

Answers to questions

Health—public healthcare campaign (Question No 2114)

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 15 February 2019:

- (1) Who initiated the concept for the “I love free public healthcare” campaign.
- (2) With whom did they consult in development of the concept.
- (3) What advice came forward from that consultation process.
- (4) Who approved the developed concept to proceed to campaign development.
- (5) What publicly funded research was used to develop this campaign, by whom and at what cost for each supplier.
- (6) To what extent were staff in the Minister’s office involved in developing the (a) concept and (b) campaign.
- (7) To what extent were (a) other ministers, (b) ACT Labor or any associated entity, (c) ACT Health and (d) Canberra Health Services, involved in developing the (i) concept and (ii) campaign;
- (8) How much money did (a) ACT Health and (b) Canberra Health Services, spend on this campaign for (i) campaign development, (ii) design and production of printed collateral, (iii) distribution of printed collateral, (iv) design and production of print and electronic media collateral, (v) design, production and placement of material on web-based services and (vi) placement of print and electronic media.
- (9) What external services were contracted and to whom were they contracted for what services and at what cost for each contract.
- (10) What financial contributions were made towards the cost of the this campaign from (a) within and (b) outside the ACT Government.
- (11) In relation to those financial contributions referred to in part (10), (a) what sources were they and (b) how much did each source provide.
- (12) What non-financial costs were incurred by (a) ACT Health and (b) Canberra Health Services, in terms of (i) staff hours and (ii) other in-kind support.

Ms Fitzharris: The answer to the member’s question is as follows:

- (1) The “I love free public healthcare” campaign was initiated by the ACT Labor Party to highlight the benefits of Walk-in Centres. The campaign and concept was developed, promoted and funded by the ACT Labor Party. The ACT Health Directorate and Canberra Health Services did not contribute towards the campaign in any way.
- (2) See answer to (1)

- (3) See answer to (1)
- (4) See answer to (1)
- (5) None, The campaign drew on publically available information about how successful Walk-in Centres are.
- (6) The concept was developed by ACT Labor. Staff in the Minister's Office advised on publically available information on public health in the ACT.
- (7) (a) (i) None (ii) None
(b) See answer to question 1
(c) (i) & (ii) None
(d) (i) & (ii) None
- (8) (a) None
(b) None
- (9) See answer to (1). The ACT Government did not contract any services in relation to the campaign.
- (10) (a) None
(b) See answer to (1).
- (11) N/A
- (12) (a) None
(b) None

**ACT Health—consultants
(Question No 2117)**

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 15 February 2019:

- (1) In relation to the answer given at part (1)(iii) (relating to contract 2016-2074 with Ernst and Young) of question on notice No 1734, if data was not available to be given to the contractor, why did the directorate enter into the contract.
- (2) Why did the directorate not accept the report of the contractor.
- (3) What specific elements of the report led the directorate to reject it.
- (4) In reaching a decision to reject the report, did the directorate conclude that Ernst and Young had failed to deliver on the agreed contractual terms.
- (5) Was Ernst and Young paid the agreed contract price; if so, why; if not, (a) how much was paid, (b) on what basis, (c) what consultation/negotiation process was engaged and (d) was a dispute involved; if yes, how was it settled.

- (6) Will/has the work that was intended under this contract be/been the subject of a new contract with the same or similar terms; if not, why not; if so, (a) what is/will be the stated purpose of the new contract, (b) who is/will be the new contractor, (c) what is the value of the contract and (d) what is the reporting deadline.

Ms Fitzharris: The answer to the member's question is as follows:

- (1) Data was not available for only certain areas being considered in the report. The attempts to access appropriate data for these areas subsequently delayed the completion of this report.
- (2) To clarify the previous response, ACT Health "did not accept the report" in the context of establishing an implementation program on the basis of the findings in the report. The report provided quantitative and qualitative technical analysis and the information has been considered in ongoing work in the ACT Health Directorate.
- (3) See response to Question 2.
- (4) See response to Question 2.
- (5) Yes. Because the terms of the contract were determined as met.
- (6) See response to Question 2.

Health—Medicare agreements (Question No 2119)

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 15 February 2019:

- (1) What agreements does the ACT Government have with the Commonwealth relating to Medicare.
- (2) When does each agreement expire.
- (3) What agreements are available to the ACT Government from the Commonwealth relating to Medicare, but not accessed by the ACT Government.
- (4) For each available but not accessed contract, (a) why is it not accessed, (b) what has been the opportunity cost for each year from 2012-13 to 2017-18,
- (5) what is being done to gain full access and (d) when will full access be achieved.
- (6) What health services does the ACT Government provide for which has no access to Medicare benefits.
- (7) For each service referred to in part (5), (a) what is the cause for no access to Medicare benefits, (b) what is being done to gain full access and (c) when will full access be achieved.
- (8) What health services does the ACT Government provide for which it has only partial access to Medicare benefits.

- (9) For each service referred to in part (7), (a) what is the cause for only partial access to Medicare benefits, (b) what percentage of full access is available to the ACT Government, (c) what is being done to gain full access and (d) when will full access be achieved.

Ms Fitzharris: The answer to the member's question is as follows:

- (1) The ACT Government does not have agreements with the Australian Government in relation to Medicare. Medicare is an individual benefits scheme administered by the Australian Government under Commonwealth legislation.

Hospital services provided by State and Territory governments are funded or subsidised by the Australian Government through the National Health Reform Act 2011 (Cmth) and the Independent Hospital Pricing Authority. Information on the IHPA can be found at <https://www.iupa.gov.au>

- (2) See answer to question 1.
 (3) See answer to question 1.
 (4) See answer to question 1.
 (5) See answer to question 1.
 (6) There are a number of services provided by the ACT Government that are not eligible for Medicare rebates in any jurisdiction. The inclusion and subsidy of items of the Medicare Benefits Scheme is a matter for the Australian Government.

A list of Medicare subsidised services is available from the Australian Government at <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>

To provide a list of non-Medicare services provided by the ACT Government would be an extensive task and require a significant diversion of resources.

- (7) See answer to question 1.
 (8) There is no concept of 'partial access' in relation to the Medicare Benefits Scheme.
 (9) See answer to question 1 and 8.

ACT Health—invoices (Question No 2123)

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 15 February 2019:

- (1) In relation to invoices paid in October 2018 and noting that some invoices for Clinical Services, received before and after 1 October 2018, were paid after 1 October 2018 and accounted for under Canberra Health Services, why was there one invoice for Clinical Services, received on 25 July 2018 and paid on 2 October 2018, and two further invoices, received on 2 October and paid on 16 and 30 October 2018

respectively, accounted for under ACT Health; why did it take from 25 July 2018 to 2 October 2018 to pay the invoice for \$23,100 from Calvary Health Care ACT Ltd for Clinical Services.

- (2) Why did it take from 10 March 2018 to 23 October 2018 to pay two invoices from Nous Group Pty Ltd (\$27 500 and \$30 855 respectively).
- (3) Why did it take from 2 September 2018 to 30 October 2018 to pay the invoice for \$310 632.76 from American Express Australia Ltd.
- (4) Why did it take 40 days to pay many of the invoices for Service Funding Agreements, accounted for in ACT Health.
- (5) Why did it take 38 days to pay many of the invoices for Equal Remuneration Orders, accounted for in Canberra Health Services.
- (6) Why did it take from 25 July 2018 to 18 October 2018 to pay the Service Funding Agreement invoice for \$146 300 from Marathon Health Ltd.
- (7) Why did it take from 6 July 2018 to 18 October 2018 to pay the Service Funding Agreement invoice for \$34 100 from the Australian Institute of Health and Welfare.
- (8) Why are some invoices for Service Funding Agreements, received both before and after 1 October 2018 and paid after 1 October 2018, accounted for under ACT Health, while others with the same date profile, including from the same supplier, are accounted for under Canberra Health Services.
- (9) What were the (a) purpose and (b) genesis, of the payments made for “Equal Remuneration Orders”.
- (10) During each month from July 2017 to the date on which this question was published in the Questions on Notice Paper, how much was (a) paid and (b) to whom, for remediation of the birthing suites in the Centenary Hospital for Women and Children.
- (11) As at the date on which this question was published in the Questions on Notice Paper, (a) how many birthing suites remain to be remediated, (b) at what cost for each suite and (c) by what target date is all work to be completed.
- (12) What were the conferences and seminars relating to the payments to American Express Australia Ltd, totalling \$609 498.79.
- (13) In relation to each conference or seminar (a) where was it held, (b) how many clinical staff attended, (c) how many non-clinical staff attended, (d) how many other people (non-staff) attended, (e) what were the costs for (i) travel, (ii) accommodation, (iii) meals and (iv) other expenses and (f) what class of travel did attendees use.

Ms Fitzharris: The answer to the member’s question is as follows:

- (1) The payments were made to Calvary Hospital as part of the ‘Better Infrastructure Fund’ programme and were paid through ACT Health Directorate’s Territorial bank account.

The 'invoice date' for the payment of \$23,100 made on 2 October 2018 was stated as 25 July 2018 due to an error and should be stated as 27 September 2018. The Directorate will take necessary steps to have this record corrected.

- (2) There was no delay in processing payment of the two invoices from Nous Group Pty Ltd (\$27 500 and \$30 855 respectively). The ACT Health Directorate first received these invoices, which relate to the work undertaken by Nous Group on the ACT Health transition to two organisations, on 4 October 2018.
- (3) The delay in the payment of the invoice for \$310,632.76 to American Express for approved training and study leave conferences and seminars funded by the Medical Education Expenses entitlement under the Medical Officers Enterprise Agreement or funded by The Canberra Hospital Private Practice Fund was due to an unplanned staff absence and a technical glitch in the downloading of the statement. The 2 September 2018 date was the first date the statement was available, the date the statement was downloaded for payment was 5 October 2018.
- (4) In relation to October payments for NGO SFAs, most payments were made within 10 working days of the due date in accordance with individual SFAs (The majority of SFAs require Recipient Created Invoices (RCI) that are generated by the Directorate. Dates on these RCIs are nominal in nature – the true due date for payments lies within the individual SFAs).
- (5) All Equal Remuneration Order (ERO) payments are made to eligible community organisations through ACT Health Directorate (not Canberra Health Services). See also response to Question 8 below.

ERO payments due in October 2018 proceeded as follows:

- Recipient Created Invoices were generated by ACT Health Directorate on 10 September 2018;
 - Payments were approved by the ACT Health Financial Delegate on 24 September 2018;
 - Payment Authorities were forwarded to Shared Services for payment via email on 2 October 2018;
 - Payment was made to eligible community organisations by Shared Services on 8 November 2018.
- (6) The provision of Headspace Services transitioned from Headspace Canberra to Marathon Health. As a new vendor, Marathon Health did not register with ACT Government Shared Services as a new supplier until September 2018. Payment of the Vendor Created Invoice was then made within 30 days of that date.
 - (7) The delay in approvals was the result of the employment contract for the Executive Director, Policy Partnerships and Programs Branch, expiring during this approval process and required renewal prior to the approval of this payment through APIAS.
 - (8) On 1 October 2018 ACT Health split into two entities: ACT Health Directorate and Canberra Health Services.

As at 1 October 2018 ACT Health Directorate began trading under a new ABN, while Canberra Health Services applied for a name change to the original ACT Health ABN and continued trading.

It is likely that some invoices would have been raised prior to 1 October 2018 but not finalised until after the change-over.

- (9) In 22 June 2012, Fair Work Australia made a decision that employees in the Social and Community Services industry should receive the same pay as state and local government employees for comparable work. The decision included recognition that government, while not a SACS industry employer, plays an important funding role.

An Equal Remuneration Order (ERO) was issued on the same day, detailing loadings to be added to the Social, Community, Home Care and Disability Services Industry Award 2010 for relevant employees in instalments over eight years from 1 December 2012 to 30 November 2020.

ACT Government provides financial support annually for those community sector organisations to which the ERO is applicable.

(10)

- (a) \$578,482.65 for the remediation of the birthing suites.
- (b) SHAPE Australia Pty Limited.

(11)

- (a) Five birthing suites remain to be remediated, two are currently being remediated.
- (b) The forecast costs for the full remediation of each birthing suite is approximately \$90,000.
- (c) All construction works in the 14 birthing suites to be remediated are expected to be completed by November 2019, subject to clinical operational constraints.

- (12) The invoices for \$310,632.76 and \$270,176.24 relate to approved training and study leave conferences and seminars funded by the Medical Education Expenses entitlement under the Medical Officers Enterprise Agreement or funded by the Canberra Hospital Private Practice Fund. In relation to the invoice for \$28,689.79, these costs relate to approved training and study leave conferences, approved interstate meetings/interviews and approved local accommodation expenditure for locum medical staff for the Division of Medicine and Division of Surgery.

(13)

- There are 157 clinical staff involved in conference costs relating to the payments to American Express for \$310,632.76 and \$270,176.24:
 - (a) I have been advised by CHS that the information sought is not in an easily retrievable form, and that to collect and assemble the information sought solely for the purpose of answering the question would require a considerable diversion of resources.
 - (b) these payments relate to 157 clinical staff
 - (c) these payments do not relate to any non clinical staff
 - (d) these payments do not relate to any non staff
 - (e)
 - i. there were 69 domestic flight charges to the value of \$33,420.79 and 64 international flights charges to the value of \$450,247.65.
 - ii. there were 38 domestic accommodation charges to the value of \$23,135.40 and 39 international accommodation charges to the value of \$74,005.16.

- iii. these payments do not relate to any meals
 - iv. these payments do not relate to any other expenses
- (f) as per the travel policy the 64 international flights were business class. The domestic travel was taken as economy class except flights to Darwin (1) and Perth (4) which are available as business class as per the travel policy.
- The invoice for \$28,689.79 relates to the Division of Medicine and Division of Surgery. The invoice is mainly travel expenses that relate to approved training and study leave conferences and seminars funded by the Medical Education Expenses entitlement under the Medical Officers Enterprise Agreement or funded by The Canberra Hospital Private Practice Fund. There is one accommodation charge that relates to an executive staff member attending a conference interstate. There are also a number of accommodation charges for locum medical staff:
 - (a) I have been advised by CHS that the information sought is not in an easily retrievable form, and that to collect and assemble the information sought solely for the purpose of answering the question would require a considerable diversion of resources.
 - (b) these payments relate to 19 clinical staff and one executive staff member.
 - (c) these payments mostly relate to clinical staff, with the exception of one executive member.
 - (d) these payments do not relate to any non staff
 - (e)
 - i. there were 13 domestic flight charges to the value of \$3866.80 and 1 international flight charge to the value of \$11,133.91.
 - ii. there were 13 domestic accommodation charges to the value of \$13,689.08 and no international accommodation charges.
 - iii. these payments do not relate to any meals
 - iv. these payments do not relate to any other expenses
- (f) as per the travel policy the 1 international flight was business class. The domestic travel was taken as economy class.

Health—stroke services (Question No 2129)

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 15 February 2019:

- (1) How many cases of stroke occurred in the ACT during (a) 2012-13, (b) 2013-14, (c) 2014-15, (d) 2015-16, (e) 2016-17, (f) 2017-18 and (g) 2018-19 (to the date on which this question was published in the Questions on Notice Paper).
- (2) How many cases of stroke resulted in death within one month for each of the years in part (1).
- (3) Did the Government make an election promise relating to the delivery of a stroke service before the 2016 ACT election; if so, what (a) was the nature of the

administrative arrangements and treatment services to be provided and (b) was the promised spending commitment.

- (4) Has the service been established; if not (a) why and (b) when will it be.
- (5) If the service has been established (a) when was it established, (b) where is it located, (c) what is the model of care, (d) what are the administrative and clinical staffing arrangements, (e) what are its hours of operation, (f) as at the date on which this question was published in the Questions on Notice Paper (i) how many patients have been treated in the service, (ii) how many patients were on the waiting list for treatment and (iii) what was the waiting time and (g) how much was spent on the service during (i) 2016-17, (ii) 2017-18 and (iii) 2018-19 (to the date on which this question was published in the Questions on Notice Paper).
- (6) What reciprocal treatment arrangements does ACT Health have with other jurisdictions.
- (7) Under what circumstances might a patient be referred to a stroke service in another jurisdiction.
- (8) What arrangements are in place to transfer patients to other jurisdictions for stroke treatment.
- (9) What assistance is available to patients who are referred to an inter-jurisdictional service.
- (10) Will the promised expenditure commitment be spent before the 2020 ACT election; if not, why.
- (11) What are the future plans for the service.

Ms Fitzharris: The answer to the member's question is as follows:

- (1) The table below shows the total number of acute episodes of care where the patients primary diagnosis related to a stroke.

	Financial Year	Cases of stroke in ACT
a.	2012-13	463
b.	2013-14	481
c.	2014-15	545
d.	2015-16	578
e.	2016-17	633
f.	2017-18	636
g.	2018-19 (to 15/2)	356

- (2) It is not possible from the data to determine the numbers of patients who subsequently died within 1 month.
- (3) In 2016 the ACT Government made an election promise that funding of \$5 million would be available to improve access to timely assessment and acute stroke treatment service in the ACT.

