



**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL
TERRITORY**

SELECT COMMITTEE ON ESTIMATES 2008-2009

(Reference: Appropriation Bill 2008-2009)

Members:

**MS M PORTER (The Chair)
MRS V DUNNE (The Deputy Chair)
MR M GENTLEMAN
MS K MACDONALD
MR B SMYTH**

TRANSCRIPT OF EVIDENCE

CANBERRA

THURSDAY, 22 MAY 2008

**Secretary to the committee:
Dr S Lilburn (Ph: 6205 0490)**

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents relevant to this inquiry that have been authorised for publication by the committee may be obtained from the committee office of the Legislative Assembly (Ph: 6205 0127).

APPEARANCES

ACT Health.....	430
Department of Education and Training	487

The committee met at 9.33 am.

Appearances:

Gallagher, Ms Katy, Minister for Health, Minister for Children and Young People,
Minister for Disability and Community Services, Minister for Women

ACT Health

Cormack, Mr Mark, Chief Executive
Thompson, Mr Ian, Deputy Chief Executive, Clinical Operations
Guest, Dr Charles, Chief Health Officer, Population Health Division
Foster, Mr Ron, Chief Finance Officer, Financial and Risk Management Branch
O'Donoghue, Mr Ross, Executive Director, Policy
Stuart-Harris, Prof Robin, Director, Capital Region Cancer Service
Carey-Ide, Mr Grant, Executive Director, Aged Care and Rehabilitation
Services

THE CHAIR: Apparently I do not have to read out the card again or ask you about the card again, because this is a continuation of yesterday. My recollection is that yesterday we were up to 1.4 in the output classes. Do you want to make some opening remarks, minister?

Ms Gallagher: No, I am happy to go straight to the outcomes.

THE CHAIR: Mr Smyth, do you have a question?

MR SMYTH: I do. The third dot point on page 162 of BP 4 says “ensuring that the rate of hip fractures declines over the long term”. Is it currently declining, and how will you achieve this?

Mr Cormack: I can begin to answer that question—perhaps the second part of the question. Over a number of years, we have done some important measures and initiatives that are aimed at reducing falls. They include increased funding, which I think was a couple of budgets ago, to enhance the staffing and operation of our falls clinics. We also run a number of educational and follow-up programs to minimise the risk of falls in the elderly.

In the hospital environment, of course, our efforts to provide safe working environments, and the monitoring mechanisms that we have in place through RiskMan and other mechanisms, enable us to get on top of any trends in that area. I will just check with Dr Guest as to whether he can give us a figure on what the proceedings format is. He is working on that at the moment; we might take that part of it on notice, if you do not mind.

THE CHAIR: All right; we will take that on notice.

MR SMYTH: Have you determined a percentage decrease that is your target? What are we working towards?

Mr Cormack: We are working towards a rate of 5.4 per cent; that is the long-term

target.

MR SMYTH: How many hip fractures do we currently have annually?

Mr Cormack: We have 5.4 per cent per 1,000 residents at the moment. We believe that that is probably a reasonable level to keep it at. Obviously we would like to see it lower, but we believe that around the five per cent mark is a realistic target to maintain.

MR SMYTH: If you are going to maintain it at that, how are we reducing it?

Mr Cormack: If I could just give you the figures—2005-06, 6.7; 2006-07, 6.8; 2007-08, projected to be 5.4. So there has been a decline, and we will continue to work towards achieving that decline.

MR SMYTH: But on page 153, strategic indicator 12, the outcome for this year is 5.4 and the outcome for next year 5.4—

Mr Cormack: And the outcome for the previous year was 6.8 and the outcome for the year before that was 6.7; that is a decline.

MR SMYTH: That is okay; I hear that. You are saying that this year's outcome is 5.4, your target for next year is 5.4 and the long term is 5.4.

Mr Cormack: Yes, because we believe that to be a reasonable rate.

MR SMYTH: So we have already achieved the reduction. The third dot point on page 162 says “ensuring that the rate of hip fractures declines over the long term”.

Mr Cormack: Yes, and we can still aim to do that; it has declined over the long term.

MR SMYTH: But it is already there.

Mr Cormack: And we will keep it there.

MRS BURKE: What about the people under 75?

MRS DUNNE: That is not reducing it; that is keeping it at the current level.

Mr Cormack: Okay.

Ms Gallagher: We take your point. The goal is to keep an eye on it and hopefully, over the long term, have that reduce. The indicators go over two financial years. It is expected that we will not see another big reduction over the next two years, but in the long term—and that is what it says: “declines over the long term”. This is in light of our very rapidly ageing population. I think it is a good goal to have and to keep an eye on. I think that is all there is to it.

MRS DUNNE: The thing is, though, that the long-term goal is the status quo—

Ms Gallagher: That is not true.

THE CHAIR: It depends on what you call long term, Mrs Dunne.

Mr Cormack: What we need to understand is that the number of people in the over-75 age range is going to increase significantly. What we are trying to do is to minimise the impact of that by keeping it at as low a rate as possible. That is what we have been able to do over the last three years. I think it is reasonable. There is not much point setting goals and objectives that are not achievable. It is the same with our immunisation targets. We probably cannot get much better than what we are getting. We would like 100 per cent, but we would like to continue to achieve well at what we do. That is what we are aiming to do with this.

MRS BURKE: What about people younger than 75? This is an important cohort. Are we therefore coping with people under 75 whom we know—

Mr Cormack: The major burden of disease and risk associated with falls is in the older populations. It is a targeting measure. It is like the discussion we had yesterday. We do not have indicators for absolutely everything. We put the indicators in there so that we can prioritise our effort and monitor the very targeted strategic initiatives that we have put in place.

MRS BURKE: So we are coping with the age group under 75.

Mr Cormack: The burden of disease falls heavily on the older population.

MRS BURKE: Sorry, that does not answer the question.

Mr Cormack: That is where we prioritise, Mrs Burke.

MRS BURKE: Yes, but that does not answer my question.

Mr Cormack: It does answer the question.

