



**SUBMISSION**

ACT Government:  
**ACT Budget 2026-27**

February 2026

## About HCCA

The Health Care Consumers' Association (HCCA) is a health promotion charity and the peak health consumer advocacy organisation in the Canberra region.

We speak up for health consumers.

We work with **health consumers** to:

- Help people understand how to use health services and get the most out of them.
- Become health care advocates and speak up for themselves, their families and their communities.

We work with **health services** to help them:

- Understand the needs of health consumers.
- Make services work better for health consumers.
- Communicate better with health consumers.

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## Introduction

HCCA is a member-based organisation that represents the views and experiences of our membership and networks to advocate for consumers of health care. HCCA's priorities, as detailed in this submission, have been informed by our work with a wide range of health care consumers across the ACT and by HCCA's members. This submission also draws on HCCA's [Strategic Plan 2025-2030](https://www.hcca.org.au/publication_type/strategic-plan/) ([https://www.hcca.org.au/publication\\_type/strategic-plan/](https://www.hcca.org.au/publication_type/strategic-plan/))

HCCA has identified the following **priority issues for action in 2026-27**:

1. Improving care of **older people**.
2. Improving **access to outpatient care**.
3. Implementation of the **Disability Health Strategy**.
4. Responding to the climate emergency by changing the way care is delivered to **reduce carbon emissions and waste**.
5. Improving **communication** with consumers and families whose main language is other than English.
6. **Voluntary Assisted Dying** implementation and community consultation on decision making capacity.
7. Quality and Safety of **maternity services** including advocacy to improve rates of hospital acquired complications.

HCCA recognises the ACT's fiscal reality and the need to focus on sustainable measures, service rationalisation, and the efficiency of service models to maximise impact. We see significant potential to achieve enhanced fiscal sustainability while achieving improvements in the above domains.

HCCA expects to see the 2026-27 ACT Budget address a range of shared priorities across the system. This can be achieved by driving innovation in evidence-based models of care to meet the evolving needs of the ACT community in a fiscally responsible way. HCCA is committed to supporting government and stakeholder to explore innovative ways to deliver care that meet consumers' needs and optimise resource use across our health system.

We encourage the ACT Government to use this budget consultation process to begin prioritising implementation of the health system commitments made to the community by ACT Labor in the lead-up to the 2024 election.

In this submission, HCCA outlines several opportunities for health services, health funders, consumers and community organisations to work together to change the way services are delivered. Our recommendations aim to ensure the future sustainability and viability of the local health care provision that our community values.

## Recommended Actions for Inclusion in the 2026-27 ACT Budget

### 1. Improve the experience of health care services for older people

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#)

#### Priority Actions

1. Improve the experience of health care **services for older people and people with chronic health conditions** by:
2. Expand and establish **community-based health services** to help older people stay out of hospital, including a Territory wide expansion of the GRACE, RADAR and Hospital in the Home programs.
3. Establish a **sub-acute care pathway** to help older patients transition out of hospital safely and efficiently.
4. Progress the work on improving **dementia care** as set out in the *Better Care for Older Canberrans* initiative.

## Rationale

### Community-Based Health Services

It is vital that we continue to improve treatment and care for older Canberrans, including through programs to help them stay out of hospital and unique care pathways designed to reduce their risk of adverse health outcomes.

We know that the ACT community values the existing range of programs designed to meet the specific needs of older patients, including Geriatric Rapid Acute Care Evaluation (GRACE), Rapid Assessment of the Deteriorating Aged at Risk (RADAR) and Hospital in the Home.

These programs enable older people to stay safely at home - providing flexible care where they live or helping them transfer home swiftly and safely after hospitalisation. This reduces older people's exposure to the risks of hospital admission and emergency department presentation, including delirium, infections (e.g. COVID) and other hospital acquired complications.

HCCA's position is that these programs must be resourced and expanded to meet the extent of current and forecast community demand – including operation from both the Canberra and North Canberra Hospitals, to ensure the benefits are available to all eligible ACT residents.