- a. An additional four specialised staff would be employed to provide more timely assessments for clot break-down treatment at Canberra Hospital and Calvary Hospital and better access to clot retrieval procedures for patients requiring this advanced treatment.
 - b. The \$5 million would be allocated over four years in the 2016-17 budget.
- (4) The Canberra Health Services (CHS) Stroke Service is a long standing and established service.
 - (5) This service is already established and has received additional funding to enhance its current operations.
 - (6) There are none presently, but CHS is in discussion with interstate hospitals.
 - (7) When CHS is unable to provide the care that is required.
 - (8) Transfer of acute stroke patients is rare and is managed on a case by case basis in discussion between the treating and receiving teams.
 - (9) Patients who access treatment that is not provided in ACT are able to access assistance for transport through the Interstate Patient Travel Assistance Scheme.
 - (10) Yes.
 - (11) Development of a 24 hour clot-retrieval service.
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**Health—elective surgery
(Question No 2130)**

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 15 February 2019:

- (1) How many elective surgery operations were performed in each specialty between 1 July and 31 December 2018.
- (2) What were the elective surgery wait times, by triage category in each speciality, as at 31 December 2018.
- (3) What factors are contributing to the wait times in each specialty.
- (4) Was performance of elective surgery between 1 July and 31 December 2018 impacted by a lack of specialists or other appropriately-qualified staff; if so, in what areas.
- (5) Was performance of elective surgery between 1 July and 31 December 2018 impacted by problems in surgical theatres; if so (a) which theatres and (b) what problems.
- (6) How many elective surgeries are predicted to be performed between 1 January and 30 June 2019.
- (7) Is the ACT on track to meet its target of 14,000 elective surgeries for this financial year; if not, why not.

(8) What strategies are in place to minimise the risk of not meeting the target.

Ms Fitzharris: The answer to the member's question is as follows:

(1) Elective surgery operations performed in each speciality between 1 July and 31 December 2018:

Specialty	Number of elective surgeries
Cardiothoracic	69
Ear, Nose & Throat	600
General	1074
Gynaecological	722
Neurosurgery	185
Ophthalmology	702
Orthopaedic	841
Oral	268
Paediatric	341
Plastic	465
Thoracic	65
Urology	1530
Vascular	281
Validations yet to be finalised	25
Total:	7168

(2)

Median Wait Times in Each Speciality by Urgency Category as at 31 December 2018		
Speciality Name	Triage Cat	Median wait time (days)
Cardiothoracic	1	n/a
Cardiothoracic	2	12
Cardiothoracic	3	n/a
Ear, Nose & Throat	1	11
Ear, Nose & Throat	2	48
Ear, Nose & Throat	3	189
General Surgery	1	14
General Surgery	2	43
General Surgery	3	123
Gynaecological Surgery	1	15
Gynaecological Surgery	2	36
Gynaecological Surgery	3	141
Neurosurgery	1	8
Neurosurgery	2	33

Median Wait Times in Each Speciality by Urgency Category as at 31 December 2018		
Speciality Name	Triage Cat	Median wait time (days)
Neurosurgery	3	102
Ophthalmology	1	n/a
Ophthalmology	2	39
Ophthalmology	3	134
Oral-Maxillofacial Surgery	1	14
Oral-Maxillofacial Surgery	2	80
Oral-Maxillofacial Surgery	3	189
Orthopaedic Surgery	1	21
Orthopaedic Surgery	2	53.5
Orthopaedic Surgery	3	153
Oral Surgery	1	n/a
Oral Surgery	2	29
Oral Surgery	3	81
Paediatric Surgery	1	11
Paediatric Surgery	2	41
Paediatric Surgery	3	114.5
Plastic Surgery	1	18
Plastic Surgery	2	71
Plastic Surgery	3	265
Thoracic Surgery	1	8
Thoracic Surgery	2	n/a
Thoracic Surgery	3	n/a
Urology	1	15
Urology	2	29
Urology	3	64
Vascular	1	22
Vascular	2	35
Vascular	3	118
<i>n/a = no patients waiting in this speciality at this urgency category as at 31/12/2018</i>		

- (3) The main factor that contributes to wait times is overall demand. The ACT seen the highest growth in demand compared to any other jurisdiction (Australian Institute of Health and Welfare Report 2017-18). This increase in demand for surgical activity has consequently meant an increasing demand for surgical specialists and anaesthetists.

Workforce challenges locally and nationally also have an impact. Canberra Health Services and Calvary Public Hospital Bruce have mechanisms in place to attract and retain anaesthetists, however these agencies must also compete with the private sector, as well as other jurisdictions. Ear, Nose and Throat specialists are also an area of high demand, and these workforce challenges are being addressed through recruitment, attraction and retention strategies as much as possible.

- (4) No. The Territory is on track to meet the target of 14,000 elective surgeries.
 - (5) No. The Territory is on track to meet the target of 14,000 elective surgeries.
 - (6) It is anticipated that approximately 7,000 surgeries will take place over the second half of 2018-19.
 - (7) Yes.
 - (8) Record levels of funding have been allocated by the ACT Government to achieve 14,000 elective surgeries this year. In addition, extra resources have been provided where necessary and practicable to achieve targets. In areas of high demand, strategies have been put in place to work with specific surgeons where practicable to provide extra surgical resources. These areas include Vascular, Ear Nose and Throat, Oral maxillofacial surgery, Gynaecology, Plastics, General Surgery, Ophthalmology, Orthopaedics, Urology and Paediatric surgery.
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**Minister for Health and Wellbeing—briefing
(Question No 2133)**

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 15 February 2019:

- (1) What is the derivation of each number in the columns headed “Existing #” and “Project #” in relation to the ministerial brief number GBC18/174, dated 22 March 2018, specifically the table at paragraph 8 on page 3.
- (2) For each number in the columns headed “Net Growth” and “Total Canberra Hospital” what formula was used to calculate it.
- (3) If the formulae vary, why do they vary.
- (4) Did the brief explain all formulae variations; if not (a) why and (b) why did the Minister sign off on a brief with unexplained formulae variations.
- (5) Is the table correct in all aspects.
- (6) If the table is not correct in all aspects, will the Minister attach a corrected version to the answer to this question; if not, why.

Ms Fitzharris: The answer to the member’s question is as follows:

The intent of the table in the brief was to outline the increase in beds, spaces and rooms, as a result of a proposed point-in-time solution for the project (subject to further planning and early design for the project).

It is important to note that the table in the brief does not reflect a final proposed project solution. The project is still proceeding through detailed planning and early design phases to inform final recommendations for the Government.

ACT Health—advertising campaigns (Question No 2134)

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 15 February 2019:

- (1) How much did ACT Health spend on advertising campaigns during each year (a) 2014, (b) 2015, (c) 2016, (d) 2017 and (e) 2018.
- (2) How much does (a) ACT Health and (b) Canberra Health Services, plan to spend on advertising campaigns during 2019.
- (3) What were the individual advertising campaigns that cost more than \$25,000 during (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018 and (f) 2019 (planned).
- (4) For each campaign identified in part (3) what (a) advertising collateral was produced, (b) media and other communication channels were used, (c) were the target campaign outcomes, (d) reach and frequency figures were achieved and (e) were the actual campaign outcomes achieved.
- (5) Who approves expenditure on advertising campaigns in (a) ACT Health and (b) Canberra Health Services.
- (6) What processes are in place to ensure that ACT Health and Canberra Health Services advertising campaigns provide value for money.

Ms Fitzharris: The answer to the member's question is as follows:

(1)

Campaign	Advertising spend (GST inclusive; rounded figures)				
	2014 (a)	2015 (b)	2016 (c)	2017 (d)	2018 (e)
After Hours and Emergency Department Diversion*					\$54,949*
Healthier Choices Canberra*					\$104,113*
University of Canberra Hospital					\$60,217
Walk-in Centres – Gungahlin					\$30,932
Kilojoules on the menu					\$34,936
Childhood Influenza					\$11,672
Meningococcal (ACWY)					\$14,145
Antenatal pertussis	\$8,455	\$23,823	\$7,566	\$3,668	\$16,128
Smoking in Pregnancy (If you smoke your future's not pretty + Quit for You, Quit for Two)			\$115,500	\$60,500	
ACT Cervical Screening Program	\$25,580	\$20,977	\$66,265	\$26,754	

Campaign	Advertising spend (GST inclusive; rounded figures)				
	2014 (a)	2015 (b)	2016 (c)	2017 (d)	2018 (e)
Sugar Swap Challenge			\$65,720		
Back to school			\$54,191		
Good Habits for Life	\$84,293	\$5,544			
Total	\$118,328	\$50,344	\$309,242	\$90,922	\$327,092

* Campaign runs over the 2018-19 financial year.

(2)

Organisation	Campaign	Planned expenditure (GST incl) for 2019
(a) ACT Health Directorate	Healthier Choices Canberra	Refer to (1) Activity paid in 2018. This campaign runs over the 2018-19 financial year.
(b) Canberra Health Services	After Hours and Emergency Department Diversion	\$54,949 (this campaign runs over the 2018-19 financial year)

ACT Health Directorate and Canberra Health Services have not yet committed or had approved any other spending towards advertising campaigns for the 2019/20 financial year.

(3) For response to part (a) through to (e) of this question, please refer to campaigns with an advertising spend over \$25,000 listed in the table at Question (1).

For response to part (f) of this question, please refer to campaigns with advertising spend over \$25,000 listed in the table at Question (2).

(4) *(Answer available at the Chamber Support Office).*

(5)

(a) Advertising campaign strategy and expenditure is approved by the responsible Executive Group Manager, Deputy Director General and Director General before approval is sought from the responsible Minister.

(b) Advertising campaigns are approved by the responsible Executive Director and the CEO before approval is sought from the responsible Minister.

(6) Both ACT Health and Canberra Health Services employ professional communication staff.

Communication staff have training, qualifications and/or significant experience in professional communication. They are responsible for ensuring the communication strategies deliver value for money to the ACT Government.

Advertising campaigns are designed with evaluation mechanisms built in. At the conclusion of a campaign the activity is evaluated to determine the reach and impact of messaging, which informs value for money, and improves strategies in future campaigns

Evaluations are used to inform future campaign design to ensure ongoing value and success. All campaigns go through the Independent Reviewer process and are carried out by members of our creative services panel (if contracted out).

Centenary Hospital for Women and Children—aluminium cladding (Question No 2136)

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 15 February 2019:

- (1) Which ACT Health or Canberra Health Services buildings have been identified to have flammable cladding (other than the Centenary Hospital for Women and Children).
- (2) For each building identified as having flammable cladding what date was it identified and (a) what progress has been made on assessing its fire safety, (b) what is the timetable for its remediation, (c) what is the (i) cost or (ii) budget, for its remediation, (d) will an insurance claim be made for the cost of its remediation and (e) if an insurance claim will not be made, why.

Ms Fitzharris: The answer to the member's question is as follows:

- (1) and (2)

Building	Date Identified
Belconnen Community Health Centre	October 2017
Building 4, Canberra Hospital	October 2017
Building 12, Canberra Hospital	October 2017
Building 20, Canberra Hospital	October 2017
Health Protection Service, Holder	October 2017
Gungahlin Community Health Centre	November 2017

- (2) (a) – (e)

The Cladding Review Group, comprised of representatives from Environmental Planning and Sustainable Development Directorate (EPSDD), Emergency Services ACT (ESA) and Access Canberra is currently working with ACT Government Directorates, including Canberra Health Services and ACT Health, to identify any government-owned and operated buildings that maybe at risk from the incorrect use of cladding materials.

Building on the earlier desktop audits Canberra Health Services/ACT Health undertook on its buildings, the Review Group has started its detailed assessment on two specific CHS buildings: Canberra Hospital Building 12 and Belconnen Community Health Centre. These assessments will be used to identify whether these buildings or other CHS /ACT Health buildings (subject to detailed assessment) may require any building work or other fire safety or risk mitigation.

**Health—medical research
(Question No 2138)**

Mrs Dunne asked the Minister for Medical and Health Research, upon notice, on 15 February 2019:

- (1) What is the title of each (a) medical or health research project and (b) clinical trial, in relation to the answer given to question on notice 2048, that was (i) begun or (ii) completed, during each the years (A) 2012-13, (B) 2013-14, (C) 2014-15, (D) 2015-16, (E) 2016-17 and (F) 2017-18.
- (2) What was the total cost of each completed project or clinical trial.
- (3) What practical outcomes has each research project and clinical trial produced for improved, extended, or otherwise modified day-to-day service-delivery for the ACT community by ACT Health.

Ms Fitzharris: The answer to the member's question is as follows:

- (1) Attachment A shows the reference number, full title, study and status of 1133 health and medical research projects that were ongoing, started or completed during the requested years (2012-2018). Attempts have been made to obtain internal support to develop an electronic system to capture research activity but have been unsuccessful to date.

Of these 1094 are human research projects and 39 are animal research projects.

Of the human research projects 351 are classified as Clinical Research; 197 are Clinical Trials; 546 are Health Services/Social Science.

Of the 197 projects that are classified as Clinical Trials five are device trials meaning that a new device is being tested or evaluated in human beings.

Twenty-three projects are classified as Clinical Trial Other meaning that they are not testing or evaluating drugs or devices. Clinical Trial Other describes observational trails, comparative effectiveness trials and trials of new or existing procedures, tests or scans.

The remaining 169 projects are classified as Clinical Trial of a Drug meaning that new or existing drugs are being tested or evaluated in human beings.

Clinical Trials of new drugs are often conducted in various stages, known as phases, ranging from phase I to phase IV. Phase I trials are also known as 'first in human' meaning that it is the first test or evaluation of the drug in human beings. Previous testing will have occurred in animal trials.

One hundred and twenty-three drug trials identified phases as follows:

- Eight phase I trials
- 34 phase II trials
- 80 phase III trials
- One phase Iv trial

Definitions:

Phase I – testing a new biomedical intervention for the first time in a small group of humans (e.g. 20-80) to evaluate safety (e.g. to determine a safe dosage range and identify side effects).

Phase II – studying an intervention in a larger group of people (several hundred) to determine efficacy and to further evaluate its safety.

Phase III – studying the efficacy of an intervention in large groups of trial participants (from several hundred to several thousand) by comparing the intervention (new drug) to other standard or experimental interventions (or to non-interventional standard care). Phase III studies are also used to monitor adverse effects and to collect information that will allow the intervention (drug) to be used safely in human beings.

Phase IV – conducted after an intervention (drug) has been approved marketed. These studies are designed to monitor the effectiveness of the approved intervention (drug) in the general population and to collect information about any adverse effects associated with widespread use over longer periods of time. Phase IV may also be used to investigate the potential use of the intervention in a different condition, or in combination with other therapies.

- (2) Determining this will require a significant commitment of resources to respond to this question accurately.
- (3) Health and medical research are a core business for the ACT Health Directorate and Canberra Health Services. Canberra Health Services includes teaching hospitals of the Australian National University, the University of Canberra and the Australian Catholic University.

Other than Ethic reports, at present it is not possible to provide project level outcome details for the 1133 health and medical research projects and clinical trials conducted in the period 2012-2018. Collection of this information requires sophisticated software that is currently not available to the ACT Health Directorate or the Canberra Health Service.

As previously noted, the Centre for Health and Medical Research is using grant funding to custom build a sophisticated clinical trials management system.

(A copy of the attachment is available at the Chamber Support Office).

Homelessness—overnight shelters (Question No 2148)

Ms Le Couteur asked the Minister for Housing and Suburban Development, upon notice, on 15 February 2019:

- (1) What are the conditions in service funding agreements about opening hours for One Link and for the Early Morning Centre, with particular regard to Christmas shutdown.
- (2) How many bed nights were provided by the Christmas Domestic Violence initiative this year and have all people supported through that initiative been able to find an exit point from the refuges or hotel accommodation.

- (3) Does the Minister have any plans to assist Safe Shelter to be open all year around as opposed to only during the colder months.

Ms Berry: The answer to the member's question is as follows:

- (1) There are no specific conditions regarding opening hours, including the Christmas shutdown period, in Uniting Care Canberra City's Deed of Grant for the provision of the Early Morning Centre (EMC). The EMC extended their opening hours in October 2017, through the 2017-18 Strengthening Homelessness Services Budget Initiative. The current hours are Monday to Friday: 7:30am-8:30am for breakfast and 9:00am to 2.00pm for a drop-in centre and support services. In 2018-19, the ACT Government funds Uniting Care \$313,817 to provide this service.

In relation to OneLink, the Service Funding Agreement (SFA) has a stipulation that OneLink is required to open on business days. A business day is defined as "any day other than a Saturday, Sunday or public holiday in the Territory". Therefore, OneLink is not required to provide services on public holidays. A recent variation of the SFA as a result of the 2018-19 More Support for Frontline Homelessness Services budget funding initiative has enabled OneLink to begin providing services on Saturdays and Sundays from March 2019. \$586,000 will be provided over four years for OneLink to extend its operating hours and access brokerage funds, so that appropriate crisis support can be provided at the time it's needed.

Generally, the ACT Specialist Homelessness Sector advise clients of closures (including public holidays such as Christmas) and provide information to them regarding general support, such as the police, LifeLine, Domestic Violence Crisis Service and where to find free food, that they can access over these periods should they find themselves in a crisis situation.

