT NRSCH.

Output: Safer Families

The Directorate provides strategic leadership, coordination, policy analysis and innovation expertise to drive cultural change and system reform, and build whole-of-government and whole-of-community capability to address domestic, family and sexual violence.

Domestic and Family Violence Information Sharing Scheme

The *Domestic Violence Agencies (Information Sharing) Amendment Act 2024* provides a clear and consistent framework for information sharing entities to share information to improve service responses to domestic and family violence and promote the safety of victim-survivors. The Information Sharing Scheme will commence in November 2026.

In 2025–26, the ACT Government undertook work to support implementation readiness including revision and validation of the Ministerial Protocol to ensure entities understand their obligations; updates to the *ACT Domestic and Family Violence Risk Assessment and Management Framework*, so that participants are operating within a common language and understanding of risk; and the development of training resources, including an e-learning package, to train and support workforces operationalise the Scheme and the development of a website to host supporting materials.

Domestic and Family Violence Review

The second Domestic and Family Violence Review Biennial Report 2025 was presented to the Legislative Assembly in February 2026 by the Minister for the Prevention of Domestic, Family and Sexual Violence. The Report is a statutory requirement of the *Domestic and Family Violence Agencies Act 1986* to maintain a register of domestic and family violence (DFV) incidents in the ACT and identify patterns and trends across these incidents.

The Report focused on non-homicide deaths such as suicide and unintentional deaths in the context of DFV that occurred between 2020 and 2024. Key themes include misidentification of victims as perpetrators and facing violence from multiple perpetrators, children being victims, and perpetrators who die by suicide presenting similar risk factors to perpetrators who commit homicide.

Launch of the ACT Domestic, Family and Sexual Violence Strategy 2026–2036 and First Action Plan 2026–2028

In May 2026, the ACT Government launched the *ACT Domestic, Family and Sexual Violence Strategy 2026–2036* and the *First Action Plan 2026–2028*. The Strategy sets out a 10-year, whole-of-government, whole-of-community approach to prevent and address domestic, family and sexual violence, protect victim-survivors and create lasting cultural and systemic change. The First Action Plan outlines the Government's commitments for the first 2 years of implementation to drive foundational reform.

The Strategy and First Action Plan reflect contemporary evidence and are informed by extensive consultation with victim-survivors, the domestic, family and sexual violence sector, ACCOs, other community organisations and government agencies.

Coercive control

In September 2025, the ACT Government committed to criminalising coercive control as a standalone offence in the ACT. In 2025–26, early implementation activities have focused on education and training to strengthen system responses to coercive control and increase the understanding of coercive control in the community.

Following investment in the 2024–25 budget, the ACT delivered several key pieces of work in 2025–26, including:

- delivery of coercive control training to workforces within ACT Policing and ACT Courts
- integration of coercive control into updates to the *ACT Domestic and Family Violence Risk Assessment and Management Framework*, to ensure consistent definitions and responses to coercive control
- delivery of the ACT's coercive control community education campaign, which concluded in July 2025 and led to a 10 per cent increase in understanding of coercive control among ACT adults.

Victim Survivor Voices Project pilot consultation

The ACT Government remains committed to ensuring the voices of victim-survivors are centred in our responses to domestic, family and sexual violence (DFSV). To support this commitment, the ACT Government has extended the Victim Survivor Voices Project pilot with Women's Health Matters for an additional 18 months to 30 June 2027, enabling more flexible consultation across a broader range of topics and providing an opportunity to evaluate the pilot's effectiveness.

In 2025–26, Women's Health Matters published 2 Victim Survivor Voice Project consultation reports: *Too Urgent To Rush*, focused on improving ACT justice system responses and community awareness of coercive control, and *It Starts With Disrespect*, which contributed to the development of the new *ACT Domestic, Family and Sexual Violence Strategy*.

Federation Funding Agreement (formerly National Partnership Agreement) on Family, Domestic and Sexual Violence Responses 2021–30

- In June 2026, the ACT Government signed the renewed Federation Funding Agreement on Family, Domestic and Sexual Violence *500 Workers 2026–30* extension, providing \$4.579 million to the ACT over 4 years. This brings the ACT's total funding under the Family, Domestic and Sexual Violence Federation Funding Agreement to \$23.5 million across the 2021–30 period.

In 2025–26, the ACT Government continued to support frontline DFSV services through 4 Family, Domestic and Sexual Violence Federation Funding Agreement funding streams:

- Family, Domestic and Sexual Violence Responses 2023–25
- Family, Domestic and Sexual Violence Responses 2025–30
- 500 Workers 2022–26 and
- Innovative Perpetrator Responses 2022–27.

Funding supported 5 frontline DFSV services, including services for children and young people, 4 community organisations employing additional frontline workers and a range of perpetrator response pilot programs.

Perpetrator service system enhancements and interventions

Family Violence Safety Action Program

The Family Violence Safety Action Program is a Safer Families Levy-funded initiative delivered by Victim Support ACT that brings together key government and non-government organisations to support people at risk of serious harm from domestic and family violence. The program adopts a perpetrator-focused approach, increasing accountability and visibility of those using violence while enhancing the safety of victim-survivors. The ACT Government also funds the Domestic Violence Crisis Service to embed specialist staff within the Family Violence Safety Action Program, ensuring victim-survivors benefit from expert advice, advocacy and support through coordinated service responses.

Innovative perpetrator responses

In 2025–26, the ACT Government continued funding for 2 pilot programs and supported the establishment of a new pilot program through the Family, Domestic and Sexual Violence Federation Funding Agreement to strengthen perpetrator intervention and behaviour change responses.

A new pilot delivered by Directions Health Services was established in April 2026 to deliver a new Caring Dads program for men with co-occurring alcohol and other drug (AOD) issues. The program supports fathers to address the use of domestic and family violence, improve parenting practices and strengthen relationships with their children while responding to the impacts of AOD use.

Continuing pilots funded under the Federation Funding Agreement on Family, Domestic and Sexual Violence include a program for Culturally and Linguistically Diverse (CALD) men and Aboriginal and Torres Strait Islander fathers. The Multicultural Hub Canberra CALD Men's Non-Violence Behaviour Program continued to provide culturally responsive support, counselling and behaviour change interventions to men from CALD communities to address and prevent the use of violence. The Yedding Mura Caring Dads pilot continued to deliver an adapted program for Aboriginal and Torres Strait Islander fathers in the ACT who are at risk of, or are using, domestic and family violence, to strengthen parenting relationships and promote safer family environments.

Integrating services

Court Navigator

The Court Navigator Program continues to be delivered through a partnership between Legal Aid ACT and the Domestic Violence Crisis Service via the Safer Families Levy-funded initiatives. The program places lawyers and specialist crisis workers within the ACT Magistrates Court to provide timely advice, information and support to people seeking a family violence order. This integrated legal and crisis support for people navigating the court process supports better outcomes for victim-survivors.

Health justice partnerships

The ACT Government continued to fund the health justice partnerships in 2025–26, providing free and confidential legal assistance to women experiencing domestic and family violence. Delivered by Legal Aid ACT and the Women's Legal Centre ACT, the partnerships embed legal professionals within hospitals and Child and Family Centres across the ACT, improving access to legal support in trusted community settings. In 2025, the program was expanded to include a Domestic Violence Crisis Service family violence case practitioner working across the Gungahlin, Tuggeranong and West Belconnen Child and Family Centres.

This expansion responded to increasing demand for case management services and strengthens integrated support for victim-survivors. Domestic Violence Crisis Service case practitioners work collaboratively with legal partners, Centre case workers and other child and family services to deliver coordinated, holistic support for families affected by domestic and family violence.

Children and young people

In 2025–26, several Safer Families Levy-funded initiatives continued that focussed on supporting children and young people affected by DFSV. This included a continued partnership with the Australian Childhood Foundation to deliver the Heartfelt program, which provides groupwork and specialised therapeutic support for children aged 5 to 12 years and their non-violent carers to support recovery from experiences of DFV.

The ACT Government also continued to fund the Canberra Police Community Youth Club to deliver Solid Ground, a program for young people aged 11 to 18 years who have experienced DFSV or who are at risk of using violence themselves.

The ACT Government continued to fund programs at Beryl Women Inc. and Doris Women's Refuge with a focus on specialist therapeutic and early intervention responses for children and young people who live in DFV refuges. This included the Beryl Kids & Young People Safe & Strong Van, which delivered mobile, trauma-informed therapeutic support to children and young people aged 4 to 18 years, and the Doris specialist children's worker, who provided holistic, trauma-informed case management and developmental support to children aged 0 to 17 years in refuge accommodation.

The ACT Domestic, Family and Sexual Violence Strategy 2026–2036, alongside the First Action Plan 2026–2028

The ACT Government has invested \$47.8 million over 4 years to implement the Strategy and First Action Plan. This includes \$44.2 million to stabilise and strengthen frontline DFSV services and \$3.6 million to support foundational work to strengthen the DFSV system.

Supporting specialist DFSV services

In 2025–26, the ACT Government invested \$24.5 million over 4 years to strengthen and sustain essential frontline DFSV services. This includes \$7.1 million for the Canberra Rape Crisis Centre to expand their critical service capacity and respond to high levels of demand and significant case complexity, and \$4.8 million for the Domestic Violence Crisis Service to help meet demand and continue to deliver a service that is responsive to the safety, recovery and healing needs of victim-survivors.

Evaluation of several DFSV programs

In 2025–26, the Directorate completed evaluations for several ACT Government-funded programs supporting people affected by DFSV. The evaluations examined each program's design, delivery, outcomes and operational effectiveness within the broader DFSV service system, as well as costs, including consideration of value for money.

The evaluations found that the programs improved access to services and strengthened outcomes for victim-survivors, particularly among highly vulnerable cohorts. The final evaluation report is publicly available at the ACT [Domestic, Family and Sexual Violence Office](#) webpage.

A desktop review of the Safer Families Assistance Grants program was also completed to inform future program development. The review assessed eligibility criteria, comparable financial support options available to victim-survivors and considered alternative models for the provision of financial assistance.

Alignment with the National Plan to End Violence against Women and Children 2022–2032

The ACT Government is committed to driving long-lasting change to achieve a safer community for all. Throughout 2025–26, the ACT Government continued to work in partnership with the Australian Government and other jurisdictions to deliver on the *National Plan to End Violence against Women and Children 2022–2032* (the National Plan) and its *First Action Plan 2023–2027* (First Action Plan).

In May 2026, the ACT Government endorsed the *Disability Lens on the First Action Plan 2023–2027* to better recognise and respond to the experiences of women and children with a disability. This will enhance our ability to support people with a disability who have experienced DFSV through implementation of the First Action Plan.

In 2025–26, the ACT reported on implementation progress to the Department of Social Services through the annual First Action Plan Activities Addendum. The ACT provided additional reporting to support a change in format from a traditional report to a [filterable webpage](#). The ACT also reported on progress against the Aboriginal and Torres Strait Islander Action Plan for the first time in 2025–26, published [here](#).

Future priorities for Strategic Policy, Inclusion and Participation

In 2026–27 the Directorate will:

- develop a community sector funding model for implementation in 2027–28 to deliver an ongoing community sector funding uplift
- work with the NGO sector to co-design a social compact which establishes the framework for ongoing partnership with the sector
- finalise the First Action Plan of the *National Plan to End the Abuse and Mistreatment of Older People 2026–2036*, through continued work with the Australian Government
- deliver a Veterans and Wellbeing Expo to promote improved outcomes and wellbeing for veterans and their families
- deliver the seventh AEDC in the ACT, aiming to achieve 100 per cent school participation in the Term 2, 2027 data collection
- establish services under the Thriving Kids national model and continue community consultation to ensure this reform meets community needs, including strengthening existing services, workforce capability, developmental support pathways and community awareness from 1 October 2026
- continue the development of a Child and Family Network, following the establishment of Thriving Kids, and inform the Best Start Phase 2 Action Plan
- work together with the Australian and state and territory governments to agree future cohorts of Foundational Supports and undertake design and planning as required
- develop a monitoring and evaluation framework under the *ACT Domestic Family and Sexual Violence Strategy 2026–2036* to establish a consistent and robust approach to monitoring, reporting and evaluating initiatives
- commence staged implementation of the solutions identified in the *For Us, By Us: Culturally-led Solutions for Supporting Aboriginal and Torres Strait Islander SBLGBTIQA+ People* report, supporting the operations of the dedicated Advisory Group
- engage Women's Health Matters to deliver an ACT primary prevention infrastructure scoping study, including identification of a model that can support sustained DFSV primary prevention work across multiple settings and sectors
- fund a standalone Aboriginal community-controlled sexual violence service for Aboriginal and Torres Strait Islander victim-survivors
- establish a mechanism for coordinated sector advice through a DFSV sector network to support advocacy, coordination and workforce development for DFSV services
- commence the DFV Information Sharing Scheme in November 2026 to support a breadth of government and community agencies communicate with each other to build a comprehensive, consistent understanding of DFV risk
- embed the updated *ACT Domestic and Family Violence Risk Assessment and Management Framework*, through training to government and community frontline workers to drive a more integrated, evidence-based approach to understanding, identifying, assessing and managing DFV risk
- strengthen the regulatory framework for care and protection organisations, NRSCH-registered community housing providers and specialist disability providers, through continuous improvement projects that support improvements to service delivery
- work collaboratively with other community housing registrars to improve consistency and ensure the regulatory framework is fit for purpose, given the changing landscape of the community housing sector in meeting Commonwealth housing targets
- contribute to national disability reforms towards a national disability quality safeguarding framework and strategy, as well as a national community visitor scheme.

Output class: Children, Youth and Families

Output: Child and Family Centres

Early intervention and prevention services are provided through a universal platform with targeted services available for vulnerable families. Services provided include parenting groups, advice and support, sustained home visits, specialist clinical services, and community development and education programs. Child and Family Centres also provide case management services to clients in need. Many services are delivered in partnership with other agencies, local community organisations and service providers.

Child and Family Centres are located in Gungahlin, Tuggeranong and West Belconnen. The Centres play a critical role in early intervention and prevention programs to support families with children from birth to 8 years with their parenting.

Families access Child and Family Centre services through place-based hubs where parents can seek support by phone, email or walk in. The intake service connects families with a broad range of supports, including case management, parenting groups, supported playgroups, single-session child behavioural and emotional wellbeing clinics, and referrals to other community agencies. In 2025–26, the Centres supported more than 1,000 clients through their intake service.

In 2025–26, the Centres focused on building relationships and strengthening initiatives with ACCOs. Gungahlin and Tuggeranong Child and Family Centres partnered with Winnunga to commence the northside and southside Connected Beginnings Playgroups. Gungahlin Child and Family Centre also partnered with Winnunga to co-facilitate their Biri Gunangu Boys Group.

Strategic objective: Improve outcomes for children and families through the provision of coordinated locally based services

The Directorate aims to improve outcomes for children and families through the Child and Family Centres Program. The program has been developed on an evidence-based, best-practice model offering

a one-stop shop for services and programs for children and families. Services and programs are delivered in partnership with other ACT Government agencies and community-based organisations.

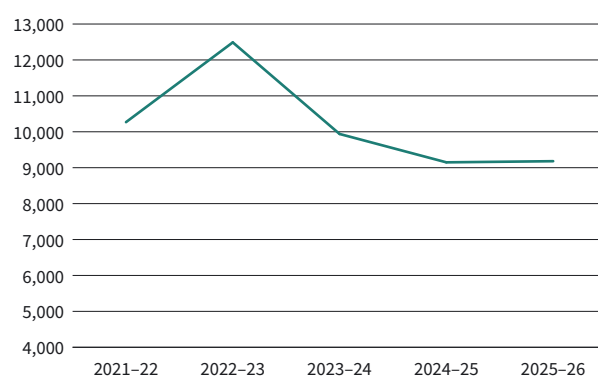
Strategic indicator: Number of occasions of service to Child and Family Centre clients

Table 14: Number of occasions of service to Child and Family Centre clients

Strategic indicator	2025–26 target	2025–26 actual
Number of occasions of service to Child and Family Centre clients	9,500	9,181

Source: Child and Youth Record Information System (extracted as at 6 July 2026)

Figure 11: Number of occasions of service to Child and Family Centre clients



Source: Child and Youth Record Information System

Activities that supported this strategic objective in 2025–26:

The Directorate continued to improve outcomes for children and families through its locally based Child and Family Centres that operate as one-stop shops for early intervention supports, services and prevention programs targeted to each family's individual needs. The strategic indicator on occasions of service shows the Child and Family Centres continue to enhance outcomes by providing accessible locally delivered supports across the ACT.

Output: Child Development Service

The Directorate provides services for children from birth to 6 years of age living in the ACT, focusing on early identification and intervention, and provides assessment, referral, information and linkages, where there are concerns relating to their development. Autism assessments are provided for children up to 12 years of age.

The Child Development Service (CDS) provides a multidisciplinary allied health service, including speech pathology, physiotherapy and occupational therapy.

During 2025–26, 215 autism diagnostic assessments were provided, 95 were delivered via telehealth or hybrid models and 120 were delivered face to face.

The CDS delivered drop-in clinics across the Holder, West Belconnen, Tuggeranong and Gungahlin Child and Family Centres, maximising access for families in their local region. In 2025–26, 1,523 children attended drop-in clinics across Canberra.

Client satisfaction surveys continued to show that the CDS is a highly regarded and valued service, with an overall satisfaction rate of 95 per cent in 2025–26.

The CDS continued to strengthen culturally safe and inclusive service delivery and provide tailored responses for Aboriginal and Torres Strait Islander children. The service invested in building capability of staff in 2025–26 through the provision of a professional development program including a Walk on Country through Birrigai and cultural awareness training.

Output: Child and Youth Protection Services

Provision of statutory child protection and youth justice services is aimed at improving and promoting the safety and the wellbeing of children, young people, their families and the community.

Progressing the Children, Youth and Families Reform Program in 2025 – 26

The Directorate continued significant reform during 2025 – 26, progressing the transition from a predominately statutory child protection service towards a broader family services model. The reform recognises that the child and young person safety and family wellbeing are intrinsically linked, and that sustainable improvements in outcomes for children and young people require both effective statutory responses when necessary and earlier, coordinated support that strengthens families. The family services model is focused on providing integrated, evidence informed and culturally responsive supports that address the underlying drivers and strengthen family capability.

This reform is already changing the way the Directorate works with children and families. Seven Family Response and Engagement teams have been established to provide earlier support to families at risk of entering the statutory system. Reform has also strengthened First Nations led responses, kinship support and partnerships with Aboriginal Community Controlled Organisations, alongside increased investment in earlier and targeted family supports through the Directorate's Children and Young People and Families Panel. Together, these changes are building a more coordinated and therapeutic system, with greater choice and wrap around support for families and clearer partnerships between government and the community sector.

While implementation and maturity continue to develop across the system, the longer-term direction is clear: earlier and increasingly community led and family centred responses, stronger continuity of care across services, reduced reliance on statutory and crisis intervention, and more sustainable culturally safe pathways for children, young people and their families.

Strengthening outcomes for children and young people through Next Steps reform

The Directorate continued to strengthen implementation of the *Next Steps for Our Kids 2022–2030* reform agenda through system stewardship, evaluation and service reform initiatives to strengthen outcomes for children, young people, families and carers.

During 2025–26, the Directorate made sound progress implementing the Next Steps reform program. Key activities included:

- establishing the ACT Aboriginal Children’s Forum which supports Aboriginal self-determination, collaboration across the service system and works to strengthen policies, practices and cultural approaches that embed the Aboriginal and Torres Strait Islander Child Placement Principles
- delivering the Therapeutic Residential Care property projects to make the housing used to deliver these services fit for purpose, including improving the work, health and safety conditions for young people and staff
- establishing the Monitoring, Evaluation and Learning Framework including the Performance Evaluation Suite jointly developed with government and service providers, ACCOs and young people, carers and families with lived or living experience.

Strengthening outcomes for children and young people the implementation of the Signs of Safety Practice Framework

During 2025 – 26 the Directorate progressed implementation of the Signs of Safety Practice Framework, establishing foundations for a consistent, relationship based approach to working with children, young people, families and their networks. The year focused on development and alignment across the child, youth and family service system including strengthening practice guidance, tools, learning and enabling systems to support a shared approach to assessment, planning, safety planning and decision making. This work has supported the transition from framework development and awareness building towards embedding Signs of Safety in everyday practice.

Signs of Safety strengthens how the child, youth and family service system brings together professional expertise with the knowledge, strengths and lived experience of children, families and their networks to build lasting safety. As implementation moves further into practice, the framework is supporting greater consistency, critical thinking and transparent decision making, with a strong focus on culture, identity, belonging and connection, meaningful family and network participation, and understanding what safety looks like in the everyday lives of children and young people.

Strategic objective: Provision of services and interventions that reduce the risk of re-substantiated reports of abuse

The Directorate provides child protection services for children and young people. A reduced re-substantiation rate is an indication that assessment, evaluation of risk and action have been taken to minimise experiences of abuse and neglect to reoccur. Repeated occurrences of maltreatment, as indicated by re-substantiation, are an indicator of cumulative harm. This is a national indicator for child protection services.

Strategic indicator: Re-substantiation rates

Table 15: Re-substantiation rates

Strategic indicator	2025–26 target	2025–26 actual
Re-substantiation Rate – Within 3 months	10%	3%
Re-substantiation Rate – Within 12 months	20%	13%

Source: Child and Youth Record Information System (extracted as at 6 July 2026)

These results reflect the Directorate’s increased focus on working with families earlier to divert them from the statutory system by providing support before issues reach a crisis point. Over time there appears to be a downward trend in the re-substantiation rates; however, these numbers can fluctuate. It is important to note that small changes against a ‘small number’ target have a large impact on the increase or decrease of the percentage.

Figure 12: Re-substantiation rates



Source: Child and Youth Record Information System

Activities that supported this strategic objective in 2025–26:

- The Directorate continued to deliver a family services model that integrates family support and targeted prevention with statutory interventions.
- The Family Response and Engagement teams partnered with families to provide early support and reduce the need for statutory intervention.
- The Family Response and Engagement specialist teams include prenatal, family and domestic violence, and First Nations teams. These teams work with families to reduce risk, establish safety networks and achieve positive, sustainable changes in parenting capacity.
- The Directorate further embedded the Signs of Safety practice model over the past 18 months. Signs of Safety has a solution-focused, strengths-based and collaborative approach to child protection.
- Signs of Safety requires effective partnering between practitioners, families and networks, rigorous analysis and a clear focus on children’s everyday lived experience to ensure sustainable change and safety. The Signs of Safety tool guides assessment, analysis, planning, decision making and safety planning across all areas of practice.

Strategic objective: Provision of services that improve outcomes for young people involved with the justice system

The Directorate aims to improve outcomes by providing support services to young people at risk and through the support and supervision of young offenders.

Recidivism rates measure the return of young people to the youth justice system, after receiving a final court order. They are an indicator of outcomes for young people, in particular whether interventions have been successful in assisting young people to exit the youth justice system.

Strategic indicator: Returns to sentenced supervision

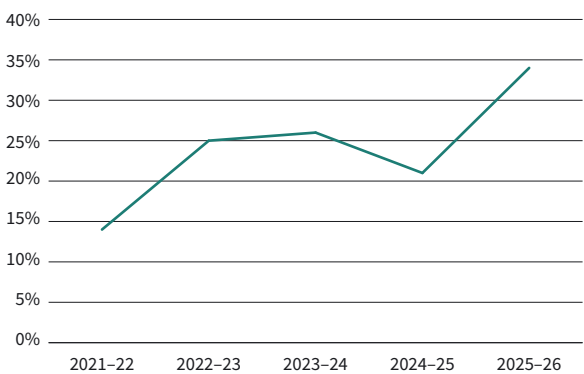
Table 16: Returns to sentenced supervision

Strategic indicator	2025–26 target	2025–26 actual
Returns to sentenced supervision	35%	34%

Source: Child and Youth Record Information System (extracted as at 6 July 2026)

This indicator was introduced in 2021–22. This is a positive result; however, the small numbers involved in sentenced supervision data can result in large fluctuations. This reflects a total of 16 young people returning to supervision from a total of 47.

Figure 13: Returns to sentenced supervision



Source: Child and Youth Record Information System

Activities that supported this strategic objective in 2025–26:

- The Directorate commenced planning for a Disability Functional Assessment pilot, funded by the Office for Disability, to better understand the prevalence and complexity of disability and functional support needs among young people in detention. The pilot will help identify appropriate reasonable adjustments, inform future service delivery models and improve access to disability supports.
- The Directorate partnered with the Australian Government and ACCOs to support the implementation of the Reconnection, Employment and Learning Program at Bimberi Youth Justice Centre. The program provides personalised mentoring and support for Aboriginal and Torres Strait Islander young people in custody or preparing for release, helping them access employment, education and training while strengthening connections to culture, Country and community as they transition back into the community.
- The Changing Lanes road safety pilot concluded in Bimberi during the reporting period. The independent evaluation identified positive outcomes in supporting safer driving behaviours while highlighting considerations for future program design, ongoing delivery and potential funding opportunities.
- The Directorate continued to provide individualised support to young people in care through the principal practitioner and multidisciplinary care teams, working closely with partners including the Public Advocate, Children, Youth and Families disability liaison officer and ACT Disability, Aged and Carer Advocacy Service (ADACAS) to coordinate reasonable adjustments, referrals and ongoing supports. This collaborative approach helps ensure young people receive consistent therapeutic and disability support while in custody and as they transition back into the community.
- The Directorate continued to provide comprehensive case management and throughcare support for young people in custody and the community. This included rehabilitation-focused case planning, preparation for transition from custody, and coordination with partner agencies to address criminogenic needs and reduce the likelihood of reoffending.
- The Intensive Adolescent Service unit continued to provide intensive, voluntary support to young people with complex needs who are at risk of entering the youth justice system. Through tailored interventions and practical assistance, the service helps young people and their families engage with the supports needed to improve wellbeing and reduce offending behaviours.
- The Directorate supported young people to remain engaged in education by providing access to academic, vocational and life-skills learning opportunities while in Bimberi Youth Justice Centre. Education was complemented by approximately 30 community organisations delivering therapeutic, cultural, recreational and rehabilitation programs that supported personal development and community connection.

Strategic objective: Improve stability of children in care through case management and appropriate services and programs

The Directorate provides child protection services for children and young people by promoting their safety within the family unit. Where a child is at risk and cannot remain in the family home, the Directorate supports the child in out-of-home care.

Uninterrupted placements signal appropriately targeted intervention, stability and continuity of care. This maximises opportunities to achieve positive outcomes for vulnerable children and young people.

Strategic indicator: Proportion of children exiting care having experienced no more than 2 placements in care

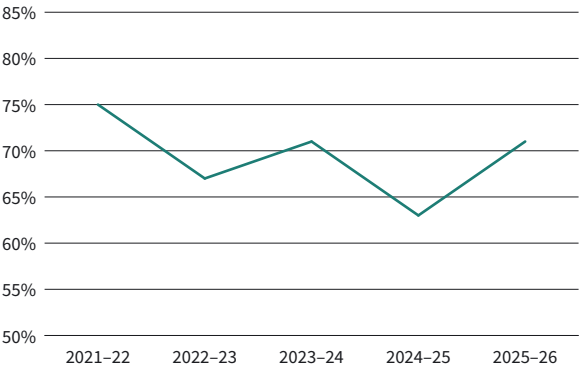
Table 17: Proportion of children exiting care having experienced no more than 2 placements in care

Strategic indicator	2025–26 target	2025–26 actual
Proportion of children exiting care having experienced no more than 2 placements in care	75%	71%

Source: Child and Youth Record Information System (extracted as at 6 July 2026)

The 2025–26 result of 71 per cent is close to the 75 per cent target and represents an improvement on the previous year. This reflects continued efforts to strengthen placement stability and support children and young people to experience greater continuity of care, alongside the broader reform focus on preservation, restoration and family led responses.

Figure 14: Proportion of children exiting care having experienced no more than 2 placements in care



Source: Child and Youth Record Information System

Activities that supported this strategic objective in 2025–26:

- Continued implementation of the *Next Steps for Our Kids 2022–2030* reform agenda to strengthen outcomes for children, young people, families and carers.
- Progressed implementation of the new Aftercare Assistance model, including governance arrangements and provider readiness to improve support for young people transitioning from out-of-home care.

- Maintained continuity of After Care services while transitioning to the new Aftercare Assistance service model.
- Advanced development of the Monitoring, Evaluation and Learning Strategy, including the Outcomes Framework and Performance Management Framework, to strengthen accountability, evidence-informed decision making and continuous improvement across the child and family service system.
- Progressed evaluation and performance monitoring arrangements to support ongoing assessment of implementation and outcomes under the *Next Steps for Our Kids 2022–2030* reform agenda.
- The Directorate promoted timely, accessible and best-fit support services to families, children and young people including carers. Carers can be referred to a range of support services and are provided cultural, educational and trauma-informed training opportunities.

Future priorities for Children, Youth and Families.

In 2026–27 the Directorate will:

- implement the new Aftercare Assistance model to improve outcomes for young people transitioning from out-of-home care
- finalise and implement the Monitoring, Evaluation and Learning Strategy, including the Outcomes Framework and Performance Management Framework to strengthen system accountability, performance monitoring and continuous improvement
- continue implementation of the *Next Steps for Our Kids 2022–2030* reform agenda in partnership with children, young people, families, ACCOs and service providers
- continue to use evidence, evaluation and lived experience to inform ongoing child and family system reform
- deliver phased implementation of Foundational Supports through Thriving Kids, commencing rollout of services no later than 1 October 2026 and scaling from 1 January 2028. The Thriving Kids services will seek to provide a range of early intervention supports, including for early developmental delay for children from birth to 8 years.

Output class: Social Housing Services

Output: Social Housing Services

The provision of safe, affordable and appropriate housing that supports tenants to sustain their housing long-term through:

assessing an applicant's eligibility for housing, priority category and their support needs

allocating housing to eligible applicants, community housing providers and other community sector support providers that best meets the needs of tenants

managing the public housing property portfolio to ensure that it best meets the needs of tenants and managing the social housing tenancies

providing funding and support to homelessness and community housing service providers to address homelessness and provide sustainable long-term housing options.

Progressing the public housing portfolio in 2025–26

During 2025–26, the Directorate achieved a significant milestone in providing safe, affordable and appropriate housing for low-income and vulnerable Canberrans, with the Housing ACT-owned portfolio exceeding 12,000 dwellings. At 30 June 2026, the portfolio comprised 12,018 dwellings, including 810 properties headleased to community housing providers, providing homes for 20,553 people.

Throughout the year, the Directorate continued to respond to demand for housing assistance by maximising the availability and quality of public housing. The ACT Government's 2025–26 *Mid-Year Budget Review* invested an additional \$15.4 million to expand Housing ACT's Repairs and Maintenance Program, supporting a greater volume of essential works across the portfolio.

The additional investment improved the condition of public housing stock and supported the timely turnaround of vacant properties. During the year, works were completed on 858 vacant properties, enabling them to be returned to the portfolio and made available for allocation. The return of these properties supported 757 housing allocations during the year, helping more vulnerable Canberrans access safe and appropriate housing. At 30 June 2026, the public housing occupancy rate was 94.5 per cent; 588 properties were vacant, of which 285 were undergoing maintenance, upgrade or insurance works.

In 2025–26, the Directorate also supported the transition of public housing capital works and repairs and maintenance delivery functions to Infrastructure Canberra. This transition strengthened arrangements for the delivery, maintenance and renewal of public housing assets, supporting the ongoing stewardship of the portfolio and improved housing outcomes for tenants.

Table 18: Number of Housing ACT-owned properties by district as at 30 June for the years 2021–22 to 2025–26.

	2021–22	2022–23	2023–24	2024–25	2025–26
Belconnen	2,974	2,970	3,028	3,089	3,114
Canberra Central	2,882	2,907	2,880	2,835	2,866
Gungahlin and Hall	1,230	1,257	1,260	1,260	1,273
Jerrabomberra	77	77	77	77	77
Molonglo Valley	240	254	254	346	396
Tuggeranong	2,488	2,490	2,575	2,589	2,605
Weston Creek	763	766	764	763	763
Woden Valley	851	874	876	897	907
Other (incl. Coree, Kowen, Majura, Paddys River)	16	17	17	17	17
TOTAL	11,521	11,612	11,731	11,873	12,018

Source: The district for each property is based on mapping each Housing ACT property against the ACT Government Block dataset available through the [ACT Government Geospatial Data Catalogue](#)

Note: This is a new dataset introduced in 2025–26. The underlying methodology and quality assurance processes are continuing to mature. While reasonable steps have been taken to ensure the accuracy of the reported data, the methodology will be further refined in 2026–27 and may result in changes to future reporting.

Tenant Participation Grants

The ACT Government increased Tenant Participation Grant funding from \$70,000 to \$140,000 in 2025–26, reflecting its commitment to supporting stronger tenant engagement and community participation. The increased funding enabled Housing ACT to provide grants to 121 households, supporting a broad range of initiatives that contribute to social connection, community participation and improved wellbeing.

The program demonstrated strong reach across diverse communities. Of the households recommended for funding, 35 identified as Aboriginal and/or Torres Strait Islander, 18 reported speaking a language other than English at home and 32 lead applicants were born outside Australia. The program also provided support to 83 single-parent households and 4 older Canberrans aged 65 years and over.

By supporting tenant-led initiatives and participation opportunities, the grants program contributes to the development of stronger, better-connected communities and helps tenants build skills, confidence and social networks. The increased investment reinforced the ACT Government's commitment to safe, affordable and sustainable housing by supporting tenants to actively participate in their communities and strengthen their connection to their homes and neighbourhoods.

Home Energy Support Program

Low-income households spend a relatively high proportion of their income on energy and are most affected by energy price rises. The ACT Government's Home Energy Support Program directly addresses this by improving the quality and thermal comfort of social housing stock across the ACT.

During 2025–26, 1,021 public housing properties were upgraded, including installing ceiling insulation and energy-efficient electric appliances (to replace gas appliances). The program has supported more than 4,090 public housing households since it commenced in March 2023.

Estimated bill savings for public housing tenants is more than \$7.5 million since the program began, which is an average of more than \$1,800 per household. These savings will continue to grow over time.

Beyond financial savings, improved home comfort supports the health and wellbeing of thousands of low-income households.

Strategic objective: Appropriately housing people most in need

Housing assistance is targeted at those most in need in the community. Stable, safe and secure long-term housing provides the foundation upon which individuals and families can build their future, engage with the community, take up opportunities for education, training and employment, and increase their capacity and resilience. Housing assistance therefore aims to reduce social isolation and disadvantage while helping build a safer, healthy and more inclusive community where people can participate and achieve their potential.

Strategic indicator: Of all new households that were allocated within 3 months, the proportion that were in the greatest need

Table 19: Of all new households that were allocated within 3 months, the proportion that were in the greatest need

2021–22 actual	2022–23 actual	2023–24 actual	2024–25 actual	2025–26 target	2025–26 actual
100%	100%	100%	100%	99%	99%

Source: Homenet

Activities that supported this strategic objective in 2025–26:

- Allocating housing for those most in need remained the key focus for Housing ACT, with 99 per cent of all those housed within 3 months being applicants with the greatest need. Housing ACT allocated properties based on a range of factors, including household size and complexity, property requirements, preferred locations and the availability of suitable housing stock. When matching applicants to available properties, the Allocations team considered individual circumstances such as safety concerns, accessibility and modification needs, area restrictions and specific property requirements.
- 491 new tenancies were established, providing safe and secure homes for 939 household members. These allocations supported some of the most vulnerable members of the community, helping individuals and families access housing that meets their needs and contributes to improved wellbeing and stability.
- The Housing ACT Occupational Therapist team received 189 home assessment referrals. These involved assessing Housing ACT tenants' current homes to identify modifications that could improve accessibility, as well as evaluating potential properties for existing tenants undergoing transfer processes to ensure suitability for their functional needs. In addition, the Occupational Therapist team provided specialist consultation and advice to both government and private occupational therapists on how to support tenants.
- The number of applications for social housing assistance decreased from 2,413 in the previous year to 2,120 in 2025–26, reflecting sustained demand for housing support services. An impacting factor to the decrease is that client interactions in the Housing ACT service centre have not been included as these are no longer collected. Applications for housing assistance, including both new applications and transfer requests, were assessed in accordance with applicants' level of need, risk factors and housing circumstances.
- To strengthen the prioritisation of those with the greatest housing need, Housing ACT introduced a trial of a revised assessment process for Priority Register applications. The new approach improved the consistency and timeliness of assessments, resulting in an increase of an additional 86 new applications approved for the Priority Register for 2025–26 compared to the previous reporting period. These improvements supported faster access to housing assistance for applicants experiencing the most significant barriers and vulnerabilities.

Strategic objective: Access to safe, affordable and sustainable housing that contributes to the opportunities for social and economic participation

Social housing enables tenants to take up opportunities to more fully participate in and contribute to the community and achieve their potential. Working in partnership with the specialist homelessness service providers, Housing ACT assists vulnerable families to improve their social inclusion by providing secure long-term sustainable housing and appropriate support and assistance that builds foundation skills, capacity and resilience.

Strategic indicator: Proportion of tenants indicating that public housing assists them in participating in the community

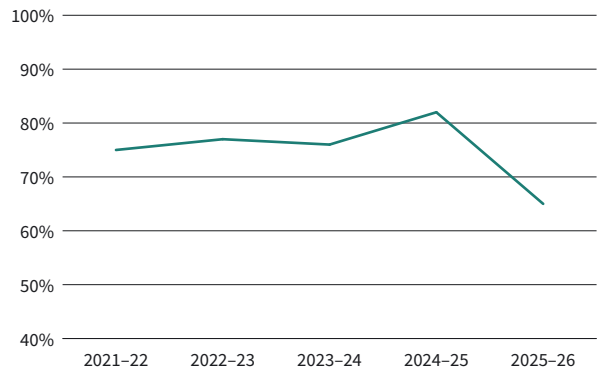
Table 20: Proportion of tenants indicating that public housing assists them in participating in the community

Strategic indicator	2025–26 target	2025–26 actual
Proportion of tenants indicating that public housing assists them in participating in the community	70%	65%

Source: Shortened ACT Housing Satisfaction survey 2026

The decrease in results was driven by lower participant satisfaction with repairs and maintenance services and aspects of customer service. Feedback indicated concerns regarding the timeliness and quality of maintenance outcomes, as well as service interactions not consistently meeting client expectations. These factors contributed to a decline in overall satisfaction compared with the previous reporting period and highlight the need for continued improvements in service delivery and customer experience.

Figure 15: Proportion of tenants indicating that public housing assists them in participating in the community



Source: Shortened ACT Housing Satisfaction survey and AIHW National Social Housing Survey

Activities that supported this strategic objective in 2025–26:

- The Housing ACT Tenants Consultative Group continued to inform Housing ACT through the lived experiences, perspectives and priorities of public housing tenants. The group’s role was to ensure Housing ACT policies, programs and services were responsive to tenant needs, fit for purpose and contributed to positive outcomes for tenants and the broader community. Tenants are invited to apply to join the group and, following a selection process, are appointed for 2-year terms. This approach helps maintain a diverse and representative membership while ensuring continuity of tenant input into Housing ACT decision making. During 2025–26, the group met 8 times.
- Housing ACT’s Bond Loan Program assessed 823 applications for eligible Canberrans to access safe, affordable and sustainable housing by assisting with the upfront costs of securing a private rental tenancy. This enabled eligible applicants to access rental accommodation sooner. The program helped reduce financial barriers, prevent housing instability and homelessness, and enabled vulnerable individuals and families to secure stable housing, contributing to improved social, health and economic outcomes.
- Housing ACT worked with Infrastructure Canberra to deliver 409 security upgrades and safety-related repairs to public housing properties across the ACT for tenants affected by domestic and family violence. The upgrades improved the security of homes and supported tenants to maintain safe housing arrangements. Works included the installation of sensor lighting, security mesh screens and additional door locks, as well as other security enhancements identified through individual assessments.
- Tenant support community connections officers in Housing ACT’s Tenant Experience team provided person-centred support to public housing tenants experiencing complex circumstances that may affect their wellbeing or tenancy. Circumstances included domestic and family violence, health issues, disability, ageing, financial hardship and social isolation. Using a trauma-informed and inclusive approach, officers identified support needs and connected tenants with relevant government and community services. By helping tenants address immediate needs, navigate challenges and strengthen community connections, officers supported tenancy sustainment and stable housing outcomes.

Strategic objective: Prevention and reduction of homelessness

A key to successful housing outcomes for those transitioning from homelessness or crisis accommodation is access to appropriate and adequate supports to assist them in achieving sustainable housing.

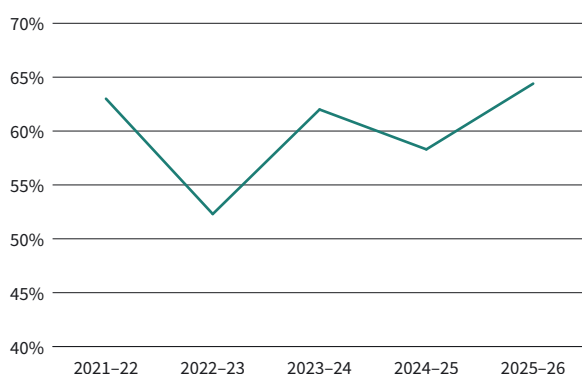
Strategic indicator: Proportion of homelessness services clients who are homeless or at risk of homelessness who achieve independent housing after support

Table 21: Proportion of homelessness services clients who are homeless or at risk of homelessness who achieve independent housing after support

Strategic indicator	2025–26 target	2025–26 actual
Proportion of homelessness services clients who are homeless or at risk of homelessness who achieve independent housing after support	63%	64.4%

Source: Australian Institute of Health and Welfare Specialist Homelessness Data (Table CLIENTS.31)

Figure 16: Proportion of homelessness services clients who are homeless or at risk of homelessness who achieve independent housing after support



Source: Australian Institute of Health and Welfare Specialist Homelessness Data

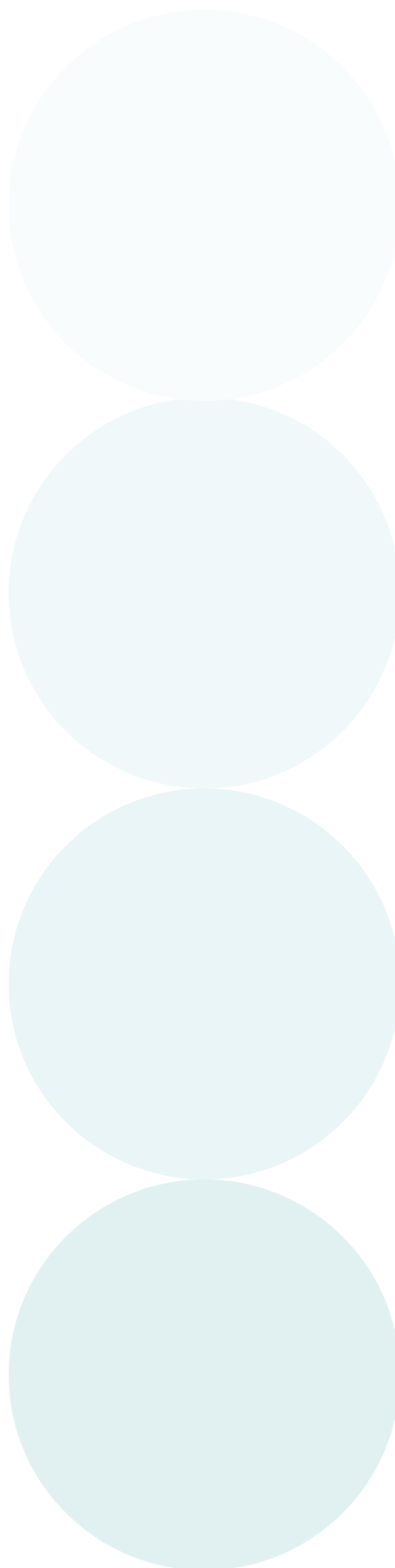
Activities that supported this strategic objective in 2025–26:

- Funding secured in the 2025–26 Budget specifically ensured the continued operation of a range of key homelessness services, including MacKillop House, the Early Morning Centre weekend service, Ainslie Lodge and Axial Housing.
- In May 2026, the Woden Youth Foyer, a new 20-room accommodation facility for young people at risk of homelessness or experiencing homelessness was opened. The program, managed by Marymead CatholicCare with cultural supports from Yerrabi Yurwang, gives residents access to the Canberra Institute of Technology campus and Certificate I qualifications in developing independence.
- A new crisis and transitional accommodation program, run by a consortium between Marymead CatholicCare Canberra and Goulburn, Yerrabi Yurwang Child and Family Corporation and the Domestic Violence Crisis Service was launched. With 7 dwellings, the program provides wraparound services and support to women and children escaping domestic violence, with a priority for Aboriginal and Torres Strait Islander families.
- An Emergency Accommodation Program trial was developed, utilising 10 existing Housing ACT properties. The trial will test an innovative short-term accommodation solution for those who may otherwise face homelessness. The trial will help inform future service delivery by testing a housing-based emergency accommodation model that aims to improve client outcomes, strengthen service coordination and reduce the risk of homelessness. The trial will exist alongside hotel brokerage.
- The Directorate worked in partnership with Flinders University to develop a shared practice framework for the specialist homelessness sector. A key outcome of this work was the development of a common assessment tool, which establishes a consistent, evidence-based approach to the initial screening, assessment and prioritisation of people seeking homelessness assistance. By providing a common framework for assessment, the tool improves consistency in decision making, strengthens collaboration between service providers and enables more effective referrals to the services best placed to meet a client's needs.

Future priorities for Social Housing Services.

In 2026–27 the Directorate will:

- design and deliver a Youth Homelessness Strategy that seeks to address the key drivers of youth homelessness, with a focus on prioritising preventive measures, strengthening resources and improving methods of measuring progress. The Strategy will be designed in consultation with those with lived experience, frontline service providers and peak advocacy bodies across the ACT
- address rates of chronic homelessness through the delivery of more flexible funding to support providers to better tailor solutions to meet an individual's needs
- address rates of chronic rough sleeping in the ACT, with funding of \$5.171 million and the allocation of 65 properties into the Housing Asset Assistance Program over 4 years. This will better match funding to vulnerable Canberrans with high and complex needs. This will also support an expansion of the Housing First approach in the ACT, with the allocation of a further 10 properties to support chronic rough sleepers
- deliver the next phase of social housing energy-efficiency upgrades through the installation of virtual power plant-connected rooftop solar and batteries at thousands of social housing properties. This will support tenants to enjoy the full benefits of their all-electric homes and save on electricity bills. This additional battery capacity will also support the ACT electricity grid, helping to maintain stability and reliability for the whole community.



Scrutiny

The Directorate responds to requests from ACT Legislative Assembly Committees, including reports automatically referred from the ACT Auditor-General's Office, to help ensure proper examination of matters.

The list below does not include recommendations where the Directorate's initial response indicated that the implementation of the recommendation was already complete.

For more information, contact HCSDAnnualReport@act.gov.au.

Legislative Assembly inquiries and reports

Select Committee on Estimates

[Report of the Select Committee on Estimates 2011–2012: Appropriation Bill 2011–2012, June 2011](#)

Table 22: Implementation of the *Government Response to the Select Committee on Estimates Report for the Inquiry into the Appropriation Bill 2011–2012*

Recommendation	Status update and progress in 2025–26
Recommendation 169 – That consistent with the proposed move towards outcome-based measures for community contracts that Community Services Directorate also adopt outcome-based accountability measures. Government response – Agreed	In progress The Directorate was established on 1 July 2025. Accountability indicators were reviewed as part of preparation of the 2026–27 <i>Budget Statement</i> and will be subject to a further and more detailed review in preparation for the 2027–28 Budget Statement. It is anticipated this review will be completed by February 2027 and will recognise that meaningful outcomes reporting requires a balanced mix of quantitative measures and qualitative insights. The periodic review of accountability indicators will be embedded as part of the Directorate's annual performance planning.

[Report of the Select Committee on Estimates 2019–2020: Inquiry into Appropriation Bill 2019–2020 and the Appropriation \(Office of the Legislative Assembly\) Bill 2019–2020, July 2019](#)

Table 23: Implementation of the *Government Response to the Select Committee on Estimates Report for the Inquiry into Appropriation Bill 2019–2020 and the Appropriation (Office of the Legislative Assembly) Bill 2019–2020*

Recommendation	Status update and progress in 2025–26
Recommendation 90 – The Committee recommends that the ACT Government publish data on wait times for appointments with specialist outpatient clinics in the ACT. Government response – Agreed-in-principle	In progress The Directorate remains committed to publishing waiting times for appointments with specialist outpatient clinics and is partnering with CHS and Digital Canberra Directorate to prioritise the development of data to facilitate the calculation and publication of outpatient clinic activity and performance metrics.

Report of the Select Committee on Estimates 2023–2024: Inquiry into the Appropriation Bill 2023–2024 and Appropriation (Office of the Legislative Assembly) Bill 2023–2024, August 2023

Table 24: Implementation of the *Government Response to the Select Committee on Estimates Report for the Inquiry into the Appropriation Bill 2023–2024 and Appropriation (Office of the Legislative Assembly) Bill 2023–2024*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 42 – The Committee recommends that the ACT Government urgently address the significant challenge for the community to get attention deficit hyperactivity disorder (ADHD) assessments for children and young people, and autism assessments for young people over the age of 12.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>The ACT ADHD Care Reforms are in the final stages and comprise a two-stage approach.</p> <p>Stage 1 (continuation prescribing) was implemented on 11 February 2026, along with the development of a detailed Stage 2 service model, including agreement on general practitioner (GP) training requirements.</p> <p>Implementation of Stage 2 is anticipated from late 2026, with delivery of GP training and establishment of non-GP specialist facilitator arrangements scheduled for late 2026.</p> <p>Progression of regulatory amendment, establishment of an evaluation framework, confirmation of CHS resourcing and the training rollout are still ongoing.</p>

Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021

Select Committee Report on the Inquiry into Drugs of Dependence (Personal Use) Amendment Bill 2021, November 2021

Table 25: Implementation of the *Government Response to the Select Committee Report for the Inquiry into Drugs of Dependence (Personal Use) Amendment Bill 2021*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 8 – The ACT Government should continue its commitment to establish and fund an Aboriginal community-controlled residential rehabilitation facility and increase the number of First Nations alcohol and other drugs peer support workers.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>Construction at the Watson Health Precinct is progressing, including the new Aboriginal and Torres Strait Islander alcohol and other drug residential rehabilitation facility, which is being delivered by Winnunga Nimmityjah Aboriginal Health and Community Services. The facility is expected to be completed in mid-2026, with alcohol and other drug residential rehabilitation service for Aboriginal and Torres Strait Islander men expected to commence operations in 2026–27. Winnunga is preparing to operate the service, including staff recruitment and training, finalisation of the service model and development of associated policies and procedures.</p> <p>The Directorate provided \$1.293 million in funding to Winnunga in April 2026 to support service operation readiness.</p>

Select Committee on the Voluntary Assisted Dying Bill 2023

Select Committee Report on the Inquiry into the Voluntary Assisted Dying Bill 2023 with additional comments from Mr Braddock and Dissenting reports from Ms Castley and Mr Cocks and Dr Paterson, February 2024

Table 26: Implementation of the *Government Response to the Select Committee Report for the Inquiry into the Voluntary Assisted Dying Bill 2023*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 4 – The Committee recommends that the ACT Government provide plain-English information about legal requirements and penalties to impacted health practitioners and health service providers who have obligations in regard to voluntary assisted dying.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>The ACT Government has developed clear, accessible guidance materials and online resources that explain legal requirements for practitioners under the Voluntary Assisted Dying Act 2024. Materials were developed in consultation with members of the Voluntary Assisted Dying Clinical Expert Panel, Voluntary Assisted Dying Clinical Advisory Committee and Voluntary Assisted Dying Consumer and Community Consultation Group.</p>
<p>Recommendation 16 – The Committee recommends that the ACT Government make a statement to the Assembly regarding the provision of palliative care services in the ACT three years after the enactment of the Voluntary Assisted Dying Bill 2023.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>This is on track to occur within 3 years after the enactment of the Voluntary Assisted Dying Bill 2023, as committed in the government response to this recommendation.</p>
<p>Recommendation 18 – The Committee recommends that the ACT Government ensure that training is provided across the healthcare workforce to ensure that people who may be asked to provide assistance on voluntary assisted dying in varying capacities are aware of their obligations.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>General awareness training for health professionals has been developed and is publicly available on the voluntary assisted dying website.</p>
<p>Recommendation 26 – The Committee recommends that the ACT Government consider the role of carers during the development and implementation of the Care Navigator Service to ensure that carers are appropriately supported.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>The Care Navigator Service has been developed with consideration of the role of carers. Feedback on the service indicates that carers feel appropriately supported through the voluntary assisted dying process.</p>

Standing Committee on Justice and Community Safety

Standing Committee on Justice and Community Safety Report 6: Report on Inquiry into Domestic and Family Violence – Policy Approaches and Responses, August 2019

Table 27: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Domestic and Family Violence – Policy Approaches and Responses*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 27 – The Committee recommends that ACT Government studies and identifies system gaps especially for Aboriginal and Torres Strait Islander victims in accordance with recommendations made to the Committee by the Women’s Legal Centre in its submission.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>The ACT Government has agreed to all 12 recommendations of the community-led <i>The Long Yarn</i> report and has allocated over \$9 million to ACCOs and Aboriginal-led DFSV responses between 2026–2030. Aboriginal and Torres Strait Islander communities are central in the <i>ACT Domestic, Family and Sexual Violence Strategy 2026–36</i>, with a dedicated focus on Aboriginal and Torres Strait Islander communities and expertise embedded in system-wide governance and decision making. As part of this, the ACT Government is working with members of the DFSV Aboriginal and Torres Strait Islander Reference Group to expand the group and provide advice directly to the Minister for the Prevention of Domestic, Family and Sexual Violence, including on strategic priorities and gaps in services to the Aboriginal and Torres Strait Islander community in the ACT.</p>
<p>Recommendation 28 – The Committee recommends the ACT Government develop a model, similar to that of Melaleuca Place, for engaging with children and young people who suffer trauma due to domestic and family violence and/or being involved in the care-and-protection system.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>The ACT Government funds several programs to support children and young people impacted by domestic and family violence. These include the Heartfelt program, which provides therapeutic interventions for children aged 5 to 12 years old, the Beryl Kids & Young People safe and strong van which delivers mobile, trauma-informed therapy to children aged 4 to 18 years old, the Doris refuge specialist children’s worker offering trauma-informed case management support to children aged 0 to 17 and the Young Women’s Christian Association (YWCA) domestic violence support service specialist children’s workers.</p>
<p>Recommendation 29 – The Committee recommends increased access to support and clinical services for children and young people who use violence, including sibling to sibling violence, as well as access and support for parents and siblings.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>The ACT Government continues to fund Canberra Police Community Youth Club (PCYC) to deliver the Solid Ground program supporting children and young people who have experienced domestic and family violence and/or are at risk of using violence themselves.</p>
<p>Recommendation 35 – The Committee recommends that a police risk assessment tool be developed as a decision-making tool for an interim measure or safety notice or family violence order.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>The ACT Government engaged independent academic experts to update the ACT’s Risk Assessment and Management Framework (RAMF) in consultation with the domestic and family violence sector over 2025–26. The use of the RAMF is a legislated requirement of the Domestic and Family Violence Information Sharing Scheme which will commence in November 2026. ACT Police is an information-sharing entity under the scheme.</p> <p>The updates to the RAMF include:</p> <ul style="list-style-type: none"> • better integration of coercive control • alignment with contemporary best practice and ACT information-sharing legislation • the development of risk assessment and screening tools to support frontline workers including Police. <p>Finalisation of the RAMF is expected by mid-2026 and will be supported by training of frontline workforces to commence later in 2026.</p>

Standing Committee on Justice and Community Safety Report 31: Inquiry into the Integrity Commission's Confidential Report into Operation Kite, September 2024

Table 28: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into the Integrity Commission's Confidential Report into Operation Kite*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 1 – The Committee recommends that the Community Services Directorate consider the sufficiency of its conflict of interest, fraud and anti-corruption controls to prevent corruption arising as recommended by the Integrity Commission in their confidential report.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>Following the establishment of the Directorate on 1 July 2025, a new Fraud and Corruption Control Plan has been finalised for the Directorate. The Fraud and Corruption Control Plan outlines the Directorate's planned approach to preventing, detecting and reporting suspected fraud and corruption. Fraud risks and internal procedures, including those relating to conflict of interest, will be managed in accordance with the Fraud and Corruption Control Plan as part of ongoing business-as-usual activities for the Directorate.</p>

Standing Committee on Health, Ageing and Community Services

Standing Committee on Health, Ageing and Community Services Report 10: Inquiry into Maternity Services in the ACT, June 2020

Table 29: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Maternity Services in the ACT*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 14 – The Committee recommends that the ACT Government – in partnership with its Council of Australian Governments colleagues – advocate for the development of funding models to support access to continuity of care and continuity of carer models in all jurisdictions.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>Work continues with strategic partners to support the expansion of midwifery continuity of care models within the ACT. Preliminary work exploring varying models of continuity of care is in progress in the public system.</p>
<p>Recommendation 22 – The Committee recommends that the ACT Government should implement the Australian Nursing and Midwifery Federation's Mandated Minimum Nurse/Midwife to Patient Ratios Framework for the safe management of maternity workloads across publicly funded maternity services.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>Implementation of the ratios framework within the public maternity services was completed in August 2025, with implementation within the Centenary Hospital for Women and Children marking the ACT as one of the first jurisdictions to recognise and count the baby as a part of maternity workloads. The Phase 2 program will continue to be monitored through the government commitment tracking until the evaluation and final report are delivered in 2026–27.</p>

Standing Committee on Health, Ageing and Community Services Report 11: Report on Child and Youth Protection Services (Part 2), July 2020

Table 30: Implementation of the *Government Response to the Standing Committee Report on Child and Youth Protection Services (Part 2)*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 24 – The Committee recommends that the ACT Government ensure that appropriate quality control and assurance processes are implemented to reduce unintended bias in decision making under the <i>Children and Young People Act 2008</i>.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>This commitment has progressed through the implementation and embedding of the Signs of Safety practice framework as child, youth and family service system agreed practice approach. Signs of Safety supports more structured and balanced assessment and decision making through a shared framework for understanding risk, safety, strengths and next steps.</p> <p>The framework has been incorporated into practice guidance and broader implementation activity to support more consistent, transparent and collaborative decision making across services. This work strengthens professional judgement by supporting practitioners to test assumptions, consider multiple perspectives and clearly articulate concerns, strengths and required safety.</p>
<p>Recommendation 25 – The Committee recommends that the ACT Government should acknowledge the importance of child protection and support work for children, parents and families and value, appraise and develop staff that do this important work.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>The ACT Government remains committed to valuing and supporting child protection practitioners and recognising the specialist nature of child protection work.</p> <p>The Directorate continues to apply the child and youth protection professional classification structure, which recognises the specialist skills, knowledge and responsibilities required of practitioners in operational child protection roles.</p> <p>This is supported by ongoing workforce capability, supervision and practice development activity as part of ongoing business activity.</p>
<p>Recommendation 35 – The Committee recommends that the ACT Government ensure that Child Youth and Protection Services facilitate the engagement of advocacy and support services working with children, parents and families in the care-and-protection system.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>The ACT Government has engaged several providers, including an ACCO to deliver Sustaining Families service packages to provide targeted support services for children and young people at risk of entry to care or who are already in out-of-home care.</p> <p>The family-led decision-making process continues to be embedded including family group conferencing, where families come together in a culturally safe way to make a family plan to work on the care, wellbeing and safety of children and young people.</p> <p>The Directorate funds several advocacy and support services that work directly with birth families, carers and young people. This includes advocacy services for people with disability.</p>

Standing Committee on Education, Employment and Youth Affairs

Standing Committee on Education, Employment and Youth Affairs Report 9 – Inquiry into Youth Mental Health in the ACT, August 2020

Table 31: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Youth Mental Health in the ACT*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 12 – The Committee recommends that the ACT Government address gaps in mental health service provision between different age brackets.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>Implementation has commenced through the TIDES Youth Trauma Service establishment under the National Mental Health and Suicide Prevention Bilateral Agreement. The service is operated by non-government organisation (NGO) Uniting NSW.ACT to address the gap in mental health support for young people aged 13 to 17 years. The Service is focusing on partnerships to enable flexible transitions and reduce fragmented care when young people age out.</p> <p>Medicare Mental Health Kids Hub is currently securing an NGO provider under the National Mental Health and Suicide Prevention Bilateral Agreement to provide mental health supports to children aged 0 to 12 and their families. The hub will provide interventions for the 8 to 12 years age group that has been identified as an under-served cohort.</p> <p>The Child and Youth Mental Health Sector Alliance, funded by the Directorate, has commenced a new issues register. Issues in the sector form the basis of working group projects to address concerns and system gaps.</p>
<p>Recommendation 38 – The Committee recommends that the ACT Government provide mental health support, especially for those under 25 involved with the justice system to divert young people from custodial harm.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>The TIDES Youth Trauma Service, operated by NGO Uniting NSW.ACT, has been procured under the National Mental Health and Suicide Prevention Bilateral Agreement. The service is now operational, with recruitment completed and service delivery underway for young people with the highest levels of need, including priority populations. The ACT Therapeutic Support Panel has been an important partner in co-designing the service to ensure young people at risk of, or in contact with, the justice system, are able to access the service and have their needs met, including accessing therapy for complex trauma.</p>
<p>Recommendation 57 – The Committee recommends that the ACT Government identify and respond to the holistic needs of young parents in disadvantaged communities, particularly parents in the child protection system or at risk of contact with the children protection system, including through providing life skills, housing, employment, transport, trauma and mental health.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>Under Next Steps, the ACT strategy for strengthening families and keeping children and young people safe, the Government has engaged a number of providers, including an ACCO to deliver Sustaining Families services. These services are designed to provide contemporary, evidence-informed, integrated services for children and young people aged 0 to 17 years at risk of engagement with statutory services or who are already in out-of-home care, using practice elements known to be effective in family preservation, restoration and intensive family support. This service package aims to provide a combination of support pathways from early assistance through to targeted and specialist support.</p>

Standing Committee on Education and Community Inclusion

Standing Committee on Education and Community Inclusion Report 2: Appropriation Bill 2021–2022 and Appropriation (Office of the Legislative Assembly) Bill 2021–2022, November 2021

Table 32: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into the Appropriation Bill 2021–2022 and Appropriation (Office of the Legislative Assembly) Bill 2021–2022*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 3 – The Committee recommends that the ACT Government commit to:</p> <ul style="list-style-type: none"> a. increasing the number of social housing dwellings in the ACT b. taking measures to support affordable rental housing. <p>Government response – Agreed</p>	<p>Complete</p> <p>A strong pipeline of housing projects is being delivered across the Growing and Renewing Public Housing Program (G&R), the Social Housing Accelerator Program (SHAP), and the Housing Australia Future Fund Facility (HAFFF).</p> <p>Building on progress achieved in 2024–25, delivery has continued through G&R. As at 30 June 2026, the program has delivered 1180 dwellings (922 constructions, 258 purchases), with a further 112 in progress. The public housing portfolio has increased from 11,873 in June 2025 to 12,018 dwellings as at 30 June 2026, reflecting sustained growth in housing supply.</p> <p>Progress under SHAP has focused on advancing projects into construction. Of 58 dwellings funded under the program, 17 were delivered in 2024–25, with the remaining 41 currently under construction.</p> <p>A further 85 dwellings to be delivered under HAFFF Round 2 have commenced, and are at various stages of design, procurement and construction.</p> <p>Measures to support affordable rental housing continues through partnerships and funding initiatives.</p> <p>Overall, implementation remains on track supporting delivery against the Government’s commitments. This will continue as business-as-usual activity</p>
<p>Recommendation 9 – The Committee recommends that the ACT Government take measures to remove siloing between education and community services and its impacts on family and adolescent support.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>The Directorate continues to support the work of the Early Years Working Group, which is an established group, bringing together senior officials across the ACT Government to work collaboratively to shape programs for children and families. This group provides strategic coordination, identifying service gaps and opportunities for best practice to meet the needs of local children and families.</p> <p>Further, the Directorate is leading the implementation of <i>Thriving Kids</i> which has an established executive authorising committee which has been established to provide whole-of-government position, leading the complex, cross portfolio work required to build an integrated system of early intervention supports in the ACT. The Committee will drive system reform by aligning efforts across health, early childhood, education, disability and community services.</p>
<p>Recommendation 23 – The Committee recommends that the ACT Government invests in Child and Family centres at a level that keeps pace with ACT population increase and needs and ensure equitable program offerings simultaneously on the north and south sides of Canberra.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>The Early Years Working Group continues to provide strategic leadership and advice on the early years sectors, to ensure the alignment of ACT Government strategies, strengthen collaboration and provide expert oversight on initiatives. This includes using data to respond to emerging needs across the ACT to ensure that policies, services, programs and facilities, such as additional child and family centres are implemented responsive to need.</p> <p>The ACT Government continues to progress work on the announcement of Molonglo as a town centre under the <i>National Capital Plan</i>, which includes establishing a fourth child and family centre as a part of the broader infrastructure development. The Directorate continues to provide information and advice to inform the establishment of the fourth child and family centre that will increase access to the child and family centres for ACT families in the wider Molonglo region and ensures families ability to obtain early intervention supports.</p>

Recommendation	Status update and progress in 2025–26
<p>Recommendation 29 – The Committee recommends that the ACT Government:</p> <ul style="list-style-type: none"> a. ensure that by the end of June 2022 Access Canberra shopfronts become dementia-friendly and ACT Government frontline workers receive dementia-friendly training b. implement dementia-friendly training at public theatres, galleries and community centres for all ACT Government staff c. investigate affordable housing options built purposely for senior Canberrans d. incorporate seniors exercise parks into the Age-Friendly City Plan. <p>Government response – Agreed-in-part</p>	<p>Complete</p> <p>b. Dementia Australia provided a virtual reality dementia-friendly training workshop for Floriade 2026 staff.</p> <p>The ACT Government contracted the University of NSW (Sydney) to lead a dementia-friendly film screening program.</p> <p>The National Film and Sound Archive hosted the screenings and Visitor Services Officers received training from Dementia Australia.</p> <p>c. <i>The ACT Housing Strategy: Implementation Plan Update February 2026</i> comprises affordable housing options, including an action to ‘deliver an additional 5,000 public, community and affordable rental dwellings between June 2024 and the end of 2030.’</p> <p>Following a 2025 government and industry roundtable, and workshop focused on lived experience, the Ministerial Advisory Council on Ageing developed a report on older Canberrans housing experiences to inform policy and service delivery on housing needs for older Canberrans.</p> <p>Note: a. and d. were reported as completed in the 2024–25 reporting period.</p>
<p>Recommendation 37 – The Committee recommends that the ACT Government:</p> <ul style="list-style-type: none"> a. increase funding for women’s workforce participation. – b. work towards consistency across the Women’s, Aboriginal and Torres Strait Islander and Social Inclusion budget statements and ensure that the impact of various measures and initiatives on those specific groups is analysed. <p>Government response – Agreed-in-principle</p>	<p>In Progress</p> <p>a. The ACT Government has provided ongoing funding for ACT Women’s Return to Work (RTW) Grants up to \$160,000 annually, alongside the delivery of RTW community workshops supported by budget funding through to 2027–28. The Office for Women is also undertaking a review of its leadership programs to confirm whether they remain effective and fit for purpose in relation to supporting women into the workforce, and into leadership positions.</p> <p>b. The Directorate continues to work with the wellbeing team in CMTEDD and Treasury to ensure the impact of budget proposals on women is captured in questions included in budget templates and accompanying wellbeing impact assessments.</p> <p>The Directorate also liaises with business units responsible for other budget statements and participates in meetings of the budget drafting group to support consistency across budget statements.</p> <p>The development and launch of the next ACT Women’s Plan in 2027 presents an opportunity to further align the Women’s Budget Statement with other budget statements.</p> <p>The ACT Government is continually striving to build and strengthen its approach to responsive budgeting for Aboriginal and Torres Strait Islander people with the ACT Aboriginal and Torres Strait Islander budget statement central to this approach. A working group has been established across directorates to provide support and consistent understanding of business units obligations when completing budget processes.</p> <p>Wellbeing impact assessments are an established requirement of both budget business cases and cabinet submissions. These ensure that business units consider the potential impacts of proposed initiatives on Aboriginal and Torres Strait Islander communities. This strengthens the analysis of how proposals directly or indirectly impact Aboriginal and Torres Strait Islander people.</p>

Standing Committee on Education and Community Inclusion Report 4: Inquiry into Annual and Financial Report 2020–2021, May 2022

Table 33: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Annual and Financial Report 2020–2021*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 11 – The Committee recommends that the Community Services Directorate expand its reporting on Youth Affairs to include advice and policy recommendations provided by the ACT Youth Advisory Council and Youth Assembly, in addition to updates on Government responses and implementation of recommendations.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>The ACT Government partners with the Youth Advisory Council to host the annual ACT Youth Assembly. The Council is preparing a report on insights from the 2026 ACT Youth Assembly and will develop a new workplan following the appointment of new members from July 2026.</p> <p>An informal Youth Advisory Council workplan concluded in 2026, and a new workplan will be finalised and endorsed by the new Council members in late 2026.</p>
<p>Recommendation 16 – The Committee recommends that the ACT Government continue to support implementation measures under the Disability Justice Strategy 2019–2029 and associated Action Plans and continue to actively identify opportunities to better support people with disability in custodial and other criminal justice settings.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>The <i>ACT Disability Justice Strategy Second Action Plan</i> includes a range of actions to address themes and issues identified through the evaluation of the <i>First Action Plan</i>. An annual report detailing outcomes and progress will be publicly released by October 2026.</p>
<p>Recommendation 18 – The Committee recommends that the ACT Government continue to support women entering traditionally male-dominated trades and occupations.</p> <p>Government Response – Agreed</p>	<p>Complete</p> <p>The ACT Government continues to deliver initiatives to support women entering traditionally male-dominated trades including through the Education Directorate’s Try a Trade Program as well as the Women in Construction Procurement Policy (led by the CMTEDD) and the implementation of the Culture in Construction Standard (led by iCBR).</p> <p>Consultation on the development of the next plan for women and gender equity will consider ways to continue to work towards more women in traditionally male-dominated trades and occupations</p>
<p>Recommendation 20 – The Committee recommends that the ACT Government introduce targets for their procurement practices relating to gender equity and equal representation on private sector boards.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>The ACT Government continues to deliver initiatives to work towards targets for their procurement practices relating to gender equity, including through the Women in Construction Procurement Policy that is being led by CMTEDD.</p>
<p>Recommendation 23 – The Committee recommends that the ACT Government start collecting gender disaggregated data for government services and initiatives (for example, public transport) to better understand the gendered use of such services and initiatives and make any consequent improvements.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>The ACT Government continues to work to build on the collection of data against the Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables Data Standard.</p>

Standing Committee on Education and Community Inclusion Report 6: Inquiry into Racial Vilification, November 2022

Table 34: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Racial Vilification*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 7 – That the ACT Government prioritise funding to organisations controlled by Aboriginal and Torres Strait Islander people for the provision of relevant services.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>The ACT Government is committed to the ongoing prioritisation of proportional funding for the ACT Aboriginal community-controlled sector as demonstrated by Priority Action 27: Proportional Funding Fundamentals under Phase 3 of the <i>ACT Aboriginal and Torres Strait Islander Agreement 2019–28</i>. Over the past 2 years, the ACT Government has been setting the foundations for this priority action through the delivery of a series of whole-of-government webinars designed to build understanding of proportional funding concepts and implementation approaches.</p> <p>In 2025–26, the ACT Government delivered the second year of the ACT Aboriginal Community-Controlled Organisation Establishment and Expansion Fund. The fund provides an alternative funding source for ACCOs to undertake capability and capacity building activities which supports their growth and sustainability, resulting in strengthened services for local Aboriginal and Torres Strait Islander peoples.</p>

Standing Committee on Education and Community Inclusion Report 7: Inquiry into Access to Services and Information in Auslan, February 2023

Table 35: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Access to Services and Information in Auslan*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 9 – That the ACT Government incentivise local theatre companies, live entertainment venues and cinemas to ensure accessibility for deaf audiences.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>In 2025–26, the Disability Inclusion Grants program provided funding to organisations and small businesses to increase opportunities for people with disability to participate in mainstream community or social groups. The grant program was open from December 2025 to February 2026. The next round of Disability Inclusion Grants will open in early December 2026 as part of the International Day of People with Disability celebrations in Canberra. The ACT Government will continue to proactively promote these grants to theatres, cinemas and other entertainment venues.</p>
<p>Recommendation 23 – That the ACT Government liaise with the NDIS to encourage the Scheme to fund Auslan courses for families of deaf children.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>The ACT Government has regularly engaged and liaised with the National Disability Insurance Agency (NDIA) and Department of Health, Disability and Ageing on the needs of the deaf community including for Auslan course for families within the context of NDIS reforms and design of Foundational Supports.</p>
<p>Recommendation 25 – That the ACT Government fund access to support technology for ACT deaf residents, aged over 65.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>The ACT Government continues to engage with the NDIA and Department of Health, Disability and Ageing on the needs of the deaf community within the context of NDIS reforms and design of Foundational Supports. In addition, a fluent Auslan user was employed in the position of Assistant Director, Communications Accessibility (Auslan) in the Directorate in February 2026. This position will support ACT Government to develop Auslan resources to improve information accessibility for the deaf community.</p>

Standing Committee on Education and Inclusion Report 13: Inquiry into Loneliness and Social Isolation in the ACT, August 2024

Table 36: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Loneliness and Social Isolation in the ACT*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 14 – The committee recommends that the ACT Government implement a carers card.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>Policy work is continuing to progress ACT Government commitments to explore the feasibility of a carer recognition card, being undertaken in conjunction with Carers ACT, to enable carers to more easily access services and supports without needing to repeatedly verify their status.</p>
<p>Recommendation 15 – The committee recommends that the ACT Government increase availability of respite for carers, particularly those caring for people with complex needs.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>In partnership with Carers ACT, policy work is continuing to progress the ACT Government's commitment to explore options for a purpose-built carer wellbeing and respite hub, including the identification of potential sites.</p> <p>The ACT Government has extended the Salvation Army's contract for the Burrangiri Aged Care Respite Centre until 30 June 2027. The ACT Government is working closely with the Australian Government on the \$10 million infrastructure funding commitment to deliver aged care respite beds in the ACT and explore sustainable models for delivering respite services.</p> <p>In addition, the ACT Government provides funding to Palliative Care ACT to support Leo's Place, which is a non-clinical respite hub for people with life-limiting illness and their carers.</p>
<p>Recommendation 17 – The committee recommends that the ACT Government make training available to community organisations to respond to loneliness and social isolation when working with individuals on social prescriptions.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>There is significant existing activity underway in the ACT consistent with social prescribing. The Directorate is focusing efforts on understanding relevant learnings from these to inform future consideration of social prescribing in the ACT. There is also a separate economic modelling project underway, led by Monash University, which includes considerations for social prescribing in the ACT context.</p>

Standing Committee on Health and Community Wellbeing

Standing Committee on Health and Community Wellbeing Report 1: 2020–21 ACT Budget and the Appropriation Bill 2020–2021 and the Appropriation (Office of the Legislative Assembly) Bill 2020–2021, April 2021

Table 37: Implementation of the *Government Response to the Standing Committee Report for the 2020–21 ACT Budget and the Appropriation Bill 2020–2021 and the Appropriation (Office of the Legislative Assembly) Bill 2020–2021*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 4 – That the ACT Government continue to expand ACT public health facilities.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>The Directorate has supported the delivery of key health infrastructure across the Territory.</p> <p>The Critical Services Building at the Canberra Hospital has been delivered and is operational. The new northside hospital development is progressing and is being led by iCBR, along with delivery of the next phase of the <i>Canberra Hospital Master Plan</i>.</p> <p>The Directorate will continue leading master planning across the Territory's health system which will align with the <i>ACT Health Services Plan</i>. This work is a core component of the Directorate's planning function and will continue as business-as-usual activity.</p>

Standing Committee on Health and Community Wellbeing Report 6: Inquiry into Annual and Financial Reports 2020–21, May 2022

Table 38: Implementation of the *Government Response to the Standing Committee Report for the 2020–21 ACT Budget and the Appropriation Bill 2020–2021 and the Appropriation (Office of the Legislative Assembly) Bill 2020–2021*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 7 – The Committee recommends that the ACT Government continues to support the establishment of a veterans' wellbeing centre in the ACT.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>The ACT Government worked with RSL LifeCare to expand services from its Queanbeyan Veterans' and Families Hub that opened in April 2025 into the ACT. RSL LifeCare opened an ACT Veteran and Family Hub at its El Alamein Village in Lyneham on 15 July 2025. The ACT Government continues to work closely with RSL LifeCare to ensure the hubs are accessible and responsive to the needs of the ACT veteran community.</p>

Standing Committee on Health and Community Wellbeing Report 9: Inquiry into Annual and Financial Reports 2021–22; April 2023

Table 39: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Annual and Financial Reports 2021–22*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 2 – That the ACT Government assure ongoing funding for the Room4Change Program and seek ways to expand the Program so that it can help a greater segment of the community.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>The ACT Government has continued funding the Domestic Violence Crisis Service to deliver the Room4Change Program, which provides residential accommodation, men's behaviour-change programs and case management for perpetrators and their families. The 2026–27 Budget released provisioned funding of \$1.578 million in 2026–27 and \$1.617 million in 2027–28 to continue the delivery of the Room4Change Program.</p>

Standing Committee on Health and Community Wellbeing Report 10: Inquiry into Abortion and Reproductive Choice in the ACT, April 2023

Table 40: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Abortion and Reproductive Choice in the ACT*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 9 – The Committee recommends that the ACT collect and publish anonymised data on medical and surgical abortions and on reproductive coercion in the ACT and invest in local partnerships (including with service providers and community organisations) to further develop a quantitative and qualitative evidence base on these topics.</p> <p>Government Response – Agreed-in-principle</p>	<p>Complete</p> <p>Data on abortions and long-acting reversible contraception is gradually building through the ACT Reproductive Health Data Incentive Fund. Analysis and monitoring of service use and trends over time, and appropriate opportunities for publication are being considered as part of routine work in the future of the no-cost abortion program.</p> <p>There is no established data collection for reproductive coercion. Overtime following enactment of the ACT coercive control legislation more data may be available on the prevalence and impacts of reproductive coercion in the ACT.</p>
<p>Recommendation 16 – That the ACT Government invest in reducing unintended pregnancy by subsidising access to long-acting reversible contraception, alongside a trial of subsidised vasectomies in collaboration with local health providers.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>The ACT Government continues to support access to long-acting reversible contraception within the no-cost abortion program.</p> <p>The ACT Government also notes significant recent Commonwealth investment in women's health, including measures to improve affordability and access to contraceptives through the Pharmaceutical Benefits Scheme, Medicare, and provider incentives.</p> <p>Long-acting reversible contraception availability and access to vasectomies will be considered in the development of a sexual and reproductive health strategy (see recommendation 18 of this Inquiry).</p>
<p>Recommendation 18 – The Committee recommends that the ACT Government develop a sexual and reproductive health strategy that:</p> <ul style="list-style-type: none"> addresses the needs of vulnerable people is informed by an intersectional approach (overlaps in the categories of races, class, gender, disability) is co-designed with key stakeholders including community organisations, service providers, specialists, women, and people with uteruses is linked to appropriate national health strategies, and addresses the issue of reproductive coercion. <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>Development of a sexual and reproductive health strategy is subject to resourcing and future budget processes.</p> <p>Consistent with the government's in-principle support, any future strategy would take a comprehensive approach to sexual and reproductive health, including access to contraception, abortion and related services. It would consider the needs of diverse and vulnerable population groups, informed by an intersectional approach.</p> <p>The strategy would be developed in consultation with key stakeholders, including government and non-government organisations, service providers, specialists and people with lived experience. It would also have regard to relevant national strategies and frameworks.</p>

Standing Committee on Health and Community Wellbeing Report 11: Inquiry into Recovery Plan for Nursing and Midwifery Workers, February 2024

Table 41: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Recovery Plan for Nursing and Midwifery Workers*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 3 – The committee recommends that the ACT Government collect robust data to inform workforce planning.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>The <i>National Nursing and Midwifery Demand and Supply reports</i> are now available which will support informing the ACT workforce planning. Further work is being conducted in the ACT to understand influencing factors on retention, supply, and educational pathways. This will be used to progress the development of the ACT nursing and midwifery workforce strategies. Preliminary research and jurisdiction review work has commenced. These strategies are being developed in alignment with the <i>ACT Health Workforce Strategy 2023–2032</i> and the National Nursing Workforce Strategy.</p>
<p>Recommendation 6 – The committee recommends that the ACT Government collaboratively and constructively engage with the ACT Branch of the Australian and Midwifery Federation in order to develop and implement, through the ACT Public Sector Nursing and Midwifery Enterprise Agreement, an agreed set of positive practice environment standards for nursing and midwifery in the ACT.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>Development of the Positive Practice Environment Standards is continuing in collaboration with CHS and the ACT Branch of the Australian Nursing and Midwifery Federation through established working group and steering committee governance arrangements. Broader consultation across government, industry and nursing and midwifery workforce will be undertaken following endorsement of the draft standards by the steering committee, expected by the end of 2026. Concurrent work will be undertaken by the Directorate for legislative requirements in line with the commitment.</p>
<p>Recommendation 9 – The committee recommends that the ACT Government expand the continuity of midwifery care model, including building a freestanding birth centre, employment opportunities for midwives of all levels of experience and review the available options for out of hospital birth services.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>The ACT Government is committed to increasing access to midwifery continuity of care to women and birthing people to 50 per cent by 2028. Work has been progressed to improve equity access for priority groups to midwife-led continuity of care and publicly funded home birth services. Consultation is underway with iCBR for building the birth centre at North Canberra Hospital.</p>
<p>Recommendation 12 – The committee recommends that the ACT Government supports and enables all nurses and midwives who have undertaken, or wish to undertake, endorsement with the Nursing and Midwifery Board of Australia, to complete endorsement, work to full scope of practice, and are in the appropriate employment positions to do so.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>A pilot enabling employed endorsed midwives to work to their full scope of practice is progressing at CHS. The <i>Maternity in Focus</i> strategy is supporting more ACT midwives to become endorsed through the scholarship program.</p> <p>Legislative reforms are also progressing to enable ACT nurse practitioners to work to their full scope of practice. This includes:</p> <ul style="list-style-type: none"> • <i>Nurse Practitioners Legislation Amendment Act 2026</i> passed on 25 February 2026. • Proposed amendments to the <i>Road Transport (Drivers Licensing) Regulation 2000</i> – in progress. • Proposed amendments under the <i>Workers Compensation Act 1951 (ACT)</i> and <i>Workers Compensation Regulation 2002 (ACT)</i> – in progress.

Standing Committee on Health and Wellbeing Report 13: Inquiry into Raising Children in the ACT, August 2024

Table 42: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Raising Children in the ACT*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 2 – The committee recommends that the ACT Government obtain and report on data about the ACT's fertility rate and changing family demographics in order to better inform policy development and service delivery.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>The number of women who gave birth in the ACT by year and the number of babies born in the ACT by year is available in the mothers and babies dashboard on HealthStats ACT – statistics and indicators.</p> <p>Consideration will be given to reporting on the ACT's fertility rate and changing family demographics after the 2026 Census.</p> <p>ACT Treasury periodically publishes its long-run ACT population projections. Its latest report, ACT Population Projections (2025–2065), was released in September 2025. These projections consider the effects of changing fertility in the ACT on the population. The report and associated projections allow for informed policy making across the ACT Government.</p>
<p>Recommendation 7 – The committee recommends that the ACT Government increase the number of Endorsed Midwives who can offer a Midwifery Continuity of Care model.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>A pilot enabling endorsed midwives to work to their full scope of practice within the ACT is progressing across CHS. The Maternity in Focus: Second Action Plan (in draft) has a focus on supporting more ACT midwives to undertake the required study leading to endorsement with the Nursing and Midwifery Board of Australia through the scholarship program.</p>
<p>Recommendation 30 – The committee recommends that the ACT Government fully fund the wraparound community services and support needed for the small number of families who have contact with the ACT criminal justice system, with a particular focus on the over-representation of Indigenous children in detention.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>The ACT Government is continuing to develop the next ACT Youth Justice Strategic Plan. Under the strategic plan, the ACT Government has committed to work to develop a model of care for Bimberi. This work is exploring the continuum of support for young people on contact with the youth justice system, with a particular focus on addressing the over-representation of Aboriginal and Torres Strait Islander young people in detention. Throughcare will also be strengthened to form part of an integrated system response, aligned with the strategic plan and the model of care, to ensure continuity of care and coordinated service delivery across the broader justice and community service systems.</p>
<p>Recommendation 31 – The committee recommends that the ACT Government provide additional active and effective support to families before taking statutory intervention through the Child and Youth Protection Service.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>The ACT Government supports families through the family response and engagement teams; which operate under a family support model with the intent of diverting families from the statutory system. The teams work alongside families for up to six months to build the connection and capacity of families resulting in successful diversion from statutory pathways. These cases are often complex requiring strong engagement with the family, multi-agency involvement and family-led goal setting and decision making.</p> <p>The child and family centres and Child Development Service continue to operate to provide early intervention services and supports for families.</p> <p>The Child, Youth and Family Services Program (CYFSP) commissioning process has progressed as planned for 2025–26:</p> <p>Phase 1 has been completed. Families ACT, in consortium with the Youth Coalition, was identified as the preferred service provider for the CYFSP System Support Service. The service is scheduled to commence on 1 July 2026</p> <p>Planning for Phase 2 is underway. The first milestone for this phase is the launch of the CYFSP grant round for Preventive Early Support program and Targeted Support program.</p> <p>The ACT Government remains committed to modernising the Children and Young People Act 2008, with a future focus on youth justice.</p>

Standing Committee on Economy and Gender and Economic Equality

Standing Committee on Economy and Gender and Economic Equality Report 12: Inquiry into Unpaid Work, September 2024

Table 43: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Unpaid Work*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 7 – The Committee recommends that the ACT Government consider introducing a carers recognition card to promote understanding and recognition of carers within the ACT and enable them to access priority services with ACT Government agencies and services.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>Policy work is continuing to progress ACT Government commitments to explore the feasibility of a carer recognition card, being undertaken in conjunction with Carers ACT, to enable carers to more easily access services and supports without needing to repeatedly verify their status.</p>
<p>Recommendation 8 – The Committee recommends that the ACT Government seek to better understand the unique challenges faced by carers and look to overcome these barriers by providing targeted support to them. This support could include, for example:</p> <ul style="list-style-type: none"> • funding for additional respite resources for carers to access on an ad hoc basis • flexible models of respite for recipients with complex needs or behaviours, in partnership with the community sector • additional funding to support mental health activities • cost-free access to bereavement counselling for carers who suffer loss in their lives. <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>The Directorate, in partnership with Carers ACT, is developing the Final Action Plan for the <i>ACT Carers Strategy</i>.</p>

Standing Committee on Social Policy

Standing Committee on Social Policy Report 1: Inquiry into the Annual and Financial Reports 2023–2024, April 2025

Table 44: Implementation of the Government Response to the Standing Committee Report for the Inquiry into the Annual and Financial Reports 2023–2024

Recommendation	Status update and progress in 2025–26
<p>Recommendation 13 – The Committee recommends that the ACT Government ensure appropriate coercive control training is conducted for all current police, healthcare, and other frontline workers, and that this training is also provided to all new employees in future.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>Delivery of training to non-specialist frontline agencies, including ACT Policing and Courts, to embed a shared and consistent understanding of what coercive control is underway following the \$375,000 funding commitment has commenced. This is an important step to preparing for criminalisation of coercive control in the ACT. In addition, funding of \$684,000 over 2 years in the 2026–27 Budget will support training on the <i>Risk Assessment Management Framework</i> to embed risk assessment practice across government and non-government workforces. RAMF training will support successful operationalisation of the Information Sharing Scheme and workforce uplift on coercive control.</p>
<p>Recommendation 14 – The Committee recommends that the ACT Government ensure that there are accessible, clear and consistent referral pathways relating to family and domestic violence for the culturally and linguistically diverse community.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>The ACT Government funds Multicultural Hub Canberra to deliver DFSV services supporting people from the culturally and linguistically diverse community.</p>
<p>Recommendation 15 – The Committee recommends that the ACT Government report on the specific actions being undertaken to address women’s perception of safety as measured by Strategic Indicator 5 of the Community Services Directorate Annual Report.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>The ACT Government continues to work to develop public spaces informed by inclusive principles, including the use of <i>Gender Sensitive Urban Design Guidelines and Toolkit</i>.</p>
<p>Recommendation 18 – The Committee recommends that the ACT Government establish a dedicated Death in Disability Care review function.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>The Directorate is progressing scoping activity under the ACT Disability Strategy to progress this recommendation.</p>
<p>Recommendation 19 – The Committee recommends that the ACT Government provide definitive guidance to the Office of the Senior Practitioner, the Education Directorate, and all ACT schools on the definitions and application of the <i>Senior Practitioner Act 2018</i> to enable consistent application of the rules and ensure a safe school environment for ACT children.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>The Office of the Senior Practitioner is now part of the induction sessions of new teachers twice per year and presents to new teachers on restrictive practices. Current joint project with the Education Directorate regarding advice on environmental restraints within specialist school settings has led to a dramatic reduction in most cases and elimination of the restrictive practices all together.</p>
<p>Recommendation 22 – The Committee recommends the ACT Government publish a timeline for the consideration and implementation of the Carers Recognition Card.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>Policy work is continuing to progress ACT Government commitments to explore the feasibility of a carer recognition card, being undertaken in conjunction with Carers ACT, to enable carers to more easily access services and supports without needing to repeatedly verify their status.</p>

Recommendation	Status update and progress in 2025–26
<p>Recommendation 34 – The Committee recommends that the ACT Government strengthen accountability in relation to both the Youth Advisory Council and the ACT Youth Assembly.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>The 2026 ACT Youth Assembly was held on 30 March 2026 at Canberra Institute of Technology Woden, with more than 70 young people participating in discussions relating to discrimination (racism and bullying) and safety (in schools, workplaces and the community).</p> <p>The 2026 ACT Youth Assembly Report will place greater emphasis on documenting and publishing the views, experiences and priorities shared by participants. New Youth Assembly Council members will be onboarded in July and August 2026 and will focus on engaging with young people through the annual ACT Youth Assembly and capturing the views and experiences of young Canberrans through this forum.</p>
<p>Recommendation 36 – The Committee recommends that the ACT Government review the priorities and culture in place at Bimberi Youth Justice Centre, to ensure a more appropriate balance to place the needs of the individual as a primary consideration, within the context of a secure environment, and to ensure better connections and information flows between groups involved in the management of the Centre.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>The ACT Government has commenced work to establish a clear strategic purpose and model of care for Bimberi Youth Justice Centre. In partnership with the oversight body, the ACT National Preventive Mechanism, the ACT Government is undertaking joint consultation to identify models of care from interstate and international jurisdictions. This approach ensures a best-practice model of care tailored to the ACT community.</p>

Standing Committee on Social Policy Report 2: Inquiry into Petition 017–25 and E-Petition 005–25: Closure of Burrangiri Aged Care Respite Centre in Rivett, June 2025

Table 45: Implementation of the *Government Response to the Standing Committee Report for the Inquiry into Petition 017–25 and E-Petition 005–25: Closure of Burrangiri Aged Care Respite Centre in Rivett*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 1 – In recognition of the considerable potential cost benefits to the ACT budget of specialist aged care respite, the Committee recommends that the ACT Government work closely with the Federal Government and community stakeholders to develop a sector plan, with the objective that ‘sufficient aged care beds be provided to meet current and projected future demand’, prior to finalising future funding decisions for the Burrangiri Aged Care Respite Centre.</p> <p>Government response – Agreed-in-principle</p>	<p>Complete</p> <p>The ACT Government continues to monitor local demand pressures and advocate to the Commonwealth through established intergovernmental forums, for sufficient investment and improved system settings to ensure local capacity grows to meet community need.</p> <p>The ACT Government continues strong engagement with the sector and the Commonwealth to support effective operation of the aged care system in the ACT. This action is ongoing as business-as-usual activity.</p>
<p>Recommendation 2 – The Committee recommends that the ACT Government finalise future funding decisions for the Burrangiri Aged Care Respite Centre at least 6 months prior to the end of the new 2-year contract, and ensure any transitional arrangements are supported by clear communication with a focus on continuity of quality respite services, which could be informed by a new sector plan.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>The arrangements for respite care in the ACT are under active negotiation, with multiple meetings with stakeholders across Commonwealth Government, aged care community providers and advocacy groups conducted to explore options for respite care in the ACT. The ACT Government will provide clear and timely communication about any changes to the arrangements for Burrangiri at least 6 months prior to the end of the contract.</p>

Recommendation	Status update and progress in 2025–26
<p>Recommendation 3 – The Committee recommends that the ACT Government ensure that clients and carers at the Burrangiri Aged Care Respite Centre are adequately consulted and supported through any proposed changes to the service at least 6 months prior to the end of the new 2-year contract.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>In addition to the response to Recommendation 2, the ACT Government will work closely with The Salvation Army to ensure clients and carers at Burrangiri are adequately informed and supported through any change.</p>
<p>Recommendation 6 – The Committee recommends that the ACT Government take proactive steps to increase aged care respite beds.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>The ACT Government is continuing to work closely with the Commonwealth Government on the \$10 million infrastructure funding commitment to deliver aged care respite beds in the ACT and to explore sustainable models for the delivering respite services.</p>
<p>Recommendation 7 – The Committee recommends that the ACT Government work with the Federal Government, respite care providers, and residential aged care providers to explore ways to utilise existing facilities to provide dedicated, fit-for-purpose, temporary aged care respite services that respect the dignity and wishes of clients and their families.</p> <p>Government response – Agreed</p>	<p>In progress</p> <p>In addition to the response to Recommendation 6, the ACT Government is continuing to engage with local providers to explore options for respite care in the ACT.</p>

Standing Committee on Legal Affairs

Standing Committee on Legal Affairs Report 1: Inquiry into the Annual and Financial Reports 2023–2024, April 2025

Table 46: Implementation of the Government Response to the Standing Committee Report for the Inquiry into the Annual and Financial Reports 2023–2024

Recommendation	Status update and progress in 2025–26
<p>Recommendation 22 – The Committee recommends that the ACT Government collect and report publicly on deaths in disability care.</p> <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>The Directorate is progressing discussions to secure resourcing under the <i>ACT Disability Strategy</i> to progress this recommendation.</p>

Auditor-General Reports

ACT Auditor General

ACT Auditor-General's Report 2 of 2024: Management of key contracts under A Step Up For Our Kids, April 2024

Table 47: Implementation of the Government Response to the ACT Auditor-General's Report: Management of key contracts under A Step Up For Our Kids

Recommendation	Status update and progress in 2025–26
<p>Recommendation 1 – As part of implementing the Next Steps strategy, the Community Services Directorate should implement a robust performance management framework with its contracted service providers. The framework should include:</p> <ul style="list-style-type: none"> a. performance measures that are measurable and support accountability for delivery of contracted services b. processes to regularly assess performance and provide timely feedback to providers c. mandatory contractual provisions that clearly express these arrangements as well as processes for managing non-compliance or poor performance in delivering contracted services. <p>Government response – Agreed</p>	<p>In progress</p> <p>In November 2025, the Directorate engaged Rooftop Social, partnering with Curijo, to co-design a cascading suite of performance management artefacts comprising a:</p> <ul style="list-style-type: none"> • learning and accountability framework • monitoring, evaluation and learning (MEL) framework • theory of change and outcomes framework • performance management framework (PMF). <p>Rooftop Social designed this whole-of-system performance management suite to shift the focus from monitoring individual programs to understanding how the child, youth and family system is functioning collectively over time. It was developed through extensive co-design and consultation across an expansive list of stakeholders, including ACCOs, Aboriginal leaders, and community and oversight bodies.</p> <p>In mid-2026, Rooftop Social delivered the Performance Management suite for Directorate endorsement.</p> <p>From July to September 2026, Rooftop Social will be assisting contracted service providers to implement the first iteration of the PMF. From 2027–2029, the PMF will be iteratively adjusted through the MEL cycle set out in the MEL framework.</p> <p>In November 2030, Rooftop Social will deliver a final Next Steps Evaluation Report, including forward planning recommendations</p>

Recommendation	Status update and progress in 2025–26
<p>Recommendation 2 – For the purpose of the Next Steps strategy, Community Services Directorate should develop and implement a revised approach for its governance arrangements and for managing service funding agreements with its service delivery partners. In doing so Community Services Directorate should:</p> <ul style="list-style-type: none"> a. undertake a lessons-learned exercise with regards to how its service funding agreements, and associated governance arrangements, with ACT Together (Barnardos) and Uniting CFACT have been administered under A Step Up for Our Kids b. review better practice contract management and governance resources and critically examine how they could be implemented in Next Steps c. articulate and document a contract management approach via a formal contract implementation plan at the outset of Next Steps d. develop and implement risk, fraud and stakeholder communications plans for service delivery partners for Next Steps e. implement a process to continually review and refine contract management and governance arrangements over the life of Next Steps to ensure the approach is fit for purpose and achieving its desired goal. 	<p>In progress</p> <p>During 2025–26, the Directorate continued to mature its governance and contract management arrangements to support implementation of the Next Steps reforms. Building on work completed in previous years, the Directorate partnered with external consultants to develop a contemporary Deed Management Plan and a suite of supporting contract management tools, templates and guidance.</p> <p>Work has also focused on strengthening governance and contract management practices including refining internal governance processes, improving contract oversight, and enhancing the recording of key contract information, milestones and service orders within the Deed Management Plan. These improvements support a more consistent and risk-based approach to managing service funding agreements, strengthen governance oversight, and establish the foundations for ongoing continuous improvement in contract management and service provider relationships.</p> <p>Throughout 2025–26, the Directorate maintained regular engagement with providers and stakeholders on key implementation issues, guidelines, processes and service delivery arrangements.</p>
Government response – Agreed	
<p>Recommendation 4 – Under the Next Steps Strategy, Community Services Directorate should develop and implement a monitoring and review framework that effectively addresses outsourced out-of-home care services to Aboriginal and Torres Strait Islander children and young people. The framework should provide assurance that Aboriginal and Torres Strait Islander children and young people receive culturally appropriate services from service delivery partners.</p>	<p>In progress</p> <p>The Directorate is implementing initiatives to strengthen culturally safe and consistent practice across government and non-government service providers, while improving monitoring and reporting against cultural accountability measures.</p> <p>The ACT Aboriginal Children’s Forum has advanced development of a Cultural Accountability Tool to support and standardise practice across organisations delivering out-of-home care and early support services. The tool will provide both practice guidance and a reportable accountability mechanism, with implementation planned through 2026–27.</p> <p>From mid–2026, a system-wide PMF will introduce measures to monitor culturally safe practice across statutory services.</p>
Government response – Agreed	<p>Alongside contracting ACCOs, the ACT Government is investing in the growth of the Aboriginal community-controlled sector. During 2025–26, the Directorate continued partnering with community and stakeholders to strengthen self-determination and independence.</p> <p>Cultural clauses in all Next Steps funding agreements set expectations for culturally safe service delivery.</p> <p>An ACCO currently provides early support services and will expand to kinship care services in 2026–27.</p>

ACT Auditor-General's Report 10 of 2024: Safer Families Levy, November 2024

Table 48: Implementation of the *Government Response to the ACT Auditor-General's Report: Safer Families Levy*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 1 – In order to promote transparency and accountability in the funding of domestic and family violence initiatives through the Safer Families Levy, the Community Services Directorate should, as part of designing and implementing the ACT Domestic, Family and Sexual Violence Strategy and Plan work with other ACT Government agencies to:</p> <ul style="list-style-type: none"> a. establish clear and easily accessible communication products that regularly update the community on initiatives funded through the levy, including their purpose and intended outcomes b. develop principles for funding initiatives under the levy and clearly communicate to the community services sector and broader community how these principles are being implemented c. establish clearly documented feedback mechanisms for the community services sector and broader community to inform the planning and design of initiatives funded through the levy. 	<p>In progress</p> <ul style="list-style-type: none"> a. The ACT Government has developed an annual Budget Factsheet to provide clear and accessible information to the community services sector which will be updated every year. This is complete. b. The ACT Government developed the safer families levy principles. Communication on how they are being implemented is included in the annual Budget Factsheet. This is complete. c. The <i>ACT Domestic, Family and Sexual Violence Strategy 2026–2036 and accompanying First Action Plan 2026–2028</i> were released in May 2026. The First Action Plan includes the development of a new governance model over the second half of 2026. The new governance model will meet the requirements of this recommendation.
Government response – Agreed	
<p>Recommendation 2 – The Community Services Directorate should:</p> <ul style="list-style-type: none"> a. establish a common evaluation framework for initiatives funded through the Safer Families Levy that takes account of the need to evaluate the impact of each initiative as well as its impact across the suite of Safer Families initiatives within the Safer Families package b. establish practices for regularly reporting on the performance of Safer Families initiatives to the Coordinator-General of Domestic, Family and Sexual Violence. 	<p>In progress</p> <p>A monitoring and evaluation framework will be developed and released to accompany the <i>ACT Domestic, Family and Sexual Violence Strategy</i> to support tracking the impact of reforms at the system level, as well as the individual program level.</p>
Government response – Agreed	
<p>Recommendation 3 – The Community Services Directorate should, as part of future biennial reports from the Domestic and Family Violence Death Review Coordinator, establish processes to monitor and report on the implementation of the recommendations of past reports.</p>	<p>Complete</p> <p>The 2025 Biennial report was tabled in February 2026 and reported on progress against recommendations. This practice will continue for future reports.</p>
Government response – Agreed	
<p>Recommendation 4 – The Community Services Directorate should, in cooperation with the Chief Minister, Treasury and Economic Development Directorate and in consultation with the community services sector:</p> <ul style="list-style-type: none"> a. review the current approach to financial reporting of initiatives funded through the Safer Families Levy to ensure there is comparable and informative reporting of how funds raised from the levy are used b. in conjunction with Recommendation 2(b), establish public performance reporting processes that show the planned and actual performance of initiatives along with analysis and explanation of any significant variations. 	<p>In progress</p> <ul style="list-style-type: none"> a. The Budget Factsheet provides annual updates of how funds from the Levy are used. This is complete. b. A monitoring and evaluation framework will be developed and released to accompany the <i>ACT Domestic, Family and Sexual Violence Strategy</i> to support tracking the impact of reforms at the system level, as well as the individual program level.
Government response – Agreed	

ACT Auditor-General's Report 6 of 2023: Implementation of the ACT Aboriginal and Torres Strait Islander Agreement, August 2023

Table 49: Implementation of the *Government Response to the ACT Auditor-General's Report: Implementation of the ACT Aboriginal and Torres Strait Islander Agreement, August 2023*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 4 – The Community Services Directorate and Chief Minister, Treasury and Economic Development Directorate should, through the auspices of the Aboriginal and Torres Strait Islander Affairs Subcommittee of the Strategic Board and in consultation with the Aboriginal and Torres Strait Islander Elected Body, strengthen the Elected Body's ability to fulfil its responsibilities under the <i>Aboriginal and Torres Strait Islander Elected Body Act 2008</i>.</p> <p>Consideration should be given to:</p> <ol style="list-style-type: none"> resourcing the Elected Body to be able to fulfil its accountability, consultation and oversight roles. The Elected Body should receive support to independently determine the necessary resourcing that is needed to complete these roles and have them considered as part of the ACT Government budget process supporting improved community participation in elections for the Elected Body. <p>Government response – Agreed-in-principle</p>	<p>In progress</p> <p>Following an independent review of the Aboriginal and Torres Strait Islander Elected Body (ATSIEB) which included feedback from the community, the ACT Government is working with ATSIEB to consider legislative amendments to the Aboriginal and Torres Strait Islander Elected Body Act 2008 to further strengthen ATSIEB's ability to fulfil its responsibilities under the Act.</p> <p>The ACT Government continues to support ATSIEB to fulfil its legislative responsibilities through funding an Independent Secretariat function and increasing remuneration for members.</p>
<p>Recommendation 5 – The Community Services Directorate should, through the auspices of the Aboriginal and Torres Strait Islander Affairs Inter-Directorate Committee:</p> <ol style="list-style-type: none"> finalise outstanding performance measures for the Outcomes Framework develop targets for all performance measures identified in the Outcomes Framework. <p>Government response – Agreed</p>	<p>Complete</p> <p>Performance measurement under the <i>ACT Aboriginal and Torres Strait Islander Agreement 2019–28</i> is supported through reviewing and monitoring measures, targets and outcomes across each phase of implementation. The development of each new phase of the Implementation Plan provides a structured opportunity to realign actions and review associated measures and targets, ensuring they remain relevant and reflect progress and emerging priorities. These arrangements align with both the <i>ACT Aboriginal and Torres Strait Islander Agreement 2019–28</i> and the <i>National Agreement on Closing the Gap</i>.</p> <p>Measures and targets are incorporated into phased implementation planning and are monitored on an ongoing basis. Performance against agreed outcomes and targets is publicly reported through the annual ACT Aboriginal and Torres Strait Islander Agreement Impact Statement.</p>
<p>Recommendation 6 – The Community Services Directorate should, through the auspices of the Aboriginal and Torres Strait Islander Affairs Inter-Directorate Committee, work with directorates to establish a whole-of-government, publicly reported annual performance statement on progress to implement the <i>ACT Aboriginal and Torres Strait Islander Agreement 2019–28</i>.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>A consistent, whole-of-government approach to public performance reporting has been established through the annual ACT Aboriginal and Torres Strait Islander Agreement Impact Statement.</p> <p>These reports have been published annually since 2021 and provide transparent and detailed information on progress against agreed outcomes and targets, aligning reporting under the <i>ACT Aboriginal and Torres Strait Islander Agreement 2019–28</i> and the <i>National Agreement on Closing the Gap</i>.</p>

ACT Auditor-General's Report 7 of 2022: ACT Childhood Healthy Eating and Active Living Programs, November 2022

Table 50: Implementation of the *Government Response to the ACT Auditor-General's Report: ACT Childhood Healthy Eating and Active Living Programs*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 7 – The ACT Health Directorate should evaluate the eating, activity, weight, height and Body Mass Index components of the Kindergarten Health Check.</p> <p>The evaluation should consider:</p> <ul style="list-style-type: none"> • whether the method of collecting data about the size of children's bodies and reporting this to families is consistent with better practice • whether the information provided is accessible and culturally safe for families from culturally and linguistically diverse backgrounds • whether the information provided has unintended negative consequences for either the child or family, such as increased body dissatisfaction, risky dietary restriction or disordered eating • whether the information provided effectively supports families to safely increase healthy eating or active living; and whether the information provided effectively supports families to access appropriate healthcare. 	<p>Complete</p> <p>Recommendation 7 was included from 2022 in the Report No. 7/2022 – ACT Childhood Healthy Eating and Active Living Programs. An evaluation was recommended to assess four key areas related to the provision of information to parents and carers on the eating, physical activity, weight, height, and Body Mass Index components of the Kindergarten Health Check.</p> <p>The evaluation did not progress due to shifts in policy direction since the recommendation was made in 2022. Existing child screening programs are being reviewed to better align with other ACT program models. As part of this process, consideration will be given to improving how information is communicated to parents in an accessible and culturally safe manner, supporting effective health promotion and prevention.</p>
Government response – Agreed-in-principle	

ACT Auditor-General's Report 7 of 2019: Referral Processes for the Support of Vulnerable Children, June 2019

Table 51: Implementation of the *Government Response to the ACT Auditor-General's Report: Referral Processes for the Support of Vulnerable Children*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 4 – Administrative Guidance</p> <p>As part of its development of an Integrated Management System for the Child Development Service and the Child and Family Centres, the Community Services Directorate should develop administrative and procedural guidance for the referral of children and their families to other programs and services, including:</p> <ol style="list-style-type: none"> a. communication protocols with other programs and services, particularly external agencies b. guidance for follow-up of referrals, including mechanisms to identify the take up rate of referrals and ongoing service response. 	<p>Complete</p> <p>Support Services for Children has developed and implemented an integrated management system (IMS) to oversee and approve changes to policy and procedures. A part of this system is the implementation of a governance structure, including IMS subcommittees for the Child Development Service and child and family centres with each committee having representation from across each service. Also implement is the oversight committee with representatives from both IMS subcommittees.</p> <p>Administrative and procedural guidance has been developed to support referrals to other programs and services, and the Child and Youth Record Information System captures how many referrals are made to other services. All referrals to other services or supports are discussed with families and are only done with their approval and are provided through a warm referral to the service.</p> <p>As a part of intake appropriate privacy and sharing of information forms completed by the family guiding what information can be communicated with other services. Information on referrals can be found in the Child and family centres individual module case closure practice guide.</p>
Government response – Agreed	

ACT Auditor-General's Report 3 of 2024: Management of the Growing and Renewing Public Housing Program, May 2024

Table 52: Implementation of the *Government Response to the ACT Auditor-General's Report: Management of the Growing and Renewing Public Housing Program*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 2 – Housing ACT should consolidate all the criteria and information required to be used by the Asset Assessment Panel to make decisions about public housing homes into a single document. This document should:</p> <ul style="list-style-type: none"> a. reflect better practice whole-of-lifecycle asset management for social housing b. provide explicit instructions about how criteria are to be applied and how decisions are to be made, including definitions of terms and, where applicable, ratings and/or thresholds. <p>Government response – Agreed</p>	<p>In progress</p> <p>Housing ACT is strengthening the governance framework to support Asset Assessment Panel decisions by updating assessment documentation to reflect whole-of-life asset management principles and consolidate assessment criteria. These changes will improve consistency, transparency and the quality of decision making.</p>
<p>Recommendation 3 – Housing ACT should implement a quality assurance framework for decisions by the Asset Assessment Panel. The framework should:</p> <ul style="list-style-type: none"> a. clearly define decisions that must be escalated internally for review b. identify a process for regular, external review of decisions made by the Panel. <p>Government response – Agreed</p>	<p>In progress</p> <p>Housing ACT is strengthening governance of Asset Assessment Panel decisions through the development of a quality assurance framework. The framework will establish consistent review and escalation processes, supporting greater transparency, accountability and consistency in Panel decision making.</p>

ACT Auditor-General's Report 1 of 2025: Management of the Growing and Renewing Public Housing Program, April 2025

Table 53: Implementation of the *Government Response to the ACT Auditor-General's Report: Management of the Growing and Renewing Public Housing Program*

Recommendation	Status update and progress in 2025–26
<p>Recommendation 1 – Housing ACT should, with the support of an independent probity advisor, conduct a probity risk assessment and implement a probity plan for the Growing and Renewing Public Housing Program. The probity plan should:</p> <ul style="list-style-type: none"> a. identify specific probity risks for the different activities undertaken through the Program b. explicitly document risk treatments c. be subject to regular review as part of an assurance program. <p>Government Response – Agreed-in-principle</p>	<p>Complete</p> <p>Housing ACT completed actions to strengthen probity management across the Growing and Renewing Public Housing Program. Independent assurance confirmed appropriate probity controls were in place throughout the procurement phase, with probity embedded in procurement and contract management processes. Lessons learned from the Program have also informed future procurement activities to support continued integrity and transparency.</p>
<p>Recommendation 2 – Housing ACT should maintain a register of Asset Assessment Panel members' Confidentiality and Conflict of Interest Undertakings.</p> <p>Government response – Agreed</p>	<p>Complete</p> <p>Housing ACT strengthened governance arrangements by implementing a register of Asset Assessment Panel Conflict of Interest declarations and establishing processes for their regular review. These measures improve transparency, support appropriate management of conflicts of interest and reinforce the integrity of asset assessment decision making.</p>

Recommendation	Status update and progress in 2025–26
<p>Recommendation 3 – Housing ACT should ensure that records of decisions made by the Asset Assessment Panel about public housing homes include:</p> <ul style="list-style-type: none"> a. clear and logical explanation of the criteria on which the decision was based and how the home was assessed against these criteria (including all information and considerations that were relevant and important for the decision) b. clear identification of all Panel members present in the meeting and responsible for making the decision. 	<p>Complete</p> <p>Housing ACT enhanced governance of Asset Assessment Panel decisions by implementing consistent documentation requirements and updated decision templates. These improvements provide greater transparency, ensure key considerations are consistently recorded and strengthen the audit trail supporting panel decisions.</p>
<p>Government response – Agreed</p> <p>Recommendation 4 – Housing ACT should review and update its procedural guidance for selling and buying public housing homes so that it provides clear and consistent guidance, including by:</p> <ul style="list-style-type: none"> a. updating the Auctions Standard Operating Procedure and Acquisitions Standard Operating Procedure b. ensuring policies about price setting, including the use and applications of the Valuation Guidelines are widely communicated and applied. 	<p>Complete</p> <p>Housing ACT reviewed and updated procedural guidance for buying and selling properties, including auction processes and property valuation requirements. Revised documentation and guidance improve consistency in decision making and support transparent application of property sale processes.</p>
<p>Government response – Agreed</p> <p>Recommendation 5 – Housing ACT should implement a consistent template to record officers' recommendations and delegates' approvals to set reserve, offer, sales and purchase prices for public housing homes. The template should contain:</p> <ul style="list-style-type: none"> a. the complete set of data and information on which recommended prices are based b. a checklist or similar information evidencing completion of required process steps c. a clear and dated record of officers' recommendations and delegates' approvals, including approvals for initial reserve and offer prices and final sale and purchase prices d. the positions held by officers at the time of signature. 	<p>Complete</p> <p>Housing ACT implemented standardised templates to document officer recommendations and delegate approvals for reserve, offer, sale and purchase prices. These changes strengthen governance by providing a consistent record of decisions, approvals and supporting information across property transactions.</p>
<p>Government response – Agreed</p> <p>Recommendation 6 – Housing ACT should formally document its requirements for the formation of Tender Evaluation Teams for the procurement of construction services by specifying:</p> <ul style="list-style-type: none"> a. the minimum number of team members b. requirements for professional learning and experience c. expertise to be represented in a Team. 	<p>Complete</p> <p>Housing ACT strengthened procurement governance by updating Tender Evaluation Plan requirements for residential construction procurements. The revised guidance establishes minimum membership, capability and mandatory training requirements for Tender Evaluation Teams, supporting consistent and transparent procurement practices.</p>
<p>Government response – Agreed</p> <p>Recommendation 7 – Housing ACT should develop procedural guidance that identifies:</p> <ul style="list-style-type: none"> a. the complete information and considerations required to be used to select suppliers on the Residential Construction Building Contractors Panel to receive requests for quotation or tender b. requirements for documentation of the considerations in the Procurement and Contract Authorisation Minute Part A. 	<p>Complete</p> <p>Housing ACT updated procurement guidance for selecting suppliers to the Residential Construction Building Contractors Panel by developing new standard operating procedures and updating supporting procurement documentation. These improvements strengthen consistency, transparency and governance in panel.</p>
<p>Government Response – Agreed</p>	

ACT Ombudsman Reports

ACT Ombudsman

[ACT Ombudsman Report 2, 2023: How do you tell someone they have to move? Housing ACT’s implementation of mandatory relocation under the Growing and Renewing Public Housing Program Own Motion Investigation Report, July 2023 – includes Government response](#)

Table 54: Implementation of the Government Response to the ACT Ombudsman Report: How do you tell someone they have to move?