We expect these programs to reduce the costs associated with prolonged hospital stays and unplanned readmissions<sup>1</sup>.

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<sup>1</sup> [Calvary Health Care. 2019. GRACE Program awarded National ACHS Quality Improvement Award. https://www.calvarycare.org.au/news-and-events/news/grace-program-awarded-national-achs-quality-improvement-award](https://www.calvarycare.org.au/news-and-events/news/grace-program-awarded-national-achs-quality-improvement-award), viewed 6 February 2026

## Dementia Care

We know that the number of Canberrans living with dementia is increasing. It was estimated that 6000 people were living with dementia in the ACT in 2024, and current data projections estimate that this will increase to almost 12,300 by 2054.

HCCA research has highlighted that families and carers of older people with dementia play a significant role in supporting access to care, even when their family member is living in residential care settings<sup>2</sup>. Family carers reflect on a lack of integration between residential care settings and external healthcare providers and services. HCCA would like to see integration of care between residential care and other health care settings to improve the quality of care for older people with dementia and reduce the significant strain on informal carers.

Family carers told us that supports that had been available to them in the community were taken away as family members moved into residential care. This added further pressure on family carers to provide or coordinate this support themselves.

To meet this evolving need, we must see an increase in supports and programs across settings both helping older people to live at home in the community for longer and providing ongoing support to families and carers regardless of the setting in which someone is receiving care.

## Sub-acute Care Pathway

At any time, there are approximately 3,000 older Australians stuck in hospital beds due to lack of access to transitional or aged care placements to facilitate their safe discharge from acute services<sup>3</sup>. This prevents access for people needing acute care and is an expensive (and indeed, ineffective) way to provide transition care for older people moving from hospital admission into residential aged care. Standard hospital wards are not well placed to provide low intensity care, rehabilitation and social support for long term patients not requiring acute clinical care. Prolonged hospital admissions increase the risks of hospital acquired complications such as infection, iatrogenesis, increased dependency and social isolation<sup>4</sup>.

Older consumers needing ongoing, non-clinical care need fit-for-purpose support while they wait for a suitable long term care placement. HCCA believes this is best delivered via a sub-acute care pathway that prioritises rehabilitation and social

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<sup>2</sup> Chandra S, Lamb J, Cox D. Experiences of Older Adults with Dementia and Behavioural and Psychological Symptoms of Dementia (BPSD): *Understanding Healthcare Access in Residential Settings*. 2025 [Experiences of Older Adults with Dementia and Behavioural and Psychological Symptoms of Dementia \(BPSD\): Understanding Healthcare Access in Residential Settings - HCCA](#)

<sup>3</sup> AMA. 2023. [Hospital exit block: a symptom of a sick system | Australian Medical Association](#) viewed 10 February 2026

<sup>4</sup> Chin JJ, Sahadevan S, Tan CY, Ho SC, Choo PW. Critical role of functional decline in delayed discharge from an acute geriatric unit. *Annals of the Academy of Medicine, Singapore*. 2001 Nov;30(6):593-599.F

emotional wellbeing through a targeted model-of-care in an appropriate environment. The benefits of a sub-acute care pathway have been shown in trials conducted in South Australia<sup>5</sup> and Canada<sup>6</sup>. Both trials established cheaper, effective services outside of a hospital setting, reducing the length of stay in hospital, or (as found in the Canadian trial) increasing the rate of discharge home before admission into a residential care setting.

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<sup>5</sup> Crotty M, Whitehead CH, Wundke R, Giles LC, Ben-Tovim D, Phillips PA. Transitional care facility for elderly people in hospital awaiting a long term care bed: randomised controlled trial. *BMJ*. 2005 Nov 12;331(7525):1110. doi: 10.1136/bmj.38638.441933.63.