- (2) The Christmas Domestic Violence Christmas Program (DVCP) report 540 total bed nights were provided during the 2018-19 program. All clients supported during this time have now transitioned to other supports and accommodation. Some clients have entered the programs of the agency that supported them during the DVCP - including transitional accommodation and support. Some clients returned home when safe to do so and others who are clients of Housing ACT have been assisted to transfer to alternative properties.
- (3) Safe Shelter has not approached the ACT Government for assistance. There are no plans at this time to assist Safe Shelter. The ACT Government continues to have reservations in creating overnight shelters which do not provide clear pathways to long-term accommodation. Australian and international evidence shows that placing large concentrations of people facing disadvantage in temporary accommodation does not provide good social outcomes and can exacerbate trauma and cyclic homelessness. People experiencing or at risk of homelessness may access the ACT's Integrated Human Services Gateway, OneLink who provide information regarding accommodation and connects them to human services and programs that meet their needs.

Disability services—funding (Question No 2159)

Ms Lee asked the Minister for Disability, upon notice, on 15 February 2019:

- (1) Did the ACT Government make a submission to the Productivity Commission Review into the National Disability Agreement (NDA).
- (2) What is the ACT Government's response to the Commission's findings in respect of the lack of clarity around responsibility for ongoing funding for disability advocacy organisations.
- (3) Is the response a public document; if so, can the Minister provide a copy.
- (4) If the ACT has not yet responded, when will a response be provided and when will that response be made public.
- (5) When are negotiations for a new NDA likely to commence.

Ms Stephen-Smith: The answer to the member's question is as follows:

- (1) The ACT Government did not make a formal written submission to the Productivity Commission, but participated in consultations during the review of the National Disability Agreement. Table A.2 on page 186 of the report notes that the ACT Government participated in consultations, while Table A.3 on pages 188-89 notes that the ACT Office for Disability participated in two Roundtables held by the Productivity Commission in Canberra during September 2018.
- (2) The finding of the Productivity Commission review of the National Disability Agreement (NDA) in relation to disability advocacy funding is unsurprising and reflects the current arrangements, under which individual advocacy is funded by both the Commonwealth and the states and territories.

The ACT Government has recognised that, while the NDIS has provided greater support for many Canberrans with disability, it has also increased the need for independent individual advocacy as Canberrans learn to negotiate the new service system.

The ACT Government's recognition of the importance of advocacy was demonstrated by the investment of \$400,000 over two years in the 2018-19 Budget. This is shared between two local organisations: ACT Disability Aged & Carer Advocacy Service (ADACAS); and Advocacy for Inclusion.

- (3) The ACT Government's response to the specific issue identified in question 2 is outlined above. In relation to responding to the report as a whole, it is not usual practice for states or territories to individually respond to Productivity Commission reports. In this case, it is expected that the Productivity Commission's findings and recommendations will be discussed by the Disability Reform Council in the context of work currently underway on a refresh or replacement of the National Disability Strategy (see below). This reflects a necessary change in focus of any new NDA, given that the current NDA is largely centred on disability services that have transitioned or are transitioning to the NDIS.
- (4) See above.

- (5) The Disability Reform Council has agreed to start work on the development of a national disability framework to replace the National Disability Strategy which expires in 2020. The Council has agreed to an approach, milestones and timeframes for developing a new national disability framework and supporting action plan for beyond-2020. Further announcements will be made by agreement of Council members.
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**Education Directorate—workplace culture
(Question No 2280)**

Mr Coe asked the Minister for Education and Early Childhood Development, upon notice, on 15 February 2019:

- (1) Have any incidents of self-harm or suicide reported by staff in the Education Directorate been linked or related to bullying or cultural problems within the directorate during each of the last five financial years; if so, what was the (a) general type of incident, (b) general category of employee, (c) financial year it occurred, (d) directorate it occurred in, (e) actions undertaken by the Minister in response to the report and (f) actions undertaken by the relevant directorate in response to the report.
- (2) Have any incidents of self-harm or suicide reported by students or about students in each area for which the Minister is responsible been linked or related to bullying or cultural problems within the directorate during each of the last five financial years; if so, what was the (a) general type of incident, (b) financial year it occurred, (c) directorate it occurred in, (d) actions undertaken by the Minister in response to the report and (e) actions undertaken by the relevant directorate in response to the report.

Ms Berry: The answer to the member's question is as follows:

- (1) The Education Directorate is not aware of any incidents of staff self-harm or suicide linked to or related to bullying or cultural problems over the past five years.
 - (2) Given the complexity of presentation associated with bullying and self-harm or suicide, causation data is not captured.
 - a. Information collected by school psychologists are Health Care records which are governed by privacy legislation and not recorded centrally. Student counselling records are held in secure files at the school level.
 - b. Refer to the answer above.
 - c. Refer to the answer above.
 - d. Refer to the answer above.
 - e. Refer to the answer above.
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**Government—staff wellbeing
(Question No 2281)**

Mr Coe asked the Minister for Mental Health, upon notice, on 15 February 2019:

- (1) Have any incidents of self-harm or suicide reported by staff in each area for which the Minister is responsible been linked or related to bullying or cultural problems within

the directorate during each of the last five financial years; if so, what was the, (a) general type of incident, (b) general category of employee, (c) financial year it occurred, (d) directorate it occurred in, (e) actions undertaken by the Minister in response to the report and (f) actions undertaken by the relevant directorate in response to the report.

- (2) Have any incidents of self-harm or suicide reported by patients or individuals in custody, or about patients or individuals in custody, in each area for which the Minister is responsible been linked or related to bullying or cultural problems within the directorate during each of the last five financial years; if so, what was the (a) general type of incident, (b) financial year it occurred, (c) directorate it occurred in, (d) actions undertaken by the Minister in response to the report and (e) actions undertaken by the relevant directorate in response to the report.

Mr Rattenbury: The answer to the member's question is as follows:

- (1) There have been no reported staff incidents of self-harm or suicide that have been linked to bullying or cultural issues within ACT Health, Canberra Health Services or Calvary Public Hospital Bruce within the last five financial years.
- (2) There have been no reported incidents of self-harm or suicide by, or about, patients or individuals in custody that have been linked to bullying or cultural issues within ACT Health, Canberra Health Services or Calvary Public Hospital Bruce within the last five financial years.

Government—staff wellbeing (Question No 2282)

Mr Coe asked the Minister for Health and Wellbeing, upon notice, on 15 February 2019:

- (1) Have any incidents of self-harm or suicide reported by staff in each area for which the Minister is responsible been linked or related to bullying or cultural problems within the directorate during each of the last five financial years; if so, what was the, (a) general type of incident, (b) general category of employee, (c) financial year it occurred, (d) directorate it occurred in, (e) actions undertaken by the Minister in response to the report and (f) actions undertaken by the relevant directorate in response to the report.
- (2) Have any incidents of self-harm or suicide reported by patients or individuals in custody, or about patients or individuals in custody, in each area for which the Minister is responsible been linked or related to bullying or cultural problems within the directorate during each of the last five financial years; if so, what was the (a) general type of incident, (b) financial year it occurred, (c) directorate it occurred in, (d) actions undertaken by the Minister in response to the report and (e) actions undertaken by the relevant directorate in response to the report.

Ms Fitzharris: The answer to the member's question is as follows:

- (1) There have been no reported staff incidents of self-harm or suicide that have been linked to bullying or cultural issues within ACT Health, Canberra Health Services or Calvary Public Hospital Bruce within the last five financial years.

- (2) There have been no reported incidents of self-harm or suicide by, or about, patients or individuals in custody that have been linked to bullying or cultural issues within ACT Health, Canberra Health Services or Calvary Public Hospital Bruce within the last five financial years.

**Government—staff wellbeing
(Question No 2283)**

Mr Coe asked the Minister for Corrections and Justice Health, upon notice, on 15 February 2019:

- (1) Have any incidents of self-harm or suicide reported by staff in each area for which the Minister is responsible been linked or related to bullying or cultural problems within the directorate during each of the last five financial years; if so, what was the, (a) general type of incident, (b) general category of employee, (c) financial year it occurred, (d) directorate it occurred in, (e) actions undertaken by the Minister in response to the report and (f) actions undertaken by the relevant directorate in response to the report.
- (2) Have any incidents of self-harm or suicide reported by patients or individuals in custody, or about patients or individuals in custody, in each area for which the Minister is responsible been linked or related to bullying or cultural problems within the directorate during each of the last five financial years; if so, what was the (a) general type of incident, (b) financial year it occurred, (c) directorate it occurred in, (d) actions undertaken by the Minister in response to the report and (e) actions undertaken by the relevant directorate in response to the report.

Mr Rattenbury: The answer to the member's question is as follows:

1. The Justice and Community Safety Directorate do not have any incidents of self-harm or suicide being reported within the directorate over the past five (5) financial years.

There have been no reported staff incidents of self-harm or suicide that have been linked to bullying or cultural issues within Justice Health (Canberra Health Services) within the last five financial years.

2. There have been no reported incidents of self-harm or suicide by, or about, patients or individuals in custody that have been linked to bullying or cultural issues within Justice Health (Canberra Health Services) within the last five financial years.

ACT Corrective Services do not collate the specifically requested data. Providing the information would substantially, and unreasonably divert the resources of the agency from its primary operations.

**Access Canberra—working with vulnerable people applications
(Question No 2293)**

Miss C Burch asked the Minister for Business and Regulatory Services, upon notice, on 22 February 2019:

- (1) How many people who had previously completed criminal history checks applied for Working With Vulnerable People (WWVP) Cards in (a) 2017-18 and (b) 2018-19.
- (2) How many WWVP cards were not approved of those who applied with an existing criminal history check.
- (3) What was the average time taken to complete a WWVP application for individuals who had already completed criminal history checks.
- (4) What was the total revenue generated by WWVP applications in 2017-18.

Mr Ramsay: The answer to the member's question is as follows:

- (1) Previous criminal history checks are not relevant to the Working With Vulnerable People scheme as personally acquired criminal history checks show a lower level of information than the ones undertaken by the Government as part of the WWVP process. Therefore this data is not recorded.
 - (a) See above.
 - (b) See above.
- (2) Please refer to the response to Question 1.
- (3) Please refer to the response to Question 1.
- (4) \$1,551,381.85

**ACTION bus service—network
(Question No 2297)**

Miss C Burch asked the Minister for Transport, upon notice, on 22 February 2019:

- (1) Can the Minister provide a list of all bus stops to be (a) decommissioned, (b) moved or (c) constructed in relation to the rollout of Network 19.
- (2) Can the Minister provide the cost per (a) decommissioning, (b) relocation or (c) construction of bus stops in relation to the rollout of Network 19.
- (3) What, if any, notification of the (a) decommissioning, (b) relocation of, or (c) construction of bus stops has or will be given to affected residents and how much notice will be given before the commencement of these works.
- (4) What is the expected completion time for works on each bus stop to be completed.

Ms Fitzharris: The answer to the member's question is as follows:

- (1) A list of all bus stops being decommissioned, moved or constructed in relation to the rollout of the integrated public transport network is at Attachment A. Of these, 174 stops are currently inactive.
- (2) The estimated cost for removing signage at each bus stop is approximately \$35 per stop. Any infrastructure removal costs will be subject to stop-specific factors.

- (3) Bus stop poles at decommissioned stops will remain post the launch of the new network and display temporary signage advising customers of the bus stop closure and the location of the nearest bus stop on the new network. The poles and temporary signage will be removed at a later date post new network launch. Notification will be provided a minimum of two weeks prior to any decommissioning, and one week prior to the relocation of, or construction of, bus stops.
- (4) The initial decommissioning of stops will involve the removal of the bus stop blade and pole. All bus stop blades for the existing network will be removed prior to 29 April 2019.

(A copy of the attachment is available at the Chamber Support Office)

Access Canberra—block inspections (Question No 2298)

Mrs Jones asked the Minister for Business and Regulatory Services, upon notice, on 22 February 2019:

- (1) What assessment has been made of the vacant block in Bentham Street, Yarralumla to ensure it is safe and well kept.
- (2) How many times has the block been inspected between 2012 and 2019 and on what dates have these inspections taken place.
- (3) Have these inspections found (a) sufficient drainage of the site, (b) sufficient fencing of the site and (c) waste or rubbish which may attract vermin.
- (4) What engagement has Access Canberra had with the owners of the site to determine when the development of the site will occur (a) before September 2018 and (b) after September 2018.
- (5) Have the abandoned construction works on the site caused undermining or subsidence of neighbouring blocks; if so, what recourse is available for the neighbouring residents.
- (6) What action can the Government take to compel the owner to develop or forfeit the land.

Mr Ramsay: The answer to the member's question is as follows:

- (1) The most recent assessment occurred on 13 September 2018. The site was assessed to determine whether it met the threshold to be considered an unclean leasehold under the *Planning and Development Act 2007*. The site does not currently meet the threshold to be considered an unclean leasehold.
- (2) 11 inspections have been undertaken by Access Canberra, and its predecessors, since 2012:-
 - 3, 10, 11, 13, 19 April 2012
 - 2 May 2012

- 27 September 2012
 - 11 October 2016
 - 30 January 2017
 - 16 April 2018
 - 13 September 2018
- (3) In the most recent inspection 13 September 2018:-
- (a) Yes
 - (b) Yes
 - (c) No – The site did not meet the threshold to be considered an unclean leasehold.
- (4) Access Canberra has had ongoing engagement with the owners.
- (a) These engagements relate to maintenance and progressing a development on the land.
 - (b) The matter is subject to a current investigation. Details of the engagement post September 2018 cannot be disclosed at this time.
- (5) Access Canberra has no evidence to suggest the vacant block on Bentham St, Yarralumla or works on the site have caused undermining or subsidence of neighbouring blocks. Any damaged caused would be a civil matter between the relevant parties.
- (6) The enforcement powers are articulated in chapters 11 and 12 of the *Planning and Development Act 2007*. I cannot specify which particular power the regulator may use, given the ongoing nature of the current investigation.
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**Alexander Maconochie Centre—disciplinary action
(Question No 2299)**

Mrs Jones asked the Minister for Corrections and Justice Health, upon notice, on 22 February 2019:

- (1) What penalties, punishment and/or disciplinary actions are available to corrections staff when dealing with inmates and how is it broken down from lowest to highest level of severity.
- (2) How are the actions referred to in part (1) taken and what level are staff members that make these decisions.
- (3) When directions are given regarding disciplinary action, are they made in writing or verbally.
- (4) What is the recording process once these actions have been taken.
- (5) On how many occasions since 1 January 2018 have inmates been held in the management unit for disciplinary reasons and how many of these occasions were for
 - (a) at least one consecutive week and (b) over at least two consecutive weeks.

Mr Rattenbury: The answer to the member's question is as follows:

1. Section 183 of the *Corrections Management Act 2007* (the Act) outlines the disciplinary actions that may be imposed for a disciplinary breach. In order of severity, one or more of the following disciplinary actions may be imposed against a detainee:
 - A warning;
 - A reprimand;
 - An administrative penalty, or a combination of administrative penalties (including loss of privileges); or
 - A direction for a detainee to make reparation for loss to an injured person.

Under section 184 of the Act, an administrative penalty is a financial penalty not exceeding \$500, withdrawal of privileges for no longer than 180 days, a requirement to perform extra work, or separate confinement for a period of 3, 7, or 28 days. For the purposes of reparation, section 185 of the Act provides that a direction may be made for a detainee to pay an amount not exceeding \$100 to an injured person.

Loss of privileges may include:

- Removal of paid employment;
- Removal of participation in programs (not including those addressing criminogenic needs as part of a case plan unless approved by the General Manager);
- No contact visits;
- No calls and e-mail contact;
- Removal of access to recreation equipment and structured recreational activities;
- Removal of access to hobby and leisure activities;
- No use of electronic devices including television and music players;
- Removal of buy-ups;
- No private cash deposits to a detainee account to supplement institutional earnings; and/or
- As a general principle privileges relating to employment or visits should only be suspended for discipline breaches directly relevant to those areas or for security or safety reasons.

When use is made of disciplinary actions, ACT Corrective Services (ACTCS) must ensure that any disciplinary action against a detainee is proportionate to the breach, consistent with other disciplinary actions imposed for similar breaches, and is the minimum possible action required to correct behaviour.

2. A corrections officer of any rank who becomes aware of a disciplinary breach, may deal with less serious or isolated incidents by warning or reprimanding a detainee. A corrections officer may also elect to case note the incident or report an alleged breach of discipline to the Area Supervisor with a view to it being dealt with under sections 184 and 185 of the Act.

For more serious or repeated misbehaviour, a corrections officer will submit an alleged breach of discipline report to the Area Supervisor. The Area Supervisor will evaluate the report and refer the matter to an Area Manager for investigation and determination. If the breach of discipline is proven, the Area Manager will impose a sanction.

3. A corrections officer may give a detainee a verbal or written warning. Disciplinary actions that fall outside of a warning must be recorded in writing. Written notice of the breach of discipline and any sanction imposed must then be given to the detainee.
4. Once a disciplinary action has been determined, the Area Manager verbally informs the detainee of the outcome and must provide the detainee with written notice of the decision.

Electronic versions of the written notice of the breach of discipline, associated reports or subsequent actions, are stored on ACTCS' custodial information system. A case note containing a brief statement of the conduct and any sanction imposed is also entered on the custodial information system. Hard copies of all documents are then retained and stored in accordance with the *Territory Records Act 2002*.