Recommendation and Government response	Status update and progress in 2025–26
<p>Recommendation 7 – Housing ACT implement a process to collect, analyse and use information from complaints received, to improve implementation and service delivery of the Program.</p> <p>Agreed</p> <p>Housing ACT is committed to identifying opportunities for continuous improvements of our service delivery and has a robust complaints data collection process. The current governance structure of the Growing and Renewing Public Housing Operational Committee will be utilised to incorporate the analysis of Growth and Renewal Program complaints data and trends in its reporting for discussion on a quarterly basis.</p>	<p>Complete</p> <p>Since the Recommendation was made and agreed to, no complaints specifically relating to the Program were received, including during the period in which the Growing and Renewing Operational Committee was in operation and receiving quarterly reporting. While complaints reporting was included as a standing item within governance reporting, the absence of Program-specific complaints meant there was no data available to analyse or use to inform service delivery or program improvements.</p> <p>Housing ACT considers that the original intent of Recommendation Seven has been effectively superseded by the Program’s operating context and the absence of complaint-driven risks, rather than remaining unimplemented due to inaction.</p>

ACT Ombudsman Report: Falling through the gaps – How Housing ACT manages tenant requests for repairs to their homes Investigation Report, March 2026

Table 55: Implementation of the Government Response to the ACT Ombudsman Report: Falling through the gaps

Recommendation and Government response	Status update and progress in 2025–26
<p>Recommendation 1 – As the landlord, Housing ACT should work with all entities involved in managing repair and maintenance requests for tenants to ensure that services are delivered in a citizen-centric approach. Regardless of which ACT Government entity is responsible for delivering repair services directly or managing contracts with private sector providers, the systems, operational policies, procedures, staff guidance and quality assurance frameworks used across all entities should support Housing ACT to meet its obligations as landlord under the <i>Residential Tenancies Act 1997 (ACT)</i>, while also achieving the objectives of the <i>Housing Assistance Act 2007 (ACT)</i>.</p> <p>Government response – Accepted</p> <p>The Directorate and Infrastructure Canberra (iCBR) are working together to strengthen governance arrangements and ensure our approach is genuinely client-centric. Following the Machinery of Government changes, the directorates are collaborating to update and deliver a refreshed governance framework and new Service Level Agreement (SLA), with the SLA to be refined into the future as required.</p> <p>The current Total Facilities Management (TFM) governance structure includes layered oversight across operational, contract-management and executive levels. iCBR leads day-to-day contract management, performance monitoring and assurance activities, working closely with Programmed Facilities Management (TFM Delivery partner) to oversee service delivery.</p> <p>Formal governance is supported through regular contract governance forums, including monthly operational meetings to review performance and risks, quarterly strategic governance meetings with Programmed’s senior representatives, and internal reporting to the Directorate’s executive leadership. The Joint Consultative Committee (JCC) is responsible for strategic oversight, operational governance and performance management of the Total Facilities Management Services Agreement. The Committee oversees the review and endorsement of key contractual governance documents, reviews and endorses reported performance outcomes and provides direction on information and communications technology (ICT), quality assurance, financial management and service delivery matters including matters relating to demobilisation.</p> <p>The Committee serves as the primary forum for escalation and resolution of issues relating to the Agreement and monitors implementation of decisions. JCC has representation from iCBR, the Directorate and Programmed. iCBR has implemented a cross-directorate governance committee that has been established, co-chaired by both directorates, to ensure close collaboration and a strong, shared focus on client-centric delivery.</p>	<p>In progress</p> <p>During 2025–26, the Directorate and iCBR continued to strengthen joint governance arrangements supporting repairs and maintenance services following the Machinery of Government changes. Work progressed on development and refinement of the SLA, with both directorates continuing to collaborate on governance, performance monitoring and service delivery matters. Existing TFM governance arrangements continued to support oversight of repairs and maintenance activities through regular operational, strategic and executive forums.</p> <p>As at 30 June 2026 design activities for the ACT Government-led Public Housing Facilities Management Delivery Model were progressing. This work included development of future governance arrangements, service standards and performance monitoring frameworks intended to support coordinated, tenant-focused delivery of public housing maintenance services.</p> <p>The SLA is agreed in principle and is expected to be implemented in 2026. Throughout 2026, this SLA will be reviewed as necessary and iterated, until such time as the parties are satisfied it covers the entirety of the operational model.</p>

Recommendation and Government response	Status update and progress in 2025–26
<p>Recommendation 2 – Housing ACT review and update its approach to assessing Key Performance Indicators (KPI) for Responsive Repair and Maintenance for repairs requiring multiple work orders. Compliance with the KPIs should capture all work required to return a home to a reasonable state of repair.</p> <p>Government response – Accepted</p> <p>Throughout 2025 and with the most recent system upgrade in late 2025, a review of the current KPI framework under the TFM agreement has been completed and further enhancements will be incorporated into the design of the new service delivery model for repairs and maintenance.</p> <p>These system upgrades and review of KPIs ensured:</p> <ul style="list-style-type: none"> all work orders must be entered into the agreed asset and maintenance management system. This improves overall system efficiency by automatically raising work orders and issuing them to Field Services vendors. It ensures more accurate information, reduces duplication, and lowers the risk of errors. The transaction with tenants is quicker, the scope of works is clearer, and the information passed from tenants to vendors, via Programmed, is more accurate and consistent job details, priority classifications, status updates, completion evidence and audit history must be accurately recorded. <p>As the ACT Government transitions toward an insourced model in 2028, the Directorate will work with the government insourcing team to ensure future KPIs reflect all work required to return a property to a reasonable state of repair, including repairs requiring multiple work orders. The insourcing KPIs will be established before the model is proposed to commence operationally.</p>	<p>In progress</p> <p>During 2025–26, under the TFM Agreement, the revised KPI framework introduced in July 2025 continued to support improved monitoring of maintenance work and oversight of repairs through to completion. Programmed system enhancements strengthened contractor management and monitoring, improved data capture and integrity, and increased visibility of work order status and progression. These improvements have supported improved KPI performance over the last 12 months across non-urgent responsive repairs (5-day and 20-day categories).</p> <p>During 2025–26, iCBR also continued to monitor performance information and maintenance outcomes through established TFM governance and reporting arrangements, including repairs requiring multiple work orders.</p> <p>As at 30 June 2026, design activities for the ACT Government-led Public Housing Facilities Management Delivery Model included consideration of future performance measures, reporting arrangements and quality assurance processes to strengthen oversight of maintenance outcomes, including repairs requiring multiple work orders and the end-to-end management of repairs to a reasonable state of repair.</p>
<p>Recommendation 3 – Housing ACT should review and update all relevant procedures and operational guidance for monitoring the progress of individual tenant maintenance and repair requests through to completion. The procedures should ensure that all staff and contractors are accountable for identifying and taking action to address problems quickly to reduce the risk of delays.</p> <p>Government response – Accepted</p> <p>Throughout 2025 and with the most recent system upgrade in late 2025, a review of the current KPI framework under the TFM agreement was completed. The new PMF and KPI structure were recommendations in the external midterm review of the TFM contract completed by a consultant. The recommendation sought to better align KPIs with Housing ACT priorities for TFM contract deliverables. A new model was negotiated and agreed and implemented with a commencement day of 1 July 2025. This change led to strengthened procedures for monitoring work orders, including improved controls and audit requirements. Further enhancements will be incorporated into the design of the new service delivery model for repairs and maintenance.</p> <p>Over the past 18 months, Programmed’s system upgrades have enabled more efficient monitoring and tracking of responsive repairs through to completion. Programmed is now more accountable for performance, supported by KPIs attached to all responsive work orders. Together with the existing service delivery matrix – which categorises and triages work – the KPIs monitor close-out timeframes and customer service standards, ensuring timely completion of repairs and stronger oversight of contractor performance. Several improvements have already been implemented under the current TFM contract with Programmed. This includes refinement of the work order cancellation process, which now requires a detailed cancellation log and justification to be recorded, improving transparency and control. These changes have reduced the number of work order cancellations and significantly decreased the number of ‘lost’ work orders.</p>	<p>In progress</p> <p>Delivery Housing – During 2025–26, Programmed continued implementation of the Schedule at Call process, enabling repair appointments to be scheduled at first contact where appropriate. This has improved transparency for tenants by providing greater certainty regarding attendance timeframes and contractor allocation. iCBR continued to monitor contractor performance through established TFM contract governance arrangements, including oversight of work order completion, KPI performance and service delivery outcomes.</p> <p>As at 30 June 2026 design activities associated with the ACT Government-led Public Housing Facilities Management Delivery Model included consideration of future work order management, maintenance monitoring and quality assurance processes. Lessons learned through operation of the current TFM arrangements continued to inform development of future service delivery practices.</p> <p>The SLA is agreed in principle and is expected to be implemented in 2026.</p>

Recommendation and Government response	Status update and progress in 2025–26
<p>Recommendation 4 – Housing ACT review and/or develop training and guidance provided to staff and contractors about:</p> <ul style="list-style-type: none"> the importance of providing information about tenant-responsible maintenance costs, the option tenants have to make their own arrangements and the need to allow tenants a reasonable opportunity to consider their options after receiving advice from Housing ACT the process and timeframe for resolving a disagreement with a tenant about whether a repair is tenant-responsible maintenance. <p>Government response – Accepted</p> <p>Substantial improvements have already been implemented by Programmed, including revised call centre scripts, updated guidance material, and strengthened processes to ensure tenants receive clear information about potential tenant-responsible maintenance costs.</p> <p>Programmed will continue delivering contractor-facing training to ensure consistent communication and application of Tenant Responsible Maintenance (TRM) guidance when raising Work Orders.</p> <p>The Directorate will continue to refine guidance and training for staff to improve clarity, transparency, and consistency in communication with tenants about their responsibilities and available options.</p>	<p>In progress</p> <p>During 2025–26, Programmed continued implementation of revised call centre scripts and supporting guidance materials relating to TRM. In consultation with iCBR, the Programmed Facilities Management call centre has updated and automated TRM scripts that all tenants hear prior to the connection to a call centre operator.</p> <p>As part of the initial call handling process, tenants are advised where a reported maintenance issue may be tenant-responsible and provided information regarding potential costs, available options and next steps. These improvements support more consistent communication with tenants and increased transparency regarding maintenance responsibilities. The Directorate and iCBR also continued reviewing supporting guidance and training materials to identify opportunities for further improvement.</p>
<p>Recommendation 5 – Housing ACT review and update its processes for issuing invoices to tenants for costs associated with tenant-responsible maintenance. Before issuing an invoice, staff should be required to:</p> <ul style="list-style-type: none"> confirm the tenant was given appropriate information about tenant-responsible repairs, including costs, and had a reasonable opportunity to consider their options confirm the tenant consented to paying the costs for Programmed to complete the work in cases where a contractor’s evidence or advice is substantially different to the tenant’s advice, engage with the tenant to resolve the conflict, including advising the tenant about the contractor’s evidence or views and giving them an opportunity to respond and provide additional evidence for consideration. <p>Government response – Accepted</p> <p>The Directorate is committed to improving transparency, fairness, and consistency in all aspects of the TRM invoicing process, supported by improved tenant communication and stronger procedural guidance.</p> <p>The Directorate and iCBR will continue to strengthen processes for issuing invoices related to TRM, ensuring that tenants receive appropriate information, have a reasonable opportunity to consider their options, and are engaged where there is conflicting evidence.</p>	<p>In progress</p> <p>During 2025–26, the Directorate and iCBR continued reviewing TRM communication materials and associated processes. Improvements implemented in previous years, including revised tenant correspondence and dispute documentation, remained in operation and supported greater transparency for tenants regarding responsibilities, available options and dispute pathways. Initial planning activities also commenced to support the broader review of TRM invoicing processes identified in the government response.</p>

Recommendation and Government response	Status update and progress in 2025–26
<p>Recommendation 6 – Housing ACT provide guidance and training to staff to support them to make procedurally fair decisions about repair issues and to provide clear and transparent reasons when issuing invoices to tenants.</p> <p>Government response – Accepted</p> <p>The Directorate and iCBR will ensure staff receive clear guidance and training to support fair and transparent decision making, including when determining responsibility for repairs and when issuing invoices. This will build on existing improvements and will reinforce procedural fairness, clear communication with tenants, and consistency in application of TRM processes.</p> <p>Substantial improvements have already been implemented, including revised call centre scripts, updated guidance material, and strengthened processes to ensure tenants receive clear information about potential TRM costs.</p> <p>The Directorate and iCBR will continue to refine guidance and training for staff and contractors to improve clarity, transparency, and consistency in communication with tenants about their responsibilities and available options.</p> <p>Under the TFM contract, Programmed’s KPI requires complaints to be responded to within 24 hours and resolved within 16 days and Programmed is currently meeting this performance requirement.</p>	<p>In progress</p> <p>During 2025–26, the Directorate and iCBR continued to review guidance, procedures and supporting materials relating to TRM processes. Existing improvements, including revised call centre scripts and communication materials, remained in operation and continued to support more consistent communication with tenants regarding repair responsibilities and potential costs. Preparatory work also commenced to support future staff training activities identified in the government response.</p>
<p>Recommendation 7 – Housing ACT should:</p> <ol style="list-style-type: none"> Review and update relevant operational procedures and guidance for handling complaints from tenants about maintenance requests to ensure that staff take accountability for appropriately identifying complaints and take action to proactively record and resolve complaints. Operational guidance should help staff to identify complaints when a tenant expresses dissatisfaction but does not specifically state they are making a complaint, identify when they should escalate a complaint and set requirements for following up the resolution of a complaint with other parties such as contractors engaged to complete repair work. Provide regular training to staff on best-practice complaint handling, including communicating appropriately with tenants in a timely manner. If it hasn’t already done so, establish procedures for regular monitoring, analysis and reporting on complaint data and outcomes, to identify opportunities for continuous improvement in both complaint handling and managing maintenance requests. <p>Government response – Accepted</p> <p>The Directorate was formed on 1 July 2025 through Machinery of Government changes that brought together the Community Services Directorate and the ACT Health Directorate.</p> <p>While the former Community Services Directorate operated under the whole-of-directorate Complaints Handling and Management Policy (CHaMP), ACT Health Directorate did not have a whole-of-directorate approach to complaints management.</p> <p>Work is underway to review the CHaMP and develop a unified Directorate complaints framework to directly support the desired outcomes of the Machinery of Government, including more coordinated, collaborative service provision, reduced administrative burden, simpler navigation for vulnerable clients with consistent pathways, clear responsibilities and streamlined governance. This review will consider overarching principles but local level flexibility for service delivery areas, development of a consistent approach to data collection, tracking and monitoring, and centralised whole-of-Directorate reporting.</p> <p>The review of CHaMP will also consider options for whole-of-Directorate and targeted training, education and awareness sessions on best-practice complaints handling practices, including best-practice communication with complainants.</p>	<p>In progress</p> <p>During 2025–26, iCBR continued to monitor complaints data and complaint handling performance under the TFM contract. Programmed’s complaint handling procedures and escalation pathways continued to be reviewed through established contract governance arrangements to support timely resolution of complaints and continuous service improvement. iCBR will contribute to the CHaMP review to ensure repair and maintenance complaint management requirements are appropriately reflected within the future framework.</p> <p>The CHaMP review project was approved by the Operational Performance Subcommittee on 8 July 2026. The review will consider a whole-of-Directorate approach to complaints management, governance, reporting and training. The expected timeframe for completion and implementation is June 2027.</p>

Recommendation and Government response	Status update and progress in 2025–26
<p>iCBR will support the CHaMP review to ensure the new Directorate-wide framework appropriately reflects Repair and Maintenance specific requirements and contract management realities. iCBR will continue to work with Programmed to refine triage processes so any expression of dissatisfaction, verbal or written, is captured in line with the best-practice standards.</p> <p>A comprehensive review of the complaints process within Programmed’s Standard Operating Procedures (SOP) has been completed to ensure alignment with the Directorate’s CHaMP. The SOP has been updated to strengthen clarity around escalation pathways, outline expectations for engagement with Programmed and contractors, and support consistent and timely complaint resolution.</p> <p>In 2025 the Directorate’s complaints team delivered training to iCBR to reinforce the updated procedures, and regular monitoring, analysis and reporting of complaint data already embedded in the TFM Contract.</p> <p>Additionally, Programmed delivered in-house training to reinforce the updated procedures, and regular monitoring.</p>	
<p>Recommendation 8 – Housing ACT establish frameworks to monitor, measure and report on performance for managing maintenance requests and provide assurance it is satisfying its legislative obligations, such as completing non-urgent requests for repairs and maintenance within 28 days.</p> <p>Government response – Accepted</p> <p>In June 2025 a review of the performance framework under the TFM agreement was completed. Additionally, KPI frameworks were updated in June 2025, resulting in improved monitoring of maintenance work and clearer oversight of progress through to completion. Recent Programmed system upgrades in 2025 have strengthened data capture, reduced errors, and enhanced visibility of work order status. Under the TFM delivery model, iCBR actively monitors Programmed’s performance to ensure that maintenance requests are raised, according to the type of repair, the life of the asset and the needs of the tenants in those homes. The planned works schedule is primarily based on priority and budget considerations.</p>	<p>In progress</p> <p>During 2025–26, iCBR continued monitoring maintenance performance through the revised TFM performance framework and KPI reporting arrangements. Performance information was reviewed through established governance processes to support oversight of responsive maintenance activities, work order completion and contractor performance. The Directorate and iCBR also continued work on clarifying shared performance responsibilities through emerging governance arrangements.</p>

Risk management

HCSD Enterprise Risk Management Framework

During 2025–26, work commenced to consolidate and strengthen risk management processes to support the Directorate in its first year of operation. This included working towards developing a Directorate Enterprise Risk Management Framework (ERMF). The ERMF will consolidate the frameworks of the 2 former directorates into a fit-for-purpose framework that will support strengthening risk awareness and maturity across the Directorate. The ERMF will be finalised in early 2026–27 and will further support active risk management across the Directorate, aligned with the principles of the ACT Government Risk Management Policy and Framework.

The design of the ERMF will continue to support the Directorate in identifying, documenting, managing and reporting risks. Its implementation in 2026–27 will embed consistent, proactive risk management practices at all levels of the organisation to support informed decision making.

Approach to risk management

Throughout 2025–26, the Directorate continued to integrate the former Community Services Directorate and ACT Health Directorate risk management processes, including centralising the capture of risks in a single register. This approach was endorsed by the HCSD Executive Board in September 2025.

Consolidating the former directorates' risk management processes will support a systematic approach to risk from the Executive Board through to divisions and branches. This will inform organisational and divisional risk registers and dashboard reports presented to executives and governance committees to:

- centrally identify, capture, manage and report risks within their span of control
- support staff to assess risks that could affect delivery of their priorities
- apply consistent risk management processes across all levels of the Directorate
- update and review risks recorded in the registers
- identify trends across the Directorate to inform organisational risks that could affect the Directorate as a whole.

The Executive Board and the ARMC oversee risk management activities across the Directorate.

Risk awareness training

The Directorate continued to encourage and support staff to undertake risk management training. Whole-of-government self-paced eLearning modules are available through the learning and development platform. The Directorate also arranged in-person and online workshops and education sessions provided by the ACT Insurance Authority. The workshops, held in February 2026, primarily focused on conducting risk assessments and reviews.

For more information, contact HCSDRisk@act.gov.au.

Internal audit

Overview

Internal audit is a key component of the Directorate's corporate governance function. It provides independent assurance and advisory services to support effective risk management, internal controls and continuous improvement across the Directorate.

The Directorate's internal audit function operates under the HCSD Internal Audit Charter, which aligns with the ACT Government Framework for Internal Audit Committee and Function 2020 as well as the Institute of Internal Auditors (IIA)'s *Global Internal Audit Standards™* (IIA Standards).

The Directorate's internal audit program is managed in accordance with the Directorate's Strategic Audit Plan (the Plan). The plan is developed through a comprehensive consultation process involving divisional Executive Group Managers, Deputy Directors-General and the Director-General to ensure key and emerging risks are addressed. The Plan is endorsed by the ARMC and approved by the Director-General.

During the 2025–26 reporting period, internal audit activity was limited because of the Machinery of Government changes associated with the establishment of the Directorate. During the reporting period, one internal audit was completed:

- Non-Government Organisation Commissioning

Two internal audits remained in progress at 30 June 2026:

- Working with Vulnerable People (WWVP) Registration and Monitoring Systems
- Procurement and Contract Management

All internal audit reports are tabled at ARMC meetings and implementation of agreed recommendations is monitored by the ARMC.

Audit and Risk Management Committee

The ARMC is an independent advisory body that supports the Director-General in fulfilling governance responsibilities. It provides oversight and assurance regarding financial reporting, risk management, performance reporting, internal controls, and compliance with legislative and regulatory requirements.

The ARMC is governed by the HCSD ARMC Charter that aligns to the ACT Government Framework for Internal Audit Committee and Function 2020 as well as the IIA Standards.

The Directorate developed the ARMC Charter during 2025–26 to coincide with the establishment of the Directorate. Under the ARMC Charter, the ARMC ensures the Director-General is informed about governance arrangements and oversight on:

- financial reporting
- risk management
- performance reporting
- systems of internal control
- legislative compliance.

The ARMC Charter provides for the following membership:

- 3 independent external members, including a Chair and Deputy Chair
- one external member
- up to 2 management representatives.

The terms of appointment are determined by the Director-General in accordance with the *ACT Government Framework for Internal Audit Committee and Function 2020*.

Observers from the Directorate and the ACT Auditor-General's Office attend meetings as required.

During 2025–26, the former Community Services Directorate and ACT Health Directorate ARMCs held their final meetings in July and August 2025, respectively. These meetings fulfilled their obligations in relation to the former directorates' financial statements and performance reports.

Table 56: Community Services Directorate Audit and Risk Management Committee meetings, members and attendance from 1 July 2025 to 30 June 2026

Name of member	Position	Meetings attended
Mr Matt Cahill*	Independent Chair	1
Mr Ian Govey	Independent Deputy Chair	1
Dr Glynis Ingram	Independent member	1

Note: Only one meeting of the Community Services Directorate's ARMC was held in 2025–26. The purpose of this meeting was to finalise the Directorate's financial statements and performance report.

*Mr Cahill's term ended on 31 July 2025.

Table 57: ACT Health Directorate Audit and Risk Management Committee meetings, members and attendance from 1 July 2025 to 30 June 2026

Name of member	Position	Meetings attended
Ms Alexandra Spark	Independent Chair	1
Ms Jane Madden*	Independent member	1
Mr Victor Martin*	Directorate management representative	1

Note: Only one meeting of the ACT Health Directorate's ARMC was held in 2025–26. The purpose of this meeting was to finalise the Directorate's financial statements and performance report.

*Ms Jane Madden's and Mr Victor Martin's terms ended on 31 August 2025.

In September 2025, the Director-General approved the establishment of the Directorate's ARMC, re-appointing continuing members from the former Community Services Directorate and ACT Health Directorate ARMCs. The new committee held its first meeting in December 2025, followed by meetings in February and May 2026.

Table 58: Health and Community Services Directorate Audit and Risk Management Committee meetings, members and attendance from 1 July 2025 to 30 June 2026

Name of member	Position	Meetings attended
Ms Alexandra Spark	Independent Chair	3
Mr Ian Govey	Independent Deputy Chair	2
Dr Glynis Ingram	Independent member	3
Ms Dragana Cvetkovski	External member	3

The Independent Chair, Deputy Chair and independent external members are appointed through a procurement process and remunerated in line with market rates. External members, Directorate representatives and observers participate as part of their official ACTPS duties.

For more information, contact HCSD.ARMCMC@act.gov.au.

Fraud prevention

Overview

The Directorate is committed to the highest standards of integrity, accountability and ethical conduct. Fraud and corruption prevention is a central part of the Directorate's governance and assurance framework, and supports public confidence in the delivery of health, community and human services.

To support the Directorate in its first year of operation, work focused on integrating the integrity arrangements of the former ACT Health Directorate and Community Services Directorate. This included embedding consistent, Directorate-wide approaches to fraud and corruption prevention, drawing on the mature practices already in place across both former directorates.

During 2025–26, the Director-General appointed a Senior Executive Responsible for Business Integrity Risk (SERBIR) and Alternate SERBIR, to champion integrity across the Directorate. The SERBIR reports to the Director-General, and reports to the ARMC on fraud and corruption prevention policies and strategies at every committee meeting.

The following is a summary of potential fraud and corruption reports during the year:

- 7 matters were open as at 1 July 2025.
- 8 new matters were raised, including 5 referred by the ACT Integrity Commission.
- 8 matters were closed.
- 3 matters were referred to the ACT Integrity Commission.
- 4 matters remained open as at 30 June 2026.

Fraud and corruption control plan

During 2025–26, the Directorate developed its Fraud and Corruption Control Plan 2026–28 (the FCC Plan). The FCC Plan provides a framework for managing fraud and corruption risks across the Directorate. It covers governance, prevention, detection, response and review, and outlines how fraud risks are assessed and managed.

Fraud risk assessment

The Directorate's fraud risks are captured and managed within its risk register, firstly at the corporate level with the executive responsibility allocated to the SERBIR and Director-General, overseen by the ARMC and Executive Board.

Secondly, specific fraud and corruption risks are captured at the divisional level with executive responsibility allocated to relevant Executive Group Managers.

Fraud prevention strategies

The Directorate's fraud prevention strategies and controls included, but were not limited to:

- the FCC Plan and associated fraud risk assessments required to be regularly reviewed
- education and awareness campaigns, championed by the SERBIR
- relevant schedules of delegations
- facilitation of annual ACT Audit Office financial statements reviews and identified performance audits
- annual development and implementation of the HCSD Strategic Audit Plan, and monitoring and reporting on audit recommendations.

Fraud awareness training and staff communication

During 2025–26, the SERBIR developed an annual staff communication plan designed to facilitate a structured approach to staff awareness-raising activities on integrity subjects. In November 2025, the SERBIR issued an all-staff communication on staff obligations when organising or attending end-of-year celebrations. In December 2025, the SERBIR promoted the International Anti-Corruption Day to remind all staff of the collective responsibility of always acting with integrity.

During 2025–26, the Directorate committed to a strong approach to fraud awareness, with staff training through 3 eLearning modules on fraud, ethical behaviour and corruption reporting as core learning requirements. A total of 922 module completions were recorded during the reporting period.

Director-General certification

The Director-General's certification required by this section is included in the transmittal certificate on page 2 of this annual report.

For more information, contact HCSDIntegrity@act.gov.au.

Freedom of information

The *Freedom of Information Act 2016* (the FOI Act) promotes openness and transparency across government through freedom of information (FOI) access applications and the Open Access Information Scheme.

Open Access Information Scheme

The Open Access Information Scheme is a key initiative under the FOI Act that provides the community with easier access to government information. The Directorate's open access information is available through the [Open Access Information Scheme Portal](#) and the ACT Government website.

Table 59: Open access information decisions under the FOI Act

Section of FOI Act	Detail required under the FOI Act	2025–26
96(3)(a)(i)	Decisions to publish open access information under section 24(1)	164
96(3)(a)(ii)	Decisions not to publish open access information under section 24(1)	0
96(3)(a)(iii)	Decisions not to publish a description of open access information not made public under section 24(2)(a)	0

Access applications under the FOI Act

Table 60: FOI applications received and decision types

Section of FOI Act	Detail required under the FOI Act	2025–26
96(3)(a)(iv)	Number of access applications received	261
96(3)(a)(vii)	Number of applications where access to all information requested was given	9
96(3)(a)(viii)	Number of applications where access to only some of the information requested was given (partial release)	101
96(3)(a)(ix)	Number of applications where access to the information was refused	29

Table 61: FOI processing timeframes

Section of FOI Act	Detail required under the FOI Act	2025–26
96(3)(v)	Applications decided within the time to decide under section 40	31
96(3)(vi)	Applications not decided within the time to decide under section 40	108
96(3)(d)	Applications decided over the time to decide in section 40 (0–45 working days)	2
96(3)(d)	Applications decided over the time to decide in section 40 (45–60 working days)	7
96(3)(d)	Applications decided over the time to decide in section 40 (61 working days and over)	99

Table 62: Requests to amend personal information

Section of FOI Act	Detail required under the FOI Act	2025–26
96(3)(a)(x)	Requests made to amend personal information under section 59	0
96(3)(e)	Decisions made under section 61 on requests to amend personal information	0

Table 63: Reviews under the FOI Act

Section of FOI Act	Detail required under the FOI Act	2025–26	Results
96(3)(b)	Number of applications made to the Ombudsman under section 74 and the results of the application (e.g. affirmed, varied, set aside and substituted, withdrawn, other)	5	1 varied 1 withdrawn 3 ongoing
96(3)(c)	Number of applications made to the ACT Civil and Administrative Tribunal (ACAT) under section 84 and the results of the application (e.g. affirmed, varied, set aside and substituted, withdrawn, other)	0	N/A

Table 64: Fees charged

Section of FOI Act	Detail required under the FOI Act	2025–26
96(3)(f)	The total charges and application fees collected from access applications	\$0

Lodging a request for information under the FOI Act

Requests for access to information held by the Directorate can be made under the FOI Act. Requests can be made by letter, email or by using the [FOI online access application form](#).

Further details about [accessing government information](#) are available on the ACT Government website.

Information released by the Directorate under the FOI Act is published at the [Directorate's disclosure log](#).

For more information, contact HCSDFOI@act.gov.au.

Community engagement and support

Community engagement activities

Voluntary assisted dying

To support the introduction of voluntary assisted dying in the ACT, on 3 November 2025 the Directorate implemented a targeted stakeholder engagement and education program.

This included engagement activities with health professionals, aged care and disability providers, carers, consumers, advocacy organisations, multicultural communities, Aboriginal and Torres Strait Islander representatives, legal professionals and other key stakeholders.

Engagement sessions held throughout 2025–26 included:

- hosting a major conference (120 attendees and 6 guest speakers)
- hosting Voluntary Assisted Dying Community and Consumer Consultation Group (3)
- facilitating community of practice sessions (jointly HCSD/CHS) (9)
- convening implementation steering committee meetings (9)
- convening voluntary assisted dying clinical advisory meetings (9)
- publishing voluntary assisted dying general awareness training for health professionals on the ACT Government website
- online and in-person forms for health professionals (7)

Feedback from the engagements informed the development of policies, clinical guidance materials, training programs, community information and service delivery resources.

Oaks Estate

Community engagement informed the Oaks Estate Strategic Plan.

Engagement activities aimed to understand residents' experiences and needs, and gather their feedback on short-, medium- and long-term actions the ACT Government could undertake to address the issues raised.

Online engagement took place through the YourSay Conversations platform between 14 July and 24 August 2025.

The Directorate had direct discussions with stakeholders between 22 July and 18 August 2025 and held 4 in-person meetings at the Oaks Estate Community Hall between 24 July and 16 August 2025.

Community consultation achieved the following engagement rates:

- More than 10 per cent of local residents engaged with the Oaks Estate Strategic Plan consultation through a mix of in-person and online activities.
- A total of 40 people attended the 4 engagement sessions at the Oaks Estate Community Hall, of which 33 were local residents.
- A barbecue hosted by St Vincent de Paul engaged 30 people, with 12 people giving feedback.
- The YourSay Conversations platform received 68 contributions.
- One written submission was received.

The feedback gathered through both in-person and online engagement was used to inform the development of the Oaks Estate 5-year Strategic Plan.

2026 National Multicultural Festival

The 2026 National Multicultural Festival was held across Canberra City and Glebe Park, featuring more than 270 stalls and 300 performances. More than 94 per cent of attendees agreed the festival makes Canberra feel like it values diversity, is rich in culture and entertainment and has an active local community, underscoring its vital role in fostering connection and belonging.

The festival provided opportunities for Canberrans to engage with a diverse range of service providers with more than 60 information stalls, enhancing awareness of and access to community services and support. Stallholders were chosen for the relevance of their services to Canberra's multicultural communities, ensuring culturally inclusive information, resources and support were available to people from culturally and linguistically diverse (CALD) backgrounds.

In 2026, the festival achieved a net promoter score (NPS) of +61.1, up from +53.4 in 2025 and the highest on record. NPS is a widely used measure of audience loyalty and advocacy, indicating how likely attendees are to recommend the event to others.

The festival delivered an estimated economic impact of \$22.8 million, an increase on 2025. This reinforced its position as a major contributor to economic activity in the ACT.

National Multicultural Festival evaluation

To strengthen engagement and participation across Canberra's diverse multicultural communities, the National Multicultural Festival team engaged with members of the Ministerial Advisory Council for Multiculturalism, community leaders, cultural organisations, festival participants, city businesses and residents, and government partners to inform planning efforts.

A multi-channel communication and advertising campaign supported these initiatives by promoting participation, reinforcing trust and amplifying community storytelling.

In the lead up to and during the event, the festival's social media posts reached 368,348 people across 196 posts. E-newsletters highlighting key updates and encouraging participation were delivered to 4,438 subscribers with an open rate of 45 per cent.

Local and national media covered the event across TV, radio, print and digital channels, showcasing the diverse voices of performers, stallholders and spokespeople.

Multicultural facilities consultation

Between 16 April and 31 May 2026, the Directorate consulted with the multicultural community to better understand the places they use and need to meet, celebrate, learn and connect with each other. The consultation took place online through the YourSay Conversations platform to help plan future community facilities and better understand how existing facilities are used.

The YourSay engagement activity received 72 contributions from 57 respondents. Contributions were received from a diverse mix of individuals, community organisations, NGOs and local businesses.

The feedback gathered through this consultation will be used to inform future developments and improvements to community facilities.

National Reconciliation Week and Reconciliation Day 2026

National Reconciliation Week 2026 was held from 27 May to 3 June 2026 under the theme All In. The ACT remains the only jurisdiction in Australia to observe a public holiday dedicated to reconciliation.

On 1 June 2026, the ACT Government, through the Office for Aboriginal and Torres Strait Islander Affairs (OATSIA), delivered the annual Reconciliation Day event in partnership with the ACT Reconciliation Council. The event provided opportunities for Canberrans to deepen their understanding of Aboriginal and Torres Strait Islander cultures, histories and achievements while encouraging participation in conversations focused on truth-telling, truth-listening, respect, healing and reconciliation.

The program featured cultural performances, workshops, storytelling, community stalls and family-friendly activities designed to foster cultural learning, reflection and community connection. Community leadership informed planning and delivery of the event, ensuring local Aboriginal and Torres Strait Islander perspectives and priorities were reflected throughout the program.

The 2026 event marked the successful relocation of Reconciliation Day to John Dunmore Lang Place and featured a headline performance by First Nations artist Casey Donovan alongside a range of activities designed to engage participants of all ages, particularly children and young people. Free public transport was provided throughout the day to improve accessibility and support broad community participation.

OATSIA coordinated delivery across ACT Government directorates and external stakeholders, demonstrating a whole-of-government approach to reconciliation. Partnerships with the City and Environment Directorate, Education Directorate, Museum of Australian Democracy, National Library of Australia and the National Capital Authority strengthened the program and expanded opportunities for cultural learning and engagement. Activities included the Reconciliation Day poster competition, music competition and art exhibition, family history tours and guided walks of Reconciliation Place.

Communications campaign

Affirmative consent campaign

The Directorate launched a community education campaign on affirmative consent titled Great Sex Starts With Consent, which ran from July to October 2025. The campaign aimed to empower Canberrans with the knowledge and confidence to seek and give clear, enthusiastic and ongoing consent in sexual interactions and build awareness of the 2022 Affirmative Consent legislation, as part of a broader strategy to reduce sexual violence in the ACT.

The campaign, which was developed in close consultation with the specialist sexual violence sector, saw public awareness in ACT consent law rise from 74 per cent in 2024 to 78 per cent in 2025, reaching 85 per cent among younger adults. Importantly, the post-campaign evaluation found understanding shifted from vague interpretations of consent to more explicit understanding, alongside clear recall of key behaviours such as asking, giving and receiving consent. Furthermore, it found 33 per cent of people reflected on their behaviour, 19 per cent discussed consent and 18 per cent felt more confident practising consent following the campaign.

For more information, contact HCSDAnnualReport@act.gov.au.

Grants and sponsorship

Health and Community Services multi-year grants and sponsorship

Table 65: Health and Community Services multi-year grants and sponsorship

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
HEALTH			
ACT Mental Health Consumer Network	Peak Bodies	2022–2027	\$604,749.87
Alcohol, Tobacco & Other Drugs Association ACT Inc. (ATODA)	Peak Bodies	2022–2027	\$928,440.30
Carers ACT	Peak Bodies	2022–2027	\$602,766.01
Council on the Ageing (COTA)	Peak Bodies	2022–2027	\$259,793.32
Health Care Consumers' Association ACT Inc	Peak Bodies	2022–2027	\$1,006,917.08
Mental Health Community Coalition	Peak Bodies	2022–2027	\$915,471.26
Palliative Care ACT	Peak Bodies	2022–2027	\$673,921.43
Women's Centre for Health Matters Inc.	Peak Bodies	2022–2027	\$773,084.13
ACT Eden Monaro Cancer Support Group	Rise Above – Capital Region Cancer Relief program	2024–2029	\$170,400.17
Diabetes Australia	Diabetes awareness to general population	2024–2029	\$321,285.78
The Cancer Council ACT	Cancer support services, smoking cessation program and SunSmart program	2024–2029	\$391,470.07
Arthritis Foundation of the ACT	Support for people with Myalgia Encephalomyelitis, Chronic Fatigue Syndrome and Fibromyalgia	2024–2029	\$89,397.09
Arthritis Foundation of the ACT	Information and support to people with arthritis and hydrotherapy	2024–2029	\$530,753.90
Asthma Australia	Education and support for people living with asthma and their carers and communities	2024–2029	\$357,809.36
Epilepsy Association ACT	Support for people with Epilepsy in the ACT	2024–2029	\$122,738.17
Capital Health Network	Health Pathways	2024–2027	\$233,202.53
Haemophilia Foundation ACT	Counselling, support and education services for haemophilia and associated bleeding disorders.	2024–2029	\$60,255.22
National Stroke Foundation	Chronic Conditions – Stroke Connect, AuSCR data and F.A.S.T.	2025–2029	\$207,983.03
RSI & Overuse Injury Association of the ACT	Support and education to people to prevent and manage repetitive strain injury and occupational overuse syndrome	2024–2029	\$37,071.17
Capital Region Community Services	Community transport for CHS outpatients with ongoing chronic conditions treatment— one-off cost pressure funding	2025–2026	Nil
Companion House Assisting Survivors of Torture and Trauma Inc	Delivering better care for Canberrans with complex needs	2022–2026	\$151,007.02
Directions Health Services	Early Morning Centre in Civic: GP-led services for people experiencing homelessness Chat to PAT mobile health clinic	2022–2026	\$36,071.29
Directions Health Services	Delivering better care for Canberrans with complex needs	2022–2026	\$578,108.97

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
Canberra Afterhours Locum Medical Service	Canberra Afterhours Locum Medical Service	2024–2027	\$1,626,340.28
Companion House Assisting Survivors of Torture and Trauma Inc	Multicultural Health	2024–2027	\$563,716.17
Directions Health Services	Primary Health Services for Young People	2024–2029	\$873,775.11
Anglicare Canberra and Goulburn	Primary Health Services for Young People	2024–2029	\$1,347,758.66
Australian Breastfeeding Association	Enabling women and families to have increased access to breastfeeding information and support	2024–2028	\$22,280.61
Community Options	Women and Newborn Community Support Program	2024–2028	\$401,303.35
Kidsafe ACT Incorporated	Free child seat fitting and safety education	2025–2028	\$210,761.08
Meridian Incorporated	LGBTIQA+ Community Health Service Program	2023–2027	\$512,807.15
Red Nose	Red Nose: Volunteer peer support network and bereavement service – the SIDS and Kids Safe Sleeping Education Program	2024–2028	\$212,123.93
Women's Centre for Health Matters	Improved access to reproductive health care	2023–2027	\$566,827.82
Community Options	Palliative Care Project – provide coordination of in-home non-clinical support services for people with end-stage illness.	2019–2026	\$128,826.04
Capital Health Network	Palliative Medicines in Community Pharmacies Project to strengthen community pharmacy capability in palliative care through a range of initiatives.	2025–2030	\$80,000.00
Palliative Care ACT	Leo's Place – Operation of a non-clinical respite facility for people with a life-limiting illness	2026–2030	\$722,354.48
Gugan Gulwan Youth Aboriginal Corp	Activity 1: Street Beat Youth Outreach Service Activity 2: Alcohol and other drug harm reduction Activity 3: Preventive Health Program Activity 4: Early Intervention Mental Health and Wellbeing Outreach Program	2024–2027	\$1,367,924.81
Winnunga Nimmityjah Aboriginal Health and Community Services	Activity 1: Primary Care Activity 2: Harm Reduction: Information and Education, Support and Case Management; and Tackle Smoking Activity 3: Policy Collaboration; Community Events; and Business Administration Activity 4: Coordinated Health Care Services to Aboriginal and Torres Strait Islander Detainees in the Alexander Maconochie Centre Activity 5: Mental Health Nurse Services	2024–2027	\$4,957,510.28
Winnunga Nimmityjah Aboriginal Health and Community Services	Opioid Maintenance Treatment	2024–2027	\$31,005.00
Yeddung Mura Aboriginal Corporation	Transition Ngunnawal Bush Healing Farm to community-control and residential services – Stage 1: Partnership and Readiness.	2025–2027	\$100,000.00
A Gender Agenda	Delivery of gender affirming mental health care in the ACT.	2025–2027	\$209,192.84

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
ACT Disability Aged & Carer Advocacy Service (ADACAS) Inc	Mental health consumer advocacy service	2025–2026	\$104,252.63
Alcohol, Tobacco & Other Drugs Association ACT Inc.	Alcohol tobacco and other Drugs & Mental Health Alliance	2022–2027	\$399,999.99
Australian National University	Academic research unit with a focus on mental health, consumer and carer research. Also facilitate a Consumer and Carer Research Advisory Group	2019–2026	\$109,367.49
Australian National University	Academic research unit with a focus on mental health, consumer and carer research. Also facilitate a Consumer and Carer Research Advisory Group	2025–2027	\$109,367.49
Australian National University	The ACT tertiary education providers suicide prevention partnership group project officer	2024–2027	Nil
Beyond Blue Limited	Jurisdictional contribution – 2025–2030	2025–2030	\$96,936.00
Canberra Alliance for Harm Minimisation and Advocacy	Enhancing the alcohol tobacco and other drug and mental health interface – Peer Worker Project	2025–2028	\$204,682.18
Capital Region Community Services	Bungee – Early intervention and preventive mental health support programs through arts-based activities and individual counselling for children and young people at risk of mental health issues or illness.	2025–2027	\$316,001.08
Centre for Mental Health Research	ACT Tertiary Education Providers Suicide Prevention Partnership Group	2025–2026	\$50,000.00
Clybucca Dreaming	Intensive First Nations perinatal case management	2024–2026	Nil
GROW	GROW ACT & NSW – 12 step programs to provide mental health support through a residential recovery/rehabilitation program and community self and mutual help groups.	2025–2027	\$147,146.69
Hunter New England Local Health District T/A Everymind	Minds Together – online and face-to-face suicide prevention focused program for family, friends and carers in the ACT	2024–2027	Nil
Koomarri	Support services for an individual	2025–2027	\$665,392.66
Majura Women Group	Women's Group – self-help group that promotes the mental and physical wellbeing through parenting, social, educational, arts and community activities for women with young children, to develop their skills and networks of mutual support and social contact.	2025–2027	\$24,059.16
Marymead CatholicCare Canberra & Goulburn	Stepping Stones Program – supporting trauma-informed service provision for children and families in the ACT	2025–2029	\$456,100.00
Marymead CatholicCare Canberra & Goulburn	MindMap online triage navigation portal	2025–2029	\$808,400.00
Marymead CatholicCare Canberra & Goulburn	Youth Outreach Support Program – community-based therapeutic outreach for young people.	2025–2027	\$264,590.34
Marymead CatholicCare Canberra & Goulburn	STEPS residential Program	2025–2026	\$928,016.89
Mental Health Community Coalition	Connecting with people (December 2025– April 2026)	2024–2026	\$25,815.00

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
Mental Health Community Coalition	Connecting with people (June 2026 – June 2027)	2025–2027	\$67,500.00
Mental Health Community Coalition	Perinatal Mental Health Alliance – facilitating perinatal mental health community group to connect members and service providers.	2025–2027	\$50,000.00
Mental Health Community Coalition	Perinatal Mental Health Alliance – facilitating perinatal mental health community group to connect members and service providers.	2024–2026	Nil
Mental Health Community Coalition	Sector Development	2025–2027	\$300,000.00
Mental Health Community Coalition	Alcohol tobacco and other drugs & mental health alliance	2023–2027	\$400,081.00
Mental Health Foundation (ACT) Ltd	Transitional accommodation for adults exiting acute inpatient mental health units (mental health discharge accommodation program)	2024–2026	\$250,000.00
Mental Health Foundation (ACT) Ltd	Transitional accommodation for adults exiting acute inpatient mental health units (Housing and Accommodation Support Initiative [HASI])	2025–2027	\$405,000.00
Mental Illness Education ACT (MIEACT)	Youth Aware of Mental Health	2022–2026	\$355,000.00
Mental Illness Education ACT (MIEACT)	Youth Aware of Mental Health	2025–2030	\$220,500.00
Mental Illness Education ACT (MIEACT)	Mental health and wellbeing education across schools, workplaces and wider ACT community	2025–2027	\$426,901.97
Orygen Ltd	Moderated Online Social Therapy – digital mental health service that provides young people aged 12 to 25 with access to tailored online therapy and peer support.	2025–2029	\$642,311.89
Perinatal Wellbeing Centre	One-off payment to alleviate the current service pressure for the support and information service to women and families affected by perinatal mental health issues, including depression and anxiety	2025–2026	\$100,000.00
Perinatal Wellbeing Centre	Post and antenatal depression support and information service	2025–2027	\$621,434.25
Relationships Australia	ACT Coronial Counselling Service	2025–2027	\$148,111.13
Roses in the Ocean	Peer Care Companion in Community	2024–2028	\$583,000.00
Society of St Vincent de Paul	COMPEER Program – volunteer matching support service for people with mental health issues	2025–2027	\$91,238.75
Stride Mental Health	Psychosocial support provider, Southside Community Step Up Step Down	2025–2026	\$742,421.03
Stride Mental Health	Belconnen Safe Haven	2024–2027	\$753,977.00
University of Canberra	WOKE program	2025–2029	\$311,600.00
Thirrili Ltd	Aboriginal and Torres Strait Islander suicide prevention service	2024–2027	\$672,808.50
The Men's Table Ltd	Tertiary education students' program	2024–2027	\$25,000.00
Toora Women Incorporated	Parentline – supporting the provision of counselling and information support services for parents and carers	2021–2026	\$23,253.75
Toora Women Incorporated	Parentline – supporting the provision of counselling and information support services for parents and carers.	2025–2027	\$23,253.75

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
Uniting (NSW.ACT)	ACT Youth Trauma Service for people 13–17 years inclusive, or 18 years if still attending school with complex needs.	2025–2027	\$1,014,000.00
Wellways Australia	Step Up Step Down in the Home	2025–2027	\$488,125.00
Wellways Australia	Adult Psychosocial Programs – Detention exit community outreach support program and Women’s psychosocial accommodation program	2025–2027	\$378,646.64
Wellways Australia	Residential Step Up/Step Down – Adult Step Up/Step Down and Youth Step Up/Step Down	2025–2026	\$1,557,961.15
Wesley Community Services Limited	Suicide prevention training	2022–2026	Nil
Wesley Community Services Limited	Suicide prevention training	2025–2027	\$116,000.00
Woden Community Services	Psychosocial Support Program	2023–2026	\$267,676.50
Woden Community Services	Psychosocial Support Program	2025–2027	\$267,676.50
Woden Community Services	Adult Step Up/Step Down Intensive (Transitional) Outreach Support	2025–2027	\$621,744.84
Youth Coalition of the ACT	Co-design and scoping of a dedicated youth aftercare service for the ACT	2024–2027	\$192,946.25
Youth Coalition of the ACT	ACT child and youth mental health sector alliance	2025–2029	\$149,400.00
Anglicare NSW South NSW West and ACT	Vaping cessation and nicotine dependence support service for young people in the ACT	2025–2029	\$220,000.00
Cancer Council Victoria	ACT Quitline and ACT Quitline for Aboriginal and Torres Strait Islander Communities	2024–2028	\$228,861.34
Capital Region Community Services	Long daycare places for children aged 6 years and under whose parents/carers are participating in high intensity alcohol, tobacco and other drugs (ATOD) treatment	2024–2031	\$60,800.90
Communities@Work	Long daycare places for children aged 6 years and under, and Vacation care for children in kindergarten to grade 2 whose parents/carers are participating in high intensity ATOD treatment	2024–2031	\$218,115.01
Canberra Alliance for Harm Minimisation and Advocacy	Peer support and advocacy for people currently or previously using drugs, including information, education and opioid overdose prevention activities	2024–2031	\$940,032.00
Directions Health Services	Opioid Maintenance Treatment	2024–2027	\$134,355.00
Directions Health Services	Case management, psychosocial counselling, information and education, residential rehabilitation, withdrawal, family and carer support, and the needle and syringe program	2024–2031	\$5,018,055.90
Directions Health Services	Fixed-Site Pill Testing Service	2022–2027	\$620,100.00
FADISS Limited trading as Family Drug Support	Support services for people affected by another’s drug use	2024–2031	\$199,155.45
Karralika Programs Incorporated	Day program and residential rehabilitation	2024–2031	\$4,577,061.45
Marymead CatholicCare Canberra & Goulburn	Psychosocial counselling and sobering up shelter	2024–2031	\$652,448.55
The Trustee for the Salvation Army (NSW) Property Trust	Day program and residential rehabilitation	2024–2031	\$3,335,517.90

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
The Ted Noffs Foundation trading as The Ted Noffs Foundation Inc	Psychosocial counselling, withdrawal and residential rehabilitation for young people	2024–2031	\$2,489,804.85
The Ted Noffs Foundation trading as The Ted Noffs Foundation Inc	Watson construction – relocation expenses	2023–2027	Nil
Toora Women Incorporated	Temporary relocation expenses	2024–2026	\$45,000.00
Toora Women Incorporated	Psychosocial counselling, day program and residential rehabilitation	2024–2031	\$1,589,626.35
Winnunga Nimmityjah Aboriginal Health and Community Services	Aboriginal and Torres Strait Islander Alcohol and Other Drug Residential Rehabilitation Service	2025–2027	\$1,040,000.00
ASHM Health	Training for clinicians in the prevention, diagnosis, and treatment of sexually transmissible infections and blood-borne viruses, and management of accreditation programs that allow clinicians to prescribe Section 100 HIV and Hepatitis B medicines.	2024–2031	\$171,617.04
ASHM Health	One-off cost pressure funding for syphilis-related clinician education	2024–2027	Nil
Companion House	Sexually transmissible infections and blood-borne viruses clinical services targeted towards people newly arrived people in Australia.	2024–2031	\$204,807.86
Hepatitis ACT	Clinical services, health promotion, education and outreach services to address viral hepatitis in the community.	2024–2031	\$1,126,170.71
Meridian Incorporated	Peer Connect program providing social support to people living with HIV, and development of a new Peer Test program to deliver peer-led sexually transmissible infections and blood-borne viruses testing for LGBTIQ+ community.	2024–2031	\$778,783.59
Sexual Health and Family Planning ACT Inc	Sexually transmissible infections and blood-borne viruses testing and clinical services.	2024–2031	\$779,349.76
Sexual Health and Family Planning ACT Inc	Expanding access to cervical screening services-clinic and outreach support	2024–2026	\$245,247.00
Sexual Health and Family Planning ACT Inc	Sexual and reproductive health services	2024–2027	\$770,908.32
Sexual Health and Family Planning ACT Inc	Addressing Unmet Need for People with disability	2025–2027	\$269,000.00
Sexual Health and Family Planning ACT Inc	Drop in sexually transmissible infections clinic for people under 30	2025–2026	\$54,000.00
Sexual Health and Family Planning ACT Inc	Well Women's Screening Course	2025–2027	\$127,268.18
Sexual Health and Family Planning ACT Inc	Financial sustainability and cost drivers audit of ACT Health Directorate agreements	2025–2026	Nil
Woden Community Service Ltd	Hoarding advocacy support service	2024–2027	\$334,854.00
Australian Medical Association	ACT Drs4Drs program	2025–2029	\$33,300.00
Indigenous Allied Health Australia Ltd	Increasing the First Nations health workforce – Indigenous Allied Health Australia ACT Academy	2023–2027	\$440,000.00
Australian National University	The Peter Sharp Grant Program aims to increase the numbers of Aboriginal and Torres Strait Islander doctors and doctors with extra training in Aboriginal Health.	31 July 2022 – 30 June 2029	\$94,457.28

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
General Practice Registrars Australia Limited	General Practice Registrars Australia Limited's Going Places/Future GP program: This supports establishment of the Going Places/Future GP program – mentoring and networking programs and events in the ACT to strengthen the professional identity, wellbeing, retention, and career development among prevocational doctors and early-career GPs through peer-led, accessible, culturally safe and independent support. This is a part of the Professional Development and Wellbeing Fund for the general practice workforce.	4 May 2026 – 30 June 2027	\$30,000.00
ACT GP clinical supervisors for third-year Australian National University (ANU) medical students	The Education Infrastructure Support Grant Program provides payment to ACT GPs who supervise third-year ANU Medical Program students during their urban general practice placements. The payment compensates GPs for their time providing high-quality educational experiences for the students they are supervising, with a goal of increasing GP vocational training from ANU medical graduates.	Annual, recurring	\$150,528.00
Health Care Consumers' Association	Health literacy	2024–2026	Nil
First 1000 Days	Health – Conference Sponsorship	2026	\$5,000.00
University of Canberra	Clinical placement improvement	2024–2027	\$64,272.73
Capital Health Network	First Nations Health Workforce Community of Practice Collaborative	2024–2028	\$31,005.00
Macquarie University and the National Health and Medical Research Council	Improving the health system's response when patients are harmed: a mixed methods study	2 years to 31 December 2026	\$5,000.00
Individual Authorised Voluntary Assisted Dying Practitioners	Remuneration of five authorised voluntary assisted dying practitioners who have elected to provide voluntary assisted dying services through their existing private practice arrangements. The grant funds the administrative effort associated with completing mandatory documentation and fulfilling statutory compliance requirements under the Voluntary Assisted Dying Act 2024.	1 year to December 2026	\$90,000.00
LGBTIQ+ Health Australia	Sponsorship for the LGBTIQ+ Health Australia conferences Health in Difference and Ageing in Difference. Held in Canberra in 2026, these conferences are recognised as a leading national forum focused on the health and wellbeing of LGBTIQ+ people and communities.	2025–26	\$20,000.00

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
CHILDREN YOUTH AND FAMILIES			
Australian Catholic University	Sponsorship of the Institute of Child Protection Studies	6 years to 30 June 2027	\$145,276.29
Carers ACT	Advocacy Service for Foster and Kinship Carers	2 years to 30 June 2027	\$231,166.79
Yerrabi Yurwang Child & Family Aboriginal Corporation	Capability and Capacity Building	2 years to 30 June 2026	\$271,118.05
Yerrabi Yurwang Child & Family Aboriginal Corporation	Try Test and Learn Approach to Service Enhancement and System Support – Children, Young People and Families Panel	2 years to 30 June 2027	\$676,200.00
Australian Red Cross	Birth Families Advocacy Support Service	2 years to 30 June 2027	\$385,948.39
CREATE Foundation	Children and Young People Engagement Support Service	2 years to 30 June 2027	\$229,554.52
Domestic Violence Crisis Service	Domestic Violence Crisis Service Liaison Co-Location	1 year to 30 June 2026	\$325,759.16
Gugan Gulwan Youth Aboriginal Corporation	Intensive Family Support Program	3.5 years to 31 December 2026	\$661,023.49
COMMUNITY RELATIONS			
ACT Children's Week Committee Inc	ACT Children's Week	10 years to 30 June 2029	\$10,000.00
Australian Capital Territory Council of Social Service Inc	Peak Body Program	5 years to 30 June 2027	\$983,814.47
Capital Region Community Services Limited	2A – Community Development	4 years to 30 June 2026	\$341,407.38
Capital Region Community Services Limited	2B – Community Minibus Service	5 years to 30 June 2026	\$100,131.59
Communities@Work	2A – Community Development	5 years to 30 June 2026	\$937,873.29
Communities@Work	2B – Community Minibus Service	5 years to 30 June 2026	\$231,835.33
Community Services 1	2A – Community Development	5 years to 30 June 2026	\$203,201.52
Community Services 1	2B – Community Minibus Service	5 years to 30 June 2026	\$85,668.11
Community Radio 2XX Inc	Community Radio 2XX	5 years to 30 June 2029	\$157,189.25
Foodbank NSW & ACT Limited	Food Assistance	3 years to 30 June 2026	\$167,069.41
Girl Guides Association (New South Wales)	Girl Guides	8 years to 30 June 2029	\$40,377.40
Majura Women's Group Inc	Women's Group	8 years to 30 June 2029	\$6,336.11
Migrant and Refugee Settlement Services (MARSS) Australia Inc	Community Development	5 years to 30 June 2026	\$161,420.83
Lifeline Canberra Inc	Telephone Counselling Services	8 years to 30 June 2029	\$300,514.47
Northside Community Service Limited	2A – Community Development	7 years to 30 June 2026	\$223,082.06
Northside Community Service Limited	2B – Community Minibus Service	7 years to 30 June 2026	\$99,867.80

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
Roundabout Canberra Limited	Wellbeing Domain of Living Standards under the ACT Wellbeing Framework	7 years to 30 June 2029	\$238,970.74
Prisoners Aid (ACT) Inc	Prisoner's Aid Program	5 years to 30 June 2026	\$250,464.38
The Scout Association of Australia ACT Branch Incorporated	Scouts in the ACT	8 years to 30 June 2029	\$43,026.47
The Trustees of The Roman Catholic Church for The Archdiocese of Canberra and Goulburn as Trustee for Marymead CatholicCare Canberra & Goulburn	Grandparents Support Group	1 year to 30 June 2026	\$28,985.74
Tuggeranong Link of Community Houses & Centres Inc	Community Development	5 years to 30 June 2026	\$110,011.72
YWCA Canberra	Community Development	5 years to 30 June 2026	\$206,712.61
Valley FM Broadcasters Association Incorporation	Community Radio Valley FM Broadcasters Association Incorporation	8 years to 30 June 2029	\$23,956.94
Warehouse Circus Inc	Community Based Circus Program	8 years to 30 June 2029	\$104,669.39
Volunteering And Contact ACT Limited	Peak Body Program	6 years to 30 June 2027	\$286,982.29
Volunteering And Contact ACT Limited	Community Information Service	2 years to 30 June 2027	\$689,298.40
Volunteering And Contact ACT Limited	Food Relief Network	1 year to 30 June 2026	\$77,000.00
Woden Community Service Limited	Community Development	5 years to 30 June 2026	\$217,125.45
ACT Playgroups Association Inc	Facilitation of the Establishment and Supporting the Continuation of the Playgroups in the ACT	8 years to 30 June 2029	\$236,551.22
Families ACT (Fact) Inc.	Peak Body Program	5 years to 30 June 2027	\$224,292.86
National Association for Prevention of Child Abuse & Neglect ACT Inc	Child, Youth and Family Services Program	8 years to 30 June 2029	\$19,106.00
The Trustees of The Roman Catholic Church for The Archdiocese of Canberra and Goulburn as Trustee for Marymead CatholicCare Canberra & Goulburn	2A – Circle of Security	5 years to 30 June 2027	\$64,286.09
UnitingCare Kippax	Kippax Kids Program	6 years to 30 June 2027	\$49,178.65
Youth Coalition of the ACT	Peak Body Program	5 years to 30 June 2027	\$551,397.40

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
DISABILITY			
Advocacy for Inclusion Incorporated	2A – Independent Individual Advocacy Support	6 years, 3 months to 30 June 2028	\$235,368.11
Advocacy for Inclusion Incorporated	Systemic Advocacy	5 years to 30 June 2026	\$112,853.49
National Disability Services Limited	Peak Body Program	4 years to 30 June 2027	\$124,814.72
Carers ACT Ltd	Systemic Advocacy	6 years to 30 June 2026	\$187,676.00
Women With Disabilities ACT Incorporated	Systemic Advocacy	5 years to 30 June 2026	\$133,741.07
ACT Disability Aged & Carer Advocacy Service Limited	2A – Independent Individual Advocacy Support	6 years to 30 June 2028	\$235,368.11
ACT Disability Aged & Carer Advocacy Service Limited	Supported Decision Making	4 years to 30 June 2026	\$65,423.00
Domestic Violence Crisis Service	Disability Inclusion Advocate	2 years to 30 June 2026	\$152,000.00
ACT Down Syndrome and Intellectual Disability Association Inc	Supported Decision making and Self-advocacy Project	2 years to 30 June 2026	\$124,320.00
Advocacy for Inclusion Incorporated	Establish community-led and controlled ACT I-DAY Celebration	2 years to 30 June 2026	\$60,000.00
VISABEL PTY LTD	Events Coordinator for the 2025 ACT Chief Ministers Inclusion Awards	3 years to 26 May 2028	\$55,000.00
Lead Disability Services Ltd	Supported Work Experience for Students with Disability	1 year to 31 Dec 2026	\$50,000.00
For-Purpose Evaluation	Monitoring, Evaluation and Learning Framework	8 months to 30 June 2026	\$80,000.00
MULTICULTURAL AFFAIRS			
Companion House Assisting Survivors of Torture and Trauma Incorporated on behalf of Acute Rental Support Coordinating Committee (ARSCC)	Humanitarian Discretionary Funding	9 months to 30 June 2026	\$150,000
Australian Red Cross Society	Settlement Support Grant for Families Evacuated from Armed Conflict	6 months to 30 June 2026	\$200,000
ACT Community Language Schools Association Inc	Administration support for Community Language Schools to 30 December 2025	3 months to 30 June 2025	\$43,981
ACT Community Language Schools Association Inc	Administration support for Community Language Schools to 30 June 2026	2 months to 30 June 2026	\$43,981
ACT Community Language Schools Association Inc	Schools Assistance Funding and Teaching Resources Funding	6 months to 30 June 2026	\$329,430
Queanbeyan Multilingual Centre Inc	Welcome to Canberra	2 years to 6 June 2026	\$105,000.00
Queanbeyan Multilingual Centre Inc	Workforce Participation Program	2 years to 6 June 2026	\$342,000.00
Sydney Institute of Community Language Education, University of Sydney	Professional development for ACT Community Language School Teachers	18 months to 30 June 2026	\$44,800.00

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
SUPPORT SERVICES FOR CHILDREN			
Anglicare NSW South NSW West And ACT	Early Childhood Education and Care, 4 Places Program Administration	3 years to 30 June 2027	\$189,683.27
Capital Region Community Services Limited	Early Childhood Education and Care, 6 places Program Administration	3 years to 30 June 2027	\$258,660.09
Communities@Work	Early Childhood Education and Care, 11 places Program Administration	3 years to 30 June 2027	\$474,209.27
Noahs Ark Resource Centre Inc	Early Childhood Educational Resources	4 years to 30 June 2027	\$97,663.64
North Belconnen Community Association Inc	Early Childhood Education and Care, 4 places Program Administration	3 years to 30 June 2027	\$172,439.34
Northside Community Service Limited	Early Childhood Education and Care Places, 7 places Program Administration	3 years to 30 June 2027	\$301,769.92
Woden Community Service Limited	Early Childhood Education and Care Places, 3 places Program Administration	3 years to 30 June 2027	\$86,219.67
Young Men's Christian Association of Canberra	Early Childhood Education and Care Places, 8 places Program Administration	3 years to 30 June 2027	\$344,879.76
YWCA Canberra	Early Childhood Education and Care, 5 places Program Administration	3 years to 30 June 2027	\$215,549.18
SENIORS AND VETERANS			
ACT Children's Week Committee Inc	Recognition of the contribution of older Canberrans	5 years to 30 June 2029	\$4,000.00
Council of The Ageing	ACT Seniors Card Program	3 years to 30 June 2027	\$163,259.96
Council of The Ageing	Card assignment and dissemination	3 years to 30 June 2027	\$50,000.00
Council of The Ageing	Silver is Gold Program	5 years to 30 June 2028	\$57,916.91
WOMENS			
Fearless Women	Counselling services for young women	2 years to 31 July 2027	\$380,000.00
Domestic Violence Crisis Service Inc	Domestic Violence Support Group Program	22 months to 30 June 2026	\$30,000.00
DOMESTIC FAMILY AND SEXUAL VIOLENCE			
Beryl Women Inc	Children and Young People Safe & Strong Mobile Van Program	1 year 8 months to 30 June 2026	\$140,616
Beryl Women Inc	Specialist Case Management	3 years – 13 Aug 2024 to June 2027	\$252,174
Canberra PCYC	Solid Ground Program	5 years to 30 June 2029	\$457,000
Canberra Rape Crisis Centre Inc	Independent Sexual Violence Advisors	1 year 2 months to 30 June 2026	\$316,825

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
Canberra Rape Crisis Centre Inc	Capacity Expansion Package	1 year to 30 June 2026	\$1,726,195
CARE Inc	Supporting Women Detained in the Alexander Maconochie Centre on their Financial Recovery Following Financial Abuse	1 year 8 months to 30 June 2026	\$48,593
Directions Health Services	Alcohol and other drugs – Caring Dads pilot	2 years to 30 June 2027	\$365,805
Doris Women's Refuge Inc	Specialist Children's Worker	3 years to 30 June 2026	\$158,000
Doris Women's Refuge Inc	Support and Accommodation for ACT Women and Children at Risk of Domestic and Family Violence and Under Restrictive Visas	9 months to 30 July 2025	\$14,578
Domestic Violence Crisis Service Inc	Hotel Brokerage	3 years 10 months to 30 June 2029	\$580,000
Domestic Violence Crisis Service Inc	Beyond Project	2 years 8 months to 30 June 2026	\$85,038
Domestic Violence Crisis Service Inc	Family Violence Safety Action Program	7 years to 30 June 2029	\$334,458.00
Domestic Violence Crisis Service Inc	Court Navigator Program	3 years 11 months to 30 June 2027	\$173,687
Domestic Violence Crisis Service Inc	Sustainability Support Package	1 year to 30 June 2026	\$561,747
Everyman Australia Ltd	Invitation to Responsibility Program	2 years 8 months to 30 June 2026	\$109,243
HelpingACT	Emergency Food Relief	1 year 8 months to 30 June 2026	\$6,074
Karralika Programs Inc	Support the Women: Choice and Change Group Program	1 year 8 months to 30 June 2026	\$12,148
Legal Aid Commission ACT trading as Legal Aid ACT	Court Navigator Program	3 years 11 months to 30 June 2027	\$305,842
Legal Aid Commission ACT trading as Legal Aid ACT	Health Justice Partnership	2 years to 30 June 2026	\$830,851
Legal Aid Commission ACT trading as Legal Aid ACT	Culturally Responsive Legal Service	1 year 8 months to 30 June 2026	\$50,997
Yedding Mura Aboriginal Corporation	Adapt and Deliver the Caring Dads program for Aboriginal and Torres Strait Islander Fathers	2 years 3 months to 30 June 2027	\$240,000
Queanbeyan Multicultural Centre Inc trading as Multicultural Hub Canberra	CALD Men's Non-Violence Behaviour Change Program	2 years 10 months to 30 June 2027	\$223,932
Queanbeyan Multicultural Centre Inc trading as Multicultural Hub Canberra	Multicultural Women's Centre	3 years 3 months to 30 June 2026	\$439,000
Racial and Religious Discrimination Legal Service	Family and Sexual Violence CALD Community Legal Educations	1 year 8 months to 30 June 2026	\$31,586
Sisters in Spirit Aboriginal Corp	ACT Aboriginal Women's Advocacy and Related Activities	1 year 6 months to 30 June 2026	\$282,224
Toora Women Inc	Support for the Ascend Rental Subsidy Scheme	3 years to 30 June 2026	\$513,000

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
Water wombats Aquatic Disability Services Ltd	Poolside Counselling Project	1 year 8 months to 30 June 2026	\$25,056
Western Sydney Local Health District – NSW Health Education Centre Against Violence	Domestic and Family Violence Training for ACT Aboriginal and Torres Strait Islander People	2 year 6 months to 31 December 2025	\$180,000
WhISPers Softball Aboriginal and Torres Strait Islander Corp	Support Healing Our Way	1 year 6 months to 30 June 2026	\$50,000
Women's Centre for Health Matters Inc	Gender Based Violence Service Directory	1 year to 31 December 2025	\$233,000
Women's Centre for Health Matters Inc	The Victim Survivor Voices	18 months to 30 June 2027	\$646,143
Women's Legal Centre ACT & Region	Community Justice Partnership	1 year 8 months to 30 June 2026	\$121,483
Women's Legal Centre ACT & Region	Building First Nations Workforce Capacity Project	1 year 8 months to 30 June 2026	\$29,187
Women's Legal Centre ACT & Region	Health Justice Partnership	2 years to 30 June 2026	\$811,507
WWILD Sexual Violence Prevention Assoc	Disability Training for the ACT Domestic, Family and Sexual Violence Sector	2 years to 30 June 2026	\$385,000
Yeddung Mura (Good Pathways) Aboriginal Corp	Family, Domestic and Sexual Violence Aboriginal Support Program	1 year 8 months to 30 June 2026	\$263,966
Yerrabi & Yurwang Child & Family Aboriginal Corp	22–23 Family, Domestic and Sexual Violence Grant	1 year 10 months to 30 June 2026	Nil
Youth Coalition ACT	'Talk to Them' Youth Sector Training	2 years 9 months to 30 June 2026	\$221,995
YWCA Canberra	Expansion of the Domestic Violence Support Service to Support 2 full-time equivalent positions	4 years to 30 June 2027	\$726,835.75
YWCA Canberra	Children's Worker Program	3 years, 10 months to 30 June 2029	\$300,000
CARERS			
Carers ACT LTD	Implementing the ACT Carers Strategy	4 years to 30 June 2026	\$200,000
EMERGENCY RELIEF			
Volunteering and Contact ACT Limited	Food Security Program	1 year to 30 June 2026	\$77,000
SPECIALIST HOMELESSNESS SERVICES			
ACT Shelter	Peak Body Program	5 years to 30 June 2027	\$199,302.32
Argyle Community Housing Ltd	Accommodation and Support Services for Men	3 years to 30 June 2026	\$202,845.25
Beryl Women Incorporated	Accommodation and Support Services for Women escaping Domestic, Family or Sexual Violence	3 years to 30 June 2026	\$1,155,706.96
CARE Inc	Financial Counselling Service 2024–25 Community Sector Funding Boost	7 years to 30 June 2026	\$169,103.65
Conflict Resolution Service Inc	Support Services for Young People (Youth) – 2024–25 Community Sector Funding Boost	2 years 9 months to 30 June 2026	\$689,929.86
Council of the Ageing	General Support Service for Older People in the ACT	3 years to 30 June 2026	\$117,746.91

Recipient	Program purpose/summary	Term of grant (if applicable)	Amount (\$ ex GST) provided in 2025–26
Doris Women's Refuge Incorporated	Accommodation and Support Services for Women and Children 2024–25 Community Sector Funding Boost	3 years to 30 June 2026	\$1,002,257.42
Everyman Australia Incorporated	Accommodation and Support Services for Men – Managed Transition Program	3 years to 30 June 2026	\$783,287.68
Everyman Australia Incorporated	Tenancy and Property Management and Support Services for Men	2 years, 8 months to 30 June 2027	\$1,267,007.07
Gugan Gulwan Youth Aboriginal Corporation	Specialist Support for Aboriginal and Torres Strait Islander Youth	3 years to 30 June 2026	\$110,553.61
Hare Krishna Food for Life Inc	Transport food, equipment and volunteers	6 years to 30 June 2027	\$11,937.59
Karinya House Home for Mothers & Babies Inc	Accommodation and Support Services for Women 2025–26 Community Sector Funding Boost	3 years to 30 June 2026	\$1,066,939.84
St Vincent de Paul Society (Canberra/ Goulburn) Limited	Support and Food Engagement Services – Roadhouse Program Auspice Soup Kitchen Free Food Service	3 years to 30 September 2026	\$383,903.97
Tamil Senior Citizens Association Housing Sub Committee	Tenancy Management Support	6 years to 30 June 2027	\$12,076.40
The Trustees of the Roman Catholic Church for the Archdiocese of Canberra and Goulburn as Trustee for Marymead CatholicCare Canberra & Goulburn	Tenancy and Property Management and Tenancy Support Services – Axial Program	4 years to 30 June 2029	\$155,719.59
The Trustees of the Roman Catholic Church for the Archdiocese of Canberra and Goulburn as Trustee for Marymead CatholicCare Canberra & Goulburn	Accommodation and Support Services for Women – Mackillop House	3 years to 30 June 2026	\$619,574.44
The Trustees of the Roman Catholic Church for the Archdiocese of Canberra and Goulburn as Trustee for Marymead CatholicCare Canberra & Goulburn	Support Services for Young People (Youth)	33 months to 30 June 2026	\$587,250.50
The Trustees of the Roman Catholic Church for the Archdiocese of Canberra and Goulburn as Trustee for Marymead CatholicCare Canberra & Goulburn	Tenancy and Property Management and Support Services for Men	2 years, 8 months to 30 June 2027	\$1,062,383.34
Toora Women Incorporated	Accommodation and Support Services for Women in the ACT – Coming Home Program	3 years to 30 June 2026	\$585,238.54
UCA – UnitingCare Canberra City	Support and Food Engagement Services and Early Morning Centre – Additional Funding	3 years to 30 June 2026	\$779,517.45
Winnunga Nimmityjah Aboriginal Health and Community Services Ltd	Specialist Support Services for Aboriginal and Torres Strait Islander People 2024–25 Community Sector Funding Boost	2 years 9 months to 30 June 2026	\$360,069.56
Woden Community Service Incorporated	General Support Service – The Big Issue	3 years to 30 June 2026	\$174,809.03
Yerrabi Yurwang Child & Family Aboriginal Corporation	Tenancy and Property Management and Support Services for Aboriginal and Torres Strait Islander People	2 years 9 months to 30 June 2027	\$966,071.53
YWCA Canberra	Support Services for Older Women	3 years 3 months to 30 June 2027	\$768,763.95
YWCA Canberra	Tenancy and Property Management and Tenancy Support Services for Men and Women with Uncertain Immigration Status	3 years 2 months to 30 June 2027	\$655,062.46

Grant programs

Healthy Canberra Grants

This grant program provides funding for community organisations to help improve the health of Canberrans and reduce their risk of developing chronic diseases.

The funding provided in Tables 66 to 68 was for eligible community organisations to deliver programs that create supportive environments to improve the health of Canberrans, with a focus on supporting healthy ageing; reducing smoking-related harm; supporting vaping cessation; reducing alcohol-related harm; and reducing overweight and obesity through improving eating habits and increasing physical activity.

Table 66: Multi-year grants provided through 2023–24 to 2025–26 Healthy Canberra Grants: Focus on Supporting Healthy and Active Living for Children and Young People

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Australian Talented Youth Project Incorporated	Stellar Step Up! is a movement and body positivity program engaging young people from First Nations, Disability, CALD, Trans and LGBTIQ+ priority groups and their families	October 2023 to December 2025	Nil
Caroline Chisholm School P&C Association Incorporated	The Downtime Munch and Move Initiative promoted healthy eating and physical activity at Caroline Chisholm School through a healthy eating hub and student-designed activity spaces	October 2023 to July 2025	Nil
MARSS Australia Inc	The CALD Youth Nutrition and Physical Activity program aims to improve health and wellbeing of culturally and linguistically diverse communities with cooking workshops, education sessions and physical activity programs	November 2023 to June 2026	\$66,101.00
Nutrition Australia ACT Incorporated	FEED (Fuelling Everybody Every Day) is a pilot program that uses food play and experiential learning to improve dietary variety and reduce discretionary food intake among children and young people with atypical or disordered eating behaviours	June 2023 to June 2026	\$48,667.00
The Uniting Church in Australia (ACT) Property Trust on behalf of Uniting Church Kippax	The Kippax Active Children and Youth program aims to improve relationships and active recreation participation levels for children and young people in the West Belconnen region	October 2023 to June 2026	\$87,538.00
YWCA Canberra	Healthy Start in the Suburbs promotes healthy development for children aged 0 to 4 years living in developmentally vulnerable areas of the ACT by providing an accessible gross motor skill development program through GymbaROO, a neurodevelopmental activity program	August 2023 to June 2026	Nil

Table 67: Multi-year grants provided through 2022–23 Healthy Canberra Grants: Target Grants: Reconnection within Priority Populations

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Toora Women Incorporated	The Toora Domestic Violence and Homelessness Service Day Program supports women experiencing homelessness and aims to raise awareness of the relationships between family domestic violence and homelessness to increase ongoing community support and cohesion	June 2023 to December 2025	Nil

Notes: This funding opportunity was for eligible community organisations to deliver programs of up to 18 months in duration that encourage reconnection within priority population groups and help establish longer-term connections within the community in response to the COVID–19 pandemic. The reconnection round was a small grant round, with grants provided up to \$40,000.00. The grants were funded in full on execution, and with the grant period covering the annual report year, outputs delivered during 2025–26 have nil milestone payments.

Table 68: Multi-year grants provided through 2023–24 to 2025–26 Healthy Canberra Grants: Focus on Vaping Cessation and Reducing Alcohol-Related Harm

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Alcohol and Drug Foundation Incorporated	The 'Keep Their Future Bright' Secondary Supply Campaign will inform parents and carers about the harms of providing people under 18 years of age with alcohol and aims to change behaviours so that alcohol supply to under 18s is reduced in home settings	June 2024 to December 2025	125,371.00
Alcohol Tobacco and Other Drug Association Australian Capital Territory Incorporated	Reducing Nicotine Harms aims to reduce nicotine dependence (from vapes) among ACT residents from priority populations within non-government alcohol and other drug programs in the ACT	June 2024 to December 2026	41,605.00
Foundation for Alcohol Research and Education Limited	Reducing Alcohol Harms in the ACT aims to improve the health and wellbeing of Canberrans by increasing awareness of the risks associated with alcohol use and promoting the benefits of reducing alcohol use	June 2024 to December 2026	143,237.00
The Cancer Council ACT Limited	Quitting together: Vaping cessation in ACT community services aims to increase brief intervention skills in the community service workforce, improve cessation pathways for people aged 12 and over accessing community services in the ACT, and embed cessation support within these organisations	June 2024 to December 2026	60,464.00
The Cancer Council ACT Limited	School communities supporting students in vaping cessation aims to increase access to safe and effective prevention messaging and vaping cessation pathways for young people, within school or college settings while empowering learning environments	June 2024 to December 2026	66,247.00
The Cancer Council ACT Limited	The Vape Free Sports program aims to reduce e-cigarette related harms among people aged 12–24 years by providing education, training and policy support around e-cigarette prevention, cessation and brief intervention within participating ACT organisations and their communities	June 2024 to December 2026	55,374.00

2025–26 Aboriginal and Torres Strait Islander Grants Program

This grant program provides funding to Aboriginal and Torres Strait Islander people for leadership training, formal and informal development opportunities and to showcase the cultures of Aboriginal and Torres Strait Islander peoples living in the ACT community. The grant program aligns with the *ACT Agreement* and promotes self-determination and Aboriginal and Torres Strait Islander leadership.

There are 3 categories in this grants program:

- Cultural – aiming to strengthen cultural heritage and promote wider understanding of culture.
- Leadership & Lifelong Learning – aiming to strengthen community leadership for individuals and organisations, and to engage in learning activities that support development of knowledge, skills and personal growth.
- Social Participation – supporting Aboriginal and Torres Strait Islander people to increase community participation, engagement and inclusion, and to reduce social isolation.

The 2025–26 Aboriginal and Torres Strait Islander grants offered \$185,746 to 48 organisations and individuals for activities that support the aim of the grant program. These payments will be made in the 2026–27 financial year and therefore will be reported on in the next annual report.

During the 2025–26 financial year, 11 families were supported with \$60,000 to undertake cultural practices in line with Sorry Business.

2024–25 Aboriginal Community-Controlled Organisation Establishment and Expansion Fund

This grant program is designed to support the growth and sustainability of new and existing ACCOs by providing a funding source focused on supporting establishment, capacity and capability-building activities.

The 2024–25 ACCOs Establishment and Expansion Fund provided \$823,000 to 10 organisations for activities that support the aim of the grant program.

Table 69: ACCOs Establishment and Expansion Fund Grant recipients in 2024–25

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Corroboree Empire Limited	Development Tier	12 months	\$80,000
Worldview Foundation Limited	Development Tier	12 months	\$100,000
Yeddung Mura (Good Pathways) Aboriginal Corporation	Growth Tier	12 months	\$50,000
Ngunnawal Bush Healing Farm Aboriginal Corporation	Establishment Tier	12 months	\$150,000
SEARMS Community Housing Aboriginal Corporation	Development Tier	12 months	\$93,300
Yerrabi Yurwang Child & Family Aboriginal Corporation	Growth Tier	12 months	\$50,000
Gugan Gulwan Youth Aboriginal Corporation	Growth Tier	12 months	\$50,000
Corroboree Services Limited	Establishment Tier	12 months	\$84,700
Yarruwala Corporation	Start Up Tier	12 months	\$15,000
Sisters in Spirit Corporation	Establishment Tier	12 months	\$150,000

2025–26 Aboriginal Community-Controlled Organisation Establishment and Expansion Fund

This grant program is designed to support the growth and sustainability of new and existing ACCOs by providing a funding source focused on supporting establishment, capacity and capability-building activities.

The 2025–26 ACCOs Establishment and Expansion Fund provided \$365,000 to 7 organisations for activities that support the aim of the grant program. Further payments will be made in the 2026–27 financial year and will be reported in the 2026–27 Annual Report.

Table 70: ACCOs Establishment and Expansion Fund Grant recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Yhurwun Bullan	Establishment Tier	12 months	\$40,000
Indigenous Allied Health Australia Limited	Growth Tier	12 months	\$50,000
Thirili Ltd	Growth Tier	12 months	\$50,000
Yhurwun Bullan Aboriginal Corporation	Establishment Tier	12 months	\$60,000
Yarruwala Aboriginal Corporation	Start Up Tier	12 months	\$15,000
Worldview Foundation Limited	Development Tier	12 months	\$100,000
Gugan Gulwan Youth Aboriginal Corporation	Growth Tier	12 months	\$50,000

2025–26 Audrey Fagan Enrichment Grant Program

This grant program gives girls, young women, non-binary and gender-diverse young people aged 12 to 18 years extra support to develop a project that will assist them achieve their goals. Funding can contribute to costs such as equipment, forums, courses and travel expenses to activities. The grants aim to enhance skills and knowledge within the recipient's area of interest. It provides an opportunity to make decisions, take responsibility, or initiate projects in collaboration with an experienced mentor of their choice.

The 2025–26 Audrey Fagan Enrichment Grant Program provided \$10,000 to 8 individuals for activities that support the aim of the grant program.

Table 71: Audrey Fagan Enrichment Grant Program recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Individual	Allied Health Assistance – Canberra Institute of Technology tuition	12 months	\$1,000
Individual	KooCoo craft mini crochet pattern book	12 months	\$553
Individual	Nationals	12 months	\$1,457
Individual	Bharatanatyam	12 months	\$700
Individual	Certificate 4 in fitness + a laptop to complete same project	12 months	\$1,290
Individual	Ballet Company Auditions	12 months	\$2,000
Individual	Cheerleading progression to Nationals and Summit	12 months	\$1,000
Individual	Scouts Scuba Camp 2025	12 months	\$2,000

2024–25 Disability Inclusion Grant Program

This grant program provides funding to support organisations and small business for increased opportunities for people with disability to participate in mainstream community or social groups. The grants fund projects that have a broad and deep impact on directly improving the inclusion and participation of people with disability in the ACT Community.

The 2024–25 Disability Inclusion Grant Program provided a further \$41,000 to 4 organisations for activities that support the aim of the grant program. These payments were made in the 2025–26 financial year.

Table 72: Disability Inclusion Grant Program recipients in 2024–25

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Woodcraft Guild ACT Inc	Disabled toilet refit	12 months	\$20,000
Anne Louise Crowe	Empowering Neurodivergent Adults: Leadership Program	12 months	\$5,000
Volunteering and Contact ACT Limited	Volunteering for everyone: Easy Read Project	12 months	\$10,000
Belgravia Foundation Pty Ltd	Increase accessibility and inclusion at Stromlo	12 months	\$6,000

2025–26 Disability Inclusion Grant Program

This grant program provides funding to support organisations and small businesses to increase opportunities for people with disability to participate in mainstream community or social groups. The grants fund projects that have a broad and deep impact on directly improving the inclusion and participation of people with disability in the ACT Community.

The 2025–26 Disability Inclusion Grant Program provided \$169,068 to 12 organisations for activities that support the aim of the grant program. Further payments will be made in the 2026–27 financial year and will be reported in the 2026–27 Annual Report.

Table 73: Disability Inclusion Grant Program recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Hepatitis ACT Inc	Creating Neurodiversity-Affirming Access to Viral Hepatitis Services The redesign and update of website, information resources, sensory toolkit and staff training for improved neurodivergent accessibility.	12 months	\$19,750
Sexual Health and Family Planning ACT Incorporated (SHFPACT)	Accessible Resources The creation of Easy English versions of SHFPACT's most accessed health information pamphlets including cervical screening, contraception, STI screening, menopause and pelvic pain.	12 months	\$20,000

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Woodcraft Guild ACT Inc	Woodturning for people who cannot stand The purchase of a wood lathe designed for people in wheelchairs and those who cannot stand for long periods.	12 months	\$6,537
Canberra Burlesque Academy Incorporated	Accessible Online Dance Classes Delivery of accessible online and recorded dance and movement-based classes for people with disability who are unable to attend in person.	12 months	\$18,832
Brainwave Australia Ltd	Brainwave Family Day A one-day excursion for families with children with brain illnesses and injuries for respite, fun and networking for future peer support.	12 months	\$3,690
The Scout Association of Australia ACT Branch Incorporated	Accessible Pathway Upgrade Campfire Area Construction of new accessible pathways and the upgrade of existing routes to main building, cabins and activity spaces at Cottermouth.	12 months	\$20,000
Anglicare NSW South NSW West and ACT	Disability Day Centre Equipment Height adjustable tables and change tables and installation of basketball hoop for Anglicare's Disability Day Care Centres at Holt and Tuggeranong.	12 months	\$12,069
Canberra Glassworks Limited	Making at My Pace: Accessible Pathways A 12-month pilot program to support artists with disability to establish a sustainable supported professional practice in the Canberra Glassworks.	12 months	\$16,340
ACT Disability Aged & Carer Advocacy Service Limited	Accessible Governance and Systemic Advocacy Toolkit An accessible governance toolkit converting core policies, advocacy and feedback tools into Easy Read and PDA/UA formats to ensure people with disability lead systemic change.	12 months	\$20,000
Warehouse Circus Inc	Neurodivergent Affirming Circus Gateway Project Development of marketing collateral and initial campaign focused on the benefits of circus for neurodiverse participants., to better reach the target cohort.	12 months	\$9,000
Fusion City Church Incorporated	First Aid Training First aid training for volunteers to respond to and support people with a disability enabling them to feel confident in participating in activities, especially in large group settings.	12 months	\$2,850
You Are Here Canberra Incorporated	Accessible Arts Hub An accessibility audit, stakeholder consultation and development of a 3-year Disability Inclusion Action Plan for a newly leased office, studios and public space at City Walk.	12 months	\$20,000

2024–25 Multicultural Inclusion Grants

This grant program was previously named the Participation (Multicultural) Grants and was renamed in 2024–25 to better reflect what the program offers and aims to achieve. The grants fund projects that celebrate cultural diversity and enhance social cohesion in the ACT. The grants highlight and promote community participation, cultural diversity and inclusion in the ACT in line with the charter for multiculturalism and the *Multiculturalism Act 2023*.