<sup>6</sup> Robert B, Sun AH, Sinden D, Spruin S, Hsu AT. A Case-Control Study of the Sub-Acute Care for Frail Elderly (SAFE) Unit on Hospital Readmission, Emergency Department Visits and Continuity of Post-Discharge Care. *J Am Med Dir Assoc*. 2021 Mar;22(3):544-550.e2. doi: 10.1016/j.jamda.2020.07.020.

## 2. Improve access to outpatient services and support for people with chronic health conditions

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Sense of Belonging and Inclusion](#)

### Priority Actions

1. **Improving access to outpatient health services** through the Planned Care work program including:
2. Sustained and detailed **consultation with consumers and community organisations** including convening a Citizens Jury<sup>7</sup> (or a similar deliberative democratic process) to ensure that significant decisions are made in the interest of the ACT community;
3. **Expanding Virtual Care options** in alignment with the ACT Virtual Care Strategy;
4. Development of **evidence-based outpatient support services**, including allied health and NGO delivered programs integrated into existing outpatient care pathways. This includes **working with community organisations** to provide specialised, community-based services supporting people to manage chronic conditions; and
5. Conduct a **formal review of the Interstate Patient Travel Assistance Scheme (IPTAS)** with consideration to the extant scope of ACT service delivery and reasonable expectations of access to care, cost of living and inflationary pressure, administrative burden, scale of misuse and cost of administrative processes and compliance actions.

### Rationale

HCCA's position is that it is vital for access to outpatient services to be improved to enable timely intervention and prevent deterioration of patients as they wait for access to outpatient services, including elective surgery.

Significant improvements can be achieved through:

- Proactive waiting list management;
- Expansion of telehealth and Virtual Care options to facilitate more efficient and economical access to care for more patients;
- Making a greater number of appointments available to new patients; and

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<sup>7</sup> <https://www.dpc.sa.gov.au/responsibilities/community-engagement/engagement-tools/citizens-jury>

- Offering ongoing outpatient support, including allied health services, in a community setting, including referral to existing NGO support for chronic condition management.

### **Planned Care**

HCCA views Canberra Health Services' Planned Care program of work as having great potential to better target the right care to the patients who need it but recognise that the scale of system change involved is significant. This work must be undertaken in broad collaboration to contribute to health system sustainability, avoid duplication of effort and capitalise on established services and expertise in the NGO sector.

HCCA is confident that greater efficiencies around triage and waitlist management are achievable and urge that a strategic approach founded on strong consumer partnership is essential.

### **Consultation with Consumers and Community Organisations**

Reform of outpatient care and elective procedures must include active and transparent public communication of the proposed plans, why they are necessary, and how they will benefit health consumers and the broader ACT community. An iterative, active and considered change management approach is needed to ensure the support of those (staff and consumers) impacted.

Substantive and ongoing deliberative consumer and community consultation and inclusion is needed to ensure that significant decisions are made in the interest of the ACT community. Through this more rigorous consultation process, the community can be satisfied that health system reform that impacts their care is undertaken in an equitable, strategic, and consumer centred way and Canberra Health Services can secure a mandate for reform. This concerted process will require specific and dedicated funding.

HCCA's position is that a *Citizen's Jury* type process will best provide representative guidance and a democratic mandate for system change.

### **Virtual Care**

A priority must be placed on the establishment of virtual models of care. The expansion of Virtual Care (and to a lesser extent telehealth) has the potential to streamline chronic condition management, reducing the time burden of patients who are engaged with outpatient services on a longer-term basis, and freeing up clinician and consulting room availability for new patients and those seeking care for acute illness.

Innovation in virtual care has the potential to simultaneously reduce capital infrastructure requirements and facilitate highly cost-effective and accessible models

of care, reducing waiting times and providing high quality care to more ACT residents at any given time.

### **Community-Based Services**

HCCA views community organisations as having a fundamental role to play in supporting consumers to safely manage their chronic conditions.