5. Between 1 January 2018 and 31 January 2019, there were 240 instances where 152 detainees were held in the Management Unit. This number includes detainees who were placed in the Management Unit under investigative segregation, for the safety and security of the Alexander Maconochie Centre or a detainee, and for medical or disciplinary reasons. Of those 240 instances:
 - a) 121 were for less than one week and 72 for over one week, but less than two weeks; and
 - b) 47 were for two consecutive weeks or more.

ACTCS does not disaggregate data on the specific reasons detainees are placed in the Management Unit. The data is available, however it would be unreasonable to divert the resources of the Directorate to compile and quality assure.

Alexander Maconochie Centre—detainee numbers (Question No 2301)

Mrs Jones asked the Minister for Corrections and Justice Health, upon notice, on 22 February 2019:

- (1) Has the total number of cohorts of inmates in the Alexander Maconochie Centre changed since the answer to question on notice No 654; if so, can the Minister outline these changes.
- (2) How many people are currently in each of these cohorts.

Mr Rattenbury: The answer to the member's question is as follows:

1. The number of cohorts of inmates has changed since the answer to question on notice (QON) No. 654. At the time of QON No. 654 there were 23 cohorts of detainees. Currently there are 24 cohorts of detainees. Changes include:
 - The addition of three cohorts
 - unknown (Aboriginal and/or Torres Strait Islander identification);
 - unplaced pending; and
 - unplaced mainstream.
 - The exclusion of two cohorts
 - Minimum 1 E2; and
 - Admin strict protection.

2. Detainee cohorts are determined by:

- a) Sentence status – detainees are either unconvicted or under sentence.
- b) Aboriginal or Torres Strait Islander identification – there is scope for detainees to elect not to disclose whether they are Aboriginal and/or Torres Strait Islander or not.
- c) Sex – while detainees commonly identify as male or female, there is also scope for detainees to choose not to identify as either sex or as a transgender person.
- d) Security classifications – detainees can be classified minimum, medium or maximum classification. There are also levels within classifications.

Detainee cohorts are also determined by non-association issues which can be self-identified or intelligence-based.

Detainees can belong to more than one cohort. For instance, a female detainee could be sentenced and identify as Aboriginal or Torres Strait Islander.

The following table represents the number of detainees in each cohort as of 27 February 2019 broken down by gender.

Male	437		
Female	37		
Total	474		
Unconvicted waiting court hearing	170	F: 19	M: 151
Under sentence	304	F: 18	M: 286
Total	474		
Aboriginal and or Torres Strait Islander	115	F: 14	M: 101
Non-Aboriginal or Torres Strait Islander	349	F: 21	M: 328
Unknown	10	F: 2	M: 8
Total	474		
Minimum 1	64	F: 8	M: 56
Minimum 2	3	F: 0	M: 3
Minimum 3	11	F: 1	M: 10
Medium	379	F: 27	M: 352
Medium E2	4	F: 1	M: 3
Maximum	12	F: 0	M: 12
Maximum E1	1	F: 0	M: 1
Escapee	0	F: 0	M: 0
Total	474	37	437
Mainstream – pending	9	F: 0	M: 9
Protection – pending	1	F: 0	M: 1
Strict protection pending	4	F: 0	M: 4
Unplaced – pending	1	F: 0	M: 1
Mainstream	225	F: 34	M: 191
Protection	78	F: 2	M: 76
Strict protection	151	F: 0	M: 151
Unplaced - Strict protection	2	F: 1	M: 1
Unplaced – Mainstream	3	F: 0	M: 3
Total	474	37	437

The *Corrections Management (AMC Detainee Classification) Policy 2012* sets out the definitions for each security classification.

E classification

E classification refers to a detainee with a history of escaping from lawful custody and will have an additional classification of E denoting 'escapee'.

There are three grades of an E classification – E1, E2 and E3 which denote the level of risk. The lower the number, the higher the risk.

- E1 denotes either an assessed significant level of risk of escape or a need for further assessment to take place before considering reducing the classification. A detainee classified E1 may not progress below Medium security rating.
- E2 denotes a reduced level of risk and will allow a Minimum 1 security rating.
- E3 denotes a low level of risk commensurate with being suitable for Minimum Security 2 or 3.

Security Classification

ACT Corrective Services classifies detainees according to the nature and severity of the charges, severity of sentence, offending history, escape history, breaches of court orders, institutional disciplinary record and stability, internal or external intelligence and motivation to address offending behaviour. Security classifications are determined at the lowest level judged appropriate in effectively managing a detainee's risk and are reviewed by the Sentence Planning Group at intervals appropriate to the sentence length and detainee case plan.

It should be noted that the Alexander Maconochie Centre (AMC) was built to accommodate all detainees, regardless of the level of their security classification and accommodation type, including maximum security detainees.

Maximum Security

The highest level of security requiring placement that provides for a secure cell within a secure accommodation building and confinement within a secure perimeter. Detainees assessed at this level may be subject to special individually determined management plans designed to manage the nature and level of risks involved. Special arrangements may be required if it is necessary to escort the detainee from the centre. The security classification Maximum security is reserved for those detainees assessed as posing an especially high level of risk. In addition, a detainee convicted of or facing a charge of murder, or with a sentence with a non-parole period of ten years or greater, will normally be placed in maximum security until a determination is made by the Sentence Planning Group to reduce the detainee's security classification.

Medium Security

This next level of security mandates a physical environment similar to that of maximum security; that is a secure cell within a secure accommodation building and confinement within a secure perimeter. However, the General Manager, following recommendation from an Area Manager, may approve the provisional placement of a medium security male detainee in cottage accommodation for a period of up to 28 days in order to relieve medium/maximum bed shortages. A medium security detainee will not usually require an individual special management plan, as is the case for a maximum security detainee. Medium security will be the normal classification

determined for new receptions to custody, in the absence of especially high levels of risk being identified, and will also be available as progression for maximum security detainees demonstrating a reduced level of risk.

Minimum Security (1, 2 and 3):

There are three levels of minimum security classification denoting different levels of risk. The first, Minimum 1, indicates a lower level of risk than that posed in medium security and is characterised by placement in a more domestic like accommodation building offering unrestricted access to common areas without the necessity for direct staff supervision. The accommodation building, currently cottage style, provides a reasonable level of physical security and is protected by the secure perimeter. Detainees classified to Minimum security 1 are subject to a less restrictive regime than that of medium security detainees but require continuing immediate staff supervision on any occasion when required to be external to the secure perimeter. Minimum 1 detainees are not eligible to participate in external programs such as Work Release.

There are three levels of minimum security classification denoting different levels of risk.

- Minimum 1 indicates a lower level risk than medium security.
- Minimum 2 denotes a lower level of risk than assessed for Minimum 1. Minimum 2 detainees are accommodated within the secure perimeter however may be permitted to be external to the perimeter for work or program reasons with hourly supervision from staff.
- Minimum 3 is the lowest level of security classification and is the classification that must be achieved in order to be accommodated external to the secure perimeter or allowed to participate in any form of external leave or conditional release program.

Cohorts Definition

For the Members information, ACTCS is currently reviewing operational service deliveries to ensure better outcomes for detainees. This work will consider a clearer definition for detainee “cohorts”. The definition will be different to the above.

ACTCS when referencing “cohorts” will specifically be referencing: “a population of detainees that require separate management from another population of detainees”. The need for separation is typically based on non-association, but may also be based on the location of a detainee’s accommodation. These may include Male, Female, Protection, Mainstream, Transitional Release Centre and Induction. Some detainees will belong to more than one cohort.

**Alexander Maconochie Centre—assaults
(Question No 2303)**

Mrs Jones asked the Minister for Corrections and Justice Health, upon notice, on 22 February 2019:

- (1) How many detainee on detainee (a) assaults and (b) serious assaults have occurred in the Alexander Maconochie Centre (AMC) since 1 January 2018.
- (2) How many of the instances in part (1) involved a “shiv” or other cutting or stabbing instrument.

- (3) How many detainee on officer (a) assaults and (b) serious assaults have occurred in the AMC since 1 January 2018.
- (4) How many of the instances in part (3) involved a “shiv” or other cutting or stabbing instrument.
- (5) On how many occasions have corrections staff received medical attention following an assault, serious assault or other altercation with a detainee since 1 January 2018.

Mr Rattenbury: The answer to the member’s question is as follows:

1. Detainee on detainee assaults from 1 January 2018 to 31 January 2019
 - a. Assaults - 62
 - b. Serious assaults – 10

These figures comply with the Report on Government Services counting methodology. It should be noted that 2018-2019 figures will be quality assured at the end of the financial year, which may result in some variation to these figures.

2. ACTCS does not disaggregate data on instances where weapons have been used in an assault. Individual incident reports would need to be individually reviewed which would unreasonably divert the resources of the Directorate to compile and quality assure.
3. Detainee on officer assaults from 1 January 2018 to 31 January 2019
 - a. Assaults - 4
 - b. Serious assaults - 0

These figures comply with the Report on Government Services counting methodology. It should be noted that 2018-2019 figures will be quality assured at the end of the financial year, which may result in some variation to these figures.

4. ACTCS does not disaggregate data on instances where weapons have been used in an assault. Individual incident reports would need to be individually reviewed which would unreasonably divert the resources of the Directorate to compile and quality assure.
5. In the event that staff members are injured during the course of their work, whether by assault or other, they are provided with a medical assessment and treatment options in every instance in accordance with occupational health and safety obligations.

ACT Policing—response levels (Question No 2304)

Mrs Jones asked the Minister for Police and Emergency Services, upon notice, on 22 February 2019:

- (1) What are the different levels of response classifications for ACT Policing.

- (2) Who determines how each job is classified at which response level and what is the decision making process.

Mr Gentleman: The answer to the member's question is as follows:

1. In accordance with the *Purchase Agreement* and the prioritised response model, ACT Policing utilises a 3 tier incident response prioritisation framework:
 - Priority One incidents are defined as life threatening or time critical situations;
 - Priority Two incidents are defined a situations where the information provided indicates that time is important, but not critical; and
 - Priority Three incidents are defined as incidents where there is no immediate danger to safety or property.

To facilitate the management of Priority Three incidents and for the purpose of coordinating timely dispatch of policing resources, ACT Policing differentiate Priority Three incidents on complainant availability. Where a complainant is available within 48 hours, the incident is recorded as a Priority Three incident. In circumstances where a complainant is not available to see Police within 48 hours, the incident is nominally assigned a 'Priority Four' classification.

This administrative reclassification is an internal data recording mechanism, used to facilitate the management of policing resources and to ensure Police resources are directed in an efficient and timely manner. It is not utilised for reporting purposes, nor does it affect ACT Policing's commitment to meeting response times for Priority Three incidents as set out in the *Purchase Agreement*.

Further information about ACT Policing's incident classification and response performance can be found in the *ACT Policing Annual Report 2017-18*, at pages 52-53.

2. ACT Policing Operations coordinates the policing response to all calls for assistance in the ACT. The Computer Aided Dispatch system is employed by ACT Policing Operations to ensure the consistent allocation of incident types and priority classifications in accordance with the Prioritised Response Model.

While these default allocations guide the prioritisation of incidents, ultimate determination of an incident priority is determined by the communications operator in consultation with the ACT Policing Operations Sergeant or Duty Operations Manager. Information provided by the caller, the level of risk to person or property, and the individual circumstances of each incident are considered when determining the priority of an incident.

ACT Policing—staffing (Question No 2305)

Mrs Jones asked the Minister for Police and Emergency Services, upon notice, on 22 February 2019:

- (1) How many police officers are required for each "city beat" shift.
- (2) How is this broken down by (a) officer ranking and (b) day and time of shift.

Mr Gentleman: The answer to the member's question is as follows:

ACT Policing delivers an agile policing service to the ACT. The ACT community can be confident ACT Policing is well resourced to deliver a quality service through the flexible deployment of its capabilities in response to changing demands.

1. ACT Policing's Regional Targeting Team (commonly referred to as "Beats") provide flexible coverage to ACTs entertainment precincts on Thursday, Friday and Saturday nights. This team provides a minimum resourcing of 7 police officers on a Thursday night, and 9 police officers on a Friday and Saturday night.
2. I can advise that standard resourcing and coverage of this team is as follows:
 - Thursday nights – Operational coverage from 9.00pm to 7.00am, provided by 1 Sergeant and 6 Constables.
 - Friday nights- Operational coverage from 7.00pm to 7.00am, provided by 1 Sergeant and 8 Constables.
 - Saturday nights- Operational coverage from 9.00pm to 7.00am, provided by 1 Sergeant and 8 Constables.

ACT Policing—staffing (Question No 2306)

Mrs Jones asked the Minister for Police and Emergency Services, upon notice, on 22 February 2019:

How many ACT Policing staff are rostered for each shift at the watch-house, and how is this broken down by (a) officer ranking and (b) shift type.

Mr Gentleman: The answer to the member's question is as follows:

ACT Policing delivers an agile policing service to the ACT. The ACT community can be confident ACT Policing is well resourced to deliver a quality service through the flexible deployment of our capabilities in response to changing demands.

1. Staffing at the watch house is continually assessed, with surge capacity staffing provided as required. Rostered staffing generally consists of:
 - a. Daily: 1 Sergeant, 2 Constables.
Friday and Saturday nights during the summer period: 1 Sergeant, 3 Constables
 - b. Shifts: ACT Policing members deployed to the watch house are rostered to 10 hour shifts, providing 24 hour coverage 365 days per year.

ACT Policing—CCTV (Question No 2307)

Mrs Jones asked the Minister for Police and Emergency Services, upon notice, on 22 February 2019:

- (1) How many cameras/units are funded, managed and/or maintained under the ACT Public Safety Closed Circuit Television (CCTV) Network.

- (2) What are the locations of the cameras/units referred to in part (1).
- (3) What was the (a) total cost and (b) individual cost of the 12 solar powered CCTV units installed across the ACT since June 2017.
- (4) What is the (a) estimated yearly maintenance and running costs and (b) location of these units, of the units referred to in part (3).
- (5) How is the footage stored by the cameras in the ACT Public Safety Closed Circuit Television (CCTV) Network.
- (6) How long is storage kept and what is the total cost of storage of the footage referred to in part (5).

Mr Gentleman: The answer to the member's question is as follows:

1. The ACT's Public Safety Closed Circuit Television (CCTV) Network is comprised of:
 - a. 75 CCTV cameras on the ACT Government ICT network and,
 - b. 12 CCTV solar powered camera operating on the 3G/4G network.
2. The locations of the cameras mentioned in part (1) is:

ACT Government ICT Network Cameras	Solar Powered Network Cameras
• Civic, including one at Haig Park	• Legislative Assembly Car Park
• Kingston Shopping Precinct	• Griffith Shop Carpark
• Manuka Shopping Precinct	• National Arboretum Canberra
• Manuka Oval	• Glebe Park (Bunda St)
• EPIC	• Jerrabomberra Wetlands
• GIO Stadium	• Belconnen Owl artwork
• Jolimont Centre	• Enlighten
• Tuggeranong CBD, Greenway	

3. (a) The total cost of the 12 solar powered CCTV units is approximately \$60,000. This includes purchase and installation.
 - (b) The individual cost of the units is approximately \$4,000.
4. (a) The estimated yearly maintenance and running cost per unit is approximately \$1,000. This includes data storage, vendor support, broadband fees and cleaning.
 - (b) The location of the solar powered CCTV units is addressed in Question 2.
5. CCTV footage is stored in two different ways:
 - a. Footage from the ACT Government ICT network cameras is stored on Networked Video Recorders (NVRs) located across Canberra.
 - b. Footage from the solar powered network cameras is located on a third-party server that is maintained by the provider.

6. Footage from all cameras is kept for 30 days in accordance with the Territory Records Act 2002 and then deleted unless required for a purpose.

**Alexander Maconochie Centre—catering costs
(Question No 2309)**

Mrs Jones asked the Minister for Corrections and Justice Health, upon notice, on 22 February 2019:

- (1) What is the total catering cost for detainees at the Alexander Maconochie Centre (AMC) broken down by each of the past five financial years, including the current financial year.
- (2) Are catering costs for detainees recorded separately per detainee; if so, what are these costs.
- (3) What is the average catering cost per detainee (a) per day and/or (b) per month for food at the AMC throughout 2018 and 2019 to date.
- (4) What is the average catering cost per detainee per day for meals at the AMC throughout (a) 2018 and (b) 2019 to date, broken down by major dietary requirement/category, including (i) high fibre diets, (ii) vegetarian, (iii) vegan and (iv) gluten free.
- (5) How many kitchen staff are employed at the AMC in the financial years 2009-2010 and 2017-2018.
- (6) How many detainees on average work in the kitchen during each kitchen shift.

Mr Rattenbury: The answer to the member's question is as follows:

1. ACT Corrective Services (ACTCS) is unable to provide catering costs for detainee meals at the Alexander Maconochie Centre (AMC) as the current accounting process is conducted under one account through the whole of government chart of account. Under this system, catering costs for detainee meals, the detainee self-catering program and the staff meal program are combined and accounted for in the category of 'meals' under the chart of accounts.