The 2024–25 Multicultural Inclusion Grants paid \$135,242 to 47 organisations for activities that support the aims of the grant program.

Table 74: Multicultural Inclusion Grants recipients in 2024–25

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Celebration of African Australians Inc	Muslim Mums Playgroup for all Nationalities & Celebrating African Children's Day	12 months	\$7,000
Indian Senior Citizens Association of the ACT (Inc)	Community inclusion and social connection through Safe driver education and practical driving lessons & Cultural festival Celebrations	12 months	\$2,500
Australian Multicultural Action Network Incorporated	Celebration of Harmony Day, Vesak, Teej, Pongal and Festival of lights	12 months	\$5,000
Beseda Czechoslovak Australian Association of Canberra Inc	Worlds Within Our Community: Building Connections Across Cultures & Let's Explore Our Heritage Together	12 months	\$4,100
Sri Lanka Dhamma Vihara Association of Canberra Incorporated	Help Czech-Slovak multicultural communities celebrate and share their traditions and heritage & Celebration of Sri Lankan New Year 2025 and Project 2: Commemoration of Vesak 2025	12 months	\$1,500
Art of Living Foundation Ltd	Special Sri Lankan Event	12 months	\$4,500
Australia Nepal Friendship Society	Participation of Multicultural Communities in Wellness and Spiritual Events & Nepalese Community Cultural Celebration	12 months	\$2,600
Nourish Nation Foundation Incorporated	Nepalese Community Cultural and Wellbeing Initiative & Harmony in Diversity: Celebrating Unity Through Shared Stories and Flavours	12 months	\$4,900
Cameroon Association of the Australian Capital Territory auspiced by African Australian Council of ACT	Multicultural Wellbeing: Strengthening Communities in Canberra & Inauguration and Celebration of Cameroon-Australian ACT & Inauguration and Celebration of Cameroon-Australian ACT	12 months	\$2,156
ACT Chinese Women Cultural Association Incorporated	Strengthen community inclusion and social connection & Celebrating Chinese traditional festivals together	12 months	\$1,500
GOPIO Canberra Incorporated	Celebrating United Nations designated International Days & Celebrate Indian festivals of Cultural Significance	12 months	\$1,000
YWCA Canberra	Connecting to Canberra Youth Program	12 months	\$3,200
Australian Tamil Cultural Society of the ACT Incorporated	Annual Sports Day and Social Sports & Pandigai Kondattam 2025	12 months	\$4,350
ACT Somali Community Association Incorporated	Ramadan Gathering and Somalia Day & End of Ramadan Eid Fitr and Eid al-Adha Celebration	12 months	\$1,000
Canberra Hike (CANHIKE) Incorporated	Together We Thrive: Weaving Multicultural Bonds	12 months	\$2,000

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
ACT Basketball Inc	South Sudanese Eagles – Basketball Program/ Tournament	12 months	\$3,000
Bangladesh Australia Association Canberra Inc	Multiple projects including Boishakhi Mela (Bengali New Year Celebrations) and Cultural Night – Musical	12 months	\$1,000
Das Zentrum Australian–German Institute Incorporat	Das Zentrum facilitated community libraries & Swiss, Austrian and German Festivities	12 months	\$7,150
Belconnen Arts Centre Incorporated	Belco Arts Project Information Translation	12 months	\$5,051.20
Canberra Swiss Club Incorporated	Samichlaus and participation German week	12 months	\$1,100.80
HelpingACT	Christmas Food Forum and Packing & Culturally Significant Days Celebration	12 months	\$1,500
ACT Tibetan Community Inc	Tibetan celebrations calendar	12 months	\$1,000
ZamZam Foundation Incorporated	Driving lessons for Afghan refugee women & Afghan Cultural Celebration	12 months	\$7,500
Philippine Australian Association of the ACT and the Monaro Region Incorporated	Community Seminars and a Spring Picnic & Philippine Heritage Day 2025	12 months	\$2,570
Bangladesh Australia Puja Association (Canberra) Incorporated	Durga Puja Festival 2025	12 months	\$1,800
Canberra Malayalees Association Inc (CMA)	CMA – Promoting sports in Malayalee community & Project 1 – CMA Cultural Night, Project 2 – CMA Onam Celebration, Project 3 – CMA Kappa Cup, Project 4- CMA Christmas Celebration	12 months	\$1,000
Federation of Indian Associations of ACT (FINACT) Incorporated	Finact – bringing the community together & Community Harmony Day & Community Harmony Day	12 months	\$3,000
Canberra Pinoy Advocacy Group Incorporated	Filipino–Australian Connections Program	12 months	\$3,120
St Vincent de Paul Society (Canberra/Goulburn) Limited	Nowruz community celebration	12 months	\$2,500
Canberra Girit Association of Fiji Incorporated	Two Cultural Celebrations	12 months	\$1,930
Slovenian Australian Association of Canberra Inc	Slovenian Language Course Initiative	12 months	\$2,094
Federation of Chinese Community of Canberra Inc	Traditional Chinese cultural celebration	12 months	\$1,100
Initiatives For Women In Need (IWIN)	Connecting Roots: One Sisterhood & Orange Day: Breaking Silence, Empowering Voices	12 months	\$3,500
The Federation of the Chinese Associations of the Australian Capital Territory (FCA-ACT) Incorporated	UN Chinese Language Day & UN Chinese Language Day Event	12 months	\$1,200
Integrated Cultures ACT Inc	Do not judge a book by its cover & Unity among Diversity	12 months	\$650
Muslim Sisters to ACTion (MustACT)	MustACT Youth Program	12 months	\$3,500
Queanbeyan Multilingual Centre Inc	Learn to Swim	12 months	\$6,000
Canberra Multicultural Community Forum Inc (CMCF) Incorporated	One Community, Collective Actions: STOP Racism	12 months	\$2,500
Alo-Enlightened Women Incorporated	Empowering CALD support network to combat Technology Facilitated Abuse against women and children	12 months	\$4,500

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
The Canberra Islamic School	Community Eid Celebration & Exploring Islamic Heritage: A Community Journey	12 months	\$5,400
Gilmore Church Incorporated	Multicultural Community Celebration	12 months	\$1,400
ACT Chinese Australian Association Inc	New lesson – New Style & Celebration with a difference	12 months	\$1,500
African Australian Council ACT Inc	Africa Day Celebration	12 months	\$1,700
Taiwanese Association of Canberra Australia	Building Stronger Communities: The Social and Cultural Benefits of Taiwanese Sports and Festivals & Rhythms of Taiwanese Festivals in Canberra	12 months	\$3,500
Volunteering and Contact ACT Limited	How to Volunteer: Translation Project	12 months	\$3,170
MARSS Australia Inc	Multicultural Eid Celebration	12 months	\$2,500
ACT Chinese Opera Association Incorporated auspiced by Federation of Chinese Community of Canberra Inc	Chinese Opera in Harmony Day	12 months	\$500

2025–26 Multicultural Inclusion Grants

This grants program funds projects that celebrate cultural diversity and enhance social cohesion in the ACT. The grants highlight and promote community participation, cultural diversity and inclusion in the ACT in line with the charter for multiculturalism and the *Multicultural Act 2023*.

The 2025–26 Multicultural Inclusion Grants offered \$197,000 to 55 organisations for activities that support the aims of the grant program. These payments will be made in the 2026–27 financial year and reported in the 2026–27 Annual Report.

2025–26 Return to Work Grants

This grants program provides one-off grants to help women returning to the workforce, including training and education, stationery, childcare, ICT equipment and transportation. Grant recipients typically receive \$1,000 individual grants. Grants of up to \$2,000 are available for eligible women in or exiting the Alexander Maconochie Centre.

Table 75: Return to Work Grant recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
157 grants	Help to return to the workforce.	12 months	\$159,000

2025–26 Seniors Grant Program

This grant program provides funding for innovative projects that promote older Canberrans as valued members of the local community and enable their active participation in community life. The program has a particular emphasis on supporting projects which address the areas of elder abuse, enhanced social inclusion, and those that address diverse needs of older members of the community, including Aboriginal and Torres Strait Islander Elders and CALD seniors.

The 2025–26 Seniors Grants Program provided \$80,000 to 13 organisations for activities that support the aim of the grant program.

Table 76: Seniors Grants Program recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Celebration of African Australians Inc	Elder Abuse and Mistreatment Awareness Drumming	12 months	\$6,000
ACT Chinese Women Cultural Association Incorporated	Stay active, joyful, shine golden age – seminars and workshops on dementia prevention, diet, activities and physical exercise	12 months	\$4,200
YWCA Canberra	YWCA Cares – workshops to promote active habits, group outings and resilience building with access to information on older people's rights and safety	12 months	\$9,780
Woden Senior Citizens Club Inc	Lunch and Learn – information sessions and lunches to address topics such as driving, aged care system, downsizing and advanced care planning	12 months	\$2,585
Community Home Australia Pty Ltd	Creative Connections- Opening Minds through Art – An intergenerational art-making program for older Canberrans living with dementia to be paired with Year 5–6 students from Bonython Primary School culminating with an exhibition	12 months	\$10,000
Migrant and Refugee Settlement Services (MARSS) Australia Inc.	MARSS CALD Elder Abuse Awareness Project	12 months	\$6,500
Environmental Collective Housing Organisation (ECHO)	Conversations on future housing needs	12 months	\$600
Capital Region Community Services Limited	Growing Together Community Garden	12 months	\$10,000
Canberra Muslim Community Inc	Connected & Healthy Muslim Seniors Program – weekly sessions to address social connection, digital literacy, elder abuse awareness and community gardening	12 months	\$5,535
Indian Australian Multicultural Sports Association	Active Ageing Through Sport and Wellbeing	12 months	\$4,000
Deaf Advocacy Sports and Recreation ACT Incorporated	Deaf Seniors Dance and Exercise Program	12 months	\$7,600
Australian Tamil Cultural Society of the ACT Inc.	Active and Connected Seniors Program – tai chi, yoga, walking groups, art and craft classes, cultural outings, social gatherings and skills development workshops	12 months	\$8,000
GOPIO Canberra Inc,	Happy and Healthy Senior Citizens – information sessions on elder abuse, cyber scam awareness, health, wellbeing, and community BBQs and picnics to promote social inclusion	12 months	\$5,200

2024–25 Tenant Participation Grants Program

This grant program supports eligible public and community housing tenants and their families to participate in a range of activities for physical, social, and personal development. The grants give social housing tenants and their families the opportunity to take part in activities that can be costly and encourage tenants to learn a new skill, meet new people and get involved in the community.

The 2024–25 Tenant Participation Grants program provided a further \$3,135 to 7 individuals in the 2025–26 financial year for activities that support the aim of the grant program.

Table 77: Tenant Participation Grants Program recipients in 2024–25

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
7 individuals	To support households to participate in a range of social, physical and personal activities.	12 months	\$3,135

2025–26 Tenant Participation Grants Program

This grant program supports eligible public and community housing tenants and their families to participate in a range of activities for physical, social, and personal development. The grants give social housing tenants and their families the opportunity to take part in activities that can be costly and encourage tenants to learn a new skill, meet new people and get involved in the community.

The 2025–26 Tenant Participation Grants program provided \$138,400 to 119 households in the 2025–26 financial year for activities that support the aim of the grant program.

Table 78: Tenant Participation Grants Program recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
119 households	To support households to participate in a range of social, physical and personal activities.	12 months	\$138,400

2025–26 Veterans Grant Program

This grants program supports veterans and their families' wellbeing and social inclusion. The grants support innovative projects that promote veterans as valued members of the ACT Community, promote active and healthy living and enable them to participate in community activities.

The 2025–26 Veterans Grants Program provided \$79,426 to 7 organisations for activities that support the aim of the grant program.

Table 79: Veterans Grants Program recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Water wombats Aquatic Disability Services LTD	Aquatic Therapy for Veterans	12 months	\$13,900
Soldier On Limited	Soldier On Pottery for Psychosocial Health & Wellbeing	12 months	\$15,000
The Legacy Club of Canberra Incorporated	2026 Canberra Legacy ANZAC Concert	12 months	\$13,920
Australian International Military Games	Invictus Australia 2-day mountain bike program	12 months	\$5,398
Vietnam Veterans and Veterans Federation ACT Incorporated	Veterans Wellbeing Activities 2026 Program	12 months	\$14,870
Totally and Permanently Incapacitated Ex-Servicemen & Women Association	ACT TPI Veteran & Family Inclusion Program	12 months	\$7,500
Campbell Primary School P&C Assn	Campbell Primary School P&C – Welcome Back BBQ & Colour Run Fun	12 months	\$8,838

2024–25 Women's Participation Grants

This grant program supports projects that promote women as valued members of the ACT Community. The grants support innovative projects that address the priorities of *ACT Women's Plan 2016–26* and the supporting *Third Action Plan 2023–26*. This includes projects or research that have a positive impact on women and girls by advancing gender equality in the ACT; leading to better understanding or better outcomes for women who experience multiple forms of discrimination due to intersecting factors such as poverty, disability, age, violence, trauma, ethnicity and language barriers.

The 2024–25 Women's Participation Grants provided a further \$3,094 to 1 organisation for activities that support the aim of the grant program.

Table 80: Women's Participation Grant recipients in 2024–25

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Australian National University Law Students' Society	Australian National University Law Society Women's Autonomous Initiative	12 months	\$3,094

2025–26 Women's Participation Grants

This grant program supports projects that promote women as valued members of the ACT Community. The grants support innovative projects that address the priorities of *ACT Women's Plan 2016–26* and the supporting *Third Action Plan 2023–26*. This includes projects or research that have a positive impact on women and girls by advancing gender equality in the ACT; leading to better understanding or better outcomes for women who experience multiple forms of discrimination due to intersecting factors such as poverty, disability, age, violence, trauma, ethnicity and language barriers.

The 2025–26 Women's Participation Grants provided \$80,000 to 5 organisations for activities that support the aim of the grant program.

Table 81: Women's Participation Grant recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Australian Chinese Culture Exchange and Promotion Association Incorporated	Connecting women with music and dance	12 months	\$2,000
Australian National University	Link and Grow Mentoring Program	12 months	\$20,000
Women with Disabilities ACT Incorporated	Empowered Representation for Women with Disabilities	12 months	\$13,140
Women's Shed Canberra Incorporated	Upholstery Skills for Refugee Women	12 months	\$20,000
ZamZam Foundation Incorporated	Driving Participation and Economic Security for Afghan Women	12 months	\$24,860

2025–26 Youth InterACT Grants

This grant program provides funding for projects, events and activities that support engagement and connections of young people (aged 12 to 25) and celebrate diversity and contributions to the community.

The 2025–26 Youth InterACT Grants provided \$19,100 to 10 organisations for activities that support the aim of the grant program.

Table 82: Youth InterACT Grant recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Australian Chinese Culture Exchange and Promotion Association Incorporated	Linking the ACT youth to the community through music	12 months	\$2,000
Canberra College	Connect & Celebrate: Canberra College Orientation 2026	12 months	\$2,000
United Muslims of Canberra	Youth InterACT week	12 months	\$2,000
Beseda the Czechoslovak – Australian Association of Canberra and Region, Inc.	2025–26 Youth InterACT: Many Faces, One Future	12 months	\$2,000
Bangladesh Australia Association Canberra	Indoor Sports and Games Day	12 months	\$2,000
Charles Conder Primary School	Boys and Girls Group	12 months	\$2,000
Australia Sri Lanka Association Inc Canberra chapter	Youth Resilience Network, Stronger Together	12 months	\$2,000
Conflict Resolution Service	Level Up! Building Connection Through Play	12 months	\$1,200
Celebrations of African Australians Inc	African Youth Soccer Tournament 2026	12 months	\$2,000
Rainbow Families	Family Pride	12 months	\$1,900

2024–25 Youth InterACT Scholarships

These scholarships provide funding of up to \$500 for individuals or \$1,500 for groups of young people to participate in an activity, event, or program. The funding supports and encourages young people to enhance their professional and personal development through participation in various activities or events which will enable them to remain connected and engaged.

The 2024–25 Youth InterACT Scholarships provided a further 9 grants for a total of \$4,500 for activities that support the aim of the grant program.

Table 83: Youth InterACT Scholarship recipients in 2024–25

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
9 grants	Scholarships to help young people access opportunities that support their wellbeing, independence, learning and future goals.	12 months	\$4,500

2025–26 Youth InterACT Scholarships

These scholarships provide funding of up to \$500 for individuals or \$1,500 for groups of young people to participate in an activity, event, or program. The funding supports and encourages young people to enhance their professional and personal development through participation in various activities or events which will enable them to remain connected and engaged.

The 2025–26 Youth InterACT Scholarships provided \$34,450 across 59 grants for activities that support the aim of the grant program. Further payments will be made in the 2026–27 financial year and will be reported in the 2026–27 Annual Report.

Table 84: Youth InterACT Scholarship recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
59 grants	Scholarships to help young people access opportunities that support their wellbeing, independence, learning and future goals.	12 months	\$34,450

2026 Youth Week Grants

This grant program assists groups of young people to organise events for other young people. These grants provide funding for innovative new projects that enable young people aged 12 to 25 years old to lead and participate in community development activities targeted for other young people in Canberra and the region. These grants provide funding support for projects that are based on youth participation and encourage young people to develop, implement and facilitate youth focused projects in the ACT Community.

The 2026 ACT Youth Week Grants provided \$17,598 to 12 organisations for activities that support the aim of the grant program.

Table 85: ACT Youth Week Grants recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Multicultural Hub Canberra	Kooky Olympics	12 months	\$1,788
Woden Community Service	Sunset Festival 2026	12 months	\$2,000
Canberra Interfaith Forum	Canberra Multicultural & Interfaith Youth Fair	12 months	\$500
Celebration Of African Australians Inc	Youth CATWALK Against Racism: Fashion for Social Change	12 months	\$2,000
Educacion Diversa	Rap for my Rights	12 months	\$1,500
Ainslie Football Club	Ainslie Junior Youth Week Grant Application	12 months	\$500
Anglicare NSW South, NSW West & ACT	The Art of Community	12 months	\$1,500
YWCA Canberra	Creativity Con 2026	12 months	\$2,000
Girl Guides Black Mountain District	Development of a youth-led public mural wall for the Black Mountain District Girl Guides Hall	12 months	\$2,000
Conflict Resolution Services	Youth Connect BBQ	12 months	\$1,900
headspace Tuggeranong Youth Reference Group	headspace Tuggeranong Youth Week Zine Project	12 months	\$850
HeartKids Ltd	Heart Teens Day Out	12 months	\$1,060

2026 National Multicultural Festival Grant Program

This grant program facilitates community participation in the National Multicultural Festival and provides a platform for Australia's multicultural communities to showcase their artistry, customs, and traditions. The festival promotes equality, social cohesion and the sharing of culture through music, dance, language, cultural displays, food and workshops, contributing positively to building a community that respects and celebrates diversity.

The 2026 National Multicultural Festival Grant Program provided \$212,800 to 87 organisations for activities that support the aim of the grant program.

Table 86: National Multicultural Festival Grant Program recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Music in Exile Limited	Cultural Showcase at the 2026 National Multicultural Festival – Music in Exile	12 months	\$10,000
Bangladesh Australia Association Canberra Inc	Cultural Showcase at the 2026 National Multicultural Festival – Bangladesh Showcase presented by BAAC	12 months	\$3,325
Australian Multicultural Action Network Incorporated	Cultural Showcase at the 2026 National Multicultural Festival – Echoes from the Delta: A Cultural Odyssey	12 months	\$10,000

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Council of Italo Australian Organisations Inc	Cultural Showcase at the 2026 National Multicultural Festival – Italian Showcase	12 months	\$10,000
Canberra and District NAIDOC Aboriginal Corporation	Cultural Showcase at the 2026 National Multicultural Festival – Aboriginal and Torres Strait Islander Showcase	12 months	\$10,000
Canberra Afghan Community Incorporated Association	Cultural Showcase at the 2026 National Multicultural Festival – Emal Orya Music Band	12 months	\$6,000
Canberra Palestinian Community	Cultural Showcase at the 2026 National Multicultural Festival – Musical tunes from Palestine	12 months	\$4,000
The Federation of The Chinese Associations of The Australian Capital Territory (FCA-ACT) Incorporated	Cultural Showcase at the 2026 National Multicultural Festival – China Village	12 months	\$7,525
Celebration of African Australians Inc	Cultural Showcase at the 2026 National Multicultural Festival – African Art and Cultural Showcase	12 months	\$8,750
Federation of Chinese Community of Canberra Inc	Cultural Showcase at the 2026 National Multicultural Festival – East Meets West	12 months	\$2,275
Australia Colombia Friendship Association (ACFA) Incorporated	Cultural Showcase at the 2026 National Multicultural Festival – The Latin Carnivale	12 months	\$10,000
Australian Guangxi Friendship Association Incorporated	Cultural Showcase at the 2026 National Multicultural Festival – Chinese Showcase	12 months	\$7,000
The Mongolian Association of Canberra ACT	Cultural Showcase at the 2026 National Multicultural Festival – Tradition in Motion: Mongol Dance Journey	12 months	\$5,632
Africa 2 Australia Incorporated	Cultural Showcase at the 2026 National Multicultural Festival – Jambo Jamboree Showcase: A Fusion of African Rhythms & Global Beats	12 months	\$10,000
African Australian Council ACT Inc	Cultural Showcase at the 2026 National Multicultural Festival – African Vibes	12 months	\$8,100
Canberra India Council Incorporated	Cultural Showcase at the 2026 National Multicultural Festival – India in the City	12 months	\$8,750
Scottish Australian Heritage Council Inc	Cultural Showcase at the 2026 National Multicultural Festival – Celtic Tattoo	12 months	\$2,400
Prosperous Mountain Lion Dance	Cultural Showcase at the 2026 National Multicultural Festival – Playful junior and baby lions are on the loose!	12 months	\$4,800
ACT Community Language Schools Association Inc	Cultural Showcase at the 2026 National Multicultural Festival – Languages Showcase	12 months	\$1,531
Pacific Island Showcase Association Incorporated	Cultural Showcase at the 2026 National Multicultural Festival – Fresh Fridays & Stay Fresh Saturdays	12 months	\$8,000
Australia Nepal Friendship Society	Cultural Showcase at the 2026 National Multicultural Festival – Mini Nepal in Canberra	12 months	\$8,750
Mexbourne Dance Company Inc	Community stage performance & Interstate/ Overseas travel contribution for the 2026 National Multicultural Festival	12 months	\$1,900
BailaChile Folk Dances Incorporated	Community stage performance & Parade participation for the 2026 National Multicultural Festival	12 months	\$700
Australian Chinese Culture Exchange and Promotion Association Incorporated	Community stage performance & Public Liability Insurance contribution for the 2026 National Multicultural Festival	12 months	\$800
Siti Marifah Barry	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Celebration of African Australians Inc	Community stage performance, Community workshop & Parade participation at the 2026 National Multicultural Festival	12 months	\$800
Limestone Morris	Community stage performance, Community workshop & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$800
Indigenous People of Biafra (Biafra Community in Australia)	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
The Russian Union of the South Incorporated	Community stage performance & Interstate/Overseas travel contribution at the 2026 National Multicultural Festival	12 months	\$1,900
Lao Oz Incorporated	Community stage performance & Interstate/Overseas travel contribution at the 2026 National Multicultural Festival	12 months	\$1,900
African Australian Hunting and Drumming Group Incorporated	Parade participation & Interstate/Overseas travel contribution at the 2026 National Multicultural Festival	12 months	\$1,500
ACT Chinese Women Cultural Association Incorporated	Community workshop, cooking demonstration & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$900
Australian Multicultural Action Network Incorporated	Community stage performance, Community workshop, cooking demonstration, Parade participation, Interstate/Overseas travel contribution & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$1,850
Australia-Mon Association of the ACT Inc	Community stage performance & Parade participation at the 2026 National Multicultural Festival	12 months	\$450
Razigrana Makedonka Inc	Community stage performance & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$800
Bulgari in Melbourne	Community stage performance, Community workshop, Parade participation, Interstate/Overseas travel contribution & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$2,800
The Tongan Association of Canberra and Queanbeyan Inc	Community stage performance, Community workshop & Parade participation at the 2026 National Multicultural Festival	12 months	\$1,300
Ukrainian Central School in Sydney Incorporated	Community stage performance, Parade participation, Interstate/Overseas travel contribution & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$1,800
Karnataka Association of Canberra Incorporated	Community stage performance & Community workshop at the 2026 National Multicultural Festival	12 months	\$1,500
Munay Folk Inc	Community stage performance, Community workshop, Interstate/Overseas travel contribution & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$2,800
Canberra Tongan Language and Performing Arts School Inc	Community stage performance, Parade participation & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$800
Hare Krishna Food for Life Inc	Parade participation at the 2026 National Multicultural Festival	12 months	\$500

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Polish Folkloric Ensemble Syrenka Inc	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
ACT Tibetan Community Incorporated	Community stage performance & Parade participation at the 2026 National Multicultural Festival	12 months	\$700
Oriental Charm Cheongsam Group	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Chinese Language and Culture Association (CLCA) Incorporated	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Federation of Chinese Community of Canberra Inc	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Grace Community Group	Community stage performance, Parade participation, Interstate/Overseas travel contribution & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$1,300
Unity Libyan Youth Inc Incorporated	Community workshop at the 2026 National Multicultural Festival	12 months	\$800
Cambodia Association of Canberra Incorporated	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Kung Fu Wushu ACT	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Australia-China Economic and Cultural Promotions Inc	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Wilson Lo	Parade participation at the 2026 National Multicultural Festival	12 months	\$500
Polish Folkloric Dance Group Wielkopolska of Canberra	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
The Australian Rugby Choir Incorporated	Community stage performance at the 2026 National Multicultural Festival	12 months	\$312
Bangladesh Australia Puja Association (Canberra) Incorporated	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Australian Tamil Cultural Society of the ACT Incorporated	Community stage performance, Parade participation & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$750
East African Community Association	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Australian Talented Youth Project	Community stage performance at the 2026 National Multicultural Festival	12 months	\$500
Kung Fu Wushu ACT	Community workshop at the 2026 National Multicultural Festival	12 months	\$800
Canberra Sarbojonin Puja and Cultural Association Inc.	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
ACT-Tongan Language and Cultural School	Community stage performance & Community workshop at the 2026 National Multicultural Festival	12 months	\$800
McGrath Irish Dance Foundation Incorporated	Community stage performance & Parade participation at the 2026 National Multicultural Festival	12 months	\$700
Asia Australia Youth Association	Community stage performance, Community workshop, cooking demonstration, Parade participation, Interstate/Overseas travel contribution & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$2,250

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Virtualised Sydney Estonian Folk Dancers Incorporated	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Australian Guangxi Art Troupe	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Spondon Musical Group Canberra Incorporated	Community stage performance & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$800
Australia Capital Territory Oversea Chinese Students Care Centre Incorporated	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Canberra Vietnamese School	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
African Catholic Community Choir	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Hamro Pathshala Canberra	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Federation of Indian Associations of ACT (FINACT) Incorporated	Community stage performance, Community workshop, cooking demonstration, Parade participation, Interstate/Overseas travel contribution & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$2,500
Trilong International Trade & Technology Pty Ltd	Community stage performance & Parade participation at the 2026 National Multicultural Festival	12 months	\$700
Canberra Tongan Language and Performing Arts School Inc	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Australian Capital Territory Maori Performing Arts Incorporated	Community workshop, Parade participation & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$1,400
Veselka Ukrainian Dance Ensemble of Sydney	Community stage performance & Interstate/Overseas travel contribution at the 2026 National Multicultural Festival	12 months	\$1,600
African Australian Council ACT Inc	Parade participation at the 2026 National Multicultural Festival	12 months	\$500
Learning Filipino Together Incorporated	Community stage performance & Parade participation at the 2026 National Multicultural Festival	12 months	\$700
The Tongan Association of Canberra and Queanbeyan Inc	Community stage performance & Parade participation at the 2026 National Multicultural Festival	12 months	\$500
Filipino Advocates for Change and Transparency Australian (FIL-ACT Australia)	Community stage performance & Parade participation at the 2026 National Multicultural Festival	12 months	\$500
First Step and Highland Dance School	Community stage performance at the 2026 National Multicultural Festival	12 months	\$600
Australia Ecuador Friendship Association Incorporated	Community stage performance, Parade participation & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$800
Heart Beams Rising Incorporated	Community stage performance, Community workshop, cooking demonstration, Interstate/Overseas travel contribution & Public Liability Insurance contribution at the 2026 National Multicultural Festival	12 months	\$2,550

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Australia Nepal Friendship Society	Community stage performance at the 2026 National Multicultural Festival	12 months	\$700
Raio de Sol Canberra Community Samba Band	Community stage performance & Parade participation at the 2026 National Multicultural Festival	12 months	\$700
Canberra Malayalees Association Inc	Community stage performance at the 2026 National Multicultural Festival	12 months	\$500
The Greek Orthodox Community and Church of Canberra and District Inc	Community stage performance & Interstate/ Overseas travel contribution at the 2026 National Multicultural Festival	12 months	\$1,700

2026 Reconciliation Day Grant Program

This grant program provides funding for individuals and organisations to hold meaningful events and activities in the lead up to, during or in support of the Reconciliation Day holiday and Reconciliation Week held in May each year.

The 2026 Reconciliation Day Grant Program provided \$27,480 to 8 organisations for activities that support the aim of the grant program.

Table 87: Reconciliation Day Grant Program recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Celebration of African Australians Inc	African Fusion One Mob, Many Nations	12 months	\$1,500
Educacion Diversa	Music for Change	12 months	\$5,000
Australian Multicultural Action Network Incorporated	Country Voices: Culture, Truth and Strength	12 months	\$5,000
Southern Cross Early Childhood School	Under the Southern Sky	12 months	\$3,500
Hockey ACT Inc	Hockey ACT Reconciliation Round 2026	12 months	\$3,580
Tuggeranong Netball Association Inc	Reconciliation Round 2026	12 months	\$2,000
Australian Capital Territory Council of Social Service Inc	Voices Across Generations: Shaping culturally safe futures	12 months	\$1,900
Gilmore Church Incorporated	Good Pathways Church Reconciliation Day	12 months	\$5,000

Safer Families Assistance Grant

Housing ACT administer the program on behalf of the ACT Government. In 2025–26, there were 348 grants provided to individuals and households.

Table 88: Safer Families Assistance Grant recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Eligible individuals and households in Canberra that have experienced Domestic and Family Violence	To support victims to re-establish a home after experiencing Domestic and Family Violence.	12 months	348 grants \$646,000

Hoarding and Squalor

A direct-sourcing grant to deliver Hoarding Advocacy Support Service (HASS) case management for clients to improve their particular hoarding circumstances and to facilitate effective liaison between the individuals, government regulators, government support services and community support services.

Table 89: Grant recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Woden Community Service	To improve wellbeing, living conditions and urban amenity for those affected by severe and complex hoarding and squalor. The intent of HASS is to assist individuals to acknowledge the impact of their hoarding behaviour and the need to address it from health, behaviour, social and financial perspectives, to influence the behaviour and to monitor change.	1 January 2025 to 30 June 2027	\$815,000

2025–26 Community Sector Funding Boost Program

This grant program was part of the 2025–26 Budget for community organisations who provide human services for the ACT community and have ACT Government funding contracts subject to Community Sector Indexation. This funding boost recognised both the increasing demand for essential services and the cost pressures faced by community organisations delivering essential services to Canberrans every day. It is a temporary measure to relieve financial pressures on community organisations while government undertakes reform work.

The 2025–26 Community Sector Funding Boost Program provided \$4,990,000 to 140 organisations.

Table 90: Community Sector Funding Boost Program recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Hare Krishna Food for Life	Activities in line with the grant program.	12 months	\$5,000
National Association for Prevention of Child Abuse and Neglect (NAPCAN)	Activities in line with the grant program.	12 months	\$5,000
Tamils Community Housing (ACT) Incorporated	Activities in line with the grant program.	12 months	\$5,000
Australian Breastfeeding Association	Activities in line with the grant program.	12 months	\$10,000
Foodbank NSW & ACT Limited	Activities in line with the grant program.	12 months	\$10,000
Girl Guides Association NSW ACT Region	Activities in line with the grant program.	12 months	\$10,000
Haemophilia Foundation ACT	Activities in line with the grant program.	12 months	\$10,000
Majura Women's Group Inc	Activities in line with the grant program.	12 months	\$10,000
Oz Harvest Limited	Activities in line with the grant program.	12 months	\$10,000
The Men's Table Limited	Activities in line with the grant program.	12 months	\$10,000
The RSI & Overuse Injury Association Of The ACT	Activities in line with the grant program.	12 months	\$10,000
The Scout Association of Australia ACT Branch Incorporated	Activities in line with the grant program.	12 months	\$10,000
Valley FM Broadcasters Association Incorporated	Activities in line with the grant program.	12 months	\$10,000
WhISPers Aboriginal and Torres Strait Islander Softball Corp	Activities in line with the grant program.	12 months	\$10,000

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Association of Parents and Friends of ACT Schools Inc (APFACTS)	Activities in line with the grant program.	12 months	\$10,000
A Gender Agenda Inc	Activities in line with the grant program.	12 months	\$38,840
Aboriginal Legal Service NSW/ACT	Activities in line with the grant program.	12 months	\$38,840
ACT Community Language Schools Association Inc (ACT CLSA)	Activities in line with the grant program.	12 months	\$38,840
ACT Council of Parents & Citizens Associations Inc	Activities in line with the grant program.	12 months	\$38,840
Australian Capital Territory Council of Social Service Inc (ACTCOSS)	Activities in line with the grant program.	12 months	\$38,840
ACT Disability, Aged and Carer Advocacy Service Limited	Activities in line with the grant program.	12 months	\$38,840
ACT Down Syndrome and Intellectual Disability Association Inc	Activities in line with the grant program.	12 months	\$38,840
ACT Eden Monaro Cancer Support Group	Activities in line with the grant program.	12 months	\$38,840
ACT Mental Health Consumers Network	Activities in line with the grant program.	12 months	\$38,840
ACT Playgroups Association Inc	Activities in line with the grant program.	12 months	\$38,840
ACT Shelter Association	Activities in line with the grant program.	12 months	\$38,840
Advocacy for Inclusion Incorporated (incorporating People with Disabilities ACT)	Activities in line with the grant program.	12 months	\$38,840
Alcohol Tobacco and Other Drug Association	Activities in line with the grant program.	12 months	\$38,840
Anglicare NSW South, NSW West & ACT	Activities in line with the grant program.	12 months	\$38,840
Argyle Community Housing	Activities in line with the grant program.	12 months	\$38,840
Arthritis Foundation Of The ACT Inc	Activities in line with the grant program.	12 months	\$38,840
ASHM Health	Activities in line with the grant program.	12 months	\$38,840
Asthma Australia Ltd	Activities in line with the grant program.	12 months	\$38,840
Australian Childhood Foundation	Activities in line with the grant program.	12 months	\$38,840
Barnardos Australia	Activities in line with the grant program.	12 months	\$38,840
Beryl Women Incorporated	Activities in line with the grant program.	12 months	\$38,840
CALMS Ltd	Activities in line with the grant program.	12 months	\$38,840
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	Activities in line with the grant program.	12 months	\$38,840
Canberra Community Law Ltd	Activities in line with the grant program.	12 months	\$38,840
Canberra Environment Centre	Activities in line with the grant program.	12 months	\$38,840
Canberra Police Community Youth Club Inc (PCYC)	Activities in line with the grant program.	12 months	\$38,840
Canberra Rape Crisis Centre (CRCC)	Activities in line with the grant program.	12 months	\$38,840
Cancer Council ACT	Activities in line with the grant program.	12 months	\$38,840
Capital Region Community Services Ltd	Activities in line with the grant program.	12 months	\$38,840
CARE Inc	Activities in line with the grant program.	12 months	\$38,840
Carers ACT Ltd	Activities in line with the grant program.	12 months	\$38,840
Children Australia Inc (trading as OZ Child)	Activities in line with the grant program.	12 months	\$38,840

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Communities@Work	Activities in line with the grant program.	12 months	\$38,840
Community Housing Canberra (CHC) Ltd	Activities in line with the grant program.	12 months	\$38,840
Community Options Inc	Activities in line with the grant program.	12 months	\$38,840
Community Radio 2XX Inc	Activities in line with the grant program.	12 months	\$38,840
Community Services #1	Activities in line with the grant program.	12 months	\$38,840
Companion House Assisting Survivors of Torture and Trauma Incorporated	Activities in line with the grant program.	12 months	\$38,840
Conflict Resolution Service Inc	Activities in line with the grant program.	12 months	\$38,840
Conservation Council ACT Region	Activities in line with the grant program.	12 months	\$38,840
COTA (Council on the Ageing)	Activities in line with the grant program.	12 months	\$38,840
CREATE Foundation Limited	Activities in line with the grant program.	12 months	\$38,840
Diabetes Australia	Activities in line with the grant program.	12 months	\$38,840
Directions Health Services Ltd (Formerly Assisted Drug Dependents Inc)	Activities in line with the grant program.	12 months	\$38,840
Domestic Violence Crisis Service Inc (DVCS)	Activities in line with the grant program.	12 months	\$38,840
Doris Women's Refuge Inc	Activities in line with the grant program.	12 months	\$38,840
Environmental Defenders Office	Activities in line with the grant program.	12 months	\$38,840
Epilepsy Association ACT Inc	Activities in line with the grant program.	12 months	\$38,840
Everyman Australia Limited	Activities in line with the grant program.	12 months	\$38,840
EveryMind	Activities in line with the grant program.	12 months	\$38,840
Fadiss Limited	Activities in line with the grant program.	12 months	\$38,840
Families ACT	Activities in line with the grant program.	12 months	\$38,840
Fearless Women	Activities in line with the grant program.	12 months	\$38,840
GROW	Activities in line with the grant program.	12 months	\$38,840
Gugan Gulwan Youth Aboriginal Corporation	Activities in line with the grant program.	12 months	\$38,840
Havelock Housing Association Incorporated	Activities in line with the grant program.	12 months	\$38,840
Healthcare Consumers Association Of The ACT Inc	Activities in line with the grant program.	12 months	\$38,840
Hepatitis ACT	Activities in line with the grant program.	12 months	\$38,840
Indigenous Allied Health Australia	Activities in line with the grant program.	12 months	\$38,840
Karinya House Home for Mothers & Babies Inc	Activities in line with the grant program.	12 months	\$38,840
Karralika Programs Inc	Activities in line with the grant program.	12 months	\$38,840
Key Assets The Children's Service Provider (Australia) Ltd	Activities in line with the grant program.	12 months	\$38,840
Kidsafe ACT Inc	Activities in line with the grant program.	12 months	\$38,840
Koomari	Activities in line with the grant program.	12 months	\$38,840
Life Without Barriers	Activities in line with the grant program.	12 months	\$38,840
Lifeline Canberra Inc	Activities in line with the grant program.	12 months	\$38,840
Mackillop Family Services Ltd	Activities in line with the grant program.	12 months	\$38,840
MSI Reproductive Choices	Activities in line with the grant program.	12 months	\$38,840

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Marymead CatholicCare Canberra & Goulburn	Activities in line with the grant program.	12 months	\$38,840
Menslink	Activities in line with the grant program.	12 months	\$38,840
Mental Health Community Coalition ACT	Activities in line with the grant program.	12 months	\$38,840
Mental Health Foundation	Activities in line with the grant program.	12 months	\$38,840
Mental Illness Education ACT Inc	Activities in line with the grant program.	12 months	\$38,840
Meridian Inc	Activities in line with the grant program.	12 months	\$38,840
MARSS Australia Inc (Migrant and Refugee Settlement Services)	Activities in line with the grant program.	12 months	\$38,840
National Disability Services Limited	Activities in line with the grant program.	12 months	\$38,840
National Stroke Foundation	Activities in line with the grant program.	12 months	\$38,840
First People's Disability Network	Activities in line with the grant program.	12 months	\$38,840
Noahs Ark Resource Centre Inc	Activities in line with the grant program.	12 months	\$38,840
North Belconnen Community Association	Activities in line with the grant program.	12 months	\$38,840
Northside Community Service Limited	Activities in line with the grant program.	12 months	\$38,840
ORYGEN	Activities in line with the grant program.	12 months	\$38,840
Palliative Care ACT Inc	Activities in line with the grant program.	12 months	\$38,840
Perinatal Wellbeing Centre Inc	Activities in line with the grant program.	12 months	\$38,840
Prisoners Aid ACT Inc	Activities in line with the grant program.	12 months	\$38,840
Queanbeyan Multilingual Centre Inc	Activities in line with the grant program.	12 months	\$38,840
Reclink	Activities in line with the grant program.	12 months	\$38,840
RED NOSE LIMITED	Activities in line with the grant program.	12 months	\$38,840
Relationships Australia Canberra & Region Inc.	Activities in line with the grant program.	12 months	\$38,840
Roses in the Ocean	Activities in line with the grant program.	12 months	\$38,840
Roundabout Canberra Limited	Activities in line with the grant program.	12 months	\$38,840
RSPCA ACT	Activities in line with the grant program.	12 months	\$38,840
SDN Children's Services (Sydney Day Nursery Association)	Activities in line with the grant program.	12 months	\$38,840
SEE Change	Activities in line with the grant program.	12 months	\$38,840
Sexual Health and Family Planning ACT Inc	Activities in line with the grant program.	12 months	\$38,840
Sisters in Spirit Aboriginal Corp	Activities in line with the grant program.	12 months	\$38,840
St Vincent de Paul Society (Canberra/Goulburn) Limited	Activities in line with the grant program.	12 months	\$38,840
Stride Mental Health Ltd	Activities in line with the grant program.	12 months	\$38,840
Supportlink	Activities in line with the grant program.	12 months	\$38,840
Ted Noffs Foundation Ltd	Activities in line with the grant program.	12 months	\$38,840
Australian Red Cross Society	Activities in line with the grant program.	12 months	\$38,840
The Benevolent Society	Activities in line with the grant program.	12 months	\$38,840
The Salvation Army	Activities in line with the grant program.	12 months	\$38,840
The Smith Family	Activities in line with the grant program.	12 months	\$38,840
Thirrili	Activities in line with the grant program.	12 months	\$38,840
Toora Women Inc	Activities in line with the grant program.	12 months	\$38,840

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Tuggeranong Community Arts Association	Activities in line with the grant program.	12 months	\$38,840
Tuggeranong Link of Community Houses & Centres Inc	Activities in line with the grant program.	12 months	\$38,840
UCA – UnitingCare Canberra City	Activities in line with the grant program.	12 months	\$38,840
UnitingCare Kippax	Activities in line with the grant program.	12 months	\$38,840
Uniting (NSW.ACT)	Activities in line with the grant program.	12 months	\$38,840
Volunteering and Contact ACT Limited	Activities in line with the grant program.	12 months	\$38,840
Warehouse Circus Inc	Activities in line with the grant program.	12 months	\$38,840
Wellways Australia Ltd	Activities in line with the grant program.	12 months	\$38,840
Winnunga Nimmityjah Aboriginal Health and Community Services Ltd	Activities in line with the grant program.	12 months	\$38,840
Woden Community Service Limited	Activities in line with the grant program.	12 months	\$38,840
Women With Disabilities ACT Incorporated	Activities in line with the grant program.	12 months	\$38,840
Women's Legal Centre ACT	Activities in line with the grant program.	12 months	\$38,840
Women's Centre for Health Matters	Activities in line with the grant program.	12 months	\$38,840
Yedding Mura (Good Pathways) Aboriginal Corp	Activities in line with the grant program.	12 months	\$38,840
Yerrabi Yurwang Child & Family Aboriginal Corporation	Activities in line with the grant program.	12 months	\$38,840
Yhurwun Bullan Aboriginal Corporation	Activities in line with the grant program.	12 months	\$38,840
YWCA Canberra	Activities in line with the grant program.	12 months	\$38,840
Youth Coalition ACT	Activities in line with the grant program.	12 months	\$38,840
Young Men's Christian Association of Canberra Limited (YMCA)	Activities in line with the grant program.	12 months	\$38,840

Research and Innovation Fund

The Research and Innovation Fund provides multi-year grants that support health and medical research across the ACT.

Table 91: Grant recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Louise Stone	Young People's Journeys Around Mental Health and Mental Services Study (JAMMed): Longitudinal Qualitative Study	March 2022 to February 2026	Nil
Theo Niyonsenga (formally Paterson)	Multidisciplinary brain cancer rehabilitation, holistic assessment, and multimodal interventions to address survivorship needs: Brain Trial	March 2022 to March 2026	Nil
Syed Farhan	A multiparameter platform for novel radio-immunotherapy personalisation in metastatic colorectal cancer	April 2022 to June 2027	Nil
Aude Fahrer	Phase One Clinical Trial, and Pre-Clinical Optimisation of a Novel Cancer Immunotherapy Combination	June 2022 to June 2028	Nil

Research and Innovation Fund Fellowship Program

The Research and Innovation Fund multi-year grants to support emerging and established clinician-researchers, building research leadership, capability and collaboration across the ACT health and medical research system.

Table 92: Grant recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Nathan D'Cunha	Delivering timely post-diagnostic dementia care in the ACT region: Identifying current gaps and enhancing service delivery	June 2023 to June 2026	Nil
Phil Choi	Unravelling immune thrombocytopenia: from diagnosis to treatment options	June 2023 to June 2026	Nil
Katrina Randall	Improving outcomes for patients with allergy and immunodeficiency in the ACT using a phenomics- and genomics-based approach	June 2023 to December 2026	Nil
Melissa Parker	Investigating the impact of Period ImPact and Pain Assessment screening for period pain in online communities and primary health	June 2023 to December 2026	Nil
Michael Chapman	Dying, death literacy and voluntary assisted dying – educating community responses to assisted dying in the ACT	June 2023 to December 2027	Nil

Expanding access to cervical screening services

These grants use funding through the Federation Funding Agreement *Expanding access to cervical screening services* to enable non-medical health practitioners to provide cervical screening tests and to reach under-screened and never-screened populations in the ACT.

Table 93: Grant recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
Sexual Health and Family Planning ACT (SHFPACT)	Delivery of free nurse led clinic-based and outreach clinics for eligible under-screened populations inclusive of people who identify as CALD backgrounds or with a disability.	June 2025 to June 2026	\$245,247
Sexual Health and Family Planning ACT (SHFPACT)	Delivery of a Well Women's Screening Course each year, for two years. The course enables primary healthcare nurses to gain clinical competence in cervical screening.	July 2025 to June 2027	\$127,268

Jennifer James Memorial Scholarship for Research: Bachelor of Nursing (Honours) – Synergy Nursing and Midwifery Research Centre

Through the Synergy Nursing and Midwifery Research Centre, this funding supports eligible nurses working in the ACT public health services to complete a Bachelor of Nursing (Honours) at University of Canberra.

Table 94: Jennifer James Memorial Scholarship recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
2 individuals	To strengthen nursing research capability, support professional development and retention, promote evidence-informed practice, and improve models of care and patient outcomes across ACT public health services.	2 years	\$25,500.00

Aboriginal and Torres Strait Islander Enrolled Nurse Scholarship

This funding supports eligible Aboriginal and Torres Strait Islander students to complete a Diploma of Nursing at Canberra Institute of Technology.

Table 95: Aboriginal and Torres Strait Islander Enrolled Nurse Scholarship recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
1 individual	To support Aboriginal and/or Torres Strait Islander (First Nations) students to complete a Diploma of Nursing at Canberra Institute of Technology.	12 months	\$6,857.00

Nursing and Midwifery Professional Development Scholarship

This funding supports eligible nurses and midwives working in the ACT public health services to undertake professional development opportunities such as conferences, courses and innovation projects.

Table 96: Nursing and Midwifery Professional Development Scholarship recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
14 individuals	To strengthen nursing and midwifery practice, improve patient care and service delivery, support staff wellbeing, and encourage innovative, responsive models of care that enhance outcomes across the ACT public health system.	12 months	\$10,399.09

Notes This program ceased in 2025 and has been amalgamated into the Nursing and Midwifery Scholarship Scheme.

Nursing and Midwifery Postgraduate Scholarship

These scholarships support eligible nurses and midwives working in the ACT public health services to undertake postgraduate studies in clinical practice, education, research, leadership and management.

Table 97: Nursing and Midwifery Postgraduate Scholarship recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
133 individuals	To enable nurses and midwives to further their qualifications and professional development.	12 months	\$247,897.00

Notes This program ceased in 2025 and has been amalgamated into the Nursing and Midwifery Scholarship Scheme.

Nursing and Midwifery Scholarship Scheme

These scholarships support eligible nurses and midwives working in any sector within the ACT to undertake professional development and education opportunities, such as postgraduate qualifications and short courses.

Table 98: Nursing and Midwifery Scholarship Scheme recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
31 individuals	To enable nurses and midwives to further their qualifications and professional development.	12 months	\$87,274.00

Maternity in Focus Workforce Scholarship Scheme

This scholarship scheme was established to support the delivery of the ACT Government's *Maternity in Focus: First Action Plan 2022–2025* by investing in the skills and development of the maternity workforce. The scheme provides scholarship opportunities for nurses, midwives, doctors and other eligible health professionals working within the ACT public maternity system and partner organisations.

Table 99: Maternity in Focus Workforce Scholarship Scheme recipients in 2025–26

Recipient	Program purpose/summary	Term of grant	Amount (\$ ex GST) provided in 2025–26
18 individuals	To create strong foundations to support growth, positive culture and professional development within the maternity workforce to meet the needs of women and pregnant people into the future. It also supports a sustainable and inclusive workforce by upskilling midwives, nurses, doctors and other health professionals working in the ACT public maternity system.	12 months	Nil

Notes: A total of \$24,087.74 (ex GST) has been rolled over into the 2026–27 financial year and will be paid to the successful scholarship recipients once approval processes have been completed.

For more information, contact HCSDCorporateServicesExecutiveUnit@act.gov.au.

Aboriginal and Torres Strait Islander reporting

Progress in Implementing both the National Agreement and the ACT Agreement

During 2025–26, the Directorate progressed its commitments under the *National Agreement on Closing the Gap* (National Agreement) and the *ACT Aboriginal and Torres Strait Islander Agreement* (ACT Agreement).

A key focus was increasing Aboriginal and Torres Strait Islander leadership in decisions that affect communities and strengthening opportunities for Aboriginal Community-Controlled Organisations (ACCOs) to design and deliver services. Our approach was guided by the principles of self-determination, Community leadership, partnership, cultural safety, accountability, transparency and continuous improvement.

Through shared decision-making structures and Community-led approaches, Aboriginal and Torres Strait Islander peoples played a central role in identifying priorities, shaping policy and driving implementation across key reform in:

- health workforce capability development
- culturally informed models of care
- domestic and family violence housing and homelessness reforms
- child and family system improvements
- LGBTIQ+ policies and reforms
- mental health and social and emotional wellbeing partnerships
- Closing the Gap implementation activities
- major Community events such as Reconciliation Day and NAIDOC Week.

Working with the Aboriginal and Torres Strait Islander Elected Body (ATSIEB), the Directorate supported the strengthening of Aboriginal and Torres Strait Islander leadership in shaping policy priorities, implementation and accountability. This included supporting the Select Policy Subcommittee

of Cabinet on Closing the Gap which provides a formal mechanism to directly discuss priorities with Government and influence government decision-making.

During the year, the Directorate supported a range of initiatives that increased Aboriginal and Torres Strait Islander leadership and participation across health, housing, mental health, child and family services, domestic and family violence responses, and community wellbeing programs. Key achievements included:

- supporting the growth of the Aboriginal Community-controlled sector through the ACCO Establishment and Expansion Fund and targeted commissioning and grant programs
- progressing the transition of the Ngunnawal Bush Healing Farm to Community control
- increasing investment in Aboriginal and Torres Strait Islander-led mental health, social and emotional wellbeing, housing and family violence services
- advancing co-designed initiatives including Birthing with Country, Aboriginal health workforce planning and Aboriginal and Torres Strait Islander youth mental health services
- strengthening Aboriginal and Torres Strait Islander leadership in data governance, evaluation and accountability processes
- supporting major community-led events, including Reconciliation Day and NAIDOC Week.

The Directorate also worked across government and with community partners to improve coordination between services and deliver more connected, person, family and community-centred responses. This included strengthening collaboration across health, housing, social services, child and family services, mental health, disability and justice systems.

Investment in ACCOs remained a priority. Through funding, commissioning and procurement approaches, the Directorate continued to build Aboriginal community sector capability and support long-term sustainability. These investments expanded opportunities for Aboriginal and Torres Strait Islander organisations to deliver services, strengthen local leadership and respond to community priorities.

The Directorate coordinated whole-of-government reporting on ACT Agreement and National Agreement commitments and continued to refine supporting reporting, monitoring and evaluation processes. We worked in partnership with Community to support responses to ATSIIEB recommendations and worked with Aboriginal and Torres Strait Islander stakeholders to develop outcomes frameworks and indicators in areas including housing and social services.

We also progressed Indigenous Data Governance initiatives and strengthened Governance of Indigenous data mechanisms that improve Community access to information and monitor progress against government commitments.

While significant work remains to achieve the ambitions of the National Agreement and ACT Agreement, the Directorate is committed to strengthening Aboriginal and Torres Strait Islander leadership in governance and decision-making. We remain committed to cultural safety, self-determination and ensuring policies, programs and services are informed by, and accountable to, Aboriginal and Torres Strait Islander priorities, leadership and lived experience.

National Agreement Priority Reforms

In 2025–26, the Directorate worked with Aboriginal and Torres Strait Islander stakeholders to progress the Priority Reforms under the National Agreement and the commitments of the ACT Agreement.

This work focussed on strengthening partnerships, supporting the Aboriginal Community-controlled sector, improving cultural responsiveness across services, enhancing accountability and reporting arrangements, and promoting more coordinated approaches across government.

Priority Reform One – Formal partnerships and shared decision making

Our Booris, Our Way Implementation Oversight Committee – Formal Partnership

Our Booris, Our Way was an independent review of the Child and Youth Protection Services for Aboriginal and Torres Strait Islander children and young people. Overseen by a wholly Aboriginal steering committee,

the review examined why Aboriginal and Torres Strait Islander children and young people enter care and identified actions to reduce entries into care, improve children's experiences and outcomes while in care and increase exits from care through restoration.

The review, presented to government in December 2019, made 28 recommendations and 8 sub-recommendations. In June 2020, the ACT Government established the independent Our Booris, Our Way Implementation Oversight Committee, a wholly Aboriginal advisory committee that provides cultural oversight of implementation to meet the expectations set out in the review.

The Directorate continued to work in partnership with the Our Booris, Our Way Implementation Oversight Committee (OBOWIOC) to implement the 36 recommendations and sub-recommendations of the Our Booris, Our Way Final Report.

During 2025–26, implementation was supported through a strengthened governance framework comprising quarterly meetings between the Directorate and the OBOWIOC, 6-weekly Oversight Committee check-ins, and subgroups involving OBOWIOC representatives and Directorate executive leads to progress agreed high-priority recommendations.

These arrangements strengthened Aboriginal leadership and oversight of implementation, support shared decision-making and provide greater accountability for delivering reforms that improve outcomes for Aboriginal and Torres Strait Islander children, young people and families.

Progress continues to be monitored and publicly reported through 6-monthly implementation progress reports tabled in the ACT Legislative Assembly before publication on the ACT Government Our Booris, Our Way website. This reporting supports transparency and enables ongoing monitoring of implementation progress and outcomes.

Maternity in Focus: Birthing with Country

Maternity in Focus: The ACT Public Maternity System Plan 2022–2032 brings together national and local maternity priorities. The strategy highlights the importance of developing culturally safe, evidence-based maternity care in partnership with Aboriginal and Torres Strait Islander people and communities.

Senior Ngunnawal Elder Aunty Violet Sheridan initiated the ACT Birthing with Country Cultural

Advisory Group in April 2024, bringing together respected Aboriginal women Community leaders to provide cultural authority and guidance to the project. Together with the Directorate, the Group values two-way learning as a respectful way of working together, by privileging Aboriginal and Torres Strait Islander ways of knowing, being and doing in partnership with government expertise and regulatory requirements. As the project has evolved, the Group has now become the Cultural Governance Group, reflecting the commitment to Aboriginal and Torres Strait Islander self-determination.

The Cultural Governance Group established and co-leads the Birthing with Country Working Group to co-design Aboriginal and Torres Strait Islander maternity care models for the ACT. This approach has matured by learning and working together, being open and responsive to Aboriginal and Torres Strait Islander ways of knowing and doing to ensure that Community voices are heard and guide the direction of this work. Members include CHS maternity leaders and staff, including Aboriginal and Torres Strait Islander midwifery staff, Aboriginal liaison officers, Aboriginal and Torres Strait Islander women and birthing people, and representatives from the University of Canberra, Winnunga Nimmityjah Aboriginal Health and Community Services and Yerrabi Yurwang Child and Family Aboriginal Corporation.

Supporting self-determination, Aboriginal and Torres Strait Islander members have a protected majority of at least 50 per cent plus one for any decision-making. Continued Community leadership demonstrates relationships of trust and a tangible sense of self-determination, with this co-design informing the development of the models of care, workforce planning and governance arrangements with the health service in the next stages.

ACT Aboriginal and Torres Strait Islander Health Workforce Action Plan

The Directorate engaged Indigenous Allied Health Australia to develop the ACT Aboriginal and Torres Strait Islander Health Workforce Action Plan with Aboriginal and Torres Strait Islander communities and stakeholders. As an Aboriginal and Torres Strait Islander-led organisation, IAHA is leading engagement with Aboriginal and Torres Strait Islander stakeholders to identify workforce priorities and opportunities for action. The Action Plan will guide recruitment, retention, career development and leadership opportunities for Aboriginal and Torres Strait Islander

people across the ACT health workforce. The ACT First Nations Health Workforce Collaborative is informing the development of the plan through collaboration across government, health services, education providers and Aboriginal and Torres Strait Islander organisations.

National Health Reform Agreement

Negotiations on the new 5-year National Health Reform Agreement (NHRA) Addendum began in 2024 and concluded in January 2026. The Directorate supported both the Minister for Health and the Chief Minister, and worked in partnership with the ACT NACCHO Affiliate, throughout negotiations. The final 2026–31 NHRA Addendum includes Schedule B – Better Health Outcomes for Aboriginal and Torres Strait Islander People, which the Aboriginal and Torres Strait Islander health sector developed and endorsed. The 2026–31 NHRA commences 1 July 2026.

The Schedule reaffirms commitments under the co-designed national Aboriginal and Torres Strait Islander health and wellbeing framework. It also establishes an independent Aboriginal and Torres Strait Islander Monitoring and Accountability Group to oversee implementation of the NHRA Addendum and assess the impact of the NHRA on Aboriginal and Torres Strait Islander people's health and wellbeing. Commonwealth, state and territory governments report annually to the Group.

Aboriginal and Torres Strait Islander mental health and suicide prevention service

The ACT Government is committed to supporting Aboriginal and Torres Strait Islander self-determination in Aboriginal and Torres Strait Islander mental health and suicide prevention services, including through funding and partnership arrangements with Thirrili.

During 2025–26, Thirrili delivered culturally safe suicide prevention and postvention services for Aboriginal and Torres Strait Islander people in the ACT. Thirrili strengthened partnerships with local organisations and communities, and facilitated Community gatherings where people could connect, share experiences and identify emerging mental health and suicide prevention priorities. Funding for Thirrili is secured until 30 June 2027.

The ACT Aboriginal and Torres Strait Islander Suicide Prevention and Mental Health Partnership Group continued to bring together government, Community representatives and service providers to discuss local priorities and improve culturally responsive

approaches. The Directorate also supported Community capacity-building initiatives, including the Wesley LifeForce Aboriginal and Torres Strait Islander Suicide Prevention Training program, which helps participants recognise and respond to suicide risk in culturally appropriate ways.

Increasing opportunities for ACCOs to deliver housing services

The Directorate worked in partnership with Community to increase opportunities for ACCOs to deliver housing services. Activities included:

- exploring opportunities for additional ACCOs or Aboriginal Community-Controlled Health Organisations (ACCHOs) to apply to lease Housing ACT properties
- working across government to identify opportunities through Housing Australia Future Fund Facility (HAFFF) Round 3, including the Aboriginal and Torres Strait Islander and state and territory streams
- planning to implement 2026–27 Budget funding to support people experiencing chronic homelessness, including 65 additional properties through the Housing Asset Assistance Program, with a focus on increasing ACCO providers.

It also supported Community-led housing solutions by:

- supporting ACCO-led housing provision and management
- reducing barriers to entry within housing and government systems
- exploring opportunities for Community to establish new ACCOs.

Progress will be measured through:

- the number of properties and services managed by ACCOs
- the number of housing opportunities ACCOs access through HAFFF and other programs
- the number of partnerships between Community housing providers and ACCOs.

ACT Aboriginal Children's Forum initiatives

The ACT Government and Yerrabi Yurwang established the AACF in May 2025. The AACF brings together ACCOs, service providers and government representatives to strengthen outcomes for Aboriginal children, young people and families by embedding Aboriginal leadership in decision making and driving system reform.

During the reporting period, AACF members focused on strengthening cultural accountability and workforce capability across the sector. This included developing a cultural accountability tool. ACCOs, Aboriginal stakeholders with service-delivery roles and sector partners helped develop the tool. It will support organisations to embed culturally responsive policies, practices and service delivery. The tool will also create a baseline of data for monitoring and reporting.

Co-design to determine the needs and culturally appropriate solutions for Aboriginal and Torres Strait Islander LGBTIQ+ people

The *First Action Plan (2024–26)* of the *Capital of Equality Strategy (2024–2029)* committed to a co-design process with Aboriginal and Torres Strait Islander LGBTIQ+ peoples to identify their needs and determine culturally appropriate solutions. To do this, the Office of LGBTIQ+ Affairs established the Aboriginal and Torres Strait Islander LGBTIQ+ Advisory Group in late 2024, comprising 10 LGBTIQ+ Aboriginal and Torres Strait Islander Community members.

The co-design process centred Aboriginal and Torres Strait Islander self-determination with the process entirely Community led resulting in the [*For Us, By Us: Culturally-led Solutions for Supporting Aboriginal and Torres Strait Islander SBLGBTIQ+ People*](#) report. Authored by the Advisory Group, the report provides strategic advice to the ACT Government on improving outcomes for Aboriginal and Torres Strait Islander LGBTIQ+ people.

The recommendations from the report are categorised into 7 key themes:

- Self-determination
- Data, research and evaluation
- Visibility and recognition
- Social and Community connections
- Culturally safe supports and services
- Health and wellbeing
- Safety and justice

The report provides a culturally led framework to guide future policy, service design and Community responses that better reflect the needs and experiences of Aboriginal and Torres Strait Islander LGBTIQ+ communities. The Advisory Group will now advise the ACT Government on implementing the report's recommendations.

Three-year-old health and development checks

The ACT Government piloted child health and development checks from May to June 2026 across 5 early childhood education and care settings, including 2 Koori Preschools. The pilot focused on 3-year-old children and their families and, to improve access and equity, also included 4-year-old children attending Koori Preschools.

Aboriginal and Torres Strait Islander families completed the ASQ-TRAK, a culturally safe and strengths-based developmental screening tool, alongside a health check delivered by a maternal and child health nurse.

The pilot assessed the feasibility and effectiveness of Community-based developmental screening, improving access to early supports and identifying children who may benefit from further assessment or referral. It also assessed how effectively the ASQ-TRAK engaged Aboriginal and Torres Strait Islander families.

An evaluation report will be completed in late 2026 and will include findings and recommendations, including outcomes for Aboriginal and Torres Strait Islander children and families. The findings, together with ongoing Community engagement, will inform future child health and development check models and the design of the Thriving Kids service, where Aboriginal and Torres Strait Islander children remain a priority cohort.

National Reconciliation Week and Reconciliation Day 2026

National Reconciliation Week 2026 was held from 27 May to 3 June under the theme All In. The week encouraged Australians to strengthen relationships, respect and understanding between Aboriginal and Torres Strait Islander peoples and the broader Community.

The ACT remains the only Australian jurisdiction to recognise reconciliation through a dedicated public holiday. The week began with the annual Reconciliation Day Event, which reflects commitment to truth telling, healing, and strengthening relationships between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. See further information in the Community Engagement Activities section at page 97.

NAIDOC Week

NAIDOC Week 2025 was held from 6 to 13 July under the theme The Next Generation: Strength, Vision & Legacy. The theme celebrated the contribution of young Aboriginal and Torres Strait Islander leaders and recognised their role in strengthening culture, driving social progress and carrying forward the legacy of previous generations.

The week began with the annual ACT Government Flag Raising Ceremony hosted by the Minister for Aboriginal and Torres Strait Islander Affairs and OATSIA. Held between the Legislative Assembly and the ACT Government Building at 220 London Circuit, the event featured a cultural performance by Project Dust and a musical performance by the Gudan Gulwan Youth Aboriginal Corporation Youth Troupe.

Throughout the week, OATSIA delivered a range of Community activities, including a NAIDOC-themed cook-off and screenings of films by Joe Flick and Aunty Madeline McGrady. Joe Flick's film explored the stories of Aboriginal soldiers buried overseas during World War I, while Aunty Madeline McGrady's film, *Welcome to Wee Waa*, documented the protests and subsequent inquests following the deaths of Aboriginal people in custody in the early 1980s.

Together, these activities celebrated Aboriginal and Torres Strait Islander cultures, strengthened Community participation and increased public understanding of Aboriginal and Torres Strait Islander histories, experiences and contributions.

Priority Reform Two – Building the Community-controlled sector

Indigenous Allied Health Australia (IAHA) Health Academy in the ACT

The IAHA Health Academy, delivered by IAHA in partnership with the Canberra Institute of Technology, supports Aboriginal and Torres Strait Islander secondary school students to complete a Certificate III in Allied Health Assistance through an Australian School-based Apprenticeship.

The program creates pathways into further education, training and health careers while supporting Aboriginal and Torres Strait Islander-led workforce development. It demonstrates how government,

education providers and Community-controlled sectors can grow the future Aboriginal and Torres Strait Islander health workforce in the ACT. The number of Aboriginal and Torres Strait Islander students studying the Certificate III in Allied Health Assistance qualification through this program has doubled since 2023. Student retention rate has increased from 90.0 per cent in 2024 to 96.5 per cent in 2025. The ACT Government committed funding in the 2026–27 Budget to continue the program.

Winnunga Nimmityjah Alcohol and Other Drug Residential Rehabilitation Service

During 2025–26, Winnunga Nimmityjah Aboriginal Health and Community Services led the design and construction of a new 24-bed residential alcohol and other drug rehabilitation facility for Aboriginal and Torres Strait Islander people. The ACT Government supported the project through grant funding and provided Winnunga with a zero-cost, 99 year Crown lease for the Watson site of the facility.

The project reflects a Community-led approach to service delivery. Rather than directing the design or operation of the facility, the ACT Government invested in Winnunga's vision and leadership by providing funding, land tenure and cross-government coordination. Winnunga led decision making throughout planning, design and delivery, supporting Aboriginal and Torres Strait Islander self-determination.

In May 2026, the ACT Government granted Winnunga Nimmityjah a zero-cost 99 year Crown lease for the site of the new facility. The grant of the lease was coordinated across government, led by the Directorate in partnership with the City and Environment Directorate.

In April 2026, the Directorate provided \$1.293 million to support operational readiness, including \$1.04 million in new funding and \$250,000 in previously unspent funds. This investment will help ensure the facility is ready to provide culturally safe rehabilitation services when it opens.

The service is expected to begin operating in 2026–27. Winnunga is currently preparing for service delivery, including recruiting and training staff, finalising the service model and developing policies and procedures.

Co-design of an ACT Aboriginal and Torres Strait Islander youth mental health service

The Directorate engaged Aboriginal and Torres Strait Islander consultancy Yamagigu to lead the co-design of an Aboriginal and Torres Strait Islander youth mental health service in partnership with Aboriginal and Torres Strait Islander communities, young people, stakeholders and service providers across the ACT.

In June 2026, Yamagigu completed the engagement phase of the project. This work included reviewing existing research and data, mapping services and consulting with ACCOs, mainstream services and cross-sector stakeholders. The engagement identified service pressures, culturally responsive approaches and opportunities to embed holistic supports within the future service model.

The findings will inform the development of 3 costed service models designed by and for Community.

Clybucca Dreaming Intensive First Nations Perinatal Mental Health Case Management Program

The Directorate continued funding Clybucca Dreaming to meet growing demand for the Intensive First Nations Perinatal Mental Health Case Management Program.

The program supports Aboriginal and Torres Strait Islander women during the perinatal period through culturally safe and responsive mental health care. Its goal is to improve perinatal mental health outcomes for women while strengthening access to appropriate support services.

Mental Health NGO Commissioning Aboriginal and Torres Strait Islander Social and Emotional Wellbeing stream

The Directorate released the *Mental Health NGO Commissioning Strategic Investment Plan* on 21 November 2025. Through the plan, the ACT Government committed \$1.1 million (GST exclusive) annually to the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing grant stream.¹

The grant stream will fund ACCOs and ACCHOs to deliver targeted, culturally responsive services that support social and emotional wellbeing and the mental health of Aboriginal and Torres Strait Islander

1 Health and Community Services Directorate (HCSD), [Mental Health NGO Commissioning Strategic Investment Plan](#), HCSD, ACT Government, 2025.

people in the ACT. The Directorate continues to work in partnership with Community to support the development of grant requirements for this process.

Delivering targeted and sustained interventions to prevent homelessness for at-risk groups

The Directorate fostered partnerships between mainstream Community housing providers and ACCOs, contributing to improved housing outcomes for Aboriginal and Torres Strait Islander people.

One example is the partnership between Yerrabi Yurwang and Marymead CatholicCare, which received \$966,071 in 2025–26 to provide tenancy and property management services. The Yerrabi Aboriginal Housing Program saw Yerrabi Yurwang leading all services, supported by Marymead CatholicCare who contributed time, resources, knowledge, systems and skills to build capacity.

During 2025–26, the Directorate invested more than \$1.6 million in homelessness services specifically for Aboriginal and Torres Strait Islander people. This funding improved housing security, tenancy management services and access to culturally safe wraparound supports for people experiencing, or at risk of, homelessness. Key investments included:

- Gudan Gulwan's youth program— support services for a minimum of 6 young people and their families, at risk of, or experiencing, homelessness (\$110,554) by providing culturally safe support to resolve crisis, re-establish family and Community links, and re-establish the capacity to live independently and achieve sustainable housing
- Winnunga Nimmityjah's Aboriginal and Torres Strait Islander Youth Service—through the housing liaison program to enable access to affordable housing options and a home maintenance program to ensure the safety and security of their tenancies by providing maintenance services (\$360,070)
- Yerrabi Yurwang's tenancy and property management services delivered in partnership with Marymead CatholicCare that provides culturally safe, Community led transitional housing and support services for Aboriginal and Torres Strait Islander families (\$966,071)
- the Gulanga Program² through the ACT Council of Social Services (\$168,964) which provided training and resources for Aboriginal and Torres Strait Islander Community sector workers, and organisations wanting to improve cultural competency

Additional ongoing funding that supported Aboriginal and Torres Strait Islander communities included:

- the Woden Education First Youth Foyer (\$415,599) providing mentoring and coaching for Aboriginal and Torres Strait Islander students
- the Toora Women Coming Home Program providing accommodation and support services for women exiting prisons (\$585,239)
- Yeddung Mura's transitional accommodation program which provides short-term occupancy support for Aboriginal and Torres Strait Islander men exiting the Alexander Maconochie Centre.

To support women and children escaping domestic and family violence, the Directorate continued funding a range of crisis and transitional accommodation services. These include the Beryl Women's Refuge (\$1,155,707) with 20 beds, the Doris Women's Refuge (\$1,002,257) with 18 beds and MacKillop House (\$619,574) with 32 beds. Toora Tenancy and Property Management and Support Services for Women provided 132 beds with \$3,393,877 of funding in 2025–26. This investment in crisis and transitional accommodation services ensured access to safe and stable housing at times of acute need, while providing pathways to longer-term housing and independence.

The Directorate announced funding for a new Crisis and Transitional Accommodation Program delivered by Marymead CatholicCare Canberra and Goulburn, Yerrabi Yurwang and the Domestic Violence Crisis Service. The program prioritises Aboriginal and Torres Strait Islander families and provides 7 properties alongside integrated support services, backed by \$1.794 million of funding.

These investments support Community-led housing solutions, strengthen culturally safe pathways out of homelessness and improve access to support services for people leaving the justice system or experiencing housing instability. Progress is measured through service provider reporting, client wellbeing outcomes, and homelessness data.

Assessing organisational and workforce capacity to support frontline housing and homelessness organisations

The Directorate supported workforce development across the homelessness sector during 2025. This included Aboriginal and Torres Strait Islander cultural-responsiveness training delivered by Yerrabi Yurwang to frontline workers across the human services sector.

² Jointly funded with Child, Youth and Families to a total of \$352,326 in 2025–26

The Directorate continued funding the Gulanga Program through the ACT Council of Social Services. The program supported Aboriginal and Torres Strait Islander employment in the homelessness sector and provided cultural competency training to services working with Aboriginal and Torres Strait Islander children, young people and families.

Together, these initiatives strengthened workforce capability, improved cultural safety and reduced barriers to accessing housing and homelessness services. Progress was monitored through provider reporting, homelessness outcomes data and service compliance with cultural safety requirements.

Ngunnawal Bush Healing Farm

In 2025–26, a grant process commenced to identify an ACCO partner to support the transition of the Ngunnawal Bush Healing Farm (NBHF) to Community control. The Stage 1 grant focuses on partnership development, planning and organisational readiness.

During 2025–26, NBHF delivered 4 day programs, supporting up to 155 participants. In June 2026, NBHF celebrated the completion of Program 25, a significant milestone in its ongoing deliver and impact.

All Directorate staff employed at the NBHF are Aboriginal and/or Torres Strait Islander people and specialist program components are delivered by external Aboriginal service providers and facilitators. This includes trauma specialists, cultural educators, Aboriginal ranger groups and men and women's cultural facilitators. Program activities include trauma recovery, healing and cultural education, on-Country learning, and Aboriginal cultural arts.

The programs support participants to make meaningful and lasting changes in their lives. Participants' healing journeys are different and the program allows them to participate as best suits their needs. Some participants have gone on to employment, some have reunited with family, and some have come back to future program.

ACCO Establishment and Expansion Fund

During 2025–26, 8 ACCOs received funding through the ACCO Establishment and Expansion Fund (AEEF), with a further 5 Aboriginal-led entities receiving funding under the Start-Up Tier to assist them to work towards becoming an ACT human service delivering focused ACCO in line with the definition of an ACCO set out in the National Agreement on Closing the Gap.

Funded activities included:

- establishing or expanding organisations
- setting up office space and accommodation
- service delivery equipment and vehicles
- improving organisational governance
- developing policies and procedures
- undertaking feasibility studies
- strengthening evaluation systems
- supporting workforce, volunteer and board development.

These activities supported organisational sustainability, governance maturity and service readiness across the ACCO sector.

The Directorate updates the AEEF Grant Guidelines each year in response to Community feedback, ensuring they remain guided by Community and responsive to ACCOs' needs. During 2025–26, changes included allowing applicants to submit video responses instead of or alongside written statements. This recognised the importance of storytelling and provided a more accessible application process.

The Directorate also introduced a process allowing grant assessors to seek additional information from applicants where clarification was needed. This approach improved decision making, strengthened relationships with applicants and ensured the program remained responsive to Community feedback.

For more information on the ACCO Establishment and Expansion Fund, including past recipients, please visit the [ACT Government website](#).

Supporting ACCOs to establish and deliver culturally safe disability services

In April 2026, the Directorate partnered with the First Peoples Disability Network to deliver key commitments under the *ACT Disability Strategy 2024–2033 First Action Plan* and the *Next Steps for Our Kids* strategy.

Under the partnership, First Peoples Disability Network will:

- co-design funding opportunities with Community for ACCOs and other Aboriginal and Torres Strait Islander organisations to develop culturally safe disability services
- provide support, mentoring, advice and capacity building to ACCOs seeking funding and service delivery opportunities.

Community engagement will include yarning circles with Aboriginal and Torres Strait Islander people with disability and their families. This work will build on existing consultation undertaken during development of the *ACT Disability Strategy 2024–2033*. Community consultation and co-design will begin in 2026–27. The First Peoples Disability Network will deliver a final report by March 2028 outlining outcomes, lessons learned and recommendations for future investment in disability capability across the ACCO sector.

Aboriginal and Torres Strait Islander Grants Program

OATSIA administered the Aboriginal and Torres Strait Islander Grants Program to support self-determination, cultural connection, leadership development and Community participation.

The program supports leadership training, development opportunities and projects that showcase and celebrate Aboriginal and Torres Strait Islander cultures. The grants program aligns with the ACT Agreement and supports activities that strengthen culture, leadership and Community wellbeing through 3 funding streams:

1. Cultural – supporting cultural heritage and cultural awareness.
2. Leadership and lifelong learning – supporting skills development, leadership and learning opportunities.
3. Social participation – supporting Community participation, engagement, inclusion and reducing social isolation.

During 2025–26, grant offers totalling \$185,746 were made to 48 individuals and organisations. The funding supported projects that strengthened cultural connection, leadership, learning and Community participation. The Sorry Business Assistance Program provided \$60,000 to 11 families to help meet cultural obligations associated with sorry business.

Together, these programs invest directly in Aboriginal and Torres Strait Islander people, families and communities and support Community-led activities that strengthen culture, wellbeing, leadership and participation.

Priority Reform Three – Transforming government organisations

Expansion of the First Nations Family Connection and Response Unit

The Directorate established the First Nations Family Connection and Engagement in response to community seeking stronger Aboriginal and Torres Strait Islander leadership and oversight across the family service continuum. Bringing together Appraisal and Support Responses, Family Group Conferencing, Family Finding, and Family Connection and Restoration under Aboriginal leadership, the unit provides culturally safe, family led responses from intake and early support through to restoration and ongoing connection.

Early operational data is promising, demonstrating the potential of this approach to support families earlier and reduce the need for statutory intervention. As of 30 June 2026, this unit supported 68 families, involving 142 children to be safely diverted from a statutory response.

Cultural-responsiveness training for staff across the ACT health system

The Directorate engaged IAHA to deliver its Cultural Responsive Training Program to 100 staff across the ACT health system. The program has been designed for people and organisations that interact with Aboriginal and/or Torres Strait Islander people regularly or have staff or colleagues who identifies as Aboriginal and/or Torres Strait Islander peoples.

Inquiry into ACT health system data, demand and processes

During 2025–26, the ACT Government commissioned an independent inquiry into ACT health system data, demand and processes following a resolution of the ACT Legislative Assembly. The inquiry will improve understanding of health system performance, capacity and long-term sustainability.

The chair consulted stakeholders between August 2025 and May 2026 through in-person and virtual engagements, including focus groups and detailed interviews. The report identifies organisations and stakeholder groups, including Winnunga Nimmityjah Aboriginal Health and Community Services and IAHA.

The final report, tabled in the Legislative Assembly on 10 June 2026, made 49 recommendations across 7 reform areas. Several recommendations focused on strengthening and transforming the ACT health system by improving outcomes for Aboriginal and Torres Strait Islander peoples through stronger workforce development, cultural safety and partnerships.

The inquiry recommended finalising a First Nations Workforce Strategy for the ACT health system and developing a CHS First Nations Workforce Plan to strengthen recruitment, retention, career development and leadership opportunities for Aboriginal and Torres Strait Islander staff.

The inquiry also highlighted the importance of stronger partnerships with ACCHOs and recommended the development of a health system governance framework to clarify roles, responsibilities and engagement across the ACT health system, including engagement with ACCHOs and other key partners.

The ACT Government is considering the recommendations and will provide a formal response by the end of 2026. The response will align with the ACT Government's commitments under the National Agreement and the Priority Reforms.

Aboriginal and Torres Strait Islander Attraction, Retention and Development Plan 2024–2026

The *Aboriginal and Torres Strait Islander Attraction, Retention and Development Plan* supports the HCSD Diversity, Inclusion and Belonging Strategy and contributes to the Directorate's commitments under the ACT Agreement and the National Agreement. The plan aims to create a culturally safe, inclusive and supportive workplace where Aboriginal and Torres Strait Islander employees are valued, respected and empowered to thrive.

In the reporting period, the Directorate continued work across the plan's 3 focus areas of attraction, retention and development. Key achievements included improving culturally informed recruitment and onboarding practices, expanding cultural capability initiatives and increasing access to career development and leadership pathways.

The number of employees who identified as Aboriginal and Torres Strait Islander increased by 0.3 per cent during this time. As at 30 June 2026, Aboriginal and Torres Strait Islander employees represented 5.3 per cent of the Directorate's workforce, equivalent to 90 employees. The largest

number of employees who identified (36) worked in the Children, Youth and Families Division. During the reporting period, the Directorate conducted 14 identified recruitment processes across a range of roles and business areas.

The Directorate had 81 identified positions as at 30 June 2026, including 14 board member positions. Excluding board member roles, there were 67 identified positions, of which 50 were occupied.

To strengthen attraction and retention, the Directorate reviewed position descriptions and recruitment processes to ensure they reflected cultural considerations and remained accessible to Aboriginal and Torres Strait Islander applicants. The Directorate also used targeted advertising and strengthened interview and onboarding practices to support culturally safe recruitment and employment experiences.

Cultural capability

The Directorate strengthened cultural capability across the workforce through cultural learning, networking and experiential development opportunities. Activities included Ngunnawal language workshops, the National Museum of Australia's First Australians tour and the Yarning Brew program.

These activities increased opportunities for staff to learn from Aboriginal and Torres Strait Islander perspectives, build professional networks and deepen their understanding of cultural safety. Participant feedback showed stronger understanding of Aboriginal and Torres Strait Islander cultures, histories, rights and lived experiences, including the ongoing impacts of systemic racism and intergenerational trauma. Staff who attended the Ngunnawal language workshops reported greater confidence in delivering meaningful Acknowledgements of Country.

Aboriginal and Torres Strait Islander service experience feedback mechanism pilot

In 2026, the Directorate engaged Karabena Consulting, an Aboriginal and Torres Strait Islander-owned consultancy, to develop and pilot an Aboriginal and Torres Strait Islander service experience feedback mechanism. The tool was developed through a co-design process with Aboriginal and Torres Strait Islander Community members. The trial will use the tool to collect

feedback on their consumer and service experiences to further refine the feedback mechanism.

Cultural-responsiveness audit tool

During 2025–26, the Directorate partnered with Capital Health Network to develop an audit tool for ACT Government-funded mainstream mental health and suicide prevention services. The tool responds to a key recommendation of the Yulang Report for mainstream NGO services and will help services assess and improve their cultural responsiveness. It complements the Aboriginal and Torres Strait Islander consumer service experience feedback mechanism.

National Mental Health and Suicide Prevention Agreement negotiations

The Directorate continued to represent the ACT in National Mental Health and Suicide Prevention Agreement negotiations and through participation in the Social and Emotional Wellbeing Partnership Group. This included exploring the development of a dedicated schedule for Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health, as well as considering Indigenous Data Governance and Indigenous Data Sovereignty.

Evaluating outcomes in partnership with the Community and those with lived experience of homelessness

The Directorate continued to improve homelessness reporting and evaluation through the Homelessness Outcomes Framework. This contributed to improved outcomes for clients by strengthening the delivery of culturally safe, trauma-informed services. Enhanced accountability supported high-quality service delivery and helped ensure clients continued to receive services aligned with best-practice standards.

The Directorate also worked with Flinders University, the central intake service and Community sector partners, including Yerrabi Yurwang, to develop a shared practice framework and common assessment tool. These initiatives support consistent assessment processes and help ensure people receive the services they need through a culturally safe, ‘no-wrong-door’ approach.

Work also began on a new youth homelessness strategy focused on prevention, earlier intervention, greater access to housing options and improved support for priority groups, including Aboriginal and Torres Strait Islander young people and young people leaving out-of-home care.

These reforms place Community priorities at the centre of housing policy and service design and aim to improve access to appropriate support and housing options for people at risk of homelessness. The Directorate will monitor progress through homelessness outcome data, service reporting and measures of culturally safe practice.

Bimberi Youth Justice Centre cultural programs and partnerships

Bimberi Youth Justice Centre continues to build on established partnerships with Aboriginal and Torres Strait Islander organisations to deliver culturally responsive programs and supports for young people in custody. These partnerships help young people maintain cultural connections and access services that support wellbeing, rehabilitation and successful reintegration into the Community.

Aboriginal-led and Community-controlled organisations provide a range of services at Bimberi, including education programs, cultural mentoring, transition support, health services and legal assistance. These partners include Gugan Gulwan, Yeddung Mura, the Aboriginal Legal Service and Aboriginal and Torres Strait Islander oversight bodies. Winnunga Nimmityjah also continues to provide culturally informed programs where resources permit.

A family engagement officer complements these services by supporting cultural activities and strengthening relationships between young people, their families and Community networks.

Bimberi continues to explore new partnerships and opportunities to expand culturally responsive services, including mentoring, therapeutic support, educational pathways and reintegration programs for young people leaving custody.

Next Steps for Our Kids performance evaluation

In November 2025, the Directorate commissioned Rooftop Social in partnership with Curijo to develop the *Next Steps for Our Kids* performance evaluation suite of frameworks to guide monitoring, evaluation and learning throughout the reform.

Delivered in June 2026, the framework suite shifts the focus from monitoring individual programs to understanding how the broader child, youth and family system delivers reforms under *Next Steps for Our Kids*. Its development involved extensive consultation during early 2026, including with government, service providers, ATSIEB, the AACF and the Our Booris, Our Way Implementation Oversight

Committee. A critical friends group was established to provide expert advice on key elements of the suite, including the Aboriginal and Torres Strait Islander Children and Young People Commissioner, the chair of the Our Booris, Our Way Implementation Oversight Committee and Yerrabi Yurwang.

Improving outcomes for Aboriginal and Torres Strait Islander children, young people, families and community is at the centre of the framework suite, which is ready for implementation over the next 5 years. The first evaluation domain is *Our Booris, Our Way*, reflecting the commitment that Aboriginal and Torres Strait Islander children and young people grow up safe, connected to Country and culture, supported by family and Community. The framework suite emphasises the importance of lived experience and community engagement and embeds lived experience perspectives and community engagement throughout.

Priority obligation outcomes identified in the framework suite include reducing the number of Aboriginal and Torres Strait Islander children and young people in out-of-home care, supporting successful transitions from care to adulthood and improving safety and wellbeing in residential care. The framework suite also embeds Indigenous Data Governance throughout the evaluation process.

Minimum age of criminal responsibility

The ACT has raised the minimum age of criminal responsibility from 10 to 14 years. The reform aims to divert children and young people from the justice system and connect them with therapeutic, trauma-informed, culturally safe and individualised supports.

The reform aligns with international best practice and human rights standards and is expected to particularly benefit Aboriginal and Torres Strait Islander children and young people, who continue to be disproportionately represented in the justice system. It shifts the focus from punishment to early intervention by addressing the factors that contribute to harmful behaviour and justice system involvement.

Key components of the MACR service system reform which deliver outcomes for all children, including Aboriginal and Torres Strait Islander Children and Young People, the Therapeutic Support Panel for Children and Young People (Panel), and the Safer Youth Response Service (SYRS) are outlined below. The ACT Government continues to support this critical reform through alternative services that strengthen

cultural safety, engage communities and provide tailored support for Aboriginal and Torres Strait Islander children, young people and families.

Therapeutic Support Panel for Children and Young People

The Therapeutic Support Panel brings together experts including independent professionals, Aboriginal and Torres Strait Islander Community representatives, ACCOs and Aboriginal-led services to guide therapeutic responses for children and young people involved in harmful or risky behaviour.

The panel coordinates tailored support, identifies underlying causes of behaviour and connects children and young people with appropriate services. This approach aims to improve long-term outcomes and increase Community safety.

During 2025–26:

- 16.9 per cent of referrals (30 referrals) involved Aboriginal and Torres Strait Islander children and young people.
- 17.2 per cent of unique referrals (20 children and young people) involved Aboriginal and Torres Strait Islander children and young people.
- 29.4 per cent of active clients identified as Aboriginal and Torres Strait Islander.
- 23.5 per cent of active clients under 14 years identified as Aboriginal and Torres Strait Islander.

Since its establishment, the panel has accepted 44.1 per cent of referrals involving Aboriginal and Torres Strait Islander children and young people, compared with 22.7 per cent for other referred groups. By connecting children and young people with culturally safe and trauma-informed services, the panel helps reduce justice system involvement, supports healing, strengthens cultural connections and promotes positive life pathways.

Safer Youth Response Service pilot

Marymead CatholicCare Canberra and Goulburn, ACT Policing and the Directorate deliver the Safer Youth Response Service. It supports children and young people who come into contact with police and cannot safely return home. Services include crisis support, emergency accommodation and case management to address immediate and ongoing needs.

Between July 2025 and June 2026, Aboriginal and Torres Strait Islander children represented 25 per cent of referrals, increasing from 20 per cent in the previous year. This indicates the service is reaching

children and young people experiencing the impacts of systemic disadvantage and over-representation in the justice system.

The service provides culturally safe and trauma-informed support that helps reduce contact with police, prevent escalation, maintain family and cultural connections and improve long-term wellbeing outcomes. This reduces reliance on justice-based responses.

Priority Reform Four – Shared access to data and information at a regional level

Indigenous Data Sovereignty and Indigenous Data Governance Project

The Directorate engaged Maïam naira Wingara, a Canberra-based, world-leading organisation with expertise in Indigenous Data Sovereignty and Indigenous Data Governance, to facilitate a Community-led project focused on health data. The project aims to strengthen Aboriginal and Torres Strait Islander control, access and decision making in relation to health information.

Key activities included:

- raising awareness of Indigenous Data Sovereignty and Indigenous Data Governance through Community engagement and events
- developing policies and procedures to support Indigenous Data Governance arrangements
- monitoring and evaluating changes to systems and practices as Indigenous Data Sovereignty principles are implemented.

The Directorate is working closely with Maïam naira Wingara and Community members to support this work and ensure it reflects Community priorities.

The Directorate is also working with Digital Canberra on the Governance of Indigenous Data project, an initiative that strengthens the way governments manage Indigenous Data by giving Aboriginal and Torres Strait Islander peoples greater authority over decisions about data that relates to them. Improved governance supports better policy development, service delivery and outcomes for Aboriginal and Torres Strait Islander communities. This is a government-led and Community-informed project.

Our Booris, Our Way implementation – focus on improving the sharing and use of data and information

The Directorate continued to implement the *Our Booris, Our Way* recommendations through ongoing collaboration with ACCOs, Aboriginal leaders, government agencies and other sector partners. These arrangements supported Aboriginal participation in implementation oversight, monitoring and reporting.

A key focus during the year was strengthening the evidence base supporting implementation of the recommendations. Regular reporting to the Our Booris, Our Way Implementation Oversight Committee continued to evolve through improved visibility of Aboriginal and Torres Strait Islander child protection and out of home care data, enhanced contextual analysis, and ongoing refinement of measures and reporting methodologies. The Directorate also responded to requests from the Committee for additional analysis and cohort-level information to support understanding of emerging trends and implementation priorities.

The Directorate contributed to national reporting processes, including reporting to the Australian Institute of Health and Welfare, the SNAICC – National Voice for our Children *Family Matters Report* and the *Report on Government Services*. Together with local reporting and evaluation activities, these collections support visibility of outcomes and trends for Aboriginal and Torres Strait Islander children and families and help guide future policy and service developments.

Implementation of *Our Booris, Our Way* also continued to support collaboration across government agencies and partners through shared reporting, monitoring and oversight arrangements. This work contributes to a stronger evidence base for decision making and supports ongoing monitoring of progress against reform priorities.

Aboriginal and Torres Strait Islander outcomes framework under the National Agreement on Social Housing and Homelessness

Representatives from ACCOs and ATSIEB worked with the Directorate to co-design an Aboriginal and Torres Strait Islander outcomes framework under the National Agreement on Social Housing and Homelessness.

The framework will measure progress against priorities identified by the Aboriginal and Torres Strait Islander Community. It will establish a baseline for housing outcomes and provide a consistent way to measure change over time. The framework is intended to support better understanding of social housing circumstances and outcomes for Aboriginal and Torres Strait Islander people in the ACT.

The first draft of the framework was completed during 2025–26. Consultation and work to identify priority indicators are continuing to ensure the framework reflects Community priorities and can be effectively integrated into reporting systems.

The Directorate will continue working with ATSIEB to finalise the framework before seeking ACT Government endorsement and implementing ongoing reporting arrangements.

Responses to review and accountability processes

ACT Aboriginal and Torres Strait Islander Elected Body Report from August 2025 Hearings – Thirteenth Report to the ACT Government

ATSIEB was established under the *Aboriginal and Torres Strait Islander Elected Body Act 2008* and serves as the ACT's independent mechanism under the National Agreement on Closing the Gap. OATSIA supported ATSIEB in monitoring ACT Government progress against commitments under the ACT Agreement and the National Agreement.

Following the ATSIEB public hearings in August 2025, OATSIA coordinated a whole-of-government response to the recommendations arising from the hearings. This included leading engagement across government agencies, gathering information and coordinating responses through a cross-government steering committee. The ACT Government response was tabled in the Legislative Assembly on 6 May 2026. Through this process, OATSIA helped strengthen transparency, accountability and continuous improvement across government, while ensuring Aboriginal and Torres Strait Islander Community perspectives informed implementation and reform activities.

Implementing Our Booris, Our Way

OATSIA continues to work with ACT Government directorates and ATSIEB to monitor progress against the recommendations and support their implementation of Our Booris, Our Way

During 2025–26, the Directorate continued to implement the recommendations in partnership with the Implementation Oversight Committee. Key activities included:

- strengthening shared decision-making arrangements
- improving governance processes
- continuing to implement Priority Reform initiatives
- building workforce capability through policy, practice and training
- contributing data to national reporting processes.

Current high-priority recommendations being progressed include the agreed establishment of a culturally appropriate service to support carers with advocacy and assistance to navigate the broader system, continue to strengthening supports for kinship carers and more work on improving family connection practices and pathways to restoration for young people currently in foster care.

Implementing recommendations from The Long Yarn report

In October 2025, the ACT Government released its response to *The Long Yarn*, a Community-led report authorised by the Domestic Violence Prevention Council Aboriginal and Torres Strait Islander Expert Reference Group. The Government Response agreed to all 12 recommendations, outlined progress already achieved and committed to further action and investment.

As part of this work, the Government is strengthening Aboriginal and Torres Strait Islander Community leadership, wisdom and expertise in government decision making by elevating the Reference Group to a ministerial advisory group. The Government will also work with the Reference Group to establish appropriate reporting and accountability so that progress and outcomes can be communicated back to the Community.

The ACT Government continued to increase investment in Aboriginal and Torres Strait Islander-led responses to DFSV. The 2025–26 Budget provided \$6.022 million over 3 years, commencing in 2026–27, to continue 4 DFSV programs delivered by ACCOs. These programs provide:

- specialist crisis support
- holistic case management
- individual and systemic advocacy
- wraparound support for women and children
- behaviour-change support for people who use violence
- prevention, healing, awareness and Community education activities.

Funding will support services and programs delivered by Yhurwun Bullan, Sisters in Spirit, WhISPers Aboriginal and Torres Strait Islander Softball Corporation and Yerrabi Yurwang Child and Family Aboriginal Corporation. It will also support delivery of the Community-led Violence is Not Our Way Community-led education program. Further detail on this funding can be found in the [2026–27 Budget Domestic, Family and Sexual Violence Factsheet](#).

As at 30 June 2026, the ACT Government had entered into contracts or deeds with 3 ACCOs and was finalising arrangements with a fourth. Continued investment will support the growth, sustainability and long-term capability of ACCOs delivering DFSV services, ensuring culturally safe, Community-led service delivery.

The 2026–27 Budget also provided \$2.1 million over 4 years to improve support and ensure culturally safe services for Aboriginal and Torres Strait Islander victim-survivors of sexual violence through direct funding to ACCOs. This investment supports implementation of the *ACT Domestic, Family and Sexual Violence Strategy First Action Plan 2026–2028* and will help ensure services remain culturally safe and Community led.

While significant progress has been made, the ACT Government acknowledges more work is required to fully implement the recommendations of *The Long Yarn*. The Government will continue to work in partnership with Aboriginal and Torres Strait Islander communities to address the disproportionate impacts of DFSV experienced by Aboriginal and Torres Strait Islander people.

Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036

In December 2025, the Minister for the Prevention of Family and Domestic Violence endorsed the *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036*.

The plan supports the ACT Government’s commitment to Aboriginal and Torres Strait Islander-led responses to DFSV and complements implementation of *The Long Yarn* report recommendations.

Together, these initiatives strengthen Aboriginal and Torres Strait Islander leadership, improve accountability and support Community-controlled responses to DFSV across the ACT.

ACT Aboriginal and Torres Strait Islander Agreement commitments

The [ACT Agreement](#) is the commitment of the ACT Government and the ATSIEB to deliver real outcomes that improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples in the ACT. The Directorate is committed to reporting each year through the ACT Annual Impact Statement and tracks performance to identify where more effort is needed to meet its commitments and targets under the ACT Agreement and the National Agreement.

The *ACT Annual Impact Statement 2025–26* reports progress against actions in the Phase Two Action Plans, which have now largely concluded, with the publication of Phase Three Action Plans in March 2026.

Phase 2 actions – Update on actions that are off track, delayed or anticipate delays from the *Annual Impact Statement 2025–26*

Cultural integrity action

Implement the National Guiding Principles for Native Title Compensation that reaffirm the ACT Government's commitment to settle native title compensation matters by negotiating an agreement, where possible, supporting the cultural rights of Aboriginal and Torres Strait Islander peoples, as recognised in s 27(2) of the *ACT Human Rights Act 2004*.

Reported as: Delayed or delays anticipated.

Additional detail: OATSIA continued to participate in national forums to develop an overarching framework for native title compensation. Following the Native Title Ministers' Meetings in November 2023, OATSIA contributed to the work of the Native Title Senior Officers Group and Native Title Drafting Group. This engagement supported the development of a nationally consistent approach to native title compensation and helped ensure the ACT remained abreast of emerging policy and legal developments, including those arising through the Timber Creek determination and the Yunupingu matter.

Cultural integrity action

In collaboration with the Winanggaay Ngunnawal Language Group, develop Ngunnawal language resources for use in ACT public schools.

Reported as: Delayed or delays anticipated.

Additional detail: The ACT Government continued to participate in the Aboriginal and Torres Strait Islander Languages Policy Partnership, working with Aboriginal and Torres Strait Islander representatives and governments across Australia to support the protection, revitalisation and promotion of Aboriginal and Torres Strait Islander languages. The ACT Government also continued planning for a language centre in the ACT.

These activities support broader efforts to increase the number of Aboriginal and Torres Strait Islander language speakers and strengthen Community-led language learning and revitalisation.

Inclusive Community action

Increase opportunities across the ACT Government to promote the public use and visibility of Aboriginal languages in the Canberra Region, including through funding and grants.

Reported as: Delayed or delays anticipated.

Additional detail: OATSIA is working with the Australian Government and Community stakeholders to explore the establishment of a language centre in the ACT. This work is in its early stages. The Australian Government's 2024–25 Budget committed \$53.8 million over 4 years from 2024–25, with ongoing funding of \$17.8 million per year from 2028–29, to increase the number of Aboriginal and Torres Strait Islander language speakers through enhanced support for Community language learning and new language centres.

OATSIA has worked closely with the Department of Infrastructure, Transport, Regional Development, Communications and the Arts along with Community stakeholders, including the Winanggaay Ngunnawal Language Group, to identify Community aspirations and requirements for a language centre in the ACT. OATSIA will work with partners to determine the ACT Government's role in supporting the centre's long-term sustainability.

Health and wellbeing action

Improved Aboriginal and Torres Strait Islander health-related research and data.

Reported as: Delays anticipated.

Additional detail: The Indigenous Data Sovereignty and Indigenous Data Governance Project progressed to Phase 2, building on work that began in July 2023. Current activities focus on strengthening Aboriginal and Torres Strait Islander leadership and decision making about health data through Community engagement, governance design and improvements to data systems.

During 2025–26, the Directorate delivered Community workshops and participated in Community events to build awareness and understanding of Indigenous Data Sovereignty and Indigenous Data Governance. It also began mapping existing data assets and identifying data gaps to better understand priority health issues and how available data can support them.

The Directorate is also developing the ACT First Nations Data Governance Group, including Community-defined membership arrangements,

and establishing policies and procedures to support the effective governance of Aboriginal and Torres Strait Islander health data held by government. In addition, the Directorate is developing monitoring and evaluation measures to assess changes arising from the implementation of Indigenous Data Sovereignty principles and Indigenous Data Governance arrangements.