MRS BURKE: No. I asked you what is happening about the people under 75 who require hip replacement, of which there are a small number.

Mr Cormack: If they require hip replacements they are admitted to hospital and they receive a hip replacement.

MRS BURKE: So there is no problem with people under 75 wanting a hip replacement?

Mr Cormack: No, not at all.

THE CHAIR: Mr Gentleman.

MR GENTLEMAN: I have a similar question to Mr Smyth's but relating to the dot point above, on cardiovascular disease. Can you tell us what efforts are going into reducing those incidents? Yesterday, we heard about the efforts you are making once

it is found and people go into hospital, but what is going into community efforts to reduce the disease?

Dr Guest: Prevention of coronary disease, cardiovascular disease, is one of the biggest activities in the Population Health Division. We are working on all of the risk factors for this disease. They include smoking, which is the number one modifiable cause of cardiovascular disease in Australia; high blood pressure; and lipids in the blood—cholesterol. Those are the big three. There are many others. Related to all of them is physical activity.

Through the health improvement branch, we do a lot to promote physical activity right through the lifespan. Prevention of cardiovascular disease is really the number one activity in health promotion or health improvement. So there is a raft of activities. They are described in detail in the Chief Health Officer's reports over previous years. I have the draft of this year's report with me; I could read slabs of it out. We are very active.

MR GENTLEMAN: I have seen the efforts the government has been putting into reducing smoking, which is fantastic. What about high blood pressure? What sort of educational programs do you put out? What do you talk to people about?

Dr Guest: High blood pressure is affected by the other risk factors, notably smoking and alcohol intake, just to choose two—also physical activity. If you can work on those risk factors, you will work on blood pressure as well. We also do everything we can now to connect people with the health care system. The detection of high blood pressure is something that primarily will happen in general practitioners' surgeries. Then there will be active treatment of blood pressure from there. Blood pressure is something that has been recognised for many decades now.

Recently Dr Ralph Reader from the Heart Foundation died. He had really spent his career on the promotion of blood pressure detection and management. It is really primary health care, but also the primary prevention activities that I have described, through the health improvement branch.

MR GENTLEMAN: How do these activities compare with previous years, in trying to combat this disease?

Dr Guest: Perhaps the best way of assessing that is through the steady decline in cardiovascular disease rates. In fact, since 1968, the peak of the Australian epidemic of cardiovascular disease, we have had steady inroads on all of those risk factors and some success. We continue to work very vigorously in all of those domains, and we are continuing to have some success. The proportion of circulatory death that we are seeing is steadily falling, and cancer rising, in part because of the success that we have had against the risk factors for cardiovascular disease.

MRS DUNNE: On the subject of cardiovascular conditions, Dr Guest, are you aware of the issues in relation to the proposal for a gas-fired power station in Hume, Macarthur? And what can you say about the research on the impact of nitrogen dioxide on cardiovascular conditions?

Ms Gallagher: The Chief Health Officer will be briefing me around aspects of that. They are putting their advice together. I have not yet received that. I am happy to make that available when it is finished.

MRS DUNNE: Is it that you are refusing to let the Chief Health Officer answer questions on that subject?

Ms Gallagher: No; I am just saying that the Chief Health Officer has not finalised their advice around this matter—which is not unusual in projects like this.

MRS DUNNE: The question was not specifically about this matter; it was about what is the impact of nitrogen dioxide in cardiovascular disease.

Ms Gallagher: No, it was about this matter. I have already told the committee that I am more than happy to make any advice that I get, when I get the advice in this, available to all Assembly members. I just think it is appropriate that, rather than scaremongering, which is what you are attempting to do, proper process is allowed to follow and advice be finalised—that the experts be given that opportunity to finalise that advice and allow it to be made available in a comprehensive way to the entire community. That would be beneficial, I think, to the overall debate. That is what I am asking for; I do not think it is unreasonable.

MRS BURKE: When did you know about it, minister—the potential environmental impacts upon the community.

THE CHAIR: We asked this question yesterday, Mrs Burke, and the answer was given.

MRS BURKE: No; the minister—

Ms Gallagher: Issues have been raised with me, and I am doing my job in following that up.

MRS BURKE: When were they raised with you?

Ms Gallagher: In the last few weeks, I imagine.

MRS BURKE: And you have not sought a briefing until now?

MR GENTLEMAN: Madam Chair, we are going over the same questions.

THE CHAIR: Yes.

Ms Gallagher: No, that is not correct; I answered this yesterday.

MRS BURKE: It was not answered fully yesterday.

Ms Gallagher: Yes, it was answered yesterday. That is not the case.

THE CHAIR: Mrs Burke, it was answered yesterday. We are going on to another

subject.

Ms Gallagher: If I could just add something: as I said yesterday, if there are health concerns and those health concerns are upheld, then the project will not go ahead in its current form. We need to allow the processes—the proper processes, including the statutory planning processes—to proceed and, as that information is made available, make that information available to all interested members. That is the appropriate way to do it. I am not trying to shut down debate; I am just trying to ensure that the proper process is followed.

MRS DUNNE: I have a question for Dr Guest about this. Dr Guest, have you been approached by the proponents to discuss public health issues in relation to emissions of nitrogen dioxide and nitrous oxide?

Dr Guest: That is something I will put into the briefing to the minister.

MRS DUNNE: Is that a yes?

Dr Guest: No, it is a reply consistent with the minister's explanation that she sought a briefing. We are providing that. I do not think it is appropriate in this forum to—

MRS DUNNE: It is not appropriate for you to tell this committee whether or not you were approached by the consortium to discuss the public health issues?

Ms Gallagher: From my understanding, ACT Health—let us put the Chief Health Officer aside—has not been approached by the proponents. I do not want to leave this with some conspiracy theory hanging in the air. That is my best understanding of it. It is not unusual.

If I can explain the public health area's job, they have an ongoing monitoring role in a number of development proposals in this city. I can think of a number underway at the moment where discussions with the public health authorities do not begin at the beginning of a process and end when a process gets approved. It is an ongoing monitoring role. It is appropriate that they have that and that they have that with a number of projects.