Community organisations are uniquely placed to offer more affordable, high quality, expert health supports in a community setting<sup>8</sup>. The ACT Government needs to work in partnership with these organisations to optimise value for money and accessibility for consumers to services like social prescribing and support for people to manage their own health in the community, reducing their reliance on higher cost acute and outpatient services.

Effectively engaging consumers with community sector services can contribute to relieving pressure on strained health services. Community based models translate into cost savings for the health system, reduced strain on workforce – through spreading the load to community sector workers - while also enhancing productivity by supporting individuals to remain healthy, engaged in work or education and active in their local community<sup>9</sup>.

Findings from a NASP (England) report examining the health system benefits attributable to social prescribing across multiple localities in the UK, highlight a 42-50% reduction in GP visits and a 23-66% reduction in emergency department presentations for individuals engaged with a social prescribing service<sup>10</sup>. This shows the significant impact community organisations can play in preventive health and chronic condition management.

### **Interstate Patient Travel Assistance Scheme**

The ACT Government has acknowledged in public communications and within their own service delivery plans (including the *Child and Adolescent Clinical Services Plan*<sup>11</sup>) that it is not reasonable or appropriate to attempt to deliver all specialty health services locally.

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<sup>8</sup> Jessup R, Putrik P, Buchbinder R, et al Identifying alternative models of healthcare service delivery to inform health system improvement: scoping review of systematic reviews BMJ Open 2020;10:e036112. doi: 10.1136/bmjopen-2019-036112

<sup>9</sup> McNamara, S., Nichols, T., Wells, L., Morgan, M., Calder, RV. (2025). Social Prescribing in the Australian Context: A National Feasibility Study Report. Australian Health Policy Collaboration. Victoria University, November 2025.

<sup>10</sup> O'Connell Francischetto E. The impact of social prescribing on health service use and costs: Examples of local evaluations in practice. National Academy for Social Prescribing; 2024.

<sup>11</sup> [ACT Health. 2023. Child and Adolescent Clinical Services Plan 2023-2030. https://www.act.gov.au/data/assets/pdf\\_file/0016/2225302/Child-and-Adolescent-Clinical-Services-Plan-2023-2030.pdf](https://www.act.gov.au/data/assets/pdf_file/0016/2225302/Child-and-Adolescent-Clinical-Services-Plan-2023-2030.pdf)

HCCA agrees that, for a range of services, the most appropriate service delivery structure is the formalisation of the use of interstate specialists rather than recruitment of specialists and development of models of care locally. However, there needs to be mitigation of the financial and social pressures experienced as a result of interstate travel to access needed health care. This is aligned with our *right to access health care that meets our needs* under the Australian Charter of Healthcare Rights.<sup>12</sup>

While IPTAS<sup>13</sup> is intended to provide this support, consumer feedback is that it is administratively onerous and does not offer sufficient financial support. Consumers are required to cover costs up front, the subsidy available does not cover all incurred additional expenses, it is not flexible enough to accommodate the complexities of travelling for intensive treatment or to recognise the specific needs of families (who may need to travel with other children, for example). Consumers tell us that the administrative burden of IPTAS is significant and onerous for consumers, carers and families under acute stress.

In short, the current structure of the scheme places additional strain on already disadvantaged groups of consumers. Consumers must not be placed under undue financial pressure in order to access their rightful health care.

For these reasons, it is HCCA's position that IPTAS must be reviewed to evaluate its fitness for purpose and changes made to ensure ACT residents are supported to access high quality care in a timely way.