Phase 3 actions

The Directorate is responsible for 28 actions under Phase Three of the ACT Agreement to improve outcomes for Aboriginal and Torres Strait Islander peoples. These actions span 8 focus areas: Children and Young People (8), Health and Wellbeing (4), Housing (4), Connecting the Community (2), Cultural Integrity (2), Inclusive Community (2), Justice (2) and Community Leadership (1). As at 30 June 2026, 3 actions had been completed or transitioned to business-as-usual activities, with no further implementation required. Beyond the progress outlined under the Priority Reforms (page 143), 2025–26 highlights included:

- expanding the First Nations Team to establish the First Nations Family Connection and Engagement Unit, bringing together family response, Family Group Conferencing, Family Finding, and family connection and restoration functions to strengthen culturally safe, family-led responses for Aboriginal and Torres Strait Islander children and families
- strengthening the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle through updated training, cultural governance arrangements and a new review process
- progressing Housing ACT's culturally informed service reforms, including development of Aboriginal liaison officer and other identified positions to strengthen support for Aboriginal and Torres Strait Islander tenants
- co-developing an Aboriginal and Torres Strait Islander outcomes framework with ATSIEB under the National Agreement on Social Housing and Homelessness. The framework was expected to be endorsed during the reporting period, but endorsement has been delayed allowing more time for meaningful co-development of priorities. This reflects a commitment to developing the framework collaboratively and in true partnership. See further information under Priority Reform Four at page 154
- embedding Aboriginal and Torres Strait Islander recognition at ACT Government multicultural events through Welcome to Country ceremonies, cultural performances and dedicated Aboriginal and Torres Strait Islander programming
- gathering Community recommendations through the Birthing with Country listening process to inform the co-design and implementation of a culturally safe and Community-led maternity model for the ACT
- facilitating Aboriginal and Torres Strait Islander Community leaders, young people and service providers to play a central role in shaping new health workforce, mental health and maternity care initiatives
- increasing investment in culturally responsive mental health services through a dedicated Aboriginal and Torres Strait Islander commissioning stream.

For more information, contact HCSDAnnualReport@act.gov.au.

Disability Inclusion Act 2024 reporting

The *Disability Inclusion Act 2024* commenced in March 2025. The Act commits the ACT Government to a whole-of-government approach to reporting, including on measures that support the development and implementation of Disability Strategies and Disability Inclusion Plans (DIPs).

Disability Strategies

ACT Disability Strategy

The *ACT Disability Strategy 2024–2033* (the Strategy) and associated *First Action Plan* were released on 11 April 2024. The Strategy is a long-term framework for building a more accessible and inclusive ACT, where people with disability can fully participate in all aspects of community life. The Strategy also provides an overarching framework for disability inclusion across ACT Government and supports the implementation of *Australia's Disability Strategy 2021–2031*.

The *First Action Plan*, guided by the principles of the Strategy, contains 28 actions that address priority issues identified by the ACT disability community. As of 30 June 2026, 9 actions are complete and 19 actions are continuing.

In 2025–26, key measures taken to implement the Strategy include:

- developing a monitoring, evaluation and learning framework to measure ACT Disability Strategy progress and performance (Action 1.1)
- commencing a training program, developed alongside people with disability, to support disability and DFSV workforces to better recognise, respond to and support people with disability who experience violence, abuse, neglect and exploitation (Action 2.1)
- scoping and commencing work to support ACCOs to deliver culturally safe and inclusive services supporting Aboriginal and Torres Strait Islander people with disability (Action 3.1)
- building ACT Government Auslan and Easy Read communication capabilities across Government (Action 4.1)
- supporting people with disability and their families to access public spaces and events by delivering Changing Places facilities at the Southside Hydrotherapy Pool and Woods Reserve (Action 4.8)
- establishing a dedicated disability liaison officer within Housing ACT (Action 5.2).

The Directorate will continue to lead and implement the Strategy over the next 8 years to build a more inclusive, accessible and equitable Canberra.

The Directorate continued to support implementation of the Disability Justice Strategy 2019–29: Second Action Plan (2024–28) which is co-led with the Justice and Community Safety Directorate.

ACT Disability Health Strategy

The *ACT Disability Health Strategy 2024–2033: First Action Plan 2024–2026* sets out actions and activities to meet the goals, principles and 5 focus areas of the Disability Health Strategy.

In 2025–26, the Directorate undertook several activities to promote inclusion and address ableism under the Strategy and its First Action Plan:

- The *ACT Disability Health Reference Group* met 7 times. The group comprises people with disability, carers, community organisations, and Capital Health Network and government representatives. It provides advice on disability health matters and monitors the progress of the ACT Disability Health Strategy and CHS Disability Access and Inclusion Plan.
- Easy Read training equipped 74 community members and officials across the Directorate and CHS to build capability across the ACT Government and the broader community to translate key information into accessible formats for people with disability. The Directorate continued providing accessible image libraries free of charge to community organisations supporting the disability health sector. Further accessibility training will continue in 2026–27.
- The Health Care Consumers' Association completed a project to scope the health literacy needs of people with disability, their families, carers and advocates, as well as healthcare workers, disability service providers and advocacy organisations. The final report provides recommendations and options to support improved health literacy in the ACT.
- Australia's Disability Network delivered a project on disability perspectives to inform health projects, plans and commissioning.
- The Directorate completed a disability inclusion scoping report for health emergency management, providing findings and recommendations to support emergency preparedness as a shared responsibility across the ACT.

Inclusive Homes and Communities Strategy

Housing ACT commenced planning for the development of an Inclusive Homes and Communities Strategy, which will aim to support more inclusive, accessible and connected housing and community outcomes across the ACT.

In 2025–26, Housing ACT undertook several activities to embed and support disability inclusion across its service delivery, including:

- delivering staff disability awareness training, fostering a person-centred approach and strengthening understanding of the importance of reasonable adjustments
- providing access to in-house occupational therapists who assess accessibility needs and recommend modifications for prospective and existing tenants to support safe, independent and dignified living. In the reporting period, Housing ACT received 192 occupational therapy referrals, reflecting continued demand for accessible and adaptable housing solutions
- funding approved property modifications to improve accessibility and better meet the needs of tenants, supporting their ability to live safely and independently in their homes. In the reporting period, 790 properties had disability modifications completed
- delivering 136 new dwellings in line with the National Construction Code Liveable Housing Design Standard requirements, incorporating accessible design features that improve access, safety and independence for tenants
- improving access to services by developing and publishing Easy English versions of key information and processes.

Disability Inclusion Plans

In 2025–26, the Office for Disability funded 5 whole-of-government DIP masterclasses to support teams across the ACTPS to develop DIPs. Fifty-three people attended the masterclasses.

Throughout the reporting period, the Directorate developed its DIP in accordance with the Disability Inclusion Act 2024. The draft plan was originally developed under the former Community Services Directorate and was informed by lived-experience engagement, internal staff consultation, advice from the Australian Disability Network and alignment with whole-of-ACT Government strategies.

While this work established a strong foundation for inclusion and accessibility, the Directorate identified the need for further consultation following the establishment of the new Directorate. Additional engagement ensured the draft plan reflected the Directorate's expanded responsibilities, including health service delivery, regulation and system stewardship functions, and addresses the diverse needs of the Directorate's workforce.

To support this work, all Directorate staff, including managers and senior leaders, were invited to provide confidential and voluntary feedback on the draft plan. Feedback focused on ensuring that DIP priorities and actions:

- reflect the needs of the full Directorate workforce
- identify health-specific barriers and opportunities
- are practical within health service, governance and system environments
- effectively support staff with disability to participate, thrive and progress.

This consultation process built on earlier engagement with people with disability and aims to ensure the final plan delivers meaningful and achievable actions that strengthen inclusion, accessibility and workforce participation across the Directorate.

The Directorate undertook a desktop review of all existing policies, programs, procedures and actions taken to promote disability inclusion; reduce, remove and prevent barriers to accessibility; and address ableism. The review will inform planning for further development of the Directorate's Disability Inclusion Plan in 2026–27.

The Directorate recognised and celebrated disability inclusion throughout the reporting period. In December 2025, the Directorate marked International Day of People with Disability by hosting Rebus Theatre's acclaimed production *Stages of Empathy*. The performance used storytelling and lived-experience perspectives to promote understanding, challenge assumptions, and encourage conversations about disability inclusion in the workplace and broader community.

In addition, the Directorate recognised other disability-related days of significance through internal communications, raising awareness of disability inclusion issues, celebrating the contributions of people with disability, and reinforcing the Directorate's commitment to creating an accessible, respectful and inclusive workplace and service environment.

During 2025–26, the Directorate established the Ability Inclusion Network, a staff-led network designed to foster inclusion, connection and belonging for employees with lived experience of disability, carers and allies. The network provides a safe and supportive forum where staff can share experiences, build meaningful connections and contribute to creating a more inclusive workplace culture.

For more information, contact HCSDWorkforceExperience@act.gov.au.

Multiculturalism Act 2023 reporting

The *Multiculturalism Act 2023* commits the ACT Government to a whole-of-government approach to reporting, including on how it gives effect to the charter for multiculturalism and supports the ACT to grow as an inclusive jurisdiction that values and promotes cultural and linguistic diversity.

Multiculturalism actions summary

During 2025–26, the Directorate delivered a range of policies, programs and services that promoted multiculturalism, improved access to services and strengthened inclusion and participation across the ACT. The Directorate also ensured its workforce, decision-making processes and community engagement activities reflected the diversity of the community.

The Directorate promoted multiculturalism and met its obligations under Part 4, Section 15 of the Multiculturalism Act. In 2025–26, the Directorate:

Exercised its functions in a way that promotes multiculturalism

Housing ACT continued to support diverse representation through the Tenants Consultative Group. Five of the 20 members appointed for 2026–28 identified as being from CALD backgrounds, helping to ensure the group reflects the diversity of Housing ACT tenants.

The Directorate supported diverse representation through engagement by the ACT Reconciliation Council, the Disability Advisory Council, and the Ministerial Advisory Council on Ageing. The Next Steps Ministerial Advisory Committee ensured diverse representation appointing representative to focus on multicultural and diversity issues across the human services service system.

CALD communities were identified as a priority cohort for Thriving Kids services and supports. Initial consultation with CALD communities has occurred during the planning phase of Thriving Kids, with more targeted engagement approaches to be developed and implemented as the program progresses.

Multicultural ACT supported Canberra's multicultural communities' programs, services, grants, events and awards that celebrate diversity and strengthen social cohesion. It also supported the Minister for Multicultural Affairs and the Ministerial Advisory Council for Multiculturalism (MACM).

Promoting the 2026 National Multicultural Festival helped position Canberra as a culturally rich, welcoming and diverse community. Promotion encouraged people to celebrate their cultural identity and realise the benefits that diversity brings to our city.

Considered the charter for multiculturalism in exercising its functions

Multicultural ACT, alongside the other diversity offices (OATSIA, the Office for Disability, the Office of LGBTIQ+ and the Office for Women), provided advice to ensure that ACT Government board and council appointments are inclusive and reflect the diversity of our society, including our multicultural communities. The diversity offices delivered this collaboration through ongoing consultation.

In August 2025, the ACT Disability Advisory Council was appointed by Cabinet. The 12-member Council recognises the diversity of the ACT community with 2 members from multicultural backgrounds and 2 Aboriginal members. The ACT Disability Health Reference Group also includes representation with strong connections to multicultural and CALD communities.

The Maternity in Focus Advisory Group was established through a YourSay expression-of-interest process designed to ensure diverse community representation, including people from CALD backgrounds. The Group comprises 20 members, approximately half of whom are consumers with diverse lived experiences. The group includes a dedicated CALD representative and several other members from multicultural backgrounds who contribute a range of cultural perspectives.

Developed, applied and reviewed policies, programs and services in a way that promotes multiculturalism

The *ACT Disability Health Strategy 2024–2033: First Action Plan 2024–2026* identifies CALD people with disability as a priority population, with initiatives and activities under the Plan focused on addressing their needs and improving equitable health outcomes. Policy and program design under the Disability Health Strategy incorporates an intersectional approach, recognising the additional barriers experienced by people with disability from CALD backgrounds.

In November 2025, the Mental Health Commissioning Strategic Investment Plan was published, which outlines the ACT Government's strategic approach and direction to invest in mental health NGO services. The Strategic Investment Plan recognises multicultural communities as a specific priority population that should be supported through commissioned services.

The Youth at Risk Project is jointly funded by the ACT and Australian Governments under the ACT Bilateral Mental Health and Suicide Prevention Agreement. In March 2026, the Youth at Risk Project and Uniting NSW.ACT launched the TIDES Youth Trauma Service as part of the Youth Services Hub. The project team and TIDES designed the service to improve access to services for young people who have experienced trauma or have complex needs, with a particular focus on priority populations including Aboriginal and Torres Strait Islander, CALD and LGBTIQ+ young people. Through co-design workshops, the service established partnerships with specialist services, including Companion House and Indigenous Allied Health Australia, to inform service design and referral pathways. These partnerships support culturally responsive service delivery and improve access for young people from diverse backgrounds.

In September 2026, the Minister for Multicultural Affairs tabled the 2026 Annual Ministerial Statement for Multiculturalism, outlining where the ACT Government focused effort in 2025–26 and reporting on actions undertaken to promote multiculturalism, advance the ACT charter for multiculturalism, and improve access to information, programs and services for multicultural communities.

Multicultural ACT supports ACT Government directorates and MACM to meet their reporting obligations under the Multiculturalism Act 2023.

Consulted with MACM and the ACT community about how the Directorate can promote multiculturalism

The Directorate consulted with MACM as part of the evaluation of the pilot implementation of the *Period Products and Facilities (Access) Act 2023* to better understand the experience of the multicultural community and how to better communicate the initiative to diverse communities.

MACM further consulted with Multicultural ACT, the Office for Women and the Hate Crimes Reform Taskforce. The Justice and Community Safety Directorate presented to MACM on issues affecting the ACT multicultural community.

Between April and May 2026, the Directorate conducted a YourSay engagement on multicultural community facilities, inviting feedback on how community facilities are used. The outcomes of this engagement will help inform future community facility planning to encourage diverse groups to continue celebrating and maintaining their cultural identities.

Worked with MACM, other administrative units and Territory agencies to promote multiculturalism

The National Multicultural Festival regularly engages and consults with MACM to inform festival planning and promote community participation. In 2026, MACM was featured within the Festival's Information Hub to increase awareness of its role and provide information about multiculturalism in the ACT.

Multicultural ACT provided advice and support across the ACT Government to help ensure programs, policies and services meet the needs of Canberra's multicultural communities. This included contributing to policy development, strategies, community engagement activities, government submissions, responses and other cross-government work.

Provided effective and equitable access to information, programs and services to the ACT community

Through the implementation of the *First Action Plan (2024–2026)* of the *Capital of Equality Strategy (2024–2029)*, the Office of LGBTIQ+ Affairs ran the Unsaid Says A Lot campaign to raise awareness and improve understanding of the experiences of trans and gender-diverse people in the ACT. The Capital of Equality Grants Program identifies LGBTIQ+ people from multicultural backgrounds as one of its priority groups for funding. In 2025–26, the Illustrious House of Iris was funded to deliver the Iris Ball – an official ball to celebrate and create culturally safe spaces for LGBTIQ+ people of colour.

In December 2025, the Directorate ran a coercive control campaign targeting adults, with a particular focus on CALD audiences. Advertisements ran in multiple languages to raise awareness and improve understanding across Canberra’s multicultural community of coercive control and patterns of abuse.

Providers delivering services to children, young people and families engaged with statutory services under the Children Young People and Families Panel arrangements deliver a range of services and supports that are culturally safe and trauma informed.

Multicultural ACT supported multicultural communities to access timely information on government initiatives, funding opportunities, services and community events through 12 editions of its monthly eNews. The newsletter promoted community-led events and activities, strengthening community visibility, participation and connection.

Information sessions improved awareness of and access to opportunities to participate in the Multicultural Inclusion Grants Program, MACM and the 2025 Multicultural Awards.

Support and promotion of multiculturalism within the Directorate

In 2025–26, the Directorate established the Multicultural Network, a staff-led inclusion network that brings together employees from diverse cultural, linguistic and faith backgrounds, as well as allies who are committed to promoting an inclusive and respectful workplace. The network was established to provide support, meaningful connection and a sense of belonging for multicultural staff, creating opportunities to share experiences, celebrate diversity and build relationships across the Directorate.

The Multicultural Network provides a safe and welcoming forum where staff can connect with colleagues, contribute ideas and raise matters that may impact workplace inclusion and participation. By fostering understanding, cultural awareness and peer support, the network aims to ensure staff feel valued, respected and empowered to bring their authentic selves to work. The network also plays an important role in strengthening the Directorate’s cultural capability by promoting diverse perspectives and supporting an inclusive workplace culture that reflects the communities the Directorate serves.

The Directorate also recognised a range of multicultural and culturally significant days through internal communications and awareness-raising activities. These initiatives celebrated the diversity of the workforce, encouraged learning about different cultures and experiences, and reinforced the value of inclusion across the organisation. As part of these activities, the Multicultural Network hosted an open-invitation lunch for staff, providing an opportunity to come together, share cultural experiences and traditions, and build meaningful connections across teams. The event promoted greater cultural awareness and understanding, while creating a welcoming environment where staff could celebrate the rich diversity of the Directorate.

For more information, contact Multicultural ACT at ma@act.gov.au.

Period Products and Facilities (Access) Act reporting

The *Period Products and Facilities (Access) Act 2023* aims to reduce and prevent period poverty in the ACT.

Access to free period products

Free period product dispensers are currently available in HCSD locations, including the Child Development Service, Housing ACT Service Centre and Child and Family Centres.

Access to workplace facilities

Workplaces are equipped with appropriate facilities to support menstrual hygiene. This includes access to toilets, sanitary waste disposal and handwashing amenities, all designed to uphold the dignity and privacy of individuals.

Access to information

Information about menstrual hygiene and health, supporting services and an interactive online map listing locations with free period products is available on the [ACT Government website](#).

The ACTPS Employment Portal includes detailed information about [menstruation and menopause leave and flexible working arrangements](#) for staff.

For more information, contact women@act.gov.au.

Work health and safety

Risk management

The Directorate is committed to providing a safe and healthy working environment for all staff, contractors, visitors and others.

The Directorate’s work health and safety (WHS) risk management approach focuses on:

- psychosocial hazards
- occupational violence
- body-stressing injuries.

During 2025–26, the Directorate:

- implemented a work plan to build a new WHS management system, which will meet the Directorate’s risk management requirements
- implemented an occupational violence action plan that included:
 - engagement and consultation with WHS committees
 - communication and education to increase:
 - » awareness of the Safety Portal incident reporting system
 - » capability in using the Safety Portal effectively
 - » understanding of the high value put on reporting occupational violence incidents and hazardous situations
 - targeted support for the implementation of corrective actions for serious incidents, including threat assessment processes
 - improved data analysis to support risk assessments and the continuous improvement of the Safety Portal
 - support for business-unit-specific occupational violence risk assessments
 - the development and implementation of a new occupational violence training module with delivery commencing early 2026–27
 - implementation of a new and improved service centre design for Housing ACT based on safety and security performance specifications
 - support for the application of consistent procedures and tools, such as:
 - » occupational violence response procedures in Housing ACT
 - » home visiting protocols.

Injury and disease prevention and management

Injury and disease prevention activities included:

- promoting psychological health and wellbeing resources
- development and implementation of a new early intervention ‘train the trainer’ program for managers so they are better able to support staff. Full delivery will commence in early 2026–27
- promoting the Flexible Ergonomics eLearning program
- providing early intervention and reasonable adjustment support to prevent and manage injuries and long-term illnesses.

WHS reporting 2025–26

Table 100 details the number of WHS incidents.

Fewer WHS incidents were reported in 2025–26 compared to 2024–25. The reports submitted included a significant number of reports associated with:

- occupational violence
- stressful situations
- falls on a level.

Table 100: WHS incidents

Year	Number of incident reports
1 July 2025 – 30 June 2026	697

Source: Safety Portal incident reporting system

Resourcing

The Work Health and Safety and Wellbeing team provides WHS and injury management support and includes 9 full-time equivalent employees.

Worker consultation arrangements

The Directorate has developed terms of reference for a new Directorate WHS committee that will be chaired by the Executive Branch Manager, Human Resources, and will include management and employee representatives. Information about the activities of the WHS committee will be provided on the HCSD Connect intranet.

Health and safety representatives

The Directorate has a network of 39 health and safety representatives to facilitate consultation with workers on WHS matters.

Notifiable injuries, illnesses and incidents

WorkSafe ACT was notified about 5 incidents involving:

- a panel falling from a building
- a serious laceration
- 3 assaults.

One regulatory inspection and 3 liaison visits were undertaken by WorkSafe ACT Inspectors.

Two improvement notices were issued to the Directorate under the [Work Health and Safety Act 2011](#) in respect of the requirement to:

- secure electrical cabinets
- provide fencing for structures that might be climbed.

These notices were complied with and closed within 2 days.

No notices were issued under the *Dangerous Substances Act 2004* or the *Radiation Protection Act 2006*.

Audit performance

The Directorate:

- implemented a corrective action plan following the external WHS management system audit undertaken in the Technology Operations Branch in 2024–25. This included improvements to the design of the new Directorate WHS management system
- referred the remaining business unit corrective actions to Digital Canberra following the transfer of the Technology Operations Branch
- is developing a 3-year audit program. Implementation will commence in 2026–27.

Performance against the WHS target

Target: Reduce the incident rate of claims resulting in one or more weeks off work by at least 10 per cent over 5 years to 2028–29, measured as the rate per 1,000 full-time equivalent employees.

The target for serious workers' compensation claims was not achieved. As at 30 June 2026, 8 claims for psychological injury, 2 claims for a body-stressing injury and 3 claims resulting from a slip, trip or fall were accepted in the reporting period. Rehabilitation and early intervention support were provided to assist the employees who experienced a work-related injury or disease.

Table 101: Workers' compensation claim target

Serious workers' compensation claims with 5 days incapacity accepted in the reporting period per 1,000 FTE	2025–26 Target Result	2025–26 actual
HCSD	5.62	6.88

For more information, contact HCSDsafetyandwellbeing@act.gov.au.

Human resource management

Directorate staffing profile

Table 102: FTE and headcount by division

Division	FTE	Headcount
Chief Operating Officer	170.3	175
Children, Youth and Families	449.0	474
Finance & Assurance	70.7	72
Health Systems, Innovation & Performance	62.4	64
Housing Assistance	218.0	222
Inclusion	151.8	171
Mental Health & Suicide Prevention	33.8	36
Office of Professional Leadership	46.6	51
Office of the Director-General	15.8	17
Policy, Partnerships & Programs	106.2	115
Population Health	203.6	213
Strategic Policy	69.2	72
Total	1,597.4	1,682

Notes:

Data reflects HCSD workforce recorded in CHRIS21 as at 30 June 2026 and may not reflect recent staff movements.

Data for the Office of the Director-General includes FTE and headcount for the Offices of the Deputy Directors-General.

Table 103: Recruitment and separation rates for the Directorate

Recruitment rate (%)	Separation rate (%)
9.2	7.9

Table 104: Headcount by diversity group

Diversity group	Headcount	Percentage of total staff (%)
Aboriginal and Torres Strait Islander	89	5.3
Culturally and linguistically diverse	359	21.3
People with disability	116	6.9

Table 105: FTE and headcount by gender group

	Female	Male	Non-binary	Total
FTE by gender	1,150.3	440.2	6.9	1,597.4
Headcount by gender	1,220	454	8	1,682
Percentage of workforce (%)*	72.5	27.0	0.5	100

* Note: Percentage of workforce is calculated on headcount.

Table 106: Headcount by age group

Age group	Female	Male
Under 25	33	21
25–34	282	125
35–44	386	128
45–54	319	102
55 and over	200	78

Note: Some tables displaying workforce numbers by gender exclude staff who identify as Gender X (intersex/indeterminate/other) due to low representation and the associated potential for this cohort to be identified without their consent.

Table 107: Headcount by classification group and gender

Classification group	Female	Male	Total
Administration officers*	396	223	619
Executive officers	42	9	51
General service officers and equivalent	2	8	10
Health assistants	2	0	2
Health professional officers**	327	79	406
Information technology officers	2	4	6
Legal officers	1	2	3
Medical officers	12	2	14
Nurses and midwives	22	1	23
Professional officers	1	0	1
Senior officers	411	124	535
Technical officers	2	2	4
Total	1,220	454	1,674

Note: Some tables displaying workforce numbers by gender exclude staff who identify as Gender X (intersex/indeterminate/other) due to low representation and the associated potential for this cohort to be identified without their consent.

* Note: The administrative officers classification group includes:

- Administrative officers: Female 379; Male 168
- Youth workers: Female 15; Male 55
- Graduate officers: Female 2; Male 0.

** Note: The health professional classification group includes:

- Health professionals: Female 135; Male 39
- Child, youth protection professionals: Female 191; Male 36.
- Pharmacists: Female 1; Male 4.

Table 108: Headcount by employee category and gender

Employment category	Female	Male	Total
Casual	8	6	14
Permanent full-time	920	384	1,304
Permanent part-time	203	24	227
Temporary full-time	74	37	111
Temporary part-time	15	3	18
Total	1,220	454	1,674

Note: Some tables displaying workforce numbers by gender exclude staff who identify as Gender X (intersex/indeterminate/other) due to low representation and the associated potential for this cohort to be identified without their consent.

Table 109: Length of service by gender

Gender	Female	Male	Non-binary	Total
Average years of service	8.5	7.6	3.5	8.3

Table 110: Gender pay gap

Classification groups*	Female	Male	Pay gap**
Administration officers	\$103,446	\$97,477	-6.1%
Executive officers	\$255,544	\$235,212	-8.6%
Health professional officers	\$130,751	\$136,543	4.2%
Senior officers	\$152,421	\$152,722	0.2%
Total average salary of all Directorate classifications	\$134,103	\$123,155	-8.9%

* Note: For the purposes of the Annual Report, the gender pay gap analysis has been provided for classification groups occupied by 50 employees or more.

** Note: Gender pay gap expressed as a percentage between the average earning of female and male employees.

Learning and development

The Directorate strengthened workforce capability through a targeted learning and development (L&D) program aligned with identified workforce capability needs. A capability and curriculum framework was developed to identify training priorities, guide program design and support evaluation of behavioural outcomes and employee experience.

During 2025–26, learning initiatives were delivered across 2 key streams:

1. **Career development** focused on building the foundations of effective public service practice, including accountability, ethical decision making, and understanding the responsibilities of ACT Public Servants. This included the redesign of core eLearning programs to strengthen foundational capabilities.
2. **Adaptive leadership** focused on developing contemporary leadership skills to help managers and leaders navigate complexity and change, strengthen communication and decision making, and support more collaborative ways of working.

The Directorate also invested in priority development areas through the establishment of internal delivery models for 2 key programs:

1. **Occupational Violence and De-escalation training** to equip managers and frontline staff with practical skills to prevent, recognise, de-escalate, and respond to occupational violence, supporting staff safety, wellbeing, and a trauma-informed approach to service delivery.

2. **Early Intervention for Managers training** to strengthen managerial capability to identify and address workplace issues early, including performance concerns, interpersonal conflict, wellbeing risks, and injury prevention.

Both programs adopt a train-the-trainer model, with approximately 30 leaders in each program undergoing training to facilitate ongoing delivery across the Directorate.

In 2025–26, the Directorate supported 51 applications for study assistance and provided \$98,519 in financial support. Tertiary studies supported through the program were related to social work, with most applications relating to psychology, law, criminology and public health.

In 2025–26, 1,340 Directorate staff completed 5,475 L&D opportunities offered through the whole-of-government L&D program. This figure includes 194 participants in face-to-face workshops, 78 participants in virtual classrooms and 5,203 online completions for eLearning programs. Training covered core learning requirements, role-specific capability requirements and individual development needs.

During the reporting period, 46 senior executives from the Directorate participated in whole-of-government Closing the Gap workshops. The workshops were designed to build awareness of new legislative requirements and ACTPS expectations, supporting executives to better understand their responsibilities in fostering cultural awareness and contributing to the achievement of Closing the Gap priorities.

In 2026–27, the Directorate will continue to enhance its L&D offering through:

- ongoing delivery and refinement of adaptive leadership programs
- redesign of core learning programs using contemporary adult learning principles
- internal delivery of Early Intervention for Managers training
- internal delivery of Occupational Violence and De-escalation training
- continued evaluation of learning effectiveness and workforce outcomes.

Graduate program

In 2025–26, 8 graduates participated in the 2025 ACTPS Graduate Program across the former ACT Health Directorate and the Community Services Directorate, with 4 graduates from each directorate. Following the Machinery of Government changes on 1 July 2025, which established the Directorate, they completed the remainder of the program in the new Directorate. Upon successfully completing the program, all 8 graduates transitioned to ongoing roles across a range of business, policy and corporate functions.

Employee support and workplace resolution

Gender Equity Action Plan 2024–2028

During 2025–26, the Directorate progressed implementation of the Gender Equity Action Plan 2024–2028 across the 6 action areas.

A key achievement was the establishment of the Directorate Gender Equity and Women's Inclusion Networks. These staff-led networks provide forums for consultation, awareness raising and employee engagement, ensuring lived experience informs the Directorate's gender equity priorities and initiatives.

The Directorate strengthened its gender equity evidence base through baseline workforce analysis and improved data collection and reporting. This work supports monitoring of workforce composition, leadership participation, workplace flexibility uptake, and outcomes for Aboriginal and Torres Strait Islander women and CALD women, while considering the intersection of gender with other diversity characteristics. Insights from this analysis are informing actions to foster safe and respectful workplaces free from gender discrimination and gender-based violence, improve gender diversity in traditionally gender-segregated occupations, address barriers experienced by Aboriginal and Torres Strait Islander women and CALD women, and support equitable access to flexible working arrangements across all genders.

Capability-building initiatives included promoting learning of unconscious bias and gender equity, with a focus on recruitment and selection practices. The Directorate also examined opportunities to increase participation of women and gender-diverse employees from under-represented cohorts in leadership development programs and pathways to senior leadership roles.

The Directorate also commenced foundational work on an internal gender impact analysis tool to support staff to apply an intersectional gender lens when designing policies, programs and workforce initiatives. The tool is intended to provide a structured approach for assessing how decisions may affect different groups and strengthen evidence-informed decision making.

For more information, contact
HCSDWorkforceManagement@act.gov.au.

Ecological sustainability reporting

To achieve the ACT Government's target of net zero emissions by 2045, the Directorate continued to embed a zero emissions pathway into its activities and work with partners across the health system to raise awareness of zero emissions.

The Directorate reviewed the assets it owns and the premises it leases to support action 5.10 of the *ACT Climate Change Strategy 2019–25*. As the Directorate upgrades or refurbishes facilities, opportunities are explored to reduce emissions.

Transport

The Directorate complies with the *ACT Climate Change Strategy 2019–25* and the *ACT's Zero Emissions Vehicles Strategy 2022–30* and continued to make progress in reducing carbon emissions in accordance with the ACT Government's Carbon Neutral Government Program. Several initiatives were undertaken by the Directorate to contribute towards the emission reduction goal.

In 2025–26, the Directorate continued building a more sustainable transportation fleet through the increased adoption of zero emissions vehicles. The Directorate currently operates a fleet of 102 vehicles, of which 68 are zero emissions vehicles, following the consolidation of the Directorate's fleet.

The Directorate continues to collaborate closely with the City and Environment Directorate to strengthen and expand electric vehicle charging infrastructure across its sites, supporting the ongoing transition to a more sustainable fleet.

As at 30 June 2026, the Directorate had:

- a total of 102 fleet vehicles – (consisting of 68 zero emission vehicles, 8 plug-in hybrid electric vehicles, 2 hybrid electric vehicles, and 21 internal combustion engine vehicles)
- a total of 55 electric vehicle chargers across 8 of our sites.

We use electronic logbooks to capture usage data, including fuel use, and fringe benefits tax reporting.

Commissioner for Sustainability and the Environment

In 2025–26 the Commissioner for Sustainability and the Environment did not conduct any investigations into the Directorate.

Infrastructure

In 2025–26, capital works delivered under the Asset Renewal Program included external lighting, car park and hot water system upgrades at Howard Florey Centenary House, Holder; outdoor pergola improvements and car park upgrades at Karralika, Isabella Plains; and fireproofing works to pergola areas surrounding residential pods at Karralika, Fadden.

Additional works included replacement occupant warning speakers and electrification of hot water systems at QEII family centre; asphalt driveway upgrades and granite installation at Step Up Step Down, Kambah; and upgrades to gardens, grounds, external building fabric, lighting and wet-area fixtures at Burrangiri.

At Bimberi Youth Justice Centre, works included window-casing upgrades and the installation of electric vehicle chargers. Physical completion of the heating, ventilation and air conditioning system upgrade was achieved at the Gungahlin child and family centre. The Directorate also delivered construction of a new machinery shed at Ngunnawal Bush Healing Farm through capital funding.

The ACT Government is committed to improving the energy efficiency and comfort of public housing properties, with up to 5,000 households expected to benefit from the Home Energy Support: Public Housing Program by 2026. The Program commenced in March 2023 and includes bringing all Housing ACT properties up to the new ceiling insulation minimum standard and replacing gas appliances with energy-efficient electric alternatives.

The ACT Government made a further commitment through the first Integrated Energy Plan (IEP) which was released in June 2024, to electrify all feasible public housing properties by 2030. The IEP helps set the long-term pathway for the transformation of the ACT's energy system to achieve net-zero emissions by 2045.

During 2025–26, 1,021 public housing properties were upgraded, including ceiling insulation and energy-efficient electric appliances (to replace gas appliances). This brings the total number of public housing households supported to over 4,090 since the program commenced.

Table 111: Sustainable development performance – current and previous financial year

Indicator as at 30 June	Unit	Current FY	Previous FY	Percentage change
Stationary energy usage				
Electricity use	Kilowatt hours	4,434,600	4,530,620	-2.12
Fossil fuel gas use (non-transport)	Megajoules	10,080,245	11,019,436	-8.52
Diesel use (non-transport, e.g. generators)	Kilolitres	0	0	0
Liquid Petroleum Gas	Kilolitres	0	0	0
Fleet vehicles				
Zero Emissions Vehicles	Number	68	72	-5.50
Plug-in Hybrid Electric Vehicles	Number	8	4	100
Hybrid Electric Vehicles	Number	2	2	0
Internal Combustion Engine vehicles	Number	24	21	14.30
Water usage				
Water use	Kilolitres	14,924	15,376	-2.94
Resource efficiency and waste				
Waste to landfill	Litres	427,907	1,114,268	-61.60
Co-mingled material recycled	Litres	230,209	469,350	-51
Paper & cardboard recycled (incl. secure paper)	Litres	185,820	191,525	-2.98
Organic material recycled	Litres	11,973	43,851	-72.70
Greenhouse gas emissions				
Emissions from fossil fuel gas use (non-transport)	Tonnes CO ₂ -e	519.44	567.83	-8.52
Emissions from diesel use	Tonnes CO ₂ -e	54.63	56.38	-3.10
Emissions from petrol and E10 use	Tonnes CO ₂ -e	2.14	1.81	18.23
Emissions from Compressed Natural Gas (transport) where applicable	Tonnes CO ₂ -e	0	0	0
Emissions from refrigerants	Tonnes CO ₂ -e	86.62	86.50	0.14
Total emissions*	Tonnes CO ₂ -e	662.83	712.52	-6.97

*Total emissions include scope 1 and scope 2 emissions and exclude scope 3 emissions.

For more information, contact HCSDFacilities@act.gov.au.

Carers Recognition Act 2021 reporting

The *Carers Recognition Act 2021* provides for the recognition of carers and care relationships. It also recognises the different needs of people in care relationships and the value of these relationships in supporting vulnerable people with daily living tasks, which aids their health, inclusion and participation.

Under the Act, the Directorate has obligations relating to its Care Relationship Principles. In 2025–26, the Directorate embedded the requirements of the Act into the development and delivery of its policies, programs and services.

Activity undertaken in 2025–26 to promote, embed and uphold the Care Relationship Principles

Sections 4(a) and (b) – raising awareness about and promoting the Care Relationship Principles

The Carers Recognition Act 2021 is a key framework for strengthening the formal recognition of carers in the ACT. The Directorate continued to collaborate across the ACT Public Service to support other directorates in embedding the principles and requirements of the Act into the design and delivery of programs and services. This includes providing agencies with updated advice on the *Carers Recognition Act: guidance for agencies that provide carer support* and the *Annual Report Directions*.

Consistent with the Act, the Directorate engaged with carers and carer representative organisations to ensure their perspectives inform the development, review and evaluation of policies, programs and services that impact carers.

The *Carer Handbook* prepared by the Directorate is a guide for approved kinship and foster carers in the ACT and includes information on helping kinship and foster carers understand:

- their role and responsibilities, including various aspects of care
- decision making, relationships, finance and legal matters
- how to look after themselves
- where to go for help if needed.

The *Carer Handbook* includes information about caring for a child with a disability, chronic illness, diverse background and/or who has experienced trauma. The Directorate has recently updated the *Carer Handbook*.

The Referrals team established through the Children, Youth and Families reform promotes timely, accessible and best-fit support services to families, children and young people including carers. Carers can be referred to a range of support services via this team.

Additionally, financial supports outlined in the *Children, Youth and Families Subsidies and Financial Support Guide* include care subsidy rates and how other costs can be covered for carers.

The Directorate and out-of-home care providers:

- employ dedicated carer support practitioners to promote support and advocacy for carers. There are 2 identified Aboriginal and Torres Strait Islander carer support positions embedded in Children, Youth and Families business areas.
- each provide a range of support and training activities for foster and kinship carers, including, orientation and trauma-informed training, training about supporting children and young people through restoration, as well as networking opportunities to promote connections with key supports such as Services Australia.

The Directorate trialled the use of carer support plans for kinship carers. The plans aim to enhance carers' knowledge about eligibility for supports and services, and to embed proactive carer support from the outset of the caring relationship.

Housing ACT recognises carers as individuals with their own needs and as people who bring valuable knowledge and insights into the needs and circumstances of those they support. This recognition reflects ACT Government commitments under the *ACT Disability Strategy*, which acknowledges the important role that families and carers play in supporting people with disability and promoting inclusive, person-centred service responses.

Carers are recognised as valued partners in supporting sustainable housing outcomes while respecting the rights, autonomy, dignity and preferences of tenants. Through person-centred practice, supported decision-making approaches, staff training, collaborative engagement with carers and support networks, and partnerships with community and government services, Housing ACT raises awareness of the Care Relationship Principles among employees, tenants, carers and the wider community. This supports informed decision making, tenant wellbeing and the effective delivery of housing services.

Staff are provided with tools to support our diverse community, including disability awareness training and guidance on person-centred practice, supported decision making and working collaboratively with carers and support networks.

Section 4(c) – upholding the Care Relationship Principles

The Directorate continued to embed Care Relationship Principles across all direct practice, ensuring services are consistently person-centred, respectful and responsive. Staff collaborate with individuals, families and carers to assess needs, plan and deliver supports, and regularly review outcomes, promoting choice, dignity and independence while upholding strong ethical and professional standards.

The Carer Wellbeing Joint Committee is a monthly forum that brings together kinship and foster carers alongside sector partners to develop key priorities and progress strategies to enhance the wellbeing of foster and kinship carers. The committee has a key focus on how carers can best be supported in caring for children and young people in their care.

The *ACT Disability Health Strategy 2024–2033* and its *First Action Plan 2024–2026* recognise carers of people with disability as a priority population. Initiatives and activities under the First Action Plan are designed to consider the needs and experiences of carers, supporting improved health outcomes and recognising their role in care relationships.

In November 2025, the *Mental Health Commissioning Strategic Investment Plan* was published, which outlines the ACT Government's strategic approach and direction to invest in mental health NGO services. The Plan recognises carers as a specific priority population that should be supported through commissioned services.

Housing ACT upholds the Care Relationship Principles by engaging with carers, where appropriate and with the consent of the applicant or tenant, throughout the assessment, allocation, tenancy management and review processes. Through person-centred practice and supported decision making, Housing ACT recognises the valuable role carers play and, where appropriate, considers their views and knowledge when assessing, planning, delivering, managing and reviewing housing services and supports. Housing ACT also works collaboratively with carers, support providers and other services to ensure housing responses consider an individual's care, support and accessibility needs, while respecting the rights, autonomy and dignity of the person receiving care.

Section 4(d) – consulting with carers

The Directorate undertook consultation with carers through its ongoing partnership with Carers ACT, which provides a structured mechanism to gather feedback and input from carers receiving support services, as well as from representative bodies.

This collaboration informed the planning, delivery and review of programs and services for people in care relationships, ensuring that carers' perspectives are embedded in service design and continuous improvement.

Carers of people with disability are represented on the Disability Advisory Council, and their views and priorities directly inform the development and implementation of ACT Government disability policies, strategies and services.

The ACT Disability Health Reference Group includes people with disability and carers of people with disability, ensuring that carers' perspectives inform the planning, implementation and monitoring of the *ACT Disability Health Strategy*. The Group provides a structured mechanism for ongoing consultation with carers and organisations representing people in care relationships.

The Clinical System Governance Committee, the peak committee focused on safety and quality issues in health services, also has people with caring

responsibilities for consumers with health conditions as appointed members. This was done to recognise carers of people with physical health conditions have a perspective that can inform quality improvement programs the committee develops for health care settings.

The Directorate also supported forums on specific topics relevant to carers, such as recent consultation in relation to Thriving Kids service planning.

Chief Psychiatrist

The experiences and perspectives of mental health carers were incorporated through ongoing consultation with Carers ACT on the development of documentation that supports the operation of the *Mental Health Act 2015*, including advisory notes, guidelines and other supporting resources.

Representatives from Carers ACT were involved in a range of committees and advisory groups managed by the Chief Psychiatrist, including the Chief Psychiatrist Advisory Committee, Chief Psychiatrist Report Legislative Working Group, Chief Psychiatrist Report Clinical Working Group and Chief Psychiatrist Report Implementation Executive Steering Committee.

Through these forums, carers' perspectives informed mental health legislation, policy development and service improvement, and contributed to the implementation of clinical and legislative reform recommendations arising from the Chief Psychiatrist's Report.

Carers ACT was also represented on the Expert Advisory Group established in May 2026 to support the mandatory review of the *Mental Health Act 2015*.

The Chief Psychiatrist continued to engage regularly with Carers ACT to discuss emerging issues, maintain ongoing collaboration and integrate carer perspectives into the work of the Chief Psychiatrist.

Mental Health Services

The ACT Government has committed to delivering a co-designed, consumer-centred Mental Health Services Plan by the end of 2026. As part of the Plan's development, the Directorate engaged carers, family members and carer support organisations through stakeholder workshops in May 2026. These workshops sought insights and feedback on opportunities to strengthen mental health services and care pathways. Carers' contributions inform the development of the Plan, helping to ensure that carers' perspectives are reflected in future service planning and improvement.

Dementia Care

The ACT Government has recently published the *Evidence-based framework for dementia care in the ACT*, developed by the ACT Dementia Health Experts Network and supported by the Directorate. The Framework was informed by a carer-led co-design process, ensuring the experiences and perspectives of people living with dementia, carers and families have shaped its recommendations and priorities.

The Framework places a strong emphasis on supporting carers through better coordinated services, improved access to respite, and enhanced navigation of the health and aged care system, helping to reduce carer burden throughout the dementia journey.

Section 4(e) – human resources policy development

The Directorate remains committed to supporting staff with caring responsibilities by aligning workplace practices with the Carers Recognition Act 2021. The Care Relationship Principles are integrated into the human resources framework through provisions in the ACT Public Sector Enterprise Agreement and related ACTPS employment policies.

These provisions recognise employees' caring responsibilities and provide practical support through flexible work arrangements (including flexible work locations), personal/carer's leave, compassionate leave, parental and caregiver leave, and other care-related entitlements.

The Directorate also actively recognises and supports carers through internal communications and awareness activities during National Carers Week. Together, these measures help fulfil the requirements of the Act by ensuring the needs of employees with caring responsibilities are considered in the development and implementation of internal workforce policies.

For more information, contact HCSDAnnualReport@act.gov.au.

Annual progress report on the implementation of the *Office for Mental Health and Wellbeing Workplan*

The Office for Mental Health and Wellbeing (OMHW) is required to publish a report on the implementation of the *Office for Mental Health and Wellbeing Workplan* under accountability indicator 1.1d.

This accountability indicator has been retired for 2026–27, noting accountability of work in the mental health portfolio will be considered as part of the full review of performance indicators for the 2027–28 Budget. As a result, this will be the final progress report.

Enhancing lives

Mental health and wellbeing are fundamental to people's ability to interact with others, work and earn a living, and feel connected to the broader community. Good mental health contributes to healthier lifestyles, better physical health, improved recovery from illness, higher educational attainment, employment, social connection and quality of life.

Table 112: Enhancing lives: progress against actions

Actions	Progress against actions
Action 1: Communications and engagement Continue to support positive, evidence-informed community messaging to promote mental health and reduce stigma and discrimination through a range of communication channels including Mental Health Week in October.	Achieved Between July 2025 and June 2026, the OMHW continued to support community engagement and the delivery of evidence-based messaging on mental health and wellbeing. This included awareness-raising events, health promotion activities, prevention initiatives and commemoration days, such as the Blue Tree Project and RUOK? Day to promote avenues for help and reduce stigma.
Action 2: Strategic priorities Partner with Monash University to undertake economic modelling of initiatives towards understanding 'best buys' for the ACT community.	Achieved Monash University was engaged to undertake research to identify potential mental health promotion and prevention interventions and assess the mental health, social and economic benefits of 3 interventions for the ACT community. The final report is being delivered in July 2026.
Action 3: Strategic priorities Continue to promote and advocate for safe and accessible mental health services for LGBTIQ+ people.	Achieved LGBTIQ+ perspectives informed mental health and suicide-prevention policy, planning and service design through lived-experience engagement and representation, including: <ul style="list-style-type: none"> • engaging LGBTIQ+ organisations in the co-design and scoping of a youth mental health service for people aged 12–25 years following suicidal distress. • incorporating LGBTIQ+ lived-experience perspectives into mental health and suicide-prevention initiatives. • continuing LGBTIQ+ representation on advisory groups, including the ACT Mental Health Advisory Council.

Actions	Progress against actions
Action 4: Suicide prevention Focused support for priority populations.	Achieved Please refer to Action 3. Progress also included targeted suicide-prevention initiatives, ensuring approaches were inclusive, culturally responsive and informed by community needs, including: <ul style="list-style-type: none"> • contributing to the Standing Committee on Social Policy's Inquiry into Men's Suicide Rates • incorporating the perspectives and needs of priority populations, including culturally and linguistically diverse communities and LGBTIQ+ people, into suicide-prevention policy, planning and service design • ensuring priority population needs were reflected in the co-design and scoping of a dedicated youth aftercare service.
Action 5: Suicide prevention Continue support of the ACT Tertiary Education Providers Suicide Prevention Partnership Group.	Achieved The OMHW continued to support the ACT Tertiary Education Providers Suicide Prevention Partnership Group by funding a project officer to coordinate partnership activities and progress committee-led projects, including the development of suicide-prevention resources and initiatives for ACT tertiary education institutions.
Action 6: Suicide prevention Further improve services and supports for individuals, families and carers following a suicide attempt or during a suicidal crisis.	Achieved The OMHW continued to improve services and supports for individuals, families and carers following a suicide attempt or during a suicidal crisis through: <ul style="list-style-type: none"> • the launch of the Peer Companion in Community Program with Roses in the Ocean • expanding the Minds Together Program • progressing the development of a youth aftercare service • ongoing support for Thirrili's Aboriginal and Torres Strait Islander Suicide Intervention, Prevention, Postvention and Aftercare Service.
Action 7: Data and research Implement established reporting using the proven methodology of natural language processing (NLP) analysis for free-text clinical notes in the identification of suicidal/self-harm presentations and admissions for inpatient care.	In progress The OMHW worked closely with key stakeholders to advocate for the use of NLP. This work will continue beyond 2026.
Action 8: Data and research Investigate broader use of NLP for other complex presentations such as family, sexual and domestic violence or presentations involving use of alcohol and other drugs.	In progress Preliminary work continued to investigate the viability of NLP for other types of presentations to the hospital emergency departments.
Action 9: Data and research Finalise the University of Canberra MChart planning and navigation project, of which the OMHW is a partnered sponsor.	Achieved The MChart project has been completed as a planning tool.

Mentally healthy communities

A mentally healthy community supports positive mental health by fostering environments that encourage healthy lifestyles, physical health, access to green and blue spaces, education, meaningful work, safety, trust and social connection, enabling communities to respond to and recover from distressing events (such as natural disasters). These are often referred to as protective factors. Improving mental health outcomes at a community level improves quality of life, boosts productivity and supports a thriving ACT economy.

Table 113: Mentally healthy communities: progress against actions

Actions	Progress against actions
Action 10: Communications and engagement Continue to support positive, evidence-informed community messaging to promote mental health and reduce stigma and discrimination through a range of communication channels, including Mental Health Week in October.	Achieved Please refer to Action 1.
Action 11: Communications and engagement Explore opportunities to work with media towards more positive messaging around mental health and suicide prevention.	Achieved The OMHW continued to support positive mental health and wellbeing messaging through various social media activities in partnership with the HCSD Communication and Engagement team.
Action 12: Strategic priorities Continue to promote and advocate for safe and accessible mental health services for LGBTIQ+ people.	Achieved Please refer to Action 3.
Action 13: Strategic priorities Continue to work with partners to build the evidence base around 'what works' in the ACT context to improve mental health promotion and mental illness prevention for the ACT.	Achieved Prevention United delivered its report on actionable opportunities for a strategic and systemic approach to mental health promotion in the ACT in December 2025. Together with the Monash University Economic Modelling report, it formed part of a work package that combined several projects to identify the next steps for mental health promotion and prevention in the ACT.
Action 14: Suicide prevention Continue supporting Youth Aware of Mental Health (YAM) and compassion-based suicide-prevention training (currently through Connecting with People).	Achieved The OMHW continued to provide suicide-prevention education to the ACT community through: YAM: evidence-based suicide-prevention education in schools for young people ages 13 to 17. Connecting with People: compassion-based suicide-prevention training for community and mental health sector workers.
Action 15: Suicide prevention Continue supporting community awareness initiatives such as the Blue Tree Project and RUOK? Day to promote avenues for help and reduce stigma.	Achieved Please refer to Action 1.
Action 16: Suicide prevention Continue working in partnership with the ACT Aboriginal and Torres Strait Islander Suicide Prevention and Mental Health Partnership Group, Thirrili, and other key individuals and organisations. These collaborations aim to improve mental health and suicide-prevention outcomes through culturally safe and community-led approaches.	Achieved The OMHW continued to work with key stakeholders to support culturally safe, community-led approaches to suicide prevention and social and emotional wellbeing.

Structural and system capacity

Building sustainable systems requires a whole-of-government and whole-of-community approach that extends beyond the mental health service system and services. This includes:

- monitoring, analysing and translating data and other evidence (including lived and living experience, qualitative research and data) to advise, influence and inform structural and systemic reform
- fostering collaboration across systems to deliver better mental health and wellbeing outcomes.

Table 114: Structural and system capacity: progress against actions

Actions	Progress against actions
Action 17: Communications and engagement Continue to promote and develop strategic partnerships to support innovation, system reform and collaborative action.	Achieved The OMHW continued to support sector collaboration and engagement through its work with: ACT Mental Health Peaks: Mental Health Community Coalition, ACT Mental Health Consumer Network and Carers ACT Child & Youth Mental Health Sector Alliance Youth Reference Group Alcohol, Tobacco and Other Drug – Mental Health Alliance (ATOD-MH Alliance) Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Partnership Group ACT and Region Suicide Prevention Community Collaborative Suicide prevention and lived experience forums Tertiary Education Providers Suicide Prevention Partnership Community sector organisations ACT Government partners
Action 18: Lived experience Continue to progress and use findings from mapping and community development efforts to provide strategic influence and best-practice documentation.	In progress Information gathered through community engagement informed the next steps for lived-experience and peer work in the ACT.
Action 19: Lived experience Embed and support the key co-design, co-production and lived-experience inclusion mechanisms.	Achieved The OMHW continued embedding lived experience into practice. This included the ongoing coordination of the Youth Reference Group that has supported a range of mental health projects across the sector through the Child and Youth Mental Health Sector Alliance.
Action 20: Lived experience Conclude the partnership agreement with the ACACIA Lived Experience Research Unit, Australian National University, to support validation of lived-experience inclusion, including peer work strategies and guidance in the ACT.	Achieved The partnership with ACACIA supported lived-experience research for the ACT community.
Action 21: Lived experience Merge the 'Peas in a Pod' substantive co-design demonstration project into the Mental Health Coordinating Group (MHCG) and create a relationship with the Lived Experience Leaders Working Group to mutual benefit and the elevation of lived-experience influence in decision making.	Achieved Lived-experience representation is now embedded in the MHCG.
Action 22: Lived experience Provide key recommendations and data to mental health commissioning processes that highlight the validity and engage organisational readiness and enact a focus on Peer Work initiatives.	Not achieved This action was paused due to resource constraints.

Actions	Progress against actions
Action 23: Lived experience Design and deliver training on trauma-informed co-design, co-production and lived-experience-led methods as a means for greater lived-experience inclusion and capability recognition.	Not achieved This action was paused due to resource constraints.
Action 24: Strategic priorities Explore data and best-practice evidence to advise on options to address the ACT system gap of support for people who require longer-term (~18 months) residential mental health rehabilitation, including forensic consumers.	Not achieved This action was paused due to resource constraints.
Action 25: Strategic priorities Explore data (community prevalence, service access, seclusion and restraint episodes, consumer experience of care etc.) to advise on potential explanations for why mental health outcomes are not improving in the ACT and where OMHW functions could best help to drive reform.	Not achieved This action was paused due to resource constraints.
Action 26: Strategic priorities Continue to work in partnership with the Youth Coalition of the ACT and the Capital Health Network to progress sector reforms to enhance the delivery of coordinated and connected child and youth mental health services through the Child and Youth Mental Health Sector Alliance.	Achieved Partnerships with the Youth Coalition of the ACT and the Capital Health Network progressed sector reforms for child and youth mental health services.
Action 27: Strategic priorities Work with the Alcohol, Tobacco and Other Drug Association ACT (ATODA) and the Mental Health Coordinating Council (MHCC) to identify and progress sector reforms to enhance the interface and connections between alcohol and other drug and mental health services through the ATOD-MH Alliance.	In progress The OMHW continued to fund the ATOD-MH Alliance and work with ATODA and MHCC to identify and progress sector reforms to enhance the interface and connections between alcohol and other drug and mental health services.
Action 28: Strategic priorities Lead the development of an ACT Mental Health Outcomes Framework	Not achieved This action will continue as a part of the Mental Health Commissioning Strategic Investment Plan.
Action 29: Suicide prevention Continue working in partnership with organisations, services and individuals across the ACT to provide collaborative leadership and drive coordinated efforts to reduce suicide.	Achieved Please refer to Action 17.
Action 30: Suicide prevention Support the work of the ACT and Region Suicide Prevention Community Collaborative which brings together stakeholders to strengthen suicide-prevention efforts through shared learning, data-informed planning and community engagement.	Achieved Support continued through the Collaborative Executive and active participation at events and forums.
Action 31: Suicide prevention Continue to engage with the ACT Coroner to support system-level improvements and strengthen suicide-prevention responses.	Achieved Quarterly meetings involving HCSD, CHS and the ACT Coroner's Office supported information sharing and discussion of suicide-prevention issues during the reporting period.
Action 32: Suicide prevention Continue to engage with national and jurisdictional colleagues to support the ACT's implementation of the National Suicide Prevention Strategy, ensuring local actions align with national priorities.	Achieved The OMHW participated in national and interjurisdictional forums to support implementation of the National Suicide Prevention Strategy and inform suicide-prevention policy and planning in the ACT.
Action 33: Suicide prevention Align with the ACT Mental Health and Suicide Prevention Strategic Approach to ensure a cohesive and integrated approach.	Achieved This alignment informed suicide-prevention policy, planning and implementation activities across the reporting period.

Actions	Progress against actions
Action 34: Data and research Provide ongoing support for mental health data analytics to business units within the Directorate.	Achieved The OMHW continued to provide as-needed support to other branches, divisions and directorates related to mental health.
Action 35: Data and research Progress the priority mental health data quality reporting to gold level standard as per the Priority Setting Committee.	Achieved The OMHW contributed to mental health data reporting and provided advice to the Priority Setting Committee.
Action 36: Data and research Refine data analytics and local sub-jurisdictional mental health reporting needs for operational services, strategic decision making and evidence-informed mental health policy projects.	Achieved Data analytics and mental health reporting supported both ACT Government and the mental health community sector.
Action 37: Data and research Continue investigating available data and greenfield discovery/use of data sources to inform and understand early intervention and prevention opportunities, particularly child, youth and young adulthood.	Achieved Available data continued to inform policy development, particularly in suicide prevention and Aboriginal and Torres Strait Islander mental health.
Action 38: Data and research Implement established reporting using the proven methodology of NLP analysis for free-text clinical notes in the identification of suicidal/self-harm presentations and admissions for inpatient care.	Achieved Please refer to Action 7.
Action 39: Data and research Investigate broader use of NLP for other complex presentations of family, sexual and domestic violence as well as presentations involving alcohol and other drugs.	Achieved Please refer to Action 8.
Action 40: Data and research Continue expanding ACT Health and Community Services' contribution to the Australian Institute of Health and Welfare Service Activity Monitoring System.	In progress This remains an ongoing commitment.
Action 41: Data and research Focus on outcomes of care supported by data and indicators that align with the development of the next version of the National Mental Health Strategy.	Achieved This work formed part of a collaborative exercise across HCSD, with the OMHW contributing to the National Data Governance Forum as part of the National Mental Health and Suicide Prevention Agreement.
Action 42: Data and research Consider the planned revision of the national Non-Government Organisation-e (NGOe) dataset for incorporation into community sector reporting where applicable for local government funded commissioned services.	Achieved The OMHW participated in the national working group for the national Non-Government Organisation-e dataset.
Action 43: Data and research Ongoing support in the analysis of the Coroner's Office ACT Suicide Register and development of a Memorandum of Understanding that incorporates information sharing between the Coroner's Office, ACT Health Directorate and Community Services Directorate.	Not achieved This was placed on hold due to the implementation and establishment of the Coroner's Office new database which replaces the former legacy system for recording suicide deaths.
Action 44: Data and research Ongoing representation – subject to the Machinery of Government restructuring – on a range of national committees and working groups related to mental health data sharing and indicator development across states and territories.	Achieved The OMHW continued to represent the ACT on a range of national mental health data working groups and committees.

For further information, contact OfficeforMHW@act.gov.au.



Part C

Financial management reporting

Management discussion and analysis

Health and Community Services Directorate

For the year ended 30 June 2026

General Overview

Establishment of the Health and Community Services Directorate

In May 2025, the ACT Government announced its response to the ACTPS 2025 Taskforce Report which proposed several changes to support an ACT Public Service structure that is primed to deliver the Government's priorities and meet community and stakeholder expectations about its services.

These were formally notified through *Administrative Arrangement 2025 (No.1)* which came into effect 1 July 2025 and resulted in the following arrangements:

- the establishment of the Health and Community Services Directorate (HCSD), through the transfer of functions from the Community Services Directorate (CSD), ACT Health Directorate (ACTHD), and Office of LGBTIQ+ Affairs;
- the transfer of Health Research and Ethics functions moving from ACTHD to Canberra Health Services (CHS);
- the transfer of Digital Solutions Division (DSD) from ACTHD to Digital Canberra (DCBR), and
- the transfer of infrastructure delivery functions, from the ACTHD and CSD to Infrastructure Canberra (iCBR).

HCSD is a new reporting entity for 2025-26. As prior year comparatives are not presented, this Management Discussion and Analysis focuses on performance against the Original Budget and explains the key movements arising from the new operating model and the transferred functions.

Objectives

The primary purpose of the Directorate is to empower Canberrans to meet their full potential within an inclusive, strong, and equitable community where everyone is respected and valued.

The Directorate supports Canberrans to achieve positive outcomes by delivering human-centred and integrated services, strengthening community connections, fostering inclusive participation, and working collaboratively with government and non-government partners to build a more equitable and connected community.

Risk Management

The Directorate places a high priority on managing risk, embedding risk within a culture of innovation and continuous improvement, while promoting a culture of understanding risk as opportunity. More detail on the Directorate's key risks and frameworks can be found in the *Risk Management* section of the Annual Report.

Financial Performance

The following information is based on the audited Financial Statements and the 2026-27 Portfolio Budget Statements.

Own Source Revenue

Table 1: Own Source Revenue by Category

	Actual 2025-26 \$'m	Original Budget 2025-26 \$'m	Budget to Actual Variance \$'m	Variance %
Sales of Goods and Services	4.1	164.4	(160.3)	(97.5%)
Grants and Contributions Income	284.5	26.7	257.8	964.2%
Other Income	20.4	22.0	(1.6)	(7.6%)
Total Own Source Revenue	309.0	213.2	95.8	44.9%

Revenue in the current year is **\$95.7 million** or **45%** higher than the original budget.

The Directorate primarily derives its own source revenue from cross border health service payments received from other states and territories when their residents are treated in the ACT. This revenue was significantly higher than budget (\$86.0 million) due to an increasing number of interstate residents being treated in the ACT public hospitals coupled with activity reconciliations for prior years with final back adjustment payments being settled in 2025-26.

Cross border receipts are treated as 'Grants and Contributions' but were incorrectly budgeted under 'Sales of Goods and Services', driving most of the variance in those two categories in 2025-26.

The Directorate recognises as revenue any services provided free of charge from other government entities including Legal, Finance, HR, Records Management, and ICT services. The value of these services in 2025-26 was \$13.0 million higher than budgeted due to the transfer of ICT functions to DCBR at the start of the year. This resulted in an increase in services received free of charge from DCBR which is reflected in actuals but not the original budget.

The Directorate also received income for the delivery of corporate enabling support to Housing ACT and rental/hire of several properties including sites at the Narrabundah Long Stay Park. These have remained steady and were in line with budget.

Overall, own source revenue performance was roughly in line with expectations when the impact of budget transfers and movement in cross border revenue is excluded.

Expenditure

Consistent with its role as a service delivery provider, *Employee Expenses*, and *Grants and Purchased Services* account for a significant proportion of Total Expenditure. This is summarised in the table 2 below.

Table 2: Expenditure by Category

	Actual 2025-26 \$'m	Original Budget 2025-26 \$'m	Budget to Actual Variance \$'m	Variance %
Employee Expenses	228.2	226.8	(1.4)	(0.6%)
Supplies and Services	83.6	99.6	16.0	16.1%
Depreciation and Amortisation	8.0	11.6	3.6	31.0%
Grants and Purchased Services	517.5	429.9	(87.6)	(20.4%)
Borrowing Costs	0.1	0.0	(0.1)	(500.0%)
Other Expenses	5.8	4.0	(1.8)	(45.0%)
Total Expenditure	843.1	771.9	(71.2)	(9.2%)

Staffing levels decreased during the year but remained slightly higher than budget overall. This represents a substantial improvement on the starting position for the year which would have resulted in a variance to budget of approximately \$10 million based on staffing levels in July 2025.

Supplies and Services expenditure was significantly lower than budget, largely driven by the transfer of ICT functions and related corporate and enabling functions to DCBR which resulted in reduced expenditure but no reduction in the original budget.

Grants and Purchased Services expenditure has continued to grow, largely driven by passthrough of cross border receipts to the LHN (\$86.0 million) and increased costs related to more intensive responses for Out of Home Care services. Additional funding was provided through a Treasurers Advance in 2026-27 to meet the increased cost of these services but is not reflected in the *Original Budget*.

Net Cost of Services

The Net Cost of Services is calculated as total expenditure minus own source revenue generated independently by the Directorate. The resulting figure represents the remaining costs which need to be funded by the Territory. This is summarised in the table below.

Table 3: Net Cost of Services

	Actual 2026 \$'m	Original Budget 2026 \$'m	Variance \$'m	Budget vs Actual Variance %
Own Source Revenue	308.9	213.2	95.7	44.9%
Total Expenditure	843.1	771.9	(71.2)	(9.2%)
Net Cost of Services	534.2	558.7	24.5	4.4%

The net cost of services for 2025-26 of **\$534.2 million** was **\$24.5 million** or **4.4%** lower than budgeted.

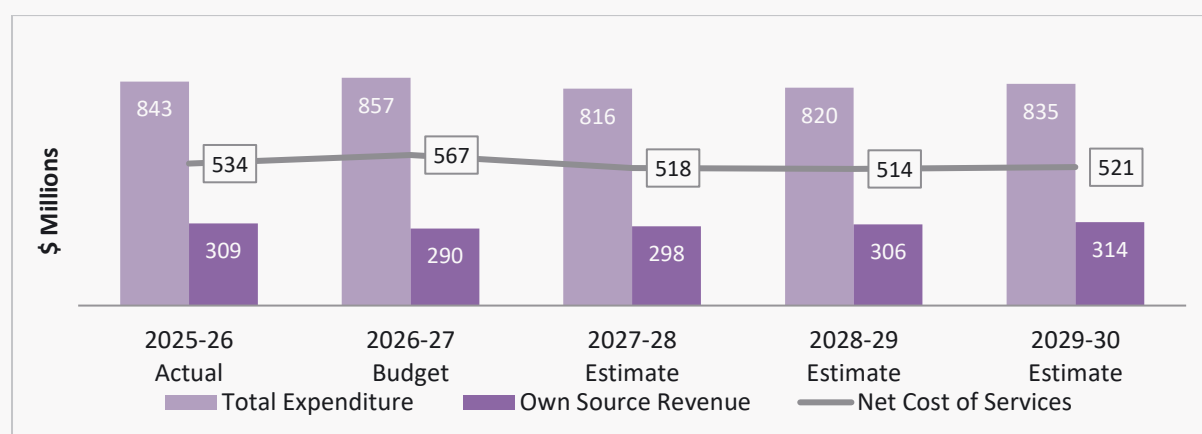
The significant variances to budget in 'Own Source Revenue' and 'Total Expenditure' largely relate to cross border receipts. As outlined above, cross border revenue and expenditure largely offset each other and have minimal impact on the Net Cost of Services.

The remaining variance largely relates to the transfer of functions to other directorates as a result of machinery of government changes, and planned rollover of project activities and related funding to future years. This reduced expenditure in the current year but is not reflected in the original budget.

Excluding the impacts of cross border payments and budget transfers/rollovers gives a clearer picture of the true Net Cost of Services. While difficult to quantify, management estimates that there was a slight worsening of the underlying Net Cost of Services during the year, mainly related to Out of Home Care Services. This reflects escalating demand, complexity, and costs for these services.

Future Outlook

The Net Cost of Services for the Directorate is expected to peak at \$567 million in 2026-27 before reducing to a new baseline of approximately \$520 million per annum across the forward estimates. This trend is outlined in *Figure 1*.

Figure 1: Net Cost of Services Future Outlook

Revenue is expected to decrease slightly in 2026-27 and then increase modestly over the forward estimates. The initial decrease reflects the impact of prior year reconciliations for cross border services which resulted in additional revenue in 2025-26 but is not captured in forward budgets. The increase across the forward estimates largely reflects conservative growth estimates for cross border service activity and increases in the National Efficient Price (NEP) for those services.

The decrease in expenditure across the forward estimates reflects the impact of ceasing funding for a range of initiatives, including supplementary funding for Out of Home Care services. While the Directorate has already commenced work on improving the efficiency and financial sustainability of Out of Home Care services, it is likely that these costs will remain high over the medium term, indicating that estimated expenditure may be understated.

Forward year expenditure estimates are also reliant on the achievement of whole of government savings which would require further reductions in the Directorates workforce and supplier expenditure.

Financial Position

The *Net Assets* of the Directorate at 30 June 2026 were **\$135.0 million**, which is **\$40.2 million** less than original budget. This is summarised in the table below.

Table 4: Net Assets (\$'m)

	Actual 2025-26 \$'m	Original Budget 2025-26 \$'m	Budget to Actual Variance \$'m	Variance %
Total Assets	250.9	322.9	(72.0)	(22.3%)
Total Liabilities	115.9	147.7	31.8	21.5%
Net Assets	135.0	175.1	(40.1)	(22.9%)

Net Assets

Net Assets were **\$40.2 million** (22.9%) lower than the original budget. This variance was primarily driven by Administrative Arrangement changes during 2025-26, particularly the transfer of ICT functions to DCBR. The transfer reduced the Directorate's cash, intangible assets, employee liabilities and payables, resulting in a lower than budgeted net asset position at year end.

Territorial Statement of Income and Expenses

General Overview

The Directorate receives appropriation from the ACT Government to fund the National Disability Insurance Scheme (NDIS) on behalf of the Territory. This is referred to as *Payments for Expenses on Behalf of the Territory* income and is recognised through the Directorate's Territorial Statements.

Payments for the NDIS are made as cash contributions to the Commonwealth per the terms of the NDIS *Bilateral Agreement* which commenced on 1 July 2019. These contributions are adjusted for any 'in-kind services' provided by the Territory. Examples of these 'in-kind' services include personal Care in Schools and Special Needs Transport, contributed by the Education Directorate and Transport Canberra and City Services Directorate respectively.

The Directorate also administers health regulatory licence fees on behalf of the Territory. Revenue collected from these activities is recognised in the Territorial Statements and subsequently transferred to the Territory Banking Account (TBA). As the revenue is collected on behalf of the Territory, it is not retained by the Directorate.

Territorial Financial Performance

The Territorial Operating Result is generally expected to be close to breakeven, as Territorial income is either applied to meet NDIS contribution obligations or remitted to the Territory as it is earned.

The Territorial Operating Result for 2025-26 was a surplus of **\$0.3 million** compared with a nil budget as outlined in the table below. The surplus primarily reflects the receipt of an in-kind offset credit from the National Disability Insurance Agency (NDIA) during the year.

Table 5: Territorial Operating Result (\$'m)

	Actual 2025-26 \$'m	Original Budget 2025-26 \$'m	Budget vs Actual Variance \$'m	Variance %
Total Revenue	210.5	208.7	1.8	0.9%
Total Expenditure	210.2	208.7	(1.5)	(0.7%)
Territorial Operating Result	0.3	-	0.3	N/A

Territorial Financial Position

Territorial Net Assets at 30 June 2026 were **\$6.3 million**, representing a variance of **8.1%** above the original budget. This is summarised in the table below.

Table 6: Net Territorial Assets (\$'m)

	Actual 2025-26 \$'m	Original Budget 2025-26 \$'m	Budget to Actual Variance \$'m	Variance %
Total Assets	6.5	6.0	0.5	8.3%
Total Liabilities	0.2	0.2	0.0	-%
Net Territorial Assets	6.3	5.8	0.5	8.6%

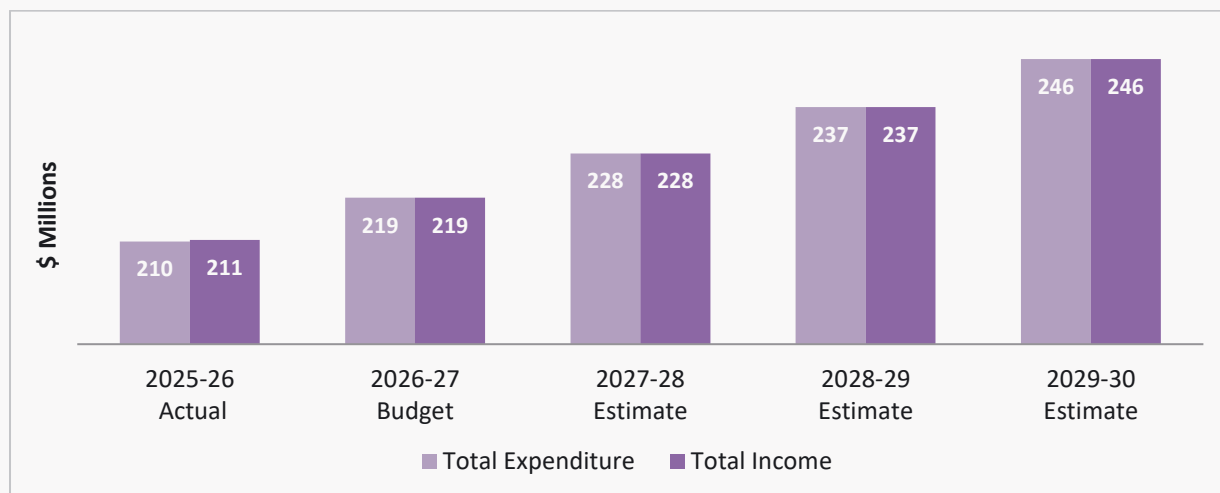
Net Territorial Assets primarily comprises cash contribution payments made in advance (prepayments) to the National Disability Insurance Agency (NDIA) which were a result of the timing in processing quarter four in-kind offset credits.

Territorial Future Outlook

Territorial income and expenditure are expected to grow steadily over the forward estimates as outlined in *Figure 2*. Growth is primarily driven by increasing NDIS contribution obligations in accordance with the escalation arrangements under the NDIS Bilateral Agreement, subject to deductions for any additional in-kind contributions identified in future years.

The next review of the Bilateral Agreement is expected to commence in 2027 in advance of the current agreement expiry date of 30 June 2028. Projected territorial income and expenditure are outlined in *Figure 2* below.

Figure 2: Territorial Income and Expenditure Future outlook (\$'m)



Housing ACT

For the year ended 30 June 2026

General Overview

Objectives

Housing ACT is a division of the Health and Community Services Directorate (the Directorate) reporting separately as a public non-financial corporation (PNFC) and treated as a 'not-for-profit' entity under the Australian Accounting Standards.

Housing ACT provides social housing that is appropriate, affordable and meets the needs and circumstances of low income and disadvantaged people. Housing ACT also funds the specialist homelessness sector, assisting and supporting people experiencing homelessness and people at risk of experiencing homelessness.

Stable long-term and affordable housing provides tenants with a greater opportunity to participate in the social, economic and recreational activities of the Territory and reach their potential as a contributing member of the Canberra population. Through social housing assistance and support for people experiencing homelessness, Housing ACT helps to alleviate social isolation and build resilience, contributing to a safer, stronger and more inclusive community – and the opportunity for a brighter future regardless of their characteristics, circumstances or background.

Impact of Administrative Arrangements

Effective 1 July 2025, administrative arrangements transferred the operational delivery of Housing ACT's infrastructure functions to Infrastructure Canberra (iCBR). This includes public housing construction, acquisition, and maintenance activities. Housing ACT continues to retain responsibility for the delivery of social housing services and remains a separate reporting entity for financial reporting purposes. Notwithstanding this arrangement, Housing ACT retains overall accountability and responsibility for reporting all expenditure and revenues related to public housing.

These administrative arrangements did not change Housing ACT's principal objective of providing social housing and homelessness assistance services.

Financial Performance

The following information is based on the audited Financial Statements and the 2026-27 Portfolio Budget Statements.

Most organisations will point to their Operating Result as the indicator of how well they have managed financial performance over the year. This measure is less useful for government entities where internally generated revenue does not usually cover total expenditure.

A better way to judge the financial performance of Housing ACT is to consider the Net Cost of Services which reflects the cost of public housing and homelessness services that is funded by the ACT Government. This is calculated as total expenditure minus own source revenue which mainly relates to rental income from tenants.

The Net Cost of Services for Housing ACT is summarised in *Table 1* below.

Table 1: Net Cost of Services

	Actual 2025 \$'m	Original Budget 2026 \$'m	Actual 2026 \$'m	Budget vs Actual Variance \$'m	Actual to Actual Variance \$'m
Own Source Revenue	129.8	123.7	130.9	7.2	1.1
Total Expenditure	319.3	301.9	323.2	(21.3)	3.9
Net Cost of Services	189.5	178.2	192.3	(14.2)	2.8

The net cost of services for 2025-26 of **\$192.4 million** was **\$14.2 million** or **8.0%** higher than budgeted and **\$2.8 million** or **1.5%** higher than the prior year net cost of services.

The increase in the net cost of services reflects the widening gap between own source revenue, mainly collected through rent from tenants, and the growing costs of operations. This is also reflected in a net cash operating outflow of \$46.1 million for the 2025-26 financial year.

Housing ACT provides subsidised housing for eligible tenants who are required to pay no more than 25% of their assessable income as rent. Eligible tenants include those whose sole or main source of income is Commonwealth Government pensions or benefits. In 2025-26, over 90% of public housing tenants were eligible for subsidies in the form of rental rebates which totalled \$138.4 million. The nature of these subsidies means that Housing ACT has limited ability to grow revenue with payments capped at a fixed percentage and limited to increases in tenants' income which is generally linked to CPI growth for government pensions and benefits.

Housing ACT's primary cost drivers consist of repair and maintenance expenses, workforce costs, general rates, levies, sewerage and water rates, and insurance premiums. These costs are increasing at a much faster pace than CPI, as reflected in increases in utility costs (8% for water and sewerage), increase in fuel prices which have a flow-on effect for building supplies, and ongoing shortages in building trades which continue to drive up the price of maintenance works.

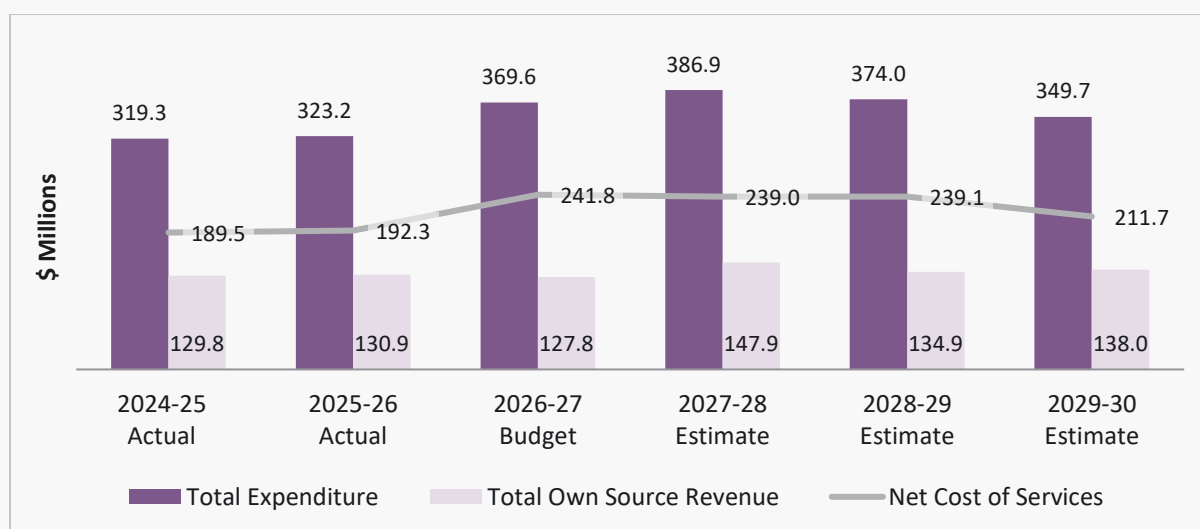
The targeting of assistance to priority and high need applicants also significantly increases the cost of providing housing. All new tenants housed in 2025-26 have low incomes and high and complex service needs. This requires more intensive tenancy management and higher levels of support and assistance to enable tenants to sustain their tenancy. When combined with increasing employee expenses and property costs, these higher tenancy management and support costs increase the pressure on the operational bottom line and net cost of services.

The increase in the net cost of services has been matched by increased government funding (appropriations) to ensure Housing ACT is adequately resourced to continue delivering against its objectives. This is reflected in the 2026-27 budget which allocated \$183.4 million in additional funding for repairs and maintenance of public housing properties, and directed growth in rental revenue to be reinvested in front-line service delivery.

Future Outlook

Figure 1 shows the expected net cost of services for Housing ACT over the forward estimates.

Figure 1: Net Cost of Services Future Outlook



Rental Revenue is expected to increase modestly over the forward estimates in line with indexation to social security payments. Rental revenue will also be positively impacted by the increased number of properties available for rent as several major acquisition and building programs are completed.

Expenditure is also expected to increase over the forward estimates. This is driven by increases in property costs such as rates, utilities expenses, and body corporate fees which are expected to increase at a rate higher than Consumer Price Index. An increase in the total number of properties under management is also expected to increase overall operating costs.

A substantial one-off increase in revenue and expenditure is forecast to occur in 2027-28. This relates to the recognition of revenue related to Round 2 of the *Housing Australia Future Fund Facility* initiative. This initiative is a Commonwealth Government program designed to support and increase social and affordable housing. A more detailed analysis of own source revenue and total expenses is provided below.

Own Source Revenue

Table 2: Own Source Revenue by Category

	Actual 2025 \$'m	Original Budget 2026 \$'m	Actual 2026 \$'m	Budget to Actual Variance \$'m	Actual to Actual Variance \$'m
Rental Income	106.0	108.7	109.2	0.5	3.2
Grants and Contributions	3.7	3.2	3.7	0.5	0.0
Interest Revenue	3.9	0.9	2.1	1.2	(1.8)
Gains on Disposal of Assets	3.8	5.0	1.2	(3.8)	(2.6)
Other (including insurance recoveries)	12.3	5.9	14.6	8.7	2.3
Own Source Revenue	129.8	123.7	130.8	7.1	1.0

Total own source revenue increased by **\$1.0 million or 0.8%** compared to the prior year and was **\$7.1 million or 5.7%** higher than budget.

The variance to the prior year was largely driven by larger than expected increases to indexation for social security income payments which resulted in increased rental income. This reflects that rental revenue for most public housing tenants is fixed at 25% of their income which in most cases is a social security payment. This result was also driven by an increase in the number of properties available for rent, reflecting concerted efforts by Housing ACT to increase available housing stock.

The variance to budget is mainly related to insurance recoveries from the ACT Insurance Authority (ACTIA), recognised through 'Other Income', which increased slightly from the prior year. Income from insurance recoveries is offset by associated repair costs and does not improve the overall financial position of Housing ACT.

Expenditure

Supplies and Services and *Depreciation* accounted for the majority (\$237.2 million or 73.4%) of total expenditure for Housing ACT as outlined at *Table 3* below. These items include the costs related to owning and managing the public housing property portfolio and the administrative costs of running Housing ACT.

Table 3: Expenditure by Category

	Actual 2025 \$'m	Original Budget 2026 \$'m	Actual 2026 \$'m	Budget to Actual Variance \$'m	Actual to Actual Variance \$'m
Supplies and Services	161.0	153.1	172.4	(19.3)	11.4
Depreciation	67.8	75.2	64.8	10.4	(3.0)
Grants and Purchased Services	35.7	37.3	38.3	(1.0)	2.6
Employee Expenses	38.6	24.1	31.1	(7.0)	(7.5)
Other Expenses	14.7	10.9	15.3	(4.4)	0.6
Borrowing Costs	1.5	1.3	1.3	-	(0.2)
Total Expenditure	319.3	301.9	323.2	(21.3)	3.9

Total expenditure increased by **\$3.9 million or 1.2%** compared to the prior year and was **\$21.3 million or 7.1%** higher than budget.

This was largely driven by increased expenditure on repairs and maintenance activities, with works being accelerated during 2025-26 to reduce the number of vacant properties and increase available housing stock. Additional funding of \$15.4 million was allocated through the 2025-26 Budget Review process to fund these works but isn't reflected in the 'Original Budget' above.

The decrease in employee expenses compared to the prior year reflects the transfer of infrastructure delivery functions along with associated staff to Infrastructure Canberra (iCBR) as a result of Administrative Arrangement changes. Housing ACT continues to pay iCBR for these services, with costs now being reflected in 'Supplies and Services'. This transfer had an overall neutral impact on total expenditure.

Increases in rates, levies and utilities charges also contributed to the increase in total expenditure. This is partially offset in future years by expected revenue growth.

Financial Position

The Net Assets of Housing ACT at 30 June 2026 were **\$8.1 billion**, which is **\$0.1 billion** less than original budget and roughly in line with the prior year. This is summarised in **Table 4** below.

Table 4: Net Assets

	Actual 2025 \$'b	Original Budget 2026 \$'b	Actual 2026 \$'b	Budget to Actual Variance \$'b	Actual to Actual Variance \$'b
Total Assets	8.2	8.3	8.1	0.1	(0.1)
Total Liabilities	0.1	0.1	0.1	-	-
Net Assets	8.1	8.2	8.0	0.1	(0.1)

The public housing portfolio accounts for the majority (**\$8.0 billion or 99%**) of Housing ACT assets. The lower than budgeted result in these assets reflects revised capital works and acquisition timeframes under the Growing and Renewing Public Housing Program which is forecasting completion in 2026-27.

Total liabilities have remained stable across financial years and continue to represent a small portion (0.8%) of net assets.

Risk Management

Housing ACT places a high priority on managing risk, embedding risk within a culture of innovation and continuous improvement, while promoting a culture of understanding risk as opportunity. The following are key risks facing Housing ACT.

Operational Risk

Housing ACT faces several challenges typical of human services and infrastructure agencies, including:

- **Service Delivery:** Supporting vulnerable clients with complex needs.
- **Workforce Capacity:** Maintaining skilled staff in high-turnover areas.
- **Property Management:** Managing housing stock for high-need clients.
- **Capital Works:** Delivering a large housing program sensitive to market conditions.
- **Information Systems:** Managing the Homenet system and safeguarding sensitive data.

Financial Risk

Housing ACT faces ongoing financial pressure due to operating costs rising faster than revenue, which is constrained by CPI-indexed tenant incomes. As a social housing provider, ability to grow revenue is limited. Significant appropriations from the ACT Government help offset operating deficits and support continued investment in public housing quality and availability. Further information is outlined in net cost of services section.

Contract Risk

Housing ACT relies on the following key contracts for service delivery which require effective management:

- **Property Maintenance:** Programmed Facility Management Pty Ltd.
- **IT Systems:** NEC Software Solutions UK Ltd and Shared Services ICT for Homenet.
- **Community Services:** Agreements with NGOs for housing and support services.

Detail on Housing ACT's risk framework can be found in the *Risk Management* section of the Annual Report.



Financial statements

Health and Community Services Directorate

Health and Community Services Directorate

Financial Statements

For the Year Ended

30 June 2026



AUDITOR-GENERAL AN OFFICER
OF THE ACT LEGISLATIVE ASSEMBLY 

INDEPENDENT AUDITOR'S REPORT

To the Members of the ACT Legislative Assembly

Opinion

I have audited the financial statements of the Health and Community Services Directorate (Directorate) for the year ended 30 June 2026 which comprise the:

- Statement of responsibility and statement by the chief finance officer;
- Controlled financial statements – operating statement, balance sheet, statement of changes in equity, statement of cash flows and statement of appropriation;
- Territorial financial statements – statement of income and expenses on behalf of the Territory, statement of assets and liabilities on behalf of the Territory, statement of changes in equity on behalf of the Territory, statement of cash flows on behalf of the Territory and Territorial statement of appropriation; and
- Notes to the financial statements, including a summary of material accounting policies and other explanatory information.

In my opinion, the accompanying financial statements:

- (i) present fairly, in all material respects, the Directorate's financial position as at 30 June 2026, and its financial performance and cash flows for the year then ended; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

Basis for opinion

I conducted the audit in accordance with the Australian Auditing Standards. My responsibilities under the standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of this report.

I am independent of the Directorate in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (Code). I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Directorate for the financial statements

The Director-General of Health and Community Services Directorate is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of the Directorate to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

Auditor's responsibilities for the audit of the financial statements

Under the *Financial Management Act 1996*, the Auditor-General is responsible for issuing an audit report that includes an independent opinion on the financial statements of the Directorate.

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the Directorate's internal controls;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directorate;
- conclude on the appropriateness of the Directorate's use of the going concern basis of accounting and, based on audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Directorate's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in this report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of this report. However, future events or conditions may cause the Directorate to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether they represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Director-General of Health and Community Services Directorate regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Ajay Sharma PSM
Auditor-General
28 September 2026

Health and Community Services Directorate

Financial Statements

For the Year Ended 30 June 2026

Statement of Responsibility

In my opinion, the Health and Community Services Directorate's financial statements fairly reflect the financial operations for the year ended 30 June 2026 and its financial position on that date.



Kareena Arthy

Director-General

Health and Community Services Directorate

23 September 2026

Health and Community Services Directorate

Financial Statements

For the Year Ended 30 June 2026

Statement by the Chief Finance Officer

In my opinion, the Directorate's financial statements have been prepared in accordance with the Australian Accounting Standards, are in agreement with its accounts and records, and fairly reflect its financial operations for the year ended 30 June 2026 and the financial position on that date.



Lewis Hayward

Chief Finance Officer

Health and Community Services Directorate

23 September 2026

Health and Community Services Directorate

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Health and Community Services Directorate

Operating Statement

For the Year Ended 30 June 2026

		Actual 2026 \$'000	Original Budget 2026 \$'000
	Note No.		
Income			
Controlled Recurrent Payments	#	597,013	608,441
Sales of Goods and Services from Contracts with Customers ^{a)}		4,098	164,448
Grants and Contributions Income ^{a)}	4	284,460	26,729
Other Income		20,357	22,038
Total Income		905,928	821,656
Expenses			
Employee Expenses	5	228,212	226,779
Supplies and Services	6	83,553	99,610
Depreciation and Amortisation	10	7,968	11,593
Grants and Purchased Services	7	517,482	429,862
Borrowing Costs		90	15
Other Expenses	8	5,771	4,018
Total Expenses		843,076	771,877
Operating Result		62,852	49,779
Other Comprehensive Income			
<i>Items that will not be reclassified subsequently to profit or loss</i>			
Increase in the Asset Revaluation Surplus		20,775	-
Total Other Comprehensive Result		20,775	-
Total Comprehensive Result		83,627	49,779

The above Operating Statement is to be read in conjunction with the accompanying notes.

The Directorate was established on 1 July 2025 following an Administrative Arrangements 2025 (No. 1) – Notifiable Instrument NI2025-350. As this is the first reporting period for the Directorate, no comparative information is presented for the prior reporting period.

Refer to the Statement of Appropriation.

a) These two accounts should be considered together. The variance primarily reflects differences in the allocation of budgeted amounts between these revenue categories. The 2026-27 Budget has been updated to reflect the revised allocation.

Health and Community Services Directorate

Balance Sheet

As at 30 June 2026

		Actual	Original
	Note	2026	Budget
	No.	\$'000	\$'000
Current Assets			
Cash and Cash Equivalents	9	15,502	27,549
Receivables		6,688	6,190
Other Assets		106	4,017
Total Current Assets		22,296	37,756
Non-Current Assets			
Property, Plant and Equipment	10	226,932	222,256
Intangible Assets		1,680	62,869
Total Non-Current Assets		228,612	285,125
Total Assets		250,908	322,881
Current Liabilities			
Payables	11	15,680	34,212
Contract Liabilities	11	2,219	2,032
Borrowings		30	-
Lease Liabilities		643	1,748
Employee Benefits	12	64,158	72,291
Other Provisions	13	1,221	28,328
Other Liabilities		19	-
Total Current Liabilities		83,970	138,611
Non-Current Liabilities			
Borrowings		209	-
Lease Liabilities		853	1,076
Employee Benefits	12	3,822	4,048
Other Provisions	13	27,087	4,014
Total Non-Current Liabilities		31,971	9,138
Total Liabilities		115,941	147,749
Net Assets		134,967	175,132
Equity			
Accumulated Funds		114,192	121,519
Asset Revaluation Surplus		20,775	53,613
Total Equity		134,967	175,132

The above Balance Sheet is to be read in conjunction with the accompanying notes.

The Directorate was established on 1 July 2025 following an Administrative Arrangements 2025 (No. 1) – Notifiable Instrument NI2025-350. As this is the first reporting period for the Directorate, no comparative information is presented for the prior reporting period.

Health and Community Services Directorate

Statement of Changes in Equity

For the Year Ended 30 June 2026

		Accumulated Funds Actual 2026 \$'000	Asset Revaluation Surplus Actual 2026 \$'000	Total Equity Actual 2026 \$'000	Original Budget 2026 \$'000
	Note No.				
Balance at 1 July 2025 ^{a)}		-	-	-	69,877
Comprehensive Income					
Operating Result		62,852	-	62,852	49,779
Increase in the Asset Revaluation Surplus ^{b)}		-	20,775	20,775	-
Total Comprehensive Result		62,852	20,775	83,627	49,779
Transactions Involving Owners Affecting Accumulated Funds					
Capital Injections	#	16,130	-	16,130	32,595
Net Assets Transferred From/(to) Other Agencies as Part of an Administrative Arrangement (AA)	14	44,945	-	44,945	22,881
Net Assets transferred to Other Agencies	10	(9,735)	-	(9,735)	-
Total Transactions Involving Owners Affecting Accumulated Funds		51,340	-	51,340	55,476
Balance at 30 June 2026		114,192	20,775	134,967	175,132

The above Statement of Changes in Equity is to be read in conjunction with the accompanying notes.

The Directorate was established on 1 July 2025 following an Administrative Arrangements (AA) 2025 (No. 1) – Notifiable Instrument NI2025-350. As this is the first reporting period for the Directorate, no comparative information is presented for the prior reporting period.

Refer to the Statement of Appropriation.

- a) The budgeted opening equity balance was included to facilitate preparation of the 2025-26 Budget following the AA. For financial reporting purposes, net assets and liabilities transferred under the AA were recognised as contributions by owners and presented as movements in equity during the reporting period rather than as opening equity balances. Accordingly, the actual opening equity balance was nil.
- b) This represents the 2025-26 revaluation results.

Health and Community Services Directorate

Statement of Cash Flows

For the Year Ended 30 June 2026

	Note No.	Actual 2026 \$'000	Original Budget 2026 \$'000
Cash Flows from Operating Activities			
Receipts			
Controlled Recurrent Payments		597,013	608,441
Sales of Goods and Services from Contracts with Customers		4,466	164,448
Grants and Contributions Revenue		247,580	-
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		29,388	30,293
Goods and Services Tax Collected from Customers		182	751
Other		15,525	22,042
Total Receipts from Operating Activities		894,154	825,975
Payments			
Employee Payments		231,973	222,321
Supplies and Services		110,025	144,427
Grants and Purchased Services		517,654	424,663
Borrowing Costs		90	13
Goods and Services Tax Paid to Suppliers		28,458	31,058
Other		4,297	2,236
Total Payments from Operating Activities		892,497	824,718
Net Cash Inflows from Operating Activities	9	1,657	1,257
Cash Flows from Investing Activities			
Receipts			
Proceeds from Sale of Property, Plant and Equipment		77	-
Total Receipts from Investing Activities		77	-
Payments			
Purchase of Property, Plant and Equipment		3,505	-
Purchase of Capital Works		5,782	23,869
Total Payment from Investing Activities		9,287	23,869
Net Cash Outflows from Investing Activities		(9,210)	(23,869)

Health and Community Services Directorate

Statement of Cash Flows – Continued

For the Year Ended 30 June 2026

	Note No.	Actual 2026 \$'000	Original Budget 2026 \$'000
Cash Flows from Financing Activities			
Receipts			
Capital Injections		16,130	32,672
Receipts of Bank Balances as part of an Administrative Restructure		7,604	15,218
Total Receipts from Financing Activities		23,734	47,890
Payments			
Repayment of Lease Liabilities - Principal		649	385
Repayment of Borrowing		30	
Total Payments from Financing Activities		679	385
Net Cash Inflows from Financing Activities		23,055	47,505
Net Increase in Cash and Cash Equivalents		15,502	24,893
Cash and Cash Equivalents at the Beginning of the Reporting Period ^{a)}		-	2,656
Cash and Cash Equivalents at the End of the Reporting Period	9	15,502	27,549

The above Statement of Cash Flows is to be read in conjunction with the accompanying notes.

The Directorate was established on 1 July 2025 following an Administrative Arrangements (AA) 2025 (No. 1) – Notifiable Instrument NI2025-350. As this is the first reporting period for the Directorate, no comparative information is presented for the prior reporting period.

a) The budgeted opening cash balance was included to facilitate preparation of the 2025-26 Budget following the AA. As this is the first reporting period of the Directorate, the actual opening cash balance at 1 July 2025 was nil. Cash transferred under the AA was recognised during the reporting period.

Health and Community Services Directorate

Statement of Appropriation

For the Year Ended 30 June 2026

Description and Material Accounting Policies relating to Controlled Recurrent Payments and Capital Injections

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs.

CRP is recognised when the Health and Community Services Directorate (the Directorate) gains control over the funding which is obtained upon the receipt of cash, given they do not contain enforceable and sufficiently specific performance obligations as defined by AASB 15.

Capital injection appropriations are not recognised as income but instead are recognised as equity injections and a cash inflow which is used to purchase/build an asset(s) or to reduce a liability(s).

Column Heading Explanations

The Original Budget column shows the amounts that appear in the Statement of Cash Flows in the Budget Papers. This amount also appears in the Statement of Cash Flows.

The Total Appropriated column is inclusive of all appropriation variations occurring after the Original Budget.

The Appropriation Drawn is the total amount of appropriation received by the Directorate during the year. This amount appears in the Statement of Cash Flows.

	Original Budget 2026 \$'000	Total Appropriated 2026 \$'000	Appropriation Drawn 2026 \$'000
Controlled			
Controlled Recurrent Payments	608,441	609,601	597,013
Capital Injections	32,672	28,473	16,130
Total Controlled Appropriation	641,113	638,074	613,143

The above Statement of Appropriation is to be read in conjunction with the accompanying notes.

For details of the restructure of administrative arrangements, including net assets transferred as part of the Administrative Arrangements, refer to Note 14: Restructure of Administrative Arrangements.

Variances between 'Original Budget', 'Total Appropriated' and 'Appropriation Drawn'

	Controlled Recurrent Payments (CRP) \$'000	Capital Injections (CI) \$'000
Reconciliation of Appropriation for 2025-26		
Original Appropriation	608,441	32,672
Transfer of Appropriation (<i>FMA s.14</i>)	(1,617)	-
Transfer of Appropriation (<i>FMA s.14A</i>)	710	(710)
Transfer of Appropriation (<i>FMA s.16</i>)	(17,533)	(8,685)
Rollover of Undisbursed Appropriation (<i>FMA s.16B</i>)	1,300	5,196
Treasurer's Advance (<i>FMA s.18</i>)	18,300	-
Total Appropriated¹	609,601	28,473
Undrawn Funds	(12,588)	(12,343)
Controlled Appropriation Drawn²	597,013	16,130

Health and Community Services Directorate Statement of Appropriation For the Year Ended 30 June 2026

1. Variances between 'Original Budget' and 'Total Appropriated'

Controlled Recurrent Payments

The variances comprise several adjustments including:

- \$18.3 million of funding allocated from the 2025-26 Treasurers' Advance to meet the costs of more intensive responses for out-of-home care services and settlement of civil claims related to Institutional Child Sexual Abuse.
- \$17.5 million was transferred to Digital Canberra (DCBR) to finalise the Administrative Arrangements which commenced on 1 July 2025.
- \$1.6 million was transferred from Controlled Recurrent Payments (CRP) to Payment for Expenses on Behalf of the Territory (EBT) to ensure sufficient funding was available to settle the Territory's contribution to the National Disability Insurance Scheme.
- \$1.3 million was rolled over from 2024-25 due to unforeseen delays in the establishment of the Kids Hub Service and \$0.7 million was converted from Capital Injection (CI) to CRP for feasibility studies.

Capital Injections

The variance is primarily driven by the transfer of projects to Infrastructure Canberra (\$7.4 million) and Canberra Health Services (\$1.3 million), partially offset by the rollover of \$5.2 million of unspent capital works projects from 2024-25 to 2025-26. In addition, \$0.7 million was converted from CI to CRP for feasibility studies.

2. Variances between 'Total Appropriated' and 'Appropriation Drawn'

Controlled Recurrent Payments

The variance mainly relates to the reprofiling of new initiatives and Commonwealth programs (\$4.4 million), offsets identified through the 2026-27 Budget process (\$2.8 million) which reduced available funding in 2025-26, and one-off savings (\$5.4 million).

Capital Injections

The variance is primarily due to funding for several projects being reprofiled from 2025-26 into the forward years. This was mainly driven by delays in completing design activities for the new Northside Hospital and the Canberra Hospital Masterplan.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 1. OBJECTIVES OF HEALTH AND COMMUNITY SERVICES DIRECTORATE

Establishment of the Health and Community Services Directorate

In May 2025, the ACT Government announced its response to the *ACTPS 2025 Taskforce Report* which proposed several changes to support an ACT Public Service structure that is primed to deliver the Government's priorities and meet community and stakeholder expectations about its services. These were formally notified through Administrative Arrangement 2025 (No.1) - Notifiable Instrument NI2025-350 which came into effect 1 July 2025.

As a result of this Administrative Arrangement, the Community Services Directorate (CSD) and ACT Health Directorate (ACTHD) ceased on 1 July 2025. Their functions and associated assets, liabilities, appropriation funding, employees and administrative responsibilities were redistributed between HCSD and other ACT Government entities. The Office of LGBTIQ+ Affairs also moved from the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) to HCSD on that date.