They will have that with the data centre, if the data centre goes ahead, in whatever form that may take. And it is appropriate. That is their statutory role, and they undertake their responsibilities very seriously.

MRS DUNNE: That is why I am asking the questions. It is their statutory role. But you are saying contradictory things about that role. My question was: have they so far been approached by the consortium in relation to—

Ms Gallagher: I have answered that question. But what I am saying is that they do not need to be approached to be involved. They have a statutory responsibility on areas to do with public health, which they discharge regardless of whether they have been approached by somebody. They have also been approached by me on some advice, which they will be providing to me and which I will make available to this committee, if it is still in its form at that time, or the Assembly as a whole, as we will

make that available to the community as a whole.

MR SMYTH: This is the output class where we discuss environmental health. You have indicated that there are a number of ongoing activities that the public health office looks at. Can you detail what those developments are?

Ms Gallagher: I can think of one: Uriarra, for example. I can think of new developments in new suburbs seeking to put in, in particular, recycling and water reticulation systems. They are two, off the top of my head. Certainly the recycling one takes into account a number of different projects. I am sure we can list some others. But what I am saying is that they are involved.

MRS BURKE: And you knew about those well in advance, unlike this project where you seem to have not known anything about it at all.

Ms Gallagher: That is not correct.

MRS BURKE: So you did know about it?

Ms Gallagher: Yes, I did know about it, and I answered that question yesterday.

MR SMYTH: Can you perhaps explain to the committee, then, how the process works? How does the Chief Health Officer or the environmental health section of your department become involved in the development process?

Ms Gallagher: It may be through cabinet circulation of a submission; that would be one way. It may be through an individual approach on concerns they have. It may be generated by my office or another office within the ministry. It may be through an Assembly member who has a concern. It can happen any way. Nobody is not allowed to involve the Chief Health Officer or the public health area, headed by the Chief Health Officer.

MR SMYTH: In regard to your legislation, where does the interaction occur, and what are the statutory obligations that would either allow you to intervene or become involved on your own initiative, or are there obligations under the Land and Planning Act that would involve you?

Ms Gallagher: I would have to take that on notice. I do not have both of those pieces of legislation. I know a lot of things—I have a huge intellectual capacity—but memorising every clause of every piece of legislation that comes under my portfolio is not something I do incredibly well at all times.

MR SMYTH: But the departmental officers who do this as their job can tell us how they become involved?

Ms Gallagher: I am sure that we can give you the necessary clauses.

THE CHAIR: We will take those on notice then.

MR SMYTH: That would be lovely, but can somebody give an exposition of how it

works? Can the head of the department or the Chief Health Officer?

MRS BURKE: It seems that you are involved at different stages, then, for different projects, if that is what you are telling this committee. You will know about some sooner than others.

Ms Gallagher: I cannot even respond to Mrs Burke.

MRS BURKE: It is quite a sensible question.

Ms Gallagher: This is serious. What I am saying is that there are a range of ways you become involved, from a range of different people at a range of different points in the process. Just because you are involved at the beginning does not mean that you will not get reinvolved somewhere else or, alternatively, you might not need to be involved at all at another point. That is what I am explaining.

MRS BURKE: Yet there are minor projects where you are involved, it would seem, much earlier than this project, which is a major project.

Ms Gallagher: This project has not even reached the final stages of—

MRS BURKE: I know that.

Ms Gallagher: It is actually quite early in this process.

MRS BURKE: No, it is not.

Ms Gallagher: In the scope of actually getting to a delivered project in the end, this is still very early stages of this project.

MR GENTLEMAN: It is in the consultation process.

THE CHAIR: Yes, exactly.

Ms Gallagher: We can argue about this in terms of the dates and times. But to not even be finished the community consultation base and for you to be arguing that this is not early in the process, I think, is a bit ridiculous, without getting the project up and running.

MRS BURKE: For you not to know the environmental impacts or be made aware of them, I think, is absolutely unbelievable.

MRS DUNNE: The information in relation to the emissions of things like nitrous oxide and nitrogen dioxide should surely be available to people as part of the community consultation process. What you are saying is that the public health area is providing you with advice, which you will receive some time in the future, and some time after that you will release that. Can you make commitments that that will be released before the conclusion of the public consultation?

Ms Gallagher: The public consultation finishes, I think, in the next three days or so.

MRS DUNNE: That is my point.

Ms Gallagher: No, I cannot commit to that. But what I can say is that, if there are any concerns on the health impacts and assessments and necessary standards that need to be met, the project would not be approved to go ahead by the government.

MRS DUNNE: The reason for my asking this is that the public consultation process closes quite soon.

Ms Gallagher: Around the statutory planning process, yes.

MRS DUNNE: It means that the statutory planning and responsibilities require that decisions are made within particular time frames and you are telling the committee now that the information in relation to the public health issues may not be available within those statutory time frames.

Ms Gallagher: Within the next three days, that is correct. I am saying that I cannot assure this committee that that information will be available in the next three days. That is my honest answer.

MRS DUNNE: And will that information be available before the conclusion of the statutory time frames where decisions must be made?

Ms Gallagher: I would envisage that that would be the case, yes.

MRS DUNNE: “I would envisage” is an aspirational thing. “Yes” is a commitment. Which one is it?

Ms Gallagher: That is the best answer. I have not got the advice. Yes, I would hope, and I will ensure, to the best of my ability, that that would be the case.

MRS DUNNE: Because once the approvals are made, as we have seen with a range of approvals which have been made wrongly, you cannot unmake the approvals. The government has made commitments about this project only going ahead if it meets the stringent health requirements. But if the information is not available, how can the decision makers make that decision?

Ms Gallagher: I have answered your question and I have said yes to the second part of your question: is that information available before the government finalises its position in relation to the completed statutory planning processes? The answer is yes. I do not understand what more I can do on this. I cannot sit here and say that the information will be available in the next three days. If it is, I will make that information available.