The combined total cost of detainee meals, the detainee self-catering program and staff meal program for the past five financial years, including the current financial year as at 31 January 2019, is as follows:

Financial Year	Total Cost of Meals
2014-15	\$1,181,362.00
2015-16	\$1,433,666.00
2016-17	\$1,575,472.00
2017-18	\$1,851,292.00
2018 -19 (as at 31 January 2019)	\$1,082,413.00

2. As outlined in response to question one (1), catering costs for individual detainees are not recorded separately. Detainees accommodated in cottages are, however, able to access the detainee self-catering program. This program is an online ordering system that allows individual detainees to purchase \$50.00 of additional food per week.
 3. Refer to response provided for Question 1.
 4. Refer to response provided for Question 1.
 5. During 2009-10, five full-time and one part-time kitchen staff were employed in the AMC kitchen. In the 2017-18 financial year, nine full-time staff were employed in the AMC kitchen.
 6. On average, 13 detainees work in the AMC kitchen during each shift.
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**ACT Fire & Rescue—equipment
(Question No 2310)**

Mrs Jones asked the Minister for Police and Emergency Services, upon notice, on 22 February 2019:

- (1) What is the contract value/cost for the two specialist helicopters stationed at the ACT Rural Fire Service Helibase during the bushfire season.
- (2) Are the contracts different for the specialist intelligence gathering light helicopter and the medium helicopter used for aerial fire fighting services; if so, what are the values/cost of each contract.
- (3) How does the value/cost of the contract change if there is (a) a bushfire event and (b) no bushfire event.

Mr Gentleman: The answer to the member's question is as follows:

- (1) The contracts for one light and one medium type helicopter that provide dedicated aerial firefighting services to the ACT are negotiated through the National Aerial Firefighting Centre (NAFC). The contracts provide for an 84 day service period each year with the ability to extend should conditions necessitate.

NAFC convene a panel and coordinate the contract evaluation, options are then provided for ACT to choose a provider for each contract. These contracts are strictly commercial-in-confidence, and the ACT Government is not able to release any of the details on the value/cost of each contract.
 - (2) The light helicopter is contracted to the ACT Emergency Services Agency (ESA) only. The medium helicopter is contracted on a shared basis with the NSW Rural Fire Service (NSWRFS), whereby the ESA and the NSWRFS is responsible for the aircraft for 42 of the 84 day service periods.
 - (3) There is a daily standing charge for each helicopter, then a cost per operating hour.
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Alexander Maconochie Centre—detainee classifications (Question No 2311)

Mrs Jones asked the Minister for Corrections and Justice Health, upon notice, on 22 February 2019:

Have any prisoners convicted of murder related offences at any time in their incarceration been classified as any of the minimum security cohort classifications; if so, (a) how many inmates and (b) for what period of time.

Mr Rattenbury: The answer to the member's question is as follows:

1. Detainees receive a security classification based on the risks posed to the security and good order of the Alexander Maconochie Centre (AMC), and the safety of the detainee, staff, other detainees and the public. All detainees, including those convicted of murder related offences, are subject to the same system of security classification. It must also be noted that currently all detainees who have been convicted of murder, regardless of the level of their security classification and their accommodation type, are held at the Alexander Maconochie Centre (AMC) which is a maximum security facility.
 - a. Of the 16 detainees convicted of murder related offences currently in custody at the Alexander Maconochie Centre, eight have been placed at a minimum security classification level at some stage of their incarceration.
 - b. The total days and percentage of time each of the eight detainees has served at the minimum, medium and maximum security classification levels is outlined below.

* Total days in custody calculated from the date received at the AMC to 27 February 2019 and does not include time served in an interstate correctional centre prior to transfer to the AMC.

Offender No.	Days at Minimum Security classification	Days in Custody (Total) *	Time at Minimum Security classification (%)	Time at Medium Security classification (%)	Time at Maximum Security classification (%)
1	1648	3140	52%	6%	42%
2	2066	2857	72%	28%	0%
3	180	3820	5%	51%	44%
4	3578	3578	100%	0%	0%
5	3579	3579	100%	0%	0%
6	292	2759	11%	35%	54%
7	1470	2410	61%	3%	36%
8	1114	1176	95%	5%	0%

ACT Health—northside project (Question No 2313)

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 22 February 2019:

- (1) What is the Northside project cited in ACT Health planning documents.
- (2) What is the scope of the Northside project.

- (3) Where will the Northside project be located.
- (4) Is this project being planned as part of an urban renewal program; if not, what is the basis for this plan.
- (5) Is this project being planned in association or partnership with any other private or public organisation; if so, which organisation or organisations.
- (6) What is the (a) anticipated timeline and (b) projected or indicative cost, for the Northside project.

Ms Fitzharris: The answer to the member's question is as follows:

- (1) The Northside Hospital Scoping Study is considering the hospital infrastructure requirements in Canberra's North. The project outline is available online on the ACT Health website. (<https://www.health.act.gov.au/about-our-health-system/planning-future/northside-hospital-services-scoping-study>).
- (2) The scope of the project will be subject to further development through the scoping study.
- (3) While a final site has not been selected, the Calvary Public Hospital Bruce site continues to be the preferred location for hospital services in Canberra's North.
- (4) The project is being considered in the context of growing health services demand and changes in demographics across the Territory and the most effective use of public health system capacity in existing or proposed new infrastructure.
- (5) The Northside Hospital Scoping Study is being developed with reference to health service delivery partners Canberra Health Services and Calvary Healthcare (Calvary Public Hospital Bruce).
- (6) An anticipated timeline and indicative costs are not yet known and subject to further deliberations.

ACT Health—uniforms (Question No 2314)

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 22 February 2019:

- (1) What is the uniform policy for staff working in ACT public health services.
- (2) Who pays for uniforms; if staff pay for uniforms (a) why, (b) what is the typical annual cost per staff member and (c) what is the profit margin for Canberra Health Services.
- (3) Has the introduction of so-called "happy scrubs" as a uniform option been added to the uniform policy; if not (a) why and (b) when will it be.

- (4) Who pays for the “happy scrubs”; if staff pay for “happy scrubs” (a) why, (b) what is the typical annual cost per staff member, (c) what is the profit margin for Canberra Health Services and (d) do staff receive a uniform allowance in their salary packages; if so, what is the allowance currently.
- (5) Are staff, who elect to wear “happy scrubs”, required also to have “standard” uniforms available; if so, in what circumstances are staff required to wear “standard” uniforms.

Ms Fitzharris: The answer to the member’s question is as follows:

- (1) ACT public health staff adhere to the Workplace Attire Guidelines for ACT Health and Canberra Health Services (CHS), developed and managed by CHS’ People and Culture. In addition to these guidelines, there are several workplace specific uniform policies that are more prescriptive in nature and tailored to the respective clinical and / or service areas, such as:
- Biomedical Engineering;
 - Pharmacy;
 - Radiation Therapy;
 - Supply Services; and
 - Sterilising Services.

The Calvary uniform is supplied in accordance with the employment contract, enterprise agreement, award or local service policy. If an employee is required to wear a uniform, it must be worn at all times. The uniform may only be varied for cultural or religious reasons following consultation with the manager.

Employees who do not have uniforms as part of their condition of employment may choose to purchase uniforms from the Administration/Corporate range. Employees who are not required to wear a uniform must ensure that their clothing complies with the requirements of Work Health and Safety and Infection Control standards and this policy.

- (2) If a workplace specific uniform is required, staff are provided with several uniforms upon their commencement. Replacements are also provided, as required, on an annual basis. Staff can purchase additional uniforms at their own expense.
- (3) There are currently no plans to add “happy scrubs” as a specific option on the uniform policy. Currently, non-standard uniforms are allowed in certain areas, at the discretion of staff and management, as long as the clothing adheres to the standards stipulated in the Workplace Attire Guidelines.
- (4) Staff purchase non-standard uniforms at their own discretion.
- a. There are provisions to staff for standard uniforms; the choice to purchase a non-standard uniform is that of the staff member.
 - b. This cannot be measured, as the choice to purchase non-standard uniforms is at the discretion of the staff member.
 - c. There is no profit margin for CHS provided uniforms.
 - d. No, CHS staff do not receive a uniform allowance.

- (5) Staff who choose to wear “happy scrubs” also have standard uniforms available to them. In the general sense, the need for standard work attire or protective clothing is determined in circumstances where there is a safety, identification and/or other associated benefit to either staff members or Canberra Health Services consumers.

**Canberra Hospital—intensive care unit
(Question No 2315)**

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 22 February 2019:

- (1) What contingency plans are being made for when the ICU at the Canberra Hospital (TCH) reaches a situation where it is at full capacity with no storage space on some days.
- (2) When is the ICU at TCH projected to reach that point.
- (3) Is Canberra Health Services planning to expand the ICU at its current location.
- (4) When is the ICU as part of the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) due to commence operation.
- (5) Is the Government considering adding an additional floor to the current emergency department for an ICU as a stopgap measure; if so (a) how long would it take to complete this project, (b) what disruption would it cause to existing services in the ED and (c) what is the indicative cost of this project.
- (6) What plans does the Government have to expand the (a) Coronary Care Unit and (b) Cardiac Catheter Suites, areas.
- (7) When will the Coronary Care Unit and Cardiac Catheter Suites become operational as part of SPIRE.
- (8) How much additional space will be required for both the Coronary Care Unit and Cardiac Catheter Suites in the SPIRE project.
- (9) What plans does Canberra Health Services have for the space used for the current Coronary Care Unit and Cardiac Catheter Suites.
- (10) Does Canberra Health Services have plans to relocate Cardiac Care outpatient services; if so, where will these services be relocated.

Ms Fitzharris: The answer to the member’s question is as follows:

- (1) Contingency plans for when the ICU at Canberra Hospital reaches full capacity include:
 - Accommodating post anaesthesia patients bound for the ICU in Post Anaesthesia Care Unit (PACU) beds, with appropriate equipment, supplies and ICU staff deployed to the PACU;
 - Taking a territory wide view by considering options for appropriate patient transfer between ICUs at Canberra’s hospitals;

- (2) Based current ICU footprint and data projections, Canberra Hospital will reach an average monthly occupancy rate of greater than or equal to 90% occupancy during the 2022-23 financial year. This projection does not take into account measures to be put in place before 2022-23 to address ICU pressures, which include operational and infrastructure options.
 - (3) ACT Health is working with Canberra Health Services to develop operational and infrastructure-based options to address ICU pressures between now and the delivery of SPIRE.
 - (4) The new ICU, being delivered as part of the SPIRE project, will be operational in 2024.
 - (5) Given the early stage of options development, ACT Health cannot provide detail of time, cost and potential impacts of the project.
 - (6) The Coronary Care Unit and Cardiac Catheter Suite will be part of the SPIRE development, and the total area requirements and inclusions are part of the current early design process.
 - (7) The new Acute Coronary Care Unit and Cardiac Catheterisation Suites, being delivered as part of the SPIRE project, will be operational in 2024.
 - (8) Please see answer to question 6.
 - (9) Space vacated through the delivery of SPIRE will be considered as part of ongoing campus planning and through the SPIRE early design development process.
 - (10) There are no current plans for the relocation of Coronary Care Outpatient services, however the issue will be considered as part of ongoing campus planning.
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Minister for Health and Wellbeing—briefings (Question No 2318)

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 22 February 2019:

- (1) How many briefings has the Minister taken each year since appointed as Assistant Minister for Health and then following appointment as the Minister for Health and Wellbeing, about bullying and cultural problems in (a) ACT Health and (b) Canberra Health Services.
- (2) What form did the briefings at part (1) take and what has been the nature of the information and advice given to the Minister in those briefings.
- (3) What action did the Minister take in response to the information and advice provided.
- (4) Did the Minister's incoming minister's brief as Assistant Minister for Health contain briefing material on bullying and cultural problems in ACT Health; if so, (a) what information was provided and (b) how did the Minister respond to that information.

- (5) Did the Minister's incoming minister's brief as Minister for Health and Wellbeing contain briefing material on bullying and cultural problems in ACT Health; if so, (a) what information was provided and (b) how did the Minister respond to that information.
- (6) If no information about bullying and cultural problems was forthcoming in the processes outlined in parts (1), (2), (4) and (5) then (a) when did the Minister first become aware of bullying and cultural problems in the ACT's public health system, (b) did the Minister seek a briefing, (c) when was the briefing given, (d) what form did the briefing take, (e) what information and advice was provided and (f) what was the Minister's response.

Ms Fitzharris: The answer to the member's question is as follows:

- (1) (a) and (b)

The Minister is regularly briefed on workforce issues both verbally and in writing. A search of the ACT Health Electronic Records Management system shows that since February 2016, the Minister for Health and Wellbeing was briefed on matters relating to bullying and organisational culture on seven occasions.

Further to this, the Minister for Health and Wellbeing has been provided with briefs on matters relating to bullying and organisational culture for Question Time and to appear at Committee Hearings including the Select Committee on Estimates and Annual Report Hearings.

- (2) Verbal and written briefings on a range of matters including the workplace culture survey, governance matters, constituent matters and the independent review into workplace culture within ACT public health services.
- (3) The briefs made various recommendations depending on the purpose of the briefing and the issues discussed. Minister's actions were based on these recommendations.
- (4) No. The specific portfolio responsibility for the then Assistant Minister for Health included population health and community health matters.
- (5) No.
- (6) Not applicable – refer to responses to questions 1, 2, 4, and 5.

ACT Health—community consultation (Question No 2319)

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 22 February 2019:

- (1) Which community-based organisations were represented in relation to an ACT Health-hosted community consultation session on Access All Areas, facilitated by Rebus Theatre, on 16 February 2019.
- (2) How many individuals attended.

- (3) What patient groups were represented, such as, but not limited to, patients with disabilities, patients suffering debilitating illnesses, patients with mental health disorders, paediatric patient groups, geriatric patient groups.
- (4) How and by whom were patient groups represented.
- (5) If a person was invited to attend, and wanted to attend but was unable to attend in person for any reason, what other opportunities were they offered to enable them to participate; if none, why.
- (6) How were attendees selected.
- (7) What was the agenda.
- (8) Where was the session held.
- (9) How much did the session cost.
- (10) Can the Minister provide detail for elements of the session that cost more than \$500.
- (11) What were the top five (a) outcomes and (b) recommendations from the session.
- (12) What were ACT Health's responses to those outcomes and recommendations.

Ms Fitzharris: The answer to the member's question is as follows:

- (1) 'Access All Areas – Health' is a Rebus Theatre project, funded by the National Disability Insurance Agency's Information Linkages and Capacity Building (ILC) program. ACT Health and Canberra Health Services did not host a community consultation session on 16 February 2019.
 - (2) Not applicable.
 - (3) Not applicable.
 - (4) Not applicable.
 - (5) Not applicable.
 - (6) Not applicable.
 - (7) Not applicable.
 - (8) Not applicable.
 - (9) Not applicable.
 - (10) Not applicable.
 - (11) Not applicable.
 - (12) Not applicable.
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**ACT Health—committees
(Question No 2320)**

Mrs Dunne asked the Minister for Health and Wellbeing, upon notice, on 22 February 2019:

- (1) What internal committees in ACT Health currently consider issues related to staff culture and bullying issues.
- (2) What (a) dates did each committee in part (1) meet in the period since 1 January 2018 and (b) was the agenda for each meeting.
- (3) Will the Minister attach to the answer to this question minutes of each meeting as referred to in part (2); if no, why.
- (4) What internal committees in Canberra Health Services currently consider issues related to staff culture and bullying issues.
- (5) What (a) dates did each committee in part (4) meet in the period since 1 January 2018 and (b) was the agenda for each meeting.
- (6) Will the Minister attach to the answer to this question minutes of each meeting as referred to in part (5); if no, why.
- (7) Has or will (a) ACT Health and (b) Canberra Health Services, establish new internal committees in 2019, including a joint-agency committee, to consider issues related to staff culture and bullying issues; if yes, what is the current or proposed membership of these committees.
- (8) What are the terms of reference for each committee as referred to in part (7), including, but not limited to, frequency of meetings.
- (9) Which ACT unions or professional associations have raised concerns about bullying and/or staff culture in (a) ACT Health and (b) Canberra Health Services, in the period since 1 January 2018.
- (10) What specific issues have the organisations at part (9) raise and when did they raise them.
- (11) What responses did ACT Health and/or Canberra Health Services give to the organisations about the specific issues and associated recommendations they raised.

Ms Fitzharris: The answer to the member's question is as follows:

- (1) The ACT Health Directorate has settled its new committee governance structure following the transition to two organisations on 1 October 2018. As part of this, a People and Culture Committee is to be established that will consider issues related to workplace culture and bullying. It is anticipated that this new committee will be established in the coming months.

Staff culture and bullying issues are currently considered through existing HR and workforce arrangements.