Objectives of the Directorate

HCSD is a not-for-profit ACT Government entity in the General Government Sector. The primary objective of the Directorate is to improve the wellbeing of all Canberrans by supporting healthy, inclusive and strong communities where everyone has the opportunity to live their life to its full potential. This includes:

- providing strategic leadership and policy advice regarding the whole of ACT health system, beyond the acute public health system, as well as administering the ACT Government's legislative program on health matters;
- leading engagement and negotiation with other jurisdictions on health funding agreements and national policy initiatives;
- engaging with health system partners and stakeholders to ensure health outcomes and impacts are considered in whole-of-government policy and health services planning;
- delivering a range of health prevention, promotion, and protection services, including effective communications to ensure the ACT community can make informed decisions about their health and wellbeing;
- conducting health system planning, evaluation and performance monitoring for sustainable services, workforce and infrastructure, that supports effective resource allocation, innovation, and safe high-quality care;
- intervening early to support people to be safe, enable active community participation, and achieve positive life outcomes;
- delivering human centred services that are holistic, tailored and integrated with a focus on ensuring the right supports are provided to those most in need, proactively identifying risks and enabling people to work towards self-sufficiency as much as possible;
- building strong communities with a focus on using evidence to inform services and programs, community development approaches that connect people to local communities, and maximising inclusion through targeted community-based programs. This includes alignment of government priorities and legislation to address community identified needs;
- fostering inclusive participation by supporting Canberrans to participate in decision making, to form community connections and to live fulfilling lives, building cohesion, equity and inclusion for all; and
- driving collaboration and partnerships both within and external to the Directorate, working collaboratively with other government agencies, and building effective relationships with non-government community partners. This includes embedding the cultural change needed to intervene early and improve life trajectories as part of an integrated and holistic services system.

Health and Community Services Directorate Notes to and Forming Part of the Financial Statements For the Year Ended 30 June 2026

NOTE 2. BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS

The information below applies to both the Controlled and Territorial financial statements.

Legislative Requirements

The *Financial Management Act 1996* (FMA) requires the preparation of annual financial statements for the Health and Community Services Directorate.

The FMA and the *Financial Management Guidelines* issued under the Act, requires a Directorate's financial statements to include:

- (i) an Operating Statement for the year;
- (ii) a Balance Sheet at the end of the year;
- (iii) a Statement of Changes in Equity for the year;
- (iv) a Statement of Cash Flows for the year;
- (v) a Statement of Appropriation for the year;
- (vi) an Operating Statement for each class of output for the year (excluding Other Comprehensive Income);
- (vii) the material accounting policies adopted for the years; and
- (viii) other statements as necessary to fairly reflect the financial operations of the Directorate during the year and its financial position at the end of the year.

These general-purpose financial statements have been prepared in accordance with Australian Accounting Standards (as required by the FMA), supplemented by following the ACT Accounting and Disclosure Policies.

Accrual Accounting

The financial statements have been prepared using the accrual basis of accounting. The financial statements are prepared according to historical cost convention, except for non-current assets held for sale, property, plant and equipment and financial instruments which are valued at fair value in accordance with (re)valuation policies applicable to the Directorate during the reporting period.

Currency

These financial statements are presented in Australian dollars, which is the Directorate's functional currency.

Individual Not-for-Profit Reporting Entity

The Health and Community Services Directorate is an individual not-for-profit reporting entity.

Controlled and Territorial Items

The Directorate produces Controlled and Territorial financial statements. The Controlled financial statements include income, expenses, assets, and liabilities over which the Directorate has control. The Territorial financial statements include income, expenses, assets, and liabilities that the Directorate administers on behalf of the ACT Government but does not control.

The purpose of the distinction between Controlled and Territorial is to enable an assessment of the Directorate's performance against the decisions it has made in relation to the resources it controls, while maintaining accountability for all resources under its responsibility.

The basis of preparation described applies to both Controlled and Territorial financial statements except where specified otherwise.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 2. BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS – CONTINUED

Reporting Period

These financial statements state the financial performance, financial position, and changes in equity and cash flows of the Directorate for the year ended 30 June 2026.

Comparative Figures

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2025-26 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the Budget Papers/Budget Addendum.

Prior Year Comparatives

The Directorate was established on 1 July 2025 following an Administrative Arrangements 2025 (No. 1) – Notifiable Instrument NI2025-350. As this is the first reporting period for the Directorate, no comparative information is presented for the prior reporting period.

Rounding

All amounts in the financial statements have been rounded to the nearest thousand dollars (\$'000). Use of “-” represents zero amounts or amounts rounded down to zero.

Going Concern

The 2025-26 financial statements have been prepared on a going concern basis as Health and Community Services Directorate has been funded in the ACT Government 2026-27 Budget and the Budget Papers include forward estimates for the Directorate.

NOTE 3. IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED

The information below applies to both the Controlled and Territorial financial statements.

All Australian Accounting Standards and Interpretations issued but yet to be applied are applicable to future reporting periods and will be adopted from their application date.

Standards and interpretations issued but yet to be applied have been assessed as not being relevant to the Directorate or will have an immaterial financial impact on the Directorate. However, AASB 18 *Presentation and Disclosure in Financial Statements* (applicable 1 January 2027 for for-profit public sector entities or applicable 1 January 2028 for not-for-profit public sector entities) may contain some major presentation/disclosure changes that may impact the Directorate including:

- that operating, investing and financing categories as well as additional subtotals have to be included in the Directorate’s operating statement,
- the disclosure of management-defined performance measures and reconciliations of these measures with the subtotals required by AASB Standards, and
- enhanced requirements for the grouping (aggregation and disaggregation) of information in the financial statements and in the notes.

The AASB has issued an exposure draft (ED 338 *Application of AASB 18 and AASB 107 by Superannuation and Not-for-Profit Entities and Operating Cash Flow Reconciliation*) that outlines modifications to AASB 18 for not-for-profit public sector entities. If the modifications in the exposure draft are adopted, they will effectively enable the Directorate to continue to apply the existing disclosure requirements contained in AASB 101 *Presentation of Financial Statements*. However, as this exposure draft is not yet finalised, the impact on the Directorate’s financial statements from the adoption of AASB 18 cannot be determined at this time.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 4. GRANTS AND CONTRIBUTIONS INCOME

Where the Directorate receives an asset or services for significantly less than fair value then the transaction is in the scope of AASB 1058 *Income of Not-for-Profit Entities* and income is recognised on receipt of the asset/services. The related expense and/or asset is recognised in the line item to which it relates when the services are received.

Goods and services received free of charge from ACT Government agencies are recognised as resources received free of charge, whereas goods and services received free of charge from entities external to the ACT Government are recognised as donations or contributions.

The services listed below are recognised in the Operating Statement as Resources Received Free of Charge on the basis that they can be reliably measured and would have been purchased if they had not provided to the Directorate free of charge.

Legal Services

Legal Services were received free of charge from the ACT Government Solicitor's Office (GSO) for legal actions and advice provided. The Directorate would have had to pay for these services had they not been provided free of charge. The Directorate also received legislative drafting and publishing services free of charge from the Parliamentary Counsel's Office.

Shared Services Resource Received Free of Charge

The Directorate is required by the ACT Government to use Shared Services for its financial, Human Resources processing and record services. Shared Services is directly appropriated by the ACT Government to provide these services at a fixed cost to the Directorate, as such the Directorate receives these services free of charge.

Digital Canberra (DCBR)

DCBR provides information and communication technology (ICT) services to the Directorate. DCBR is directly appropriated by the ACT Government to provide these ICT services to the Directorate and as such the Directorate receives these services free of charge.

The Directorate is required by the ACT Government to use DCBR for these services.

Office Accommodation Services Received from Infrastructure Canberra (iCBR)

During the reporting period, the Directorate occupied office accommodation provided by Infrastructure Canberra (iCBR) at no cost. iCBR receives a direct appropriation to provide these services. The benefit derived from the use of this accommodation has been recognised as Resources Received Free of Charge, with a corresponding operating expense recognised in the Operating Statement.

The Directorate is required by the ACT Government to use iCBR for these services.

Other Resources Received Free of Charge

Other Resources Received Free of Charge relates to multiple services received free of charge from CMTEDD including procurement services, employee relations services, Whole of Government communications and engagement services, and business support grants services. CMTEDD has advised the Directorate the fair value of the services provided.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 4. GRANTS AND CONTRIBUTIONS INCOME – CONTINUED

Volunteer Services Received Free of Charge

Each financial year, the Directorate delivers the National Multicultural Festival. As part of the festival, approximately 169 volunteers from across the community undertook roles including Precinct Support, Area Wardens, Reception and Site Office Managers, Volunteer Hub Assistants, Festival Information Tent Managers, Wayfinding Assistants, Masters of Ceremony (MCs) and Stage Managers, supporting the successful delivery of the festival.

The value of these volunteers' time can be reliably measured by the Directorate by referring to rates obtained by the private sector to provide services for the festival, however these services were ultimately provided by volunteers free of charge.

Grants with Sufficiently Specific Performance Obligations

'Grants with Sufficiently Specific Performance Obligations' are recognised as revenue over time in accordance with AASB 15 *Revenue from Contracts with Customers* when the Directorate satisfies the milestones contained in the funding agreement. The funding payments are normally received in advance however are not recognised as revenue until after the relevant obligation is satisfied.

Other Grants and Contributions Income

With the exception of the 'Grants with Sufficiently Specific Performance Obligations' line item, the Directorate has determined that the agreements/arrangements relating to 'Other Grants and Contributions Income' line items included in this note are not enforceable and they do not contain sufficiently specific performance obligations for recognising revenue from contracts with customers under AASB 15. This is because none of the arrangements require the Directorate to provide an equal amount in return for the consideration received. As such, AASB 1058 *Income of Not-for-Profit Entities* has been applied for recognising this revenue. This revenue is recognised upon receipt of the grant funding.

The Directorate received funding from the ACT Local Hospital Network (LHN) for the provision of public health services, health promotion and preventive activities.

The Directorate also received Cross Border (Interstate) Health revenue through the National Health Funding Pool on behalf of the Australian Capital Territory for the provision of public hospital services to interstate residents. This revenue may be passed on to the LHN during the reporting period to be disbursed to the health service providers. These amounts are recorded as 'Transfers from the ACT Local Hospital Network' and 'Transfers to the ACT Local Hospital Network' in the financial statements.

'Local Hospital Network Funding' and 'Transfers from the ACT Local Hospital Network' are recognised as revenue when the Directorate gains control over the funding. Control over funding is obtained on the receipt of cash.

Gains arising from the Contribution of Assets

Assets received free of charge are recognised when the asset transfer forms are signed by all impacted Directorates. AASB 1058 has been applied for recognising this revenue, as the arrangements do not require the Directorate to provide an equal amount in return for the consideration received.

Resources Provided Free of Charge

The Directorate provided ICT services free of charge to Canberra Health Services. These services have been recognised in the Directorate's Operating Statement as expenses in the relevant expense line items. Therefore, the figures included in this note are disclosures only and the total Resources Provided Free of Charge does not appear as a separate line item in the Operating Statement.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 4. GRANTS AND CONTRIBUTIONS INCOME – CONTINUED

	2026 \$'000
Resources Received Free of Charge	
Legal Services	4,968
Financial, HR & Record Management Services provided by Shared Services	2,422
Information and Communication Technology services provided by DCBR	16,979
Office Accommodation Services received from iCBR	11,172
Other Resources Received Free of Charge	1,449
Volunteer Services – External Volunteers	60
Total Resources Received Free of Charge	37,050
Other Grants and Contributions Income	
Grants with Sufficiently Specific Performance Obligations	755
Grants without Sufficiently Specific Performance Obligations	10,559
Local Hospital Network Funding	10,492
Transfers from the ACT Local Hospital Network ^{a)}	225,384
Gains from the Contribution of Assets	153
Donations	68
Total Other Grants and Contributions Income	247,410
Total Grants and Contributions Income	284,460

a) These transfers relate to Cross Border Health revenue, primarily received from NSW. The associated budget was reported under Sales of Goods and Services from Contracts with Customers.

NOTE 5. EMPLOYEE EXPENSES

Employee expenses comprise all costs incurred in relation to employing staff including wages and salaries, fringe benefits tax, leave entitlements, annual leave loading, termination payments, workers' compensation insurance premiums, accrued flextime, non-monetary benefits, and other employee benefits and on-cost expenses.

Wages and salaries are recognised in the reporting period when the employee renders services to the agency. They are measured based on the amount paid to employees during the year as well as any wages and salaries due to employees that remain unpaid at the end of the financial year.

Superannuation Expense

Employees of the Directorate will have different superannuation arrangements due to the type of superannuation schemes available at the time of commencing employment, including both defined benefit and defined contribution superannuation scheme arrangements.

For employees who are members of the defined benefit Commonwealth Superannuation Scheme (CSS) and Public Sector Superannuation Scheme (PSS), the Directorate makes employer superannuation contribution payments to the Territory Banking Account at a rate determined by the Chief Minister, Treasury and Economic Development Directorate. The Directorate also makes productivity superannuation contribution payments on behalf of these employees to the Commonwealth Superannuation Corporation, which is responsible for administration of the schemes.

For employees who are members of defined contribution superannuation schemes (the Public Sector Superannuation Scheme Accumulation Plan (PSSAP) and schemes of employee choice) the Directorate makes employer superannuation contribution payments directly to the employees' relevant superannuation fund.

All defined benefit employer superannuation contributions are recognised as expenses on the same basis as the employer superannuation contributions made to defined contribution schemes. The accruing superannuation liability obligations are expensed as they are incurred and extinguished as they are paid.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 5. EMPLOYEE EXPENSES – CONTINUED

	2026 \$'000
Wages and Salaries ^{a)}	187,546
Annual Leave Expense	2,665
Long Service Leave Expense ^{b)}	(870)
Workers' Compensation Insurance Premium	4,217
Termination Expense	864
Superannuation Contributions to the Territory Banking Account	10,853
Productivity Benefit	878
Superannuation to External Providers	19,852
Flexitime Expense ^{c)}	(139)
Other Employee Benefits and On-Costs	2,346
Total Employee Expenses	228,212

- a) Wages and salaries relate to HCSD employees. As at 30 June 2026, HCSD employed 1,381 full-time equivalent (FTE) staff.
- b) The negative Long Service Leave expense for the reporting period is primarily attributable to a 4.6% reduction in the present value factor used in the actuarial valuation, from 100.1% at 30 June 2025 to 95.5% at 30 June 2026.
- c) The negative flexitime expense reflects the movement in the Directorate's flexitime liability (refer to Note 12 *Employee Benefits*) and primarily relates to Machinery of Government (MoG) changes which resulted in the transfer of employee related liabilities to Digital Canberra, and a lower flexitime liability calculated for HCSD at 30 June 2026.

NOTE 6. SUPPLIES AND SERVICES

Purchases of Supplies and Services generally represent the day-to-day running costs incurred in normal operations, recognised in the reporting period in which these expenses are incurred. Supplies and Services are measured at the amount paid or payable or, where Supplies and Services have been provided free of charge, they are measured at their fair value at the time they are provided. Specific disclosures relating to major categories of supplies and services expenditure are provided below.

Legal Expenses

The Directorate has recognised legal expenses related to legal services received free of charge from the ACT Government Solicitor's Office (GSO). The legal services were provided to the Directorate predominantly due to works associated with civil claims for Institutional Child Sexual Abuse. For further information, refer to Note 17 *Contingent Liabilities and Contingent Assets*. The GSO provides the Directorate with the value of these services.

Repairs and Maintenance

The Directorate undertakes repairs and maintenance on property, plant and equipment assets. Maintenance expenses that do not increase the service potential of an asset are expensed.

Insurance

Major risks are insured through the ACT Insurance Authority. The excess payable under this arrangement, varies depending on each class of insurance held.

Auditor Service Fees

Audit fees are included in 'Other' line item below. Auditor remuneration consists solely of financial statements audit services provided by the ACT Audit Office. The audit fees for the 2025-26 financial statements and the statement of performance review was \$0.343 million. No other services were provided by the ACT Audit Office.

Contractors and Consultants

Contractors and consultancy expenditure principally relates to externally commissioned program delivery, research and evaluation activities, community sector capacity building, and specialist professional services. Expenditure reported in this category reflects the Directorate's role in commissioning external providers, non-government organisations, universities and specialist service providers to deliver government-funded programs and services to the ACT community.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 6. SUPPLIES AND SERVICES – CONTINUED

	2026 \$'000
Communications	3,425
Contractors and Consultants	10,767
Amenities and Utilities	3,261
Procurement ACT and Office of Industrial Relations and Workforce Strategy	367
Hire Charges	840
Insurance Expenses	1,682
Finance, Human Resource and IT Services ^{a)}	33,196
Lease Rental Payments	10,202
Legal Expenses, Damages and Settlements	5,084
Minor Plant and Equipment	139
Other	3,021
Clinical Expenses/Medical Surgical Supplies	1,163
Other Property Expenses	2,883
Printing, Stationery and Publications	520
Public Relations and Media	899
Repairs and Maintenance	3,169
Staff Development and Recruitment	2,263
Travel and Transport	672
Total Supplies and Services	83,553

- a) IT Services expenditure in 2025-26 included \$8.0 million of services paid for by HCSD on behalf of the Canberra Health Services (CHS). These costs and related budget will be recognised in the CHS financial statements from 2026-27 onward.

NOTE 7. GRANTS AND PURCHASED SERVICES

Grants are amounts provided to other ACT Government agencies or external parties for general assistance or for a particular purpose. Grants may be for capital, current or recurrent purposes and the name of the category reflects the use of the grant. The grants given are usually subject to terms and conditions set out in the contract, correspondence, or by legislation.

Grants are generally provided to another entity without receiving approximately equal value in return. Grants are measured at the fair value of the transaction, at the time that transaction occurs. Recurrent Grants expenditure is generally recognised when the services have been performed by the grantee, or the grant eligibility criteria has been satisfied.

Purchased services are amounts paid to obtain services from other ACT Government agencies and external parties. These services are typically services that are purchased by the Directorate which are not provided directly to the agency itself but are instead provided on behalf of the agency to others, whereas, the expenses included in Note 6 *Supplies and Services* are typically provided directly to the Directorate itself. Purchased services transactions are reciprocal in nature.

Purchased Services comprise transfers to Local Hospital Networks for the on-passing of revenue received through the National Health Funding Pool for the provision of public hospital services to interstate residents, and payments to non-government organisations for the delivery of out-of-home care and other support services to members of the community.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 7. GRANTS AND PURCHASED SERVICES – CONTINUED

	2026 \$'000
Recurrent Grants	
Aboriginal and Torres Strait Islander Grants	8,023
Child, Youth and Family Support Grants	5,003
Community Grants	21,753
Domestic Violence Grants	10,500
Drug and Alcohol	22,459
General Health	9,086
Mental Health	23,132
Primary Health Care	7,175
Women and Youth	6,144
Other Grants	6,578
Total Recurrent Grants	119,853
Purchased Services	
Child, Youth and Family supports	15,701
Other Community supports	31,139
Out of Home care & Supports	115,210
Transfer to ACT Local Hospital Network	225,384
Veterans Supports	10,195
Total Purchased Services	397,629
Total Grants and Purchased Services	517,482

NOTE 8. OTHER EXPENSES

Other expenses include waivers, impairment losses, write-offs and the impact of transferring completed capital works and other assets to other ACT Government entities.

Act of Grace Payments

There was no Act of Grace Payments during the 2025-26 financial year. Act of Grace Payments are recognised when the Treasurer has authorised the payment and are measured at the amount paid or payable.

Waivers

A waiver is the relinquishment of a legal claim to a debt. The Treasurer may in writing, waive the right to payment of an amount owing to the Territory. Waivers are expensed during the year in which the right to payment was waived.

During the current financial year, the Territory waived the pre-acquisition debts owed by Calvary Health Care (Calvary) to the Directorate. The waiver arose following agreement between the Territory and Calvary on 28 August 2025 regarding just terms compensation for the acquisition of Calvary Public Hospital Bruce (CPHB). The Deed of Settlement and Release executed as part of that agreement provided the basis for the debt waiver.

Compensation Claims

The Directorate recognised a liability for the Directorate's potential civil liabilities associated with Institutional Child Sexual Abuse that fall outside the scope of the National Redress Scheme and occurred between 1989 and 1998.

These liabilities relate to uninsured claims arising prior to 1 July 1998, the date from which the ACT Insurance Authority (ACTIA) began providing insurance cover and include deductible amounts payable by the Directorate for insured claims. Movements in this expense reflect changes in the number and value of potential civil liabilities and are calculated in reference to information provided by the GSO.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 8. OTHER EXPENSES – CONTINUED

Impairment Losses and Write-Offs – Non-Financial Assets

Impairment loss expenses are recognised for both property, plant and equipment, and intangible assets when their carrying amount is higher than their recoverable amount, with the difference between the two being the amount of the impairment loss. Impairment losses for property, plant and equipment, leasehold improvements, and intangibles are recognised as an expense in the Operating Statement. Impairment losses for land, buildings, infrastructure, and community assets are only recognised as an expense when the amount of the impairment is greater than the balance in the Asset Revaluation Surplus for the relevant class of asset.

Impairment Losses and Write-Offs – Accounts Receivables

A matrix is used to calculate the amount of lifetime expected credit loss which factors practical and justifiable information, including forecast economic changes expected to impact Directorate's receivables. Loss rates are calculated separately for groupings of customers with similar loss patterns.

	2026 \$'000
Waivers	66
Compensation Claims	(724)
Impairment Losses and Write-offs - Accounts Receivable	66
Loss on Disposal of Assets	3,451
Change in Make Good Provision Estimate	98
Contribution to Projects ^{a)}	2,814
Total Other Expenses	5,771

a) This primarily relates to contributions to support the Therapeutic Residential Care project renovations, as well as the Period Products and Changing Places initiatives.

	No.	2026 \$'000
Breakdown of Waivers		
Compensation Arrangements for the Acquisition of Calvary Public Hospital Bruce	1	66
Total Waivers	1	66

ASSET NOTES

NOTE 9. CASH AND CASH EQUIVALENTS

The Directorate holds two bank accounts with the Westpac Banking Corporation as part of the whole-of-government banking arrangements. As part of these arrangements, the Directorate does not receive any interest on these accounts.

Cash is recognised at its nominal amount and includes cash at bank and cash on hand. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. The Directorate holds no cash equivalents.

	2026 \$'000
(a) Cash Balances	
Deposits Held at Call with a Financial Institution	15,490
Cash on Hand	12
Total Cash	15,502

Health and Community Services Directorate
Notes to and Forming Part of the Financial Statements
For the Year Ended 30 June 2026

NOTE 9. CASH AND CASH EQUIVALENTS – CONTINUED

(b) Reconciliation of Cash at the End of the Reporting Period in the Statement of Cash Flows to the Equivalent Items in the Balance Sheet.

Total Cash and Cash Equivalents Recorded in the Balance Sheet	15,502
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows	15,502

(c) Reconciliation of the Operating Result to Net Cash Inflows from Operating Activities.

Operating Result	62,852
Add/(Less) Non-Cash Items	
Depreciation and Amortisation	5,083
Amortisation of Intangibles	2,885
Bad and Doubtful Debt	66
Make good finance costs	99
Assets Transferred to Other Entities	(124)
Less Items Classified as Investing or Financing	
Gain from Sale of Asset	(77)
Gains from the Contribution of Assets	(153)
Losses from Sale of Asset	3,451
Finance Lease Charges	90
ICBR fees for Capital projects	(70)
Capital Works in Progress Accruals	23
Accrual for Property Plant and Equipment	164
Cash Before Changes in Operating Assets and Liabilities	74,289

Changes in Operating Assets and Liabilities

(Increase) in Receivables	(6,688)
(Increase) in Other Assets	(106)
Increase in Payables	17,524
Increase in Employee Benefits	67,980
Increase in Other Liabilities	19
Increase in Provisions	28,308
Net Operating Liabilities Transferred in as part of an Administrative Restructure	(179,669)
Net Changes in Operating Assets and Liabilities	(72,632)

Net Cash Inflows from Operating Activities	1,657
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Lease Liabilities
\$'000

2026

(d) Reconciliation of liabilities arising from financing activities.

Lease liabilities transferred as part of an Administrative Restructure	1,338
Cash Flow Changes:	
- Cash Paid	(649)
Non-Cash Changes:	
- New Leases	807
Carrying Amount at the End of the Reporting Period	1,496

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 10. PROPERTY, PLANT AND EQUIPMENT

The Directorate has the following eight classes of Property, Plant and Equipment:

- **Land** is defined as the ground, including the soil covering, land under roads and railway lines, and any associated surface waters. Land incorporates the vegetation on the land and earthworks associated with that vegetation. Land includes leasehold land held by the Directorate.
- **Buildings** are structures that have a roof and walls which stand permanently in one place. These structures are separately identifiable from the land they are constructed upon and as such do not include this land. Buildings held by the Directorate include a Youth Justice Facility (Bimberi), three Child and Family Centres, Affordable Rental Scheme Properties, Narrabundah Long Stay Caravan Park, Community Health Centres and a Child Development Services Centre. Land improvements are long-life items erected on land that increase the land's usefulness or value. Land improvements include ablution blocks and an outdoor community netball court at the Narrabundah Long Stay Caravan Park, parking lots and purpose-built children's playground structures adjoining a building. Right-of-use building assets are not included in the building asset class.
- **Leasehold Improvements** are capital expenditure items incurred in relation to leased assets. This includes fit-out in lease buildings and related make good on the Directorate's leased premises at Nature Conservation House.
- **Plant and Equipment** are tangible assets used by the Directorate to produce goods or assist in the delivery of services to the community. These assets are used directly by the Directorate rather than by the general public and are generally smaller and more mobile in nature than other classes of property, plant and equipment such as buildings, roads, and land. Plant and equipment include medical equipment, mobile plant, communication equipment, office and computer equipment, furniture and fittings, CCTV surveillance, and other mechanical and electronic equipment. Right-of-use assets are not included in the plant and equipment asset class.
- **Right-Of-Use Plant and Equipment** has the same definition as plant and equipment, with the exception that they are held under lease. Plant and Equipment Right-Of-Use assets held by the Directorate comprise motor vehicles and ICT equipment.
- **Community Assets** are those assets that are provided primarily for general community use or service. Typically, these assets are used directly by the public for recreational purposes rather than used directly by the Directorate itself. Community assets held by the Directorate include various public artworks located at Queen Elizabeth II Family Centre and the Bowes Street Office building.
- **Infrastructure Assets** are physical assets that typically have a long useful life and consist of a complex interconnected network of individual components, which enhance the productive capacity of the economy and support Government services. Infrastructure assets held by the Directorate includes roads and services.
- **Capital Works in Progress (CWIP)** represents property, plant and equipment that are currently under construction and therefore not yet in use or available for use. That is, CWIP is property, plant and equipment which is not in a location and condition necessary for it to be capable of operating in a manner intended by management.

Property, Plant and Equipment does not include assets held for sale or investment property.

Acquisition and Recognition

Property, Plant and Equipment is initially recorded at cost, which comprises its purchase price, any directly attributable costs and the initial estimate of the costs of dismantling and removing the item and restoring the site on which it is located. For right-of-use assets cost comprises the initial amount of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

Where property, plant and equipment is acquired at no or nominal cost, cost is its fair value as at the date of acquisition. However, property, plant and equipment acquired at no cost or minimal cost as part of a restructuring of administrative arrangements is measured at the transferor's book value.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 10. PROPERTY, PLANT AND EQUIPMENT – CONTINUED

CWIP is recognised at the time the construction activity occurs. These assets are measured at the cost of constructing the asset. The cost includes direct construction costs (e.g. direct materials and direct labour), 'directly attributable' costs in bringing the asset to a location and condition ready for use, and the initial estimate of the costs of dismantling and removing the item and restoring the site on which it is located. Directly attributable costs included in capital works in progress by the Directorate are the cost of site preparation, initial delivery and handling costs of materials, installation and assembly costs, functional testing, and professional fees.

Property, Plant and Equipment with a value equal to or higher than the relevant threshold are capitalised.

Class of Asset	Capitalisation Threshold
All asset classes (excluding CWIP)	\$5,000
CWIP	\$1

Measurement after Initial Recognition

Property, Plant and Equipment is measured using the cost or revaluation model of valuation. The Directorate measures land, buildings, leasehold improvements and infrastructure assets at fair value. The Directorate measures community assets and plant and equipment at cost. After the commencement date, all right-of-use assets are measured at cost less any accumulated depreciation and accumulated impairment losses and adjusted for any re-measurement of the lease liability. Right-of-use assets are classified in property, plant, and equipment in their own separate asset class.

Valuation of Land, Building and Infrastructure Assets

Blak Box Pty Ltd T/A Knight Frank Valuation and Advisory and Opteon Property Group Pty Ltd, independent valuers, have performed revaluations of the Directorate's land, building and infrastructure assets, with the latest valuation performed as of 30 June 2026. Both valuers hold appropriate professional qualifications and applied methodologies in accordance with AASB 13, AASB 116 and other relevant standards.

The Directorate has made a significant estimate regarding the fair value of its property, plant and equipment. Land and buildings have been recorded at the market value of similar properties as determined by an independent valuer. In some circumstances, buildings that are purpose built may in fact realise more or less in the market. Infrastructure assets have been recorded at fair value based on current replacement cost as determined by an independent valuer. The valuation uses significant judgements and estimates to determine fair value, including the appropriate indexation figure and quantum of assets held. The fair value of assets is subject to management assessment between formal valuations.

Revaluation

Land, building, and infrastructure assets are revalued every 3 years. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of the assets held by the Directorate do not differ materially from the fair value as at reporting date. When a formal valuation is not conducted, the Directorate assesses whether there are any 'indicators' that the carrying amount of PPE are materially different to fair value. Where these indicators exist, the asset will be revalued regardless of when the last valuation took place. Any accumulated depreciation relating to buildings at the date of revaluation is written back against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

The Directorate engaged Blak Box Pty Ltd T/A Knight Frank Valuation and Advisory (Blak Box) and Opteon Property Group Pty to perform valuations of land, buildings and infrastructure assets effective 30 June 2026.

- Opteon completed a desktop revaluation of land and building assets associated with Affordable Rental Office (ARO) properties.
- Blak Box conducted a comprehensive valuation of the remaining portfolio, including the Narrabundah Long Stay Park, Community Health Centres, Child and Family Centres, Holder Child Development Service, and Bimberi Youth Justice Centre.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 10. PROPERTY, PLANT AND EQUIPMENT – CONTINUED

For assets valued using the market approach, the revaluation was based on observable market data, while specialised buildings, land improvements and infrastructure were assessed using the cost approach. Where applicable, accumulated depreciation was reversed and net book values restated to reflect fair value.

Impairment of Assets

At each reporting date, the Directorate assesses whether there is any indication of impairment for assets that are measured at cost subsequent to initial recognition and for non-specialised PPE measured at fair value subsequent to initial recognition. Property, Plant and Equipment is also reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable.

Any resulting impairment losses relating to non-specialised land, buildings and leasehold improvement are recognised as a decrease in the Asset Revaluation Surplus relating to these classes of assets. This is because these asset classes contain non-specialised assets that are measured at fair value and have an Asset Revaluation Surplus attached to them. Where the impairment loss is greater than the available balance in the Asset Revaluation Surplus for the relevant class of asset, the difference is expensed in the Operating Statement.

Impairment losses for plant and equipment is recognised in the Operating Statement (see Note 8 *Other Expenses*) as plant and equipment is carried at cost. The carrying amount of the asset is also reduced to its recoverable amount.

Non-financial assets that have previously been impaired are reviewed for possible reversal of impairment at each reporting date.

Depreciation and Useful Life

Depreciation is systematic allocation of the cost of an asset less its residual value over its useful life. Depreciation commences when property, plant and equipment is ready for its intended use. Depreciation is applied to physical assets such as buildings, infrastructure assets, leasehold improvements and plant and equipment. All depreciation is calculated after first deducting any residual values, which remain for each asset.

Land assets have an unlimited useful life and are therefore not depreciated. The vegetation on the land and earthworks associated with that vegetation have been assessed as having an unlimited useful life and are therefore also not depreciated.

Right-of-use plant and equipment as well as leasehold improvements are depreciated over the estimated useful life, or the unexpired period of the relevant lease, whichever is shorter.

Capital Works in Progress (CWIP) are not depreciated as HCSD is not currently deriving any economic benefits from them.

Depreciation for property, plant and equipment is determined as follows:

Class of Asset	Depreciation Method	Useful Life (Years)
Buildings, Infrastructure Assets	Straight Line	5 - 80
Leasehold Improvements, Plant and Equipment	Straight Line	2 - 20

Significant Accounting Judgements and Estimates – Estimation of Useful Life

The Directorate has made a significant estimate in determining the useful lives of its Property, Plant and Equipment. The estimation of useful lives is based on the historical experience of similar assets. For assets valued by an external valuer, the Directorate applies the estimated remaining useful life of assets as assessed in the valuation reports. The useful lives are assessed on an annual basis and any adjustments made when necessary.

Health and Community Services Directorate
Notes to and Forming Part of the Financial Statements
For the Year Ended 30 June 2026

NOTE 10. PROPERTY, PLANT AND EQUIPMENT – CONTINUED

Reconciliation of Property, Plant and Equipment (PPE) 2025-26

	Right-of-Use								
	Land	Buildings	Leasehold Improvements	Plant and Equipment	Plant and Equipment	Infrastructure Assets	Community Assets	Capital Works in Progress	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying Amount at the Beginning of the Reporting Period	-	-	-	-	-	-	-	-	-
Acquisition through Administrative Restructuring ^{a)}	50,795	102,819	5,027	5,081	1,251	1,291	113	51,900	218,277
Additions	-	134	-	1,017	856	-	25	6,492	8,524
Revaluation Increment/(Decrement) ^{b)}	19,594	(237)	1,514	-	-	(96)	-	-	20,775
Disposal ^{c)}	(2,450)	(980)	-	(11)	-	-	-	-	(3,441)
Acquisition/(Disposal) from Transfers ^{d)}	-	-	-	152	-	-	-	-	152
CWIP Reclassified to Operating Expenses ^{e)}	-	-	-	-	-	-	-	(2,830)	(2,830)
CWIP Completed and Transferred to another PPE class	-	994	8	250	-	-	-	(1,252)	-
CWIP Transferred to Other ACT Government Entities ^{f)}	-	-	-	-	-	-	-	(9,700)	(9,700)
Increase/(Decrease) in Make Good Provision	-	-	258	-	-	-	-	-	258
Depreciation	-	(2,523)	(733)	(1,119)	(662)	(46)	-	-	(5,083)
Carrying Amount at the End of the Reporting Period	67,939	100,207	6,074	5,370	1,445	1,149	138	44,610	226,932

Carrying Amount at the End of the Reporting period, is represented by:									
Gross Book Value	67,939	100,217	9,927	14,439	3,829	1,149	138	44,610	242,248
Accumulated Depreciation	-	(10)	(3,853)	(9,069)	(2,384)	-	-	-	(15,316)
Carrying Amount at the End of the Reporting Period	67,939	100,207	6,074	5,370	1,445	1,149	138	44,610	226,932

Carrying Amount at the End of the Reporting period, is represented by:

Gross Book Value	67,939	100,217	9,927	14,439	3,829	1,149	138	44,610	242,248
Accumulated Depreciation	-	(10)	(3,853)	(9,069)	(2,384)	-	-	-	(15,316)
Carrying Amount at the End of the Reporting Period	67,939	100,207	6,074	5,370	1,445	1,149	138	44,610	226,932

Reconciliation of Depreciation and Amortisation Amounts from the Notes to the Amount on the Face of the Operating Statement

Depreciation Expense (from Note 10 Property, Plant and Equipment above)

Amortisation Expense (reported under Intangible Assets on the balance sheet)

Total Depreciation and Amortisation Expense on the Operating Statement

5,083
2,885
7,968

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 10. PROPERTY, PLANT AND EQUIPMENT – CONTINUED

Footnotes to the Reconciliation of Property, Plant and Equipment (PPE) 2025-26

- a) See Note 14. *Restructure of Administrative Arrangements*.
- b) This movement is primarily driven by a significant increase in the value of Affordable Rental Office properties (\$14.0 million) and smaller increases in the Bimberi Youth Justice Centre (YJC), Tuggeranong Child and Family Centre, Queen Elizabeth II Family Centre, Miowera Bush Healing Farm and the vacant block in Coombs. This was partially offset by decreases in the value of Narrabundah Long Stay Park and West Belconnen Child and Family Centre.
- c) These movements relate to the disposal of the former Ted Noffs Hostel property at Watson, comprising land with a carrying value of \$2.4 million following the surrender of the Crown lease to Winnunga, and the demolition of the associated building with a net book value of \$1.0 million.
- d) This movement relates to the transfer of four electric vehicle charging station assets installed at Bimberi YJC from the City and Environment Directorate to HCSD.
- e) This movement relates to CWIP funded through capital appropriations that were expensed during the year as the associated expenditure did not meet the capitalisation criteria. The main projects were New Works – Therapeutic Residential Care Properties (\$1.8 million), Free Period Products: Stage One (\$0.3 million) and the ACT Disability Strategy 2024-2033 (\$0.4 million).
- f) These movements relate to equity transfers of capital works in progress to other ACT Government entities, comprising the Southside Hydrotherapy Pool transferred to Infrastructure Canberra (\$8.5 million), the PPE component of Eating Disorders Residential Treatment Centre transferred to Canberra Health Services (\$1.1 million), and the Gugan Gulwan Youth Aboriginal Corporation Accommodation facility transferred to Infrastructure Canberra (\$0.1 million).

Fair Value Hierarchy

The Fair Value Hierarchy below reflects the significance of the inputs used in determining fair value. The Fair Value Hierarchy is made up of the following three levels:

- Level 1 – quoted prices (unadjusted) in active markets for identical assets that the Directorate can access at the measurement date.
- Level 2 – inputs other than quoted prices included within Level 1 that are observable for the asset either directly or indirectly; and
- Level 3 – inputs that are unobservable for particular assets or liabilities.

Details of the Directorate's property, plant and equipment at fair value and information about the fair value hierarchy as at 30 June are as follows:

2026

Property, Plant and Equipment at Fair Value

	Classification According to Fair Value		
	Level 2 \$'000	Level 3 \$'000	Total \$'000
Land	67,939	-	67,939
Buildings	20,525	79,682	100,207
Infrastructure Assets	-	1,149	1,149
Leasehold Improvements	-	6,074	6,074
Community Assets		138	138
	88,464	87,043	175,507

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 10. PROPERTY, PLANT AND EQUIPMENT – CONTINUED

Transfers Between Categories

There have been no transfers between Level 2 and 3 during the current reporting period.

Valuation Techniques, Inputs, and processes:

Level 2 - Valuation Techniques and Inputs

Affordable Rental Office (ARO) Land and Buildings

Valuation Technique: The valuation technique used to value Land and Buildings associated with the Affordable Rental Office (ARO) properties is the market approach which reflects recent market transactions for comparable properties. Fair value is determined using the Comparable Transactions Method (Direct Comparison Method), whereby the subject assets are compared with similar properties and adjusted for any material differences.

Inputs: Prices and other relevant information generated by market transactions involving comparable land and buildings were considered. Adjustments were made, where appropriate, for differences in location, land size, zoning, age of building, number of dwellings, number of bedrooms, internal size, condition and prevailing market conditions. Regard was taken of the Crown Lease terms and tenure, the Territory Plan and the National Capital Plan, where applicable, as well as current zoning and development potential.

Other Land Assets

Valuation Technique: Land is valued using the market approach by comparison with sales prices and other relevant information generated by market transactions involving identical or comparable assets.

Significant Observable Inputs: Market evidence, site area, location, zoning, development potential and adopted rates per square metre.

Level 3 - Valuation Techniques and Significant Unobservable Inputs

Buildings, Land Improvements, Infrastructure and Leasehold Improvements

Valuation Technique: Buildings, Land Improvements, Infrastructure and Leasehold Improvements were considered specialised assets by the valuer and measured using the cost approach to fair value. This technique reflects the amount that would currently be required to replace the service capacity of an asset, known as depreciated replacement cost.

Significant Unobservable Inputs: Estimating the cost to a market participant to construct an asset of comparable utility, adjusted for physical deterioration, functional obsolescence and remaining useful life. In determining fair value, regard was given to the age, condition, design, construction type, replacement cost, total useful life and remaining useful life of the assets.

Fair Value Measurements using Significant Unobservable Inputs (Level 3)

	Land	Buildings	Leasehold	Infrastructure	Community	Total
	\$'000	\$'000	Improvements	Assets	Assets	\$'000
2026	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Fair Value at the Beginning of the Reporting Period	-	-	-	-	-	-
Acquisition/(Disposal) through Administrative Restructuring	-	77,855	5,027	1,291	113	84,286
Additions	-	1,128	8	-	25	1,161
Revaluation increments/(decrements) recognised in Other Comprehensive Income	-	3,824	1,514	(96)	-	5,242
Depreciation	-	(2,145)	(733)	(46)	-	(2,924)
Disposals	-	(980)	-	-	-	(980)
Other Movements	-	-	258	-	-	258
Fair Value at the End of the	-	79,682	6,074	1,149	138	87,043

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

LIABILITY NOTES

NOTE 11. PAYABLES AND CONTRACT LIABILITIES

Payables

Payables include Trade Payables, Accrued Expenses and Other Payables. Payables are initially recognised at fair value based on the transaction cost and subsequent to initial recognition at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. All amounts are generally settled within 14 days after the invoice date given the ACT Government accelerated the payments of invoices for local enterprises recognising the importance of cash flow to small and medium enterprises.

Contract Liabilities

A contract liability is recorded when an amount of consideration is received from a customer prior to the Directorate transferring a good or service to the customer. Contract liabilities recognised by the Directorate relate to consideration received in advance from customers, mainly from other ACT Government entities, to deliver services.

	2026 \$'000
Current Payables and Contract Liabilities	
<i>Current Payables</i>	
Trade Payables	1,660
Other Payables	18
Accrued Expenses	14,002
<i>Total Current Payables</i>	<u>15,680</u>
<i>Current Contract Liabilities</i>	
Amounts Received Related to Contracts with Customers where the Performance Obligations have not yet been Satisfied	2,219
<i>Total Current Contract Liabilities</i>	<u>2,219</u>
Total Current Payables and Contract Liabilities	<u>17,899</u>
Total Payables and Contract Liabilities	<u>17,899</u>
Payables are aged as follows:	
Not Overdue	15,318
Overdue for Less than 30 Days	354
Overdue for 30 to 60 Days	4
Overdue for More than 60 Days	4
Total Payables	<u>15,680</u>
Reconciliation of Contract Liabilities	
Contract liabilities transferred to HCSD as part of an Administrative Restructure ^{a)}	1,127
Add: Payments received for performance obligations which have not yet been completed at the end of the Reporting Period	2,219
Less: Revenue recognised during the reporting period from contract liabilities assumed by HCSD as part of the Administrative Restructure	(1,127)
Contract Liabilities at the End of the Reporting Period	<u>2,219</u>

The Directorate expects that 100% of the transaction price allocated to the unsatisfied performance will be recognised in 2026-27.

a) See Note 14. *Restructure of Administrative Arrangements*.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 12. EMPLOYEE BENEFITS

Employee benefits are the accumulated entitlements relating to the employee expenses listed in Note 5. *Employee Expenses*. As at 30 June 2026, the Directorate employed 1,381 full-time equivalent (FTE) staff. The number of FTEs is rounded to the nearest whole number.

Accrued Wages and Salaries

Accrued wages and salaries are measured at the amount that remains unpaid to employees at the end of the reporting period.

Annual and Long Service Leave

Annual and long service leave, including applicable on-costs, that are not expected to be wholly settled before twelve months after the end of the reporting period when the employees render the related service, are measured at the present value. The present value is determined based on the estimated future payments to be made in respect of services provided by employees up to the end of the reporting period. Consideration is given to the future wage and salary levels, experience of employee departures and periods of service. At the end of each reporting period end, the present value of future annual leave and long service leave payments is estimated using market yields on Commonwealth Government bonds with terms to maturity that match, as closely as possible, the estimated future cash flows.

Annual leave liabilities have been estimated on the assumption that they will be wholly settled within three years. This financial year, the rate used to estimate the present value of future:

- Annual leave payments is 98.0% (99.5% in the previous financial year); and
- Long Service Leave payments is 95.5% (100.1% in the previous financial year).

The long service leave liability is estimated with reference to the minimum period of qualifying service. For employees with less than the required minimum period of qualifying service (i.e. 7 years for employees under 55 years and 1 year for employees 55 years or older), the probability that employees will reach the required minimum period has been considered in estimating the provision for long service leave and applicable on-costs.

The provision for annual leave and long service leave includes estimated on-costs. As these on-costs only become payable if the employee takes annual and long service leave while in-service, the probability that employees will take annual and long service leave while in service has been considered in estimating the liability for on-costs.

Annual and long service leave liabilities are classified as current liabilities in the Balance Sheet where there are no unconditional rights to defer the settlement of the liability for at least 12 months. Conditional long service leave liabilities are classified as non-current because the Directorate has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

Significant Accounting Judgements and Estimates – Leave Liabilities

Significant judgements have been applied in estimating the annual and long service leave liabilities, given that Directorate uses the Whole-of-Government present value, probability, and on-cost factors. These factors are issued by ACT Treasury and apply to all ACT Government Agencies. ACT Treasury organises an actuarial review to be undertaken every three years by the Australian Government Actuary to estimate each of these factors. The latest assessment was undertaken in December 2024 and early 2025, with the next review expected to be undertaken in 2027.

Superannuation Liability

The employer superannuation benefits payable to the Directorate employees, who are members of the defined benefit CSS or PSS Schemes, are recognised in the financial statements of the Superannuation Provision Account.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 12. EMPLOYEE BENEFITS – CONTINUED

	2026 \$'000
Current Employee Benefits	
Annual Leave	22,529
Long Service Leave	30,655
Accrued Salaries	6,646
Flextime	3,248
Other Benefits	1,080
Total Current Employee Benefits	64,158
Non-Current Employee Benefits	
Long Service Leave	3,822
Total Non-Current Employee Benefits	3,822
Total Employee Benefits	67,980
Estimate of when Leave is Payable	
Estimated Amount Payable within 12 months	
Annual Leave	14,109
Long Service Leave	4,359
Accrued Salaries	6,646
Flextime	3,248
Other Benefits	1,080
Total Employee Benefits Payable within 12 months	29,443
Estimated Amount Payable after 12 months	
Annual Leave	8,420
Long Service Leave	30,117
Total Employee Benefits Payable after 12 months	38,537
Total Employee Benefits	67,980

NOTE 13. OTHER PROVISIONS

Provisions are recognised when the Directorate has a present legal or constructive obligation, it is probable that an outflow of resources will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

Provision for Civil Claims associated with Institutional Child Sexual Abuse

Provisions associated with civil claims relating to Institutional Child Sexual Abuse were transferred to the Directorate as part of the Administrative Restructure. During 2025–26, the Directorate undertook an actuarial assessment to estimate its potential civil liability arising from Institutional Child Sexual Abuse claims that fall outside the scope of the National Redress Scheme and relate to incidents that occurred between 1989 and 1998.

Between 2016 and 2019, the ACT Government passed amendments to remove limitation periods for civil actions on child sexual abuse in an institutional context and expanded those laws to apply to all claims for compensation in response to abuse.

The ACT Government is responsible for abuse occurring after May 1989, when self-government commenced, to the 1 July 1998, when the responsibility to meet the costs of civil claims on behalf of the Territory became the responsibility of the ACT Insurance Authority. Abuse that occurred in ACT institutions prior to self-government in 1989 is generally considered the responsibility of the Commonwealth Government.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 13. OTHER PROVISIONS – CONTINUED

The estimates pertain to financial liabilities that fall outside the cover provided by ACTIA. Specifically, they relate to uninsured claims arising prior to 1 July 1998 - the date from which ACTIA began providing insurance cover for such matters. For insured claims occurring after this date, the Directorate remains responsible for paying deductibles as stipulated under ACTIA's coverage arrangements. These uninsured and deductible-related liabilities have been considered in the actuarial assessment and are reflected in the provision recognised.

Payments to claimants are funded by the ACT Government and include a monetary payment as determined through court proceedings or arbitration. The provision represents an estimate of the Directorate's liability for civil liabilities associated with Institutional Child Sexual Abuse, less any liability amounts already discharged or paid. Outstanding payments have been discounted reflecting the assessment of prevailing risk-free rates at each reporting date.

Uncertainty arises due to various factors, including the number of applications to date, the long-term nature of liabilities and a broad range of largely unknown factors, such as the number of people who experienced institutional child sexual abuse, the number who will undertake civil litigation and the severity and impact of abuse experienced by people. A further uncertainty is the future course of civil litigation and how this avenue interacts with the Redress Scheme.

As at 30 June 2026, the Directorate holds a provision of \$26.2 million for these potential liabilities.

Provision for Make Good

The Directorate leases office space at 153 Emu Bank, Belconnen, and Penrhyn House, Bowes Street, Woden. Prior to occupying these premises, the Directorate undertook leasehold improvements. Under the terms of the respective tenancy agreements, the Directorate is required, upon cessation of the tenancies, to restore the office spaces to their original condition before the leases commenced (referred to as 'Make Good').

The Provision for Make Good represents the present value of the estimated expenditure required to remove the leasehold improvements and restore the premises. The provision is calculated by discounting the estimated future cash outflows to their present value using a discount rate that reflects current market assessments of the risks specific to the liability.

	2026
	\$'000
Current Other Provisions	
Provision for Institutional Child Sexual Abuse	1,126
Provision for Make Good	95
Total Current Other Provisions	1,221
Non-Current Other Provisions	
Provision for Institutional Child Sexual Abuse	25,098
Provision for Make Good	1,989
Total Non-Current Other Provisions	27,087
Total Other Provisions	28,308

Reconciliation of Other Provisions 2025-26

	Provision for:	
	Institutional	Make Good
	Child Sexual Abuse	
	\$'000	\$'000
Provision transferred to HCSD as part of an Administrative Restructure ^a	28,503	1,727
Additional Provision Recognised	43	357
Reduction in Provision as a Result of Payments	(1,493)	-
Reduction in Provision due to a Change in Accounting Estimate	(870)	-
Unwinding of discount or change in discount rate	41	-
Provision at the End of the Reporting Period	26,224	2,084

a) See Note 14. *Restructure of Administrative Arrangements*.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 14. RESTRUCTURE OF ADMINISTRATIVE ARRANGEMENTS

Description and Material Accounting Policies Relating to Restructure of Administrative Arrangements

A restructure of administrative arrangements (AAs) is the reallocation or reorganisation of assets, liabilities, activities and responsibilities amongst the agencies that the government controls that occurs as a consequence of a rearrangement in the way in which activities and responsibilities are prescribed under legislation or other authority are allocated between the government-controlled agencies.

AAs do not apply to the transfer of individual assets between agencies, but instead they involve the transfer of an integrated set of activities, mainly for the purpose of reducing overall costs or providing other economic benefits to the community. They involve a discrete function being transferred between agencies. As such, AAs often involve the transfer of appropriations, staff, assets and liabilities.

AA transfers are classified as contributions by/distribution to owners and as such are accounted for as an equity transfer. AA transfers are measured at the carrying value recorded by the transferor immediately prior to the transfer.

Restructure of Administrative Arrangements

The ACT Government issued the Administrative Arrangements 2025 (No. 1), Notifiable Instrument (NI2025-350) on 25 June 2025, effective from 1 July 2025, establishing the Health and Community Services Directorate (HCSD).

As part of these arrangements, the former Community Services Directorate (CSD) and ACT Health Directorate (ACTHD) ceased as separate administrative entities. Their functions, together with the associated assets, liabilities, appropriation funding, employees and administrative responsibilities, were redistributed through Machinery of Government (MoG) changes, including the establishment of HCSD.

Related MoG changes included:

- the establishment of Digital Canberra (DCBR), including the transfer of Digital Solutions Division from the former ACTHD;
- the transfer of Health Research and Ethics functions from the former ACTHD to Canberra Health Services;
- the transfer of infrastructure delivery functions from the former ACTHD and CSD to Infrastructure Canberra (ICBR); and
- the transfer of the Office of LGBTIQ+ Affairs from the Chief Minister, Treasury and Economic Development Directorate to HCSD.

The relevant directorates agreed 1 July 2025 as the effective date for the transfer of assets and liabilities resulting from the MoG changes. The balances transferred to HCSD reflected the agreed allocation of assets and liabilities associated with functions assigned to HCSD and were reconciled and agreed between HCSD and the relevant transferring directorates.

HCSD assessed the transferred assets and liabilities against the recognition and measurement requirements of applicable Australian Accounting Standards. Where transferred balances did not meet the recognition or measurement criteria of the applicable standards, they were adjusted or derecognised as appropriate.

Impact on Financial Statements

The net effect of the above transfers has been recognised in equity and presented in the Statement of Changes in Equity as Net Assets/Liabilities transferred in as part of an AA.

There has been no impact on the operating result for the year for the transfers outlined above.

Health and Community Services Directorate
Notes to and Forming Part of the Financial Statements
For the Year Ended 30 June 2026

NOTE 14. RESTRUCTURE OF ADMINISTRATIVE ARRANGEMENTS – CONTINUED

The following table presents the assets and liabilities recognised by HCSD at 1 July 2025 as a result of the administrative arrangements.

	Amounts Transferred from	Amounts Transferred from	Amounts Transferred from	Total Amounts Transferred
	Former ACTHD ^{b)}	Former CSD ^{c)}	CMTEDD ^{d)}	
	2026	2026	2026	2026
	\$'000	\$'000	\$'000	\$'000
Assets				
Cash and Cash Equivalents	7,254	350	-	7,604
Receivables	3,030	644	-	3,674
Other Assets	786	1,153	-	1,939
Property, Plant and Equipment	52,298	114,077	-	166,375
Intangible Assets	1,278	2,675	-	3,953
Capital Works in Progress	51,821	194	-	52,015
Total Assets Transferred	116,467	119,093	-	235,560
Liabilities				
Payables	11,396	9,657	-	21,053
Calvary Public Hospital Bruce Compensation	65,000	-	-	65,000
Lease liabilities	209	1,104	-	1,313
Contract Liabilities	-	704	-	704
Borrowings	-	269	-	269
Employee Benefits	32,526	39,047	49	71,622
Other Provisions	1,633	28,598	-	30,231
Other Liabilities ^{a)}	423	-	-	423
Total Liabilities Transferred	111,187	79,379	49	190,615
Total Net Assets Transferred	5,280^b	39,714^c	(49)	44,945

a) The \$0.42 million balance previously reported by the former ACTHD under Other Liabilities is classified by HCSD as Payables and Contract Liabilities.

b) \$5.28 million in net assets transferred from the former ACTHD comprises ACTHD's closing net assets of \$100.63 million as at 30 June 2025, adjusted for corrections totalling \$7.98 million, including the derecognition of lease incentive liabilities and corrections to opening make-good provision balances, less net transfers of \$94.17 million to DCBR, \$9.26 million to iCBR, and increased by net liabilities of \$0.10 million transferred to CHS in relation to the Health Research and Ethics function.

c) The \$39.71 million represents net assets transferred from the former CSD and comprises CSD's closing net assets of \$39.48 million as at 30 June 2025, increased by transfers of employee benefit liabilities to iCBR of \$0.09 million and DCBR of \$0.15 million.

d) The net liability transferred of \$0.05 million represents employee benefit liabilities transferred from the Chief Minister, Treasury and Economic Development Directorate in relation to the transfer of the Office of LGBTIQA+ Affairs.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 15. FINANCIAL INSTRUMENTS

Details of the material accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability are disclosed in the note to which they relate.

Financial assets are subsequently measured at amortised cost, fair value through other comprehensive income or fair value through profit or loss on the basis of both:

- (a) the business model for managing the financial assets; and
- (b) the contractual cash flow characteristics of the financial assets.

The following are the classification of Directorate's financial assets under AASB 9 *Financial Instruments*:

Items	Business Model	Solely for payment of Principal and Interest SPPI Test	Classification
Cash and Cash Equivalents	Held to collect principal and interest	Yes	Amortised cost
Accounts Receivables	Held to collect principal and interest	Yes	Amortised cost

Financial liabilities are measured at amortised cost.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

The Directorate is considered to have insignificant exposure to interest rate risk, as it holds only cash and cash equivalents with Westpac Banking Corporation as part of the whole-of-government banking arrangements. As part of these arrangements, the Directorate does not receive any interest on this cash and cash equivalents. The Directorate's receivables and payables are non-interest bearing.

Sensitivity Analysis

A sensitivity analysis has not been undertaken for the interest rate risk of the Directorate as it has been determined that the possible impact on income and expenses or total equity from fluctuations in interest rates is immaterial.

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the carrying amount of the financial assets it holds net of any allowance made for impairment.

Credit risk is managed by the Directorate for cash at bank by holding bank balances with the ACT Government's appointed transactional bank, Westpac Banking Corporation (Westpac). S&P Global Ratings has assigned a AA issuer credit rating to Westpac. An 'AA' credit rating means the obligor has a "very strong to strong capacity to meet its financial commitments".

A significant proportion of the Directorate's receivables are from ACT Government and Commonwealth Government agencies. Inter-agency receivables between ACT Government agencies are generally expected to have low credit risks. And therefore the Directorate does not recognise any loss allowance for receivables collectable from other ACT Government agencies consolidated into the whole-of-government financial statements. As the Commonwealth Government has a AAA credit rating, it is considered that there is a very low risk of default for those receivables. The Directorate expects to collect all financial assets that are not past due or impaired, noting that no loss allowance is recognised for receivables collectable from other ACT Government agencies.

The Directorate reviews outstanding debtors monthly and those unresolved are referred to the ACT Government Solicitor's Office for legal action.

Accounts receivable and contract assets are measured at lifetime expected credit losses, consistent with the simplified approach under AASB 9.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 15. FINANCIAL INSTRUMENTS – CONTINUED

Liquidity Risk

Liquidity risk is the risk that the Directorate will encounter difficulties in meeting its financial obligations associated with financial liabilities that are settled by delivering cash or another financial asset. To limit its exposure to liquidity risk, the Directorate can draw down additional Controlled Recurrent Payments in the next reporting period to cover its financial liabilities when they fall due. This ensures the Directorate has enough liquidity to meet its emerging financial liabilities.

Price Risk

The Directorate does not have any financial instruments that are subject to price risk.

Fair Value of Financial Assets and Liabilities

The carrying amount of the Directorate's financial assets and financial liabilities approximate their fair value.

Fair Value Hierarchy

The Directorate's financial assets and liabilities are measured, subsequent to initial recognition, at amortised cost and as such are not subject to the Fair Value Hierarchy.

Maturity Analysis of Financial Liabilities

The following tables set out the Directorate's maturity analysis for financial liabilities as well as the exposure to interest rates. Except for non-current ACT Government borrowings, financial liabilities which are non-interest bearing will mature in 1 year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

2026	Note No.	Fixed Interest Maturing In:			Non-Interest Bearing	Total
		Over 1 Year				
		1 Year or Less	to 5 Years	Over 5 Years		
		\$'000	\$'000	\$'000	\$'000	\$'000
Financial Liabilities						
Payables ^{a)}	11	-	-	-	15,662	15,662
ACT Government Borrowings		-	-	-	239	239
Total Financial Liabilities		-	-	-	15,901	15,901

2026
\$'000

Carrying Amount of Each Category of Financial Asset and Financial Liability

Financial Assets Measured at Amortised Cost ^{a)}	21,432
Financial Liabilities Measured at Amortised Cost	15,901

a) Note that GST and FBT Payable (reported under 'Other Payables' in Note 11) and GST receivables have not been included in payables and financial assets line items above given they are statutory assets/liabilities and are not classified as financial instruments.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 16. COMMITMENTS

Description and Material Accounting Policies Relating to Commitments

Commitments are a firm intention, but not a present obligation, at the end of the reporting period to incur future expenditure. As such, commitments do not constitute a liability. Commitments usually arise from contracts, but can arise from other things, like placing an order.

Commitments are measured at their nominal value and are inclusive of GST.

Non-Government Organisation Commitments

Non-Government Organisation (NGO) commitments contracted at reporting date mainly relate to grants for the provision of public health services, out of home care services, and payments which support community organisations and service delivery. These commitments have not been recognised as liabilities at the reporting date and are payable as follows:

	2026 \$'000
Payable:	
Within One Year	244,269
Later than One Year but not later than Five Years	275,554
Later than Five Years	31
Total Non-Government Organisation Commitments	519,854

Other Commitments

Other commitments contracted at reporting date mainly relate to services provided by other ACT Government entities for Information Technology support and motor vehicle leases. These commitments have not been recognised as liabilities at the reporting date and are payable as follows:

	2026 \$'000
Payable:	
Within One Year	1,414
Later than One Year but not later than Five Years	2,047
Later than Five Years	175
Total Other Commitments	3,636

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 17. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

Contingent liabilities and contingent assets are not recognised in the Balance Sheet due to the uncertainty regarding any possible amount or timing of any underlying claim or obligation. Instead, they are disclosed and, if quantifiable, the best estimate is disclosed.

Legal Claims

The Directorate's contingent liabilities include the value of claims lodged against the Territory relating to matters associated with either contractual disputes or economic loss. Due to the protracted nature of legal proceedings and the various discoveries that can be made over the foreseeable future, it is not possible, with any certainty, to assess liability for some legal claims.

The estimated value of legal claims that can be reliably estimated are reported in the table below. This assumes successful settlement of related claims. This includes claims which represent the excess amount payable on these claims given the Directorate is covered by an insurance arrangement with the ACT Insurance Authority (ACTIA) as well as claims that are not indemnifiable by ACTIA.

	2026	
	No.	\$'000
Legal Claims	127	2,417

Contingent Assets

The only contingent assets as at 30 June 2026 relate to the Directorate's insurance arrangements where reimbursement from ACTIA occurs in relation to eligible legal claim payments (see Legal Claims above).

NOTE 18. EVENTS AFTER THE REPORTING PERIOD

As part of the ACT Government's implementation of the ACTPS 2025 Taskforce recommendations relating to the progressive centralisation of ICT functions across the ACT Public Service, the transfer of additional ICT functions from the Directorate to Digital Canberra (DCBR) is currently being progressed. It is anticipated that ICT functions, together with associated employee liabilities and assets will transfer to DCBR in 2026-27.

As at the date of authorisation of the financial statements, the scope, timing and implementation arrangements of the transfer had not been finalised. Accordingly, the financial impacts of the transfer cannot be reliably quantified, and no adjustments have been made to the amounts recognised in these financial statements.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 19. RELATED PARTY DISCLOSURES

A related party is a person that controls or has significant influence over the reporting entity or is a member of the Key Management Personnel (KMP) of the reporting entity or its parent entity and includes their close family members and entities in which the KMP and/or their close family members individually or jointly have controlling interests.

KMP are those persons having authority and responsibility for planning, directing, and controlling the activities of the Directorate, directly or indirectly. KMP of the Directorate are the Portfolio Minister, Director-General, and certain members of the Directorate's Senior Management Team.

The Head of Service and the ACT Executive comprising the Cabinet Ministers are KMP of the ACT Government and therefore related parties of the Directorate.

This note does not include typical citizen transactions between the KMP and the Directorate that occur on terms and conditions no different to those applying to the general public.

(A) Controlling Entity

The Directorate is an ACT Government controlled entity.

(B) Key Management Personnel

B.1 Compensation of Key Management Personnel

Compensation of all Cabinet Ministers, including Portfolio Ministers, is disclosed in the note on related party disclosures included in the ACT Executive's financial statements for the year ended 30 June 2026.

Compensation of the Head of Service is included in the note on related party disclosures included in the Chief Minister, Treasury and Economic Development Directorate's (CMTEDD) financial statements for the year ended 30 June 2026.

Compensation by the Directorate to KMP is set out below.

	2026 \$'000
Short-term employee benefits	2,192
Post-employment benefits	295
Other long-term benefits	51
Total Compensation to KMP	2,538

B.2 Transactions with Key Management Personnel

No disclosure is required for typical citizen transactions between the KMP and the Directorate that occur on terms and conditions no different to those applying to the general public, where no discretion is applied and no influence is exerted by the related parties over the terms and conditions of these transactions.

B.3 Transactions with parties related to Key Management Personnel

There were no transactions that were material to the financial statements of the Directorate that occurred with parties related to KMP including transactions with KMP's close family members or other related entities.

(C) Transactions with other ACT Government Controlled Entities

The Directorate entered into transactions with other ACT Government entities in 2025-26 consistent with day-to-day business operations provided under varying terms and conditions. The notes to the Financial Statements provide the details of transactions with other ACT Government Entities. Below is a summary of the Material transactions with Other ACT Government Entities.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 19. RELATED PARTY DISCLOSURES – CONTINUED

Revenue

- Appropriation (Statement of Appropriation) - The Directorate's main ongoing source of funding is received from the ACT Government through the Territory Banking Account in the form of Controlled Recurrent Payment and Capital Injection appropriations.
- Sales of Goods and Services from Contracts with Customers – The Directorate received rental income from Housing ACT from the leasing of Affordable Rental Scheme properties on behalf of the Territory.
- Grants and Contributions Revenue (Note 4) - The Directorate received a range of ICT, HR, Financial, Records Management and Procurement services free of charge from the CMTEDD, Infrastructure Canberra for capital works project management and building accommodation and property services, and legal services free of charge from the Justice and Community Safety Directorate (JACS).
- Other Income - The Directorate received other income from Housing ACT to contribute toward the costs of enabling corporate and strategic policy services provided by the Directorate to Housing ACT.

Expenses

- Employee Expenses (Note 5) - The Directorate paid amounts to the Public Sector Workers Compensation Fund for its annual premiums and salaries to various other ACT Government entities.
- Supplies and Services (Note 6) - The Directorate paid amounts to CMTEDD for Financial and HR services, Digital Canberra for IT Services, Infrastructure Canberra for building accommodation and property services, JACS for legal services, Housing ACT for tenancy management fees relating to the Narrabundah Long Stay Park and the Affordable Rental Scheme properties, and the ACT Audit Office for audit services. The Directorate also pays insurance premiums to the ACT Insurance Agency.
- Grants and Purchased Services (Note 7) - The Directorate paid amounts to several ACT Government entities relating to a range of social and housing grants programs.
- Other Expenses (Note 8) - The Directorate paid amounts to Housing ACT as a contribution to projects to support Residential Care properties owned and managed by Housing ACT on behalf of the Directorate.

Assets

- Receivables - The Directorate holds receivables from Housing ACT for rental income from the Narrabundah Long Stay Park and the Affordable Rental Scheme properties and JACS for recovery of Disability Grants.

Liabilities

- Payables and Contract Liabilities (Note 11) - The Directorate had outstanding payables to several ACT Government entities for HR, property, financial, IT, records management, property management, legal, and audit services. The Directorate also had outstanding payables and contract liabilities relating to outstanding grants payments and education programs delivered through other ACT Government entities.

Key Management Personnel (KMP) Services

One of the positions designated as KMP of the Directorate is compensated by Housing ACT. The Directorate did not reimburse Housing ACT for this KMP and therefore the KMP Services figure above in B.1 *Compensation of Key Management Personnel* does not include any amounts for this KMP. Instead, the compensation relating to this KMP is included in Housing ACT's financial statements.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 20. BUDGETARY REPORTING

Significant Accounting Judgements and Estimates – Budgetary Reporting

Significant judgements have been applied in determining what variances are considered ‘major variances.’ Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated actual category amount (Income, Expenses Assets, Liabilities and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and
- The variances (original budget to actual) are greater than plus (+) or minus (-) 10% and \$15 million of the budget for the financial statement line item.

Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

Note: # in the ‘Variance %’ column represents a variance that is greater than 999% or less than -999%.

	Variance Explanation	Actual 2026 \$'000	Original Budget 2026 \$'000	Variance \$'000	Variance %
Operating Statement Line Items					
Sales of Goods and Services from Contracts with Customers	1	4,098	164,448	-160,350	-98
Grants and Contributions Income	1	284,460	26,729	257,731	964
Supplies and Services	2	83,553	99,610	-16,057	-16
Grants and Purchased Services	3	517,482	429,862	87,620	20
Balance Sheet Line Items					
Cash and Cash Equivalents	4	15,502	27,549	-12,047	-44
Intangible Assets	5	1,680	62,869	-61,189	-97
Payables	4	15,680	34,212	-18,532	-54
Cashflow Line Items					
Sales of Goods and Services from Contracts with Customers	1	4,466	164,448	-159,982	-97
Grants and Contributions Income	1	247,580	-	247,580	#
Supplies and Services	2	110,025	144,427	-34,402	-24
Grants and Purchased Services	3	517,654	424,663	92,991	22

Variance Explanations

1. The variance in these categories should be considered together. The net revenue increase primarily relates to the increase in NSW cross border health revenue, with the associated expenditure reflected in Grants and Purchased Services. Budget allocations between these revenue categories have been corrected (aligned) in the 2026-27 Budget.
2. The lower than budgeted result is mainly due to the original budget including ICT costs that subsequently transferred to Digital Canberra, together with the reprofiling of funds from 2025-26 into 2026-27.
3. The higher than budgeted result is mainly due to the increase in NSW cross border health revenue and higher costs associated with more intensive responses required for Out-of-Home-Care services.
4. The lower than budgeted outcome reflects that the original budget included cash and payables related to Health ICT functions that transferred to Digital Canberra.
5. The result is lower than budget mainly due to the finalisation of the transfer of capitalised software assets from the Directorate to Digital Canberra, as the original budget included capitalised software assets related to Digital Canberra that have since been transferred.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 21. DISAGGREGATED FINANCIAL INFORMATION BY OUTPUT

Description of Operating Statement Output Classes

Description of Operating Statement for Output Class 1 – Health and Community Care

Health and Community Care provides strategic leadership and direction for the health system through co design, development, implementation and administration of policies, programs, and strategies. This includes:

- developing strategic policy for the health system, including working with the Commonwealth and key service providers on priority health improvement initiatives;
- representing, and supporting Ministerial representation at key interjurisdictional and intergovernmental health forums;
- working with other Directorates and stakeholders on initiatives and activities where health has an interface with other systems;
- addressing systemic barriers to increase equitable access to high-quality, affordable, and contemporary health services, through innovative solutions;
- engaging with partners and stakeholders to develop health services plans, based on analysis of need, for sustainable health system services;
- investing in health services, workforce, and planning for capital investment to support health service usability, sustainability and improved health for our population;
- driving service improvement and innovation through a collaborative policy cycle;
- providing responsive policy advice to government, reflecting the changing nature of the health sector and community need;
- supporting delivery of high-quality health services by working collaboratively with service providers and commissioned partner programs;
- conducting research programs that translate research evidence into improved health outcomes;
- leading the development of strategies, policies, and programs and evaluating outputs to ensure effective and sustainable health investments;
- leading the health workforce and clinical training strategy including building strong partnerships with key academic institutions and training providers; and
- commissioning and managing contracts for the provision of health services, including partnerships with community sector organisations, peak bodies, and advocacy groups.

Health and Community Care seeks to improve the health of the ACT population through:

- evidence-based promotion of healthy lifestyles and interventions to address the range of risk and protective factors that determine the health of our community;
- influencing the social and environmental conditions that impact on population and individual health;
- improving the health and wellbeing of the ACT population by promoting healthy behaviours and lifestyles through ongoing monitoring and evaluation of health programs and policy;
- undertaking setting based, and priority population focussed activities and initiatives to increase healthy choices and encourage healthy behaviours;
- supporting programs and activities aimed to reduce the use of harmful substances and risk-taking behaviours;
- environmental monitoring of air and water quality;
- regulation and other public health responses to ensure food is safe for human consumption;
- preventing, identifying, and providing a timely response to potential public health incidents;
- reducing the occurrence of infectious diseases; and
- contributing to national plans and strategies that seek to address nation-wide population health issues.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 21. DISAGGREGATED FINANCIAL INFORMATION BY OUTPUT – CONTINUED

Description of Operating Statement for Output Class 2 – Strategy Policy, Inclusion and Participation

Inclusion and Participation provides strategic advice to strengthen the inclusion and participation of all people in Canberra's community, including people from multicultural backgrounds, youth, women. It leads efforts to reduce discrimination and improve the wellbeing and circumstances of LGBTIQ+ people. The contribution and support for the engagement of all people is recognised through community events, awards, ceremonies and grants. Inclusion and Participation administers and funds community sector services and programs.

The ACT Office for Disability promotes social inclusion and community participation of people with disability as outlined in Australia's Disability Strategy and includes supporting the implementation of the NDIS and the Integrated Service Response Program; creating positive change in attitudes and understanding for a more inclusive ACT through the ACT Disability Strategy; progressing equal access to justice for people with disability through the Disability Justice Strategy; addressing ableism and removing physical, attitudinal, communication and social barriers for people with disability through implementation of the ACT Disability Inclusion Act; establishing the Disability Inclusion Council; promoting the International Day of People with Disability; and supporting the ACT Inclusion Council and the Chief Minister's Inclusion Awards.

Strategic Policy works in partnership with its operational counterparts, cross-directorate colleagues, clients, stakeholders, and people with lived experience to deliver integrated strategic policy to set the direction for the directorate's human services responsibilities, including housing, social recovery, women, seniors, veterans, disability, multicultural affairs, children, youth, families and carers. The division uses data, research, and community consultation to develop evidence-informed human services policy to drive service design and deliver reform initiatives with a focus on evaluation, sustainability, and continuous improvement. The division provides strategic legislative reform and policy development to improve long term, human-centred initiatives that focus on early investment and support to achieve positive outcomes for the ACT community including in partnership with the community sector.

Regulation, Assurance and Quality (RAQ) operates independently from program, funding or policy streams within the Directorate. It seeks to manage risk to vulnerable members of the community and the Directorate, to build the capacity of service providers, including those within Directorate, through partnership, education, and regulation, to ensure quality outcomes for service users. It receives, monitors and investigates mandatory notifications of critical incidents and complaints about government and non-government service providers. It includes the Office of the Human Services Registrar, which regulates human services providers under ACT legislation and the Office of the Senior Practitioner for the reduction and elimination of restrictive practices. It also incorporates the Internal Audit and Risk Management function of the Directorate. RAQ provides support to strategic committees and projects and also represents the Directorate on matters relating to quality and safeguards for vulnerable and disadvantaged members of our community.

The Domestic, Family and Sexual Violence Office provides strategic leadership, coordination, policy analysis and innovation expertise to drive cultural change and system reform, and to build whole-of-Government and whole-of-community capability to address domestic, family and sexual violence.

Health and Community Services Directorate
Notes to and Forming Part of the Financial Statements
For the Year Ended 30 June 2026

NOTE 21. DISAGGREGATED FINANCIAL INFORMATION BY OUTPUT – CONTINUED

Description of Operating Statement for Output Class 3 – Children, Youth and Families

Early intervention and prevention services are provided through a universal platform with targeted services available for vulnerable families. Services provided include parenting groups, advice and support, sustained home visiting, specialist clinical services, and community development and education programs. Child and Family Centres also provide case management services to clients in need. Many services are delivered in partnership with other agencies, local community organisations and service providers.

The Child Development Service has a focus on early identification and intervention and provides assessment, referral, information and linkages for children birth to six years living in the ACT, where there are concerns relating to their development. Autism assessments are provided for children up to twelve years. Children seven to eight years with complex needs who have not had a previous assessment by allied health professionals can access the service.

Child and Youth Protection Services provides statutory child protection and youth justice services aimed at improving and promoting the safety and the wellbeing of children, young people, their families and the community.

Health and Community Services Directorate
Notes to and Forming Part of the Financial Statements
For the Year Ended 30 June 2026

NOTE 21. DISAGGREGATED FINANCIAL INFORMATION BY OUTPUT – CONTINUED

Output Class Operating Statements of Health and Community Services Directorate

	Output Class 1		Output Class 2		Output Class 3		Total
	Health and Community Care		Strategy Policy, Inclusion and Participation		Children, Youth and Families		
	Actual	Budget	Actual	Budget	Actual	Budget	Actual
	2026	2026	2026	2026	2026	2026	2026
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Income							
Controlled Recurrent Payments	283,078	309,481	104,507	105,433	209,428	193,527	597,013
Sales of Goods and Services from Contracts with Customers	1,773	161,981	865	2,140	1,460	327	4,098
Grants and Contributions Income	269,523	7,630	3,875	6,256	11,062	12,843	284,460
Other Income	7,312	4,572	3,815	4,712	9,230	12,754	20,357
Total Income	561,686	483,664	113,062	118,541	231,180	219,451	905,928
Expenses							
Employee Expenses	91,900	95,687	35,614	33,067	100,698	98,025	228,212
Supplies and Services	40,615	61,159	13,823	14,556	29,115	23,895	83,553
Depreciation and Amortisation	3,517	6,600	366	704	4,085	4,289	7,968
Grants and Purchased Services	322,343	261,950	65,523	68,524	129,616	99,388	517,482
Borrowing Costs	24	2	-	-	66	13	90
Other Expenses	4,156	3,928	923	33	692	57	5,771
Total Expenses	462,555	429,326	116,249	116,884	264,272	225,667	843,076
Operating Result	99,131	54,338	(3,187)	1,657	(33,092)	(6,216)	62,852
							49,779

Health and Community Services Directorate
Notes to and Forming Part of the Financial Statements
For the Year Ended 30 June 2026

**NOTE 21. DISAGGREGATED FINANCIAL INFORMATION BY OUTPUT –
CONTINUED**

Disaggregate Disclosure of Assets and Liabilities

Year Ended 30 June 2026

	Output Class 1 \$'000	Output Class 2 \$'000	Output Class 3 \$'000	Unallocated \$'000	Total \$'000
Current Assets					
Cash and Cash Equivalents	6,199	2,169	7,134	-	15,502
Receivables	2,696	1,070	2,922	-	6,688
Other Assets	(126)	36	196	-	106
Total Current Assets	8,769	3,275	10,252	-	22,296
Non-Current Assets					
Property, Plant and Equipment	100,760	53,856	72,316	-	226,932
Intangible Assets	677	199	804	-	1,680
Total Non-Current Assets	101,437	54,055	73,120	-	228,612
Total Assets	110,206	57,330	83,372	-	250,908
Current Liabilities					
Payables	7,039	2,386	6,255	-	15,680
Contract Liabilities	1,126	177	916	-	2,219
Borrowings	-	-	30	-	30
Lease Liabilities	221	(13)	435	-	643
Employee Benefits	16,688	11,768	35,702	-	64,158
Other Provisions	488	171	562	-	1,221
Other Liabilities	-	19	-	-	19
Total Current Liabilities	25,562	14,508	43,900	-	83,970
Non-Current Liabilities					
Borrowings	-	-	209	-	209
Lease Liabilities	384	13	456	-	853
Employee Benefits	770	752	2,300	-	3,822
Other Provisions	1,985	-	25,102	-	27,087
Total Non-Current Liabilities	3,139	765	28,067	-	31,971
Total Liabilities	28,701	15,273	71,967	-	115,941
Net Assets	81,505	42,057	11,405	-	134,967

Health and Community Services Directorate

Territorial Financial Statements

**For the Year Ended
30 June 2026**

Health and Community Services Directorate Content of Territorial Financial Statements For the Year Ended 30 June 2026

Financial Statements

Statement of Income and Expenses on Behalf of the Territory
Statement of Assets and Liabilities on Behalf of the Territory
Statement of Changes in Equity on Behalf of the Territory
Statement of Cash Flows on Behalf of the Territory
Territorial Statement of Appropriation

Overview

Note 22 Basis of Preparation of the Financial Statements - Territorial

Expenses Notes

Note 23 Grants and Purchased Services - Territorial

Assets Notes

Note 24 Cash and Cash Equivalents - Territorial

Note 25 Other Assets - Territorial

Liabilities Notes

Note 26 Advance from the Territory Banking Account - Territorial

Other Notes

Note 27 Restructure of Administrative Arrangements – Territorial

Note 28 Financial Instruments – Territorial

Note 29 Commitments - Territorial

Note 30 Budgetary Reporting - Territorial

Health and Community Services Directorate

Statement of Income and Expenses on Behalf of the Territory

For the Year Ended 30 June 2026

		Actual 2026 \$'000	Original Budget 2026 \$'000
	Note No.		
Income			
Payments for Expenses on Behalf of the Territory	#	208,308	206,692
Fees for Regulatory Services		2,198	2,016
Total Income		210,506	208,708
Expenses			
Grants and Purchased Services	23	207,972	206,692
Supplies and Services		2	-
Transfer Payments to Government		2,202	2,016
Total Expenses		210,176	208,708
Operating Result		330	-

The above Statement of Income and Expenses on Behalf of the Territory is to be read in conjunction with the accompanying notes.

The Directorate was established on 1 July 2025 following an Administrative Arrangements 2025 (No. 1) – Notifiable Instrument NI2025-350. As this is the first reporting period for the Directorate, no comparative information is presented for the prior reporting period.

Refer to the Territorial Statement of Appropriation.

Health and Community Services Directorate
Statement of Assets and Liabilities on Behalf of the Territory
As at 30 June 2026

	Note No.	Actual 2026 \$'000	Original Budget 2026 \$'000
Current Assets			
Cash and Cash Equivalents	24	677	272
Receivables		-	5,764
Other Assets	25	5,870	-
Total Current Assets		6,547	6,036
Total Assets		6,547	6,036
Current Liabilities			
Advance from the Territory Banking Account	26	245	243
Total Current Liabilities		245	243
Total Liabilities		245	243
Net Assets		6,302	5,793
Equity			
Accumulated Funds		6,302	5,793
Total Equity		6,302	5,793

The above Statement of Assets and Liabilities on Behalf of the Territory should be read in conjunction with the accompanying notes.

Due to the nature of territorial accounting, the Statement of Assets and Liabilities on Behalf of the Territory includes (as applicable) liabilities to, and receivables from, the Territory Banking Account.

The Directorate was established on 1 July 2025 following an Administrative Arrangements 2025 (No. 1) – Notifiable Instrument NI2025-350. As this is the first reporting period for the Directorate, no comparative information is presented for the prior reporting period.

Health and Community Services Directorate

Statement of Changes in Equity on Behalf of the Territory

For the Year Ended 30 June 2026

		Accumulate Funds Actual 2026 \$'000	Total Equity Actual 2026 \$'000	Original Budget 2026 \$'000
Balance at 1 July 2025	a)	-	-	5,766
Comprehensive Income				
Operating Result		330	330	-
Total Comprehensive Result		330	330	-
Transactions Involving Owners Affecting Accumulated				
Net Assets Transferred From/(To) Other Agencies as Part of an Administrative Arrangement	27	5,972	5,972	27
Total Transactions Involving Owners Affecting Accumulated Funds		5,972	5,972	27
Balance at 30 June 2026		6,302	6,302	5,793

The above Statement of Changes in Equity on Behalf of the Territory is to be read in conjunction with the accompanying notes.

The Directorate was established on 1 July 2025 following an Administrative Arrangements (AA) 2025 (No. 1) – Notifiable Instrument NI2025-350. As this is the first reporting period for the Directorate, no comparative information is presented for the prior reporting period.

a) The budgeted opening equity balance was included to facilitate preparation of the 2025-26 Budget following the AA. For financial reporting purposes, net assets and liabilities transferred under the AA were recognised as contributions by owners and presented as movements in equity during the reporting period rather than as opening equity balances. Accordingly, the actual opening equity balance was nil.

Health and Community Services Directorate

Statement of Cash Flows on Behalf of the Territory

For the Year Ended 30 June 2026

	Note No.	Actual 2026 \$'000	Original Budget 2026 \$'000
Cash Flows from Operating Activities			
Receipts			
Payment for Expenses on Behalf of the Territory		208,308	206,692
Fees for Regulatory Services		2,198	2,016
Total Receipts from Operating Activities		210,506	208,708
Payments			
Supplies and Services		2	-
Grants and Purchased Services		207,882	206,692
Transfer of Territory Receipts to the ACT Government		2,202	2,016
Total Payments from Operating Activities		210,086	208,708
Net Cash Inflows from Operating Activities	24	420	-
Cash Flows from Financing Activities			
Receipts			
Receipts of Transferred Bank Balances as part of an Administrative Restructure	27	257	272
Total Receipts from Financing Activities		257	272
Net Cash Inflows from Financing Activities		257	272
Net Increase in Cash and Cash Equivalents		677	272
Cash and Cash Equivalents at the Beginning of the Reporting Period		-	-
Cash and Cash Equivalents at the End of the Reporting Period	24	677	272

The above Statement of Cash Flows on Behalf of the Territory is to be read in conjunction with the accompanying notes.

The Directorate was established on 1 July 2025 following an Administrative Arrangements 2025 (No. 1) – Notifiable Instrument NI2025-350. As this is the first reporting period for the Directorate, no comparative information is presented for the prior reporting period.

Health and Community Services Directorate

Territorial Statement of Appropriation

For the Year Ended 30 June 2026

Description and Material Accounting Policies relating to Payment for Expenses on Behalf of the Territory

The Directorate receives appropriation to fund expenses incurred on behalf of the Territory for the National Disability Insurance Scheme (NDIS). Under the *Financial Management Act 1996*, funds can be appropriated for expenses incurred on behalf of the Territory. The Directorate receives this appropriation as cash contribution. The cash contribution is adjusted for in-kind services provided by the Education Directorate. These in-kind services are not covered but can be offset under the full scheme of the National Disability Insurance Scheme.

Payment for Expenses on behalf of the Territory is recognised when the Directorate receives the cash.

Column Heading Explanations

The *Original Budget* column shows the amounts that appear in the Statement of Cash Flows on Behalf of the Territory in the Budget Papers. This amount also appears in the Statement of Cash Flows.

The *Total Appropriated* column is inclusive of all appropriation variations occurring after the Original Budget.

The *Appropriation Drawn* is the total amount of appropriation received by the Directorate during the year. These amounts appear in the Statement of Cash Flows on Behalf of the Territory.

	Original Budget 2026 \$'000	Total Appropriated 2026 \$'000	Appropriation Drawn 2026 \$'000
Territorial			
Expenses on behalf of the Territory (<i>EBT</i>)	206,692	206,692	208,308
Neutral Transfers between Appropriations (<i>FMA s.14</i>) ^{a)}	-	1,617	-
Total Territorial Appropriation	206,692	208,309	208,308

The above Territorial Statement of Appropriation is to be read in conjunction with the accompanying notes.

Variances between 'Original Budget', 'Total Appropriated' and 'Appropriation Drawn'

a) The increase in Appropriation from the Original Budget to the Total Appropriation relates to a Section 14 instrument to transfer Controlled Recurrent Payments (CRP) to Payment for Expenses on Behalf of the Territory to cover the shortfall in NDIS payments.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements - Territorial

For the Year Ended 30 June 2026

NOTE 22. BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS – TERRITORIAL

The basis of preparation of the Health and Community Services Directorate is contained in Note 2 *Basis of Preparation of the Financial Statements* and apply to both the Controlled and Territorial financial statements.

NOTE 23. GRANTS AND PURCHASED SERVICES – TERRITORIAL

Description and Material Accounting Policies Relating to Grants and Purchased Services - Territorial

Grants are amounts provided, by the Directorate, to the National Disability Insurance Agency under the four-year National Disability Insurance Scheme (NDIS) *Bilateral Agreement*, for disability care and support. The grants given are subject to terms and conditions set out by the agreement.

	2026 \$'000
Recurrent Grants	
National Disability Insurance Agency - Grants	207,972
Total Recurrent Grants	<u>207,972</u>
Total Grants and Purchased Services	<u><u>207,972</u></u>

NOTE 24. CASH AND CASH EQUIVALENTS - TERRITORIAL

Description and Material Accounting Policies Relating to Cash and Cash Equivalents - Territorial

	2026 \$'000
(a) Cash and Cash Equivalents Balances	
Cash at Bank	677
Total Cash and Cash Equivalents	<u><u>677</u></u>

(b) Reconciliation of Cash and Cash Equivalents at the end of the Reporting Period in the Statement of Cash Flows on Behalf of the Territory to the Related Items in the Statement of Assets and Liabilities on Behalf of the Territory.

Total Cash and Cash Equivalents Recorded in the Statement of Assets and Liabilities on Behalf of the Territory	677
Cash and Cash Equivalents at the End of the Reporting Period as Recorded in the Statement of Cash Flows on Behalf of the Territory	<u><u>677</u></u>

(c) Reconciliation of the Operating Result to Net Cash Inflows from Operating Activities

Operating Result	330
Cash Before Changes in Operating Assets and Liabilities	<u><u>330</u></u>

Changes in Operating Assets and Liabilities

(Increase) in Other Assets	(5,870)
Increase in Liabilities	245
Net Operating Assets Transferred in as part of an Administrative Restructure	5,715
Net Changes in Operating Assets and Liabilities	<u><u>90</u></u>
Net Cash Inflows from Operating Activities	<u><u>420</u></u>

Health and Community Services Directorate
Notes to and Forming Part of the Financial Statements - Territorial
For the Year Ended 30 June 2026

NOTE 25. OTHER ASSETS - TERRITORIAL

	2026 \$'000
Current Other Assets	
Prepayments ^{a)}	5,870
Total Current Other Assets	5,870
Total Other Assets	5,870

a) Prepayments represent cash contribution payments made in advance to the National Disability Insurance Agency due to a delay in processing the in-kind offset credits.

NOTE 26. ADVANCE FROM THE TERRITORY BANKING ACCOUNT - TERRITORIAL

Description and Material Accounting Policies Relating to Advance from the Territory Banking Account – Territorial

The cash advance is for the purpose of funding the GST cash outlay due to the timing difference between the GST payment and receiving of refunds from the Australian Taxation Office.

	2026 \$'000
Advance from the Territory Banking Account	245
Total Advance from the Territory Banking Account	245

NOTE 27. RESTRUCTURE OF ADMINISTRATIVE ARRANGEMENTS - TERRITORIAL

The Health and Community Services Directorate (HCSD) was established on 1 July 2025 following the ACT Government's Administrative Arrangements 2025 (No. 1) and associated Machinery of Government changes. Details of the Administrative Arrangements, including the background to the restructure, transfers of functions and administrative responsibilities, and the accounting policies applied to Administrative Arrangements transfers, are provided in Note 14: Restructure of Administrative Arrangements.

The territorial assets and liabilities transferred to HCSD as part of these arrangements are disclosed below.

	Amounts Transferred from Former ACTHD 2026 \$'000	Amounts Transferred from Former CSD 2026 \$'000	Total Amounts Transferred 2026 \$'000
Assets			
Cash and Cash Equivalents	257	-	257
Other Assets	-	5,960	5,960
Total Assets Transferred	257	5,960	6,217
Liabilities			
Advance from the Territory Banking	245	-	245
Total Liabilities Transferred	245	-	245
Total Net Assets Transferred	12	5,960	5,972

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements - Territorial

For the Year Ended 30 June 2026

NOTE 28. FINANCIAL INSTRUMENTS – TERRITORIAL

Material Accounting Policies Relating to Financial Instruments - Territorial

Details of the material accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability are disclosed in the note to which they relate. In addition to these policies, the following are also accounting policies relating to financial assets and liabilities.

Financial assets are subsequently 'measured at amortised cost', 'fair value through other comprehensive income' or 'fair value through profit or loss' on the basis of both:

- the business model for managing the financial assets; and
- the contractual cash flow characteristics of the financial assets.

All territorial financial assets and financial liabilities are measured at amortised cost.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

The Directorate currently has all of its financial assets and financial liabilities held in non-interest bearing arrangements. This means that the Directorate is not exposed to any movements in interest rates, and as such does not have any interest rate risk.

Sensitivity Analysis

A sensitivity analysis has not been undertaken for the interest rate risk of the Directorate as it is not exposed to any movements in interest rates.

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Directorate's credit risk is limited to the amount of the financial assets held less any provision for losses.

The Directorate's Territorial financial assets only consist of Cash.

Credit risk is managed by the Directorate for cash at bank by holding bank balances with the ACT Government's appointed transactional bank, Westpac Banking Corporation (Westpac). S&P Global Ratings has assigned a AA issuer credit rating to Westpac. An 'AA' credit rating means the obligor has a "very strong to strong capacity to meet its financial commitments".

Liquidity Risk

Liquidity risk is the risk that the Directorate will encounter difficulties in meeting its financial obligations as they fall due. The Directorate's only Territorial financial obligation relates to an advance received from the Territory Banking Account. The Directorate's exposure to liquidity risk is therefore insignificant.

All financial assets and liabilities of the Directorate are non-interest-bearing and are shown on an undiscounted cash flow basis.

GST receivable is not included in financial assets due to being statutory in nature.

Price Risk

Price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The Directorate does not have any financial instruments that are subject to price risk.

Value of Financial Assets and Liabilities

The carrying amount of territorial financial assets and territorial financial liabilities of the Directorate approximate their fair value.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements - Territorial

For the Year Ended 30 June 2026

NOTE 28. FINANCIAL INSTRUMENTS – TERRITORIAL – CONTINUED

Fair Value Hierarchy

The Directorate does not have any financial assets or financial liabilities on behalf of the Territory at fair value. As such no Fair Value Hierarchy disclosures have been made.

Maturity Analysis of Financial Liabilities

The following tables set out the Directorate's maturity analysis for financial liabilities as well as the exposure to interest rates. Except for non-current payables, financial assets and liabilities which have a floating interest rate or are non-interest bearing will mature in 1 year or less. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis.

2026	Note No.	Fixed Interest Maturing In:			Non-Interest Bearing \$'000	Total \$'000
		Over 1 Year				
		1 Year or Less \$'000	to 5 Years \$'000	Over 5 Years \$'000		
Financial Liabilities						
Advance from the Territory Banking Account	26	-	-	-	245	245
Total Financial Liabilities		-	-	-	245	245
						2026 \$'000

Carrying Amount of Each Class of Financial Asset and Financial Liability

Financial Assets Measured at Amortised Cost	677
Financial Liabilities Measured at Amortised Cost	245

NOTE 29. COMMITMENTS – TERRITORIAL

Description and Material Accounting Policies Relating to Commitments – Territorial

Commitments are a firm intention, but not a present obligation, at the end of the reporting period to incur future expenditure. As such, commitments do not constitute a liability. Commitments usually arise from contracts but can arise from other things like placing an order.

Commitments are measured at their nominal value and are inclusive of GST.

Other Commitments

Other Commitments contracted at reporting date that have not been recognised as liabilities relates to the NDIS payments to the Commonwealth as follows:

	2026 \$'000
Within one year	235,200
Later than one year but not later than five years	498,984
Total Other Commitments ^{a)}	734,184

a) The Directorate recognises a commitment for payments to the National Disability Insurance Agency in accordance with the National Disability Insurance Scheme *Bilateral Agreement* with the Commonwealth.

Health and Community Services Directorate

Notes to and Forming Part of the Financial Statements - Territorial

For the Year Ended 30 June 2026

NOTE 30. BUDGETARY REPORTING – TERRITORIAL

Significant Accounting Judgements and Estimates – Budgetary Reporting – Territorial

Significant judgements have been applied in determining what variances are considered ‘major variances’. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated category (Income, Expenses and Equity totals) or more than 10% of the sub-element (e.g., Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and
- The variances (original budget to actual) are greater than plus (+) or minus (-) 10% and \$15 million of the budget for the financial statement line item.

There are no major variances that require explanation in 2025-26.

Housing ACT

Housing ACT Financial Statements

**For the Year Ended
30 June 2026**



AUDITOR-GENERAL AN OFFICER
OF THE ACT LEGISLATIVE ASSEMBLY



INDEPENDENT AUDITOR'S REPORT

To the Members of the ACT Legislative Assembly

Opinion

I have audited the financial statements of Housing ACT for the year ended 30 June 2026 which comprise the statement of responsibility and statement by the chief finance officer, operating statement, balance sheet, statement of changes in equity, statement of cash flows, statement of appropriation and notes to the financial statements, including a summary of material accounting policies and other explanatory information.

In my opinion, the accompanying financial statements:

- (i) present fairly, in all material respects, Housing ACT's financial position as at 30 June 2026, and its financial performance and cash flows for the year then ended; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

Basis for opinion

I conducted the audit in accordance with the Australian Auditing Standards. My responsibilities under the standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of this report.

I am independent of Housing ACT in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (Code). I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of Housing ACT for the financial statements

The Director-General of Health and Community Services Directorate is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of Housing ACT to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

Auditor's responsibilities for the audit of the financial statements

Under the *Financial Management Act 1996*, the Auditor-General is responsible for issuing an audit report that includes an independent opinion on the financial statements of Housing ACT.

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of Housing ACT's internal controls;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Housing ACT;
- conclude on the appropriateness of Housing ACT's use of the going concern basis of accounting and, based on audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Housing ACT's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in this report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of this report. However, future events or conditions may cause Housing ACT to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether they represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Director-General of Health and Community Services Directorate regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

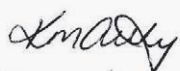


Clea Lewis
Assistant Auditor-General, Financial Audits
25 September 2026

Housing ACT Financial Statements For the Year Ended 30 June 2026

Statement of Responsibility

In my opinion, the Housing ACT's financial statements fairly reflect the financial operations for the year ended 30 June 2026 and the financial position on that date.



Kareena Arthy

Director-General

Health and Community Services Directorate

23 September 2026

**Housing ACT
Financial Statements
For the Year Ended 30 June 2026**

Statement by the Chief Finance Officer

In my opinion, the Housing ACT's financial statements have been prepared in accordance with the Australian Accounting Standards, are in agreement with its accounts and records, and fairly reflect the financial operations for the year ended 30 June 2026 and the financial position on that date.


Lewis Hayward

Chief Finance Officer

Health and Community Services Directorate

23 September 2026

Housing ACT

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Housing ACT Operating Statement For the Year Ended 30 June 2026

		Actual	Original	Actual
	Note	2026	Budget	2025
	No.	\$'000	\$'000	\$'000
Income				
Controlled Recurrent Payments	#	63,878	61,652	62,699
Sales of Services from Contracts with Customers	4	109,204	108,712	106,031
Grants and Contributions Income		3,724	3,165	3,710
Interest Revenue		2,130	912	3,935
Other Income		14,606	5,921	12,260
Gains from Disposals and Remeasurement of Assets	5	1,186	5,000	3,839
Total Income		194,728	185,362	192,474
Expenses				
Employee Expenses	6	31,122	24,089	38,642
Supplies and Services	7	172,449	153,136	161,030
Depreciation	13	64,793	75,214	67,790
Grants and Purchased Services	8	38,280	37,275	35,661
Borrowing Costs		1,336	1,301	1,495
Other Expenses	9	15,262	10,904	14,719
Total Expenses		323,242	301,919	319,337
Operating Result		(128,514)	(116,557)	(126,863)
Other Comprehensive Income				
<i>Items that will not be reclassified subsequently to profit or loss</i>				
(Decrease)/Increase in the Asset Revaluation Surplus		(64,156)	49,650	(4,272)
Total Other Comprehensive Result		(64,156)	49,650	(4,272)
Total Comprehensive Result		(192,670)	(66,907)	(131,135)

The above Operating Statement is to be read in conjunction with the accompanying notes.

Housing ACT has only one output class and as such the above Operating Statement is also Housing ACT's Operating Statement for the Social Housing Services Output Class.

Refer to the Statement of Appropriation.

Housing ACT Balance Sheet As at 30 June 2026

		Actual 2026 \$'000	Original Budget 2026 \$'000	Actual 2025 \$'000
	Note No.			
Current Assets				
Cash	10	51,396	12,220	43,805
Receivables	11	7,888	9,831	18,296
Non-Current Assets Held for Sale	12	5,660	-	8,728
Other Assets		571	647	420
Total Current Assets		65,515	22,698	71,249
Non-Current Assets				
Property, Plant and Equipment	13	8,078,037	8,234,927	8,092,280
Investment Properties		4,905	5,737	5,502
Total Non-Current Assets		8,082,942	8,240,664	8,097,782
Total Assets		8,148,457	8,263,362	8,169,031
Current Liabilities				
Payables	14	22,665	21,139	18,533
Contract Liabilities	14	4,655	5,098	4,245
Borrowings	15	3,019	3,019	3,306
Lease Liabilities		235	182	251
Employee Benefits	16	7,880	9,541	10,032
Other Provisions		821	-	267
Total Current Liabilities		39,275	38,979	36,634
Non-Current Liabilities				
Borrowings	15	22,449	22,449	25,468
Lease Liabilities		366	179	468
Employee Benefits	16	474	764	657
Other Provisions		-	271	-
Total Non-Current Liabilities		23,289	23,663	26,593
Total Liabilities		62,564	62,642	63,227
Net Assets		8,085,893	8,200,720	8,105,804
Equity				
Accumulated Funds		2,318,099	2,259,232	2,237,834
Asset Revaluation Surplus		5,767,794	5,941,488	5,867,970
Total Equity		8,085,893	8,200,720	8,105,804

The above Balance Sheet is to be read in conjunction with the accompanying notes.

Capital Works in Progress (CWIP) was disclosed as a separate line item on the face of the Balance Sheet in the prior year. The CWIP line item has been removed in 2025-26 and is now included in the Property, Plant and Equipment (PPE) line item.

On 1 July 2025, a change in ACT Government administrative arrangements transferred infrastructure delivery functions from Housing ACT to Infrastructure Canberra (iCBR). This included the transfer of 49 FTE and associated employee benefit liabilities of \$2.2 million.

Housing ACT has only one output class and as such the above Balance Sheet is also Housing ACT's Balance Sheet for the Social Housing Services Output Class.

Housing ACT

Statement of Changes in Equity

For the Year Ended 30 June 2026

		Accumulated Funds Actual 2026 \$'000	Asset Revaluation Surplus Actual 2026 \$'000	Total Equity Actual 2026 \$'000	Total Equity Original Budget 2026 \$'000
Balance at 1 July 2025		2,237,834	5,867,970	8,105,804	8,112,560
Comprehensive Income					
Operating Result		(128,514)	-	(128,514)	(116,557)
(Decrease) in the Asset Revaluation Surplus		-	(64,156)	(64,156)	49,650
Total Comprehensive Result		(128,514)	(64,156)	(192,670)	(66,907)
Transfers to/(from) reserves	a)	36,020	(36,020)	-	-
Transactions Involving Owners Affecting Accumulated Funds					
Capital Injections	#	170,523	-	170,523	155,067
Net Liabilities transferred out as part of an Administrative Restructure	b)	2,235	-	2,235	-
Total Transactions Involving Owners Affecting Accumulated Funds		172,758	-	172,758	155,067
Balance at 30 June 2026		2,318,099	5,767,794	8,085,893	8,200,720

The above Statement of Changes in Equity is to be read in conjunction with the accompanying notes.