We have been sitting here for a day and a half. The officers that I would be expecting to provide me with that advice have not necessarily been able to turn their minds to finalising the information to me; so that impacts on the next three days. But the minute I have that advice and that advice becomes available, I will make that information available to the community.

MR SMYTH: Dr Guest was going to give a rundown on how the process—

THE CHAIR: He was, but he was interrupted several times by members of this committee.

MR SMYTH: I would like the exposition, if possible.

THE CHAIR: If you be quiet and let him speak.

Dr Guest: I think one could just say that the oxides of nitrogen that have been referred to during this discussion are one of the criteria pollutants measured under the national environment protection measure. So there is no question that any air pollutants that may or may not be emitted from a power station would be closely monitored; we have that machinery in place. That has been something that the ACT has done for many years now.

MR SMYTH: Where is that machinery located? Are there permanent testing sites or is it done on a case-by-case basis?

Dr Guest: There is permanently located machinery at Monash and it is also possible to monitor in a mobile fashion. I dare say, in an instance like this, one would use both measures.

MR SMYTH: The original question was: how do you, in your capacity as the Chief Health Officer, interact with the planning authority on a day-to-day basis? Do you initiate contact with them or do they initiate contact with you? What advice are they seeking? Just in a general sense.

Dr Guest: In a general sense, I provide advice through the chief executive to the minister. We, of course, have officer to officer contact on many subjects at all times.

MR SMYTH: In a year, how many requests from ACTPLA would you get for advice?

THE CHAIR: We can take that on notice, I think.

Dr Guest: How many requests?

MR SMYTH: How many requests for health information would you get from the planning authority in a year?

THE CHAIR: We will take that on notice.

Ms Gallagher: We might need to refine the scope. You might need to say “formal request” or something.

MR SMYTH: Dr Guest seemed to have an answer.

Ms Gallagher: Officer to officer, it would happen all the time. When I think of things

such as water, when I think of things such as development, there are masses of that going on around town and there is close contact between the agencies. You might want to refine your question because I am not having someone go back and ask some ASO6 how many times they have spoken to another ASO6. That is ridiculous.

THE CHAIR: You have that as a formal request.

MRS BURKE: I would also like to add to that question, if you could, on notice: at what points in time on any specific projects are you made aware, in regard to the environmental impacts or health issues, of a particular project?

MR GENTLEMAN: He just answered that.

MRS BURKE: No, on each project that they are going to report on.

Ms Gallagher: That is just ridiculous. If I take the Uriarra settlement, for example—

MRS BURKE: Yes, tell me about that one.

Ms Gallagher: If I take that, there has been toing and froing on that between the agencies extensively for a number of years.

MRS BURKE: But when did you know about that project, for example? And it is relevant to this, because it is important to know when you were involved as a minister.

Ms Gallagher: That is a different question. If your question is when did I become aware of health concerns or issues between ACTPLA and Health on Uriarra, then that is a different question to when you do or do you not become involved at what stage throughout the project.

MRS BURKE: In this project, then, the power station project.

Ms Gallagher: Just what is your question? Is it: when did I become aware of health concerns with Uriarra, or is it: when did I become aware of health concerns—

MRS BURKE: On the projects that Dr Guest is going to provide to the committee. And it is important for the community to know.

Ms Gallagher: So whatever they may be, however many there are?

MRS BURKE: You are going to list them.

Ms Gallagher: I am happy and—

MS MacDONALD: It is an unreasonable request.

Ms Gallagher: Every year I take the approach that I am as helpful as I can be with the estimates committee, but that is starting to border on an extremely wasteful use of resources of ACT Health staff.

MRS BURKE: But I think it is important to know.

Ms Gallagher: If Dr Guest's job from this is to go around and work out how many projects that they have been involved with over a year with ACTPLA and then, supplementary to that, how many times and at what stage on each of those projects they have become involved, then I would say that is starting to border on being a waste of ACT Health's time and not necessarily related to the Appropriation Bill which this committee is established to scrutinise.

THE CHAIR: No, it is certainly not.

MS MacDONALD: On this issue, because at the moment it is in the community consultation phase and going through planning rather than anywhere else, can you confirm that what you are saying is that if there were discovered to be negative health implications for the local community residents, the government would not allow the project to go ahead?

Ms Gallagher: That is what I have said over two days.

THE CHAIR: Mr Gentleman, do you have a question?

MR GENTLEMAN: No, I think that answers my questions on 1.2.

MRS BURKE: I have, chair. Minister, could we look at swimming pool cleanliness in the city. Some comments were made in the *Canberra Times* earlier this year, on 19 February. It might be one for you, Dr Guest, if the minister so wishes. Minister, are you and your departmental officials happy with the current level of cleanliness standards in public swimming pools in the ACT?

Ms Gallagher: I understand public health officers have been out to a number of swimming pools to check them—not only the one mentioned in the letter to the editor, although following that letter to the editor we did ask that they have a look again. I think there was another visit to that centre. My understanding is that, on the basis of those visits, there were not any public health concerns. But they do go and visit and they do keep an eye on the swimming pools.

MRS BURKE: How regularly would visits be carried out? Is it only when somebody instigates a complaint or is it a matter of course that you go around to do inspections?

Dr Guest: Inspections are done routinely and there is a program of inspection.

MRS BURKE: How often would that be?

Dr Guest: The frequency of that would be several times a year. Of course, we respond to particular episodes as well. Are we happy in general with the state of swimming pools in the ACT? The answer is yes. However, water cleanliness is something that cannot be guaranteed day to day, and it is something that requires monitoring. There is an active program in play.

MRS BURKE: Thank you.

MR SMYTH: How many staff work in the public health area?

Dr Guest: In the population health division, we have about 120, and the majority of those are in the health protection service based at Holder.

MR SMYTH: Is that adequate to do all the health checks that are required?

Dr Guest: It is a question of priority. As jobs change, we reprioritise work. The need for more staff is a very dangerous place for someone like me to go.

Mr Cormack: If I could assist Dr Guest in answering that question—

MRS DUNNE: And keep him on safe ground!