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<sup>12</sup> [Australian Commission on Safety and Quality in Health Care. 2020. \*Australian Charter of Healthcare Rights\*, <https://www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights>, viewed 10 February 2026](https://www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights)

<sup>13</sup> [Canberra Health Services. \(2024\). \*Interstate Patient Travel Assistance Scheme\*. \[https://www.canberrahealthservices.act.gov.au/\\\_data/assets/pdf\\\_file/0007/1985479/ACT-Interstate-Patient-Travel-Assistance-Scheme-Assessment-Guidelines.pdf\]\(https://www.canberrahealthservices.act.gov.au/\_data/assets/pdf\_file/0007/1985479/ACT-Interstate-Patient-Travel-Assistance-Scheme-Assessment-Guidelines.pdf\)](https://www.canberrahealthservices.act.gov.au/_data/assets/pdf_file/0007/1985479/ACT-Interstate-Patient-Travel-Assistance-Scheme-Assessment-Guidelines.pdf)

### 3. Fully fund and implement the ACT Disability Health Strategy

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Quality of Time](#), [Digital Access](#)

#### Priority Actions

1. Fully implement the **Disability Health Strategy** in the ACT.
2. Enhance the **disability health literacy** environment.

## Rationale

### Disability Health Strategy

HCCA advocates for the full funding and implementation of the ACT Disability Health Strategy.

HCCA acknowledges the work done so far to deliver the actions set out in the ACT Disability Health Strategy First Action Plan 2024-2026<sup>14</sup> (DHS Action Plan).

Implementing the DHS Action Plan will enable the ACT Government to meet its human rights obligations under [Australia's Disability Strategy 2021-2031](#).<sup>15</sup>

HCCA urges the full funding of all the goals, focus areas and actions outlined in the DHS Action Plan. In particular, HCCA wants to see completion of Actions:

- 2.1 - Accessible facilities, identify and allocate funding to continue access improvements identified at TCH and NCH.
- 2.2 - Supported decision-making framework.
- 2.3 - The development of a case management and referral pilot. This is increasingly necessary due to the loss of support for health-related services previously available via the NDIS. This loss includes the phasing out of support coordination, which means people do not have someone to support them to identify and set up the services they need.
- 2.6 - Development and implementation of a disability co-design framework and appointment of a lived experience advisor. This must include funding to ensure that Disability Organisations are able to resource full participation in co-design activities and other health system advocacy.

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<sup>14</sup> [https://www.act.gov.au/data/assets/pdf\\_file/0006/2533929/ACT-Disability-Health-Strategy-First-Action-Plan-2024-2026.pdf](https://www.act.gov.au/data/assets/pdf_file/0006/2533929/ACT-Disability-Health-Strategy-First-Action-Plan-2024-2026.pdf)

<sup>15</sup> [Australia's Disability Strategy 2021-2031 | NDIS, https://www.ndis.gov.au/understanding/australias-disability-strategy-2021-2031](https://www.ndis.gov.au/understanding/australias-disability-strategy-2021-2031), viewed 5 February 2026

## Disability Health Literacy

We believe it is vital to enhance the impact of the Disability Health Strategy by:

- Implementing a Disability Health Literacy program;
- Developing a Disability Inclusion Plan for Health and Community Services Directorate; and
- Following through on previous commitments to making public health care information available in accessible formats through:
  - funding Easy English translations of consumer information, including consumer testing of resources;
  - developing Auslan information videos; and
  - ongoing funding for disabled person's organisations to provide systemic advocacy and support consumer representation in health care.

HCCA research<sup>16</sup> has identified that people with disability actively look for, review and use health information to be able to make informed decisions about their health and health care. However, they encounter significant structural barriers. The needs identified through this work can be addressed through a comprehensive co-designed Disability Health Literacy program and an Inclusion Plan for Health and Community Services.

Specifically addressing the health literacy needs of people with disability will help to improve the overall health and wellbeing of people with disability. Some of the needs identified by the HCCA research can be very effectively addressed by:

- Developing a **single platform or access point for health information**, resources and information about health services and supports that contains information in multiple accessible formats such as Easy English and video/audio/print.
- Improving the access to training to health staff across the public health services that focuses on **supporting the health literacy of people with disability**.
- Streamlining and creating consistent databases of **practical tools, resources and information** that can be used by health staff to support the health literacy of people with disability when they are seeking care.