- a) Transfers to/(from) Reserves relates to the transfer of revaluation surplus balance of disposed properties to Accumulated Funds.
- b) On 1 July 2025, a change in ACT Government administrative arrangements transferred infrastructure delivery functions for construction, acquisition, and maintenance of public housing properties from Housing ACT to iCBR. This included the transfer of 49 FTE and associated employee benefit liabilities of \$2.2 million.
- # Refer to the Statement of Appropriation.

Housing ACT

Statement of Changes in Equity - Continued

For the Year Ended 30 June 2026

	Accumulated Funds Actual 2025 \$'000	Asset Revaluation Surplus Actual 2025 \$'000	Total Equity Actual 2025 \$'000
Balance at 1 July 2024	2,215,947	5,935,837	8,151,784
Comprehensive Income			
Operating Result	(126,863)	-	(126,863)
(Decrease) in the Asset Revaluation Surplus	-	(4,272)	(4,272)
Total Comprehensive Result	(126,863)	(4,272)	(131,135)
Transfers to/(from) reserves	63,595	(63,595)	-
Transactions Involving Owners Affecting Accumulated Funds			
Capital Injections #	85,155	-	85,155
Total Transactions Involving Owners Affecting Accumulated Funds	85,155	-	85,155
Balance at 30 June 2025	2,237,834	5,867,970	8,105,804

The above Statement of Changes in Equity is to be read in conjunction with the accompanying notes.

Refer to the Statement of Appropriation.

Housing ACT

Statement of Cash Flows

For the Year Ended 30 June 2026

		Actual	Original	Actual
	Note	2026	Budget	2025
	No.	\$'000	\$'000	\$'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments	#	63,878	61,652	62,699
Sales of Services from Contracts with Customers		108,125	106,517	104,964
Interest Received		2,179	912	3,870
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		10,412	12,340	12,980
Goods and Services Tax Collected from Customers		16	40	82
Other		12,798	4,188	2,174
Total Receipts from Operating Activities		197,408	185,649	186,769
Payments				
Employee Payments		31,224	23,851	37,249
Supplies and Services		162,295	113,515	152,948
Grants and Purchased Services		38,252	37,141	35,661
Borrowing Costs		1,336	1,295	1,486
Goods and Services Tax Paid to Suppliers		10,259	12,340	12,988
Goods and Services Tax Remitted to the Australian Taxation Office		19	40	16
Other		117	266	183
Total Payments from Operating Activities		243,502	188,448	240,531
Net Cash (Outflows) from Operating Activities	10	(46,094)	(2,799)	(53,762)
Cash Flows from Investing Activities				
Receipts				
Proceeds from Sale of Property, Plant and Equipment		28,431	41,625	48,572
Proceeds from Sale of Investment Property		663	198	363
Total Receipts from Investing Activities		29,094	41,823	48,935
Payments				
Purchase of Property, Plant and Equipment		41,578	7,200	50,127
Purchase of Capital Works		100,796	243,221	79,347
Total Payments from Investing Activities		142,374	250,421	129,474
Net Cash (Outflows) from Investing Activities		(113,280)	(208,598)	(80,539)

Refer to the Statement of Appropriation.

Housing ACT

Statement of Cash Flows - Continued

For the Year Ended 30 June 2026

		Actual	Original Budget	Actual
	Note	2026	2026	2025
	No.	\$'000	\$'000	\$'000
Cash Flows from Financing Activities				
Receipts				
Capital Injections	#	170,523	155,067	85,155
Receipts of Bond Loans		1,560	836	1,396
Total Receipts from Financing Activities		172,083	155,903	86,551
Payments				
Repayment of Commonwealth Borrowings		3,306	4,201	3,593
Repayment of Lease Liabilities - Principal		248	111	288
Lending of Bond Loans		1,565	-	1,645
Total Payments from Financing Activities		5,119	4,312	5,526
Net Cash Inflows from Financing Activities		166,964	151,591	81,025
Net Increase/(Decrease) in Cash		7,591	(59,806)	(53,276)
Cash at the Beginning of the Reporting Period		43,805	72,026	97,081
Cash at the End of the Reporting Period	10	51,396	12,220	43,805

The above Statement of Cash Flows is to be read in conjunction with the accompanying notes.

Refer to the Statement of Appropriation.

Housing ACT Statement of Appropriation For the Year Ended 30 June 2026

Description and Material Accounting Policies Relating to Controlled Recurrent Payments and Capital Injections

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs.

CRP is recognised when Housing ACT gains control over the funding which is obtained upon the receipt of cash, given they do not contain enforceable and sufficiently specific performance obligations as defined by AASB 15 *Revenue from Contracts with Customers*.

Capital injection appropriations are not recognised as income, but instead are recognised as equity injections and a cash inflow which is used to purchase/build an asset(s) or to reduce a liability(s).

Column Heading Explanations

The Original Budget column shows the amounts that appear in the Statement of Cash Flows in the Budget Papers. This amount also appears in the Statement of Cash Flows.

The Total Appropriated column is inclusive of all appropriation variations occurring after the Original Budget.

The Appropriation Drawn is the total amount of appropriation received by Housing ACT during the year. This amount appears in the Statement of Cash Flows.

	Original Budget 2026 \$'000	Total Appropriated 2026 \$'000	Appropriation Drawn 2026 \$'000	Appropriation Drawn 2025 \$'000
Controlled Recurrent Payments	61,652	63,878	63,878	62,699
Capital Injections	155,067	170,757	170,523	85,155
Total Controlled Appropriation	216,719	234,635	234,401	147,854

The above Statement of Appropriation is to be read in conjunction with the accompanying notes below.

Variances between '2025-26 Controlled Capital Injection Appropriation Drawn' and '2024-25 Controlled Capital Injection Appropriation Drawn'

The \$85.4 million increase is primarily attributable to higher drawdowns for Growth and Renewal, Public Housing Repairs and Maintenance, and Housing Australia Future Fund capital projects. The lower drawdown in 2024–25 reflected the use of cash reserves from historical property sales to fund Growth and Renewal activities.

Variances between 'Original Budget', 'Total Appropriated' and 'Appropriation Drawn'

	Controlled Recurrent Payments (CRP) \$'000	Capital Injections (CI) \$'000
Reconciliation of Appropriation for 2025-26	\$'000	\$'000
Original Appropriation for 2025-26	61,652	155,067
Treasurer's Advance (<i>FMA s.18</i>) ^{a)}	2,226	-
Advance from the Capital Works Reserve (<i>FMA s18E</i>) ^{b)}	-	15,440
Rollover of Undisbursed Appropriation (<i>FMA s.16B</i>)	-	250
Total Appropriated	63,878	170,757
Undrawn Funds ^{c)}	-	(234)
Appropriation Drawn	63,878	170,523

a) The Treasurer's Advance provided additional funding to support the delivery of frontline housing services agreed through the 2025–26 Budget Review initiative, *More Support for Housing ACT*.

b) Housing ACT accessed \$15.4 million from the Capital Works Reserve to accelerate maintenance works on vacated properties, increasing the availability of lettable public housing stock. This funding supports the Investing in *Public Housing Repairs and Maintenance* initiative.

c) Undrawn funds relate to the *Reducing homelessness by delivering another Common Ground* initiative. The funds, which had been rolled over from prior years, were subsequently assessed as surplus to project requirements and are no longer required.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 1. OBJECTIVES OF HOUSING ACT

Housing ACT is a division of the Health and Community Services Directorate (the Directorate) reporting separately as a public non-financial corporation (PNFC) and treated as a 'not-for-profit' entity under the Australian Accounting Standards.

Housing ACT provides social housing that is appropriate, affordable and meets the needs and circumstances of low income and disadvantaged people. Housing ACT also funds the specialist homelessness sector, assisting and supporting people experiencing homelessness and people at risk of experiencing homelessness.

Stable long-term and affordable housing provides tenants with a greater opportunity to participate in the social, economic and recreational activities of the Territory and reach their potential as a contributing member of the Canberra population. Through social housing assistance and support for people experiencing homelessness, Housing ACT helps to alleviate social isolation and build resilience, contributing to a safer, stronger and more inclusive community – and the opportunity for a brighter future regardless of their characteristics, circumstances or background.

There were no changes in the principal activities for Housing ACT during 2025-26.

NOTE 2. BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS

Legislative requirements

The *Financial Management Act 1996* (FMA) requires the preparation of annual financial statements for ACT Government directorates. The FMA and the *Financial Management Guidelines* issued under the Act, requires a directorate's financial statements to include:

- (i) an Operating Statement for the year;
- (ii) a Balance Sheet at the end of the year;
- (iii) a Statement of Changes in Equity for the year;
- (iv) a Statement of Cash Flows for the year;
- (v) a Statement of Appropriation for the year;
- (vi) an Operating Statement for each class of output for the year;
- (vii) the material accounting policies adopted for the year; and
- (viii) other statements as necessary to fairly reflect the financial operations of Housing ACT during the year and its financial position at the end of the year.

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards (as required by the FMA), supplemented by following the ACT Accounting and Disclosure Policies.

Accrual Accounting

The financial statements have been prepared using the accrual basis of accounting. The financial statements are prepared according to historical cost convention, except for non-current assets held for sale, property, plant and equipment and financial instruments which are valued at fair value in accordance with (re)valuation policies applicable to Housing ACT during the reporting period.

Currency

These financial statements are presented in Australian dollars, which is Housing ACT's functional currency.

Individual Not-for-Profit Reporting Entity

Housing ACT is a Public Non-Financial Corporation (PNFC) within the Health and Community Services Directorate. Housing ACT is an individual not-for-profit reporting entity with its own financial information, strategic and accountability indicators.

Reporting Period

These financial statements state the financial performance, changes in equity and cash flows of Housing ACT for the year ended 30 June 2026 together with the financial position of Housing ACT as at 30 June 2026.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 2. BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS - CONTINUED

Comparative Figures

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the FMA, budget information for 2025-26 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the Budget Papers/Budget Addendum.

Prior Year Comparatives

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements, except where an Australian Accounting Standard does not require comparative information to be disclosed.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

Rounding

All amounts in the financial statements have been rounded to the nearest thousand dollars (\$'000). Use of "-" represents zero amounts or amounts rounded down to zero.

Going Concern

The 2025-26 financial statements have been prepared on a going concern basis. The ongoing functions and activities of Housing ACT have been funded in the ACT Government 2026-27 Budget and the Budget Papers include forward estimates for Housing ACT.

NOTE 3. IMPACT OF ACCOUNTING STANDARDS ISSUED BUT YET TO BE APPLIED

All Australian Accounting Standards and Interpretations issued but yet to be applied are applicable to future reporting periods and will be adopted from their application date.

Standards and interpretations issued but yet to be applied have been assessed as not being relevant to Housing ACT or will have an immaterial financial impact on Housing ACT. However, AASB 18 *Presentation and Disclosure in Financial Statements* (applicable 1 January 2028 for not-for-profit public sector entities) does contain presentation/disclosure changes that may impact Housing ACT including:

- that operating, investing and financing categories as well as additional subtotals have to be included in Housing ACT's operating statement,
- the disclosure of management-defined performance measures and reconciliations of these measures with the subtotals required by AASB Standards, and
- enhanced requirements for the grouping (aggregation and disaggregation) of information in the financial statements and in the notes.

The AASB has issued an exposure draft (ED 338 *Application of AASB 18 and AASB 107 by Superannuation and Not-for-Profit Entities and Operating Cash Flow Reconciliation*) that outlines modifications to AASB 18 for not-for-profit public sector entities. If the modifications in the exposure draft are adopted, they will effectively enable Housing ACT to continue to apply the existing disclosure requirements contained in AASB 101 *Presentation of Financial Statements*. However, as this exposure draft is not yet finalised, the impact on the Housing ACT's financial statements from the adoption of AASB 18 cannot be determined at this time.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

INCOME NOTES

Material Accounting Policies – Income

Income Recognition

Revenue is recognised in accordance with AASB 15 *Revenue from Contracts with Customers* where the contract is enforceable and contains sufficiently specific performance obligations, otherwise income is in the scope of AASB 1058 *Income of Not-for-Profit Entities*.

NOTE 4. SALES OF SERVICES FROM CONTRACTS WITH CUSTOMERS

Description and Material Accounting Policies Relating to the Sales of Services

Sales of Services from Contracts with Customers are revenues derived from the provision of services to the public.

Housing ACT assesses its revenue from contracts with customers and uses key judgements in determining the satisfaction of performance obligations. Key judgements are also used in determining the transaction price and the amounts allocated to performance obligations

Rent Revenue

In the capacity as a lessor of public housing properties, Housing ACT charges rent to tenants and the revenue collected is retained by Housing ACT. The agreement with tenants constitutes a contract with a customer. Under the tenancy agreement, tenants are required to pay rent two weeks in advance in exchange for leasing public housing properties. Housing ACT has determined the provision of residential accommodation to be the performance obligation under the tenancy agreements. The transaction price is the agreed weekly rents including applicable rebates under each agreement with tenants. Rents collected are initially recorded as a contract liability (also see Note 14 *Payables and Contract Liabilities* for more detail) as performance obligation under the agreements has not yet been satisfied. Housing ACT records revenue weekly in advance, with rent raised each Sunday for the following week. Housing ACT has determined this to be point in time the performance obligation is met, as the tenant is able to occupy the leased property for the upcoming week.

Tenants are required to pay market rent. Market rent for each property is determined based upon the advice of an independent valuer. Opteon provided a valuation of market rents in July 2026 in accordance with the *Housing Assistance Act 2007*. Housing ACT has yet to implement increases in rent based on this valuation and is working towards a determination in the 2026-27 financial year.

Under the Public Rental Housing Assistance Program, the Program for the provision of public housing under the *Housing Assistance Act 2007*, tenants may apply for a rebate of rent, so that they pay no more than 25% of their assessable household income as rent, or market rent, whichever is the lesser. Eligibility for a rental rebate is determined every 12 months based upon the assessable income of the household at the time of assessment. The difference between market rent and the rebated rent payable by a tenant is an unfunded rental subsidy. The rent revenue disclosed in the Operating Statement is after the rent rebates have been deducted.

	2026 \$'000	2025 \$'000
Rent Revenue		
Market Rent	247,607	243,180
Less: Rent Rebates	(137,379)	(136,067)
Less: Rent Provided Free of Charge	(839)	(839)
Less: Other Rent Rebate Provided Free of Charge	(185)	(243)
Total Rent and Rebates Provided Free of Charge	(138,403)	(137,149)
Total Sales of Services from Contracts with Customers^{a)}	109,204	106,031

a) The increase in rent revenue is mainly due to an increase in properties available to let as a result of the *Growing and Renewing Public Housing Program*. The growth in rental rebates was lower than rent revenue due to indexation increases being applied to social security payments, which form a component of a tenant's assessable income.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 5. GAINS FROM DISPOSALS AND REMEASUREMENT OF ASSETS

Description and Material Accounting Policies Relating to Gains from Disposals and Remeasurement of Assets

Gains from the Sale of Properties

Proceeds from the sale of properties fund the Growing and Renewing Public Housing Program to better meet the needs of tenants and to meet the Government's objectives. Property sales are undertaken in accordance with Housing ACT's asset management policies. The sale of properties often leads to gains due to the higher amounts received at auction, compared to the carrying value (or book value). Gains from the disposal of properties are recognised on settlement when title to the property transfers to the buyer.

Gains from the Revaluation of Investment Properties

Gains arising from changes in the fair value of investment properties are recognised in the period in which they arise.

	2026 \$'000	2025 \$'000
Gains on Disposal of Assets		
Gross Proceeds from the Sale of Properties	29,756	50,440
Less: Carrying Value of Properties	(27,451)	(44,734)
Less: Selling Expenses	(1,325)	(1,867)
Total Gains on Disposal of Assets ^{a)}	980	3,839
Gains on Remeasurement of Assets		
Gains from the Revaluation of Investment Properties	206	-
Total Gains on Remeasurement of Assets ^{b)}	206	-
Total Gains from Disposals and Remeasurement of Assets	1,186	3,839

a) The decrease in gains is due to lower number of properties being sold in 2025-26. There were 26 properties sold in 2025-26 compared to 46 in 2024-25.

b) The increase reflects a revaluation increment arising from the 2025-26 valuation of the entire investment property portfolio.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 6. EMPLOYEE EXPENSES

Description and Material Accounting Policies Relating to Employee Expenses

Employee expenses comprise all costs incurred in relation to employing staff including wages and salaries, fringe benefits tax, leave entitlements, annual leave loading, termination payments, workers' compensation insurance premiums, accrued flextime, non-monetary benefits, and other employee benefits and on-cost expenses.

Wages and salaries are recognised in the reporting period when the employee renders services to the agency. They are measured based on the amount paid to employees during the year as well as any wages and salaries due to employees that remain unpaid at the end of the financial year.

Superannuation Expense

Employees of Housing ACT will have different superannuation arrangements due to the type of superannuation schemes available at the time of commencing employment, including both defined benefit and defined contribution superannuation scheme arrangements.

For employees who are members of the defined benefit Commonwealth Superannuation Scheme (CSS) and Public Sector Superannuation Scheme (PSS) Housing ACT makes employer superannuation contribution payments to the Territory Banking Account at a rate determined by the Chief Minister, Treasury and Economic Development Directorate. Housing ACT also makes productivity superannuation contribution payments on behalf of these employees to the Commonwealth Superannuation Corporation, which is responsible for administration of the schemes.

For employees who are members of defined contribution superannuation schemes (the Public Sector Superannuation Scheme Accumulation Plan (PSSAP) and schemes of employee choice), Housing ACT makes employer superannuation contribution payments directly to the employees' relevant superannuation fund.

All defined benefit employer superannuation contributions are recognised as expenses on the same basis as the employer superannuation contributions made to defined contribution schemes. The accruing superannuation liability obligations are expensed as they are incurred and extinguished as they are paid.

Superannuation Liability Recognition

For Housing ACT employees who are members of the defined benefit CSS or PSS the employer superannuation liabilities for superannuation benefits payable upon retirement are recognised in the financial statements of the Superannuation Provision Account.

	2026	2025
	\$'000	\$'000
Wages and Salaries	26,487	32,082
Workers' Compensation Insurance Premium	633	562
Annual Leave Expense	38	196
Long Service Leave Expense ^{a1)}	(47)	607
Superannuation Contributions to the Territory Banking Account	1,041	1,188
Productivity Benefit	95	103
Superannuation to External Providers	2,857	3,327
Flextime Expense	18	577
Total Employee Expenses ^{a)}	31,122	38,642

a) The decrease is predominantly due to lower staffing levels following the transfer of 49 full-time equivalent (FTE) staff to iCBR as a result of Administrative Arrangement changes which took effect from 1 July 2025. Housing ACT continues to pay iCBR for these services, with these costs now recognised in the *Supplies and Services* note.

a1) The negative amount is predominantly due to the transfer of 49 FTE staff to iCBR mentioned above in a).

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 7. SUPPLIES AND SERVICES

Description and Material Accounting Policies Relating to Supplies and Services

General - Supplies and Services

Purchases of Supplies and Services generally represent the day-to-day running costs incurred in normal operations, recognised in the reporting period in which these expenses are incurred. Supplies and Services are measured at the amount paid or payable, or where Supplies and Services have been provided free of charge, they are measured at their fair value at the time they are provided.

Insurance

Major risks are insured through the ACT Insurance Authority. The excess payable, under this arrangement, may vary depending on each class of insurance held.

Repairs and Maintenance

Housing ACT undertakes routine and cyclical maintenance as well as day-to-day repairs to the public housing rental properties that it owns. Repairs and maintenance comprises all urgent and minor expenses arising from fair wear and tear, such as plumbing and electrical repairs, replacing window glass, wall and floor tiles and fly screens as well as major cyclical maintenance, including internal and external painting, replacing floor coverings, fencing and landscaping. Where the maintenance results in an upgrade to the property and increases the service potential of the property, that portion of the cost is capitalised. Repairs and maintenance expenses that do not increase the service potential of the property are expensed.

Housing ACT may also carry out repairs and maintenance that the tenant is responsible for carrying out under the tenancy agreement. The tenant is charged the cost of these repairs and the amount is included in other income and receivables.

Audit Service Fees

Audit Fees consists of financial audit services provided to Housing ACT by the ACT Audit Office. Housing ACT's audit fees were for the audit of its 2025-26 financial statements and review of its statement of performance. No other services were provided by the ACT Audit Office.

	2026 \$'000	2025 \$'000
Repairs and Maintenance	72,687	69,647
General Rates, Sewerage Rates, Water Rates and Consumption ^{a)}	44,313	40,890
Professional Services ^{b)}	2,514	6,825
Corporate Contribution ^{c)}	26,778	18,701
Property Services ^{d)}	1,540	923
Other Property Expenses ^{e)}	4,390	4,095
Systems Support	5,198	5,176
Insurance Premiums	7,544	7,611
Other Operating Expenses ^{f)}	3,214	2,996
Communications and Office Supplies	156	236
Rental Expenses ^{g)}	3,595	2,945
Audit Service Fees	196	187
Recruitment, Training and Other Staff On-Costs ^{h)}	324	798
Total Supplies and Services	172,449	161,030

a) The increase relates to more Housing properties (145), higher rates due to the health levy and higher water rates and consumption charges resulting from increase to retail charges by Icon Water.

b) The decrease relates to lower levels of labour hire staff, less legal costs relating to the engagement of legal counsel for matters currently before the Courts and less consultancy services.

c) The increase is due to Administrative Arrangement changes which resulted in the transfer of infrastructure delivery functions to iCBR effective 1 July 2025. These functions were previously delivered within Housing ACT but are now purchased as a service from iCBR.

d) The increase relates to vegetation clearing works and more preventative maintenance works paid to iCBR.

e) The increase mainly relates to body corporate fees, reflecting growth in the number of townhouses or units.

f) The increase relates to more tenant relocation costs and higher costs for ACT Government human resource services.

g) The increase mainly relates to the cost of restoring office accommodation in Belconnen to its original condition.

h) The decrease reflects a reduction in staff training undertaken during the reporting period.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 8. GRANTS AND PURCHASED SERVICES

Description and Material Accounting Policies Relating to Grants and Purchased Services

Grants are amounts provided to individuals, families or the community sector for general assistance or for a specific purpose. Grants may be for capital or recurrent purposes, and the name or category reflects the use of the grant. Grants given are usually subject to terms and conditions set out in the contract or by legislation. Grants are goods, services or assets that are provided to another entity without receiving approximately equal value in return. Grants are measured at the fair value of the transaction, at the time that transaction occurs. Housing ACT provides recurrent grants to eligible individuals and families. Recurrent grants are recognized when the eligibility criteria has been met.

Purchased services are amounts paid to Specialist Homelessness Service providers and community housing providers in accordance with the terms and conditions of the Service Purchasing Agreements. Purchased services are typically services that are purchased by Housing ACT which are not provided directly to Housing ACT itself but are instead provided on behalf of Housing ACT to others, whereas, the expenses included in Note 7 *Supplies and Services* are typically provided directly to Housing ACT itself. Purchased services transactions are reciprocal in nature.

	2026	2025
	\$'000	\$'000
Recurrent Grants	833	659
Purchased Services ^{a)}	37,447	35,002
Total Grants and Purchased Services	38,280	35,661

a) The increase is mainly due to indexation and additional funding provided for the Central Intake Service program Tenancy and Property Management, and the Our Place program.

NOTE 9. OTHER EXPENSES

Description and Material Accounting Policies Relating to Other Expenses

Waivers

A waiver is the relinquishment of a legal claim to a debt. The write-off of a debt is the accounting action taken to remove a debt from the books but does not relinquish the legal right to recover the amount. The write-off of debts may occur for reasons other than waivers. Pursuant to Section 131 of *FMA*, the Treasurer may in writing, waive the right to payment of an amount receivable by Housing ACT.

Impairment Losses and Write-Offs - Receivables

A matrix is used to calculate the amount of lifetime expected credit loss which factors practical and justifiable forward looking information. See Reconciliation of the Loss Allowance for Impairment Losses and Write-Offs within Note 11 *Receivables*.

Write-Off of the Book Value of Properties Demolished

Write-offs of the book value of properties demolished represents the derecognition of a building asset's carrying amounts when Housing ACT makes a decision to redevelop an existing building site. An expense is recognised at the time Housing ACT demolishes the existing building.

	2026	2025
	\$'000	\$'000
Loss on Investment Properties	141	81
Impairment Losses		
-Expected Credit Loss Expense ^{a)}	13,516	4,184
Write-offs		
-Irrecoverable Debts ^{b)}	14	2,908
-Capital Works in Progress	690	20
-Book Value of Properties Demolished ^{c)}	784	7,343
Property Transfers and Other Expenses	117	183
Total Other Expenses	15,262	14,719

a) The increase in expected credit loss (ECL) expense is primarily attributable to the reassessment of recoverability of tenant receivables, vacated tenant debts, bond loan receivables and other housing-related debts. The net movement includes debts written off during the year which had previously had an ECL provision raised against them. Refer to Note 11 *Receivables* for further information.

There was one waiver of \$70,000 made during the 2025-26 financial year for operational debts of a housing provider and no waivers made during the 2024-25 financial year.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 9. OTHER EXPENSES – CONTINUED

b) The decrease reflects that amounts written-off in 2025-26 were offset against an existing ECL provision and appear in the net movement in the ECL expense. Refer to Note 11 *Receivables* for further information.

c) The decrease reflects a reduction in demolition activities as the Growing and Renewing Public Housing Program has completed the majority of its acquisition and demolition activities and is focussed on construction and acquisition activities through to its end of life.

ASSET NOTES

NOTE 10. CASH

Description and Material Accounting Policies Relating to Cash

Cash represents cash at bank.

Housing ACT holds its bank accounts with Westpac Banking Corporation, including the operating bank account, as part of the whole-of-government banking arrangements. The operating bank account is an interest-bearing account and Housing ACT retains the interest earned on this account.

Housing ACT also requires solicitors who act for it to purchase properties, to open and maintain an interest-bearing account through which Housing ACT's property transactions are to occur. A float is provided to each solicitor to enable them to pay deposits and settle property purchases on behalf of Housing ACT. Cash at Bank includes these floats provided to solicitors. Interest on the balance held in these solicitor's accounts is payable to Housing ACT.

(a) Cash Balances

	2026 \$'000	2025 \$'000
Cash		
Cash at Bank ^{a)}	51,396	43,805
Total Cash	51,396	43,805

a) The increase reflects additional funds held in Housing ACT's solicitor trust accounts pending settlement of a large land purchase. Settlement was originally expected in June 2026 but has been deferred to early 2026–27.

	2026 \$'000	2025 \$'000
(b) Reconciliation of Cash at the End of the Reporting Period in the Statement of Cash Flows to the Equivalent Items in the Balance Sheet.		
Total Cash Recorded in the Balance Sheet	51,396	43,805
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows	51,396	43,805

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 10. CASH - CONTINUED

(c) Reconciliation of the Operating Result to Net Cash (Outflows) from Operating Activities.

	2026	2025
Operating Result	(128,514)	(126,863)
Add/(Less) Non-Cash Items		
Depreciation	64,793	67,790
Net Assets Contributed or Transferred	(101)	(97)
Write-off of Properties Demolished	784	7,343
Non-Current Assets Written-off	690	21
Decrease in Liabilities due to Administrative Restructure	2,235	-
Doubtful Debts Expense	13,530	-
Unwinding of Discount on the Provision for Make Good	-	8
Make Good Provision Expensed	554	-
Loss on Investment Properties	141	81
(Gain) on Remeasurement of Assets	(206)	(1)
Add/(Less) Items Classified as Investing or Financing		
(Gain) on Disposal of Assets	(980)	(3,838)
Cash Before Changes in Operating Assets and Liabilities	(47,074)	(48,465)
Changes in Operating Assets and Liabilities		
(Increase) in Receivables	(3,097)	(9,996)
(Increase)/Decrease in Other Assets	(151)	227
Increase in Payables	6,154	4,244
Increase/(Decrease) in Contract Liabilities	410	(1,163)
(Decrease)/Increase in Employee Benefits	(2,336)	1,391
Net Changes in Operating Assets and Liabilities	980	(5,297)
Net Cash (Outflows) from Operating Activities	(46,094)	(53,762)

(d) Reconciliation of Liabilities Arising from Financing Activities.

	Borrowings	Lease Liabilities
	\$'000	\$'000
2026		
Carrying Amount at the Beginning of the Reporting Period	28,774	719
Cash Flow Changes:		
- Cash Paid	(3,306)	(248)
Non-Cash Changes:		
- New Leases	-	130
Carrying Amount at the End of the Reporting Period	25,468	601
2025		
Carrying Amount at the Beginning of the Reporting Period	32,367	511
Cash Flow Changes:		
- Cash Paid	(3,593)	(288)
Non-Cash Changes:		
- New Leases	-	496
Carrying Amount at the End of the Reporting Period	28,774	719

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 11. RECEIVABLES

Description and Material Accounting Policies Relating to Receivables

Receivables

Receivables arise in the normal course of the provision of public housing for rent and other forms of housing assistance. Trade receivables consist of tenant rental arrears and recoveries from tenants pursuant to tenancy agreements, bond loans outstanding and amounts owing from the sale of properties. Trade receivables are due within 30 days after the issue of an invoice or the goods or services have been provided under a contract, except for rent from public housing tenants, which is payable in advance and bond loans, which are repayable in accordance with an agreed loan repayment schedule.

Other receivables arise from activities other than the provision of housing assistance and are due within 30 days after the issue of an invoice, or after the goods or services have been provided under a contract. Other receivables largely consist of accrued interest, insurance recoveries, and recoveries from other government agencies or third parties.

Receivables are measured at amortised cost.

Expected Credit Losses – Receivables

The allowance for expected credit losses represents the amount of trade and other receivables that Housing ACT estimates will not be repaid. In estimating the impairment, consideration is given to the age and nature of debts, historical repayment and write off experience, current collection trends and other reasonable and supportable information available at the reporting date.

Housing ACT measures expected credit losses of a financial instrument in a way that reflects:

- (a) an unbiased and probability-weighted amount determined by evaluating a range of possible outcomes;
- (b) the time value of money; and
- (c) reasonable and supportable information available at the reporting date about past events, current conditions and forecasts of future economic conditions.

The amount of the expected credit loss is recognised in the Operating Statement (see Note 9 *Other Expenses*). Where Housing ACT has no reasonable expectation of recovering an amount owed by a debtor and ceases recovery action because the cost of recovery exceeds the amount recoverable, the debt is written off by directly reducing the receivable against the loss allowance.

Housing ACT applies the simplified approach under AASB 9 *Financial Instruments* for trade receivables and measures expected credit losses at an amount equal to lifetime expected credit losses at each reporting date.

Receivables are segmented into groups with similar credit risk characteristics and recovery patterns. Housing ACT has determined that separate expected credit loss methodologies are appropriate for rent receivables, sundry receivables and bond loan receivables due to the distinct nature of these debt types and the differing historical recovery experience associated with each category.

For rent receivables, expected credit losses are determined using historical write-off experience and ageing profiles. Loss rates increase as debts age, reflecting the lower probability of recovery associated with older receivables.

For sundry receivables, Housing ACT separately assesses debts relating to current tenants and former tenants. Historical recovery experience demonstrates that debts owed by former tenants have substantially lower recovery rates than debts owed by current tenants. Accordingly, higher expected loss rates are applied to vacated tenant debts, while loss rates for current tenant debts are determined using historical collection performance and adjusted to reflect increasing credit risk as debts age.

For bond loan receivables, included within the Other Receivables category, expected credit losses are determined using historical first-payment default experience and other relevant indicators of recoverability.

Historical loss rates are reviewed at each reporting date and adjusted, where appropriate, to incorporate reasonable and supportable forward-looking information regarding changes in economic conditions that may affect the recoverability of receivables.

Receivables that have been renegotiated because they are past due or impaired are subsequently accounted for in accordance with the revised contractual arrangements.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 11. RECEIVABLES - CONTINUED

Accounting Judgements and Estimates – Expected Credit Loss Allowance

Housing ACT has made significant estimates and assumptions in calculating the expected credit loss allowance for receivables. These estimates are based on the segmentation of receivables into groups exhibiting similar risk characteristics, historical recovery rates, observed write-off experience, ageing profiles and forward-looking information.

Housing ACT applies different expected credit loss methodologies to rent receivables, sundry receivables and bond loan receivables because each class of receivable exhibits different risk characteristics and recovery patterns. Significant judgement is exercised in determining the appropriate segmentation of receivables, the historical period used to assess loss trends, the estimation of future recoveries and the incorporation of forward-looking factors.

The calculations reflect historical observed loss experience over a number of financial years preceding 30 June 2026 and are adjusted where appropriate for reasonable and supportable information regarding future economic conditions that may affect the recoverability of receivables.

Rent receivables have continued to demonstrate relatively stable collection patterns and are assessed using historical recovery and write-off experience across ageing categories.

A significant proportion of Housing ACT's sundry receivables are associated with recoveries from current and former tenants, including repairs and maintenance charges, property damage recoveries and other tenant-related debts. These receivables often relate to individuals and families on low incomes or with complex needs, which may limit their capacity to repay outstanding amounts. Recovery of debts from former tenants is particularly challenging as tenants may cease their tenancy without settling outstanding balances and may be difficult to locate once they have vacated public housing properties. Consequently, former tenant debts generally demonstrate lower recovery rates and attract higher expected credit loss allowances.

Bond loan receivables, which are included within the Other Receivables category, are assessed separately, with expected credit losses based on historical default behaviour and observed repayment outcomes.

Receivables between ACT Government agencies are expected to have low credit risk. Consequently, ACT Government policy is that directorates, territory authorities and territory-owned corporations consolidated into the Whole-of-Government Financial Statements generally do not measure a loss allowance for receivables collectible from other ACT Government agencies that are also consolidated into the Whole-of-Government Financial Statements.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 11. RECEIVABLES - CONTINUED

Taxation

Housing ACT is generally exempt from taxation, except for Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

As the provision of residential accommodation is input taxed, Housing ACT is unable to charge GST on rental income or claim input tax credits for acquisitions relating directly to the provision of residential accommodation, except to the extent that acquisitions relate to activities that are not directly associated with the provision of residential accommodation as defined under GST legislation.

	2026 \$'000	2025 \$'000
Current Receivables		
Rent Receivables	7,058	6,706
Less: Expected Credit Loss Allowance	(4,756)	(5,984)
Net Rent Receivable ^{a)}	2,302	722
 Sundry (Repairs and Maintenance) Recoverable from Tenants	 16,534	 19,708
Less: Expected Credit Loss Allowance	(15,855)	(13,612)
Net Repairs and Maintenance Recoverable ^{b)}	679	6,096
 Other Trade Receivables	 4,594	 11,089
Less: Expected Credit Loss Allowance	(158)	(232)
Net Other Trade Receivables ^{c)}	4,436	10,857
 Other Current Receivables	 471	 621
Total Current Receivables	7,888	18,296
 Total Receivables	 7,888	 18,296

a) Rent receivable balances are cyclical in nature and are impacted by factors such as the timing of rent charging and receipt of tenant payments. The increase in net rent receivables is primarily due to a reduction in the expected credit loss allowance which was updated in 2025-26 to incorporate updated historical collection and recovery experience in assessing rental debt recoverability. Gross rent receivable balances also increased modestly during the year.

b) To maintain its dwellings, Housing ACT undertakes a range of repairs that are the responsibility of tenants. Recovery from current and former tenants remains challenging as a significant number of tenants are on low incomes, have complex personal circumstances and experience difficulties meeting financial obligations.

Housing ACT undertook a comprehensive review of historical sundry (repairs and maintenance) debts in 2025-26, resulting in the write-off of approximately \$10.0 million of historical debts, and the waiver of one debt totalling \$70,000. The decrease in net sundry receivables reflects the write-off of these historical debts and an increase in the expected credit loss allowance, which reflects the assessed recoverability of the remaining balances.

c) The decrease in net other trade receivables is primarily attributable to a reduction in insurance recoveries recognised at year end. The value of pending insurance claims reduced from approximately \$7.1 million at 30 June 2025 to approximately \$2.1 million at 30 June 2026, reflecting a lower number of outstanding insurance claims awaiting settlement.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 11. RECEIVABLES - CONTINUED

Expected Credit Loss Allowance

30 June 2026

	Estimated total gross carrying amount at default	Expected credit loss Allowance	Expected credit loss rate
	\$'000	\$'000	%
Ageing of Rent Receivables			
1-30 days past due	660	(67)	10%
31-60 days past due	476	(96)	20%
61-90 days past due	516	(209)	41%
Greater than 90 days past due	5,406	(4,384)	81%
Total	7,058	(4,756)	
Ageing of Sundry Receivables			
1-30 days past due	3,568	(3,228)	90%
31-60 days past due	954	(889)	93%
61-90 days past due	848	(814)	96%
Greater than 90 days past due	11,164	(10,925)	98%
Total	16,534	(15,856)	
Ageing of Other Receivables			
Not Overdue	2,975	(13)	0%
1-30 days past due	131	(12)	9%
31-60 days past due	-	-	0%
61-90 days past due	132	(13)	10%
Greater than 90 days past due	1,828	(120)	7%
Total	5,066	(158)	
Total Receivables 30 June 2026	28,658	(20,770)	
Ageing of Receivables			
30 June 2025			
Not Overdue	21,011	(6,092)	55%
1-30 days past due	2,033	(712)	35%
31-60 days past due	821	(334)	42%
Greater than 60 days past due	14,259	(12,690)	90%
Total	38,124	(19,828)	

	2026 \$'000	2025 \$'000
Reconciliation of the Loss Allowance		
Receivables		
Expected Credit Loss Allowance at the Beginning of the Reporting Period	19,828	15,582
Reduction in Allowance from Amounts Waived During the Reporting Period ^{b)}	(70)	-
Reduction in Allowance from Amounts Written off During the Reporting Period ^{b)}	(12,505)	(2,845)
Expected Credit Loss Expense ^{a) b)}	13,516	7,091
Expected Credit Loss Allowance at the End of the Reporting Period	20,770	19,828

a) The increase in the overall Expected Credit Loss Allowance is largely driven by sundry debtors. This reflects updated historical collection rates and recovery experience which indicate a low likelihood of recovering this class of debts.

b) Housing ACT undertook a comprehensive review of historical debts in 2025-26, resulting in the write-off of \$12.5 million in historical sundry and rental debts, and the waiver of one debt totalling \$70,000. The majority of this debt related to prior financial years.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 12. NON-CURRENT ASSETS HELD FOR SALE

Description and Material Accounting Policies Relating to Non-Current Assets Held for Sale

Housing ACT acquires and sells public housing properties as part of the management of the public housing portfolio. Non-Current Assets Held for Sale are those properties that Housing ACT has identified as being available for immediate sale in their present condition, and the sale is highly probable. Non-Current Assets held for sale are measured at the lower of the carrying amount and fair value less costs to sell. An impairment loss is recognised for any initial or subsequent write down of the asset to fair value less cost to sell (Note 9 *Other Expenses*). The fair value is based upon assessment of the market value by an independent valuer. Non-Current Assets Held for Sale are not depreciated.

Accounting Judgements and Estimates – Non-Current Assets Held for Sale

Significant estimates and assumptions have been made when determining the timing and probability of sale and the value of properties included in Non-Current Assets Held for Sale.

The determination of Non-Current Assets Held for Sale follows an analysis of properties as they become vacant to ascertain the need for properties in that area, of that size, type and construction of housing for people on the Social Housing Register; whether the homes have been modified to house people with a disability or impaired mobility, the potential for redevelopment and the cost to bring the condition of the property to the standard required for re-letting. Properties that are assessed as being no longer suitable for public housing and/or have limited potential for redevelopment are identified for sale.

	2026	2025
	\$'000	\$'000
Land Held for Sale	4,939	8,025
Buildings Held for Sale	721	703
Total Non-Current Assets Held for Sale	5,660	8,728

At 30 June 2026, 6 properties were identified and reported as Non-Current Assets Held for Sale (8 at 30 June 2025). These properties are expected to be sold during 2026-27. The decrease in value reflects the lower number of properties anticipated to be sold.

Fair Value Hierarchy

All Housing ACT's Non-Current Assets Held for Sale are at fair value and classified as Level 2 in the Fair Value Hierarchy at 30 June 2026 and 30 June 2025.

The Fair Value Hierarchy is discussed in Note 13 *Property, Plant and Equipment*.

Transfers Between Categories

There were no transfers between Levels 1, 2 and 3 during the current and previous reporting period.

Valuation techniques, inputs and processes

Level 2 fair values for assets held for sale are derived using the market approach. These assets have been measured at the lower of carrying amount and fair value less costs to sell. Fair value has been determined by reference to market evidence of sales prices of comparable assets.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 13. PROPERTY, PLANT AND EQUIPMENT

Description and Material Accounting Policies Relating to Property, Plant and Equipment

Housing ACT has the following six classes of Property, Plant and Equipment:

- **Land** is defined as the ground, including the soil covering and any associated surface waters. The land asset class contains heritage land listed on the Heritage Register. The heritage land is part of the public housing properties with a functional use to house low income and disadvantaged people. Some of the assets held in the land asset class are service concession assets.
- **Buildings** are structures that have a roof and walls which stand permanently in one place. These structures are separately identifiable from the land they are constructed upon and as such do not include this land. Buildings consist largely of residential properties for rent. The building asset class contains heritage buildings listed on the Heritage Register. The heritage buildings are part of the public housing properties with a functional use to house low income and disadvantaged people. Some of the assets held in the building asset class are service concession assets.
- **Leasehold Improvements** are capital expenditure items incurred in relation to leased assets and represent the capitalised provision for make good of the leased office accommodation at Belconnen.
- **Plant and Equipment** are tangible assets like machinery, apparatus, appliances, containers, implements or tools that are used by an agency to produce goods or assist in providing services to the community. Plant and equipment are assets that are used directly by Housing ACT rather than directly by the general community. Plant and equipment tend to be smaller and more mobile in nature than other types of property, plant and equipment like buildings, roads and land. Plant and equipment held by Housing ACT includes electric vehicle chargers.
- **Right-Of-Use Plant and Equipment** are motor vehicles classified as leases in accordance with AASB 16 *Leases* and are used directly by Housing ACT to assist in providing services to the community.
- **Capital Works in Progress (CWIP)** is property, plant and equipment that is in the process of being constructed and as such is not yet in use or available for use. That is, CWIP is property, plant and equipment which is not in a location and condition necessary for it to be capable of operating in a manner intended by management. CWIP held by Housing ACT include construction, purchase, capital upgrades and refurbishments and energy efficiency property upgrades. Construction works in progress represents construction expenditure incurred upon residential building projects that have not been completed by the reporting date. Purchased works in progress represents deposits paid for properties acquired but not settled prior to the reporting date. Capital Upgrades and Refurbishments works in progress is comprised of expenditure incurred on works to improve or upgrade existing properties that have not been completed by the reporting date. Energy Efficiency works in progress is comprised of expenditure on works to increase energy efficiency in existing properties and reduce energy usage and associated costs.

Acquisition and Recognition of Property, Plant and Equipment

Land and buildings are initially measured at cost and recognised when control has passed to Housing ACT. When properties are purchased, control passes to Housing ACT upon settlement. Cost comprises purchase price, any directly attributable costs and the initial estimate of the costs of dismantling and removing the item and restoring the site on which it is located.

Where properties are constructed, control passes to Housing ACT when the property is handed over to Housing ACT by the builder once practical completion has been achieved and a Certificate of Occupancy issued.

Where a property is acquired at no or nominal cost, the acquisition value is the fair value at the date of acquisition, except where land or land and buildings are transferred from other Directorates and the land and buildings are initially recorded at the value advised by the transferring agency. Property, acquired at no cost or minimal cost as part of an administrative arrangements restructure, are measured at the transferor's book value.

Land and buildings transferred to Housing ACT are subsequently revalued by an independent valuer to determine their fair value to Housing ACT. Following the revaluation, any revaluation decrements are expensed in the Operating Statement if there is no credit balance in the Asset Revaluation Surplus for that asset class for the revaluation decrements to be offset against. The revaluation increase is recognised in the Asset Revaluation Surplus for that asset class.

Other items of property, plant and equipment are initially recognised at cost, except for those items costing less than capitalisation thresholds which are expensed in the year of acquisition. However, where items individually cost less than the relevant capitalisation threshold, but which are part of a group of similar items that are significant in total value or meet the definition of an asset, then they are recognised as an asset.

Service concession assets are initially recognised at current replacement cost in accordance with the cost approach to fair value in AASB 13 *Fair Value Measurement*.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 13. PROPERTY, PLANT AND EQUIPMENT – CONTINUED

Description and Material Accounting Policies Relating to Property, Plant and Equipment - continued

Acquisition and Recognition of Property, Plant and Equipment - continued

Capital works in progress are recognised at the time the construction activity occurs. These assets are measured at the cost of constructing the asset. The cost includes direct construction costs (e.g. direct materials and direct labour costs of construction workers), 'directly attributable' costs in bringing the asset to a location and condition ready for use. Directly attributable costs included in capital works in progress by Housing ACT are the cost of site preparation, design fees, government charges and other professional fees.

Property, Plant and Equipment with a value equal to or higher than the relevant threshold are capitalised.

Asset Class	Capitalisation Threshold
Land	\$5,000
Buildings	\$50,000
Leasehold Improvements	\$10,000
Plant and Equipment	\$5,000
Right-Of-Use Plant and Equipment	\$10,000
CWIP	\$1

Measurement of Property, Plant and Equipment after Initial Recognition

Property, Plant and Equipment is measured using the cost or revaluation model of valuation. Housing ACT measures public housing properties (land and buildings), including those that are listed as heritage and community assets at fair value. Public housing properties are valued at fair value using the market approach and cost approach valuation techniques. This approach uses prices and other relevant information generated by market transactions involving identical or similar assets, as this is the best evidence of the property's fair value.

Public housing properties were independently valued by Opteon as at 30 June 2026 using the market approach. Under this approach, fair value is based on best available sales of identical or similar properties, providing an indication of current market value of the subject properties.

Right-of-Use Plant and Equipment

Right-of-use assets are initially measured at cost. Cost comprises the initial amount of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received. After the commencement date, right-of-use assets are measured at cost less any accumulated depreciation and accumulated losses and adjusted for any re-measurement of the lease liability.

Service Concession Arrangement

Housing ACT determined that its Housing Asset Assistance Program (HAAP) arrangement falls within the scope of AASB 1059 *Service Concession Arrangements: Grantors*. HAAP arrangements are long term leases entered into between Housing ACT (the grantor) and a Community Housing Provider (the operator) to provide affordable housing solutions and specialist homelessness services to vulnerable Canberrans over the term of a lease.

Housing ACT owns 836 properties with head leases to operators on which services are provided in accordance with the services agreements in place.

These service agreements with the Community Housing Providers outline the services that are to be provided but do not limit the services that can be provided by the operators.

Accounting for the Service Concession Arrangement

HAAP properties are recognised as service concession arrangement assets in accordance with AASB 1059 and are included within the relevant Property, Plant and Equipment asset class, primarily land and buildings.

The accounting policies on fair value and cost measurement as well as impairment and depreciation of property, plant and equipment also apply to service concession arrangement assets.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 13. PROPERTY, PLANT AND EQUIPMENT – CONTINUED

Description and Material Accounting Policies Relating to Property, Plant and Equipment – continued

Accounting Judgements and Estimates – Useful lives and Residual Values of Properties

Significant estimates have been made in determining the useful lives over which the public housing properties are to be depreciated. The estimated useful lives of properties are based on the historical evidence of the life of similar assets and on the advice of the independent valuer, Opteon. The useful lives are assessed in consideration of location, type and structural integrity of the property and the likelihood of redevelopment or changes in demand for that type of property in that area. Significant estimates of the residual values of properties have also been determined by the independent valuer, Opteon.

Impairment of Assets

At each reporting date, Housing ACT assesses whether there is any indication of impairment for assets that are measured at cost subsequent to initial recognition and for non-specialised PPE measured at fair value subsequent to initial recognition. Assets are also reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable.

Any resulting impairment losses relating to non-specialised land and buildings are recognised as a decrease in the Asset Revaluation Surplus relating to these classes of assets. Where the impairment loss is greater than the balance available in the Asset Revaluation Surplus for the relevant class of asset, the difference is expensed in the Operating Statement.

Non-financial assets that have previously been impaired are reviewed for possible reversal of impairment at each reporting date.

Revaluation of Portfolio

Land and Buildings are scheduled for regular revaluation every three years. The revaluation of the portfolio was conducted in 2026 by an appropriately qualified independent valuer, Opteon Property Group Pty Ltd. Limited sample valuations are to be undertaken in the intervening years or advice sought from an independent valuer on market movements to provide an assurance that the fair value of properties has not changed materially (greater than 5%) since the last full valuation. Housing ACT will consider a portfolio revaluation when supported by market evidence. This also includes all service concession assets within these asset sub classes. Housing ACT has determined that the carrying amount of its portfolio represents its fair value, based on an assessment provided by an independent expert.

Depreciation and Useful Life

Property, plant and equipment are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of future economic benefits or service potential to Housing ACT. Depreciation and useful life commence when property, plant and equipment is ready for its intended use.

When an asset is revalued, it is depreciated over its remaining useful life.

Appliances, fixtures and fittings that are an integral part of a public housing property and required to enable them to be leased for residential accommodation, such as hot water services, heaters and stoves, are included as part of the building for depreciation purposes. The cost of replacing these appliances is expensed.

Leasehold improvements as well as Right-of-Use Plant and Equipment are depreciated over the estimated useful life of each asset or the unexpired period of the relevant lease, whichever is shorter.

Land has an unlimited useful life and therefore is not depreciated. The vegetation on the land and earthworks associated with that vegetation have been assessed as having an unlimited useful life and are therefore also not depreciated.

Depreciation rates and the useful lives are reviewed annually. All depreciation is calculated after first deducting any residual value, which remains for each asset.

Depreciation for property, plant and equipment is determined as follows:

Class of Asset	Depreciation Method	Useful Life (Years)
Buildings	Straight-Line	2-80
Leasehold Improvements	Straight-Line	2-10
Plant and Equipment	Straight-Line	2-10
Right-of-Use Plant and Equipment	Straight-Line	2-5

Housing ACT
Notes to and Forming Part of the Financial Statements
For the Year Ended 30 June 2026

NOTE 13. PROPERTY, PLANT AND EQUIPMENT - CONTINUED

Reconciliation of Property, Plant and Equipment – 2025-26

	Land \$'000	Service Concession Arrangement Land \$'000	Buildings \$'000	Service Concession Arrangement Buildings \$'000	Leasehold Improvement \$'000	Plant and Equipment \$'000	Right-of-use Plant and Equipment \$'000	Capital Works in Progress \$'000 ¹	Total \$'000
Carrying Amount at the Beginning of the Reporting Period	5,152,700	355,396	2,302,682	225,646	-	303	702	54,851	8,092,280
Additions	-	-	-	-	-	-	130	140,332	140,462
Assets Classified as Held for Sale	(19,005)	(1,838)	(3,113)	(426)	-	-	-	-	(24,382)
Acquisition from Transfers	100	-	-	-	-	-	-	-	100
Transfer between Classes	(1,743)	1,743	(862)	862	-	-	-	-	-
Revaluation Increment/(Decrement)	327,029	55,197	(393,849)	(52,878)	-	-	-	-	(64,501)
Impairment Losses Reversed in Other Comprehensive Income	-	-	345	-	-	-	-	-	345
Depreciation	-	-	(57,257)	(7,209)	-	(70)	(257)	-	(64,793)
Disposals	-	-	(784)	-	-	-	-	-	(784)
Capital Works in Progress Completed and Transferred to another class of Property, Plant and Equipment	19,030	-	103,073	4,008	-	-	-	(126,111)	-
Capital Works in Progress Recognised in a Prior Period but Expensed in the Current Period	-	-	-	-	-	-	-	(690)	(690)
Carrying Amount at the End of the Reporting Period	5,478,111	410,498	1,950,235	170,003	-	233	575	68,382	8,078,037
Carrying Amount at the End of the Reporting Period, is represented by:									
Gross Book Value	5,478,111	410,498	2,144,148	192,976	-	355	1,009	68,382	8,295,479
Accumulated Depreciation	-	-	(189,330)	(22,973)	-	(122)	(434)	-	(212,859)
Accumulated Impairment Losses	-	-	(4,583)	-	-	-	-	-	(4,583)
Carrying Amount at the End of the Reporting Period	5,478,111	410,498	1,950,235	170,003	-	233	575	68,382	8,078,037

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 13. PROPERTY, PLANT AND EQUIPMENT - CONTINUED

Reconciliation of Property, Plant and Equipment – 2024-25

	Service Concession Arrangement		Service Concession Arrangement		Leasehold Improvement		Plant and Equipment		Right-of-use Plant and Equipment		Capital Works in Progress		Total
	Land	Land	Buildings	Buildings	Buildings	Buildings	Equipment	Equipment	Equipment	Equipment	Progress	Progress	\$'000
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying Amount at the Beginning of the Reporting Period	5,158,857	380,493	2,221,708	236,695	24	257	492	533	122,640	283,037	8,090,525	283,037	(42,129)
Additions	-	-	-	-	-	97	-	-	-	-	-	-	-
Assets Classified as Held for Sale	(31,610)	(5,376)	(4,069)	(1,074)	-	-	-	-	-	-	-	-	-
Transfer between Classes	19,340	(19,340)	5,566	(5,566)	-	-	-	-	-	-	-	-	-
Revaluation (Decrement)/Increment	(4,599)	(842)	179	76	-	-	-	-	-	-	-	-	-
Impairment Losses Reversed in Other Comprehensive Income	-	-	914	-	-	-	-	-	-	-	-	-	-
Depreciation	-	-	(60,074)	(7,354)	(24)	(51)	(287)	-	-	-	-	-	-
Disposals	-	-	(6,088)	(1,179)	-	-	(36)	-	-	-	-	-	-
Capital Works in Progress Completed and Transferred to another class of Property, Plant and Equipment	10,712	461	144,546	4,048	-	-	-	-	-	-	-	-	-
Capital Works in Progress Recognised in a Prior Period but Expensed in the Current Period	-	-	-	-	-	-	-	-	-	-	-	-	-
Carrying Amount at the End of the Reporting Period	5,152,700	355,396	2,302,682	225,646	-	303	702	54,851	8,092,280	8,092,280	8,092,280	8,092,280	8,092,280

Carrying Amount at the End of the Reporting Period, is represented by:

Gross Book Value	5,152,700	355,396	2,440,835	241,526	204	354	1,054	54,851	8,246,920
Accumulated Depreciation	-	-	(133,225)	(15,880)	(204)	(51)	(352)	-	(149,712)
Accumulated Impairment Losses	-	-	(4,928)	-	-	-	-	-	(4,928)
Carrying Amount at the End of the Reporting Period	5,152,700	355,396	2,302,682	225,646	-	303	702	54,851	8,092,280

a) In last year's financial statements this note included a separate 'Reconciliation of Capital Works in Progress' and a 'Reconciliation of Capital Works in Progress Amount from the Notes to the Amount on the Face of the Balance Sheet'. However, in this year's financial statements both reconciliations have been removed given the Capital Works in Progress line item on the face of the Balance Sheet has been removed and a Capital Works in Progress column has been added to the 'Reconciliation of Property, Plant and Equipment' above.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 13. PROPERTY, PLANT AND EQUIPMENT - CONTINUED

Fair Value Hierarchy

The Fair Value Hierarchy below reflects the significance of the inputs used in determining fair value. The Fair Value Hierarchy is made up of the following three levels:

- Level 1 – quoted prices (unadjusted) in active markets for identical assets that Housing ACT can access at the measurement date;
- Level 2 – inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly; and
- Level 3 – inputs that are unobservable for particular assets or liabilities.

Details of Housing ACT's property, plant and equipment at fair value and information about the Fair Value Hierarchy as at 30 June is as follows:

Classification According to the Fair Value Hierarchy

	Level 2 \$'000	Total \$'000
2026		
Property, Plant and Equipment at Fair Value		
Land	5,888,609	5,888,609
Buildings	2,120,238	2,120,238
	8,008,847	8,008,847
2025		
Property, Plant and Equipment at Fair Value		
Land	5,508,096	5,508,096
Buildings	2,528,328	2,528,328
	8,036,424	8,036,424

Transfers between Categories

There have been no transfers between Levels 1, 2 and 3 during the current and previous reporting period.

Valuation Techniques, Inputs and processes

Level 2 Valuation Techniques and Inputs

Valuation Technique: the technique used to value land and buildings is the market approach that reflects recent transaction prices for similar properties and buildings (comparable in location and size).

Inputs: Prices and other relevant information generated by market transactions involving comparable land and buildings were considered. Regard was taken of the Crown Lease terms and tenure, the Australian Capital Territory Plan and the National Capital Plan, where applicable, as well as current zoning.

The heritage and community assets consist of houses listed on the Heritage Register and the Interim Heritage Register due to their historical and cultural significance. The public housing properties listed on the Heritage Registers are similar to other houses in the same location, which may be held by Housing ACT or privately. The houses are occupied and they can be openly sold on the market, they therefore have directly comparable market transactions and can be valued under the market approach. Accordingly the heritage houses have been classified under Level 2 of the Fair Value Hierarchy.

There have been no changes to the above valuation techniques during the year.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

LIABILITY NOTES

NOTE 14. PAYABLES AND CONTRACT LIABILITIES

Description and Material Accounting Policies Relating to Payables and Contract Liabilities

Payables

Payables include Trade Payables, Accrued Expenses.

Payables are initially recognised at fair value based on the transaction cost and subsequent to initial recognition at amortised cost, with any adjustments to the carrying amount recorded in the Operating Statement. All amounts are normally settled within 14 days after the invoice date.

Contract liabilities

Contract liabilities relate to consideration received in advance from customers in respect of Revenue with Sufficiently Specific Performance Obligations. When an amount of consideration is received from a customer prior to Housing ACT transferring service to the customer, the balance of the consideration which has not been transferred is presented as a contract liability.

Tenant revenue received in advance represents the rent paid in advance by tenants. Under the tenancy agreement tenants are required to pay rent two weeks in advance.

Revenue received in advance is recognised as a liability if there is a present obligation to return the funds received, otherwise all amounts are recorded as revenue. Housing ACT recognises the rent received in advance at each reporting date for the portion of rent relating to the next financial year and rent from tenants who have paid in advance.

	2026 \$'000	2025 \$'000
Current Payables and Contract Liabilities		
<i>Current Payables</i>		
Trade Payables ^{a)}	5,669	327
Accrued Expenses ^{b)}	16,996	18,206
Total Current Payables	22,665	18,533
<i>Current Contract Liabilities</i>		
Rent Received in Advance where the Performance Obligation has not yet been Satisfied ^{c)}	4,655	4,245
Total Current Contract Liabilities	4,655	4,245
Total Current Payables and Contract Liabilities	27,320	22,778
Total Payables and Contract Liabilities	27,320	22,778

a) The Trade Payables balance at 30 June 2026 primarily consists of outstanding payments to other ACT Government entities for support services. These were subsequently settled in July 2026.

b) Accrued expenses vary each year depending on timing of supplier invoice receipts and the value of expenses incurred towards end of the financial year.

c) Housing ACT recognises rental revenue weekly in advance, with rent charged each Sunday for the following week. The increase is mainly attributable to the timing of revenue recognition, with rent received in advance being one day higher than in 2024-25.

Reconciliation of Contract Liabilities

Contract Liabilities at the Beginning of the Reporting Period	4,245	5,408
Add: Rent received in advance for performance obligations which have not yet been completed at the end of the Reporting Period	4,655	4,245
Less: Revenue recognised that was included in the Contract Liability Balance at the beginning of the Reporting Period	(4,245)	(5,408)
Contract Liabilities at the End of the Reporting Period	4,655	4,245

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 15. BORROWINGS

Description and Material Accounting Policies Relating to Borrowings

Commonwealth Government Borrowings

Borrowings are financial liabilities that are measured at the fair value of the consideration received when initially recognised and at amortised cost subsequent to initial recognition, with any adjustments to the carrying amount being recorded in the Operating Statement. The associated interest expense is recognised in the reporting period in which it occurs.

Borrowings arise from the 1987 transfer of ownership of Commonwealth rental housing stock and Commissioner for Housing mortgages scheme prior to self-government of the ACT. Along with the transfer of assets, a debt was attributed equivalent to the debt that would have existed had the ACT been funded for public housing in the same way as the states since 1945 under the Commonwealth State Housing Agreement. Similar arrangements were adopted to the transfer of the mortgages scheme.

The Commonwealth State Housing Agreement ceased on 31 December 2008 but the obligation to repay the Commonwealth loans continued. The loans are repaid in accordance with the loan schedules agreed with the Commonwealth.

No new loans have been taken out after 1 July 1989. The loans have a term of 53 years, with the last loan due to expire in 2042. The interest rate payable on the loans is fixed at 4.5%.

	2026 \$'000	2025 \$'000
Commonwealth Borrowings		
Current	3,019	3,306
Non-Current	22,449	25,468
Total Commonwealth Borrowings^a	25,468	28,774

a) The decrease is due to the annual repayment made in accordance with the Commonwealth Borrowings repayment schedule.

NOTE 16. EMPLOYEE BENEFITS

Description and Material Accounting Policies Relating to Employee Benefits

Accrued Wages and Salaries

Accrued wages and salaries are measured at the amount that remains unpaid to employees at the end of the reporting period.

Annual and Long Service Leave

Annual leave and long service leave, including applicable on-costs that are not expected to be wholly settled before twelve months after the end of the reporting period when the employees rendered the related service, are measured at present value of estimated future payments to be made in respect of the services provided by employees up to the end of the reporting date.

Consideration is given to the future wage and salary levels, the experience of employee departures and periods of service. At the end of each reporting period, the present value of future annual leave and long service leave payments is estimated using market yields on Commonwealth Government bonds with terms to maturity that match, as closely as possible, the estimated future cash flows.

Annual leave liabilities have been estimated based on the assumption that they will be wholly settled within three years. This financial year the rate used to estimate the present value of future:

- annual leave payments is 98.0% (99.5% in the previous financial year); and
- payments for long service leave is 95.5% (100.1% in the previous financial year).

The rate used to estimate the present value of future payments for annual leave and long service leave is that applying to not-for-profit entities.

The long service leave liability is estimated with reference to the minimum period of qualifying service. For employees with less than the required minimum period of qualifying service (i.e 7 years for employees under 55 years and 1 year for employees 55 years or older), the probability that they will reach the required minimum period has been taken into account in estimating the provision for long service leave and applicable on-costs.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 16. EMPLOYEE BENEFITS - CONTINUED

The provision for annual leave and long service leave includes estimated on-costs. As these on-costs only become payable if the employee takes annual leave and long service leave while in service, the probability that employees will take annual leave and long service leave while in service has been taken into account when estimating the liability for on-costs.

Annual leave and long service leave liabilities are classified as current liabilities in the Balance Sheet where there is no unconditional right to defer the settlement of the liability for at least 12 months. Conditional long service leave liabilities are classified as non-current, because Housing ACT has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

Judgements and Estimates – Employee Benefits

Significant judgements have been applied in estimating the annual and long service leave liabilities, given that Housing ACT uses the Whole-of-Government present value, probability, and on-cost factors. These factors are issued by ACT Treasury and apply to all ACT Government Agencies. ACT Treasury organises an actuarial review to be undertaken every three years by the Australian Government Actuary to estimate each of these factors. The latest assessment was undertaken in December 2024 and early 2025, with the next review expected to be undertaken by late 2027.

	2026 \$'000	2025 \$'000
Current Employee Benefits		
Annual Leave	3,142	3,977
Long Service Leave	3,264	4,381
Accrued Salaries and Superannuation	984	1,097
Flextime	490	577
Total Current Employee Benefits	7,880	10,032
Non-Current Employee Benefits		
Long Service Leave	474	657
Total Non-Current Employee Benefits	474	657
Total Employee Benefits ^{a)}	8,354	10,689
Estimate of when Leave is Payable		
Estimated Amount Payable within 12 months		
Annual Leave	2,235	2,586
Long Service Leave	540	767
Accrued Salaries and Superannuation	984	1,097
Flextime	490	577
Total Employee Benefits Payable within 12 months	4,249	5,027
Estimated Amount Payable after 12 months		
Annual Leave	907	1,391
Long Service Leave	3,198	4,271
Total Employee Benefits Payable after 12 months	4,105	5,662
Total Employee Benefits	8,354	10,689

a) The decrease across all categories is due to the transfer of 49 FTE and associated employee liabilities as a result of Administrative Arrangement changes which transferred infrastructure delivery functions to iCBR effective 1 July 2025.

At 30 June 2026, there were 218 full-time equivalent staff (FTE) excluding contractors and temporary staff under contract from employment agencies compared to 272 FTE at 30 June 2025. The number of FTE is rounded to the nearest whole number.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 17. FINANCIAL INSTRUMENTS

Description and Material Accounting Policies Relating to Financial Instruments

Details of the material accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability are disclosed in the note to which they relate. In addition to these policies, the following are also accounting policies relating to financial assets and liabilities.

Financial assets are subsequently measured at amortised cost, fair value through other comprehensive income or fair value through profit or loss on the basis of both;

- (a) the business model for managing the financial assets; and
- (b) the contractual cash flow characteristics of the financial assets.

The following are the classification of Housing ACT's financial assets under AASB 9 *Financial Instruments*:

Items	Business Model	Solely for payment of Principal and Interest Test	Classification
Cash	Held to collect principal and interest	Yes	Amortised cost
Receivables	Held to collect principal and interest	Yes	Amortised cost

Financial liabilities are measured at amortised cost.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

Housing ACT's cash is exposed to floating interest rates. At 30 June 2026, Housing ACT did not have any financial liabilities which are exposed to floating interest rates (zero at 30 June 2025). The Commonwealth borrowings are at fixed interest rate. This means that Housing ACT is exposed to movements in interest receivable but not exposed to movements in interest payable.

Cash held in the operating bank account with Westpac Bank is exposed to interest rate risk, as the interest rate offered by the bank is linked to the movement of the Reserve Bank cash rate. Interest rate risk for financial liabilities is not actively managed by Housing ACT, as Housing ACT does not have financial liabilities that are exposed to floating interest rates.

Sensitivity Analysis

A sensitivity analysis has not been undertaken for the interest rate risk of Housing ACT, as it has been determined that the possible impact on income and expense or total equity from fluctuations in interest rates is immaterial.

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. Housing ACT's credit risk is limited to the carrying amount of the financial assets it holds net of any allowance for impairment.

The credit risk on cash is considered to be minimal as most of the monies are held in the Operating Account with the ACT Government's appointed transactional bank, Westpac Banking Corporation (Westpac). S&P Global Ratings has assigned a AA- issuer credit rating to Westpac. A 'AA-' credit rating means the obligor has a 'very strong to strong capacity to meet its financial commitments'. The monies held in trust by solicitors, who act on Housing ACT's behalf on conveyancing matters, are protected by indemnities from the solicitors and the Solicitor's Fidelity Fund of the ACT managed by the ACT Law Society. No other collateral is held as security for financial assets.

Receivables include a large number of small amounts owing from tenants for rent arrears and for tenant responsible maintenance charges. To manage this credit risk, Housing ACT actively manages these debts and implements a range of debt management processes to assist tenants manage their debts. These debt management strategies include early intervention and engagement with tenants when they first enter into arrears and encouraging tenants to enter into repayment agreements and where appropriate, undertake financial and budget counselling.

The process for managing credit risk has not changed significantly this year.

Trade receivables are always measured at lifetime expected credit losses (the simplified approach).

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 17. FINANCIAL INSTRUMENTS - CONTINUED

Liquidity Risk

Liquidity risk is the risk that Housing ACT will encounter difficulties in meeting its obligations associated with financial liabilities that are settled by delivering cash as they fall due. To limit its exposure to liquidity risk, Housing ACT ensures that it does not have a large proportion of its financial liabilities maturing in any one reporting period and that, at any particular point in time, it has sufficient current financial assets to meet its current financial liabilities. Also, Housing ACT is able to draw down additional Government Appropriation (Controlled Recurrent Payments) in the next reporting period to assist cover its financial liabilities when they fall due.

Housing ACT's main financial obligations are for the purchase or construction of properties, the purchase of supplies and services and the repayment of Commonwealth borrowings. Purchase of supplies and services occurs regularly throughout the year and are paid within 14 days of receipt of the goods or services. The acquisition and construction of properties are scheduled in accordance with Housing ACT's funding capacity. The repayment of principal and the payment of interest on the Commonwealth borrowings occurs at the end of each reporting period. Cash reserves are accumulated throughout the year to ensure that sufficient cash is held to meet these commitments. The spread of payments throughout the year assists in reducing liquidity risk and enables revenue to be earned to meet operational payments.

Housing ACT manages its liquidity risk through forecasting rent revenue and other revenue, including the drawdown of appropriations, managing its cash flows and retaining sufficient working capital. Revenue is received regularly throughout the year and as far as practicable is matched to expenditures. This enables the payment of obligations for salaries and administrative and operational costs as and when they fall due. Housing ACT has a well-established process for reviewing the capital works programs on a monthly basis, which enables Housing ACT to coordinate the sales and the acquisition of properties to minimise the liquidity risk associated with capital outgoings for the purchase and construction of properties and from operations.

Housing ACT's exposure to liquidity risk and the management of this risk has not changed since the previous reporting period.

Price Risk

Price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Housing ACT is not exposed to price risk.

Fair Value of Financial Assets and Liabilities

The carrying amount of financial assets and liabilities approximate their fair value.

	2026 \$'000	2025 \$'000
Carrying Amount of Each Category of Financial Asset and Financial Liability		
Financial Assets		
Financial Assets Measured at Amortised Cost ^{a)}	58,813	61,480
Financial Liabilities		
Financial Liabilities Measured at Amortised Cost	48,133	47,307

a) The decrease in 'Financial Assets Measured at Amortised Cost' reflects the impact of receivable write-offs and an increased allowance for Expected Credit Losses. See Note 11 *Receivables* for more information.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 17. FINANCIAL INSTRUMENTS - CONTINUED

The following tables set out Housing ACT's maturity analysis for financial liabilities as well as the exposure to interest rates, including the weighted average interest rates by maturity period as at 30 June 2026 and 30 June 2025 respectively. All amounts appearing in the following maturity analysis are shown on an undiscounted cash flow basis and include all future interest commitments, except for Commonwealth Borrowings where the amortised cost approximates its cost.

	Note No.	Weighted Average Interest Rate	Fixed Interest Maturing In:					Total \$'000
			Floating Interest \$'000	1 Year or Less \$'000	Over 1 Year to 5 Years \$'000	Over 5 Years \$'000	Non-Interest Bearing \$'000	
2026								
Financial Liabilities								
Payables	14	-	-	-	-	-	22,665	22,665
Borrowings	15	4.50%	-	3,019	8,432	14,017	-	25,468
Total Financial Liabilities			-	3,019	8,432	14,017	22,665	48,133
2025								
Financial Liabilities								
Payables	14	-	-	-	-	-	18,533	18,533
Borrowings	15	4.50%	-	3,306	9,763	15,705	-	28,774
Total Financial Liabilities			-	3,306	9,763	15,705	18,533	47,307

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 18. COMMITMENTS

Description and Material Accounting Policies Relating to Commitments

Commitments are a firm intention, but not a present obligation, at the end of the reporting period to incur future expenditure. As such, commitments do not constitute a liability. Housing ACT has commitments arising from contracts for construction, property purchases, repair and maintenance, the contracts for information technology support, the agreement with Infrastructure Canberra PGI (iCBR), formerly ACT Property Group, for the office accommodation at Belconnen, leases, and grants to non-government organisations contracted at reporting date that have not been recognised as liabilities.

The lease commitments include future leasing costs for motor vehicles, information technology and communication equipment. Commitments are measured at their nominal value and are inclusive of GST.

	2026 \$'000	2025 \$'000
Capital Commitments - Housing Construction and Property Purchases:		
Payable:		
Within one year	75,736	88,871
Total Capital Commitments ^{a)}	75,736	88,871
Other Commitments		
<u>Office Accommodation</u>		
Payable:		
Within one year	1,391	200
Total Office Accommodation ^{b)}	1,391	200
<u>Leases</u>		
Payable:		
Within one year	182	208
Later than one year but not later than five years	253	307
Later than five years	15	27
Total Leases	450	542
<u>Repairs, Maintenance and Capital Improvement Contracts</u>		
Payable:		
Within one year	3,973	4,775
Total Repairs, Maintenance and Capital Improvement Contracts	3,973	4,775
<u>Grants and Purchased Services to Non-Government Organisations</u>		
Payable:		
Within one year	38,783	31,732
Later than one year but not later than five years	37,331	-
Later than five years	148	-
Total Grants and Purchased Services to Non-Government Organisations ^{c)}	76,262	31,732
<u>Other Contracts</u>		
Within one year	1,158	-
Later than one year but not later than five years	405	-
Total Other Contracts ^{d)}	1,563	-
Total Other Commitments	83,639	37,249

a) The decrease reflects a reduction in the number of properties under contract at 30 June 2026.

b) The increase reflects the future rent payable over the new term of the variation of sublease which expires in January 2027. The agreement with iCBR for office accommodation at Belconnen is not considered to constitute a lease under the accounting standards as iCBR has substantive substitution rights over the property.

c) The increase reflects the renewal of several funding agreements during the reporting period.

d) The increase is largely attributable to new information technology support contracts entered into by the end of the reporting period.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 19. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

Description and Material Accounting Policies Relating to Contingent Liabilities and Contingent Assets

Contingent liabilities and contingent assets are not recognised in the Balance Sheet due to the uncertainty regarding any possible amount or timing of any underlying claim or obligation. Instead, they are disclosed and, if quantifiable, the best estimate is disclosed.

Contingent Liabilities

Legal Claims

At 30 June 2026, Housing ACT is subject to 61 outstanding legal claims (51 outstanding claims at 30 June 2025). Housing ACT is potentially liable for \$0.61 million (\$0.51 million at 30 June 2025) which represents the excess amount payable for these claims, as Housing ACT is insured by the ACT Insurance Authority (ACTIA). In respect of personal injury/public liability claims Housing ACT is only required to pay the deductible amount upon settlement.

The estimate for the contingent liability has not been recognised in the Operating Statement or Balance Sheet. The actuarially assessed liability covered by ACTIA is included in ACTIA's financial statements.

Contingent Assets

The contingent assets at 30 June 2026 relate to Housing ACT's insurance arrangements under which the claim amount is reimbursable by ACTIA, excluding the deductible amount for each claim. Accordingly, the amount expected to be recovered is offset against the contingent liability.

NOTE 20. RELATED PARTY DISCLOSURES

Description and Material Accounting Policies Relating to Related Party Disclosures

A related party is a person that controls or has significant influence over the reporting entity, or is a member of the Key Management Personnel (KMP) of the reporting entity or its parent entity, and includes their close family members and entities in which the KMP or/and their close family members individually or jointly have controlling interests.

KMP are those persons having authority and responsibility for planning, directing and controlling the activities of Housing ACT, directly or indirectly.

KMP of Housing ACT are the Portfolio Minister, Director-General and Deputy Director-General of the Health and Community Services Directorate and certain members of Housing ACT's Senior Management Team. The Head of Service and the ACT Executive comprising the Cabinet Ministers are KMP of the ACT Government and therefore related parties of Housing ACT.

(A) Controlling Entity

Housing ACT is an ACT Government controlled entity.

(B) Key Management Personnel

B.1 Compensation of Key Management Personnel

Compensation of all Cabinet Ministers, including the Portfolio Minister, is disclosed in the note on related party disclosures included in the ACT Executive's financial statements for the year ended 30 June 2026.

Compensation of the Head of Service is included in the note on related party disclosures included in the Chief Minister, Treasury and Economic Development Directorate's (CMTEDD's) financial statements for the financial year ended 30 June 2026.

Compensation of the Director-General and Deputy Director-General of the Health and Community Services Directorate is included in the note on related party disclosures included in the Health and Community Services Directorate's financial statements for the financial year ended 30 June 2026.

Based on the KMP assessment, Housing ACT has identified one Executive Group Manager for inclusion in the KMP compensation disclosure.

Compensation by Housing ACT to KMP is set out below.

	2026 \$'000	2025 \$'000
Short-term employee benefits	317	340
Post-employment benefits	43	105
Other long-term benefits	7	8
Total Compensation by Housing ACT to KMP	367	453

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 20. RELATED PARTY DISCLOSURES - CONTINUED

B.2 Transactions with Key Management Personnel

There were no transactions with KMP that were material to the financial statements of Housing ACT.

No disclosure is required for typical citizen transactions between the KMP and Housing ACT that occur on terms and conditions no different to those applying to the general public, where no discretion is applied and no influence is exerted by the related parties over the terms and conditions of these transactions.

B.3 Transactions with parties related to Key Management Personnel

There were no transactions with parties related to KMP, including transactions with KMP's close family members or other related entities that were material to the financial statements of Housing ACT.

(C) Transactions with other ACT Government Controlled Entities

Housing ACT has entered into transactions with other ACT Government entities in 2025-26 consistent with day-to-day business operations provided under varying terms and conditions. The notes to the Financial Statements provide the details of transactions with other ACT Government Entities. Below is a summary of the material transactions with other ACT Government Entities.

Income

- **Appropriation (Statement of Appropriation)** – Housing ACT received appropriation from the ACT Government through the Territory Banking Account to fund the costs of delivering outputs. This funding is in the form of Controlled Recurrent Payment appropriation and Capital Injection appropriation.
- **Grants and Contributions** – Housing ACT received \$3.3 million of ICT services free of charge from the Digital Canberra Directorate.
- **Other Income** – Housing ACT recognised \$1.2 million in insurance recoveries from the ACT Insurance Authority and \$3.2 million from the Health and Community Services Directorate for tenancy management fees charged for the Affordable Rental Office and Narrabundah Long Stay Park and recovery of renovation costs of properties.

Expenses

- **Employee Expenses (Note 6)** – Housing ACT paid \$0.6 million to the Public Sector Workers Compensation Fund for its annual premiums.
- **Supplies and Services (Note 7)** – Housing ACT expensed \$27.1 million in general rates, and \$0.9 million in human resource and financial services to the Chief Minister, Treasury and Economic Development Directorate; \$4.1 million for the ICT support and licence costs to Digital Canberra Directorate; \$17.3 million in water sewerage rates and consumption charges to Icon Water; \$17.0 million to the Health and Community Services Directorate for corporate services provided to Housing ACT; \$7.5 million to ACT Insurance Authority for its annual insurance premiums; \$10.0 million in corporate contribution, \$3.3 million in office accommodation rent charges and property maintenance services to Infrastructure Canberra; \$0.8 million in legal costs to the Justice and Community Safety Directorate.
- **Other Expenses (Note 9)** – Housing ACT expensed capital expenditure (0.6m) paid to the City and Environment Directorate, as these costs did not meet definition of an asset under the accounting standards.

Current Assets

- **Receivables (Note 11)** – Housing ACT had receivables from ACT Insurance Authority (\$2.1 million) for insurance recoveries.

Current Liabilities

- **Payables (Note 14)** – Housing ACT had payables to the Health and Community Services Directorate (\$4.2 million) for the provision of corporate services.

Housing ACT

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

NOTE 21. BUDGETARY REPORTING

Significant Accounting Judgements and Estimates – Budgetary Reporting

Significant judgements have been applied in determining what variances are considered 'major variances'. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated actual category amount (Income, Expenses, Assets, liabilities and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and
- The variances (original budget to actual) are greater than plus (+) or minus (-) 10% and \$15 million for the financial statement line item.

Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

Note: # in the 'Variance %' column represents a variance that is greater than 999 per cent or less than -999 per cent.

	Variance Explanation	Actual 2026 \$'000	Original Budget 2026 \$'000	Variance \$'000	Variance %
Operating Statement Line Items					
Supplies and Services	1	172,449	153,136	19,313	13
Balance Sheet Line Items					
Cash	2	51,396	12,220	39,176	321
Statement of Cash Flows Line Items					
Supplies and Services	3	162,295	113,515	48,780	43
Purchase of Property, Plant and Equipment	4	41,578	7,200	34,378	477
Purchase of Capital Works	5	100,796	243,221	(142,425)	(59)

Variance Explanations

1. Higher than budgeted Supplies and Services largely relates to accelerated delivery of the Repairs and Maintenance Program to reduce the number of vacant properties, and higher water & sewerage costs for housing properties reflecting a growth in the total number of public housing properties and increased usage rates.
2. Cash balances were higher than budget primarily due to the Growth and Renewal Program, which generates positive cash flows, together with the timing of capital injection drawdowns to support efficient cash management and delivery of the program.
3. Higher than budgeted Supplies and Services reflects a higher proportion of maintenance expenditure being allocated to repairs and routine maintenance rather than capital upgrades (e.g. kitchen and bathroom refurbishments).
4. Higher than budgeted Purchase of Property, Plant and Equipment is predominantly due to higher than anticipated number of property acquisitions rather than constructions as originally anticipated in the budget.
5. Purchase of Capital Works is lower than budget predominantly due to combination of repairs and maintenance expenditure being reported as Supplies and Services as well as higher than anticipated number of property acquisitions, as explained above.

Statement of Changes in Equity – these line items are covered in other financial statements notes.

Capital works

Health and community services capital works

In 2025–26, the Directorate provided capital works funding for the following projects:

- plans for a new hospital in Canberra's northside to meet the needs of our growing and ageing city
- implementation of the [*Canberra Hospital Master Plan 2021–2041*](#)
- ACT Government Analytical Laboratory modernisation
- design and development approval for the new Ngunnawal Bush Healing Farm machinery shed
- harm minimisation: alcohol and other drug treatment system capacity improvements and Canberra Script enhancements
- continuation of the Children and Young People Equipment Loan Scheme
- Changing Places facilities under the *ACT Disability Strategy 2024–2033*
- new residential care properties under the Next Steps strategy
- new works to maintain therapeutic residential care services
- Stage 1 implementation of the *Period Products and Facilities (Access) Act*
- Asset Renewal Program

Completed projects

In 2025–26, the Directorate completed the following projects:

Gugan Gulwan Youth Aboriginal Corporation Accommodation

The Gugan Gulwan Youth Aboriginal Corporation Accommodation Project delivered a fit-for-purpose, culturally designed facility that enables the Gugan Gulwan Youth Aboriginal Corporation to continue providing services to Aboriginal and Torres Strait Islander young people in the ACT region and beyond. Physical completion of this project occurred in 2024–25 and financial completion occurred in July 2025.

New residential care properties in accordance with the Next Steps strategy

In 2022–23, the ACT Government approved funding to purchase 3 properties for therapeutic residential care. Two properties were purchased in prior years and are now operational following renovations to meet current WHS requirements for young people and staff.

In 2024–25, the third property was purchased. Renovations were completed in 2025–26 and all 3 properties are now operational. The properties support expanded therapeutic residential care services in the ACT and provide a care option for children and young people who cannot safely remain with their families.

New works to maintain the therapeutic residential care services

In June 2023, the ACT Government approved \$2.4 million in capital funding to renovate existing housing used for therapeutic residential care. The works support contemporary, best-practice therapeutic residential care for young people who cannot safely remain with their families and cannot be placed in foster or kinship care. Renovations were completed in 2025–26.

Free period products: Stage 1

The ACT Government has committed to making period products available for free in ACT public hospitals, public health facilities, ACT public schools and public places.

During 2025–26, the ACT Government installed dispensers at additional locations. The Directorate also undertook an internal audit of the initiative, which informed ACT Government funding provided through the 2026–27 Budget.

Asset Renewal Program

Works completed include the following:

- external lighting, microbiology lab, carpark and hot water upgrades at Howard Florey Centenary House, Holder
- improvements to the outdoor pergola and carpark at Karralika, Isabella Plains

- fireproofing of pergola areas surrounding residential pods at Karralika, Fadden
- replacement of occupant warning speakers and electrification of hot water systems at QEII
- asphalt driveway upgrade and granite installation at Step Up Step Down, Kambah
- improvements to gardens, grounds and external building fabric, lighting and wet-area fixture upgrades at Burrangiri
- window-casing upgrades and installation of electric vehicle chargers at Bimberi Youth Justice Centre
- heating, ventilation and air conditioning (HVAC) system upgrade at Gungahlin Child and Family Centre.

Physically but not financially completed projects

Southside hydrotherapy pool

During 2024–25, construction progressed on the Southside Hydrotherapy Pool, adjacent to the Lakeside Leisure Centre. The facility has improved access to hydrotherapy services for people on Canberra's southside. The facility was completed in August 2025 with financial completion due in 2026–27.

Works in progress

Investing in public health infrastructure: A new hospital for the northside

In December 2023, the ACT Government designated the Northside Hospital project as a major project. Responsibility for the ongoing design and delivery of the project subsequently transferred to Infrastructure Canberra. Through 2025–26, the Directorate continued to support project delivery through collaboration with Infrastructure Canberra, including planning and scoping activities for enabling works such as the relocation of Arcadia House.

Next steps for Canberra Hospital Master Plan

The 2025–26 ACT Budget provided funding for the next steps of the Canberra Hospital Master Plan. While responsibility for delivery of the next phase of the Master Plan transferred to Infrastructure Canberra, the Directorate undertook planning activities to support a feasibility study for the new mental health precinct on the Canberra Hospital campus.

Improvements at the Ngunnawal Bush Healing Farm

All structures on the property were built during 2016–17, except for a machinery shed that was found to be structurally inadequate and subsequently closed. In 2025–26, works began on the internal fit-out and associated works for a new machinery shed, which is due for completion in early 2026–27.

ACT Government Analytical Laboratory modernisation

The ACT Government Analytical Laboratory is the ACT's primary public health multidisciplinary scientific testing laboratory. It comprises 6 functional units to support the health of the ACT community:

- Forensic toxicology
- Forensic chemistry
- Environmental chemistry
- Microbiology
- Laboratory research services
- Quality management

The laboratory is progressing a staged facility upgrade program to achieve compliance with relevant standards and guidelines and support future Physical Containment Level 2 (PC2) certification. Stage 1 was completed in June 2026, and Stage 2 is scheduled for completion in 2026–27.

Harm minimisation: alcohol and other drug treatment system capacity improvements and Canberra Script enhancements

This project extends the Real-time Prescription Monitoring initiative and funds further critical system enhancements, change and adoption activities recommended by an independent evaluation of Canberra Script.

In 2025–26, the project team deployed enhancements to Canberra Script to support GP continuation prescribing (Stage 1 reforms) for patients with ADHD.

The team is working with relevant stakeholders to finalise business requirements for Stage 2 reforms, which will support GP diagnosis of ADHD. The team is also identifying system improvements to help health professionals use Canberra Script and opportunities to engage prescribers and pharmacists about its role in supporting clinical care.

Continuation of the Children and Young People Equipment Loan Scheme

The Children and Young People Equipment Loan Scheme (CAYPELS) is the only paediatric equipment and assistive technology loan service in the ACT that provides short-term loans of specialist equipment to children and young people aged 0 to 16 years old who experience developmental delay, disability or medical needs.

The 2024–25 Budget provided capital funding to refresh and update the equipment. CAYPELS completed an audit during 2024–25 to identify all equipment in the loan pool and inform future purchases, ensuring the pool remains relevant. In 2025–26, CAYPELS purchased equipment including mobility aids and safe self-care equipment.

Creating a more inclusive Canberra through the ACT Disability Strategy 2024–2033

The ACT Government is progressing the delivery of Changing Places facilities as part of the *ACT Disability Strategy 2024–2033 and its First Action Plan 2024–2026*. The initiative supports people with disability by increasing access to public spaces. The Commonwealth is investing \$17.1 million from 2024–25 to 2027–28 through the Accessible Australia initiative, which will fund up to 50 per cent of the total build cost for new Changing Places facilities across Australia.

The permanent Changing Places facility at the Southside Hydrotherapy Pool, funded in 2024–25, was delivered during the first quarter of 2025–26. In 2025–26, the Directorate, through the *ACT Disability Strategy 2024–2033*, also funded a new permanent Changing Places facility at the Woods Reserve Redevelopment Project for \$410,000. The Commonwealth will contribute \$130,000 towards the cost through an established Federated funding agreement. The facility is expected to open to the public in 2026–27. The Directorate continues to work across the ACT Government to identify opportunities for additional permanent Changing Places facilities.

Asset Renewal Program

The following projects are continuing into 2026–27:

- proposed bathroom upgrades and lift replacement at Howard Florey Centenary House, Holder
- main switchboard upgrade and electrification of commercial kitchen appliances at Karralika, Isabella Plains
- upgrades to internal flooring at Karralika, Fadden
- internal painting and improvements to the HVAC system at Step Up Step Down, Kambah
- upgrades to internal flooring at Bimberi Youth Justice Centre.

Table 115: Health and Community Services Directorate 2025–26 capital works program

Project	Proposed or actual completion date	Original project value \$'000	Revised project value \$'000	Prior years' expenditure \$'000	Current year's (2025–26) expenditure \$'000	Total expenditure to date \$'000
New projects						
Canberra Hospital Master Plan – Pathology and Clinical Services Building and Mental Health Precinct	June 2027	14,800	3,971	-	-	-
2025–26 Asset Renewal Program	N/A	1,223	1,223	-	436	436
Total new projects		16,023	5,194	-	436	436
Works in progress						
ACT Government Analytical Laboratory modernisation project	June 2026	1,707	1,707	1,078	257	1,335
Community Health and Hospitals Program (CHHP) – Alcohol and Other Drug Rehabilitation, Expansion & Modernisation	June 2026	3,400	3,200	3,204	45	3,249
CHHP – Expanding public healthcare services for eating disorders	August 2024	13,500	13,500	13,124	79	13,203
Continuation of CAPELS	June 2026	200	150	29	63	92
Continuing support for treatments and services in the community	June 2026	1,673	1,673	593	555	1,148
Creating a more inclusive Canberra through the ACT Disability Strategy 2024–2033	June 2026	1,073	1,073	258	411	669
Detailed design for the new Northside Hospital	June 2026	9,844	9,844	4,298	492	4,790
Enabling works for the new Northside Hospital and enhancing health infrastructure at North Canberra Hospital	June 2026	1,410	1,250	110	-	110
Establishing a second Safe Haven mental health support space	TBA	700	700	19	-	19
Implementation of the Canberra Hospital Master Plan	June 2026	29,776	27,778	25,351	802	26,153
Improvements at the Ngunnawal Bush Healing Farm	June 2026	620	620	2	339	341
Total works in progress		63,903	61,495	48,066	3,043	51,109
Physically but not financially complete projects						
Southside Hydrotherapy Pool – improving access to hydrotherapy services	August 2025	8,500	8,500	7,413	906	8,319
Total physically but not financially complete projects		8,500	8,500	7,413	906	8,319
Physically and financially complete projects						
2024–25 Asset Renewal Program	June 2025	1,196	1,196	892	251	1,143
Planning the next stages of the Canberra Hospital expansion	June 2026	2,820	2,215	2,320	(52)	2,268
New works to maintain the therapeutic residential care services	June 2026	2,400	2,400	608	1,792	2,400
New residential care properties in accordance with the Next Steps strategy	June 2026	3,927	3,927	3,748	182	3,930
Free period products: Stage 1	June 2026	341	341	21	320	341
Deliver a purpose-built facility with the Gugan Gulwan Youth Aboriginal Corporation	June 2025	2,000	19,137	18,743	-	18,743
Total physically and financially complete projects		12,684	29,216	26,332	2,493	28,825
TOTAL		101,110	104,405	81,811	6,878	88,689

Table 116: 2025–26 reconciliation schedule

Approved capital works program financing to capital injections as per cash flow statement

Project	2025–26 Budget \$'000	Section 16B \$'000	Variation \$'000	Deferred \$'000	Not drawn \$'000	Total drawn \$'000
Capital works	22,799	4,964	9,395	8,631	2,816	6,921
Asset Renewal Program	1,300	232		193	703	636
Other	8,573					8,573
Total capital injection	32,672	5,196	9,395	8,824	3,519	16,130

Table 117: Health and Community Services Directorate reconciliation of total current year financing 2025–26

	\$'000
Reconciliation of total current year financing	
Total original current year capital works financing	32,672
Add: Rollover of undisbursed appropriation (<i>Financial Management Act 1996 s.16B</i>)	5,196
Subtract: Capital injection transferred out	(8,685)
Subtract: Capital injections converted to controlled recurrent payments	(710)
Subtract: Capital injection not drawn in 2025–26	(12,343)
Capital injection from Government per cash flow statement	16,130
Reconciliation of total current year actual expenditure – against financing	
Total current year capital works expenditure	6,878
Add: Pay 27 capital injection	8,573
Add: Net accruals	750
Subtract: Resources received free of charge	(70)
Capital injection from Government per cash flow statement	16,130
Reconciliation of total current year actual expenditure	
Total current year capital works expenditure	6,878
Add: Acquisition of property, plant and equipment	3,416
Subtract: Changes in accruals and other non-cash items	(1,007)
Purchase of property, plant and equipment and capital works as per cash flow statement	9,287

Housing ACT capital works

Housing ACT's capital works program constructs new dwellings, acquires properties and upgrades existing homes to provide safe, sustainable and appropriate social housing that meets the changing needs of current and future tenants.

Housing ACT primarily delivered its 2025–26 capital works program through the Continuing the Growth and Renewal of Public Housing initiative and the Continuing to Maintain High-Quality Public Housing initiative, as well as other essential capital works supporting the provision and maintenance of public housing.

Completed projects

Common Ground Dickson

Common Ground Dickson was physically completed during the 2022–23 financial year, delivering 40 long-term supported accommodation units. The first tenants moved into the complex in September 2022, and the café opened in August 2023. The project reached financial completion in 2025–26.

Works still in progress at year end

At 30 June 2026, Housing ACT had approximately 12,018 social housing properties valued at more than \$8 billion. Since 2015–16, the ACT Government has committed more than \$1.2 billion to renew and grow the Housing ACT-owned portfolio through 2 programs: the Public Housing Renewal Program and Growing and Renewing Public Housing.

Between 2015–16 and the end of Growing and Renewing Public Housing on 30 June 2027, more than 20 per cent of the portfolio will have been renewed and the portfolio will have grown by more than 400 homes. At 30 June 2026, Housing ACT had around 238 dwellings left to deliver under Growing and Renewing Public Housing.

The ACT Government is also delivering an additional 143 social housing dwellings with support from the Australian Government through the Social Housing Accelerator Payment and the HAFF Round 2. At 30 June 2026, there were 126 dwellings to be delivered under these programs.

Capital upgrades

The ACT Government is committed to improving the energy efficiency and comfort of public housing properties. Up to 5,000 households are expected to benefit from the Home Energy Support: Public Housing Program by the end of 2026. The Program forms part of the Vulnerable Household Energy Support Scheme. It commenced in March 2023 and includes bringing all Housing ACT properties up to the new ceiling insulation minimum standard and replacing gas appliances with energy-efficient electric alternatives.

The IEP, released in June 2024, outlines the pathway to electrify all feasible public housing properties by 2030 and sets out the long-term pathway for transforming the ACT's energy system to achieve net-zero emissions by 2045.

As at 30 June 2026, more than 3,040 properties had received ceiling insulation, and more than 2,000 properties had been electrified.

Capital program funding

As a public non-financial corporation, Housing ACT funds its capital program through 2 primary sources:

- capital injections appropriated through the annual budget process
- own-source revenue generated through property sales, principally on the open market but also through the Sale to Tenant and Shared Equity programs.

By the end of 2025–26, total income for the capital program was \$202.4 million, comprising \$29.1 million in net sales revenue, \$170.5 million in capital injections and \$2.8 million in other revenue (refer to Table 119). Housing ACT sold 26 properties through the 2025–26 capital program (refer to Table 120).

In the 2025–26 Budget, the ACT Government invested \$59.7 million through the Increasing Housing Choice, Access and Affordability – Continuing to Maintain High-Quality Public Housing initiative to deliver public housing repairs and maintenance, including kitchen upgrades, domestic violence security works and disability modifications. The 2025–26 Mid-Year Budget Review brought forward an additional \$15.4 million, bringing total ACT Government investment in 2025–26 to \$75.1 million.

Capital works expenditure

In 2025–26, Housing ACT spent \$129.3 million through its capital program on construction and property and land acquisitions (refer to Table 121).

As at 30 June 2026, Housing ACT had acquired 49 dwellings, all under the Growing and Renewing Public Housing Program. The construction work in progress included 349 dwellings: 240 under the Growing and Renewing Public Housing Program, 68 under the HAFF Round 2 and 41 under the SHAP.

Of the 349 dwellings, 128 had been delivered, 195 were under construction and 26 were in planning and design.

Due to the nature of the Growing and Renewing Public Housing Program, Housing ACT's portfolio size fluctuates as new dwellings are acquired or constructed, and existing properties are sold or redeveloped.

The total expenditure for the 2025–26 capital program was \$215.5 million, of which \$170.5 million was appropriated via capital injections. This included \$4.6 million in principal and interest repayments on housing-related debt owed to the Australian Government.

Housing ACT's capital program delivers new and upgraded homes and acquires properties to provide a diverse range of housing options that respond to demand identified through the social housing register. This structured and consistent approach to long-term portfolio management improves the quality, comfort and suitability of homes for tenants.

Housing ACT's approach to housing delivery includes:

- distributing housing across Canberra to provide housing choice close to services and established communities
- designing homes to accommodate changing household sizes and individual circumstances
- designing and building homes to maximise energy efficiency, including a minimum 6-star energy rating and energy-efficient appliances. Dwellings designed after the third quarter of 2024 have a minimum 7-star energy rating, providing tenants with better living standards and lower running costs
- designing homes to meet the Adaptable Class C standard or the 'Gold' level of the Liveable Housing Design Guidelines, allowing people to age in place and remain in their established communities in most cases.

Table 118: Capital works management in 2025–26

Project	Original project value	Revised project value	Prior years' expenditure	Actual finance 2025–26	Total expenditure including own-source revenue	Total expenditure to date (CI-funded component)	Estimated completion date	Actual completion date*	Project approval year
Completed projects									
Reducing Homelessness by Delivering Another Common Ground	34,285	33,413	31,045	16	16	31,061	N/A	2025–26	2021–22
New works									
30,000 homes by 2030 – HAAFF Round 2	75,000	75,000	0	27,500	14,036	14,031	2030–31	N/A	2025–26
Works in progress									
Continuing the growth and renewal of public housing	200,817	256,707	122,865	45,952	84,513	168,817	2026–27	N/A	2019–20
Social Housing Accelerator	5,000	16,395	11,425	11,395	20,874	12,551	2027–28	N/A	2024–25
Increasing Housing Choice, Access and Affordability – Continuing to Maintain High-Quality Public Housing; Investing in Public repairs and Maintenance; National Agreement on Social Housing; and Homelessness Bonus Payment	234,481	302,019	105,888	75,138	79,370	181,026	N/A	N/A	2023–24
Commonwealth-State Housing Agreement and National Housing and Homelessness Agreement Funding	22,000	22,000	3,000	3,000	3,000	3,000	N/A	N/A	2025–26
Capital upgrades									
Vulnerable Household Energy Support Scheme and Climate Action – Improving the Energy Efficiency of Canberra's Public Housing	21,147	32,803	20,242	7,522	9,112	27,764	2026–27	N/A	2021–22
Total	592,730	738,337	294,465	170,523	210,921	438,250			

Table 119: Revenue obtained through Housing ACT's capital program 2025–26

	Revenue \$million
Total sales revenue (net of sales expenses)	29.1
ACT Government capital injections	170.5
Other revenue	2.8
Total	202.4

Table 120: Sales through Housing ACT's capital program 2025–26

	Number	Sales \$million
Property sales	26	29.1
Land sales	-	-
Total sales (net of sales expenses)		29.1

Table 121: Acquisition of new properties in 2025–26

	Expenditure \$million
Construction program	86.2
Purchased from private market	43.1
Purchased vacant land	-
Total expenditure	129.3

Table 122: Housing ACT capital works expenditure 2025–26

	Expenditure \$million
Construction	119.4
Total acquisitions expenditure (land and dwellings)	3.0
Continuing to Maintain High-Quality Public Housing	79.4
Energy efficiency	9.1
Subtotal capital works expenditure	210.9
Commonwealth debt servicing	4.6
Total program expenditure	215.5

Table 123: Housing ACT reconciliation of total current year financing

	\$'000
Reconciliation of total current year financing	
Total original current year capital works financing	170,507
Add: Rollover of undisbursed appropriation (Financial Management Act s.16B)	250
Subtract: Capital injection not drawn in 2025–26	(234)
Capital injection from Government per cash flow statement	170,523
Reconciliation of total current year actual expenditure – against financing	
Total current year capital works expenditure	215,506
Subtract: Self-funded capital program expenditure	44,983
Capital injection from Government per cash flow statement	170,523
Reconciliation of total current year actual expenditure	
Total current year capital works expenditure	215,506
Add: Movement in capital works accruals/payables	4,100
Subtract: Items classified under operating activities	(77,232)
Purchase of property, plant and equipment as per cash flow statement	142,374

For more information, contact
HCSDFinanceExecutiveSupport@act.gov.au.