Mr Cormack: Just to assist in answering the question.

Ms Gallagher: I think everyone would like more staff in Health.

Mr Cormack: I think that the minister summarised it very well. In Health, right across all the output classes, we put the health of the community as our number one priority and we redeploy resources as required to meet those demands. When the demands on the Population Health Division exceed or get to the limit, we make available the necessary resources to Dr Guest.

I cannot recall a single occasion when Dr Guest or his predecessor, Dr Dugdale, have come to me and said, “I need some additional assistance,” to cope with either an outbreak, a public health monitoring exercise, a communicable disease issue or a national or international issue where I have declined that request. That is a standing commitment we give to Dr Guest and the heads of all of our other output classes.

MR SMYTH: This area, for instance, if there were a pandemic of any description, would be responsible for the control of the government’s response?

Dr Guest: Yes. As Mr Cormack said, we have asked in recent years for assistance with quite small outbreaks. I should acknowledge the great assistance I have had from the clinical operations and other areas in mounting responses very promptly on a number of occasions in the last year or two. So, yes, it is the area where the response would begin, in close communication with commonwealth agencies, of course, and, through them, internationally.

Ms Gallagher: And Dr Guest has some significant statutory roles in that regard.

MR SMYTH: At what stage is the government’s preparation for a pandemic? Is our pandemic response plan completed? Are we in a good position to respond to an outbreak, whether it be human or bird flu or something?

Dr Guest: Since the appearance of avian influenza during the 1990s, there has been a worldwide increase in preparation at all levels of international and national government for the possibility of a pandemic. The ACT has been part of that,

connected through the Communicable Diseases Network Australia and other groups to national planning activity, which has been very significantly increased in recent years, and ours along with it.

We have had a budgetary allocation for increased preparation in recent years. We devoted significant resources to producing a plan for the ACT in 2004 and again over the last couple of years. Our plan is now up on the website, along with the whole-of-government plan. Are we fully prepared? We will continue to prepare for the foreseeable future. One can always do more, but we are doing as much as, if not more than, any other jurisdiction. I believe at this point that the work has the correct priority.

MR SMYTH: Has it been exercised? Have we actually trialled the response?

Ms Gallagher: Exercise Cumpston, wasn't it?

Dr Guest: We have had several.

Ms Gallagher: That was the major national one.

Dr Guest: And in every year for the foreseeable future, there will be exercises of some kind or another to exercise national and local capacity.

MR SMYTH: Last year in the budget, money was flagged for influenza preparedness?

Dr Guest: There was money devoted to communicable disease surveillance in general, including pandemic preparedness, yes.

MR SMYTH: In regard to influenza, if you listen to the media—and perhaps we should not—there are concerns about the strains of flu that might appear this year. How are we prepared for any influenza outbreak that might occur this year?

Dr Guest: We are steadily increasing the pressure at all appropriate places for members of the public, staff and residents of aged care facilities, to name a few groups, to become immunised.

Ms Gallagher: Have you had your shot this year, Mr Smyth?

MR SMYTH: I got cancelled; I have to go next week.

Dr Guest: It is never too late.

MR SMYTH: I know it is never too late. But I thought I read in the annual report last year—

Dr Guest: So immunisation is a part of it, just to round it out.

MR SMYTH: Yes, sure.

Dr Guest: Then there are the planning activities that I have described. There is the

plan that you can read on the website, which is part of the Australian health management plan for pandemic influenza, which is directly relevant, of course, to ordinary, every-year influenza. Last year we had a busy flu season. This year it is also predicted to be busy; whether it will be as busy as last year, I could not tell you. So far—fingers crossed—so good.

Immunisation, education, planning, exercising, surveillance and communication are all activities that have increased over the last couple of years. Are we ready for this year? Well, we are more ready than we were last year and more ready than the year before that. As the expectation of preparedness continues to grow, we will continue to devote resources to our preparation.

MRS BURKE: Has the ACT influenza preparedness plan been publicly released? It had not at the end of last year.

Mr Cormack: It is on the website.

MRS BURKE: Did you just say that it is now on the website?

Dr Guest: Yes.

Ms Gallagher: I think I put out a media release when we released it.

MRS BURKE: Did you? Thank you.

MR SMYTH: I have a couple more questions in this area. This is where we look at cardiovascular disease. With the other key chronic illnesses, things like diabetes and asthma, are these your responsibility?

Dr Guest: The population health division has within it the population health research centre, so one of our responsibilities is surveillance of these conditions. Chronic disease management as an entity is something that has had increasing resources devoted over the last couple of years. We have some specific initiatives that could be described by one of my colleagues.

Mr Cormack: Ross O'Donoghue is the executive director of policy; he has policy coverage of chronic disease management programs, which appear in budget paper No 3 this year, and we also had some in there last year.

Mr O'Donoghue: In this year's budget, there is an initiative called integrated prevention of chronic disease. It builds on previous budget initiatives in the 2006-07 and 2007-08 budgets. I guess it tries to cover the spectrum of better prevention and early detection of chronic diseases and also to optimise the management and support of people with chronic disease.

The minister and the chief executive referred, at the hearing on the previous day, to a predicted tsunami of chronic disease in future years. Part of the problem we face is that there is a level of undetected or undiagnosed chronic disease in the community. For example, with diabetes, it is thought that, for every diagnosed diabetic, there is another one who is undiagnosed. So part of the approach in these budget initiatives is

to provide more information to the Canberra community about the risk factors for chronic disease and to encourage people who are at risk to seek information to modify their behaviour and seek early intervention and management of their condition to ameliorate their health outcomes.

MR SMYTH: Can you list the priority areas? Obviously, there is cardiovascular and diabetes; what else?

Mr O'Donoghue: The particular diseases of interest in these initiatives are diabetes, chronic obstructive pulmonary disease and heart failure. They are chosen on the basis of the burden of illness and the prevalence of those conditions in the community generally.

MRS DUNNE: What is chronic obstructive pulmonary disease?