- (2) Not applicable.
- (3) Not applicable.
- (4) Canberra Health Services is currently reviewing its governance needs in light of the Independent Review and the recent finalisation of its organisational restructure. It is anticipated an appropriate governance structure will be established in the coming months.
- (5) Not applicable.
- (6) Not applicable.
- (7) (a) and (b) Yes. The proposed membership of the committees are currently being determined.
- (8) See response to questions (1) and (4).
- (9) (a) The Community and Public Sector Union (CPSU) and the Australian Medical Association (AMA) have recently written to the ACT Health Directorate about matters relating to workplace culture.
- (b) The CPSU; Health Services Union (HSU); Australian Salaried Medical Officers (ASMOF); AMA; Professionals Australia, and the Australian Nursing and Midwifery Federation (ANMF) have raised both specific cases, and more generalised complaints of bullying and/or staff culture.
- (10) (a) The correspondence received in February 2019 and March 2019 related to the release of, and recommendations contained within, both the Interim Report and the Final Report from the Independent Review into workplace culture within ACT public health services.
- (b) Canberra Health Services cannot provide details of such cases that may compromise our obligations under the *Privacy Act 1988*.
- (11) (a) ACT Health Directorate are currently considering the matters raised by the unions as part of establishing the process for implementing the Review recommendations.
- (b) Canberra Health Services have responded to all relevant unions directly in relation to each individual matter raised. This has involved discussing the outcomes of processes, such as Preliminary Assessments pertaining directly to the members they represent.
- In addition, AMA, ANMF, ASMOF, CPSU and VMOA are represented on CROG.

**Planning—Coombs and Wright
(Question No 2324)**

Ms Le Couteur asked the Minister for Urban Renewal, upon notice, on 22 February 2019:

- (1) How many demonstration housing projects remain within the process and how many (a) have been offered sites and of these how many have accepted their offers (b) are

having Territory Plan Variations prepared for them and (c) have lodged development applications.

- (2) Are there any other forms of assistance being offered for those projects that remain within the process and for those projects that will be offered sites but have not yet received an offer, how long can they expect to wait for an offer.
- (3) How many projects have left the process and of these, how many have lodged DAs.

Ms Stephen-Smith: The answer to the member's question is as follows:

- (1) The Demonstration Housing Project has two streams- projects that already had their own sites, and projects that require sites. In the first stage of the process, the call for Expressions of Interest, fourteen projects with sites and six projects without sites were successful.

Stage 2 Requests for Proposals for Projects with sites closed in late January 2019. Ten Proposals were received and are currently being evaluated. Once these have been evaluated, work can commence on Draft Territory Plan Variations for successful Stage 2 RFP Proponents.

- a) EPSDD is currently working through the process of site selection for successful stage 1 Proponents without sites. None have yet been offered sites.
 - b) No Proponents are at the stage of draft Territory Plan Variations being prepared.
 - c) No Proponents are at the stage of lodging Development Applications.
- (2) EPSDD have offered assistance with community consultation. For successful stage 1 Proponents that require sites, significant work has been undertaken to locate suitable sites for their Proposals. EPSDD has been in contact with Proponents without sites in relation to the suitability of a range of sites.
 - (3) Three successful Proponents from the Stage 1 EOI have withdrawn from the process. One successful Proponent from Stage 1 has switched streams from with a site to without a site. No DAs have been lodged on the blocks identified in the proposals that are no longer part of the process.

ACT Fire & Rescue—equipment (Question No 2327)

Mrs Jones asked the Minister for Police and Emergency Services, upon notice, on 22 February 2019:

- (1) On how many days was the Bronto (a) delayed available, (b) unavailable and (c) on which dates did this occur, since 1 July 2017.
- (2) How many days did ACT Fire & Rescue have a replacement Bronto available for immediate response since 1 July 2017.

Mr Gentleman: The answer to the member's question is as follows:

- (1) The answers below have been provided in approximate hours, rather than days, given that faults can take from five minutes to several days to repair.
- a) From 1 July 2017 to 28 February 2019, the ACT Fire & Rescue (ACTF&R) Bronto was delayed available for approximately 79 hours.
 - b) From 1 July 2017 to 28 February 2019, the ACTF&R Bronto was unavailable for approximately 2,354 hours.
 - c) This occurred on the following dates (for varying periods on each day):
 - 2017 – 3 July; 10-11 July; 6-8 August; 4 September; 7-8 September; 11-13 September; 3-5 October; 11 October; 6 November; 11 November; 30 December.
 - 2018 – 5 January; 8 January; 11 January; 22 February; 27 February to 3 March; 5-7 March; 14-16 March; 31 March; 25 April; 30 April; 4-5 May; 5 June; 8 June; 13-22 June; 5-6 July; 25 July; 30 July to 3 August; 6-7 August; 15 August; 27 August; 11-25 September; 9 October to 6 November; 21 November; 2-3 December; 5 December; 7-13 December; 20 December.
 - 2019 – 4 January to 28 February.
- (2) From 1 July 2017 to 28 February 2019, ACTF&R has had a replacement aerial appliance available for immediate response for approximately 925 hours.

Education—international students (Question No 2328)

Mr Coe asked the Minister for Education and Early Childhood Development, upon notice, on 22 February 2019:

- (1) How many international students attended (a) ACT Government schools and (b) non-Government schools during each school year since 2008 to date broken down by school grade.
- (2) In relation to part (1), what is the breakdown of international students for each year broken down by students that were (a) boarding, (b) living with homestay families or on exchange, (c) on temporary visas and (d) any other category or classification.
- (3) What type of visa grants or entitles families free schooling in ACT Government schools.
- (4) How many international students were charged fees to attend (a) ACT Government schools and (b) non-Government schools during each school year since 2008 broken down by school grade.
- (5) In relation to part (4), what was the total amount paid by international students in fees during each year since 2008 to date broken down by school grade.

- (6) How many international students had school fees or charges waived for (a) ACT Government schools and (b) non-Government schools during each school year since 2008 broken down by school grade.
- (7) In relation to part (6), what was the total amount of fees or charges waived for international students during each year since 2008 to date broken down by school grade.

Ms Berry: The answer to the member's question is as follows:

- 1(a) The Directorate stores information on fee paying international students based on school sector (primary, high school and college) rather than individual year levels*.

Year	Number of Primary School Students	Number of High School Students	Number of College Students	Total number of international students
2018	149	198	303	650
2017	126	221	388	735
2016	107	235	337	679
2015	78	159	307	544
2014	83	144	297	524
2013	109	124	268	501
2012	113	91	268	472
2011	115	95	277	487

*Due to changes in data collection methodology and reporting style, figures for the period 2008 to 2010 are not available in a format that would provide valid longitudinal trend analysis.

- 1(b) The Directorate does not have access to data in relation to international students enrolled in non-government schools.
- 2(a) The Directorate does not offer a boarding arrangement for international students.
- 2(b) International students in ACT Public Schools:
- live in homestay;
 - stay with family or friends as part of the Family Friends and Relatives Program (FFaRP);
 - reside with a Department of Home Affairs approved guardian (including parents);
 - live independently.

International students living with a Department of Home Affairs approved guardian (including a parent) or independently are also holders of a subclass 500 (school sector) visa.

Year	Live in Homestay or FFaRP	Department of Home Affairs approved guardian (inc parents) or independent
2019	250	290
2018	239	411
2017	323	412
2016	321	358
2015	311	233

Year	Live in Homestay or FFaRP	Department of Home Affairs approved guardian (inc parents) or independent
2014	212	312
2013	170	331
2012	156	316
2011	158	329

*Due to changes in data collection methodology and reporting style, figures for the period 2008 to 2010 are not available in a format that would provide valid longitudinal trend analysis.

2(c) All international students are holders of temporary visas.

2(d) All categories and classifications are identified in the above response.

3 A full list of visa subclasses and their fee payment status is listed on the Directorate's website at the following URL:

<https://www.education.act.gov.au/public-school-life/international-students/temporary-residents-and-dependants>

4(a) The Directorate stores information on fee paying international students based on school sector (primary, high school and college) rather than individual year levels.

Year	Number of Primary School Students	Number of High School Students	Number of College Students	Total number of international students
2018	149	198	303	650
2017	126	221	388	735
2016	107	235	337	679
2015	78	159	307	544
2014	83	144	297	524
2013	109	124	268	501
2012	113	91	268	472
2011	115	95	277	487

*Due to changes in data collection methodology and reporting style, figures for the period 2008 to 2010 are not available in a format that would provide valid longitudinal trend analysis.

4(b) The Directorate does not have access to data on international students enrolled in non-government schools.

5 The data is available in the financial statements in the Directorate Annual Reports 2010-2011 through to 2017-2018, recorded as Note 5 User Charges. Variance year to year relates to enrolment fluctuations and/or tuition fee increase. The data is not reported by school year level.

Year	International Private Students Fees
2017 – 18	\$10,462,000
2016 – 17	\$9,995,000
2015 – 16	\$9,002,000
2014 – 15	\$8,146,000

Year	International Private Students Fees
2013 – 14	\$6,760,000
2012 – 13	\$6,051,000
2011 – 12	\$5,659,000
2010 – 11	\$5,805,000
2009 – 10	\$6,053,000
2008 – 09	\$6,416,000

6(a) During the period 2008-2017 there have been limited applications for waivers.

In 2018, the Directorate granted fee waivers to three students.

In 2019 (to 6 March) the Directorate granted six fee waivers.

6(b) The Directorate does not have access to data on students enrolled in non-government schools.

7 The value of fees waived in 2018 was \$36,700.

The value of fees currently waived in 2019 equals \$69,550.

Energy—feed-in tariff scheme (Question No 2333)

Mr Coe asked the Minister for Climate Change and Sustainability, upon notice, on 22 February 2019:

- (1) When did the Minister or the Directorate first become aware of potential misreporting of Feed-In Tariff (FIT) Scheme data by Evoenergy.
- (2) Who, or what entity, alerted the Minister or the Directorate of the potential inaccuracy of reported data.
- (3) Will the results of the audit be made publically available; if not, why not.
- (4) Will Evoenergy face any consequences should the audit determine that there has been inaccurate reporting of Feed-In Tariff data; if so, what consequences or penalties will be imposed; if not, why not.
- (5) Is there a potential for costs imposed on households as a result of the scheme to be higher than previously projected due to the misreporting of FIT data by Evoenergy.

Mr Rattenbury: The answer to the member's question is as follows:

- (1) The Environment, Planning and Sustainable Development Directorate (then the Environment and Planning Directorate) ('the Directorate') became aware of potential inaccuracies in data reported by Evoenergy (then ActewAGL Distribution) under the *Electricity Feed-in (Renewable Energy Premium) Act 2008* ('the Act'), in September 2015.

- (2) The Directorate advised the then Minister of its concerns in regard to data inaccuracies in December 2015. Since this time, the Directorate has been working with Evoenergy to improve data reporting as required by the Act.
- (3) There is no requirement in the Act to make the results of the audit publicly available; however, it is the intention to release the audit findings.
- (4) The Act does not prescribe any penalties for inaccurate data reporting. As a product of the Directorate working closely with Evoenergy, Evoenergy has implemented a new data management system for reporting required by the Act. The audit will assess the effectiveness of this system and provide an opportunity for any audit findings to be considered as part of the concurrent review of the Act.
- (5) It is likely that adjustments will be made as a result of the improved data quality.

Crime—Gungahlin (Question No 2337)

Mr Milligan asked the Minister for Police and Emergency Services, upon notice, on 22 February 2019:

- (1) What measures is the Government taking to support local police and ensure the safety of residents and their property in relation to the recent spike in car thefts and car fires in the Gungahlin District.
- (2) Does the ACT have the lowest police-to-resident ratio in Australia as detailed by Part C of the Productivity Commission's latest report into government services dated 24 January 2019; if so, what measures is the Government taking to increase police presence in the Gungahlin District.

Mr Gentleman: The answer to the member's question is as follows:

1. I am advised that the Gungahlin patrol zone has the lowest proportion of these incidents across Canberra, excluding regional areas. The ACT Government is committed to keeping the community safe both ACT Policing and ACT Emergency Services are well resourced to keep our community safe. This includes to respond to crime, including car thefts and arsons. Crime rates fluctuate, with some crime rates increasing while others decrease and the Chief Police Officer has advised me that motor vehicle theft and motor vehicle arsons are currently a priority for its Criminal Investigations team. Motor vehicle theft is a key issue identified in the Government's Property Crime Prevention Strategy 2016-2020 with a target for the ACT to be at or below the national rate motor vehicle theft rate by 2020. Actions under the Strategy include ACT Policing continuing to develop and implement strategies to target recidivist property crime offenders; promoting reporting of crime or suspicious behaviour and educating the community about what they can do to safeguard their property.
 - a) ACT has the lowest number of operational police staff per capita, however, our small geographical footprint means that we have significantly more police officers per 1000km² than all other jurisdictions. In addition the ACT also benefits from the arrangements in place with the AFP to provide policing services, including the ability to call upon specialist and surge capacity resources of the broader AFP.

Evidence of ACT Policing being sufficiently resourced to respond to crime is its history of achieving good results against the performance measures in the Purchase Agreement and when compared to other jurisdictions. Canberrans also report high satisfaction levels with ACT Policing and feel safe in the community.

- b) The ACT is growing and changing, and the Government and community's expectations of ACT Policing continue to evolve. That is why in 2017-18 the Government invested \$2.1 million to support ACT Policing's Futures Program to review ACT Policing's operating model and infrastructure. Insights gained through the review are informing the development of an enhanced service delivery model and how ACT Government can best support ACT Policing into the future, including enhancing technology and the mobility of our police officers.

In 2018-19, the ACT Government invested \$2.6 million to recruit four, new specialist positions to expand ACT Policing's strategic analysis capability, helping to identify and target emerging crime trends and \$5.6 million to provide new smartphone equipment to all police officers to improve the secure capture, transmission and sharing of data and radio communications. These devices allow police officers to be more mobile so they can spend more time in the community.

Children and young people—care and protection (Question No 2338)

Mrs Kikkert asked the Minister for Children, Youth and Families, upon notice, on 22 February 2019:

- (1) Did the Minister state in question time on 20 February 2019 that “We already have a number of Aboriginal and Torres Strait Islander children in out-of-home care in stable placements, sixty per cent of them living with extended family and kin. We are not about to disrupt those placements”; if so, (a) what are the reasons that inform this commitment to maintaining a stable placement including known benefits of maintaining a stable placement for a child or young person who is in out-of-home care and known risks of disrupting a stable placement for a child or young person who is in out-of-home care.
- (2) Does the length of time that a stable placement has been in effect impact on either benefits or risks; if so, in what way/s.
- (3) Does any attachment that the child has formed with carers impact either benefits or risks; if so, in what way/s.
- (4) In relation to answers to parts (1)(a) to (3), are there any circumstances in which the ACT Government would choose to disrupt a stable placement; if so, what circumstances would warrant such a decision.
- (5) What principles or guidelines would determine that it is in the best interest of a child to disrupt a stable placement.
- (6) How would the attachment of the child to her or his carers be taken into consideration in the case of a decision to disrupt a stable placement.

- (7) What weight is given to the wishes of the child, and how are these wishes assessed in the case of a decision to disrupt a stable placement.
- (8) Has the ACT Government made the decision to disrupt any stable out-of-home care placements in the past twelve months; if yes, how many and why.

Ms Stephen-Smith: The answer to the member's question is as follows:

- (1) Yes.
 - (a) A stable attachment to an adult caregiver is important for the healthy development of all children. A stable placement is needed to provide a sense of safety and security. Without this, children can live in fear which can have negative outcomes for their physiological, cognitive, social, emotional and relational development.
- (2) There is research indicating that children who do not receive stability in the first five years of life while the brain is undergoing its most rapid development can have poorer outcomes than those who might experience instability later in life. The longer a child has been in a stable placement, the more grief and loss they are likely to experience if that placement is disrupted.
- (3) The presence of a secure attachment early in life can mitigate or buffer some of the effects of adverse experiences. However, children who have experienced early adversity and trauma are particularly vulnerable to experiencing severe consequences if they have formed a stable relationship with a caregiver that is then disrupted, particularly if they experience multiple placements. These attachment disruptions can lead to disorganised ways of responding in future relationships, which often include aggressive, controlling and manipulative interactions.
- (4) Decisions regarding the most appropriate placement for a child in out of home care are complex and must consider the short and long-term impact on the child. All decisions are made with careful consideration of a number of factors, including the best interest principles and placement priorities outlined in the Children and Young People Act 2008, the views and wishes of the child where this is possible, and the views of other interested adults involved with the child.

From time to time circumstances change and individual placements are reviewed to ensure the best interests of a child or young person. Circumstances that might warrant the need to consider a placement change could include a serious event within a carer household, identification and location of appropriate kin, a decision of the Court, or the wishes of the child or young person.

- (5) As stated in (4) above, a child's best interest is dependent on the individual needs of the child and each decision is made through an assessment of their circumstances and impacting factors. Decision makers within Child and Youth Protection Services are guided by the *Children and Young People Act 2008*:
 - Section 349, What is in the best interest of child or young person;
 - Section 350, Care and protection principles; and
 - Section 513, Priorities for placement with out of home carer – Aboriginal and Torres Strait Islander child or young person.

Decision makers also consider all aspects of the child's life including current circumstances balanced with the best interests both in the short and long-term.

- (6) All decisions are made with the best interests of the child at the centre. Attachment is one consideration weighed up when decisions are made regarding the placement of children. Other considerations include stability, cultural connection and identity, and the individual needs of the child.
- (7) CYPS gathers a child's wishes about their care and contact arrangements via a number of sources, depending on the child's age and stage of development, including:
- talking to a child about their wishes;
 - Viewpoint, an online questionnaire that is offered to children in care that allows them to comment on their past and current experiences in care and their wishes for the future;
 - talking to the child's carers and other significant people in their lives;
 - observations of the child;
 - information and advice from other professionals in the child's life; and
 - expert reports/assessments, including any assessments that may have been obtained during legal proceedings.