Asset management

The Directorate manages several properties used to deliver a range of services to the community. The properties include Child and Family Centres, a Youth Detention Centre and premises through which special care can be provided, such as the Child Development Service.

Assets managed

The Directorate managed assets with a total value of \$182.3 million as at 30 June 2026. A breakdown of this figure is provided below:

Table 124: Assets managed by the Directorate (excluding Housing ACT)

Asset	Total \$'000	Appropriate measure	Total
Land	67,939	Area	4,041,532m ²
Buildings	100,207	Number of properties	106
Leasehold Improvements	6,074	Number of leasehold improvements	7
Plant and Equipment	5,370	Not applicable ¹	–
Motor Vehicle	1,445	Number of motor vehicles	91
Infrastructure Assets	1,149	Number of Infrastructure assets	1
Community Assets	138	Number of Community assets	11
Total Non-Current Assets	182,322		

1. Due to the diversity of assets, a non-financial measure is not provided for Plant and Equipment.

During 2025–26 the following assets were added to the Directorate's asset register:

Table 125: Assets added to the asset register

Asset class	Asset details
Land	No additions
Building	No additions
Leasehold Improvements	No additions
Plant and Equipment	Electric vehicle charging stations, solar powered electric gate, generator upgrades, lab equipment, building upgrades
Motor Vehicles	Leased motor vehicles added under the leases accounting policy
Infrastructure Assets	No additions
Community Assets	Artwork designed by Gudan Gulwan Youth Aboriginal Corporation

During 2025–26 the following assets were removed from the Directorate’s asset register:

Table 126: Assets removed from the asset register

Asset	Asset details
Land	Land was subdivided with part of the land transferred to Winnunga Nimmityjah Aboriginal Health and Community Services with remainder of the land retained for construction of the new Watson Health Hub
Building	Ted Noffs Hostel Building in Watson has been demolished. The new Watson Health Hub has now been constructed on the vacant land as a result of the subdivision
Leasehold Improvements	No disposals
Plant and Equipment	Projectors, chairs, temperature monitoring equipment and lab equipment were disposed of after being identified as obsolete, being no longer fit for purpose
Motor Vehicles	3 vehicles were disposed of
Infrastructure Assets	No disposals
Community Assets	No disposals

As at 30 June 2026 the Directorate had one property (41A/B David Street O’Connor) which is not being utilised or has been identified as potentially surplus.

Assets maintenance and upgrades

Asset upgrades (not including works funded and reported through the capital works program) completed during 2025–26 are outlined below:

Table 127: 2025–26 expenditure on repairs and maintenance

Asset category	Summary of upgrade
Fit-out repairs	Minor office upgrades and repairs, electrical inspections and maintenance.
Capital improvements	Microbiology Lab modernisation, including improved layout, upgrades to internal flooring, joinery, fittings and fixtures, lighting, internal painting and office refurbishment at Howard Florey Centenary House. The Directorate delivered physical construction of the new machinery shed at Ngunnawal Bush Healing Farm.

Expenditure on repairs and maintenance for the Directorate was \$3.16 million which represented 1.74 per cent of the asset replacement value.

Table 128 shows the accommodation that is occupied by Directorate staff and non-government organisations.

Table 128: Accommodation

Building location	Leased/owned	Purpose
Holder, ACT	Owned	Child Development Services
Holt, ACT	Owned	Child and Family Centre
Tuggeranong, ACT	Owned	Child and Family Centre
Gungahlin, ACT	Owned	Child and Family Centre
Mitchell, ACT	Owned	Bimberi Youth Justice Centre
Tharwa, ACT	Owned	Ngunnawal Bush Healing Farm
Holder, ACT	Owned	Howard Florey Centenary House
Rivett, ACT	Owned	Burrangiri Aged Care Respite Care Centre
Fadden, ACT	Owned	Karralika, Drug and Alcohol Rehabilitation Services
Isabella, ACT	Owned	Karralika, Drug and Alcohol Rehabilitation Services
Curtin, ACT	Owned	Queen Elizabeth II Family Care Centre
O'Connor, ACT	Owned	Wellways (non-occupied)
Kambah, ACT	Owned	YMH Step Up Step Down, Youth Mental Health Services
Watson, ACT	Owned	Watson Health Hub, Ted Noffs and Marymead
Canberra City, Monash, Florey, ACT	Owned	Air Monitoring Stations
Woden, ACT	Leased	Penryn House, 2–6 Bowes Street – Office Accommodation
Belconnen, ACT	Leased	153 Emu Bank – Office Accommodation
Canberra City, ACT	Leased	220 London Circuit – Office Accommodation
Canberra City, ACT	Leased	Theo Notaras Multicultural Centre
Narrabundah, ACT	Leased	Narrabundah House Indigenous Supported Residential Facility

The Directorate conducted no audits (for example, condition, hazardous materials, building) of its assets in 2025–2026.

For more information, contact HCSDCorporateServicesExecutiveUnit@act.gov.au.

Government contracting

The online [ACT Government Contracts Register](#) records contracts with suppliers of goods, services and works valued at \$25,000 or more. Tenders ACT lists the Directorate's contracts with an execution date between 1 July 2025 and 30 June 2026. Contracts entered into through a panel arrangement managed by another directorate are not listed against the Directorate in the Contracts Register.

Aboriginal and Torres Strait Islander Procurement Policy

The Directorate is committed to the success of the Aboriginal and Torres Strait Islander Procurement Policy by promoting awareness through its intranet and procurement guidance materials, supporting staff participation in training and actively considering opportunities to engage Aboriginal and Torres Strait Islander businesses in procurement planning and delivery.

The Directorate also recognises that supporting Aboriginal and Torres Strait Islander self-determination and economic participation extends beyond procurement. Through its funding and grants programs, the Directorate invests in ACCOs and Aboriginal-led services to deliver programs and supports to the ACT community. In many cases, grants and longer-term funding arrangements are more appropriate than procurement for achieving policy objectives, supporting community-led service delivery and strengthening sustainable organisational capability.

When determining the most appropriate approach, the Directorate considers both procurement and funding mechanisms to support Aboriginal-led organisations and achieve positive long-term community outcomes.

Table 129 outlines the Directorate's performance against the Aboriginal and Torres Strait Islander Procurement Policy for 2025–26. Information on funding and grant arrangements with ACCOs and Aboriginal-led organisations is provided in the Grants and sponsorships section at page 100.

Table 129: Outcomes against policy measures

Measure	Description	Number
1	Number of unique Aboriginal and Torres Strait Islander enterprises that responded to Territory tender and quotation opportunities issued from an approved system	0
2	Number of unique Aboriginal and Torres Strait Islander enterprises that attributed a value of addressable spend in the financial year	51
3	Percentage of the financial year's addressable spend that is spent with Aboriginal and Torres Strait Islander enterprises	2.04%

Note: This measure includes Aboriginal and Torres Strait Islander enterprises that responded to a tender opportunity through the Territory's approved system, Tenders ACT. It does not capture tenders where the Directorate invites and receives responses from Aboriginal and Torres Strait Islander enterprises for procurements through internal systems.

Secure Local Jobs Code

The Secure Local Jobs Code supports fair and safe workplaces in ACT Government procurement by requiring suppliers undertaking certain government contracts to meet prescribed labour relations, workplace safety and workforce standards.

During the reporting period, an exemption from the Secure Local Jobs Code was granted in relation to a procurement for specialised services supporting the delivery of culturally informed healing and life-skills programs. The Secure Local Jobs Code Registrar approved the exemption on 22 January 2026 because of the unique and specialised nature of the services, the cost and administrative burden on tenderers, and value-for-money considerations.

The Directorate followed all relevant procurement and approval processes, applied appropriate governance measures and complied with applicable exemption requirements and notification obligations.

Government Procurement Act compliance

The Directorate complied with the [Government Procurement Act 2001](#) during the reporting year, except as specified below:

Table 130: Compliance with the Government Procurement Act 2001

Description of non-compliance	Section and subsection of Government Procurement Act 2001 to which the non-compliance relates	Reason for non-compliance	Steps taken to rectify non-compliance
No evidence of value-for-money decision	Section 8(5)	Staff conducting procurement activities were not aware that a value-for-money assessment was required regardless of the value of the procurement.	On 15 April 2026, the Directorate established the Procurement and Sector Funding Branch to strengthen procurement governance, oversight and compliance across the organisation. The Branch provides a more centralised approach to procurement, supporting consistent practices, quality assurance, and stronger monitoring of procurement activities and record keeping. These reforms aim to improve staff capability, reinforce legislative requirements, including the requirement to document value-for-money assessments for all procurements, and improve overall compliance with procurement obligations.

For more information, contact HCSDCorporateServicesExecutiveUnit@act.gov.au.

Statement of performance

Health and Community Services Directorate

For the year ended 30 June 2026



AUDITOR-GENERAL AN OFFICER
OF THE ACT LEGISLATIVE ASSEMBLY 

INDEPENDENT LIMITED ASSURANCE REPORT

To the Members of the ACT Legislative Assembly

Conclusion

I have undertaken a limited assurance engagement on the statement of performance of the Health and Community Services Directorate (Directorate) for the year ended 30 June 2026.

Based on the procedures performed and evidence obtained, nothing has come to my attention to indicate the results of the accountability indicators reported in the statement of performance for the year ended 30 June 2026 are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQM 1 *Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information or Other Assurance or Related Services Engagements*.

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

Directorate's responsibilities for the statement of performance

The Director-General of Health and Community Services Directorate is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of the Directorate.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

In a limited assurance engagement, I perform procedures such as making inquiries with representatives of the Directorate, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

Limitations on the scope

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by the Directorate.



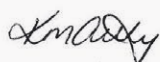
Ajay Sharma PSM
Auditor-General
28 September 2026

Health and Community Services Directorate Statement of Performance For the Year Ended 30 June 2026

Statement of Responsibility

In my opinion, the Statement of Performance is in agreement with the Directorate's records and fairly reflects the service performance of the Directorate for the period 1 July 2025 to 30 June 2026 and also fairly reflects the judgements exercised in preparing it.

The 2025-26 Budget reflects implementation of administrative arrangements effective from 1 July 2025 for the Health and Community Services Directorate (HCSD).



Kareena Arthy
Director-General
Health and Community Services Directorate

23 September 2026

Health and Community Services Directorate

Statement of Performance

For the Year Ended 30 June 2026

OUTPUT CLASS 1: Health and Community Care

OUTPUT 1.1: Collaborative Leadership, Strategic Policy, Programs and Planning

The Directorate provides strategic leadership and direction for the health system through codesign, development, implementation and administration of policies, programs, and strategies.

This includes:

- developing strategic policy for the health system, including working with the Commonwealth and key service providers on priority health improvement initiatives;
- representing, and supporting Ministerial representation at key interjurisdictional and intergovernmental health forums;
- working with other Directorates and stakeholders on initiatives and activities where health has an interface with other systems;
- addressing systemic barriers to increase equitable access to high-quality, affordable, and contemporary health services, through innovative solutions;
- engaging with partners and stakeholders to develop health services plans, based on analysis of need, for sustainable health system services;
- investing in health services, workforce, and planning for capital investment to support health service usability, sustainability and improved health for our population;
- driving service improvement and innovation through a collaborative policy cycle;
- providing responsive policy advice to government, reflecting the changing nature of the health sector and community need;
- supporting delivery of high-quality health services by working collaboratively with service providers and commissioned partner programs;
- conducting research programs that translate research evidence into improved health outcomes;
- leading the development of strategies, policies, and programs and evaluating outputs to ensure effective and sustainable health investments;
- leading the health workforce and clinical training strategy including building strong partnerships with key academic institutions and training providers; and
- commissioning and managing contracts for the provision of health services, including partnerships with community sector organisations, peak bodies, and advocacy groups.

The Directorate recognises the diversity of the ACT community and seeks to reflect that in our engagement, policies, and programs in order to ensure that what is created is inclusive, fit for purpose and culturally appropriate.

Health and Community Services Directorate

Statement of Performance

For the Year Ended 30 June 2026

Accountability Indicators	Original Target 2025-26	Actual Result 2025-26	Variance %	Notes
a. Number of planned communications, campaigns released annually	2	2	-	
b. Number of clinical services plans released	1	1	-	
c. Health system strategic documents released	4	2	(50)	1
d. Annual progress report on the implementation of the Office for Mental Health and Wellbeing Workplan published	1	1	-	
TOTAL COST (\$'000)	299,932	313,331	4	
CONTROLLED RECURRENT PAYMENTS (\$'000)	236,137	216,809	(8)	2

The above Statement of Performance should be read in conjunction with the accompanying notes.

Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- a. This indicator reports on the Directorate's activity in developing communication campaigns that support continued good health in the ACT community. Planned campaigns to be undertaken for 2025-26 were:
 - i. Winter Wellness, and
 - ii. Summer Safety.
- b. This indicator reports on the Directorate's health system leadership activity in identifying and addressing service demand and reform. The following clinical services plan was planned to be released in the 2025-26 financial year:
 - i. Care of Older Canberrans – Dementia Health Services Plan (BPSD) (deferred from 2024-25).
- c. This indicator reports the Directorate's activity in leading, developing, and implementing government health initiatives through release of strategic documents that guide and support improved health outcomes for the ACT community. The following strategic documents were planned to be released in the 2025-26 financial year:
 - i. ACT Health Data Strategy (deferred from 2024-25)
 - ii. ACT Mental Health and Suicide Prevention Strategy (deferred from 2024-25)
 - iii. Mental Health Commissioning Investment Strategy (deferred from 2024-25), and
 - iv. Aboriginal and Torres Strait Islander Health Workforce Action Plan.
- d. The annual progress report on the implementation of the Office for Mental Health and Wellbeing Workplan was completed as a standalone component of the former ACTHD 2024-25 Annual Report.

Health and Community Services Directorate Statement of Performance For the Year Ended 30 June 2026

Explanation of Material Variance (>5%)

1. The Aboriginal and Torres Strait Islander Health Workforce Action Plan is still being developed and was not released in 2025-26. The ACT Health Data Strategy has been paused pending the outcome of the Inquiry into ACT health system data, demand and processes.
2. The lower than target Controlled Recurrent Payments relates mainly to the transfer of funding to Digital Canberra to finalise Machinery of Government restructures and reprofiling of funding into 2026-27.

Health and Community Services Directorate

Statement of Performance

For the Year Ended 30 June 2026

OUTPUT CLASS 1: Health and Community Care

Output 1.2: Population Health and Keeping Canberrans Healthy

The Directorate seeks to improve the health of the ACT population through:

- evidence-based promotion of healthy lifestyles and interventions to address the range of risk and protective factors that determine the health of our community;
- influencing the social and environmental conditions that impact on population and individual health;
- improving the health and wellbeing of the ACT population by promoting healthy behaviours and lifestyles through ongoing monitoring and evaluation of health programs and policy;
- undertaking setting based, and priority population focussed activities and initiatives to increase healthy choices and encourage healthy behaviours;
- supporting programs and activities aimed to reduce the use of harmful substances and risk-taking behaviours;
- environmental monitoring of air and water quality;
- regulation and other public health responses to ensure food is safe for human consumption;
- preventing, identifying, and providing a timely response to potential public health incidents;
- reducing the occurrence of infectious diseases; and
- contributing to national plans and strategies that seek to address nation-wide population health issues.

Accountability indicators	Original Target 2025-26	Actual Result 2025-26	Variance %	Notes
a. Total number of inspections and proactive site visits of food business	2,500	3,446	38	1
b. Percentage of children in the ACT who have been fully immunised as defined by the Australian Immunisation Register:				
i. 12 to 15 months	95%	95%	-	
ii. 24 to 27 months	95%	93%	(2)	
iii. 60 to 63 months	95%	95%	-	
c. Percentage of Aboriginal and Torres Strait Islander children in the ACT who have been fully immunised as defined by the Australian Immunisation Register for the ACT Aboriginal and Torres Strait Islander population:				
i. 12 to 15 months	95%	93%	(2)	
ii. 24 to 27 months	95%	87%	(8)	2
iii. 60 to 63 months	95%	95%	-	

Health and Community Services Directorate

Statement of Performance

For the Year Ended 30 June 2026

TOTAL COST (\$'000)	129,394	149,224	15	3
CONTROLLED RECURRENT PAYMENTS (\$'000)	73,344	66,269	(10)	4

The above Statement of Performance should be read in conjunction with the accompanying notes.

Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- a. Total number of inspections where compliance has been assessed according to the *ACT Food Act 2001* and the Food Standards Code, and proactive site visits of food businesses conducted by the Health Protection Service.

Explanation of Material Variance (>5%)

1. The Environmental Health section experienced a period of stability with trained and qualified Environmental Health Officers, resulting in an increased number of food safety inspections. A quality and process improvement program increased administrative efficiency to deliver improved productivity.
2. Since 2020, immunisation coverage has declined nationally across many population groups, with the ACT also experiencing this trend, although to a lesser extent than some jurisdictions. The decline has been observed across both the overall population and Aboriginal and Torres Strait Islander children in the ACT.
 - Community attitudes towards vaccination have changed since the COVID-19 pandemic, with increased vaccine hesitancy observed across Australia. Research has identified that hesitancy among some First Nations peoples is influenced by a range of factors, including the ongoing impacts of colonisation, experiences of discrimination within health systems, socioeconomic inequities, and exposure to inconsistent or unreliable information.
 - The ACT has a relatively small Aboriginal and Torres Strait Islander population. As a result, changes involving a small number of children can have a disproportionately large impact on percentage-based coverage measures. This limitation is recognised nationally, including through the use of confidence intervals by the Australian Government when assessing immunisation coverage under the Federation Funding Agreement Essential Vaccine Schedule.
3. The higher than target Total Cost relates to increased cross border payments, which flows through the Directorate as both revenue and expense resulting in no net effect to the operating result. This is partially offset by lower expenses due to the transfer of funding to Digital Canberra to finalise Machinery of Government restructures and reprofiling of funding into 2026-27.
4. The lower than target Controlled Recurrent Payments relates mainly to the transfer of funding to Digital Canberra to finalise Machinery of Government restructures and reprofiling of funding into 2026-27.

Health and Community Services Directorate

Statement of Performance

For the Year Ended 30 June 2026

OUTPUT CLASS 2: Strategic Policy, Inclusion and Participation				
Output 2.1: Inclusion and Participation				
Inclusion and Participation provides strategic advice to strengthen the inclusion and participation of all people in Canberra's community, including people from multicultural backgrounds, youth, women. It leads efforts to reduce discrimination and improve the wellbeing and circumstances of LGBTIQ+ people. The contribution and support for the engagement of all people is recognised through community events, awards, ceremonies and grants. Inclusion and Participation administers and funds community sector services and programs.				
Accountability Indicators	Original Target 2025-26	Actual Result 2025-26	Variance %	Notes
a. Number of community building, participation grants and scholarship programs administered	16	15	(6)	1
b. Percentage of participants who successfully complete the Work Experience and Support Program	90%	100%	11	2
c. Proportion of funded services that were visited by a Relationship Manager during the financial year	75%	82%	9	3
d. Number of community engagement opportunities for veterans in the ACT	8	8	-	
e. Number of community engagement opportunities for seniors in the ACT	7	7	-	
f. Satisfaction of funded organisations with government contract administration (as measured by annual survey)	90%	71%	(21)	4
TOTAL COST (\$'000)	48,272	47,823	(1)	
CONTROLLED RECURRENT PAYMENTS (\$'000)	44,070	43,881	-	

The above Statement of Performance should be read in conjunction with the accompanying notes.

Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- This indicator measures the number of grants allocated to assist community organisations to strengthen capacity, sustainability and address disadvantage in the community.
- This indicator measures the percentage of people who finish the program or secure paid employment prior to completion of the program. The program is designed to assist Canberrans from multicultural backgrounds to enter the workforce by providing an opportunity to improve skills and confidence, as well as develop important networks within the ACT Public Service.
- This indicator measures the proportion of funded services organisations visited during the financial year. The service visits could be either in-person or virtual.
- It measures the number of Ministerial Advisory Council meetings and community engagements held for veterans in the ACT.
- It measures the number of Ministerial Advisory Council meetings and community engagements held for seniors in the ACT.

Health and Community Services Directorate Statement of Performance For the Year Ended 30 June 2026

- f. This indicator measures the extent to which non-government entities that administer and provide services contracted by the government are satisfied with the way their contracts are administered, including management of contract compliance through monitoring contractual requirements and service delivery quality, disbursement of contract payments and offering advice and support to service providers.

Explanation of Material Variance (>5%)

1. The Community Support and Infrastructure Grants program was not run in the 2025-26 financial year. This funding was used to offset other priorities in the Community Services portfolio.
2. The higher than targeted result was achieved due to all participants successfully completing the 2025-26 Work Experience and Support Program with no participant withdrawals during the reporting period.
3. The team prioritised service visits across all funded providers this year, achieving 82% completion (42 of 51 organisations) against a target of 75%. This reflects a concerted effort to maintain close engagement with the sector amid ongoing commissioning activity and evolving provider and community needs.
4. The Satisfaction Survey was sent to 65 funded organisations, with a 32% response rate. While overall satisfaction in HCSD's contract administration processes did not meet target, 19% of organisations stated that had a neutral satisfaction, with 10% returning a dissatisfied response. Collectively, 90% of respondents reported either a satisfied or neutral experience. Commentary included by survey participants highlighted clear opportunities to improve system performance, consistency in how HCSD works across the sector and communication in administration of contracts.

Health and Community Services Directorate

Statement of Performance

For the Year Ended 30 June 2026

OUTPUT CLASS 2: Strategic Policy, Inclusion and Participation				
Output 2.2: Office for Disability				
The former ACT Office for Disability promoted social inclusion and community participation of people with disability as outlined in Australia's Disability Strategy and includes supporting the implementation of the National Disability Insurance Scheme (NDIS) and the Integrated Service Response Program; creating positive change in attitudes and understanding for a more inclusive ACT through the ACT Disability Strategy; progressing equal access to justice for people with disability through the Disability Justice Strategy; addressing ableism and removing physical, attitudinal, communication and social barriers for people with disability through implementation of the ACT Disability Inclusion Act; establishing the Disability Inclusion Council; promoting the International Day of People with Disability; and supporting the ACT Inclusion Council and the Chief Minister's Inclusion Awards.				
Accountability Indicators	Original Target 2025-26	Actual Result 2025-26	Variance %	Note
a. Number of community engagement opportunities for people with disability in the ACT	8	8	-	
b. Implement Companion Card Program - Number of Companion Card affiliates	94	98	4	
TOTAL COST (\$'000)	7,621	6,783	(12)	1
CONTROLLED RECURRENT PAYMENTS (\$'000)	6,999	6,473	(8)	1

The above Statement of Performance should be read in conjunction with the accompanying notes.

Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- a. This indicator measures the number of Disability Advisory Council meetings and events managed or funded by the ACT Government for the engagement of ACT people with a disability, their families and carers. The title of this indicator has been renamed in 2025-26 to reflect replacement of the National Disability Strategy with Australia's Disability Strategy 2021-2031.
- b. This indicator measures the implementation of the Companion Card Program through the number of Companion Card affiliates recruited.

Explanation of Material Variance (>5%)

1. The lower than budgeted result is mainly due to reprofiling of appropriation relating to Creating a More Inclusive Canberra through the ACT Disability Strategy 2024-2033 initiative from 2025-26 to 2026-27.

Health and Community Services Directorate

Statement of Performance

For the Year Ended 30 June 2026

OUTPUT CLASS 2: Strategic Policy, Inclusion and Participation				
Output 2.3: Strategic Policy				
<p>Strategic Policy works in partnership with its operational counterparts, cross-directorate colleagues, clients, stakeholders, and people with lived experience to deliver integrated strategic policy to set the direction for the directorate's human services responsibilities, including housing, social recovery, women, seniors, veterans, disability, multicultural affairs, children, youth, families and carers.</p> <p>Data, research, and community consultation are used to develop evidence-informed human services policy to drive service design and deliver reform initiatives with a focus on evaluation, sustainability, and continuous improvement. Strategic legislative reform and policy development to improve long term, human-centred initiatives that focus on early investment and support to achieve positive outcomes for the ACT community including in partnership with the community sector.</p>				
Accountability Indicators	Original Target 2025-26	Actual Result 2025-26	Variance %	Note
a. Implementation of projects included in the Whole of Government plan on Aboriginal and Torres Strait Islander Agreement	3	2	(33)	1
b. Provision of strategic policy advice on human services issues to drive improved outcomes for children, young people and their families	2	1	(50)	2
c. Performance improvement initiatives	2	2	-	
TOTAL COST (\$'000)	24,116	23,366	(3)	
CONTROLLED RECURRENT PAYMENTS (\$'000)	19,735	19,895	1	

The above Statement of Performance should be read in conjunction with the accompanying notes.

Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

a. The projects are:

1. the new *Impact Statement Dashboard* reporting the progress against the *ACT Aboriginal and Torres Strait Islander Agreement* refreshed and going live
2. the *ACT Annual Report for the National Closing the Gap Agreement* tabled in the ACT Legislative Assembly, and
3. development of capacity and capability building projects for Aboriginal and Torres Strait Islander agencies.

b. The two initiatives are:

1. legislative reform identified by the *Our Booris, Our Way Review*, and
2. modernising the *Children and Young People Act 2008*.

c. The two initiatives are:

Health and Community Services Directorate

Statement of Performance

For the Year Ended 30 June 2026

1. Australian Early Development Census; and
2. the *Our Booris, Our Way* Dashboard Reporting.

Explanation of Material Variance (>5%)

1. The variance relates to the National Agreement on Closing the Gap – ACT Annual Report for 2024-25, which is expected to be tabled in early 2026-27.
2. The work on modernising the Children and Young People Act 2008 was not completed in 2025-26 and will continue into 2026-27.

Health and Community Services Directorate

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OUTPUT CLASS 2: Strategic Policy, Inclusion and Participation				
Output 2.4: Regulation, Assurance and Quality				
<p>Regulation, Assurance and Quality (RAQ) operates independently from program, funding or policy streams within the Directorate. It seeks to manage risk to vulnerable members of the community and the Directorate, to build the capacity of service providers, including those within Directorate, through partnership, education, and regulation, to ensure quality outcomes for service users.</p> <p>RAQ receives, monitors and investigates mandatory notifications of critical incidents and complaints about government and non-government service providers. It includes the Office of the Human Services Registrar, which regulates human services providers under ACT legislation and the Office of the Senior Practitioner for the reduction and elimination of restrictive practices. It also incorporates the Internal Audit and Risk Management function of the Directorate. RAQ provides support to strategic committees and projects and also represents the Directorate on matters relating to quality and safeguards for vulnerable and disadvantaged members of our community.</p>				
Accountability Indicators	Original Target 2025-26	Actual Result 2025-26	Variance %	Note
a. Regulatory and process reform initiatives	1	1	-	
b. Number of regulated service providers	7,000	6,013	(14)	1
c. Number of tenancies managed by registered community housing providers	2,450	2,317	(5)	2
TOTAL COST (\$'000)	5,933	6,937	17	3
CONTROLLED RECURRENT PAYMENTS (\$'000)	4,333	4,342	-	

The above Statement of Performance should be read in conjunction with the accompanying notes.

Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- a. The initiative is the 'Senior Practitioner work towards reducing and eliminating restrictive practices through safeguarding approaches'. Each of the activities measured and reported relates to regulatory oversight of the application of restrictive practices for people subject to restrictive practices. All these activities directly contribute to reducing and eliminating restrictive practices, including the commencement this last 12 months of manual collection of known reductions and eliminations of restrictive practices for individual people.
- b. This indicator measures the number of regulated service providers.
- c. This indicator measures the quantum of tenancies managed by the community housing providers registered under the National Regulatory System for Community Housing.

Explanation of Material Variance (>5%)

1. The target reflects the projected NDIS active providers reported in the NDIS Quarterly Report and associated ACT Quarterly Performance Dashboard. The lower than targeted result is mainly due to less than anticipated increase in NDIS active providers.

Health and Community Services Directorate

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2. The variance was due to some challenges in allocations for tenants in shared accommodation dwellings. Some registered providers have transferred their managed housing properties back to Housing ACT for a range of reasons, including unsuccessful funding bids or commissioning processes.
3. The higher than budgeted result is mainly due to additional resources and expenditures to meet operational requirements including Senior Practitioner functions and *Our Booris, Our Way* Committee operations.

Health and Community Services Directorate

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For the Year Ended 30 June 2026

OUTPUT CLASS 2: Strategic Policy, Inclusion and Participation				
Output 2.5: Safer Families				
The former Domestic, Family and Sexual Violence Office provides strategic leadership, coordination, policy analysis and innovation expertise to drive cultural change and system reform, and to build whole-of-Government and whole-of-community capability to address domestic, family and sexual violence.				
Accountability Indicator	Original Target 2025-26	Actual Result 2025-26	Variance %	Note
a. Family Violence Statement presented to the ACT Legislative Assembly	1	1	-	
TOTAL COST (\$'000)	30,942	31,340	1	
CONTROLLED RECURRENT PAYMENTS (\$'000)	30,296	29,916	(1)	

The above Statement of Performance should be read in conjunction with the accompanying notes.

Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measure

- a. This indicator measures the Government's progress and achievements in addressing domestic, family and sexual violence.

Health and Community Services Directorate

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For the Year Ended 30 June 2026

OUTPUT CLASS 3: Children, Youth and Families				
Output 3.1: Child and Family Centres				
Early intervention and prevention services are provided through a universal platform with targeted services available for vulnerable families. Services provided include parenting groups, advice and support, sustained home visiting, specialist clinical services, and community development and education programs. Child and Family Centres also provide case management services to clients in need. Many services are delivered in partnership with other agencies, local community organisations and service providers.				
Accountability Indicators	Original Target 2025-26	Actual Result 2025-26	Variance %	Notes
a. Number of Community Development/Education Programs	175	178	2	
b. Number of Parenting Assistance Sessions	1,215	1,742	43	1
c. Client satisfaction with services	90%	95%	6	2
TOTAL COST (\$'000)	11,074	10,493	(5)	3
CONTROLLED RECURRENT PAYMENTS (\$'000)	9,064	9,173	1	

The above Statement of Performance should be read in conjunction with the accompanying notes.

Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- a. The number of group sessions run by Child and Family Centres addressing community development and education issues.
- b. The combined Parent Group Sessions and Parents as Teachers home visits to achieve a count of all sessions run by Child and Family Centres, which assist with a wide variety of parenting issues being experienced by families.
- c. A 'self-report' telephone survey of clients who access the service, received at least one provision of service and had a case opened on Child and Youth Record Information System (CYRIS).

Explanation of Material Variance (>5%)

1. The higher than expected result reflects stronger demand for parenting support services and increased service delivery during the reporting period. The service delivered more sessions than anticipated to meet client needs, including ongoing support for families requiring multiple engagements. This demonstrates the service's capacity to respond to community demand and provide timely assistance to parents and carers.
2. Clients were satisfied overall with the service offered and received.
3. The lower than budgeted result is mainly due to lower staffing expenditure during the financial year.

Health and Community Services Directorate

Statement of Performance

For the Year Ended 30 June 2026

OUTPUT CLASS 3: Children, Youth and Families				
Output 3.2: Child Development Service				
The Child Development Service has a focus on early identification and intervention and provides assessment, referral, information and linkages for children birth to six years living in the ACT, where there are concerns relating to their development. Autism assessments are provided for children up to twelve years. Children seven to eight years with complex needs who have not had a previous assessment by allied health professionals can access the service.				
Accountability Indicators	Original Target 2025-26	Actual Result 2025-26	Variance %	Note
a. Hours of service provided to the clients of the Child Development Service	14,787	27,481	86	1
TOTAL COST (\$'000)	10,227	10,437	2	
CONTROLLED RECURRENT PAYMENTS (\$'000)	8,087	8,090	-	

The above Statement of Performance should be read in conjunction with the accompanying notes.

Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- a. The total hours of services provided to clients of the Child Development Service.

Explanation of Material Variance (>5%)

- Recruitment to vacant clinical positions has been successful, along with retention of staff which has allowed the service to operate at maximum capacity. There has also been a noticeable increase in complexity of clients which has seen an increase in the number of hours required to undertake assessments and completion of more complex reports.

Health and Community Services Directorate

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For the Year Ended 30 June 2026

OUTPUT CLASS 3: Children, Youth and Families				
Output 3.3: Child and Youth Protection Services				
Provision of statutory child protection and youth justice services is aimed at improving and promoting the safety and the wellbeing of children, young people, their families and the community.				
Accountability Indicators	Original Target 2025-26	Actual Result 2025-26	Variance %	Note
a. Number of custody days used annually	5,000	7,931	59	1
b. Youth Justice Case Plans completed	90%	97%	8	2
c. Child Protection Reports and Child Concern Reports about children and young people	18,000	14,064	(22)	3
d. Child Protection Reports requiring appraisal	2,500	571	(77)	4
e. Number of child protection reports received and proceeding to appraisal that were substantiated	500	148	(70)	5
f. Number of children and young people receiving a service during the year	2,800	2,186	(22)	6
g. Number of Aboriginal and Torres Strait Islander children and young people receiving support during the year	630	694	10	6
h. Total number of children and young people for whom the Director-General has parental responsibility	805	640	(20)	7
i. Total out-of-home care days used annually	300,000	264,298	(12)	8
j. Number of out-of-home care days used by Aboriginal and Torres Strait Islander children and young people	89,000	83,790	(6)	8
k. Average investment per out-of-home care day	\$333	\$452	36	10
l. Number of permanency placements	25	19	(24)	9
TOTAL COST (\$'000)	204,366	243,342	19	10
CONTROLLED RECURRENT PAYMENTS (\$'000)	176,376	192,165	9	10

The above Statement of Performance should be read in conjunction with the accompanying notes.

Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- a. The number of days served in custody by the young person.
- b. The proportion of case plans prepared or reviewed within six weeks of the start of a supervised sentenced order.
- c. The number of contacts by persons who believe or suspect that a child or young person is at risk of significant harm counted for each individual child or young person.
- d. A report is considered to require an appraisal if, on the basis of the information received and known history of the child or young person, there appears to be risk of significant harm, or that the child or young person is likely to be in need of care.
- e. An appraisal of a child or young person and their situation is recorded as 'substantiated' if in the professional opinion of the case manager there is reasonable cause to believe that the child has been, is being, or is likely to be physically or sexually abused, neglected or emotionally abused in a way that has caused or is causing significant harm.

Health and Community Services Directorate

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For the Year Ended 30 June 2026

- f. The number of individual children and young people receiving appraisal, support and/or ongoing casework from Child and Youth Protection Services during the year.
- g. The number of Aboriginal and Torres Strait Islander individual children and young people receiving appraisal, support and/or ongoing casework from Child and Youth Protection Services during the year.
- h. The number of children on a given day who are subject to a child protection court order conferring part or sole parental responsibility to the Chief Executive or a Voluntary Care Agreement under section 397 of the *Children and Young People Act 2008*.
- i. The number of days for which the Child and Youth Protection Services made a payment for overnight care of children in out of home care.
- j. The number of days for which the Child and Youth Protection Services made a payment for overnight care of Aboriginal and Torres Strait Islander children in out of home care.
- k. The average cost per out-of-home care day for the Child and Youth Protection Services in ACT.
- l. The number of permanency orders made throughout the year including inter-country adoptions, local adoptions, stepfamily or 'known' adoptions & Enduring Parental Responsibility orders.

Explanation of Material Variance (>5%)

- 1. The increase is due to a significant and sustained increase in the number of young people in Bimberi since mid-2025. The increase is attributed to factors such as rising demand on the justice and police system and the nature and severity of young people's charges resulting in longer periods of remand and sentencing.
- 2. This is a positive result, as the majority of case plans (37 of 38) for young people on supervised sentenced orders were completed with the young person within six weeks of the start of the order.
- 3. Over the last year, the Directorate has established a Triage and Screening team which has streamlined the receipt and progression of child concern reports. The number of reports received can fluctuate depending on a range of factors, including but not limited to, community expectations and recent events in the media relating to child abuse and neglect, community education and change in the reporting partners.
- 4. The number of reports proceeding to appraisal can fluctuate depending on the number of reports received and the individual issues identified for a particular child, young person or family. The below target result is the desired outcome. This reflects the Directorate's proactive approach in working with families earlier, focusing on providing support that helps prevent escalation into the statutory system and addressing needs before they reach a crisis point.
- 5. The target result can fluctuate depending on the results of the appraisal for each child or young person and indicates fewer children and young people reported to the Directorate experienced substantiated abuse and neglect. The below target result is the desired outcome. This reflects the Directorate's proactive approach in working with families earlier, focusing on providing support that helps prevent escalation into the statutory system and addressing needs before they reach a crisis point.
- 6. As part of the Child, Youth and Families reform, the Directorate has changed its service offer to focus on early supports and diversion. Some of this broader service offer is not captured in the

Health and Community Services Directorate

Statement of Performance

For the Year Ended 30 June 2026

original definition of the 'receiving a service' indicator. HCSD is undertaking a review of the counting rules and will develop a new/updated Indicator for future use that more appropriately reflects the full breadth of services provided to support children, young people and their families.

7. This is a positive result as it appears that over time, this number is incrementally decreasing from the original estimated target. There are various factors that could be contributing to this result including the number of substantiated abuse and neglect, and continued focus on family finding and on providing support services to ensure children and young people remain in family and home.
8. This is a positive result with fewer children requiring care than the target. It is mainly due to less children in out-of-home care including less children entering care and more children exiting care. This can be attributed to the move towards a greater emphasis on early support services to allow young people to remain at home where it is safe to do so, and for those young people who do enter care, to be in care for shorter periods of time before being restored to their families.
9. The number of permanency orders finalised at court is lower than anticipated for local adoptions, stepfamily adoptions and 'known' out-of-home care (OOHC) adoptions.
10. The higher than budgeted result is due to more intensive responses required for out of home care services and more support for carers to cover unforeseen costs for children and young people. The higher than budgeted result mainly relates to the Treasurer's Advance.

Housing ACT

For the year ended 30 June 2026



AUDITOR-GENERAL AN OFFICER
OF THE ACT LEGISLATIVE ASSEMBLY 

INDEPENDENT LIMITED ASSURANCE REPORT

To the Members of the ACT Legislative Assembly

Conclusion

I have undertaken a limited assurance engagement on the statement of performance of Housing ACT for the year ended 30 June 2026.

Based on the procedures performed and evidence obtained, nothing has come to my attention to indicate the results of the accountability indicators reported in the statement of performance for the year ended 30 June 2026 are not in agreement with Housing ACT's records or do not fairly reflect, in all material respects, the performance of Housing ACT, in accordance with the *Financial Management Act 1996*.

Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQM 1 *Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or Related Services Engagements*.

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

Housing ACT's responsibilities for the statement of performance

The Director-General of the Health and Community Services Directorate is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of Housing ACT.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with Housing ACT's records or do not fairly reflect, in all material respects, the performance of Housing ACT, in accordance with the *Financial Management Act 1996*.

In a limited assurance engagement, I perform procedures such as making inquiries with representatives of Housing ACT, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

Limitations on the scope

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by Housing ACT.



Clea Lewis
Assistant Auditor-General, Financial Audits
28 September 2026

Housing ACT Statement of Performance For the Year Ended 30 June 2026

Statement of Responsibility

In my opinion, the Statement of Performance is in agreement with the Housing ACT records and fairly reflects the service performance of the Housing ACT for the period 1 July 2025 to 30 June 2026 and also fairly reflects the judgements exercised in preparing it.



Kareena Arthy
Director-General
Health and Community Services Directorate

23 September 2026

Housing ACT

Statement of Performance

For the Year Ended 30 June 2026

OUTPUT CLASS 1: Social Housing Services				
OUTPUT 1.1: Social Housing Services				
Description: The provision of safe, affordable and appropriate housing that supports tenants to sustain their housing long term through: <ul style="list-style-type: none"> • assessing an applicant's eligibility for housing, priority category and their support needs; • allocating housing to eligible applicants and community housing providers and other community sector support providers that best meets the needs of tenants; • managing the public housing property portfolio to ensure that it best meets the needs of tenants, and managing the social housing tenancies; and • providing funding and support to the homelessness and community housing service providers to address homelessness and provide sustainable long term housing options. 				
Accountability Indicators	Original Target 2025-26	Actual Result 2025-26	Variance %	Notes
a. Allocation of housing to those in greatest need Percentage of public housing applications to priority and high need applicants	99%	99%	-	
b. Number of social housing properties includes all Housing ACT properties whether tenanted by public housing tenants or head leased to community service providers	11,995	12,018	-	
c. Percentage of public housing tenants receiving a rebate	95%	90%	(5)	1
d. Number of client service visits	6,000	6,084	1	
e. Satisfaction with provision of public housing	76%	46%	(39)	2
f. Average cost per dwelling of public housing	\$21,840	\$23,736	9	3
g. Satisfaction with provision of community housing	79%	83%	5	4
h. Occupancy rate for public housing	96%	95%	(1)	
i. Percentage of public housing households with no rental debt	87%	84%	(3)	
j. Percentage of rent received	98%	99%	1	
TOTAL COST (\$'000)	301,919	323,242	7%	5
CONTROLLED RECURRENT PAYMENTS (\$'000)	61,652	63,878	4%	

The above Statement of Performance should be read in conjunction with the accompanying notes.

Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office in accordance with the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

The Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*.

Explanation of Measures

- b. The proposed 2025-26 target for the number of social housing properties (indicator b) is 11,995. This is based on projected acquisitions, deliveries and disposals expected to occur under the 2025-26 Capital Works Program.
- d. All Client Service Visit's (CSV's) are required to move to two staff attending in 2025-26 to improve safety of staff in the field and reduce the risk of occupational violence incidents.

Housing ACT

Statement of Performance

For the Year Ended 30 June 2026

- f. The 2025-26 Targets for average cost per dwelling of public housing is projected to be lower than the 2024-25 estimated outcome due mainly to an increase in the number of properties in the housing portfolio.

Explanation of Material Variance (>5%)

1. A higher proportion of public housing tenants were paying market rent rather than receiving an income-based rental rebate at the reporting date. This means that as more tenants paying market rent increased, the percentage receiving a rebate will decrease.
2. The decrease in results was driven by lower participant satisfaction with repairs and maintenance services and aspects of customer service. Feedback indicated concerns regarding the timeliness and quality of maintenance outcomes, as well as service interactions not consistently meeting client expectations.
3. The variance from target is primarily attributable to higher operating expenses, including:
 - Supplies and Services (\$19.3 million), mainly driven by higher repairs and maintenance expenditure recognised in the operating statement; and
 - Employee Expenses (\$7.0 million), reflecting additional staffing requirements to support frontline service delivery.
 - Other Expenses (\$4.3 million) due to higher write-offs of debts assessed as irrecoverable or uneconomical to recover.

These impacts were partially offset by lower-than-budgeted depreciation expenses (\$10.4 million) primarily due to delays in the completion of construction projects.
4. Stronger community housing client satisfaction results reflect consistently positive experiences with professional, responsive housing providers over the reporting period.
5. Total costs were higher than target, primarily due to higher employee expenses associated with additional staffing to deliver frontline services, increased investment in repairs and maintenance activities undertaken to address the backlog of vacant properties and a higher amount of debt written-off during the year. This was partially offset by lower depreciation costs due to delays in the completion of construction projects.



Attachment A – **Annexed annual reports**



ACT Care Coordinator

Dr Marisa Paterson MLA
Minister for Mental Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

ACT Care Coordinator Annual Report 2025–26

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2026*. This is being presented to you in your capacity as Minister for Mental Health.

It has been prepared in conformity with other legislation applicable to the preparation of the annual report by the ACT Care Coordinator.

I certify that the information in the attached annual report and information provided for whole-of-government reporting, is an honest and accurate account and that all material information on the operations of the ACT Care Coordinator has been included for the period 1 July 2025 to 30 June 2026.

I hereby certify that fraud prevention has been managed in accordance with the Public Sector Management Standards 2006 (repealed), Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

A handwritten signature in black ink, appearing to read "A. Cidoni".

Associate Professor Anthony Cidoni

ACT Care Coordinator

Office of the Chief Psychiatrist

26 August 2026

Compliance statement: ACT Care Coordinator

The *ACT Care Coordinator Annual Report 2025–26* complies with the *Annual Report (Government Agencies) Directions 2026* (the Directions), made under section 8 of the Annual Reports (Government Agencies) Act 2004. The Directions are available on the ACT Legislation Register at www.legislation.act.gov.au.

The compliance statement identifies the subsections under Parts 1 to 5 of the Directions that apply to the ACT Care Coordinator and where information addressing those requirements can be found.

Part 1: Directions overview

The requirements under Part 1 of the Directions relate to the purpose, timing, distribution and record keeping of annual reports. The *ACT Care Coordinator Annual Report 2025–26* complies with all applicable subsections of Part 1.

To meet the requirements of section 15 (Feedback) of Part 1 of the Directions, this report includes contact details for the ACT Care Coordinator to enable readers to provide feedback.

Part 2: Reporting entity annual report requirements

The requirements under Part 2 of the Directions are mandatory for all reporting entities. The ACT Care Coordinator complies with all applicable subsections. The information addressing the requirements of Part 2 is included in the *ACT Care Coordinator Annual Report 2025–26* as follows:

- transmittal certificate – see the previous page
- organisational overview and performance – see the next page. All other subsections are contained within the *Health and Community Services Directorate Annual Report 2025–26*
- financial management reporting (including all subsections) – see the *Health and Community Services Directorate Annual Report 2025–26*

Part 3: Reporting by exception

The ACT Care Coordinator has no information to report by exception under Part 3 of the Directions for the 2025–26 reporting year.

Part 4: Directorate and public sector body-specific annual report requirements

There are additional reporting requirements under section 205 of the *Mental Health Act 2015*.

Part 5: Whole-of-government annual reporting

All subsections of Part 5 of the Directions apply to the ACT Care Coordinator. Consistent with the Directions, the information addressing these requirements is reported centrally for all ACT Public Service directorates:

- bushfire risk management – see the annual report of the Justice and Community Safety Directorate
- human rights – see the annual report of the Justice and Community Safety Directorate
- legal services directions – see the annual report of the Justice and Community Safety Directorate
- public sector standards and workforce profile – see the annual State of the Service Report
- Territory records – see the annual report of the Chief Minister, Treasury and Economic Development Directorate

ACT Public Service directorate annual reports are available at <https://www.act.gov.au/open/annual-reports>.

Abbreviations and acronyms

Abbreviation/acronym	Meaning
ACAT	ACT Civil and Administrative Tribunal
CCO	Community care order
FCCO	Forensic community care order
RO	Restriction order

Glossary of technical terms

Term	Meaning
ACT Care Coordinator	A statutory appointment made by the Minister for Mental Health under section 204(1) of the <i>Mental Health Act 2015</i> .
Community care order	<p>A community care order (CCO) is a type of mental health order for people who experience a mental disorder. A person with authority to provide the proposed treatment, care or support applies for a CCO.</p> <p>A CCO is made by the ACT Civil and Administrative Tribunal.</p> <p>A CCO includes information about the treatment, care or support to be provided to the person, including where and when it is to be provided, the type/s of treatment, care or support provided and who will provide it.</p> <p>A CCO has effect for 6 months, or a shorter period stated in the order, unless it is revoked earlier.</p>
Forensic community care order	<p>A forensic community care order (FCCO) can be made by the ACT Civil and Administrative Tribunal when a person with a mental disorder meets the criteria in section 108 of the <i>Mental Health Act 2015</i>.</p> <p>An FCCO may set out the types of treatment, care or support a person is to receive and where the person is to live or be detained. It may also specify any restrictions on communication and identify people or places the person cannot approach. An FCCO can apply for up to 3 months unless consecutive orders have been in place for one or more years, in which case it can apply for up to one year.</p>
Restriction order	The ACT Civil and Administrative Tribunal can make a restriction order (RO) in addition to a community care order for a maximum of 3 months. An RO may restrict the people or places that the person can approach or specify activities the person must not undertake. An RO may also specify where a person lives or is detained.

ACT Care Coordinator Annual Report 2025–26

Organisational overview and performance

The ACT Care Coordinator is a statutory appointment made by the Minister for Mental Health under section 204(1) of the *Mental Health Act 2015*.

This report is submitted in accordance with section 205(e) of the *Mental Health Act 2015*.

The ACT Care Coordinator coordinates the provision of treatment, care and support for people with a mental disorder who are subject to a community care order (CCO) or a forensic community care order (FCCO). This includes determining, in consultation with relevant parties, when and where a person is required to receive treatment, care or support or undertake an applicable program, in accordance with sections 70 and 110 of the *Mental Health Act 2015*.

The ACT Civil and Administrative Tribunal (ACAT) makes CCOs and FCCOs for people with a mental disorder who meet the criteria in section 66 of the *Mental Health Act 2015*. A Restriction Order (RO) can be made to restrict where a person lives, result in them being detained, or impose other limitations.

Between 1 July 2025 and 30 June 2026, one person was subject to a 6-month CCO. The ACT Care Coordinator and his delegates coordinated the person's treatment, care and support in consultation with relevant services and other parties, in accordance with the requirements of the *Mental Health Act 2015*. In early 2026, the ACT Care Coordinator's delegate applied to the ACAT for revocation of the CCO. The ACAT revoked this order after a hearing.

No one was subject to a RO or FCCO during the reporting period.

Summary for 2025–26

Table 1: Summary of care orders for 2025–26

Category	CCOs	FCCOs
Age	<18 years: 0	<18 years: 0
	19–29 years: 1	19–29 years: 0
	30–39 years: 0	30–39 years: 0
	40–49 years: 0	40–49 years: 0
	50–59 years: 0	50–59 years: 0
	60–69 years: 0	60–69 years: 0
	70–79 years: 0	70–79 years: 0
	80+ years: 0	80+ years: 0
Condition	Mental disorder – not specified	Not applicable
ROs	0	0
Total	1	0

For further information, contact
ChiefPsychiatrist@act.gov.au



ACT Chief Psychiatrist

Dr Marisa Paterson MLA
Minister for Mental Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

ACT Chief Psychiatrist Annual Report 2025–26

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2026*. This is being presented to you in your capacity as Minister for Mental Health.

It has been prepared in conformity with other legislation applicable to the preparation of the annual report by the ACT Chief Psychiatrist.

I certify that the information in the attached annual report and information provided for whole-of-government reporting, is an honest and accurate account and that all material information on the operations of the ACT Chief Psychiatrist has been included for the period 1 July 2025 to 30 June 2026.

I hereby certify that fraud prevention has been managed in accordance with the Public Sector Management Standards 2006 (repealed), Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A Cidoni'.

Associate Professor Anthony Cidoni

ACT Chief Psychiatrist

Office of the Chief Psychiatrist

26 August 2026

Compliance statement: ACT Chief Psychiatrist

The *ACT Chief Psychiatrist Annual Report 2025–26* complies with the Annual Report Directions (the Directions) 2026 made under section 8 of the Annual Reports (Government Agencies) Act 2004. The Directions are available on the ACT Legislation Register at www.legislation.act.gov.au.

The compliance statement identifies the subsections under Parts 1 to 5 of the Directions that apply to the ACT Chief Psychiatrist and where information addressing those requirements can be found.

Part 1: Directions overview

The requirements under Part 1 of the Directions relate to the purpose, timing, distribution and record keeping of annual reports. The *ACT Chief Psychiatrist Annual Report 2025–26* complies with all applicable subsections of Part 1.

To meet the requirements of section 15 (Feedback) of Part 1 of the Directions, this report includes contact details for the ACT Chief Psychiatrist to enable readers to provide feedback.

Part 2: Reporting entity annual report requirements

The requirements under Part 2 of the Directions are mandatory for all reporting entities. The ACT Chief Psychiatrist complies with all applicable subsections. The information addressing the requirements of Part 2 is included in the *ACT Chief Psychiatrist Annual Report 2025–26* as follows:

- transmittal certificate – see the previous page
- organisational overview and performance – see the next page. All other subsections are contained within the *Health and Community Services Directorate Annual Report 2025–26*
- financial management reporting (including all subsections) – see the *Health and Community Services Directorate Annual Report 2025–26*

Part 3: Reporting by exception

The ACT Chief Psychiatrist has no information to report by exception under Part 3 of the Directions for the 2025–26 reporting year.

Part 4: Directorate and public sector body-specific annual report requirements

There are additional reporting requirements under section 197 of the *Mental Health Act 2015*.

Part 5: Whole-of-government annual reporting

All subsections of Part 5 of the Directions apply to the ACT Chief Psychiatrist. Consistent with the Directions, the information addressing these requirements is reported centrally for all ACT Public Service directorates:

- bushfire risk management – see the annual report of the Justice and Community Safety Directorate
- human rights – see the annual report of the Justice and Community Safety Directorate
- legal services directions – see the annual report of the Justice and Community Safety Directorate
- public sector standards and workforce profile – see the annual State of the Service Report
- Territory records – see the annual report of the Chief Minister, Treasury and Economic Development Directorate

ACT Public Service directorate annual reports are available at <https://www.act.gov.au/open/annual-reports>.

Abbreviations and acronyms

Abbreviation/acronym	Meaning
ACAT	ACT Civil and Administrative Tribunal
ADHD	Attention deficit hyperactivity disorder
AIHW	Australian Institute of Health and Welfare
AMC	Alexander Maconochie Centre
BYJC	Bimberi Youth Justice Centre
CPAC	Chief Psychiatrist Advisory Committee
CPRPOC	Chief Psychiatrist Restrictive Practices Oversight Committee
ECT	Electroconvulsive therapy
ED3	Involuntary detention authorised for up to 3 days
ED11	Involuntary detention authorised for up to a further 11 days
FPTO	Forensic psychiatric treatment order
GP	General practitioner
JOG	Jurisdictional Officers Group
NGMI	Not guilty because of mental impairment
PTO	Psychiatric treatment order
RO	Restriction order

ACT Chief Psychiatrist Annual Report 2025–26

I am pleased to present the *ACT Chief Psychiatrist Annual Report 2025–26*.

Over the past year, I have continued to fulfil the statutory responsibilities under the *Mental Health Act 2015* and provided oversight, leadership and advice across the ACT mental health system. In undertaking this work, I have worked closely with ACT Government agencies, consumers, carers, community partners, service providers and other key stakeholders. I would like to thank everyone who contributed their time and expertise through the committees and working groups convened by my office. Their insights and perspectives help ensure our work remains grounded in the needs and experiences of the ACT community.

This report outlines the key work undertaken by the Office of the Chief Psychiatrist during the year ending 30 June 2026. A significant focus this year was progressing reform recommendations arising from the Chief Psychiatrist's Report on the treatment, care and support provided to people found not guilty because of mental impairment. This involved collaboration across health and justice systems to progress very important legislative reform and priority clinical and operational improvements.

Another significant achievement during the year was the progress on attention deficit hyperactivity disorder (ADHD) reforms in the ACT. Working with the Chief General Practitioner and other jurisdictions, we implemented Stage 1 reforms in February 2026, expanding general practitioner (GP) scope of practice and improving access to ADHD care. We are preparing for Stage 2, which includes GP diagnosing and initiation of stimulants.

My office also commenced the mandatory review of specified provisions of the *Mental Health Act 2015*, along with additional reforms to be considered. Consultation with First Nations people, people with lived and living experience, carers, partner community organisations, clinicians, service providers and the broader ACT community will be central to this work.

I would like to acknowledge and thank my team for their professionalism, commitment and continued support throughout the year. Their work has enabled me to carry out my statutory responsibilities under the *Mental Health Act 2015* and contributed to the

promotion of safe, high-quality and rights-based mental health care across the ACT.

In 2026–27, I look forward to continuing to work with our partners to progress legislative and system reform, and supporting further improvements in mental health treatment, care and support for Canberrans.

Associate Professor Anthony Cidoni

ACT Chief Psychiatrist

Organisational overview and performance

Roles and functions

The Chief Psychiatrist is a statutory role appointed under the *Mental Health Act 2015*, and performs a range of statutory, oversight and advisory functions in relation to mental health treatment, care and support in the ACT.

The Chief Psychiatrist's functions include:

- monitoring the treatment, care and support of people receiving mental health services in the ACT
- exercising powers and responsibilities under the *Mental Health Act 2015*
- monitoring the use of restrictive interventions and other restrictive practices
- providing advice to government on mental health legislation, policy and service delivery
- supporting continuous improvement in the quality and safety of mental health services
- participating in national forums relating to mental health legislation and clinical governance
- any other function assigned to the Chief Psychiatrist under the *Mental Health Act 2015*

The Office of the Chief Psychiatrist supports the Chief Psychiatrist to carry out these functions. Its work includes policy development, legislative oversight, clinical governance and oversight, stakeholder engagement and advice to government on matters affecting the ACT mental health system.

Apprehension

A person experiencing a mental health emergency may be taken to an approved mental health facility for an assessment to determine whether further treatment, care or support is required. Where the person does not consent to the assessment, the Mental Health Act 2015 allows the assessment to occur on an involuntary basis if relevant legislative criteria are met. This process is known as an apprehension.

An amendment to the Mental Health Act 2015, which came into effect in February 2021, refined the circumstances in which authorised ambulance paramedics and police officers may apprehend a person. Under the amended provisions, an apprehension may only occur when the authorised officer believes the person requires immediate examination by a doctor and the person does

not agree to the examination. As reported in previous years, these legislative changes have contributed to a significant reduction in the number of apprehensions undertaken by authorised ambulance paramedics.

Table 1 shows the number of emergency apprehensions over the last 5 years, including the profession responsible for each apprehension. During the 2025–26 reporting period, 1,454 emergency apprehensions were undertaken, representing an increase of 133 apprehensions (10.1 per cent) compared with 2024–25. Police officers remained responsible for the largest proportion of apprehensions (714), followed by authorised ambulance paramedics (320), mental health officers (287) and medical practitioners (133).

Table 1: Number of apprehensions by apprehending professional, 2021–26

Apprehending professional	2021–22	2022–23	2023–24	2024–25	2025–26
Authorised ambulance paramedics	387	317	297	306	320
Police officer	393	352	507	631	714
Mental health officer	271	271	305	232	271
Medical practitioner	79	41	126	152	133
Total emergency apprehensions	1,130	981	1,235	1,321	1,454

Involuntary detention

Involuntary detentions authorised for up to 3 days

Following an apprehension and an initial examination of a person at an approved mental health facility, a doctor may authorise the involuntary detention and treatment, care or support of a person for a period of up to 3 days (ED3), where the criteria under the Mental Health Act 2015 are met. An ED3 authorises the provision of involuntary treatment, care and support while the person’s mental health needs are assessed and appropriate arrangements for ongoing care are determined.

Table 2 presents the number of involuntary detentions authorised for up to 3 days (ED3). In 2025–26, 1,073 ED3 authorisations were made, representing a decrease of 138 authorisations (11.4 per cent) compared with 2024–25. ED3 authorisations had remained relatively stable over the previous 4 years, but the number fell notably in 2025–26 despite an increase in emergency apprehensions during the same period.

Table 2: Number of ED3s, 2021–26

	2021–22	2022–23	2023–24	2024–25	2025–26
Number of ED3s	1,157	1,165	1,199	1,211	1,073

Involuntary detentions authorised for up to a further 11 days

Where a person requires ongoing involuntary treatment, care or support beyond the initial ED3, an application may be made to the ACT Civil and Administrative Tribunal (ACAT) for an extension of involuntary detention. If ACAT is satisfied that the criteria under the Mental Health Act 2015 are met, it may authorise a further period of involuntary detention of up to 11 days (ED11).

Table 3 summarises the outcomes for people who were initially subject to an ED3. In 2025–26, 426 people had their ED3 revoked without a further order being made, while 647 people were subject to an ED11 following an ACAT order. Compared with 2024–25, the number of ED11 orders increased by 69 (11.9 per cent), whereas the number of ED3 revocations decreased. Table 3 also provides a comparison of these outcomes over the previous 5 years.

Table 3: Outcomes from an initial ED3 including the number of ED11 orders, 2021–26

	2021–22	2022–23	2023–24	2024–25	2025–26
Revocation of ED3 without further orders being made	613	611	680	633	426
ED11s granted by ACAT	544	554	519	578	647

Psychiatric treatment orders

Where further involuntary treatment is required beyond the period authorised under an ED11, a psychiatric treatment order (PTO) may be made to authorise the provision of involuntary mental health treatment, care and support in either an inpatient setting or in the community. A PTO may remain in force for a maximum of 6 months, unless it is reviewed, renewed or revoked earlier. If ACAT is satisfied that a higher level of restriction is necessary, it may also make a restriction order (RO) together with a PTO.

Table 4 summarises relevant PTO activity over the past 5 years, including PTOs made or continued, PTOs revoked following a hearing, contraventions recorded under section 77 of the Mental Health Act 2015, and ROs made together with a PTO. During 2025–26, ACAT conducted 1,598 hearings relating to PTOs. Of these, 1,056 resulted in a PTO being made or continued. This represents an increase of 19.3 per cent in the number of PTOs granted or continued compared with 2024–25.

Table 4: Psychiatric treatment order outcomes, 2021–26

	2021–22	2022–23	2023–24	2024–25	2025–26
PTOs made by ACAT	788	722	796	885	1,056
PTOs revoked by ACAT after a hearing	217	179	218	182	172
Contravention of PTO	166	195	141	180	302
ROs made by ACAT together with a PTO	0	1	0	0	0

Contraventions of a PTO are recorded under sections 77 or 78 of the Mental Health Act 2015, depending on the circumstances and the facility involved. Section 77 applies when a person contravenes an order and the contravention does not involve absconding from a facility. Section 78 applies when a person absconds from an approved mental health facility or approved community care facility at which they are required to be detained.

In previous reporting periods, the available data did not distinguish between contraventions recorded under sections 77 and 78. Improvements to data collection and reporting arrangements enabled these figures to be presented separately for 2025–26, as shown in Table 5. During 2025–26, a total of 336 PTO contraventions were recorded. Of these, 302 were recorded under section 77 and 34 under section 78.

Table 5: Contraventions recorded by legislative provisions of the Mental Health Act 2015, 2025–26

Legislative provision	Total
Section 77 contravention of mental health order	302
Section 78 contravention of mental health order – absconding from facility	34

Forensic psychiatric treatment orders

A forensic psychiatric treatment order (FPTO) can be made to enable involuntary mental health treatment, care and support to be provided to a person with a mental illness who is also detained in a correctional centre or serving a community-based sentence. Under the Mental Health Act 2015, an FPTO may be made for a period of up to 3 months. Where a person has been subject to consecutive FPTOs for one year, the duration of a subsequent order may be extended,

to a maximum of one year. An FPTO may also be reviewed, renewed or revoked before it expires.

The number of FPTOs ACAT made and revoked in the last 5 years is outlined in Table 6. During 2025–26, ACAT made 7 FPTOs, compared with 11 in 2024–25. No FPTOs were revoked during the reporting period, consistent with previous years.

Table 6: Number of FPTOs made and revoked, 2021–26

	2021–22	2022–23	2023–24	2024–25	2025–26
FPTOs made by ACAT	21	10	11	11	7
FPTOs revoked by ACAT	0	0	0	0	0

Admissions to Dhulwa Mental Health Unit

The Dhulwa Mental Health Unit (Dhulwa) provides specialist inpatient treatment, care and support for people with a mental illness who require care in a secure environment. Under the Mental Health Act 2015, a detainee may be transferred from an ACT correctional facility, including the Alexander Maconochie Centre (AMC) or Bimberi Youth Justice Centre (BYJC), to Dhulwa where inpatient mental health treatment is required. Transfers may occur under a range of legislative authorities, depending on the person’s circumstances. People who are not detainees may also be admitted to Dhulwa when they

are subject to an appropriate mental health order and admission to the unit is clinically indicated.

Table 7 shows admissions and transfers to Dhulwa in 2025–26 by admission category and legislative status. In total, there were 15 detainees transferred from correctional facilities and 4 civil admissions. Of the detainees transferred from correctional facilities, 14 were admitted while subject to an involuntary mental health order and one was admitted as a correctional patient.

Table 7: Admissions to Dhulwa Mental Health Unit, 2025–26

Admission category and legislative status	Total
Admissions from correctional facilities	
Subject to an involuntary mental health order	14
Correctional patient	1
Other admissions (not detainees)	
Subject to an involuntary mental health order	4
Admitted on another involuntary order	0

Electroconvulsive therapy

Electroconvulsive therapy (ECT) may only be provided in accordance with the requirements of the Mental Health Act 2015. Where a person is unable to consent to treatment, ACAT may authorise involuntary ECT, including emergency ECT in the limited circumstances prescribed by the Mental Health Act 2015.

Table 8 summarises the number of ECT and emergency ECT orders authorised by ACAT over the last 5 years. During 2025–26, ACAT authorised 48 ECT orders, which represents a slight increase from 47 orders in 2024–25. No emergency ECT orders were authorised by ACAT in 2025–26. Emergency ECT remains reserved for exceptional circumstances where ECT is required as a life-saving intervention.

Table 8: Number of authorised ECT and emergency ECT orders, 2021–26

	2021–22	2022–23	2023–24	2024–25	2025–26
ECT orders made by ACAT	44	30	30	47	48
Emergency ECT orders made by ACAT	5	3	2	6	0

Interjurisdictional transfers

The Mental Health Act 2015 provides a framework for the transfer of people receiving involuntary mental health treatment between the ACT and other Australian jurisdictions where this supports continuity of treatment, care and support. These provisions enable people to receive ongoing care in the jurisdiction that is most appropriate to their circumstances while ensuring their mental health orders continue to have effect.

During 2025–26, 22 people receiving involuntary mental health treatment were transferred between ACT and other Australian jurisdictions to support continuity of treatment, care or support. This included 20 transfers into the ACT from other jurisdictions and 2 transfers from ACT to an interstate facility. Table 9 shows a summary of interstate transfers in the previous 5 years. The total number of interjurisdictional transfers remained unchanged from 2024–25.

Table 9: Number of interjurisdictional transfers, 2021–26

	2021–22	2022–23	2023–24	2024–25	2025–26
Interstate transfers	8	7	17	22	22

Section 309 of the *Crimes Act 1900*

Section 309 of the *Crimes Act 1900* enables the ACT Magistrates Court to order that a person charged with an offence receive involuntary mental health treatment. These orders also provide for the person to be taken to an approved mental health facility for an emergency assessment to determine whether immediate treatment and care are required.

During 2025–26, the ACT Magistrates Court made 229 orders under section 309 of the Crimes Act 1900, which is comparable to the 230 orders made during 2024–25. Of these referrals, 134 (58.5 per cent) required admission to an approved mental health facility for assessment purposes, while 95 (41.5 per cent) people did not require admission and were returned to court on the same day. Table 10 shows the comparison to previous years.

Table 10: Court-ordered assessments of a defendant under section 309 of the Crimes Act 1900, 2021–26

	2021–22	2022–23	2023–24	2024–25	2025–26
Court-ordered assessments of a defendant under section 309 of the Crimes Act 1900	122	215	185	230	229

Psychiatric surgery

The Mental Health Act 2015 contains provisions relating to psychiatric surgery and places strict controls on the performance of psychiatric surgery. Since these provisions came into effect, no applications for psychiatric surgery have been made and no psychiatric surgery has been performed.

Table 11: Summary of applications for psychiatric surgery, 2021–26

	2021–22	2022–23	2023–24	2024–25	2025–26
Psychiatric surgery	0	0	0	0	0

Restrictive interventions

The Mental Health Act 2015 recognises that restrictive interventions involve significant limitations on a person’s rights and should only be used in limited circumstances. These interventions may only be used where they are considered necessary or reasonable to prevent harm to the person or another individual.

Restrictive interventions include seclusion and restraint (including physical and mechanical restraint). For the purpose of this report, the definitions of restrictive interventions are consistent with those used by the Australian Institute of Health and Welfare (AIHW). Seclusion is defined as when a person is placed alone in a room and cannot leave by themselves. An example is a room with a door that locks and unlocks from the outside. Restraint is when a person is held to stop them moving their body. Mechanical restraint is when items are used, such as tying belts or straps on their hands or arms. Physical restraint is when staff use their hands or body to stop a person moving freely.

When a restrictive intervention is used, the Mental Health Act 2015 requires that the reasons for its use must be recorded in the person’s record, the Public Advocate must be informed, and details of the intervention must be entered into a register. These requirements support transparency, accountability and ongoing oversight of the use of restrictive practices.

The ACT remains committed to minimising the use of restrictive practices wherever possible, consistent with the principles of least restrictive care.

The Chief Psychiatrist Restrictive Practices Oversight Committee (CPRPOC) was established in August 2025 to monitor the use of restrictive practices, oversee compliance with the Act, and collate data to identify and report on changes, trends and emerging issues in the ACT. CPRPOC’s work contributes to greater transparency, accountability and the ongoing reduction of restrictive practices in the ACT.

Restrictive intervention data are collected by all Australian jurisdictions and contribute to national mental health reporting. To enable comparison over time and with other Australian jurisdictions, restrictive intervention data are presented as the number of events per 1,000 bed days, consistent with reporting by AIHW. A bed day represents one day during which a hospital bed is occupied by a patient. Reporting events per 1,000 bed days takes account of differences in the size and level of activity of mental health services. For example, a seclusion rate of 4 means that 4 seclusion events were recorded for every 1,000 occupied bed days. The rate represents events rather than individual people, as a person may experience more than one restrictive intervention during the reporting period.

At the time of finalising this report, the ACT Data for 2025–26 had not completed the required validation process and therefore were not available for publication. This data will be provided in the next annual report. Table 12 presents the rates of seclusion and physical restraint in ACT public hospital acute mental health services from 2021 to 2025.

Table 12: Rates of seclusion and restraint in ACT public hospital acute mental health services, 2021–25

	2021–22	2022–23	2023–24	2024–25
Seclusion	1	No data	1	4
Physical restraint	7	7	7	7

Key projects in the Office of the Chief Psychiatrist

Throughout 2025–26, the Office of the Chief Psychiatrist carried out the following key projects:

Implementing the recommendations from the Chief Psychiatrist's Report

The Chief Psychiatrist's Report on recommendations for reform of care, treatment and support provided to people found not guilty because of mental impairment and released from custody into the care of mental health services (the Chief Psychiatrist's Report) identified opportunities to improve the legislative, clinical and governance arrangements supporting people found not guilty because of mental impairment (NGMI). Released on 9 February 2024, the Chief Psychiatrist's Report made a total of 35 recommendations in response to issues identified in the mental health and justice systems where people have been released from custody after being found not criminally responsible.

During 2025–26, the ACT Chief Psychiatrist continued to lead and coordinate implementation of the recommendations in partnership with government agencies, Canberra Health Services and other key stakeholders. This included supporting the Executive Steering Committee, Legislative Working Group and Clinical Working Group to progress reform across the health and justice systems.

Key work undertaken during the reporting period included progressing the first tranche of legislative reform, developing supporting policy proposals and advancing priority clinical and operational initiatives. The Office also continued targeted consultation with people with lived and living experience, carers, clinicians and partner agencies on further reforms. This collaborative approach supported implementation of the recommendations while informing longer-term broader reform of the ACT forensic mental health system.

Mandatory review of the Mental Health Act 2015

Section 271A of the Mental Health Act 2015 requires the Chief Psychiatrist to undertake a mandatory review of specified provisions of the Act, including those relating to mental health orders, forensic mental health orders and amendments introduced by the [Mental Health Amendment Act 2020](#). The review provides an opportunity to assess whether provisions under these sections continue to operate as intended and remain effective in balancing the rights of people receiving mental health care with the delivery of safe and appropriate care.

During 2025–26, the Office of the Chief Psychiatrist commenced early planning for the mandatory review through policy analysis, stakeholder engagement and consultation planning. Public consultation forms an important part of the review process, with opportunities provided to interested individuals and organisations for public submissions in relation to each section specified for review. This engagement will inform the development of recommendations for consideration by government. Public consultation for the review is planned for the second half of 2026.

Following completion of the review, the Minister for Mental Health is required to table a report on the review of sections related to the mental health orders and forensic mental health orders to the Legislative Assembly within 2 years of the review's commencement.

ADHD prescribing standards

The ACT Government is committed to delivering its election commitment to expand the role of GPs in the diagnosing ADHD and prescribing of ADHD medication. During 2025–26, the ACT Chief Psychiatrist continued to work closely with the Chief General Practitioner and other jurisdictions to support the development of a nationally consistent approach to expanding GP scope of practice for ADHD diagnosis and medication management. Stage 1 of the ADHD reforms commenced on 11 February 2026, allowing GPs to continue prescribing psychostimulants to people with ADHD who have previously received a diagnosis from a non-GP specialist and who are stable on their current medications, without the need for individual Chief Health Officer approval or a shared-care arrangement with a non-GP specialist. The reforms also streamlined prescribing arrangements for paediatricians, psychiatrists and neurologists.

Work also progressed on Stage 2 reforms, including development of a proposed policy framework, specific training requirements and regulatory arrangements to support trained GPs to assess, diagnose and initiate treatments for ADHD, without input from a non-GP specialist.

Jurisdictional Officers Group

The Jurisdictional Officers Group (JOG) is established as a time-limited subgroup of the Mental Health and Suicide Prevention Senior Officers' Safety and Quality Group to progress nationally coordinated mental health reform. During 2025–26, JOG continued its work to support the mutual recognition of civil mental health orders across Australian jurisdictions. This work aims to improve continuity of care for people who move between jurisdictions by supporting more consistent legislative and administrative arrangements.

Chief Psychiatrist Advisory Committee

The Chief Psychiatrist Advisory Committee (CPAC) provides independent advice to the Chief Psychiatrist on the operation of the Mental Health Act 2015 and supports the effective governance of the ACT mental health legislative framework. Throughout 2025–26, CPAC continued to oversee matters relating to the implementation of the Act, including its interaction with other legislation, consideration of potential legislative amendments, identification of emerging issues and risks, review of guidelines and oversight of documentation developed under the Act. The Committee also provided ongoing advice to the Chief Psychiatrist on matters affecting mental health treatment, care and support in the ACT.

ACT Care Coordinator Annual Report

The ACT Care Coordinator is a statutory role appointed by the Minister for Mental Health under section 204(1) of the Mental Health Act 2015. As ACT Care Coordinator, the ACT Chief Psychiatrist coordinates or delegates the coordination of treatment, care and support for people with a mental disorder who are subject to a community care order or forensic community care order. A separate report on the activities of the ACT Care Coordinator, including information on these orders, is provided on page 338 of the *Health and Community Services Directorate Annual Report 2025–26*.

For further information, contact:
chiefpsychiatrist@act.gov.au.



ACT Senior Practitioner

Ms Suzanne Orr MLA
Minister for Disability, Autism and Neurodiversity
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

ACT Senior Practitioner Annual Report 2025–26

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2026*. This is being presented to you in your capacity as Minister for Disability, Autism and Neurodiversity.

It has been prepared in conformity with other legislation applicable to the preparation of the annual report by the ACT Senior Practitioner.

I certify that the information in the attached annual report and information provided for whole-of-government reporting, is an honest and accurate account and that all material information on the operations of the ACT Senior Practitioner has been included for the period 1 July 2025 to 30 June 2026.

I hereby certify that fraud prevention has been managed in accordance with the Public Sector Management Standards 2006 (repealed), Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

A handwritten signature in black ink, appearing to read "TH", with a horizontal line extending to the right.

Tracey Harkness
ACT Senior Practitioner
Office of the Senior Practitioner
13 July 2026

Compliance statement: ACT Senior Practitioner

The *ACT Senior Practitioner Annual Report 2025–26* complies with the *Annual Report (Government Agencies) Directions 2026* (the Directions), made under section 8 of the *Annual Reports (Government Agencies) Act 2004*. The Directions are available on the ACT Legislation Register at www.legislation.act.gov.au.

The compliance statement identifies the subsections under Parts 1 to 5 of the Directions that apply to the ACT Senior Practitioner and where information addressing those requirements can be found.

Part 1: Directions overview

The requirements under Part 1 of the Directions relate to the purpose, timing, distribution and record keeping of annual reports. The *ACT Senior Practitioner Annual Report 2025–26* complies with all applicable subsections of Part 1.

To meet the requirements of section 15 (Feedback) of Part 1 of the Directions, this report includes contact details for the ACT Senior Practitioner to enable readers to provide feedback.

Part 2: Reporting entity annual report requirements

The requirements under Part 2 of the Directions are mandatory for all reporting entities. The ACT Senior Practitioner complies with all applicable subsections. The information addressing the requirements of Part 2 is included in the *ACT Senior Practitioner Annual Report 2025–26* as follows:

- transmittal certificate – see the previous page
- organisational overview and performance – see the next page. All other subsections are contained within the *Health and Community Services Directorate Annual Report 2025–26*
- financial management reporting (including all subsections) – see the *Health and Community Services Directorate Annual Report 2025–26*

Part 3: Reporting by exception

The ACT Senior Practitioner has no information to report by exception under Part 3 of the Directions for the 2025–26 reporting year.

Part 4: Directorate and public sector body-specific annual report requirements

There are additional reporting requirements under Section 50 of the *Senior Practitioner Act 2018*.

Part 5: Whole-of-government annual reporting

All subsections of Part 5 of the Directions apply to the ACT Senior Practitioner. Consistent with the Directions, the information addressing these requirements is reported centrally for all ACT Public Service directorates:

- bushfire risk management – see the annual report of the Justice and Community Safety Directorate
- human rights – see the annual report of the Justice and Community Safety Directorate
- legal services directions – see the annual report of the Justice and Community Safety Directorate
- public sector standards and workforce profile – see the annual State of the Service Report
- Territory records – see the annual report of the Chief Minister, Treasury and Economic Development Directorate

ACT Public Service directorate annual reports are available at <https://www.act.gov.au/open/annual-reports>.

Abbreviations and acronyms

Abbreviation/acronym	Meaning
ACTRIDS	Australian Capital Territory Restrictive Intervention Database System
AIHW	Australian Institute of Health and Welfare
DHDA	Department of Health, Disability and Ageing
NDIS	National Disability Insurance Scheme
NDIS Commission	National Disability Insurance Scheme Quality and Safeguards Commission
OSP	Office of the Senior Practitioner
PBS	Positive behaviour support
PBSP-QA	Positive Behaviour Support Plan Quality Assessment

Glossary of technical terms

Term	Meaning
Chemical restraint	The use of medication or a chemical substance for the primary purpose of influencing a person's behaviour or movement. It does not include medication prescribed and used in accordance with a prescription for the treatment of, or to enable treatment of, a mental or physical illness or condition.
Environmental restraint	Any action or system that limits a person's ability to freely access their surroundings or a particular thing, or to engage in an activity.
Mechanical restraint	The use of a device to prevent, restrict or subdue the movement of all or part of a person's body. It does not include the use of a device to ensure the person's safety when travelling or for therapeutic purposes.
PBS panel	A panel established under the <i>Senior Practitioner Act 2018</i> to consider and make recommendations regarding a proposed PBS plan that includes restrictive practices. The panel reviews whether the proposed restrictive practices are necessary, proportionate, the least restrictive alternative available and consistent with the person's rights and wellbeing. The panel's recommendations are considered as part of the approval and registration process for the PBS plan.
PBS plan	A plan for a person that describes the strategies to be used in supporting the person's behaviour. It includes strategies to build on a person's strengths and increase their life skills and reduce the intensity, frequency and duration of behaviour that causes harm to the person or others.
Physical restraint	The use or action of physical force to stop, limit or subdue the movement of a person's body or part of the person's body. It does not include a reflex action of reasonable physical force and duration intended to guide or direct a person in the interests of their safety where there is an imminent risk of harm.
Provider	An organisation or individual delivering disability, education or care-and-protection-of-children services to another person. It does not include a close family member of the other person or an informal carer for the other person.
Restrictive practice	A practice that is used to restrict the rights or freedom of movement of a person for the primary purpose of protecting the person or others from harm. It includes: <ul style="list-style-type: none"> • chemical restraint • environmental restraint • mechanical restraint • physical restraint • seclusion.
Seclusion	The sole confinement of a person, at any time of the day or night, in a room or other space from which free exit is prevented, either implicitly or explicitly, or not facilitated.

ACT Senior Practitioner Annual Report 2025–26

I am pleased to present the ACT Office of the Senior Practitioner Annual Report for 2025–26.

I also thank my small but dedicated team for their ongoing commitment to protecting the human rights of the children and adults subject to restrictive practices.

I acknowledge the contribution of our regulatory partner agencies and internal and external stakeholders in upholding the human rights of people subject to restrictive practices. Together, we work to ensure restrictive practices are used only in limited circumstances, for the shortest possible time and as the least restrictive alternative to keep people and others safe from harm.

Highlights this year include increased collaboration with education providers, which has contributed to better outcomes for children and young people in school settings. The Office of the Senior Practitioner (OSP) also continued to implement the recommendations from the review completed just over a year ago.

We expect to publish our statement of regulatory intent and approach statement soon, along with 2 updated guidelines that will become disallowable instruments.

This report details the OSP's key achievements and activities in informing, educating, raising awareness and regulating in a risk-responsive manner, in accordance with the functions of the Senior Practitioner outlined in the *Senior Practitioner Act 2018* (the Act).

Tracey Harkness

ACT Senior Practitioner

13 July 2026

For more information, contact the OSP at actseniorpractitioner@act.gov.au.

Role and functions

Under the Act, the Senior Practitioner is a statutory appointment made by the Director-General of the Health and Community Services Directorate.

The Senior Practitioner has the following functions:

- to promote the reduction and elimination of restrictive practices
- to oversee the use of restrictive practices
- to protect the rights of vulnerable people subject to restrictive practices
- to ensure providers follow the law
- to oversee panels that review and approve positive behaviour support plans (PBS plans)
- to register PBS plans
- to investigate complaints
- to provide guidance and education to providers and people subject to restrictive practices
- to make guidelines and standards on the use of restrictive practices and the creation of PBS plans

Monitoring and oversight

Use of restrictive practices

Providers must report every time they use a restrictive practice. If the restrictive practice is not part of a registered PBS plan, it must be reported within 5 business days after it is used. If the restrictive practice is part of a registered PBS plan, it must be reported within 5 days after the end of each month.

Table 1: Total instances of reported restrictive practice use

	2023–24	2024–25	2025–26
Total instances	118,196	149,430	156,929
Under registered PBS plans	39,457	59,191	61,985
Outside registered PBS plan	78,739	90,239	94,944
Number of people subject to restrictive practices	380	493	563

Restrictive practice reporting increased by 5 per cent in 2025–26. However, the rate of growth slowed compared with 2024–25, when reporting increased by 26 per cent.

Restrictive practices used under a registered PBS plan increased by 4.7 per cent. Restrictive practices used outside a registered PBS plan increased by 5.2 per cent. The number of people subject to restrictive practices increased by 14.2 per cent.

Table 2: Type of restrictive practices used – percentage of total for financial years

Type	2023–24	2024–25	2025–26
Chemical	71.15%	70.82%	68.43%
Environmental	25.08%	24.69%	26.45%
Mechanical	2.94%	3.70%	4.55%
Physical	0.72%	0.74%	0.55%
Seclusion	0.11%	0.06%	0.01%

The types of restrictive practices used remained broadly consistent in 2025–26. Chemical restraint was still the most reported restrictive practice, making up 68.43 per cent of all reported instances. However, its share has continued to fall over the past 3 years, decreasing from 71.15 per cent in 2023–24 and 70.82 per cent in 2024–25.

Environmental restraint increased from 24.69 per cent in 2024–25 to 26.45 per cent in 2025–26. This is most likely due to the OSP's increased focus on accurately identifying environmental restraint as part of its compliance work. Mechanical restraint also increased again this year, rising from 3.70 per cent to 4.55 per cent. In contrast, physical restraint decreased from 0.74 per cent to 0.55 per cent, while seclusion remained very uncommon and decreased further from 0.06 per cent to 0.01 per cent.

Positive behaviour support plans

Any PBS plan that includes a restrictive practice must be reviewed and approved by a registered positive behaviour support panel (PBS panel) before it can be registered by the Senior Practitioner. The PBS panel checks that the PBS plan follows the Act and guidelines the Senior Practitioner has issued. Before approving a plan, the PBS panel must be sure that:

- the restrictive practice is needed to prevent harm to the person or other people
- it is the least restrictive option available
- the plan includes strategies to reduce and eventually stop the use of restrictive practices.

After the PBS panel approves the plan, the Senior Practitioner reviews the recommendation and makes the final decision about whether the PBS plan will be registered.

Table 3: Applications to register PBS plans

	2023–24	2024–25	2025–26
Panels convened	152	182	215
Plans approved at panel	120	131	183
Plans registered by Senior Practitioner	113	150	179
People with a registered plan	144	175	211

The number of PBS panels and PBS plan registrations continued to increase in 2025–26. This shows more providers are applying to register plans for more people. Increased compliance checks and enforcement actions by the OSP for providers using planned restrictive practices without a registered plan may also have contributed to this increase. The number of approved and registered PBS plans increased faster than the number of panel reviews. This is likely because the panel and registration processes have become more efficient. Providers are also better at preparing applications, which are more closely meeting registration requirements.

Table 4: Plan quality and rejections

	2023–24	2024–25	2025–26
Panel rejection rate	13%	14%	14%
Senior Practitioner rejection rate	8%	11%	3%

The overall panel rejection rate remained the same in 2025–26 as in previous years, indicating ongoing concerns with plan quality and compliance at the application stage.

The Senior Practitioner rejection rate decreased significantly from 11 per cent to 3 per cent. This suggests targeted guidance, practitioner education and stronger quality assurance processes have improved the standard of plans submitted for final registration. For example, the OSP has given independent clinicians greater authority to allow PBS plan authors a short timeframe to make minor changes before approving the plan following the panel review.

Common reasons for rejection include insufficient evidence to justify a restrictive practice, restrictive practices being used but not included in the PBS plan and a smaller number of applications where no restrictive practice was identified. Other common issues include restrictive practice protocols that are unclear, inaccurate or lack enough detail, as well as outdated PBS plans and insufficient behaviour-assessment information.

Reduction and elimination outcomes

The central intent of the Act is to help service providers reduce and, where possible, eliminate the use of restrictive practices.

This year, the OSP recorded the following reductions and eliminations of restrictive practices:

- Twelve service providers eliminated the use of one or more restrictive practices for 17 individuals:
 - 7 chemical restraints
 - 8 environmental restraints
 - 3 mechanical restraints

The OSP continues to participate in national discussions with the Australian Government and state and territory governments in response to the Disability Royal Commission recommendations. See the section below for more details.

Regulatory actions

Education and engagement

Education and support are an important part of the OSP's risk-based approach to regulation. Each year new providers are entering the disability marketplace and may use restrictive practices. The OSP focuses on helping providers understand their responsibilities and meet the requirements of the Act.

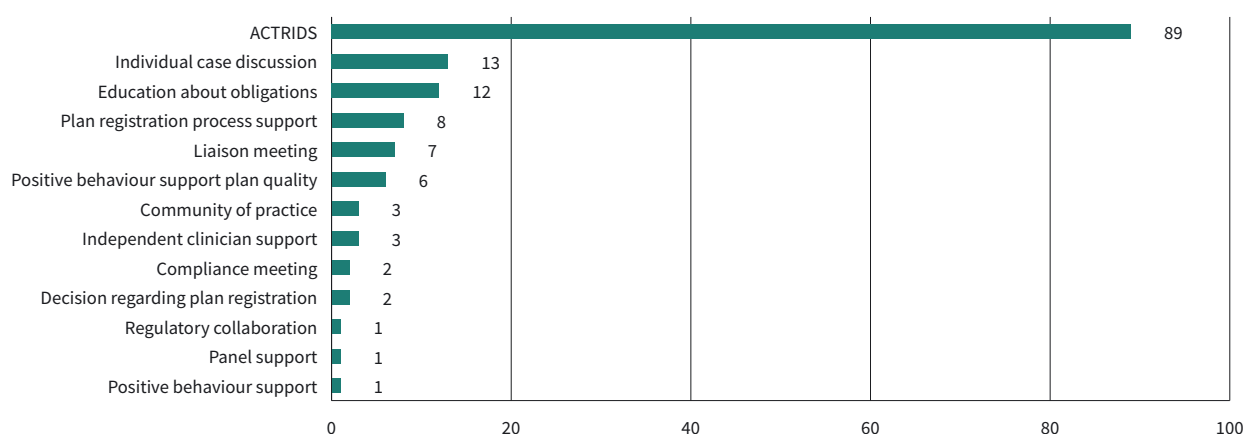
ACTRIDS

ACTRIDS is a system that helps track how restrictive practices are used in education, disability services and care-and-protection services. It allows providers to apply to register PBS plans that include these practices. The system helps providers follow the law by making sure they report accurate information and complete their applications in the right way. The system sets out what information must be reported, checks for completeness and accuracy and collects data to identify trends and improve services.

Before PBS plan applications go to the PBS panel, the OSP checks them in ACTRIDS to make sure the information is complete and correct. If it identifies mistakes, staff provide feedback, support, and training to help providers improve. This has increased the number of correct submissions on the system in 2025–26.

In 2025–26, the OSP delivered 148 education and engagement sessions and worked with 79 providers. Much of this support focused on helping providers use ACTRIDS, complete reporting requirements and prepare high-quality PBS plan applications. This support improves the quality of data and helps the OSP understand challenges, risks and trends across the sector.

The OSP also worked closely with providers to answer questions, discuss individual situations, improve PBS plans and support the registration process. This ongoing engagement helps providers meet their obligations, improves the quality of information reported to the OSP and supports the safe reduction and elimination of restrictive practices over time.

Figure 1: Number of engagement and education sessions by topic

Compliance monitoring and enforcement

The OSP monitors restrictive practices that are used outside registered PBS plans. This helps to identify providers who may not be meeting their legal requirements. The OSP may become aware of these cases through:

- reports of restrictive practice use
- complaints
- other information gathered through its regulatory work.

When a case is identified, the OSP assesses the information to understand the level of risk and decide what action is needed.

Table 5: Case assessment and triage

Outcome	2025–26
Cases triaged and risk assessed	199
Preliminary enquiries (non-statutory requests for information)	106
Cases closed through non-statutory engagement	101
Cases under active monitoring	29

Most cases were resolved through early engagement with providers. This shows the OSP uses a risk-based approach to regulation. It works with providers to address issues early where possible and takes further action when needed. The OSP focuses its resources on cases that present a higher level of risk.

Table 6: Compliance actions

Outcome	2025–26
Warning notices	11
Non-compliance notices	2
Directions	0
Matters referred to another entity	0
Compliance investigations	0

The OSP took compliance action in a small number of cases where it identified concerns. During the year, the OSP issued 11 warning notices and 2 non-compliance notices. Most matters were resolved through monitoring, collecting information and working with providers before stronger regulatory action was needed. This reflects the OSP's risk-based approach, with stronger action taken only when necessary.

Table 7: Site visits

Sector visited	2023–24	2024–25	2025–26
Disability*	28	14	3
Care and protection	0	1	14
Education	16	17	15
Total	44	32	32

*This number includes registered aged care facilities visited in 2023–24 that care for people with NDIS funding

The OSP conducted 32 site visits in 2025–26 across education, care-and-protection and disability service settings to monitor the use of restrictive practices and support regulatory oversight. The increase in visits to care-and-protection residential homes reflects a greater focus on these settings, while schools and early childhood education centres continued to account for a significant proportion of monitoring activity.

Complaints

The Senior Practitioner can receive complaints about a PBS plan that allows the use of a restrictive practice and any restrictive practice used by a provider. The OSP reviews all complaints it receives and acts when concerns about the use of restrictive practices are identified.

Table 8: Complaints received

Outcome	2023–24	2024–25	2025–26
Not investigated or managed	0	1	5
No further action taken	3	1	3
Referred to another agency	5	1	0
Recommendations given to provider	1	1	1
Investigated	0	0	1
Ongoing	0	0	1
Total complaints received	9	3	10

In 2025–26, the OSP received 10 complaints from the disability, education and care-and-protection sectors. Most complaints were about concerns that restrictive practices may have been used unlawfully or inappropriately. Five complaints fell outside the OSP’s responsibilities or were not suitable for the OSP to manage. One complaint was investigated and found to be substantiated. As a result, the OSP made recommendations to the provider. One complaint remained open as at 30 June 2026.

Key projects in the Office of the Senior Practitioner

Joint project with the Education Directorate

The OSP commenced a joint project with the Education Directorate in the last financial year. The project has updated documentation on restrictive practices and increased the focus on environmental restraints in schools. It has already delivered positive outcomes and will continue over the next few months.

Community of practice

The OSP holds a community of practice every 3 months. These sessions bring together behaviour support practitioners and service providers to share ideas, learn from each other and build their knowledge and skills. The community of practice supports professional development and helps promote good behaviour support practices across the sectors. The OSP was grateful to host the following speakers:

- **Tracey Harkness, ACT Senior Practitioner**, who provided updates on the activities of the OSP, national and local policy developments, key regulatory priorities and newly developed nationally agreed resources to support providers and behaviour support practitioners.
- **Jenn Colechin, Board-Certified Behaviour Analyst and NDIS-registered Advanced/Specialist Behaviour Support Practitioner**, who presented on conducting functional behavioural assessments that focus on identifying unmet needs and contextual factors contributing to behaviours of concern.
- **Dr Maria Vassos and Professor Karen Nankervis from the University of Queensland** who presented on the Positive Behaviour Support Plan Quality Assessment (PBSP-QA) tool, including recent developments, ongoing research and initiatives to strengthen the quality and consistency of PBS plans.

- **The Engagement team from the Practice Quality Division of the NDIS Quality and Safeguards Commission** who provided an overview of new position statements, current practice quality initiatives and opportunities for discussion through a question-and-answer session.
- **Ian Ross and Elizabeth Abakah from Hartley Lifecare** who shared practical insights from supporting a participant through intake and onboarding, identifying potential restrictive practices, liaising with support coordinators, developing a PBS plan and navigating the authorisation process.
- **Kim Webster, ACT Official Visitor (Disability)**, who presented on the role and powers of official visitors, including how they monitor and promote the rights, welfare and interests of people with disability living in supported accommodation and other relevant settings in the ACT.
- **Dr Amelia Wheeler from the University of Canberra and Dr Anika Farwa from the Australian Catholic University** who presented an update on the joint research project with the OSP on critical discourse analysis in PBS plans.

Office of the Senior Practitioner Review recommendations

In July 2025, an independent review of the OSP's procedures and processes was completed. The OSP is implementing the 12 recommendations. As part of implementing the recommendations, the OSP has drafted a statement of expectations and a statement of intent that articulate how the OSP will:

- focus on changing provider behaviour to minimise harm
- target effort to higher-risk practices, settings and providers
- support compliance through clear expectations, guidance and education
- escalate to compliance and enforcement action where risks are significant, persistent or systemic.

The implementation process is expected to continue for a further 12 months as guidelines and operating procedures are currently under development.

Disability Royal Commission

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) handed down its recommendations in September 2023. The ACT Government published its response on 31 July 2024, in line with other states and territories.

The OSP continues to be consulted on the relevant recommendations in collaboration with the Strategic Policy Division in HCSD, which leads the biannual reporting to the Commonwealth Department of Health, Disability and Ageing (DHDA).

The OSP has the lead in recommendation 6.39 and 6.40:

- **Recommendation 6.39**

The Australian Institute of Health and Welfare (AIHW) should work with state and territory governments to develop consistent data definitions and collection methods on restrictive practices across all jurisdictions and align reporting periods. These definitions and collection methods should be finalised by the end of 2024.

- **Recommendation 6.40**

The Australian Government and state and territory governments should establish sector-specific targets and performance indicators to drive the reduction and elimination of restrictive practices over time. This should be at both the national and state and territory levels for disability, health, education and justice settings. These targets and performance indicators should be established by 1 July 2025 at the latest.

Actions taken this year: The Senior Practitioner has represented the ACT Government as a policy and operational lead, regularly contributing to the development of a joint action plan led by DHDA and working with AIHW to develop a nationally agreed work plan. Work on the metrics is still underway. Through regular monthly meetings, senior practitioners draft the metrics and present them to the larger working group for agreement.

NDIS Review recommendations

The OSP continues to lead work on Recommendation 18 for the ACT Government.

Recommendation 18: Reinvigorate efforts to urgently drive reduction and elimination in the use of restrictive practices.

Action 18.1: All Australian governments should agree a joint action plan for meaningful collaboration and a stronger focus on corrective actions against providers to reduce and eliminate restrictive practices and review interventions and practices that may be harmful.

Actions taken this year: The OSP has collaborated with other states and territories and the NDIS Commission through the Senior Practitioners Leadership Group to make further changes to the high-risk restrictive practices document. This document is soon to be published and articulates clearer examples of conduct that may be harmful to people with disability.

Action 18.2: The new National Disability Supports Quality and Safeguards Commission, working with other agencies as relevant, should work with behaviour support practitioners and providers to urgently improve the quality of behaviour support plans, enhance quality of life for participants and eliminate poor provider practices.

Actions taken this year: The OSP has continued to share completed legislative review documents with providers, engage in individual case discussions with providers when PBS plans need improvements and further empowered PBS panel chairs (our independent clinicians) to recommend changes that improve plan quality. The changes to rejection rates mentioned earlier in this report may be early evidence of increases in the quality of behaviour support plans.

Action 18.3: The new National Disability Supports Quality and Safeguards Commission, working with state and territory agencies, should better support providers to deliver on their role in reducing and eliminating restrictive practices.

Actions taken this year: Over the last 2 years the OSP has asked providers to report reductions and eliminations as they occur, so they can be validated. The OSP has also promoted guidance and information through quarterly newsletters and community of practice meetings. However, it needs to be noted that this process remains a largely manual process.

Australian Catholic University research project

The Senior Practitioner continued to collaborate with the Australian Catholic University and the University of Canberra, culminating in a joint presentation at the Canberra Health Annual Research Meeting in June 2026. The next stage will involve jointly writing a research paper on the critical discourse analysis of PBS plans for submission later in 2026.

Collaboration with key agencies

Catholic Education Canberra Goulburn

The OSP continues to meet regularly with the Catholic Education Office. Engagement and compliance increased during the past year. The OSP is supporting Catholic education to develop processes for PBS plans and facilitate independent panel assessments. The OSP expects further system-wide changes over the next year, including increased reporting compliance for environmental restraint. The OSP and Catholic Education will also undertake a joint project to develop resources and staff training.

Regulatory oversight meeting

The regulatory oversight meeting continued this year with updated terms of reference and regular attendance. The OSP will soon review the meeting arrangements and work with members to identify the best model for information sharing and collaboration.

ACT Official Visitors

The OSP has recommenced a quarterly meeting with the ACT Official Visitors for Disability. The meetings have provided a regular forum to share information between the 2 offices relating to governance, complaints and non-compliance procedures and approaches.

Senior Practitioners Leadership Group

The Senior Practitioners Leadership Group continued to meet every 3 months to work towards nationally consistent decision making and nationally agreed position statements. Over the last 6 months, the group decided to hold one virtual meeting at the end of each year to reduce annual travel costs. The group's work this year has largely focused on the joint action plan working group mentioned above, including reaching national agreement on restrictive practices subtypes and developing other resources jointly.

ACT Education Directorate

The OSP continues to meet regularly with the Education Directorate. Successful collaboration between the OSP and the Education Directorate has resulted in a significant reduction in the incidence of locked doors in several schools. The Senior Practitioner has provided education on identifying restrictive practices and is now part of the induction program of all new teachers twice a year.

ACT independent schools

The OSP continues to meet regularly with the Association of Independent Schools of the ACT. The OSP is supporting independent schools to develop processes for PBS plans and facilitate independent panel assessments



ACT Local Hospital Network

Dr Marisa Paterson MLA
Minister for Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

ACT Local Hospital Network Annual Report 2025–26

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2026*. This is being presented to you in your capacity as Minister for Health.

It has been prepared in conformity with other legislation applicable to the preparation of the annual report by the ACT Local Hospital Network.

I certify that the information in the attached annual report and information provided for whole-of-government reporting, is an honest and accurate account and that all material information on the operations of the ACT Local Hospital Network has been included for the period 1 July 2025 to 30 June 2026.

I hereby certify that fraud prevention has been managed in accordance with the Public Sector Management Standards 2006 (repealed), Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K Arthy'.

Kareena Arthy

Director-General

Health and Community Services Directorate

29 September 2026

Compliance statement: ACT Local Hospital Network

The *ACT Local Hospital Network Annual Report 2025–26* complies with the *Annual Report (Government Agencies) Directions 2026 (the Directions)*, made under section 8 of the *Annual Reports (Government Agencies) Act 2004*. The Directions are available on the ACT Legislation Register at www.legislation.act.gov.au.

The compliance statement identifies the subsections under Parts 1 to 5 of the Directions that apply to the ACT Local Hospital Network and where the information addressing those requirements can be found.

Part 1: Directions overview

The requirements under Part 1 of the Directions relate to the purpose, timing, distribution and record keeping of annual reports. The *ACT Local Hospital Network Annual Report 2025–26* complies with all applicable subsections of Part 1.

Part 2: Reporting entity annual report requirements

The requirements under Part 2 of the Directions are mandatory for all reporting entities. The ACT Local Hospital Network complies with all applicable subsections. Information addressing the requirements of Part 2 is included in the *ACT Local Hospital Network Annual Report 2025–26* as follows:

- transmittal certificate – see the previous page
- organisational overview and performance – see the next page. All other subsections are contained within the *Health and Community Services Directorate Annual Report 2025–26*
- financial management reporting (including all subsections) – see pages 368–397

Part 3: Reporting by exception

The ACT Local Hospital Network has no information to report by exception under Part 3 of the Directions for the 2025–26 reporting year.

Part 4: Directorate and public sector body-specific annual report requirements

There are no additional reporting requirements under Part 4.