Mr O'Donoghue: It is a range of diseases around respiratory disease, lung disease—chronic diseases of the lung.

MRS DUNNE: So the full range from—

Ms Gallagher: Yes. It covers many different—

Mr Cormack: Emphysema to asthma.

Mr O'Donoghue: Yes.

MRS DUNNE: And all the other ones?

Mr O'Donoghue: Yes.

MRS DUNNE: Some of the nasty ones.

MR SMYTH: Is the ACT still considered to be the asthma capital of the country?

Mr O'Donoghue: This is moving into an area of Dr Guest's expertise in terms of prevalence of conditions. I would defer to him on that.

MS MacDONALD: Just before you do, I have a supplementary question. Maybe it is for you or maybe it is for Dr Guest; I do not know. With respect to an economic analysis of chronic diseases within the ACT, do we do any studies on cost and how much productivity we are losing from the ACT?

Mr O'Donoghue: I am not aware of specific ACT-based studies, but there is actually a wealth of economic analysis, both nationally and internationally, of the predicted costs and in fact the potential return on investment from better early detection and management of these conditions. That is part of the reason why we are starting to see more interest in investing in early detection and prevention. In the ACT we are trying to position ourselves in anticipation of federal-state reform arrangements which should improve the management and prevention of chronic diseases in the future.

Mr Cormack: In adding to Mr O'Donoghue's comments on the local studies, we have not done large-scale, whole-economy type studies, but about 18 months or two years ago, prior to the last budget, we did some economic analysis of the cost of poorly managed heart disease, poorly managed respiratory disease and the impacts on admission to hospital. That really formed the basis of our 2006-07 chronic disease management program, which focused on what we would call frequent flyers. They are a relatively small number of patients who present time and time again to the emergency department because their chronic disease is not well managed.

We have commenced a program operating out of Canberra Hospital which focuses on two cohorts of patients. One is heart failure and the other one is chronic respiratory disease. That is part of a long-term program to reduce the demand on our hospitals while at the same time keeping people healthier and as much as possible maintaining their illnesses in the community setting. We are really building on that initiative with the initiatives we announced in 2007-08 and indeed this one in 2008-09.

MRS DUNNE: Could I get a better understanding, Mr Cormack or Mr O'Donoghue, about how those programs tie together? You adverted to previous programs. The money for your frequent flyers program, that was 2006-07?

Mr Cormack: 2006-07.

MRS DUNNE: And continuing?

Mr Cormack: It has continued on, and then we added to it with some initiatives in 2007-08 which broaden the scope. Indeed, as Mr O'Donoghue has outlined, the chronic disease management program for 2008-09 is a further development of that. So those programs continue; we build on them. It is really part of the priorities the minister announced in access health some time ago. It is about better management of chronic disease.

As Mr O'Donoghue has mentioned, the minister is actively involved at the moment in negotiations and discussions with a federal colleague around reforms within the health care agreement to get a more coordinated effort between commonwealth and state health programs to better manage this area of disease, which accounts for about 70 per cent of the burden of disease, and it will grow.

MRS DUNNE: Seven or seven zero?

Mr Cormack: It is 70.

MRS DUNNE: Sorry, could—

MR SMYTH: Sorry, could I just ask this? You said there was a report that informed this discussion. Is that report available; was it made public at the time?

Mr Cormack: It was not made public. The analysis we did was just an analysis of the number of admissions to our hospitals. It is in the form of a couple of tables, and I would be more than happy to make that available to you if you require.

MRS DUNNE: Could you, on notice, provide for the committee a breakdown of the funding over that period from the—

Mr Cormack: It is in the budget papers.

MRS DUNNE: Where is it?

Mr Cormack: The 2006-07 budget papers, the 2007-08 budget papers and the 2008-09 budget papers.

MRS DUNNE: How much underlying funding? Is this all the money? That money in those three budget papers, is that the only money that is for chronic disease management prevention, or is there underlying funding?

Ms Gallagher: No, it would not be. We can list those out of the budget papers from those three years, that is no problem. A number of areas within the hospital would have a component of their funding. Maybe that is useful to have a look at in terms of an output class around chronic disease and how we could report that. I think it would be interesting information. What I am saying is it would probably be hard for this year because it would be asking units to disaggregate from their own area how much of that specialist time is spent on—

MRS DUNNE: Okay.

Ms Gallagher: I can think of Kidney Awareness Week, and specialists from that area are involved in that—

MS MACDONALD: It might actually be—

Ms Gallagher: So you could attribute that to it. How about it being a recommendation of the committee that we can include another output class? Sorry, Mr O'Donoghue, but I think because of the—

MR SMYTH: Mr O'Donoghue, what are the other chronic illnesses that you look at?

MS MACDONALD: Can I just say, though, that, rather than for the budget papers, it might be better as something which is reported on in the annual reports.

MRS DUNNE: Annual reports, I think that would probably—

Ms Gallagher: Yes, Anyway, we will have a look at how—

MRS DUNNE: Have a think about it.

Ms Gallagher: We will have a think about how we report against our overall funding for chronic disease.

MRS DUNNE: Because one of the issues is that, if you cannot easily tell the

committee how much money is spent on chronic disease management, you may not easily know where the gaps or where the overlaps might be.

Ms Gallagher: Yes, sure.

MR SMYTH: Sorry, if we can get back to the list. We have done heart, we have done lung and diabetes. What are the other major chronic illnesses that you are concerned with?

Mr O'Donoghue: Perhaps I could just go back one step. We have also been finalising a chronic disease strategy for the ACT that—

Ms Gallagher: It is on my desk.

Mr O'Donoghue: That links with the national chronic disease strategy. In consultation around that strategy, it is always difficult to decide what is included in the realm of chronic disease, because many things, such as mental health, are, indeed, chronic conditions in their own right. So when we are talking about those three chronic conditions of interest, they are the ones that we are focused on because of their burden of illness and because of their prevalence in the community. But, definitionally, you could extend the terms “chronic condition” or “chronic illness” to a large range of diseases, including arthritis, for example. It is difficult to say. Drug addiction could arguably be seen as a chronic condition.