A child's wishes should always be considered in making decisions regarding their placement, however, it is important to note that the best interest of the child is the primary consideration in decision making and the final decision may not always reflect the child's expressed wishes at a point in time.

- (8) Decisions around where children reside must be reviewed when individual circumstances change. All decisions are made with careful consideration of several factors, including the best interest principles and placement priorities outlined in the *Children and Young People Act 2008*, the views and wishes of the child where this is possible, and the views of other interested adults involved with the child. In considering these factors a decision may be reached that changes the child's placement. However this is not a matter of making a decision to disrupt a stable placement.

Roads—resurfacing (Question No 2339)

Mrs Kikkert asked the Minister for City Services, upon notice, on 22 February 2019 (*redirected to the Minister for Roads*):

- (1) What types of interim repairs are made as part of road safety/repair/maintenance measures.
- (2) What is the average cost of each kind of interim repair.
- (3) What is the average amount of time before an interim repair is replaced with a permanent repair.
- (4) What is the purpose of an interim repair, and why are upfront permanent repairs not a viable option.

- (5) How many interim road repairs are currently in place in the Ginninderra electorate, where are they located and when are they expected to be permanently repaired.

Mr Steel: The answer to the member's question is as follows:

1. Repairs to road pavements typically involve asphalt patching. Shorter timeframe repairs, such as to isolated potholes can be made using cold mix asphalt. More durable repairs to substantial pavement failures can be made using asphalt applied hot. These treatments are more complex and require planning of designs, materials, specialist equipment and other resourcing.
2. The cost of each pothole repair is approximately \$60. The cost of hot asphalt patching varies significantly depending on the specific application, location and the size of the patch, typically ranging from \$40-\$100 per square metre.
3. In each set of circumstances officers seek to apply the treatment that is most appropriate in terms of timeframe, cost and durability. In some cases, a short timeframe response may be replaced by a more substantial treatment. The need for a subsequent treatment and its timing will vary depending on circumstances, including the performance of the initial treatment.
4. See answers 1. and 3. above.
5. The attached map shows the distribution of 59 sites in the Ginninderra electorate identified for inclusion in heavy patching (using asphalt applied hot) programs and not yet recorded as completed in TCCS's Integrated Asset Management System. The timeframe for permanent treatments varies based on the required treatment and priority within the asset management system.

(A copy of the attachment is available at the Chamber support Office).

National Multicultural Festival—data (Question No 2340)

Mrs Kikkert asked the Minister for Multicultural Affairs, upon notice, on 22 February 2019:

- (1) When will government survey results from the 2019 National Multicultural Festival be finalised.
- (2) How is the survey conducted, and who is invited to participate.
- (3) Can a copy of the survey be provided as an attachment.
- (4) Will the ACT Government consider placing additional umbrellas or other shading in the Civic Square area of the Festival, where there is a lack of tree shading compared to other areas of the Festival footprint.
- (5) How many MCs who participated in the Festival came from (a) interstate and (b) overseas.

- (6) Were any interstate/overseas MCs funded by the ACT Government; if so, (a) how many and (b) for each MC, what was the total amount of expenditures (including travel, accommodation, payment etc.) given.
- (7) How many performers at the Festival were invited by the ACT Government to participate came from (a) interstate and (b) overseas
- (8) Were any interstate/overseas performers funded by the ACT Government; if so, (a) how many and (b) for each performer, what was the total amount of expenditures (including travel, accommodation, payment etc.) given.
- (9) Will the ACT Government consider publishing vehicle parking guidelines for stallholders and visitors.
- (10) What parking areas are available for stallholders and visitors.
- (11) What parking areas are available for larger vehicles operated by stallholders, such as small trucks.
- (12) Who determines, and by what criteria are stall locations determined.
- (13) Will the Government consider rotating stall locations for stallholders so that Festival hotspots can be shared.
- (14) Will the Government consider managing stall locations so that on days where there are empty stalls at prime locations, these stalls can be used by stallholders who have otherwise been allocated a location further away.
- (15) Will the ACT Government consider collecting more detailed data on the Festival, such as (a) Festival hotspots and peak visitor traffic days/times and (b) number of visitors; if not, why not.
- (16) Will the ACT Government consider placing navigation sign posts throughout the Festival footprint to better direct visitors to various areas such as cultural villages, food, information, community organisation stalls; if not, why not.
- (17) Will the ACT Government consider placing performance schedule posts at each stage at the Festival to improve navigation; if not, why not.
- (18) Will the ACT Government consider making available 3x9 size stalls; if not, why not.
- (19) What is the reason for taking away 3x9 stalls at this year's festival.
- (20) Were there any stallholders who operated a 3x9 stall at the Festival; if so, who.
- (21) Will the ACT Government consider relocating the National Multicultural Festival to Commonwealth Park in the future; if not, why not.
- (22) Will the ACT Government consult with the community about the possibility of hosting the Festival at Commonwealth Park; if so, when will consultation occur and in what manner.

- (23) How many support staff were available to assist stallholders on the following days
(a) 15 February 2019, (b) 16 February 2019 and (c) 17 February 2019 and what were their (i) working hours and (ii) where were they located.
- (24) How many staff were responsible for responding to emergency and first aid calls.
- (25) Are stallholders able to receive a refund if power plugs that were applied and paid for were not provided; if yes, whom should stallholders contact for refunds; if not, why not.
- (26) How long does it take for the festival footprint to be cleaned after the Festival, including cleaning of the pavement.
- (27) What measures will the ACT Government take to improve efficiency and timeliness in the cleaning of the festival footprint.

Mr Steel: The answer to the member's question is as follows:

- (1) The results of the annual NMF survey is expected to be available to the Directorate in April 2019.
- (2) Surveys are conducted by external research organisations contracted by the Community Services Directorate (CSD). A range of stakeholders which include Canberra households, stallholders, Festival visitors, performers and volunteers are surveyed using a range of methods which include telephone, face to face and email questionnaires.
- (3) Copies of the various questionnaires are at Attachment A.
- (4) Since 2017, the Festival has provided additional temporary shading in Civic Square. In 2018, this included a large, custom-built shaded structure in front of the stage. This development was very favourably received by community members and visitors. In 2019, we again provided this structure as well as additional umbrellas in Civic Square.
- (5) a) Three.
b) One.
- (6) No MCs were paid by the ACT Government in 2019.
- (7) All three 2019 headliner performers were invited to perform and were from interstate.
- (8) a) 20 (3 international and 17 interstate)
b) See Table below.

Performance Name	Location	Total amount of expenditure
Afro Cuban	Interstate	\$500.00
Aire Folclor Colombiano	Interstate	\$2,000.00
Amira Medunjanin	International	\$10,000.00
Carla Troiano and the Mayfields	Interstate	\$10,889.45
Christine Anu	Interstate	\$25,319.81
Cosima De Vito and De Bellis Band	Interstate	\$7,700.00
Elena B Williams & Strings	Interstate	\$4,500.00

Performance Name	Location	Total amount of expenditure
Gang of Brothers	Interstate	\$8,000.00
Inka Marka	Interstate	\$2,500.00
Isaiah Firebrace	Interstate	\$16,960.00
Karen Lee Andrews	Interstate	\$8,250.00
Mark Olive	Interstate	\$7,472.11
Mi Hermano Y Yo Vallenato Y Folclore	Interstate	\$1,800.00
Michael Zaib	International	\$6,500.00
Sol Nation	Interstate	\$5,000.00
Tamasa Creole	Interstate	\$3,000.00
Tausala Dance Group	Interstate	\$1,000.00
The Faumis	Interstate	\$1,000.00
The Two Amigos	Interstate	\$6,000.00
Z Star Delta	International	\$6,600.00

- (9) Stallholders are provided with temporary access vehicle permits for bump-in and bump-out and guidelines for their use. There is no permanent parking for vehicles within the Festival footprint during the Festival.

Businesses and residents in the Canberra CBD are sent letters in the lead-up to the Festival that included detailed information about road closures.

Visitors were able to access information about road closures on the Transport Canberra website.

- (10) See the answer to question 9.
- (11) Outside of bump-in and bump-out periods, stallholders make their own arrangements for parking their vehicles outside of the footprint.
- (12) The Festival stallholder terms and conditions identify a priority order for stall applications. Once a stallholder applicant is successful, allocation is based upon the following factors:
- the stallholder's stated location preference;
 - the number of days they are participating;
 - whether they are part of or associated with a community showcase;
 - whether they are a diplomatic mission and where other, associated missions may be located;
 - if they are a Festival sponsor;
 - if they are a commercial operation (which pays commercial rates); and
 - for food and beverage stalls, avoiding co-location with very similar products (including existing CBD businesses).

Allocation is impacted by the physical constraints of the footprint, by late applications and late cancellations.

- (13) The allocation factors identified in the answer to question 12 will be the primary drivers of specific stall allocation. These factors do include regard for the preference of individual stall holders and these preferences are accommodated where possible.

- (14) This is done as a matter of course subject to certain constraints. One such constraint is power, as stalls can have different power requirements and these cannot be adjusted once power lines have been laid during footprint set-up.

Where possible, the Festival Organising Team does allow movement by stall holders between stall locations where it is practical to do so.

- (15) The adoption of such data collection would be subjective given the current footprint and free un-ticketed access, which make more sophisticated analysis of numbers very difficult.
- (16) In 2019, the Festival Organising Team provided a detailed Festival map which included clear information on stage locations, showcases, parade route, information stalls and facilities. There was also improved signage across the footprint.
- (17) Festival organisers have identified the potential benefits of performance schedules at stages. This will be considered for future Festivals.

The Festival program is available on-line and can be readily accessed on the footprint utilising mobile technology.

- (18) 3x9 stalls/spaces have created pressure within the Festival footprint in terms of space and access and potentially limit the number of community groups that can be accommodated. Some stall holders may access larger stalls/spaces in certain circumstances, but this is by exception.
- (19) See the answer to Question 18
- (20) See the table below.

Registration Category	Organisation
Diplomatic	EU Delegation
Diplomatic	State of Kuwait Embassy
Diplomatic	Embassy of The United Arab Emirates (UAE)
Information	Ahmadiyya Muslim Association Australia
Commercial (Food)	Limogela (this was a truck equivalent to a 3x9 stall)
Commercial (Food)	Asian Inspirations Pop-Up Store

- (21) The Government is satisfied that the CBD is a suitable location for the Festival at this time.
- (22) See the answer to question 21.
- (23) There were four different groups of staff and volunteers (excluding third party contractors) assisting stallholders across the weekend:

- i) Area Wardens who managed specific areas of the footprint. Area Wardens undertook 4-5 hour shifts but some wardens covered multiple areas in quiet times or did extended shifts if available to do so. There were:
 - a) 26 on Friday 15 February;
 - b) 27 on Saturday 16 February; and
 - c) 16 on Sunday 17 February.
 - ii) General Volunteers were available to assist with bump-in and bump-out and then to support Area Wardens across the weekend. Volunteers undertook 4 hour shifts. There were:
 - a) 29 on Friday 15 February;
 - b) 46 on Saturday 16 February; and
 - c) 37 on Sunday 17 February.
 - iii) Emergency Services Agency volunteers were rostered into the Event Control Centre across the weekend to provide support to Area Wardens, much of which related to assisting Area Wardens with Stallholder inquiries. They worked variable length shifts. There were:
 - a) six on Friday 15 February;
 - b) eight on Saturday 16 February; and
 - c) four on Sunday 17 February.
 - iv) In addition, Festival Organising Team staff were available across the weekend to assist with more complex stallholder inquiries.
- (24) There were 32 staff from the ACT Ambulance Service and from St Johns Ambulance rostered on the footprint over the three days of the Festival.
- (25) If stallholders did not receive the power services they applied and were approved for, they should approach the Festival Organising Team and seek a refund.
- (26) Festival Organisers work with other government services to have the footprint clean as soon as possible after bump-out. This is undertaken within five working days.
- (27) This is one of a range of issues that is considered as part of the annual Festival review. Any identified improvements will be considered for future Festivals.

(Copies of the attachments are available at the Chamber Support Office).

**Community services—community groups
(Question No 2343)**

Mrs Kikkert asked the Minister for Community Services and Facilities, upon notice, on 22 February 2019:

What is the total number of (a) community services and (b) community groups/organisations, known to the ACT Government, and what are their names.

Mr Steel: The answer to the member's question is as follows:

The information you need can be found at the below ACT Government website:

- [https://vc-act.mycommunitydirectory.com.au/Australian Capital Territory/Canberra](https://vc-act.mycommunitydirectory.com.au/Australian%20Capital%20Territory/Canberra)

Please refer to this for community services related community groups/organisations.

National Multicultural Festival—data (Question No 2345)

Mrs Kikkert asked the Minister for Multicultural Affairs, upon notice, on 22 February 2019:

- (1) In relation to the (a) 2016, (b) 2017, (c) 2018 and (d) 2019 National Multicultural Festivals, how many applications were received to take part in the Festival and how many of these applications were (i) stallholders and (ii) entertainment, applications.
- (2) How many applications referred to in part (1) were (a) successful, and (b) unsuccessful.
- (3) How many unsuccessful applications referred to in part (2) were (a) stallholder and (b) entertainment, applications and what were the reasons for the decision of each of these applications.
- (4) In relation to each of the Festival years (a) 2016, (b) 2017, (c) 2018 and (d) 2019, how many of the following were from the ACT, interstate, overseas, or unknown (i) applicants to take part in the Festival, (ii) successful applicants, (iii) unsuccessful applicants, (iv) successful stall holder applicants, (v) unsuccessful stallholder applicants, (vi) successful entertainment applicants and (vii) unsuccessful entertainment applicants.
- (5) How many requests for waiver of charges were received from community groups in each of the years (a) 2016, (b) 2017, (c) 2018 and (d) 2019 and how many requests were (i) granted and (ii) rejected, and what was the reason for each decision.
- (6) How many former stallholders have outstanding fees from previous festivals (and are therefore excluded from participating in this year's Festival) for each year (a) 2016, (b) 2017, (c) 2018 and (d) 2019.
- (7) In the event of an unsuccessful application, are applicants given a reason for decision; if not, why not.
- (8) Are there any avenues for appeal or review of a decision; if so, can the Minister detail; if not, why not.
- (9) What was the total number of stallholders at the Festival in each year (a) 2016, (b) 2017, (c) 2018 and (d) 2019.
- (10) How many stallholders operated stalls on (a) Friday only, (b) Saturday only, (c) Sunday only, (d) Friday and Saturday only, (e) Friday and Sunday only, (f) Saturday and Sunday only, (g) Friday, Saturday and Sunday, for each year (i) 2016, (ii) 2017, (iii) 2018 and (iv) 2019.

- (11) How many of the following stallholders were present for each day of the Festival (a) local commercial groups, (b) local community groups (including cultural), (c) cultural groups only (not including diplomatic missions), (d) diplomatic missions, (e) information stallholders, (f) community clubs, (g) interstate community groups, (h) interstate commercial groups and (i) other (specify), for each year (i) 2016, (ii) 2017, (iii) 2018 and (iv) 2019.
- (12) What was the total number of performers at the Festival for each of the years (a) 2016, (b) 2017, (c) 2018 and (d) 2019.
- (13) How many of each sized stall (3x3 and 3x6) were set up at the Festival for each of the years (a) 2016, (b) 2017, (c) 2018 and (d) 2019.
- (14) How many of each sized stall (3x3 and 3x6) were empty on the following days (a) Friday, (b) Saturday and (c) Sunday, for each of the years (i) 2016, (ii) 2017, (iii) 2018 and (iv) 2019.
- (15) What was the total Government budget and complete breakdown of costs for the Festival in each of the years (a) 2016, (b) 2017, (c) 2018 and (d) 2019.
- (16) How many sponsorships were received for the Festival and what was the total amount of funds received as donations in each of the years (a) 2016, (b) 2017, (c) 2018 and (d) 2019.
- (17) What costs are borne by festival participants and what is the cost of a stallholder application in each of the years (a) 2016, (b) 2017, (c) 2018 and (d) 2019.
- (18) How much funding was available for the round of Multicultural Participation Grants primarily intended for the Festival and how (a) many applications were received, (b) many applications received the full amount of funding requested, and who were the applicants, (c) many applications received a partial amount of funding, and who were the applicants, (d) many applications were unsuccessful, what was the reason for each unsuccessful application, and who were the applicants, (e) much funding was given to various community groups for the purpose of supporting participation at the Festival and (f) many applications for funding to support participation at the Festival were unsuccessful, what was the reason for each unsuccessful application, who were the applicants, and were reasons for the decision given to each applicant, for each of the years (i) 2016, (ii) 2017, (iii) 2018 and (iv) 2019.
- (19) How many (a) staff (b) volunteers were employed for the Festival and what were their roles and responsibilities for each of the years (i) 2016, (ii) 2017, (iii) 2018 and (iv) 2019.
- (20) How many electricians were present to support Festival participants for the following days, and what were their working hours for (a) Friday, (b) Saturday, (c) Sunday and (d) other dates (specify), for each of the years (i) 2016, (ii) 2017, (iii) 2018 and (iv) 2019.
- (21) How many visitors were present at the Festival for each of the years (a) 2016, (b) 2017, (c) 2018 and (d) 2019.
- (22) Which (a) Festival locations were most popular, (b) stage locations saw the most visitors, (c) stage performances were most popular, (d) stage locations saw the least

visitors, (e) stage performances were least popular, (f) day/s and times saw the most visitors at the Festival and (g) day/s and times saw the least number of visitors at the Festival, for each of the years (i) 2016, (ii) 2017, (iii) 2018 and (iv) 2019.