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<sup>16</sup> Moore, C & Chandra, S. Disability and Health Literacy in the ACT. 2025

#### 4. Develop an ACT Climate and Health Strategy and funded implementation plan to meet the National Climate and Health Strategy goals and ACT government climate policy targets.

Supports delivery of outcomes under Wellbeing Indicator [Climate resilient environment and community](#) and [Healthy and resilient natural environment](#)

#### Priority Actions

Develop and implement an ACT Climate and Health Strategy that addresses decarbonising the health system, which includes but is not limited to:

1. **Electrification and waste reduction**; and
2. Identification and adoption of less resource or emissions intensive, **evidence-based alternatives** – including medications, treatments, equipment and practices.

#### Rationale

HCCA recognises the overwhelming evidence that climate change will have (and is having) adverse impacts on human health, and these impacts are projected to worsen if action is not taken<sup>17</sup>. There are substantial environmental costs of health care that need to be recognised and addressed, including significant contributions to greenhouse gas emissions, waste production and natural resource consumption. In Australia, health sector emissions are estimated at 5.44 percent of Australia's total CO2 emissions<sup>18</sup>.

HCCA strongly supports the ACT Government's ongoing membership of the *Global Green and Healthy Hospitals Network*<sup>19</sup>. Now this membership is well established, it is important to look beyond the ACT's 2021 goals of 'leadership' and 'energy'<sup>20</sup> and into the breadth of actions that can be taken to reduce our health system's detrimental impact. Sustainability measures must extend across public health care facilities, through infrastructure planning, procurement, and the delivery of clinical care via innovation in treatment and models of care (including expanding low-carbon

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<sup>17</sup> HCCA, 20123, *Climate Change and Health and Wellbeing*, viewed 9 February 2026, <https://www.hcca.org.au/publication/climate-change-and-health/>

<sup>18</sup> Commonwealth of Australia, Australian Centre for Disease Control, *Estimates of Australian Health System Greenhouse Gas Emissions, 2021-22*, <https://www.cdc.gov.au/resources/publications/estimates-australian-health-system-greenhouse-gas-emissions-2021-22>, viewed 9 February 2026

<sup>19</sup> ACT Health Directorate, 2021, *Annual Report 2020-21*, viewed 6 February 2026, <https://www.cmtedd.act.gov.au/functions/publications/annual-report-2020-22>

<sup>20</sup> Global Green and Healthy Hospitals, *Members Around the World*, <https://greenhospitals.org/about>, viewed 6 February 2026

models of care such as telehealth to reduce travel<sup>21</sup>), reviewing prescribing habits, reducing single use plastics in food preparation and delivery as well as surgery<sup>22</sup>.

Health professionals and administrators also have a key role to play in interventions to reduce provision of low-value care (care where the harms and risks of medical tests and procedures outweigh potential benefits)<sup>23</sup>.

The Australian Commission for Safety and Quality Health Care's Atlas of Variation shows us there are likely things ACT health care providers are doing that are not resulting in improved outcomes for ACT residents<sup>24</sup>. This publication can act as a helpful signpost for care which may be used in the ACT without contributing to improved outcomes for patients. Addressing the outliers can contribute to both reducing carbon emissions and ensuring the ACT's health funding is used in the most efficient and effective way.

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<sup>21</sup> Purohit, A., Smith, J. and Hibble, A., 2021. Does telemedicine reduce the carbon footprint of healthcare? A systematic review. *Future Healthcare Journal*, 8(1), p.e85.

<sup>22</sup> Albert, M.G. and Rothkopf, D.M., 2015. Operating room waste reduction in plastic and hand surgery. *Plastic Surgery*, 23(4), pp.235-238.