Part 5: Whole-of-government annual reporting

All subsections of Part 5 of the Directions apply to the ACT Local Hospital Network. Consistent with the Directions, the information addressing these requirements is reported centrally for all ACT Public Service directorates:

- bushfire risk management – see the annual report of the Justice and Community Safety Directorate
- human rights – see the annual report of the Justice and Community Safety Directorate
- legal services directions – see the annual report of the Justice and Community Safety Directorate
- public sector standards and workforce profile – see the annual State of the Service Report
- Territory records – see the annual report of the Chief Minister, Treasury and Economic Development Directorate

ACT Public Service directorate annual reports are available at <https://www.act.gov.au/open/annual-reports>.

Abbreviations and acronyms

Abbreviation/acronym	Meaning
CHS	Canberra Health Services
HCSD	Health and Community Services Directorate
LHN	Local Hospital Network
NHRA	National Health Reform Agreement

ACT Local Hospital Network Annual Report 2025–26

Organisational overview and performance

The ACT Government manages system-wide public hospital and health service delivery, planning and performance, including:

- funding public hospital and health services
- capital planning.

The ACT Local Hospital Network (LHN) is:

- established under the [National Health Reform Agreement](#) (NHRA)
- managed in accordance with the [Health \(National Health Funding Pool and Administration\) Act 2013](#)
- administered by the Director-General of Health and community Services Directorate.

The ACT LHN is supported by HCSD staff.

The ACT LHN receives funding from:

- the Commonwealth
- the ACT and other state and territory governments.

Funding from the NSW Government primarily supports patients from surrounding NSW who access ACT services.

In 2025–26, the ACT LHN funded public hospital and health services delivered by:

- [Canberra Health Services](#) (CHS), which operates:
 - [Canberra Hospital](#)
 - [North Canberra Hospital](#)
 - [University of Canberra Hospital](#)
 - Clare Holland House
 - a network of community health centres and walk-in centres.
- Tresillian Family Care Centres, which operates the Queen Elizabeth II Family Centre under contract with the ACT Government.

In accordance with the [NHRA](#) the ACT LHN had a formal annual service level agreement with the ACT Minister for Health in 2025–26. The ACT LHN 2025–26 Service Level Agreement is on the ACT Government website under [health system performance](#).

Key elements of the agreement for 2025–26 included the:

- services the ACT LHN will provide
- funding provided to the ACT LHN to deliver these services
- key service performance priorities and agreed targets.

The key performance indicators in the agreement included accountability indicators under Output Class 1:

- national weighted activity units – total in scope
- funding and performance monitoring – funding and performance agreements with all ACT LHN non-government providers (Tresillian Family Care Centres for Queen Elizabeth II Family Centre).

As well as funding for public hospital services under the NHRA, funding was provided to CHS for the following initiatives:

- continuing to support access to high-quality public health services in the ACT in response to the growing demand for, and rising cost of, public hospital services to deliver sustainable health services
- the continuing to operate the Eating Disorders Residential Treatment Centre including a multidisciplinary team of nurses, allied health professionals, specialists and support staff providing intensive nutritional and therapeutic support for people with eating disorders
- establishing a new medical imaging outpatient service at the Belconnen Community Health Centre providing community access to ultrasound and X-rays

- expanding the School Youth Nurse Program to ensure a school youth health nurse is available in every high school, 3 days per week. The program will provide one-on-one student consultations, educational health activities and support teachers to deliver the health curriculum
- undertaking a feasibility study for a 6-bed perinatal mental health mother-and-baby unit to address an unmet need for specialist and therapeutic mental health supports for birth parents and their partners
- providing additional resources to the Urgent Suspected Lung Cancer Clinic at CHS to support the implementation of the new National Lung Cancer Screening Program and scans to eligible individuals to detect lung cancer in its early stages
- boosting the insourcing transition taskforce at CHS to commence work required to insource cleaning services at the Canberra Hospital and community sites including continuing preparations to insource cleaning and food services at North Canberra Hospital.

For more information on this section, contact HSPPAdministration@act.gov.au.

Management Discussion and Analysis

For the year ended 30 June 2026

General Overview

The ACT Local Hospital Network (LHN), established and managed in accordance with the *National Health Reform Act 2011* (Cth) and the *Health (National Health Funding Pool and Administration) Act 2013* (ACT), is the mechanism through which public hospital funding is received and distributed within the ACT health system. The LHN receives funding from the Commonwealth Government, the ACT Government and other jurisdictions and uses that to fund hospital and health services through the Canberra Health Services and other approved providers.

The LHN plays a central role in implementing the National Health Reform Agreement (NHRA). Under the NHRA, both the Commonwealth and the ACT Government contribute funding to purchase public health and hospital services on an Activity Based Funding (ABF) model using the National Efficient Price (NEP) as determined by the Independent Hospital and Aged Care Pricing Authority (IHACPA) as well as block funded services. This is also supported by cross border agreements where States and Territories reimburse each other for their residents being treated in public hospitals.

Financial Performance

The following information is based on the audited financial statements and the 2026-27 Portfolio Budget Statements.

Net Cost of Services

The Net Cost of Services reflects the cost of healthcare services delivered through the LHN that is funded by the ACT Government. This is calculated as the total expenditure minus revenue generated from Commonwealth funding and revenue from other states and the Northern Territory. The Net Cost of Services for the LHN is outlined in *Table 1*.

Table 1. Net Cost of Services

	Actual 2024-25 \$m	Original Budget 2025-26 \$m	Actual 2025-26 \$m	Budget 2026-27 \$m	Forward Estimates		
					2027-28 \$m	2028-29 \$m	2029-30 \$m
Total Expenses	2,100.8	2,203.6	2,214.9	2,307.9	2,173.5	2,225.1	2,284.3
Total Own Source Revenue	782.5	718.7	829.3	907.2	968.3	1,034.1	1,104.8
Total Net Cost of Services	1,318.3	1,484.9	1,385.6	1,400.7	1,205.2	1,191.0	1,179.5

The net cost of services for 2025-26 of \$1.386 billion was \$99.2 million (7%) lower than budgeted and \$67.3 million or 5% higher than the prior year net cost of services.

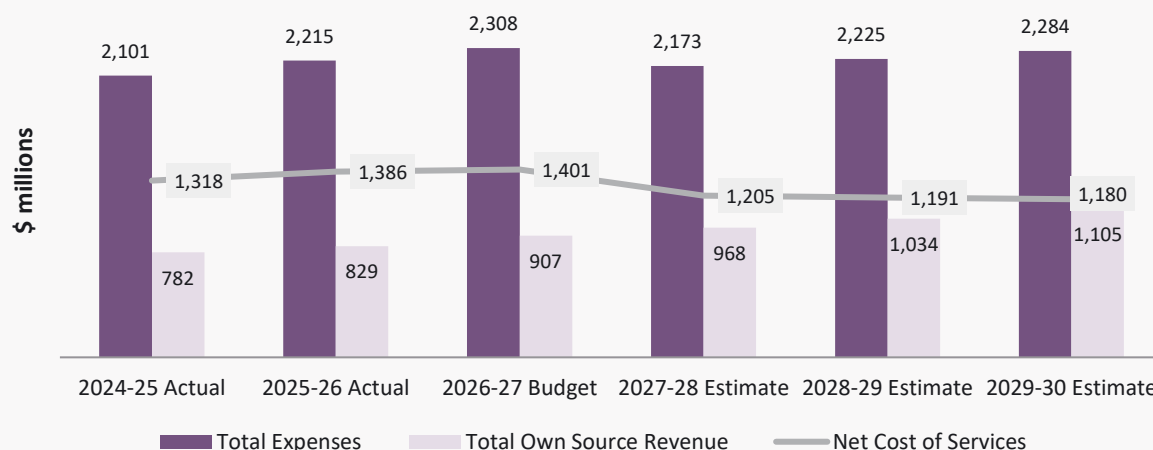
The decrease from budget is mainly due to an increase in cross border revenue from New South Wales (NSW) for residents treated in ACT public hospitals. As a result, the ACT contribution was smaller than originally budgeted.

The increase from 2024-25 reflects wage increases and rising supplies and services costs across the health sector, alongside growth in health service activity. This generated additional revenue from interstate patients and Commonwealth funding but increased payments to health service providers at an even higher rate.

Net Cost of Services – Future Outlook

The Net Cost of Services for the LHN is expected to peak at approximately \$1.4 billion in 2026-27 before reducing to a new baseline of approximately \$1.2 billion per annum across the forward estimates. This trend is outlined in Figure 1.

Figure 1. Net Cost of Services Outlook



The decrease in the Net Cost of Services across the forward estimates largely reflects the impact of NHRA negotiations and winding down of temporary funding provisions for surges in health care demand.

The *NHRA 2026-31 Addendum* increases the Commonwealth funding cap from 2026-27 onwards, resulting in a significant increase in Commonwealth revenue flowing to the Territory. The winding down of existing provisions for surges in health demand decreases planned expenditure across the forward estimates, improving the Net Cost of Services position.

Own Source Revenue

Table 2: Own Source Revenue by Category (\$m)

	Actual 2024-25 \$m	Original Budget 2025-26 \$m	Actual 2025-26 \$m	Budget to Actual Variance \$m	Actual to Actual Variance \$m
Sales of Goods and Services	238.5	139.4	249.7	110.3	11.2
Grants and Contributions	543.9	579.3	579.6	0.3	35.7
Total Own Source Revenue	782.5	718.7	829.3	110.6	46.8

Revenue increased by **\$46.8 million** or **6.0%** compared to the prior year and **\$110.6 million** or **15.4%** compared to budget.

The primary driver of revenue growth was increased health service activity which resulted in increased Commonwealth activity-based funding and Interstate Cross Border Health revenue.

The increase in activity was also supported by growth in the National Efficient Price (NEP) which grew by 12% as a result of general inflationary impacts, clinical staff wage increases, post-COVID pandemic supply costs, and increases to the minimum superannuation guarantee.

Expenditure

LHN expenditure is entirely comprised of payments to providers for delivery of health and hospital services. These expenses are summarised in *Table 3* below.

Table 3: Expenditure by Category (\$m)

	Actual 2024-25 \$m	Original Budget 2025-26 \$m	Actual 2025-26 \$m	Budget to Actual Variance \$m	Actual to Actual Variance \$m
Grants and Purchased Services	2,091.2	2,193.4	2,204.5	11.1	113.3
Transfer Expenses	9.6	10.2	10.5	0.3	0.9
Total Expenses	2,100.8	2,203.6	2,215.0	11.4	114.2

Total expenditure increased by **\$114.2 million** or **5.4%** in 2025-26 compared to the prior year and **\$11.4 million** or **0.5%** compared to budget.

The increase in actuals was largely driven by indexation and higher activity levels across the ACT health system which resulted in increased payments to Canberra Health Services and payments to other jurisdictions for ACT residents receiving treatment interstate.

Financial Position

The Net Assets of the LHN at 30 June 2026 were **\$109.6 million**, which is **\$95.1 million** or **655%** higher than original budget or and **\$17.8 million** or **19.4%** higher than the prior year. This is summarised in *Table 4* and explored in further detail below.

Table 4: Net Assets (\$m)

	Actual 2024-25 \$m	Original Budget 2025-26 \$m	Actual 2025-26 \$m	Budget to Actual Variance \$m	Actual to Actual Variance \$m
Total Assets	118.9	38.3	145.9	107.6	27.0
Total Liabilities	27.1	23.8	36.3	12.5	9.2
Net Assets	91.8	14.5	109.6	95.1	17.8

Assets

At 30 June 2026, total assets were **\$145.9 million**, an increase of **\$27.0 million** from the previous year. The increase was largely due to growth in receivables relating to Cross Border Health activity (mainly NSW) which make up the majority (98%) of total assets for the LHN. Settlement of these receivables is subject to a reconciliation process that can take over 24 months to finalise. The NSW reconciliation for 2022-23 was finalised in 2025-26.

Liabilities

Liabilities relate entirely to Cross Border health activity and increased by **\$9.2 million** during 2025-26, reflecting higher year-end payables associated with service delivery and outstanding payments to other jurisdictions for treatment provided to ACT residents while they were interstate.

Risk Management

The LHN's management has identified the following potential risks that may influence the future financial position of the Directorate.

- **Growth Risk.** Increasing demand for health services, population growth, workforce pressures and health inflation may place upward pressure on expenditure over time.
- **Cross Border Risk.** A significant proportion of revenue and receivables relates to interstate patients receiving treatment in ACT public hospitals. Revenue outcomes are therefore influenced by activity levels in neighbouring jurisdictions and the timing of interstate funding settlements.
- **National Funding Risk.** Changes to Commonwealth funding arrangements, NHRA settings and National Efficient Price (NEP) determinations may affect future revenue growth.

The above risks are actively monitored throughout the year.

Financial Statements

For the year ending 30 June 2026

ACT Local Hospital Network

Financial Statements

For the Year Ended

30 June 2026



AUDITOR-GENERAL AN OFFICER
OF THE ACT LEGISLATIVE ASSEMBLY



INDEPENDENT AUDITOR'S REPORT

To the Members of the ACT Legislative Assembly

Opinion

I have audited the financial statements of the ACT Local Hospital Network Directorate (Directorate) for the year ended 30 June 2026 which comprise the statement of responsibility, statement by chief finance officer, operating statement, balance sheet, statement of changes in equity, statement of cash flows, statement of appropriation and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements:

- (i) present fairly, in all material respects, the Directorate's financial position as at 30 June 2026, and its financial performance and cash flows for the year then ended; and
- (ii) are presented in accordance with the *Financial Management Act 1996* and comply with Australian Accounting Standards.

Basis for opinion

I conducted the audit in accordance with the Australian Auditing Standards. My responsibilities under the standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of this report.

I am independent of the Directorate in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (Code). I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Directorate for the financial statements

The Director-General of the Health and Community Services Directorate is responsible for:

- preparing and fairly presenting the financial statements in accordance with the *Financial Management Act 1996* and relevant Australian Accounting Standards;
- determining the internal controls necessary for the preparation and fair presentation of the financial statements so that they are free from material misstatements, whether due to error or fraud; and
- assessing the ability of the Directorate to continue as a going concern and disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting in preparing the financial statements.

Auditor's responsibilities for the audit of the financial statements

Under the *Financial Management Act 1996*, the Auditor-General is responsible for issuing an audit report that includes an independent opinion on the financial statements of the Directorate.

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the Directorate's internal controls;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directorate;
- conclude on the appropriateness of the Directorate's use of the going concern basis of accounting and, based on audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Directorate's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in this report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of this report. However, future events or conditions may cause the Directorate to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether they represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Director-General of the Health and Community Services Directorate regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

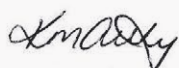


Clea Lewis
Assistant Auditor-General, Financial Audits
25 September 2026

ACT Local Hospital Network Financial Statements For the Year Ended 30 June 2026

Statement of Responsibility

In my opinion, the ACT Local Hospital Network's financial statements fairly reflect the financial operations for the year ended 30 June 2026 and its financial position on that date.



Kareena Arthy

Director-General

Health and Community Services Directorate

23 September 2026

ACT Local Hospital Network Financial Statements For the Year Ended 30 June 2026

Statement by the Chief Finance Officer

In my opinion, the ACT Local Hospital Network's financial statements have been prepared in accordance with the Australian Accounting Standards, are in agreement with its accounts and records, and fairly reflect its financial operations for the year ended 30 June 2026 and the financial position on that date.



Lewis Hayward

Chief Finance Officer

Health and Community Services Directorate

23 September 2026

ACT Local Hospital Network Content of Financial Statements For the Year Ended 30 June 2026

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ACT Local Hospital Network Operating Statement For the Year Ended 30 June 2026

	Note No.	Actual 2026 \$'000	Original Budget 2026 \$'000	Actual 2025 \$'000
Income				
Controlled Recurrent Payments	#	1,403,449	1,484,949	1,395,681
Sales of Goods and Services from Contracts with Customers	4, 14	249,668	139,385	238,508
Grants and Contributions Income	5	579,621	579,300	543,944
Total Income		2,232,738	2,203,634	2,178,133
Expenses				
Grants and Purchased Services	6	2,204,452	2,193,431	2,091,209
Transfer Expenses	7	10,492	10,203	9,597
Total Expenses		2,214,944	2,203,634	2,100,806
Operating Result		17,794	-	77,327
Total Comprehensive Result		17,794	-	77,327

The above Operating Statement is to be read in conjunction with the accompanying notes.

The ACT Local Hospital Network (LHN) has only one output class and as such the above Operating Statement is also the Operating Statement for the LHN output class.

Refer to the Statement of Appropriation.

ACT Local Hospital Network Balance Sheet As at 30 June 2026

	Note	Actual 2026 \$'000	Original Budget 2026 \$'000	Actual 2025 \$'000
	No.			
Current Assets				
Cash	8	2,646	-	1
Receivables	9, 14	143,217	38,329	118,932
Total Current Assets		145,863	38,329	118,933
Total Assets		145,863	38,329	118,933
Current Liabilities				
Payables	10	36,257	23,844	27,121
Total Current Liabilities		36,257	23,844	27,121
Total Liabilities		36,257	23,844	27,121
Net Assets		109,606	14,485	91,812
Equity				
Accumulated Funds		109,606	14,485	91,812
Total Equity		109,606	14,485	91,812

The above Balance Sheet is to be read in conjunction with the accompanying notes.

The LHN has one output class and as such the above Balance Sheet is also the Balance Sheet for the LHN output class.

ACT Local Hospital Network Statement of Changes in Equity For the Year Ended 30 June 2026

	Accumulated Funds Actual 2026 \$'000	Total Equity Actual 2026 \$'000	Total Equity Original Budget 2026 \$'000
Balance at 1 July 2025	91,812	91,812	14,485
Comprehensive Income			
Operating Result	17,794	17,794	-
Total Comprehensive Result	17,794	17,794	-
Balance at 30 June 2026	109,606	109,606	14,485

	Accumulated Funds Actual 2025 \$'000	Total Equity Actual 2025 \$'000
Balance at 1 July 2024	14,485	14,485
Comprehensive Income		
Operating Result	77,327	77,327
Total Comprehensive Result	77,327	77,327
Transactions Involving Owners Affecting Accumulated Funds		
Capital Injections	-	-
Total Transactions Involving Owners Affecting Accumulated Funds	-	-
Balance at 30 June 2025	91,812	91,812

The above Statement of Changes in Equity is to be read in conjunction with the accompanying notes.

ACT Local Hospital Network **Statement of Cash Flows** **For the Year Ended 30 June 2026**

	Note	Actual	Original	Actual
	No.	2026	Budget	2025
		\$'000	\$'000	\$'000
Cash Flows from Operating Activities				
Receipts				
Controlled Recurrent Payments	#	1,403,449	1,484,949	1,395,681
Sales of Goods and Services from Contracts with Customers		225,384	139,385	157,903
Grants and Contributions Receipts		579,621	579,300	543,944
Goods and Services Tax Input Tax Credits from the Australian Taxation Office		433	434	431
Transfers from HCSD		225,384	139,385	157,903
Total Receipts from Operating Activities		2,434,271	2,343,453	2,255,862
Payments				
Grants and Purchased Services		2,205,809	2,203,634	2,097,527
Goods and Services Tax Paid to Suppliers		433	434	431
Transfers to HCSD		225,384	139,385	157,903
Total Payments from Operating Activities		2,431,626	2,343,453	2,255,861
Net Cash Inflows/(Outflows) from Operating Activities	8	2,645	-	1
Cash Flows from Financing Activities				
Receipts				
Capital Injections		-	-	-
Total Receipts from Financing Activities		-	-	-
Net Cash Inflows from Financing Activities		-	-	-
Net Increase/(Decrease) in Cash		2,645	-	1
Cash at the Beginning of the Reporting Period		1	-	-
Cash at the End of the Reporting Period	8	2,646	-	1

The above Statement of Cash Flows is to be read in conjunction with the accompanying notes.

Refer to the Statement of Appropriation.

ACT Local Hospital Network Statement of Appropriation For the Year Ended 30 June 2026

Description and Material Accounting Policies relating to Controlled Recurrent Payments

Controlled Recurrent Payments (CRP) are revenue received from the ACT Government to fund the costs of delivering outputs.

CRP is recognised as revenue when the LHN gains control over the funding which is obtained upon the receipt of cash, given they do not contain enforceable and sufficiently specific performance obligations as defined by AASB 15 *Revenue from Contracts with Customers*.

Capital injection appropriations are not recognised as income, but instead are recognised as equity injections and a cash inflow which is used to purchase/build an asset(s) or to reduce a liability(s).

Column Heading Explanations

The Original Budget column shows the amounts that appear in the Statement of Cash Flows in the Budget Papers. This amount also appears in the Statement of Cash Flows.

The Total Appropriated column is inclusive of all appropriation variations occurring after the Original Budget.

The Appropriation Drawn column shows the total amount of appropriation received by LHN during the year. This amount appears in the Statement of Cash Flows.

	Original Budget 2026 \$'000	Total Appropriated 2026 \$'000	Appropriation Drawn 2026 \$'000	Appropriation Drawn 2025 \$'000
Controlled Recurrent Payments	1,484,949	1,473,571	1,403,449	1,395,681
Capital Injections	-	-	-	-
Total Controlled Appropriation	1,484,949	1,473,571	1,403,449	1,395,681

The above Statement of Appropriation is to be read in conjunction with the accompanying notes.

Reconciliation of Appropriation for 2025-26	Controlled Recurrent Payments \$'000
Original Appropriation	1,484,949
Transfers of Appropriation (<i>Financial Management Act (FMA) s.14</i>)	(11,934)
Variation of Appropriations for Commonwealth Grants (<i>FMA s.17</i>)	556
Total Appropriated	1,473,571
Undrawn Appropriations	(70,122)
Controlled Appropriation Drawn	1,403,449

Controlled Recurrent Payments

Variances between 'Original Budget' and 'Total Appropriated'

The difference of \$11.38 million is due to the transfer of Controlled Recurrent Payments to Capital Injection for Canberra Health Services for back payments under the *Medical Practitioners Enterprise Agreement 2023-2026*, partly offset by the \$0.56 million grants variation.

Variances between '2025-26 and 2024-25 Controlled Recurrent Payments Appropriation Drawn'

The increase of \$7.77 million is mainly relates to indexation and new initiatives, offset by an increase in Cross Border revenue.

ACT Local Hospital Network

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

Note 1. Objectives of the ACT Local Hospital Network

The LHN, established in accordance with the *National Health Reform Act 2011 (Cth)*, and managed in accordance with the *Health (National Health Funding Pool and Administration) Act 2013 (ACT)*, is administered by the Director-General of the Health and Community Services Directorate (HCSD). The LHN is supported by HCSD staff.

The LHN receives funding from the Commonwealth, the ACT and other state and territory governments. Funding from other state and territory governments is mainly received from the NSW Government for patients accessing services from the surrounding NSW region.

The LHN is a not-for-profit ACT Government entity operating in the General Government Sector.

Note 2. Basis of Preparation of the Financial Statements

Legislative Requirement

The *Financial Management Act 1996 (FMA)* requires the preparation of annual financial statements for ACT Government Directorates.

The FMA and the *Financial Management Guidelines* issued under the Act, require the LHN's financial statements to include:

- i. an Operating Statement for the year;
- ii. a Balance Sheet at the end of the year;
- iii. a Statement of Changes in Equity for the year;
- iv. a Statement of Cash Flows for the year;
- v. a Statement of Appropriation for the year;
- vi. the material accounting policies adopted for the year; and
- vii. other statements as necessary to fairly reflect the financial operations of the LHN during the year and its financial position at the end of the year.

These general-purpose financial statements have been prepared in accordance with Australian Accounting Standards (as required by the FMA), supplemented by following the ACT Accounting and Disclosure Policies.

Accrual Accounting

The financial statements have been prepared using the accrual basis of accounting.

Currency

These financial statements are presented in Australian dollars, which is the LHN's functional currency.

Individual Not-For-Profit Reporting Entity

The LHN is an individual not-for-profit reporting entity.

Reporting Period

These financial statements state the financial performance, changes in equity and cash flows of the LHN for the year ended 30 June 2026 together with the financial position of the LHN as at 30 June 2026.

ACT Local Hospital Network

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

Note 2. Basis of Preparation of the Financial Statements (Continued)

Comparative Figures

Budget Figures

To facilitate a comparison with the Budget Papers, as required by the *Financial Management Act 1996*, budget information for 2025-26 has been presented in the financial statements. Budget numbers in the financial statements are the original budget numbers that appear in the 2025-26 Budget Papers/Budget Addendum.

Prior Year Comparatives

Comparative information has been disclosed in respect of the previous period for amounts reported in the financial statements, except where an Australian Accounting Standard does not require comparative information to be disclosed.

Where the presentation or classification of items in the financial statements is amended, the comparative amounts have been reclassified where practical. Where a reclassification has occurred, the nature, amount and reason for the reclassification is provided.

Rounding

All amounts in the financial statements have been rounded to the nearest thousand dollars (\$'000). Use of "-" represents zero amounts or amounts rounded down to zero.

Going Concern

The 2025-26 financial statements have been prepared on a going concern basis as the LHN has been funded in the ACT Government 2026-27 Budget and the Budget Papers including forward estimates for the LHN.

Note 3. Impact of Accounting Standards Issued but yet to be Applied

All Australian Accounting Standards and Interpretations issued but yet to be applied are applicable to future reporting periods and will be adopted from their application date.

Standards and interpretations issued but yet to be applied have been assessed as not being relevant to the LHN or will have an immaterial financial impact on the LHN. However, AASB 18 *Presentation and Disclosure in Financial Statements* (applicable 1 January 2027 for for-profit public sector entities or applicable 1 January 2028 for not-for-profit public sector entities) does contain presentation/disclosure changes that may impact the LHN including:

- that operating, investing and financing categories as well as additional subtotals have to be included in the LHN's operating statement,
- the disclosure of management-defined performance measures and reconciliations of these measures with the subtotals required by AASB Standards, and
- enhanced requirements for the grouping (aggregation and disaggregation) of information in the financial statements and in the notes.

The AASB has issued an exposure draft (ED 338 *Application of AASB 18 and AASB 107 by Superannuation and Not-for-Profit Entities and Operating Cash Flow Reconciliation*) that outlines modifications to AASB 18 for not-for-profit public sector entities.

If the modifications in the exposure draft are adopted, they will effectively enable the LHN to continue to apply the existing disclosure requirements contained in AASB 101 *Presentation of Financial Statements*. However, as this exposure draft is not yet finalised, the impact on the LHN's financial statements from the adoption of AASB 18 cannot be determined at this time.

ACT Local Hospital Network

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

Income Notes

Income Recognition

Revenue is recognised in accordance with AASB 15 *Revenue from Contracts with Customers* where the contract is enforceable and contains sufficiently specific performance obligations, otherwise income is in the scope of AASB 1058 *Income of Not-for-Profit Entities*.

Note 4. Sales of Goods and Services from Contracts with Customers

Description and Material Accounting Policies Relating to the Sale of Goods and Services

Revenue is recognised either over time or at a point in time.

The LHN earns revenue from providing public health services to residents of other States and Territories. The LHN has assessed its revenue from contracts with customers and uses key judgements in determining the satisfaction of performance obligations.

Key judgements are used in determining the transaction price and the amounts allocated to performance obligations. Public hospital services are dependent on patient numbers and complexities of treatments provided and are quantified as National Weighted Activity Units (NWAU). The final price payable for services each year is calculated using the price per NWAU determined by the Independent Hospital and Aged Care Pricing Authority (IHACPA) and the services provided.

As a result, the LHN determined the services to be classified as revenue from contracts with customers which have been included in this note as Cross Border (Interstate) Health Revenue.

Cross Border Health Revenue

Initial revenue from Cross Border (Interstate) Health services for the current year is recognised over time on a monthly basis based on patient numbers estimated from projected growth of prior year actuals. Thereafter revenue for actual patient numbers and complexities of treatments provided are recognised following an acquittal process undertaken in subsequent years. Variations to the revenue recognised are accounted for in the year of settlement.

The *National Health Reform Agreement* (NHRA) specifies that each jurisdiction will make funding contributions through the *National Health Funding Pool* for services provided by other jurisdictions to its residents either on an ad hoc basis reflecting actual activity, or on a regular basis as scheduled through a Cross Border agreement.

	2026 \$'000	2025 \$'000
Non-ACT Government Customers		
Cross Border (Interstate) Health Revenue	249,668	238,508
Total Sales of Goods and Services from Non-ACT Government Customers	249,668	238,508
Total Sales of Goods and Services from Contracts with Customers ^a	249,668	238,508

- a. The increase in 'Cross Border Health Revenue' of \$11.2 million is due to an increase in National Efficient Price (NEP) and estimated number of interstate residents treated in ACT public hospitals.

ACT Local Hospital Network

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

Note 5. Grants and Contributions Income

Description and Material Accounting Policies Relating to Grants and Contributions Income

Commonwealth Grants relate to Activity Based Funding (ABF), Block Funding and Public Health Funding under the NHRA.

ABF refers to a national system for funding public hospital services using national classifications, NWAU and NEP. ABF covers all admitted, non-admitted and emergency department services that meet the IHACPA criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.

Block Funding is provided to support other public hospital functions that are recognised by IHACPA as services acceptable to be funded on this basis and that conform to IHACPA's national pricing model.

Public Health funding is provided to fund health promotion and preventive activities undertaken by the State/Territory Health Department.

Significant Accounting Judgement and Estimates – Grants from the Commonwealth

Actual NWAUs are settled following an acquittal process undertaken in the following financial year and variations to the revenue recognised are accounted for in the year of settlement.

Commonwealth Grants are calculated and paid using estimates of NWAU activity. These estimates are based on expected number of patients treated during the year and are recognised as revenue upon receipt. Grants from the Commonwealth are recognised as revenue when the LHN gains control over the funding.

The LHN has determined that the agreements/arrangements relating to 'Grants from the Commonwealth' line items included in this note do not contain sufficiently specific performance obligations for recognising revenue from contracts with customers under AASB 15 *Revenue from Contracts with Customers*. None of the arrangements require LHN to provide an equal amount in return for the consideration received. As such, AASB 1058 *Income of Not-for-Profit Entities* has been applied for recognising this revenue.

	2026 \$'000	2025 \$'000
Non-ACT Government Grants and Contributions		
Grants from the Commonwealth	579,621	543,944
Total Non-ACT Government Grants and Contributions ^a	579,621	543,944
Total Grants and Contributions	579,621	543,944

a. The increase of \$35.7 million is due to higher activity levels and an increase in the National Efficient Price.

Note 6. Grants and Purchased Services

Description and Material Accounting Policies Relating to Grants and Purchased Services

Grants and Purchased Services reflect public hospital payments from the LHN to Canberra Health Services, Queen Elizabeth II, and other States and Territories for Cross Border patient services.

	2026 \$'000	2025 \$'000
Grants and Purchased Services		
Payments to Service Providers	2,144,733	2,043,114
Cross Border (Interstate) Health Costs	59,719	48,095
Total Grants and Purchased Services	2,204,452	2,091,209

ACT Local Hospital Network

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

Note 7. Transfer Expenses

Description and Material Accounting Policies Relating to Transfer Expenses

The Commonwealth Government's contribution to public health funding through NHRA is passed through to HCSD. Public health payments fund health promotion and preventive activities for which activities are undertaken by State and Territory Health Departments.

	2026	2025
	\$'000	\$'000
Transfer Expenses	10,492	9,597
Total Transfer Expenses	10,492	9,597

Asset Notes

Note 8. Cash

Description and Material Accounting Policies Relating to Cash

Cash includes cash at bank.

The LHN operates three bank accounts, two with Westpac Banking Corporation as part of the whole of government banking arrangements and the other with the Reserve Bank of Australia as part of the requirements under the NHRA. The LHN does not receive any interest on these accounts.

(a) Cash Balances	2026	2025
	\$'000	\$'000
Current Cash		
Cash at Bank	2,646	1
Total Cash	2,646	1

(b) Reconciliation of Cash at the End of the Reporting Period in the Statement of Cash Flows to the Equivalent Items in the Balance Sheet.

Total Cash Recorded in the Balance Sheet	2,646	1
Cash at the End of the Reporting Period as Recorded in the Statement of Cash Flows	2,646	1

(c) Reconciliation of Operating Result to Net Cash Inflows/(Outflows) from Operating Activities.

Operating Result	17,794	77,327
Cash Before Changes in Operating Assets and Liabilities	17,794	77,327
Changes in Operating Assets and Liabilities		
(Increase)/Decrease in Receivables	(24,285)	(80,604)
Increase/(Decrease) in Payables	9,136	3,278
Net Changes in Operating Assets and Liabilities	(15,149)	(77,326)
Net Cash Inflows/(Outflows) from Operating Activities	2,645	1

ACT Local Hospital Network

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

Note 9. Receivables

Description and Material Accounting Policies Relating to Receivables

Accounts receivables are measured at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. Accrued revenue relates to outstanding payments for the estimated number of interstate patients treated in ACT public hospitals.

No receivables were past due or impaired as at 30 June 2026. All receivables are with other State and Territory Governments.

	2026 \$'000	2025 \$'000
Current Receivables		
Accrued Revenue ^a	143,217	118,932
Total Current Receivables	143,217	118,932

- a. The increase mainly relates to higher outstanding Cross Border Health receipts reflecting growth in the estimated number of interstate residents being treated in ACT public hospitals.

Liability Notes

Note 10. Payables

Description and Material Accounting Policies Relating to Payables

Payables consist of Accrued Expenses.

Payables are initially recognised at fair value based on the transaction cost and subsequent to initial recognition at amortised cost, with any adjustments to the carrying amount being recorded in the Operating Statement. Accrued Expenses relate to outstanding payments for the estimated number of ACT residents treated in other State and Territory public hospitals.

	2026 \$'000	2025 \$'000
Current Payables		
Accrued Expenses ^a	36,257	27,121
Total Current Payables	36,257	27,121

- a. The increase mainly relates to higher outstanding Cross Border Health payments reflecting growth in the estimated number of ACT residents being treated in interstate public hospitals.

Note 11. Financial Instruments

Material Accounting Policies Relating to Financial Instruments

Details of the material accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability are disclosed in the note to which they relate. In addition to these policies, the following are also accounting policies relating to financial assets and liabilities.

Financial liabilities are measured at amortised cost.

Financial assets are subsequently measured at amortised cost, fair value through other comprehensive income or fair value through profit or loss on the basis of both:

- (a) the business model for managing the financial assets; and
- (b) the contractual cash flow characteristics of the financial assets.

ACT Local Hospital Network

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

Note 11. Financial Instruments - Continued

The following are the classification of the LHN's financial assets under AASB 9 *Financial Instruments*:

Items	Business Model Held to collect principal and interest	Solely for payment of Principal and Interest (basic lending characteristics)	Classification
Cash	Held to collect	Yes	Amortised cost
Receivables	Held to collect	Yes	Amortised cost

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The LHN's credit risk is limited to the amount of the financial assets it holds net of provision for impairment. The LHN's financial assets consist of cash and receivables.

Cash is held with the Westpac Banking Corporation (Westpac) and the Reserve Bank of Australia (RBA). S&P Global Ratings has assigned an AA- issuer credit rating to Westpac and AAA credit rating to the RBA, indicating a very strong capacity to meet financial commitments.

The LHN's receivables mainly consist of amounts owed by New South Wales Health. As the New South Wales Government has an AAA credit rating, it is considered that there is a very low risk of default for these receivables. There have been no significant changes in credit risk exposure since the last reporting period.

Liquidity Risk

Liquidity risk is the risk that the LHN will encounter difficulties in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

The main source of cash to pay these obligations is appropriation from the ACT Government and Grants from the Commonwealth. The LHN manages its liquidity risk through forecasting Controlled Recurrent Payments drawdown to cover its financial liabilities when they fall due.

The LHN's exposure to liquidity risk and the management of this risk has not changed since the previous reporting period.

Fair Value of Financial Assets and Liabilities

	Note No.	Carrying Amount 2026 \$'000	Fair Value 2026 \$'000	Carrying Amount 2025 \$'000	Fair Value 2025 \$'000
Financial Assets					
Cash	8	2,646	2,646	1	1
Receivables	9	143,217	143,217	118,932	118,932
Total Financial Assets		145,863	145,863	118,933	118,933
Financial Liabilities					
Payables	10	36,257	36,257	27,121	27,121
Total Financial Liabilities		36,257	36,257	27,121	27,121

All financial assets and liabilities of the LHN are non-interest bearing and are shown on an undiscounted Cash Flow basis.

	2026 \$'000	2025 \$'000
Carrying Amount of Each Category of Financial Asset and Financial Liability		
Financial Assets Measured at Amortised Cost	145,863	118,933
Financial Liabilities Measured at Amortised Cost	36,257	27,121

ACT Local Hospital Network

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

Note 12. Commitments

Description and Material Accounting Policies Relating to Commitments

Commitments are a firm intention, but not a present obligation, at the end of the reporting period to incur future expenditure. As such, commitments do not constitute a liability. Commitments usually arise from contracts but can arise from other events like placing an order.

LHN Commitments largely relate to services provided under contract for the provision of residential primary health care for families of young children at the Queen Elizabeth II Family Centre.

Commitments are measured at their nominal value and are inclusive of GST. Commitments contracted at reporting date but not recognised as liabilities are as follows:

	2026 \$'000	2025 \$'000
Commitments		
Payable:		
Within One Year	4,881	4,762
Later than one year but not later than five years	20,774	-
Total Commitments ^{a)}	25,655	4,762

- a. The increase in commitments in 2025-26 reflects an extension of the contract for primary health care for families of young children at the Queen Elizabeth II Family Centre.

Note 13. Related Party Disclosures

Description and Material Accounting Policies Relating to Related Party Disclosures

A related party is a person that controls or has significant influence over the reporting entity or is a member of the Key Management Personnel (KMP) of the reporting entity or its parent entity and includes their close family members and entities in which the KMP and/or their close family members individually or jointly have controlling interests.

KMP are those persons having authority and responsibility for planning, directing and controlling the activities of the LHN, directly or indirectly.

KMP of the LHN are the Portfolio Minister, the Director-General of the Health and Community Services Directorate (HCSD) and individuals from the HCSD with a significant influence in strategic decisions impacting the LHN.

The Head of Service and the ACT Executive comprising the Cabinet Ministers are KMP of the ACT Government and are therefore related parties of the LHN.

This note does not include typical citizen transactions between the KMP and the LHN that occur on terms and conditions no different to those applying to the general public.

ACT Local Hospital Network Notes to and Forming Part of the Financial Statements For the Year Ended 30 June 2026

Note 13. Related Party Disclosures (Continued)

(A) Controlling Entity

The LHN is an ACT Government controlled entity.

(B) Key Management Personnel

B.1 Compensation of Key Management Personnel

Compensation of all Cabinet Ministers, including the Portfolio Minister, is disclosed in the note on related party disclosures included in the ACT Executive's financial statements for the year ended 30 June 2026.

Compensation of the Head of Service is included in the note on related party disclosures included in the Chief Minister, Treasury and Economic Development Directorate's (CMTEDD) financial statements for the year ended 30 June 2026.

Key Management Personnel (KMP) of the LHN other than the Portfolio Minister are employees of HCSD and are compensated by HCSD. Compensation of these KMP is included in the note on related party disclosures included in HCSD's financial statements for the year ended 30 June 2026.

The LHN itself does not compensate any of its KMP.

B.2 Transactions with Key Management Personnel

No disclosure is required for typical citizen transactions between the KMP and the LHN that occur on terms and conditions no different to those applying to the general public, where no discretion is applied and no influence is exerted by the related parties over the terms and conditions of these transactions.

B.3 Transactions with parties related to Key Management Personnel

There were no transactions with parties related to KMP, including transactions with KMP's close family members or other related entities that were material to the financial statements of the LHN.

(C) Transactions with other ACT Government Controlled Entities

The LHN has entered into transactions with other ACT Government Entities in 2024-25 and 2025-26 consistent with day-to-day business operations provided under varying terms and conditions.

The Statement of Appropriation, Note 6 *Grants and Purchased Services* and Note 7 *Transfer Expenses* of the Financial Statements provide the details of transactions with other ACT Government Entities.

ACT Local Hospital Network

Notes to and Forming Part of the Financial Statements

For the Year Ended 30 June 2026

Note 14. Budgetary Reporting

Significant Accounting Judgements and Estimates – Budgetary Reporting

Significant judgements have been applied in determining what variances are considered ‘major variances’. Variances are considered major if both of the following criteria are met:

- The line item is a significant line item: where either the line item actual amount accounts for more than 10% of the relevant associated actual category amount (Income, Expenses, Assets, Liabilities and Equity totals) or more than 10% of the sub-element (e.g. Current Liabilities and Receipts from Operating Activities totals) of the financial statements; and
- The variances (original budget to actual) are greater than plus (+) or minus (-) 10% and \$15 million for the financial statement line item.

Original Budget refers to the amounts presented to the Legislative Assembly in the original budgeted financial statements in respect of the reporting period Budget Statements. These amounts have not been adjusted to reflect supplementary appropriation or appropriation instruments.

Operating Statement Line Items	Variance Explanation	Actual 2025-26 \$'000	Original Budget 2025-26 \$'000	Variance \$'000	Variance %
Revenue					
Sales of Goods and Services from Contracts with Customers	a	249,668	139,385	110,283	79
Assets					
Receivables	a	143,217	38,329	104,888	274

Variance Explanations

- ‘Sales of Goods and Services from Contracts with Customers’ was higher than budgeted due to growth in Cross Border Revenue as a result of increases in the National Efficient Price (NEP) and the number of interstate residents treated in ACT public hospitals. This has also driven an increase in related ‘Receivables’ and ‘Accumulated Funds’.

Statement of Performance

For the year ended 30 June 2026



AUDITOR-GENERAL AN OFFICER
OF THE ACT LEGISLATIVE ASSEMBLY



INDEPENDENT LIMITED ASSURANCE REPORT

To the Members of the ACT Legislative Assembly

Conclusion

I have undertaken a limited assurance engagement on the statement of performance of the ACT Local Hospital Network Directorate (Directorate) for the year ended 30 June 2026.

Based on the procedures performed and evidence obtained, nothing has come to my attention to indicate the results of the accountability indicators reported in the statement of performance for the year ended 30 June 2026 are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

Basis for conclusion

I have conducted the engagement in accordance with the Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information*. My responsibilities under the standard and legislation are described in the 'Auditor-General's responsibilities' section of this report.

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and the ACT Audit Office applies Australian Auditing Standard ASQM 1 *Quality Management for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, or Other Assurance Engagements and Related Services Engagements*.

I believe that sufficient and appropriate evidence was obtained to provide a basis for my conclusion.

The Directorate's responsibilities for the statement of performance

The Director-General of the Health and Community Services Directorate is responsible for:

- preparing and fairly presenting the statement of performance in accordance with the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*; and
- determining the internal controls necessary for the preparation and fair presentation of the statement of performance so that the results of accountability indicators and accompanying information are free from material misstatements, whether due to error or fraud.

Auditor-General's responsibilities

Under the *Financial Management Act 1996* and *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*, the Auditor-General is responsible for issuing a limited assurance report on the statement of performance of the Directorate.

My objective is to provide limited assurance on whether anything has come to my attention that indicates the results of the accountability indicators reported in the statement of performance are not in agreement with the Directorate's records or do not fairly reflect, in all material respects, the performance of the Directorate, in accordance with the *Financial Management Act 1996*.

In a limited assurance engagement, I perform procedures such as making inquiries with representatives of the Directorate, performing analytical review procedures and examining selected evidence supporting the results of accountability indicators. The procedures used depend on my judgement, including the assessment of the risks of material misstatement of the results reported for the accountability indicators.

Limitations on the scope

The procedures performed in a limited assurance engagement are less in extent than those required in a reasonable assurance engagement and consequently the level of assurance obtained is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed. Accordingly, I do not express a reasonable assurance opinion on the statement of performance.

This limited assurance engagement does not provide assurance on the:

- relevance or appropriateness of the accountability indicators reported in the statement of performance or the related performance targets;
- accuracy of explanations provided for variations between actual and targeted performance due to the often subjective nature of such explanations; or
- adequacy of controls implemented by the Directorate.



Clea Lewis
Assistant Auditor-General, Financial Audits
25 September 2026

**ACT Local Hospital Network
Statement of Performance
For the Year Ended 30 June 2026**

Statement of Responsibility

In my opinion, the Statement of Performance is in agreement with the Directorate's records and fairly reflects the service performance of the Directorate for the period 1 July 2025 to 30 June 2026 and also fairly reflects the judgements exercised in preparing it.



Kareena Arthy
Director-General
Health and Community Services Directorate

23 September 2026

ACT Local Hospital Network Statement of Performance For the Year Ended 30 June 2026

OUTPUT CLASS 1: ACT Local Hospital Network

Output 1.1 ACT Local Hospital Network

Under the National Health Reform Agreement (NHRA), both the Commonwealth and ACT Government contribute funding to the Local Hospital Network (LHN) to purchase public hospital services. These contributions reflect a shared responsibility to ensure access to efficient and equitable health care.

The NHRA commits the Commonwealth to:

- Activity-Based funding (ABF): the Commonwealth contributes 45% of the efficient growth in hospital services (based on an Independent Hospital and Aged Care Pricing Authority (IHACPA)) set at a National Efficient Price (NEP);
- Block Funding: where ABF is not suitable, the Commonwealth provides block funding for services; and
- Focus on Efficiency and Performance: The Commonwealth incentivises States and Territories to improve hospital efficiency and reduce waiting times.

The NHRA commits the ACT to:

- Service Delivery: the ACT is primarily responsible for the operation and delivery of public hospital services;
- Joint Funding Commitment: the ACT contributes funding through the LHN that funds the remainder of service delivery;
- Planning and Management: the ACT manages its hospital workforce, infrastructure and day-to-day operations; and
- Data Reporting: the ACT is required to report on hospital activity and performance to national bodies for transparency and accountability.

Together these contributions aim to create a sustainable, transparent, and equitable public hospital system.

A National Weighted Activity Unit (NWAU) is a measure of health service activity expressed as a common unit, against which the NEP is paid. It provides a way of comparing and valuing each public hospital service (whether it is an admission, emergency department presentation or outpatient episode), by weighting it for its clinical complexity. The average hospital service is worth one NWAU, the most intensive and expensive activities are worth multiple NWAU's, while the simplest and least expensive activities are worth fractions of an NWAU.

The 2025-26 NEP is \$7,258 per NWAU.

ACT Local Hospital Network Statement of Performance For the Year Ended 30 June 2026

Accountability Indicators	Original Target 2025-26	Amended Target 2025-26	Actual Result 2025-26	Variance %	Notes
a) Total in scope NWAUs {25}	219,165	219,791	225,449	3	
b) Funding and performance agreements in place with all ACT Local Hospital Network non-government providers	100%		100%	-	
TOTAL COST (\$'000)	2,203,634		2,214,945	1	
CONTROLLED RECURRENT PAYMENTS (\$'000)	1,484,949		1,403,449	(5)	1

The above Statement of Performance should be read in conjunction with the accompanying notes.

Amended Targets: The *Amendment of Performance Criteria under section 19D of the Financial Management Act 1996 Financial Instrument 2025-26* increases the 2025-26 target to reflect the flow-on impact of the finalisation of the 2024-25 NWAU results.

The above Accountability Indicators were examined by the ACT Audit Office in accordance with the *Financial Management Act 1996*. The Total Cost and Controlled Recurrent Payments measures were not examined by the ACT Audit Office as this is not required by the *Financial Management (Statement of Performance Scrutiny) Guidelines 2019*.

Explanation of Measures

- a. Activity purchased by the ACT LHN is consistent with the criteria in the NHRA. National Weighted Activity Unit (NWAU) is the 'currency' that is used to express the price weights for all services that are funded on an activity basis. NWAU {25} is the currency as defined by the Independent Health and Aged Care Pricing Authority (IHACPA) in the National Price Determination 2025-26. NWAU {25} is not directly comparable to NWAU {24}. These measures report activity that meets the IHACPA's criteria for inclusion on the 'General List of In-Scope Public Hospital Services'.

Explanation of Material Variance (>5%)

1. Controlled Recurrent Payments (CRP) were below target largely because the ACT received more funding from NSW for residents treated in ACT public hospitals. This extra income reduced the amount of ACT Government appropriation required to support these patients.



Disability Advisory Council

Ms Suzanne Orr MLA
Minister for Disability, Autism and Neurodiversity
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

Disability Advisory Council Annual Report 2025–26

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2026*. This is being presented to you in your capacity as Minister for Disability, Autism and Neurodiversity.

It has been prepared in conformity with other legislation applicable to the preparation of the annual report by the Disability Advisory Council.

I certify that the information in the attached annual report and information provided for whole-of-government reporting, is an honest and accurate account and that all material information on the operations of the Disability Advisory Council has been included for the period 1 July 2025 to 30 June 2026.

I hereby certify that fraud prevention has been managed in accordance with the Public Sector Management Standards 2006 (repealed), Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

A handwritten signature in cursive script that reads "Kelly Brown".

Kelly Brown
Chair
Disability Advisory Council
09 July 2026

Compliance statement: Disability Advisory Council

The *Disability Advisory Council Annual Report 2025–26* complies with the *Annual Report (Government Agencies) Directions 2026* (the Directions) made under section 8 of the *Annual Reports (Government Agencies) Act 2004*. The Directions are available on the ACT Legislation Register at www.legislation.act.gov.au.

The compliance statement identifies the subsections under Parts 1 to 5 of the Directions that apply to the Disability Advisory Council and where information addressing those requirements can be found.

Part 1: Directions overview

The requirements under Part 1 of the Directions relate to the purpose, timing, distribution and record keeping of annual reports. The Disability Advisory Council Annual Report 2025–26 complies with all applicable subsections of Part 1.

To meet the requirements of section 15 (Feedback) of Part 1 of the Directions, this report includes contact details for the Disability Advisory Council to enable readers to provide feedback.

Part 2: Reporting entity annual report requirements

The requirements under Part 2 of the Directions are mandatory for all reporting entities. The Disability Advisory Council complies with all applicable subsections. The information addressing the requirements of Part 2 is included in the *Disability Advisory Council Annual Report 2025–26* as follows:

- transmittal certificate – see the previous page
- organisational overview and performance – see the next page. All other subsections are contained within the *Health and Community Services Directorate Annual Report 2025–26*
- financial management reporting (including all subsections) – see the *Health and Community Services Directorate Annual Report 2025–26*

Part 3: Reporting by exception

The Disability Advisory Council has no information to report by exception under Part 3 of the Directions for the 2025–26 reporting year.

Part 4: Directorate and public sector body-specific annual report requirements

There are no additional reporting requirements under Part 4.

Part 5: Whole-of-government annual reporting

All subsections of Part 5 of the Directions apply to the Disability Advisory Council. Consistent with the Directions, the information addressing these requirements is reported centrally for all ACT Public Service directorates:

- bushfire risk management – see the annual report of the Justice and Community Safety Directorate
- human rights – see the annual report of the Justice and Community Safety Directorate
- legal services directions – see the annual report of the Justice and Community Safety Directorate
- public sector standards and workforce profile – see the annual State of the Service Report
- Territory records – see the annual report of the Chief Minister, Treasury and Economic Development Directorate

ACT Public Service directorate annual reports are available at <https://www.act.gov.au/open/annual-reports>.

Disability Advisory Council Annual Report 2025–26

Organisational overview

The ACT Disability Advisory Council was established under the *Disability Inclusion Act 2024* to provide strategic, independent advice to the Minister for Disability and the ACT Government on issues affecting people with disability, consistent with its terms of reference. The Council’s work is informed by lived experience and engagement with the ACT disability community and supports whole-of-government policy development, program design and service delivery.

The Council comprises a Chair, Deputy Chair and up to 10 non-executive members appointed by the minister, with a majority of members having lived experience of disability. It meets 6 times per year. Members are appointed for fixed terms in accordance with ACT Government governance frameworks, with provisions for reappointment, resignation and renewal to maintain continuity and capability. Remuneration for members is determined in line with ACT Government policies and relevant tribunal determinations.

An accessible expression-of-interest process, led by the former Disability Reference Group and supported by the Office for Disability, resulted in the appointment of 12 members to the Disability Advisory Council in August 2025. The 12 members completed their induction, and the Council held its inaugural meeting on 9 December 2025.

Table 1: 2025–26 Disability Advisory Council members

Name	Term
Kelly Brown (Chair)	3 years
Tess Yvanovich (Deputy Chair)	3 years
Ben Zarew	3 years
Betty Callow	3 years
Cecelia Klein	3 years
Deborah Eades	3 years
Griffin Wright	3 years
Henry Austin-Stone	3 years
Jacob Clarke	3 years
Iga Morzynska	3 years
Jasmine Eldridge	3 years
Lou Bannister	3 years

Organisational progress

During its inaugural year, the ACT Disability Advisory Council focused on establishing effective governance arrangements, identifying strategic priorities and strengthening relationships with the ACT disability community. A key achievement was developing a draft work plan to guide the Council’s forward agenda and provide a framework for strategic advice in 4 areas:

1. Aboriginal and Torres Strait Islander engagement
2. National Disability Insurance Scheme reform
3. Implementation of the *ACT Disability Strategy 2024–2033*
4. ACT Government responses to the Disability Royal Commission

The work plan positions the Council to provide strategic advice on major policy reforms and initiatives affecting people with disability, their families and carers across the ACT.

The Council began developing a structured approach to engaging with disabled people’s organisations and other disability community sector stakeholders. It also identified community partner organisations to support consultation and inform its advice.

While the Council has identified its initial areas of focus and engagement, many initiatives are in early stages of development, and the Council will progress them over its term. This reflects a deliberate approach to ensuring that the Council’s future work is strategic, evidence-informed and aligned with its terms of reference and the diverse needs and priorities of the ACT disability community.

Progress in implementing the National Agreement on Closing the Gap

The ACT Disability Advisory Council recognises the importance of the *National Agreement on Closing the Gap* and its relevance to Aboriginal and Torres Strait Islander people with disability, their families and carers.

Consistent with its work plan priorities, the Council has identified Aboriginal and Torres Strait Islander engagement as a key focus area. This reflects the Council's commitment to supporting improved outcomes through culturally informed, community-led approaches.

Key contributions to Closing the Gap priorities include:

- The Council agreed to host Disability Yarning Circles in 2026–27 to create culturally safe and accessible spaces for Aboriginal and Torres Strait Islander people with disability, their families and carers to share experiences and inform government decision making.

- The Council will provide advice on implementing Action 3.1 under the *ACT Disability Strategy 2024–2033: First Action Plan 2024–26*, which focuses on strengthening the capacity of Aboriginal and Torres Strait Islander organisations to deliver culturally safe and inclusive disability services. As part of this action, the Council will engage with the First Peoples Disability Network and the ACT Aboriginal and Torres Strait Islander disability community to help develop culturally safe, community-led disability services and supports.
- The Council will also provide advice on inclusive engagement with Aboriginal and Torres Strait Islander people with disability during implementation of the Disability Inclusion Act 2024, including consultation on disability inclusion strategies and plans.

The Council will continue to prioritise Aboriginal and Torres Strait Islander engagement across all areas of its work, ensuring any advice to government supports the Closing the Gap priority reforms, including strengthening community control, improving access to services, and embedding shared decision making.

The Council enters 2026–27 with governance arrangements established and a draft work plan providing a clear framework to support implementation of the *ACT Disability Strategy 2024–2033* and inform its strategic advice to government.



Ministerial Advisory Council for Multiculturalism

Mr Michael Pettersson MLA
Minister for Multicultural Affairs
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

Ministerial Advisory Council for Multiculturalism Annual Report 2025–26

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2026*. This is being presented to you in your capacity as Minister for Multicultural Affairs.

It has been prepared in conformity with other legislation applicable to the preparation of the annual report by the Ministerial Advisory Council for Multiculturalism.

I certify that the information in the attached annual report and information provided for whole-of-government reporting, is an honest and accurate account and that all material information on the operations of the Ministerial Advisory Council for Multiculturalism has been included for the period 1 July 2025 to 30 June 2026.

I hereby certify that fraud prevention has been managed in accordance with the Public Sector Management Standards 2006 (repealed), Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Izabela'.

Miss Izabela Barakovska

Chair

Ministerial Advisory Council for Multiculturalism

27 August 2026

Compliance statement: Ministerial Advisory Council for Multiculturalism

The *Ministerial Advisory Council for Multiculturalism Annual Report 2025–26* complies with the *Annual Report (Government Agencies) Directions 2026* (the Directions) made under section 8 of the *Annual Reports (Government Agencies) Act 2004*. The Directions are available on the ACT Legislation Register at www.legislation.act.gov.au.

The compliance statement identifies the subsections under Parts 1 to 5 of the Directions that apply to the Ministerial Advisory Council for Multiculturalism and where information addressing these requirements can be found.

Part 1: Directions overview

The requirements under Part 1 of the Directions relate to the purpose, timing, distribution and record keeping of annual reports. The *Ministerial Advisory Council for Multiculturalism Annual Report 2025–26* complies with all applicable subsections of Part 1.

To meet the requirements of section 15 (Feedback) of Part 1 of the Directions, this report includes contact details for the Ministerial Advisory Council for Multiculturalism to enable readers to provide feedback.

Part 2: Reporting entity annual report requirements

The requirements under Part 2 of the Directions are mandatory for all reporting entities. The Ministerial Advisory Council for Multiculturalism complies with all applicable subsections. The information addressing the requirements of Part 2 is included in the *Ministerial Advisory Council for Multiculturalism Annual Report 2025–26* as follows:

- transmittal certificate – see the previous page
- organisational overview and performance – see the next page. All other subsections are contained within the *Health and Community Services Directorate Annual Report 2025–26*
- financial management reporting (including all subsections) – see the *Health and Community Services Directorate Annual Report 2025–26*

Part 3: Reporting by exception

The Ministerial Advisory Council for Multiculturalism has no information to report by exception under Part 3 of the Directions for the 2025–26 reporting year.

Part 4: Directorate and public sector body-specific annual report requirements

There are no additional reporting requirements under Part 4.

Part 5: Whole-of-government annual reporting

All subsections of Part 5 of the Directions apply to the Ministerial Advisory Council for Multiculturalism. Consistent with the Directions, the information addressing these requirements is reported centrally for all ACT Public Service directorates:

- bushfire risk management – see the annual report of the Justice and Community Safety Directorate
- human rights – see the annual report of the Justice and Community Safety Directorate
- legal services directions – see the annual report of the Justice and Community Safety Directorate
- public sector standards and workforce profile – see the annual State of the Service Report
- Territory records – see the annual report of the Chief Minister, Treasury and Economic Development Directorate

ACT Public Service directorate annual reports are available at <https://www.act.gov.au/open/annual-reports>.

Abbreviations and acronyms

Abbreviation/acronym	Meaning
ANU	Australian National University
CALD	Culturally and linguistically diverse
CMCF	Canberra Multicultural Community Forum
DFV	Domestic and family violence
ECRC	Energy Consumer Reference Council
HCSD	Health and Community Services Directorate
MACM	Ministerial Advisory Council for Multiculturalism
MACT	Multicultural ACT
NMF	National Multicultural Festival

Glossary of technical terms

Term	Meaning
Charter for multiculturalism	A set of principles established under the <i>Multiculturalism Act 2023 (ACT)</i> guiding the ACT Government’s commitment to promoting cultural diversity and inclusion.
Culturally and linguistically diverse	A commonly used policy term referring to individuals from diverse cultural backgrounds or who speak languages other than English.
Ministerial Advisory Council for Multiculturalism	An advisory body established under the <i>Multiculturalism Act 2023</i> to provide advice to the Minister for Multicultural Affairs.
Multicultural ACT (formerly known as the Office for Multicultural Affairs)	A unit within the Health and Community Services Directorate responsible for multicultural policy and secretariat support to Ministerial Advisory Council for Multiculturalism.
<i>Multiculturalism Act 2023</i>	ACT legislation establishing the charter for multiculturalism and the Ministerial Advisory Council for Multiculturalism.

Acknowledgement of Country

The Ministerial Advisory Council for Multiculturalism acknowledges the Ngunnawal people as traditional custodians of the land on which the ACT community gathers and lives. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

We pay respect to Elders past and present and acknowledge their ongoing connection to Country. We also recognise other Aboriginal and Torres Strait Islander peoples and families who have continuing connection to the lands of the ACT and region.

We acknowledge the diverse multicultural communities of the ACT and the significant contributions migrants, refugees and culturally and linguistically diverse communities make to the social, cultural and economic life of Canberra.

Ministerial Advisory Council for Multiculturalism Annual Report 2025–26

Organisational overview and performance

The Ministerial Advisory Council for Multiculturalism (MACM) is a statutory advisory body that provides advice to the ACT Minister for Multicultural Affairs on issues affecting multicultural communities.

MACM was established following the enactment of the *Multiculturalism Act 2023*, which formalised the ACT Government's commitment to multiculturalism and inclusion. It consists of 11 members, including a Chair and Deputy Chair, who are selected through a merit-based appointment process and bring diverse professional expertise and community perspectives.

MACM provides a link between the ACT Government and multicultural communities.

Legislative and governance framework

MACM operates under the *Multiculturalism Act 2023* (the Act) and its terms of reference.

The Act established the Charter for Multiculturalism, which sets out principles to guide government policy and promote cultural diversity, inclusion and participation across the ACT. It also established the MACM as a formal advisory body to the Minister for Multicultural Affairs.

The Act also sets out MACM's reporting obligations.

Governance arrangements are set out in its terms of reference, which outline:

- membership arrangements
- appointment processes
- functions of
- meeting procedures
- reporting arrangements.

The MACM operates within the broader ACT Government governance framework. Multicultural ACT (MACT), within the Health and Community Services Directorate (HCSD), provides administrative and secretariat support.

Functions of MACM

Under the *Multiculturalism Act 2023* and its terms of reference, MACM's primary functions include:

- providing advice to the Minister for Multicultural Affairs on matters affecting multicultural communities
- promoting the principles of the Charter for Multiculturalism
- identifying emerging issues affecting multicultural communities
- facilitating engagement between government and multicultural communities
- supporting community participation in policy development.

MACM also supports whole-of-government initiatives to strengthen community participation and reduce barriers to engagement.

MACM membership profile

MACM consists of 11 members including a Chair and Deputy Chair. Members bring experience in community leadership, policy development and multicultural advocacy.

Table 1: MACM members, 2025–26

Member	Role	Term
Izabela Barakovska	Chair	2023–2026
Shanti Reddy	Deputy Chair	2023–2026
Arun Bharatula ¹	Member	2023–2026
Sukriti Kapoor	Member	2023–2026
Zakia Patel	Member	2023–2026
Lew Ching Yip	Member	2023–2026
Sultana Lubna Alam	Member	2023–2026
Efe Momoh	Member	2023–2026
Ivapene Seiuli	Member	2023–2026
Chin Wong	Member	2023–2026
Irina Samsonova ²	Member	2025–2026

Notes:

1. Arun Bharatula was appointed on 1 September 2023, and he resigned on 22 May 2026. His term finished on 19 June 2026.
2. Irina Samsonova was appointed on 14 April 2025, and she resigned on 19 February 2026. Her term finished on 19 April 2026.

MACM meetings

During 2025–26, MACM held 5 formal meetings.

Table 2: MACM meetings during 2025–26

Meeting	Date
1	26 August 2025
2	13 October 2025
3	23 February 2026
4	20 April 2026
5	29 June 2026

Meetings provided an opportunity for members to discuss policy developments, receive briefings from ACT Government directorates and provide advice on emerging issues affecting multicultural communities.

Key topics discussed during the reporting period included:

- advancing belonging, inclusion and social cohesion
- addressing domestic and family violence
- supporting migrants and refugees
- contributing as a key consultative stakeholder to preparations for the National Multicultural Festival
- reviewing the Combatting Antisemitism, Hate and Extremism (Firearms and Customs Laws) Bill 2026
- considering community safety and national security, including engagement with the Australian National University National Security College and Crime Stoppers ACT
- considering the Theo Notaras Multicultural Centre Review
- evaluating the ACT Government’s free period products
- considering Infrastructure Canberra communication and engagement activities
- considering the *ACT Volunteering Strategy and Action Plan 2024–27*
- strengthening community engagement and inclusivity
- advocating for a multicultural community centre
- engaging with the ACT Human Rights Commissioner
- acting as master of ceremonies for Australian citizenship ceremonies
- preparing for handover to the next term of MACM
- participating in ongoing public health consultations related to voluntary assisted dying implementation.

MACM Community Consultation Forum

Community consultation is central to MACM's work and is consistent with its terms of reference.

During 2025–26, MACM undertook consultation with multicultural community members and service providers to ensure multicultural perspectives informed government policy and program development.

On 2 August 2025, MACM hosted its annual Community Consultation Forum in partnership with the Minister for Multicultural Affairs. The forum brought together 36 multicultural community members who shared their perspectives on matters affecting culturally and linguistically diverse (CALD) communities in the ACT.

Major issues raised included public transport accessibility, skills recognition, employment barriers, racism and gaps in service delivery for multicultural communities. The forum emphasised trust building, genuine inclusion and actionable change for stronger government–community relations.

Key themes emerging from community input on desired changes included:

- **improved access to multicultural services and information** through community hubs, multilingual resources, targeted outreach for priority groups, affordable community venues and plain-English information on multicultural legislation
- **enhanced employment pathways for migrants** by advocating for nationally consistent qualification recognition, bridging programs for skilled migrants and tailored support for young people and international students
- **strengthened inclusion and community engagement** through anti-racism initiatives, meaningful community consultation, belonging and continued support for multicultural events and cross-cultural leadership.

MACM online consultation

On 26 May 2026, MACM held its inaugural online community consultation with multicultural community leaders, service providers and other key stakeholders. The consultation identified emerging priorities and enabled MACM to engage directly with community, demonstrating its ongoing commitment to creating accessible and inclusive opportunities for community participation.

Community priorities included improving communication, increasing opportunities for engagement and providing greater access to multilingual information. Participants also highlighted the continued importance of social cohesion, belonging and inclusion, while addressing key issues such as domestic and family violence, support for migrants and refugees, disability inclusion, and economic participation.

Agreed actions included expanding community engagement, sharing consultation outcomes more broadly, delivering targeted information sessions, holding a further face-to-face consultation and promoting employment and entrepreneurship opportunities through community networks.

Feedback gathered through these consultations informed MACM's strategic priorities and ongoing advice to the ACT Government. The consultations also strengthened collaboration between government, community organisations and multicultural communities, supporting MACM's role as a bridge between the ACT Government and culturally diverse communities.

MACM Forum, stakeholder and service provider summary 2025–26

Table 3: MACM Forum and consultation

Forum /consultation	Date	Participation	Key discussion topics	Outcomes
MACM Community Consultation Forum	2 August 2025	36 participants from diverse backgrounds	Employment and qualification recognition Cultural awareness and engagement Centralised multicultural information centres DFV and support for migrants and refugees, including women and people with disability	The forum emphasised trust building, genuine inclusion and actionable change for stronger government–community relations Community insights informed MACM’s priorities and advice to government
MACM online consultation	26 May 2026	17 representatives from diverse backgrounds	Community seeking more engagement opportunities with MACM, and greater access to multilingual information Continued focus on social cohesion, inclusion and addressing racism	The consultation demonstrated strong community support for ongoing engagement with MACM and practical action to address community priorities

Work plan and priorities for 2025–26

During the reporting period, MACM progressed implementation of its work plan, which focused on the following strategic priorities:

- strengthening engagement with multicultural communities
 - supporting implementation of the Multiculturalism Act 2023
 - promoting the charter for multiculturalism
 - delivering the 2025 annual community consultation event (2 August 2025)
 - planning the 2026 annual community consultation event (scheduled for 18 July 2026)
 - continuing to provide advice to the ACT Government on emerging multicultural policy issues
- continuing to participate in the Joint Advisory Council Chairs forum and strengthen understanding of the ACT’s role in the national multicultural policy landscape, including through representation on national bodies
 - continuing implementation of the MACM work plan:
 - Communication and community engagement
 - DFV prevention
 - Support for migrants and refugees
 - Community cohesion and social justice

These priorities guided MACM’s consultation and advice to the ACT Government.

Key activities and advice to government

Throughout the reporting period, MACM provided advice and input across a range of policy and community issues.

Support for migrants and refugees

- Through community consultations, MACM identified the following issues for further consideration to strengthen policies affecting migrants and refugees:
 - support ongoing collaboration across ACT Government portfolios to improve workforce participation for migrants and refugees
 - support development of a coordinated information platform for migrant and refugee services
 - explore options for a coordinated ACT approach to overseas skills recognition and employment pathways
 - ensure employment initiatives recognise the differing needs of humanitarian entrants and vulnerable migrant cohorts
 - improve employment outcomes for migrants and refugees to increase workforce participation, help address skills shortages and reduce dependence on settlement services.
- MACM is progressing a position paper for the Minister for Multicultural Affairs.

Advancing social cohesion

- MACM is progressing a social cohesion position paper for the Minister for Multicultural Affairs. It explores what the growing focus on social cohesion and national security means for multicultural communities in Australia. It considers both the impact of these issues on multicultural communities and their role in supporting social cohesion.

- MACM has contributed to policy development, including consultation interviews and discussions on key issues such as the intersection of social cohesion and multiculturalism, experiences of racism, misinformation and disinformation, the impact of anti-immigration sentiment on multicultural communities, and opportunities for the ACT to provide national leadership.
- MACM has supported and participated in key stakeholder engagements and roundtable discussions, including those convened by the Canberra Multicultural Community Forum (CMCF) and the Baha'i community, bringing together community, faith, business and academic leaders to explore contemporary social cohesion challenges and opportunities.
- MACM engaged with government, academic and national security stakeholders to inform evidence-based approaches to strengthening social cohesion. Engagement included the ANU National Security College on the multi-year No Worries research project, the Independent National Security Legislation Monitor, ACT Policing, the ACT Government's review of hate speech legislation and multicultural sector leaders.
- The MACM Chair is also a member of the Australian Multicultural Council, which provides a further avenue for the sharing of perspectives and key information between jurisdictions.

Addressing domestic and family violence

- The following key issues emerged from MACM's consultation with the broader community:
 - an ACT-wide approach to combat technology-facilitated domestic and family abuse in multicultural communities
 - increased resources to address intimate partner violence in multicultural communities
 - legislative reform to reduce violence against children
 - reporting to assure multicultural representation in DFV governance
 - increased funding for early intervention supports for multicultural communities in DFV.
- MACM is progressing a position paper for the Minister for Multicultural Affairs.

Voluntary assisted dying implementation

- Community consultation identified a need for targeted voluntary assisted dying information sessions for multicultural communities. This is currently being progressed with the relevant policy area.
- MACM continues to provide input on the implementation of voluntary assisted dying through ongoing consultation with HCSD, ensuring that multicultural perspectives are considered in communication and engagement strategies for this policy area.

Gambling Harm Prevention Community of Practice

- MACM continued its engagement in 2025 through the Gambling Harm Prevention Community of Practice, building on previous collaboration and advocacy on the experiences of multicultural communities in relation to gambling.
- Gambling Harm Action Week (20 October 2025): A MACM member participated as a panellist at the launch event and contributed to the ‘Let’s Change the Conversation’ discussion on gambling harm prevention.
- Canberra Gambling Reform Alliance Roundtable (31 October 2025): A MACM member presented ‘Cultural contexts and gambling harm: understanding vulnerabilities in migrant communities,’ highlighting the challenges faced by CALD communities and informing community-led solutions.

Energy Consumer Reference Council

- MACM continued its engagement with the Energy Consumer Reference Council (ECRC), providing input on ECRC activities including its 5-year gas network plan and electricity network planning. This brought multicultural community perspectives into strategic energy planning and contributed to more inclusive and equitable decision making.

- MACM also supported community engagement activities relating to the installation of neighbourhood batteries in Casey, Dickson and Fadden, including attendance at the commissioning of the batteries on 3 March 2026. This strengthened community awareness of the renewable energy initiative promoted engagement with culturally diverse communities and supported the ACT Government’s transition to a more sustainable and resilient energy network.

National Multicultural Festival

- MACM regularly meets with the NMF organising team to discuss progress and arrangements for the upcoming festival. This is a standing item at all MACM meetings and provides an opportunity for long-term collaborative engagement.
- In 2026, MACM members engaged with the community through NMF information stalls at the festival and at the NMF media launch. Several members also supported the event as volunteers.

Community consultations

- On 2 August 2025, MACM hosted its third Community Consultation Forum in partnership with the Minister for Multicultural Affairs.
- On 26 May 2026, MACM hosted its first online engagement event in response to community feedback seeking more opportunities to engage with MACM.

Other events and engagements

- MACM members attended several community events during the reporting period, including Iftar and Diwali celebrations. Members were also invited to speak at many of these events about the importance of multiculturalism and the impact of values such as respect, inclusion and diversity.

Key advice provided to government

The discussions and community engagement described above informed MACM's ongoing advice to government.

Table 4: MACM engagements by policy area – activities and outcomes

Policy area	Engagement	Outcome
Health policy	Voluntary assisted dying implementation	Feedback on communication and access approaches that are culturally appropriate for multicultural communities.
Gambling harm prevention	Participation in the Gambling Harm Prevention Community of Practice	Strengthened focus on culturally responsive prevention and research.
Energy and consumer policy	Participation in the Energy Consumer Reference Council	Contributed to the discussions on gas and electricity network plans, commissioning of neighbourhood batteries, including liaison with the communications team.
Gender equality and public health	<i>Period Product and Facilities (Access) Act 2023</i>	Evaluation of the ACT Government's free period products.
Strengthening social cohesion	Roundtable discussions on social cohesion organised by CMCF, the Baha'i community and Polaron Australia	Prepared an internal position paper and contributed to the enhancement of social cohesion policies.
Community engagement	MACM Community Consultation Forum 2 August 2025, online forum 26 May 2026	Community feedback informed MACM priorities and contributed insights on issues affecting multicultural communities in the ACT.
Multicultural policy development	The MACM work plan and strategic priorities	Government advice strengthened through alignment with MACM's strategic priorities.

Performance analysis

During 2025–26, MACM provided advice to the ACT Government on policy initiatives and programs affecting CALD communities.

MACM based its advice on meetings, consultations with government directorates, stakeholder engagement and feedback from community members. MACM focused on ensuring that multicultural perspectives were considered in policy development, program implementation and community engagement activities.

Key areas of advice included:

- improving access to services and information for multicultural communities, including multilingual resources and outreach
- strengthening employment pathways and skills recognition for migrants and refugees
- promoting social cohesion and addressing racism through inclusive policies and community engagement
- enhancing support for vulnerable groups, including responses to DFV for multicultural communities.

These contributions supported the ACT Government's broader commitment to implementing the Multiculturalism Act 2023 and promoting the principles of the charter for multiculturalism.

Through participation in advisory groups, community consultations and cross-government engagement, MACM contributed culturally informed advice to policy discussions across several ACT Government portfolios.

Performance summary 2025–26

Table 5: MACM performance summary 2025–26

Objective	Activity	Outcome
Provide advice to government on multicultural issues	Participation in consultations and advisory groups across ACT Government initiatives	Multicultural perspectives incorporated into policy discussions and program implementation
Strengthen engagement with multicultural communities	Community Consultation Forum (2 August 2025 and online forum 26 May 2026), engagement at the NMF and attendance at community events	Community feedback informed MACM priorities and advice to government
Promote culturally inclusive policy development	Input into initiatives including voluntary assisted dying implementation, gambling harm prevention, evaluation of period products, advancing social cohesion policy, support for migrants and refugees and addressing DFV	Policies and programs considered the needs and perspectives of multicultural communities
Support implementation of the Multiculturalism Act 2023	Ongoing advice aligned with the charter for multiculturalism	Strengthened whole-of-government focus on multicultural inclusion and community participation

Community engagement and stakeholder collaboration

Community engagement remains central to MACM’s role.

Members actively participated in consultations and advisory groups, ensuring multicultural perspectives were represented in discussions relating to public policy and service delivery.

These partnerships support stronger engagement between government and multicultural communities.

Contribution to multiculturalism in the ACT

Through consultations and policy advice, MACM contributes to implementation of the Multiculturalism Act 2023 and promotes the Charter for Multiculturalism across the ACT.

Key contributions include:

- strengthening engagement with multicultural communities
- promoting culturally inclusive policy development
- advocating for equitable access to services
- supporting initiatives that promote community wellbeing
- emphasising community safety, promoting anti-racism and reinforcing that everyone belongs.

Resources provided to MACM members

In accordance with MACM's governance arrangements, members receive the resources and support they need to carry out their advisory functions.

Members receive briefing materials, background papers, relevant legislation, policy documents and information on ACT Government priorities to support informed discussion and evidence-based advice to the minister. During the reporting period, Multicultural ACT, within the HCSD, provided secretariat support to MACM. This included:

- coordinating meetings, community forums and engagement activities
- preparing agendas, meeting papers, minutes and action items
- managing correspondence
- facilitating engagement with government agencies, community organisations and subject-matter experts
- providing administrative, communications, logistical and stakeholder engagement support for members' advisory functions and community consultation activities.

To support effective governance, members are provided with information regarding their roles and responsibilities under the Multiculturalism Act 2023, MACM's terms of reference, conflict-of-interest requirements, confidentiality obligations and relevant ACT Government governance policies and procedures.

Where MACM requires specialist advice, HCSD may facilitate access to professional or legal advice in accordance with ACT Government policies and procedures. During the reporting period, each MACM meeting included presentations and briefings from ACT Government directorates, statutory bodies and external stakeholders on matters relevant to multicultural communities and MACM's work program.

Members are remunerated in accordance with *Determination 13 of 2025 – Part-time Public Office Holders* and are provided with the administrative and operational support necessary to enable their effective participation in MACM activities.

Progress in implementing the National Agreement on Closing the Gap

MACM acknowledges the importance of the *National Agreement on Closing the Gap* and the *ACT Aboriginal and Torres Strait Islander Agreement 2019–2028*. As an advisory body MACM is committed to promoting inclusion and culturally respectful practices that support the participation of First Nations people.

During 2025–26, MACM had regard to the principles of inclusion, participation and respectful engagement that underpin the *National Agreement on Closing the Gap* through its advisory and community engagement functions. MACM included an Acknowledgement of Country at its meetings and community engagement activities. A Welcome to Country was delivered at MACM Community Consultation Forum held on 2 August 2025, reflecting MACM's commitment to recognising and respecting Aboriginal and Torres Strait Islander people and culture.

When acting as master of ceremonies at citizenship ceremonies facilitated by HCSD, MACM members proudly delivered an Acknowledgement of Country in English and some in a second language. This reflects MACM's deep respect for First Nations people, relationships between First Nations cultures and the success and prosperity of multicultural Australia.

For further information, contact Izabela Barakovska, MACM Chair (2023–2026) via the Secretariat team at ACTMAC@act.gov.au.



ACT Restricted Medical Treatment Assessment Board

Dr Marisa Paterson MLA
Minister for Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

Restricted Medical Treatment Assessment Board Annual Report 2025–26

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2026*. This is being presented to you in your capacity as Minister for Health.

It has been prepared in conformity with other legislation applicable to the preparation of the annual report by the Restricted Medical Treatment Assessment Board.

I certify that the information in the attached annual report and information provided for whole-of-government reporting, is an honest and accurate account and that all material information on the operations of the Restricted Medical Treatment Assessment Board has been included for the period 1 July 2025 to 30 June 2026.

I hereby certify that fraud prevention has been managed in accordance with the Public Sector Management Standards 2006 (repealed), Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

A handwritten signature in black ink, reading 'Anna Brown'.

Anna Brown
President
Restricted Medical Treatment Assessment Board

27 August 2026

Compliance statement: Restricted Medical Treatment Assessment Board

The *Restricted Medical Treatment Assessment Board Annual Report 2025–26* complies with the *Annual Report (Government Agencies) Directions 2026* (the Directions) made under section 8 of the Annual Reports (Government Agencies) Act 2004. The Directions are available on the ACT Legislation Register at www.legislation.act.gov.au.

The compliance statement identifies the subsections under Parts 1 to 5 of the Directions that apply to the Restricted Medical Treatment Assessment Board and where information addressing those requirements can be found.

Part 1: Directions overview

The requirements under Part 1 of the Directions relate to the purpose, timing, distribution and record keeping of annual reports. The *Restricted Medical Treatment Assessment Board Annual Report 2025–26* complies with all applicable subsections of Part 1.

To meet the requirements of section 15 (Feedback) of Part 1 of the Directions, this report includes contact details for the Restricted Medical Treatment Assessment Board to enable readers to provide feedback.

Part 2: Reporting entity annual report requirements

The requirements under Part 2 of the Directions are mandatory for all reporting entities. The Restricted Medical Treatment Assessment Board complies with all applicable subsections. The information addressing the requirements of Part 2 is included in the *Restricted Medical Treatment Assessment Board Annual Report 2025–26* as follows:

- transmittal certificate – see the previous page
- organisational overview and performance – see the next page. All other subsections are contained within the *Health and Community Services Directorate Annual Report 2025–26*
- financial management reporting (including all subsections) – see the *Health and Community Services Directorate Annual Report 2025–26*

Part 3: Reporting by exception

The Restricted Medical Treatment Assessment Board has no information to report by exception under Part 3 of the Directions for the 2025–26 reporting year.

Part 4: Directorate and public sector body-specific annual report requirements

There are no additional reporting requirements under Part 4.

Part 5: Whole-of-government annual reporting

All subsections of Part 5 of the Directions apply to the Restricted Medical Treatment Assessment Board. Consistent with the Directions, the information addressing these requirements is reported centrally for all ACT Public Service directorates:

- bushfire risk management – see the annual report of the Justice and Community Safety Directorate
- human rights – see the annual report of the Justice and Community Safety Directorate
- legal services directions – see the annual report of the Justice and Community Safety Directorate
- public sector standards and workforce profile – see the annual State of the Service Report
- Territory records – see the annual report of the Chief Minister, Treasury and Economic Development Directorate

ACT Public Service directorate annual reports are available at <https://www.act.gov.au/open/annual-reports>.

Abbreviations and acronyms

Abbreviation/acronym	Meaning
CHS	Canberra Health Services
GTP	General treatment plan
ITP	Individual treatment plan
VSC	Variation in sex characteristics

Glossary of technical terms

Term	Meaning
Variation in sex characteristics	People who have a variation in sex characteristics, or are intersex, are born with sex characteristics (such as genitals, gonads or chromosome patterns) that do not fit typical binary notions of male or female. It is recognised that a range of terms are used by individuals and organisations that represent or provide services to these populations.

Restricted Medical Treatment Assessment Board Annual Report 2025–26

The Restricted Medical Treatment Assessment Board (the Board) is a statutory authority appointed by the Minister for Health under section 29 of the *Variation in Sex Characteristics (Restricted Medical Treatment) Act 2023*.

This report is submitted in accordance with section 44 of the Act and covers the 2025–26 financial year.

Variation in Sex Characteristics (Restricted Medical Treatment) Act 2023

The Act is a key element of the ACT Government's commitment to reform how treatment and support is provided to people who have a variation in sex characteristics (VSC).

The Act responds to the needs and wishes of people with VSC to:

- not be subject to harm through inappropriate medical interventions
- uphold their ability to make their own decisions about certain medical treatments that affect their bodies.

The Act establishes a process for considering certain medical treatments for people with VSCs. Its effect is to permit these treatments only when they meet the criteria set out in the Act. The Act also provides for information, advice and psychosocial support to be given to people with VSC and their families.

The Board

The functions of the Board are to:

- act as members of assessment committees to assess applications for individual treatment plans (ITPs) and general treatment plans (GTPs)
- advise the minister about, and make recommendations on, which VSC should be covered by the Act

- any other function given to it under the Act or another Territory law.

As at June 2026, no other functions had been given to the Board.

The Board comprises a president and at least 2 members for each category listed in the Act. Section 31 of the Act outlines the criteria for membership and procedures for appointments.

Table 1: Restricted Medical Treatment Assessment Board members for 2025–26

Name	Category	Term
Anna Brown, President	Human rights	5 years
Amanda Turnill, Member	Ethics Human rights Psychosocial support	3 years
Chloe Hanna, Member	Psychosocial support	3 years
Ghassan Kassisieh, Member	Human rights	5 years
Jacky Hewitt, Member	Medicine	5 years
Kristiina Siiankoski, Member	VSC	3 years
Leith Henry, Member	Psychosocial support	5 years
Michael Rosier, Member	Medicine	3 years
Michaela Okninski, Member	Ethics Human rights	3 years
Morgan Carpenter, Member	Ethics	5 years
Simone-lisa Anderson, Member	Ethics Human rights Psychosocial support VSC	5 years
Susan Cochrane, Member	Ethics Human rights	3 years

Board members attend quarterly meetings. The president appoints members to assessment committees as required, including one board member from each category. The Board and its assessment committees met 26 times between 1 July 2025 and 30 June 2026. This included 4 Board meetings and 22 assessment committee meetings. There was also a day of training attended by board members as discussed below.

The *Remuneration Tribunal Act 1995* provides for the remuneration, allowances and other entitlements of members as part-time statutory public office holders.

Board members, while independent of government, are expected to meet ethical and legislative requirements outlined in the ACTPS Integrity Framework and the ACT Public Sector Code of Conduct.

The Board is supported by the Secretariat to the Restricted Medical Treatment Assessment Board (Secretariat) in the Health and Community Services Directorate (HCSD). The Secretariat has an administrative role to support board members to exercise their functions under the Act, and other relevant statutory obligations.

Treatment plans

This report is required to include information about treatment plans. This includes:

- details about applications for ITPs, including how many were submitted and what decisions were made
- for each approved individual treatment plan, the report must list the person’s age, their VSC and the date the plan was approved
- information about GTPs, including how many were approved and a description of each one
- the number of reportable treatments and, for each one, the age and VSC of the person involved.

However, in reporting the above information, the Act also requires that this report does not include information that:

- identifies a prescribed person or a decision maker for the prescribed person
- would allow a prescribed person’s identity, or the identity of a decision maker for the prescribed person, to be worked out.

Consideration must be given to what can be reported about ITPs without allowing the identity of a prescribed person to be worked out. This consideration must be given on a case-by-case basis, with regard to the circumstances of each individual. The principal factor to consider is whether:

- any VSC is sufficiently rare
- revealing the rare variation may make it possible to work out the identity of that person, either by itself or when combined with an age.

The information below takes account of the rarity of variations. This may be achieved by publishing only an age range, or no age information, where the numbers of people with that variation are predicted to be very small. In several cases, protection of the prescribed person’s identity may be achieved by describing their VSC in more general terms than that person’s diagnosis.

Between 1 July 2025 and 30 June 2026, the Board received 6 ITP applications. Assessment committees assessed 6 ITP applications and approved all 6 without conditions. This included 2 applications received in 2024–25. Two ITP applications remain under assessment as at 30 June 2026. All approved treatment plans were for individuals under 5 years of age. Table 2 provides information about ITPs approved in 2025–26.

Table 2: Approved ITPs 2025–26

Age (at date of approval)	VSC	Date of approval
3	Proximal hypospadias with cryptorchidism	26 June 2025*
4	Buried penis variant	17 October 2025
3	Chordee	27 October 2025
1	Chordee	25 February 2026
1	Chordee	25 February 2026
1	Chordee	27 February 2026

*While this ITP was approved in 2024–25, the decision was communicated to the applicant after 30 June 2025, so it was not included in the 2024–25 Annual Report.

Assessment committees continued their assessment of 2 GTP applications received in 2024–25. The *Oestrogen Treatment for People with Turner Syndrome/45, X0* GTP was open for public consultation from 27 June to 30 August 2025, and 4 submissions were received. The *Testosterone Replacement in Testicular Insufficiency* GTP was open for public consultation from 17 October to 29 November 2025, and 3 submissions were received. Both GTP applications remain under assessment as at 30 June 2026. The Board received one further GTP application in 2025–26. As at 30 June, this third application was undergoing preliminary assessment by an assessment committee.

In addition to treatments authorised by treatment plans, reportable treatments under the Act include:

- urgent treatments
- treatments for excluded variations provided to prescribed persons.

Information on additional reportable treatments is also subject to privacy protection under the Act.

The Board received no reports relating to urgent treatments or treatments involving excluded variations in time for publication of this report. The lack of reported data over the 2 reporting years to date is a matter of concern. Receipt of data, as available, will enable the Board to fulfil its legislated functions, including providing advice to the Minister on which VSCs should be covered by the Act.

Communication and partnerships

Two eLearning training modules are available to Canberra Health Services (CHS) clinicians whose roles require them to understand VSC and the Act.

Board members and HCSD staff attended a one-day training workshop on 27 August 2025. Topics for the workshop included lived experience of VSC, the Board's regulatory functions and decision making, the role of the Psychosocial Service at CHS and information about the intersex project coordinator at A Gender Agenda.

The Health and Community Services Directorate and the Division of Women, Youth and Children at CHS continued to hold quarterly meetings to collaborate on implementing the Act.

Progress in implementing the National Agreement on Closing the Gap

As a public sector body, the Board is committed to shared responsibility, accountability and systemic change to improve outcomes for Aboriginal and Torres Strait Islander communities and meet the objectives of the *National Agreement on Closing the Gap*.

For further information, contact the President of the Restricted Medical Treatment Assessment Board via the Secretariat at vsboard@act.gov.au or visit [Protecting the rights of people with variations in sex characteristics](#).



Voluntary Assisted Dying Oversight Board

Dr Marisa Paterson MLA
Minister for Health
ACT Legislative Assembly
London Circuit
Canberra ACT 2601

Dear Minister

Voluntary Assisted Dying Oversight Board Annual Report 2025–26

This report has been prepared in accordance with section 7(2) of the *Annual Reports (Government Agencies) Act 2004* and in accordance with the requirements under the *Annual Reports (Government Agencies) Directions 2026*. This is being presented to you in your capacity as Minister for Health.

It has been prepared in conformity with other legislation applicable to the preparation of the annual report by the Voluntary Assisted Dying Oversight Board.

I certify that the information in the attached annual report and information provided for whole-of-government reporting, is an honest and accurate account and that all material information on the operations of the Voluntary Assisted Dying Oversight Board has been included for the period 1 July 2025 to 30 June 2026.

I hereby certify that fraud prevention has been managed in accordance with the Public Sector Management Standards 2006 (repealed), Part 2.3 (see section 113, Public Sector Management Standards 2016).

Section 13 of the *Annual Reports (Government Agencies) Act 2004* requires that you present the report to the Legislative Assembly within 15 weeks after the end of the reporting year.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Darlene Cox'.

Darlene Cox
Chair
Voluntary Assisted Dying Oversight Board

26 August 2026

Compliance statement: Voluntary Assisted Dying Oversight Board

The *Voluntary Assisted Dying Oversight Board Annual Report 2025–26* complies with the *Annual Report (Government Agencies) Directions 2026* (the Directions) made under section 8 of the Annual Reports (Government Agencies) Act 2004. The Directions are available on the ACT Legislation Register at www.legislation.act.gov.au.

The compliance statement identifies the subsections under Parts 1 to 5 of the Directions that apply to the Voluntary Assisted Dying Oversight Board and where information addressing those requirements can be found.

Part 1: Directions overview

The requirements under Part 1 of the Directions relate to the purpose, timing, distribution and record keeping of annual reports. The *Voluntary Assisted Dying Oversight Board Annual Report 2025–26* complies with all applicable subsections of Part 1.

To meet the requirements of section 15 (Feedback) of Part 1 of the Directions, this report includes contact details for the Voluntary Assisted Dying Oversight Board to enable readers to provide feedback.

Part 2: Reporting entity annual report requirements

The requirements under Part 2 of the Directions are mandatory for all reporting entities. The Voluntary Assisted Dying Oversight Board complies with all applicable subsections. The information addressing the requirements of Part 2 is included in the *Voluntary Assisted Dying Oversight Board Annual Report 2025–26* as follows:

- transmittal certificate – see the previous page
- organisational overview and performance – see the next page. All other subsections are contained within the *Health and Community Services Directorate Annual Report 2025–26*
- financial management reporting (including all subsections) – see the *Health and Community Services Directorate Annual Report 2025–26*

Part 3: Reporting by exception

The Voluntary Assisted Dying Oversight Board has no information to report by exception under Part 3 of the Directions for the 2025–26 reporting year.

Part 4: Directorate and public sector body-specific annual report requirements

There are no additional reporting requirements under Part 4.

Part 5: Whole-of-government annual reporting

All subsections of Part 5 of the Directions apply to the Voluntary Assisted Dying Oversight Board. Consistent with the Directions, the information addressing these requirements is reported centrally for all ACT Public Service directorates:

- bushfire risk management – see the annual report of the Justice and Community Safety Directorate
- human rights – see the annual report of the Justice and Community Safety Directorate
- legal services directions – see the annual report of the Justice and Community Safety Directorate
- public sector standards and workforce profile – see the annual State of the Service Report
- Territory records – see the annual report of the Chief Minister, Treasury and Economic Development Directorate

ACT Public Service directorate annual reports are available at <https://www.act.gov.au/open/annual-reports>.

Abbreviations and acronyms

Abbreviation/acronym	Meaning
HCSD	Health and Community Services Directorate
The Board	Voluntary Assisted Dying Oversight Board
The Act	<i>Voluntary Assisted Dying Act 2024</i>

Voluntary Assisted Dying Oversight Board Annual Report 2025–26

Organisational overview and performance

Board composition

The Voluntary Assisted Dying Oversight Board (the Board) is an independent statutory body established under the *Voluntary Assisted Dying Act 2024* that reports as a public sector body under the *Annual Reports (Government Agencies) Act 2004*. The Board consists of 4 to 7 members, including a Chair and Deputy Chair, appointed by the Minister for Health for terms of up to 3 years.

Members are appointed through a merit-based selection process and collectively bring expertise across medicine, nursing, pharmacy, psychology, social work, ethics, law, health care consumer advocacy, disability and carer advocacy, together with other knowledge and experience relevant to the Board’s statutory functions. The Act also requires the minister to have regard to achieving an appropriate balance of professional expertise and representation of the ACT community when making appointments. Table 1 lists the Board members for 2025–26.

During 2025–26, the inaugural Board comprised experienced clinicians, a legal practitioner, a consumer representative, and members with significant governance and regulatory experience, reflecting the multidisciplinary expertise required to oversee the operation of the ACT voluntary assisted dying scheme.

Table 1: Voluntary Assisted Dying Oversight Board members 2025–26

Name	Term
Darlene Cox, Chair	3 years
Robert Farrugia, Deputy Chair	3 years
Cathie O’Neill, Member	3 years
Christopher Bourke, Member	3 years
Clara Tuck Meng Soo, Member	3 years
Margaret Parker, Member	3 years
Meredith Whiting, Member	3 years

Board members were appointed in accordance with the Voluntary Assisted Dying Act 2024 and ACT Government board appointment processes. Before commencing their appointment, members undertook orientation, completed required declarations, including declarations of conflict of interest and disclosure.

Board members completed the ACT Voluntary Assisted Dying Authorised Practitioner education program to support consistent understanding of the legislative framework, statutory safeguards and operation of the scheme as relevant to the Board’s oversight responsibilities.

The Board met regularly throughout its inaugural year to oversee the operation of the ACT voluntary assisted dying scheme following its commencement on 3 November 2025. Meetings were initially held fortnightly to support the safe establishment of the scheme before transitioning to monthly meetings, progressively refining its governance, reporting and evidence-informed oversight processes. During 2025–26, the Board held 10 official meetings. In addition, members attended 3 pre-implementation meetings to build a shared understanding of the legislative framework, the Board’s statutory functions and the voluntary assisted dying scheme before its commencement on 3 November 2025.

Activity during 2025–26

During the reporting period, the Board reviewed 87 completed voluntary assisted dying pathways.

For the purposes of the Board's oversight functions, the term *pathway* refers to a person's progression through the voluntary assisted dying process established under the Act. The Board reviews completed pathways because this enables consideration of the operation of the statutory process and legislative safeguards from commencement to conclusion, regardless of whether the pathway resulted in the administration of an approved substance. The term *case* is used elsewhere when referring to operational records of individual applicants.

As at 30 June 2026, remaining cases were still progressing through the statutory pathway or were awaiting completion before being presented to the Board for review.

As the Board and the scheme matured during the reporting period, the Board's oversight activities evolved beyond individual pathway reviews to include consideration of emerging themes, compliance trends and opportunities for continuous improvement to support the safe and effective operation of the ACT voluntary assisted dying scheme.

In undertaking its statutory functions, the Board:

- reviewed completed voluntary assisted dying pathways to monitor compliance with the Act
- identified opportunities for quality improvement and system enhancement
- considered emerging themes, risks and trends
- considered complaints, stakeholder feedback and operational notifications relevant to the administration and operation of the scheme
- provided advice to support the safe, lawful and effective operation of voluntary assisted dying in the ACT.

Board attendance was consistently high throughout the reporting period, and all meetings achieved a quorum.

Remuneration

Remuneration arrangements for the Chair and other members of the Board are determined independently by the ACT Remuneration Tribunal under the Remuneration Tribunal Act 1995.

Following its review, the Tribunal issued a formal determination setting remuneration for the Board. The Tribunal determined that the Chair would receive remuneration of \$1,330 per day, and members would receive remuneration of \$1,065 per day, together with any applicable conditions and entitlements prescribed for part-time statutory office holders.

Remuneration arrangements are subject to ongoing review by the ACT Remuneration Tribunal. Reviews may occur periodically or where there are significant changes to the responsibilities, workload, governance requirements or work value of the role.

Oversight of the ACT voluntary assisted dying scheme

The Board exercises its statutory oversight of the Voluntary Assisted Dying Act 2024. Through its oversight role, the Board promotes confidence in the integrity of the scheme by monitoring its operation, considering the effectiveness of legislative safeguards, identifying systemic issues and opportunities for improvement, and providing advice and recommendations to support the safe, lawful and effective operation of voluntary assisted dying in the ACT.

Administrative support

The Health and Community Services Directorate (HCSD) provides secretariat, governance, administrative, financial and records management support to the Board through its established governance and financial management arrangements.

Risk management and assurance

The Board adopts a risk-informed approach to its statutory oversight functions. Through its review of completed pathways, the Board monitors compliance with legislative safeguards, identifies systemic issues and considers emerging risks associated with the operation of the scheme.

During the reporting period, no systemic issues requiring urgent escalation were identified. The Board will continue to monitor trends as scheme activity increases.

Ethical standards

Board members are expected to perform their functions impartially, independently and in accordance with the Act and applicable ACT Government governance requirements. Members declare any actual, perceived or potential conflicts of interest and manage them in accordance with the Board's governance arrangements.

Board support and resources

A secretariat within HCSD provides governance, administrative and operational support to the Board, including meeting coordination, preparation of papers, record keeping, and legislative and policy advice.

Committees

The Board did not establish any standing committee during 2025–26. During its inaugural year, all statutory functions were exercised by the full Board to promote consistency in decision making and establish governance processes.

The Board will continue to review its committee arrangements as scheme activity increases.

Progress in implementing the National Agreement on Closing the Gap

Statement of regard to Closing the Gap principles

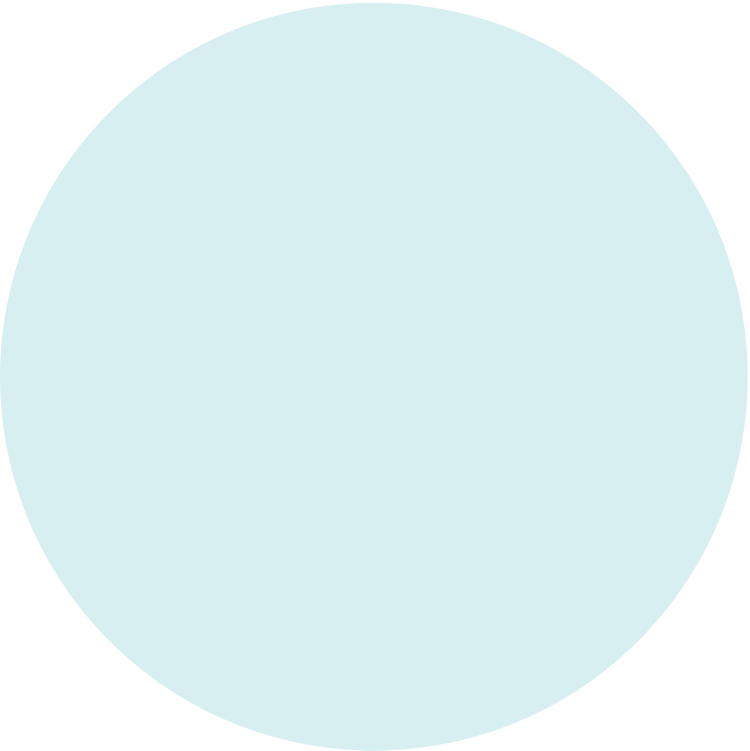
As a public sector body, the Board is committed to supporting the principles of the *National Agreement on Closing the Gap*. During 2025–26, the Board considered equity of access and culturally safe care when reviewing completed voluntary assisted dying pathways.

The Board benefits from Aboriginal and Torres Strait Islander representation through its membership. During the reporting period, the Board considered equity of access and culturally safe care when undertaking its oversight functions. The Board will continue to monitor whether systemic issues affecting Aboriginal and Torres Strait Islander peoples emerge as the scheme matures.

Further information

The *Voluntary Assisted Dying Oversight Board – Oversight Report 2025–26* provides a more detailed account of the Board's activities, oversight and operation of the ACT voluntary assisted dying scheme and is available on the ACT Voluntary Assisted Dying Oversight Board [webpage](#).

For further information, contact VoluntaryAssistedDying@act.gov.au.



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