- (23) Will an external review of the Festival be conducted for the years (a) 2016, (b) 2017, (c) 2018 and (d) 2019; if yes, who will be conducting the review and when will the review be published; if not, why not.

Mr Steel: The answer to the member's question is as follows:

- (1) In regard to stallholder applications and entertainment applications, for:
- a) 2016, reliable data is not available;
 - b) 2017, for stallholder applications, I refer to the answer to the Annual and Financial Report Hearings of the Standing Committee on Health, Ageing and Community Services at QTON 26. Reliable data for entertainment applications for 2017 is not available;
 - c) 2018, reliable data is not available;
 - d) 2019, there were 339 stallholder applications and 170 entertainment applications
- (2) The Community Services Directorate is not able to determine the numbers of unsuccessful applications (and therefore, provide an associated number for 'successful' applications). This is because stallholder and entertainment applicants are not typically refused a stall or involvement by the Festival Organising Team. Where the Organising Team raises issues with an applicant about compliance with requirements or availability (of stall size or location preference), the applicant often chooses not to proceed and withdraws the application. However, there are other reasons why applicants withdraw an application and these reasons are often not provided to the Organising Team.
- (3) Please refer to the answer to Question 2.
- (4) For the 2019 Festival:
- a) of the 339 stallholder applications
 - i) 272 were local
 - ii) 67 were from interstate
 - iii) 0 were international;
 - b) of the 170 entertainment applications
 - i) 75 were local
 - ii) 48 were from interstate
 - iii) 13 were international
 - iv) 34 were unspecified.

In regard to previous years, the Directorate does not have reliable data available to respond to this question.

For the reasons provided in Question 2, the Directorate is unable to provide information on the numbers of successful and unsuccessful applicants.

- (5) In 2019, only one waiver was requested and this was granted to a community group involved in managing one of the showcases.

The Community Services Directorate has not systemically retained information regarding fee waivers for previous years. It is therefore unable to provide the data for past years.

- (6) The Community Services Directorate is pursuing outstanding fees from past Festivals with a small number of organisations. The number for 2016, 2017 and 2018 are listed in the table below.

YEAR	No#
2016	Nil
2017	1
2018	3

One organisation has been excluded and that organisation has not sought a waiver for outstanding fees. The Directorate has recently corresponded with this organisation to offer a waiver in order to facilitate future involvement.

In regard to the 2019 Festival, stallholders still have time to pay any outstanding fees.

- (7) As noted in question 2, the Festival Organising Team will raise with applicants concerns about application compliance issues or availability.
- (8) Applicants can seek a review either with the National Multicultural Festival Director or with the Executive Group Manager, Inclusion and Participation.
- (9) The number of stallholders per year were
- 2016 – reliable data not available;
 - 2017 – I refer to the answer to the Annual and Financial Report Hearings of the Standing Committee on Health, Ageing and Community Services at QTON 26;
 - 2018 – I refer to the answer at QON 1021;
 - 2019 – 278.

It is important to note when reflecting on information provided in past years, that a stallholder can apply for more than one stall space and that total stall numbers are higher than the number of stallholders.

- (10) The Community Services Directorate is unable to provide the data for 2016 and 2017 as the data is difficult to locate, unreliable and /or would require an unreasonable diversion of staff resources.

For 2018, I refer to the answer at QON 1021.

For 2019, see the table below:

Day Configuration	Number
Friday Only	1
Saturday Only	93
Sunday Only	89
Fri and Sat Only	14
Fri and Sun Only	0
Sat and Sun Only	4
Fri, Sat and Sun	77

- (11) The Community Services Directorate is unable to provide the data for past years such as 2016 and 2017 as the data is difficult to locate, unreliable and/or would require an unreasonable diversion of staff resources.

For 2018, I refer to the answer at QON 1021.

For 2019, see the table below:

Stallholder Category	Friday	Saturday	Sunday
Local Commercial Group	21	21	21
Local Community Groups	42	69	34
Diplomatic	1	55	15
Information	10	11	74
Community Clubs	5	5	4
Interstate Community Groups	9	12	7
Interstate Commercial Groups	24	24	24

- (12) The Community Services Directorate is unable to provide the data for past years as the data is difficult to locate, unreliable and/or would require an unreasonable diversion of staff resources.

In 2019 there were 212 performing acts (which includes individuals and groups).

- (13) The Community Services Directorate is not able to provide reliable data for the 2016 and 2017 Festivals.

For details from the 2018 Festival, please refer to the answer at QON 1021.

A total of 317 3x3 structures were built for use over the three days of the 2019 Festival. A number of these were reconfigured prior to and across the weekend to provide 3x6 and a small number of 3x9 structures.

- (14) The Community Services Directorate is not able to provide reliable data for the 2016 and 2017 Festivals.

For details of the 2018 Festival, please refer to the answer to question 4 of QON 1021.

The number of empty stalls on each day of the 2019 Festival were:

- a) 164 on Friday;
- b) 4 on Saturday; and
- c) 30 on Sunday.

The reasons for the presence of empty stalls at the 2019 Festival are the same as for the 2018 Festival as explained in the answer to question 4 of QON 1021.

- (15) In regard to the budgets for each year of the Festival, I refer the member to answers given to QON 1021 and Estimates QON E18-605 which I have included in the table below:

	2016 \$000	2017 \$000	2018 \$000	2019 \$000
Government budget	475	475	730	810
Total Costs	1,190	1,121	1,285	N/A

As the invoices for services of the 2019 Festival are still being submitted and processed, the final figure spent for the 2019 Festival cannot be provided at this time.

For the breakdown of final costs for the Festival, the data for 2016 and 2017 would require considerable manual handling and a major diversion of resources to prepare and is therefore unavailable.

For the 2018-19 financial year, this process has been systemised.

The breakdown for the 2018 Festival was manually prepared to inform budget preparations for the 2019 Festival and is provided in the table below:

	2018 \$000
INFRASTRUCTURE - 3 DAYS	752
PRE-EVENT PLANNING	19
PERMITS, APPROVALS & INSURANCES	11
STAFFING & CONTRACTORS	51
VOLUNTEER EXPENSES	26
COMMUNICATIONS, MEDIA	39
ENTERTAINMENT	167
PRE-EVENT PLANNING	10
OTHER (INCLUDING STAFFING)	210
Total	1,285

(16) In regard to sponsorship, see the table below:

	2016	2017	2018	2019
Sponsorships	14	17	13	11
Sponsorship \$000	159	121	138	167

(17) The National Multicultural Festival is a free public event, therefore, there are no costs to participants.

Stallholder application costs cover the construction of the stall, standard tables and chairs and power. Stallholders are responsible for all other costs associated with the operation of their stall.

Current stallholder application fees are available on the National Multicultural Festival website – www.multiculturalfestival.com.au - under Stalls, 2019 Stallholders Terms and Conditions.

A table covering fees for the 2016, 2017 and 2018 Festivals is at [Attachment A](#).

- (18) A total of \$85,000.00 (GST exclusive) was available in the 2018-19 funding round for the 2019 National Multicultural Festival Grant Program. Organisations could apply for a grant up to the value of \$8,000.00 (GST exclusive).
- a) 102 applications were received under the 2019 National Multicultural Festival Grant Program. Of these, 2 applications did not have a funding request attached to them and 1 organisation submitted 3 applications.
 - b) 2 applicants received the full amount of funding requested. These were:
 - i) Celebrations of African Australians ACT Inc received funding of \$8,000.00 (GST exclusive); and
 - ii) Canberra India Council received funding of \$8,000.00 (GST exclusive).
 - c) A total of 79 applicants received partial funding for their project. Please refer to Attachment B.
 - d) A total of 17 applications were unsuccessful. Please refer to the answer to f)(iv) below.
 - e) A total of \$85,400 (GST exclusive) was allocated through the 2019 National Multicultural Festival Grants Program.
 - f) The 2019 National Multicultural Festival Grant Program was the first year in which Festival grants were provided as a discreet program separate from the Multicultural (Participation) Grants Program. To provide data regarding unsuccessful Festival applications from past grants programs would require considerable manual handling and may not be reliable, as the grants program was not specific to the Festival. On that basis, we do not have a breakdown of data for 2016, 2017 and 2018.

In 2018-19, 17 applications were unsuccessful. Correspondence sent to these applicants included reasons why their application was unsuccessful. Below is a summary of reasons for applications that were not recommended for funding:

- 5 applications sought funds for activities which were referred for the entertainment component of the program;
 - 4 applications were not eligible as the applicants had outstanding acquittals from previous grants rounds;
 - 4 applicants sought funds for projects that fall outside the criteria set for the Participation (Multicultural) Grants Program;
 - 2 applicants withdrew;
 - 1 application was incomplete and the applicant was advised to submit a new application;
 - 1 applicant was found to have inconsistencies in their financial arrangements.
- (19) For past years including 2015-16 and 2016-17, determining staffing numbers working on the Festival has not been possible as no staff were specifically allocated to the Festival. Instead, Community Services Directorate staff were made available to work on Festival function on an as-needs basis and any staffing costings referenced in the past have been estimates.

In 2017-18, the Festival Director (SOG A) was exclusively dedicated to the Festival to perform all necessary functions.

In 2018-19, the Festival Director (SOG A) – for the full financial year - and 1 x ASO 6 staff member – for much of the financial year - were exclusively dedicated to the Festival to perform all necessary functions.

Volunteers are not employees. For further information about volunteers, please refer to the answer to Question 23 of QON 2340.

- (20) The Community Services Directorate is unable to provide the specific number of electricians present on the Festival site at any one time. The provision of electrical services is governed by a contract which requires the contractor to provide adequate services to meet the needs of the Festival and Festival stall holders.

The Directorate found the electrical contractor, Affinity, met requests within required timeframes.

- (21) The number of visitors for the 2019 Festival has yet to be finally determined. For past years, please refer to the answer to question 5 of QON 1021.

- (22) I refer the member to the answer to question 15 of QON 2340.

- (23) External reviews were not conducted in 2016 and 2017. An external review was undertaken by Spring Green Consulting in 2018. The recommendations of the 2018 external review are relevant and are still being implemented. No external review is proposed for 2019.

(Copies of the attachments are available at the Chamber Support Office).

Questions without notice taken on notice

Education Directorate—alleged bullying

Ms Berry (*in reply to a supplementary question by Miss C Burch on Tuesday, 12 February 2019*):

The Education Directorate does not survey staff about bullying.

Education—data collection

Ms Berry (*in reply to a question and a supplementary question by Ms Lee on Wednesday, 13 February 2019*):

Schools are responsible for managing the reporting of student incidents. If parents feel an incident has not been responded to or recorded appropriately they are encouraged to contact the school or Directorate.

The rollout of Sentral, the School Administration System (SAS), continues to improve data collection at each ACT public school. In addition, the Directorate provides ongoing support and training to schools to support accurate and timely reporting of incidents. Currently to view data at a system level, data must be manually extracted from each school. The full implementation of Sentral is expected towards the end of this year and will unlike MAZE, allow users in the Directorate visibility of data at ACT public schools.

Schools—bullying

Ms Berry (*in reply to a supplementary question by Ms Lee on Wednesday, 13 February 2019*):

Bullying is a serious issue and it is recognised that continued or severe bullying can contribute to long-term problem as well as immediate unhappiness. However, research also demonstrates that supportive and inclusive schools can make a significant and positive difference. At a universal tier Education Directorate has a safe and supportive school policy that provides guidance for Canberra public schools on promoting, safe, and respectful and supportive school environment.

All schools implement a Social and Emotional Learning (SEL) program to directly address bullying, including cyber bullying. The Education Directorate also works with community organisations such as Sexual Health and Family Planning ACT to provide support to schools build their capacity in ensuring an inclusive school environment for all students.

At a more targeted level, schools have access to a model of counselling and welfare services. This service includes a range of professionals working together to support students, with psychologists in schools forming a key aspect of support. The Network Student Engagement Teams (NSETs) multidisciplinary teams also work with schools, to identify students with complex needs and challenging behaviours and to address their learning and support needs through a holistic and inclusive model. Collectively, this service provision aims at prevention and early intervention for students who are needing assistance.

Given the multitude of avenues that exist for students in schools, collection of data that would accurately capture the service provision imposes challenges. Information that is collected on individual cases as part of the school psychology intervention is not held centrally as it is governed by health records and privacy legislation.

The Directorate does collect de-identified data on the primary reason a student may be referred or self-refers to their school psychologist on an annual basis. In 2018, data was received from 82 schools. This information captured that 245 students or 0.83% of the total referrals received by school psychologists across these schools were in relation to bullying.

Education—teacher exit surveys

Ms Berry (*in reply to a supplementary question by Ms Lawder on Wednesday, 13 February 2019*):

The reason for an EDU staff member resigning from the Education Directorate is not recorded systematically.

The overall rate of staff separation is 6.5% from the 2016/2017 financial year and 5.5% for the 2017/2018 financial year.

The rate of teacher separation is 7.1% from the 2016/2017 financial year and 4.8% for the 2017/2018 financial year.

Schools—bullying

Ms Berry (*in reply to a supplementary question by Ms Lee on Thursday, 14 February 2019*):

All ACT public schools experience regular changes in enrolment numbers, with families moving for a variety of reasons such as moving house, moving interstate, accepting a place at a non-government school, accessing specialist programs at another government school, and more.

Families who want to transfer their child to another government school within the ACT are only required to submit a new Application to Enrol in an ACT Public School form for their preferred school. Each application is then considered against enrolment criteria.

Children leaving the preschool are not included because preschool is not a compulsory stage of schooling and about 20 per cent of ACT preschool students leave at the end of preschool. Children leaving year 6 are not included because most of this year group leave to start high school.

Schools—violence

Ms Berry (*in reply to a question by Mr Milligan on Thursday, 21 February 2019*):

Lockdowns occur infrequently in ACT public schools. Lock downs that are part of a critical incident are reported to the Directorate. Schools may use lockdowns for short periods of time to respond to individual short term (non-critical events) such as a response to a student who is having difficulty regulating – these lock downs are not expected to be reported to the Directorate.

The number of lockdown incidents reported by schools to the Directorate is relatively low, with 12 lockdowns reported in 11 schools (of 88 in total), over 23 school weeks between 1 July 2018 and 14 February 2019. This number does not include emergency drills.

In a school context, lockdowns are precautionary measures that are applied in response to an immediate risk, either perceived or real, and involve the sealing of one or more areas in a school to contain the risk.

The decision to lock down a school is made by the principal or their delegate and is based on a range of factors including the nature of the risk, the location of the risk and the likely impact on the school. The principal may decide to lock down the school as a precaution, and if the risk does not eventuate, they will cease the lock down and return to normal operation.

Principals are responsible for ensuring the immediate safety of all people on site. The Work Health and Safety Regulation 2011 requires schools to regularly test emergency procedures and ACT public schools undertake emergency drills including at least one lock down drill each year.

Schools—violence

Ms Berry (*in reply to a question and a supplementary question by Miss C Burch on Thursday, 21 February 2019*):

All ACT public schools experience regular changes in enrolment numbers, with families moving for a variety of reasons such as moving house, moving interstate, accepting a place at a non-government school, accessing specialist programs at another government school, and more.

Families who want to transfer their child to another government school within the ACT are only required to submit a new Application to Enrol in an ACT Public School form for their preferred school. Each application is then considered against enrolment criteria.

Children leaving the preschool are not included because preschool is not a compulsory stage of schooling and about 20 per cent of ACT preschool students leave at the end of preschool. Children leaving year 6 are not included because most of this year group leave to start high school.

ACT Emergency Services Agency—consultation

Mr Gentleman (*in reply to a question and a supplementary question by Mrs Jones on Wednesday, 20 March 2019*):

The Emergency Services Operational Review Group (ESORG) is a forum for the review of operational arrangements between ACT Fire & Rescue, ACT Rural Fire Service and ACT State Emergency Service. This review is scheduled for the end of bushfire season to benefit from operational outcomes of the season. The ESORG meeting scheduled for March was cancelled due to the bushfire period being extended.

The meeting was cancelled on Thursday, 7 March 2019, and the ESA has a record of this occurring. However, when it became apparent that there was a technical difficulty in cancelling the meeting (it was still appearing in some member's diaries), an email was sent out to confirm the cancellation on Wednesday 13 March 2019.

In relation to the extension of the bushfire season, the ESA Commissioner sought advice from the ACT Bushfire Council in February 2019. This was considered at the ACT Bushfire Council meeting on 6 March 2019. Consultation with the ACT Bushfire Council prior to changing the duration of the bushfire season is a requirement of the Emergencies Act 2004.

Based on the information available, the ESA Commissioner has extended the 2018-19 ACT bushfire season until the end of April 2019.