<sup>23</sup> Barratt, A.L., Bell, K.J., Charlesworth, K. and McGain, F., 2021. High value health care is low carbon health care. *Medical Journal of Australia*. <https://www.mja.com.au/journal/2021/high-value-health-care-low-carbon-health-care>

<sup>24</sup> ACSQHC, 2021, Australian Atlas of Healthcare Variation Series, <https://www.safetyandquality.gov.au/our-work/healthcare-variation/australian-atlas-healthcare-variation-series>, viewed 9 February 2026

## 5. Improve communication with consumers, and their families whose main language is other than English

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Support of Multiculturalism](#), [Sense of Belonging and Inclusion](#)

### Priority Actions

Improve communication with consumers and their families whose main language is other than English by:

1. Establishing a dedicated **multicultural liaison unit** in public health services to meet the cultural and practical needs of Culturally and Linguistically Diverse (CALD) consumers.
2. Funding to increase capacity for the **translation of health information** into community languages.

### Rationale

HCCA remains committed to advocating for effective communication with consumers, carers and their families whose main language is other than English or who are unfamiliar with the culture of the ACT health system. At the last Census, 28.7% of ACT residents were born overseas<sup>25</sup>. The Census also revealed that 2.5% of the ACT population report speaking English not well or not at all<sup>26</sup> meaning more than 10,000 residents would (and do) struggle to engage with our health system in English.

HCCA views the improvement of communication with CALD consumers holistically. It is not only a consumer's language or cultural background that determines their need for support. There are cultural understandings of health problems and health care that require a nuanced cultural understanding underpinning the planning and delivery of care.

The ACT Multicultural Primary Health Care Needs Assessment<sup>27</sup> completed by HCCA with the support of Multicultural Hub in August 2024, identified a range of recommendations to address the needs of multicultural communities in the ACT including the need for:

- Enhanced System Navigation and Health Literacy Support;
- Investment in quality translation and interpreting services; and
- Cultural competency training for providers.

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<sup>25</sup> Australian Bureau of Statistics (2021), [Snapshot of Australia](#), ABS Website, accessed 13 February 2026.

<sup>26</sup> Australian Bureau of Statistics (2021), [Snapshot of Australia](#), ABS Website, accessed 13 February 2026.

<sup>27</sup> Owuor Nadia, August 2024, Consultation: *ACT Multicultural Primary Health Care Needs Assessment* (ACT). Health Care Consumers Association. Canberra. [https://www.hcca.org.au/wp-content/uploads/2024/11/ACT-Multicultural-Primary-Care-Needs-Assessment-HCCA\\_Final.pdf](https://www.hcca.org.au/wp-content/uploads/2024/11/ACT-Multicultural-Primary-Care-Needs-Assessment-HCCA_Final.pdf) Viewed 29 January 2026

While these recommendations were targeted for the primary care sector, these interventions remain relevant to the delivery of public tertiary and secondary care in the ACT.

HCCA seeks funding for two specific strategies to help improve the health care experiences of consumers, carers and families whose main language is other than English by:

- Establishing a dedicated Multicultural Liaison Unit in public health services to meet the cultural and practical needs of Culturally and Linguistically Diverse (CALD) consumers.

Public health services need an embedded, dedicated unit with responsibility for addressing the specific needs of CALD communities, including access to interpreters and translators, but more broadly acting as a conduit and intermediary between health service delivery and the cultural and practical needs of consumers.

- Funding increased translation of health information and commencing translation of information in MyDHR into community languages.

HCCA advocates for the provision of additional funding for the translation of health information into community languages. Resources relevant to the ACT context are usually only provided in English, which means that consumers who do not speak English as a main language can miss out on critical health information, which impacts their ability to manage their own health, and the outcomes of their care<sup>28</sup>.

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<sup>28</sup> Al Shamsi, H., Almutairi, A.G., Al Mashrafi, S. and Al Kalbani, T., 2020. Implications of language barriers for healthcare: a systematic review. *Oman Medical Journal*, 35(2), p.e122.

## **6. Provide full support for the implementation and ongoing operation of Voluntary Assisted Dying in the ACT**

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Quality of Time](#),

### **Priority Actions**

Provide full support for the ongoing operation of Voluntary Assisted Dying (VAD) in the ACT including:

1. Continuing the **Voluntary Assisted Dying Consumer and Community Consultation Group**, including funding participation of Disability Organisations
2. Supporting broad and representative **community participation in service evaluation**; and
3. Consideration of **loss of capacity** and potential for future service inclusion.