MRS BURKE: Would ear, nose and throat be up there on that?

Mr O'Donoghue: There clearly are patients with ear, nose and throat that have chronic aspects to their conditions. It is actually definitionally difficult to include or exclude. But, in the approaches that we are trying to identify and some of the linkages that we are trying to put in place, what works for diabetes and heart disease and lung disease will be addressing many of the risk factors that are applying generally to chronic disease. If you ameliorate those risk factors, you tend to have a good impact on a whole range of chronic diseases.

MR SMYTH: A number of the Brindabella members, at least, would receive regular correspondence about wood smoke and the effect on lungs and, in particular, asthma. The strategy will be out when, minister?

Ms Gallagher: It is on my desk. It has come up to me now, so.

MR SMYTH: Soon.

Ms Gallagher: Soon. If I like it, if it is good, it will be very soon. If it needs some more work, which I am sure it does not—

MR SMYTH: All right. Given that the wood smoke season is upon us, what work is being done there to reduce the impact on the lungs of Tuggeranong?

Mr O'Donoghue: It is not specifically my domain. I defer to Dr Guest, if I may.

Ms Gallagher: We quite often put out advice if it is a bad day around people with lung conditions or respiratory illnesses having to stay indoors or avoiding going out. You do that, Charles?

Dr Guest: We do. So there is public advice on air quality.

MR SMYTH: That is consistent with the NEPM?

Dr Guest: That is consistent with the NEPM—the national environment protection measure, where, amongst the other five or six criteria pollutants, we measure particulates, 2.5 microns or 10 microns. Wood smoke particularly is a large part of them. The reputation of the ACT as the asthma capital partly relates to the inversions that occur in the Tuggeranong Valley where particles do hang in the air, so there is very visible fog or smog down in the Tuggeranong Valley during winter sometimes.

What measures are we taking? They relate significantly to air quality improvements. There are actually now fewer fires being lit every minute on a per capita basis as people move away from wood fires. Also, car emissions are improving, and that is also relevant.

Going back to the asthma question, the reputation of Canberra being an asthma capital partly relates to the high educational status of Canberrans. There is greater awareness of asthma and a greater willingness of parents to actually get their children with wheeze checked out for this condition.

We may have greater levels of some of the risk factors for asthma, including the particulates we have just been discussing and pollens. On the other hand, we have the lowest prevalence of smoking. The most important modifiable risk factor for asthma is smoking in the environment, so parental tobacco smoke can be reduced. That will be of great benefit, particularly to children. The ambient conditions and the level of wood smoke and grass pollen, et cetera, that is very small print alongside this overwhelmingly important problem of environmental tobacco smoke.

MR SMYTH: What other emissions do you look for that influence things like asthma or lung disease?

Dr Guest: The national environment protection measure calls for monitoring of oxides of nitrogen, the particulates, carbon monoxide, sulphur dioxide, tropospheric ozone, and the sixth one, which does not affect asthma, is lead. That used to be important when we had leaded petrol.

MR SMYTH: So, nitrogen dioxides, what is the acceptable level?

Dr Guest: The level is specified by the national environment protection measure. It is certainly in the Chief Health Officer's report from previous years, and the ACT has no problem in meeting those measures.

THE CHAIR: Mrs Burke, you had one last question on this output area, and then we are going on to the next output area.

MRS BURKE: Minister, this question may be pertinent to Dr Guest. I was pleased to note initially that the response time for environmental health hazards is at 100 per cent response time within 24 hours. I congratulate you on that. I am interested in a couple of things: one part of my question would be on meningococcal infections. Did I read some while ago that that is continuing to be on the increase, and, if so, what sort of strategies are in place, or—

Dr Guest: You may have read that, but it is not the case—

MRS BURKE: It is not true?

Dr Guest: It is not the case in the ACT.

MRS BURKE: Right.

Dr Guest: The main reason for that is the introduction of the meningococcal C vaccine. As you will be aware, there are a number of strains of meningococcal disease—A, B, C and half a dozen others. The deadliest of them is the meningococcal C infection. Some, but not all of the sub-strains of meningococcal C immunisation will protect against that. There are other vaccines that are being trialled for the other parts of meningococcal disease.

Meningococcal disease continues to be a very frightening condition for the whole community because of the suddenness with which it can take well children and maim them, or worse. There has been very active research and practice to improve that problem, which I think, over the past 10 years, we can say has been partly successful.

MRS BURKE: Yes. So the ACT does not have the highest rate of incidences of reported cases of meningococcal?

Dr Guest: Correct, it does not.

MRS BURKE: Okay.

Ms Gallagher: I can think of a couple of examples where we have had meningococcal in young children, and the speed with which the authorities are on top of that in contact tracing and doing all of that and administering the necessary antibiotics required is really impressive.

MRS BURKE: I acknowledge that. The last part was regarding food poisoning outbreaks in the ACT. You can take this on notice, but have there been any notices issued in the last 12 months to establishments serving food or so forth? You can take that on notice or, if you know, you can tell the committee now?

Dr Guest: I can just tell the committee that we have an active program of monitoring.

MRS BURKE: Yes, I know that, yes.

Dr Guest: We issue notices when necessary. One should actually not take the number of improvement notices as an index of poor quality. It could be actually better

regarded as an index of the zeal of the health protection service officers. So I do not think it is particularly helpful to count the number of those instances and say that restaurants are getting better or worse in the ACT. We can provide that information, of course.

MRS BURKE: Yes. It is interesting that you say that. I would just have thought that the public would like to know that the health protection people are doing such a good job. I think it is important. I think that notices surely would not be issued if there were not some cause for concern. I think the continuous improvement program is obviously to be congratulated.

Dr Guest: I will just see what I can tell you about the improvement notices, and perhaps we will take that on notice.

MRS BURKE: Yes, I am happy for you to do that.

Ms Gallagher: We are having a look at this; I have asked for some advice around how we make information available to the public around food safety. That goes from a mandatory program which is in existence to a voluntary scheme. There is a whole range of different alternatives, and all have their own positives and negatives. I have asked that further work be done around that.