### **Rationale**

While the service structures for Voluntary Assisted Dying are now in place and care is being provided under the model, it is vital that the service continues to evolve to meet community expectations and establish and balance necessary safeguards with access and choice.

It is HCCA's view that to do this well requires significant and sustained consultation and partnering with consumers and community organisations. To enable a diversity of community organisations to participate appropriately, many will require specific resourcing, including to enable consultation with community networks and provide appropriate consideration of the naturally complex and consequential issues involved.

We strongly support the planned early review of eligibility and access for people who lose capacity through advance care directives and/or enduring power of attorney and request that this proceeds as a matter of priority.

## 7. Improve the safety and quality of maternity services

Supports delivery of outcomes under Wellbeing Indicator [Best Start to Life](#), [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Support of Multiculturalism](#), [Sense of Belonging and Inclusion](#), [Valuing Aboriginal and Torres Strait Islander Cultures](#), [Feeling that Voice and Perspective Matter](#)

### Priority Actions:

1. Fully funding and **prioritising implementation of Maternity in Focus** through the second Action Plan; and
2. Addressing increasing rates of **hospital acquired complications**.

### Rationale

In order to progress the ACT government's vision of being the best place in Australia to have a baby, we urge the ACT government to commit to delivery of the *Maternity in Focus: ACT Public Maternity System Plan* in its entirety. This will begin to address the clear and long-standing issues in ACT maternity service delivery and begin to deliver better quality care that meets the needs and preferences of all families having babies in the ACT.

The ACT Government's focus on maternity services through the Maternity in Focus<sup>29</sup> program of work is a vital response to increasingly concerning statistics around birth trauma, hospital acquired complications (including infections such as *Staphylococcus aureus*<sup>30</sup>), interventions and outcomes for mothers and babies in the ACT.

The Australian Institute for Health and Welfare's Mothers and Babies Report<sup>31</sup> proves sobering reading for ACT residents who want access to high quality and safe maternity care. The report shows increasing rates of 3rd and 4th degree tears, high rates of episiotomy, the lowest rate of vaginal, non-instrumental birth and the highest rate of caesarean section in Australia.

In a likely reflection of these birth outcomes, the Women's Health Matters report from their second Survey of Women's Health in the ACT revealed that 48% of respondents who had given birth in the last two years had experienced some form of birth related trauma<sup>32</sup>. This shows us that there is a way to go if we want all consumers of public health services to experience the best possible maternity care and for ACT babies to have the optimal start in life.

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<sup>29</sup> [Maternity in Focus](https://www.health.act.gov.au/about-our-health-system/maternity-focus), <https://www.health.act.gov.au/about-our-health-system/maternity-focus>, viewed 14 February 2024

<sup>30</sup> [AIHW. 2025. Staphylococcus aureus bloodstream infections - Hospitals - 2025](https://www.aihw.gov.au/hospitals/topics/admitted-patient-safety-and-quality/sabsi), <https://www.aihw.gov.au/hospitals/topics/admitted-patient-safety-and-quality/sabsi>

<sup>31</sup> [Mothers & babies Overview - Australian Institute of Health and Welfare](https://www.aihw.gov.au/reports-data/population-groups/mothers-babies/overview), <https://www.aihw.gov.au/reports-data/population-groups/mothers-babies/overview>, viewed 10 February 2026

<sup>32</sup> [Womens Health Matters. 2025. 2025 Highlights – Survey of women's health in the ACT](https://womenshealthmatters.org.au/wp-content/uploads/2025/12/WHM-highlight-report-2025-accessible-1.pdf), <https://womenshealthmatters.org.au/wp-content/uploads/2025/12/WHM-highlight-report-2025-accessible-1.pdf>