MRS BURKE: Thank you.

THE CHAIR: Thank you very much. We will go on to the next—

Dr Guest: I could just perhaps point out that the results of various surveys about food quality are available on the website.

MRS BURKE: Yes. I was just interested in the notices, and I think it is relevant, in part, that people can see the activity out there.

THE CHAIR: We will go on to the next output class. Mr Gentleman, you had a question in this area?

MR GENTLEMAN: Minister, on page 166 of budget paper 4, we can see the increase in the target for 2008-09 on cost-weighted admitted patient separations. There is a note down the bottom which discusses that. My question is on Clare Holland House. I wanted to ask how the volunteer visitor service was going at Clare Holland House.

Ms Gallagher: As far as I know, it is going very well. I am not sure whether there is somewhere here who can add to that. Clare Holland House is managed by Calvary Health Care. I go out there and visit a little bit. As far as I know, it is alive and well. There is good service. Volunteers across our facilities are a very important part of the successful day-to-day operations at our centres.

MR GENTLEMAN: In relation to that number of course, I am gathering that there is an increase of 550, going on the target for 2007-08. Some do return to the health service or to home, do they not?

Ms Gallagher: Yes, absolutely. Palliative care can go for a very short time to quite a long time and families might need a bit of respite. Patients themselves might need a bit of time away from home. So it is not just used as a place for end-of-life time; it is used as a place for caring and further support. The palliative care workforce is a very close-knit community, and the people that provide volunteer services as well.

There is some money in this year's budget, as probably your question went to, for a volunteer coordinator to better coordinate the services across the palliative care system. I also think there is some money for a clinical nurse as well.

Dr Guest: That is right.

Ms Gallagher: That is part of implementing our palliative care strategy which I think I launched last year. So I think they are important. Palliative care area in health is not—how do I put this politely?—vocal; it does not seek a lot in terms of they do not ask for a lot. So putting together the palliative care strategy was important and our delivering on elements of that strategy is important in terms of, I guess, acceptance that the strategy was important and that we work with that. It was a very collaborative piece of work across a range of different professional groups, volunteers, carers and consumers.

Whilst these are relatively small initiatives, I think they are very important. People in the palliative care area do an incredibly good job. It is a very difficult area, I think, of healthcare and, like other areas, I am often in awe of the abilities of the teams to respond to the challenges that they are faced through their day-to-day work.

THE CHAIR: I have got a sub to that. On page 75, it talks about the expansion of the palliative care services and, in particular, refers to the work for older people in residential aged care facilities. I want to applaud the government for taking that initiative. It is in the middle of page 85.

Ms Gallagher: Yes, I thought you would like that one.

THE CHAIR: I like it very much. I watched my mother die from cancer in an aged care residential facility. I must say that it was an excruciating experience. It was not in this town, I need to say, but in another state. But it was an excruciating experience because the nursing home did not have the capacity to appropriately deal with that.

I notice that there is a specialised assessment and support and referral for residents mentioned in that paragraph. Will that include some advice to the actual staff and managers of the facilities on how best to approach that? For instance, my mother was left in a four-bed ward, I suppose you would call it, without being shifted to a more private space. Would that provide some advice with regard to those kinds of things or is it just work with the volunteers?

Ms Gallagher: That is the idea. It is a clinical nurse position who can work across, as I understand it, all of the residential aged care facilities and provide that advice to staff and specialist staff within those facilities.

THE CHAIR: I think it is a fantastic initiative.

Ms Gallagher: It has been identified, that and the volunteer coordinator, through the strategy, as an area of need.

MR SMYTH: On Clare Holland House, there was some refurbishment recently. They have been completed and were successful?

Ms Gallagher: Yes, I understand so.

MR SMYTH: And part of that program was in fact to turn larger rooms into smaller rooms?

Ms Gallagher: Yes.

MR SMYTH: Has the bed capacity at Clare Holland House been increased?

Mr Cormack: No. It is unchanged.

MR SMYTH: When the project was started some years ago, there was an allowance for additional beds to go there. I noticed the \$300 million health building plan does not include expansion of Clare Holland House. There are two questions. Are there plans for the future that are not revealed by the documents currently and is there still a waiting list for access to Clare Holland House?

Ms Gallagher: The latest data I saw is that the occupancy rate at Clare Holland House was not at a point where we would consider extra beds and I think that is not necessary now. I am sure someone can help me out if that is not correct, but I remember having a bed occupancy rate we would like to see in hospitals. I think that is for a variety of reasons.

I am not aware of a waiting list. I will be careful with that because there may be some list, maybe for respite care or something like that; so I will just have that checked. But as we roll out this future—the scope of the 10-year work—extra capacity that will be required, it is just going to be: what is the most appropriate place for that and how many beds are required in the future?

I think we are seeing a change in people's choices on where they would like to finish their lives. Some people choose Clare Holland House and many other people are choosing at home. I think we need to respond to that, which often means looking at how we provide that in-home support.

Having gone through the palliative care system here twice with my own parents, it is quite a flexible program and, if you do want to die at home, that is really well supported by the health system as a whole, including Clare Holland House and staff at Clare Holland House helping you with that choice.

Mr Cormack: If I could add to the minister's response in relation to the future requirements, there is no current need to expand the number of pure inpatient places at Clare Holland House. However, as the minister previously advised, as part of the

\$300 million program, there is a significant component of planning and development moneys which will be on the concept of an integrated cancer centre and service. As part of that process, we will assess the need for any additional either community-based places or residential places that may be required into the future. But at this point in time, it is coping well; they do a great job, as everybody in Canberra who knows the work of Clare Holland would recognise.

There are occasions, however, where people may wait for a day or two to get in, but it is not like a waiting list of weeks and months to get into Clare Holland House. Clearly, for palliative care, that is not really acceptable at all. But there may be just peak times where a day or two's delay may be experienced but, generally speaking, certainly we keep a very close working relationship with and eye on the work of Clare Holland House. We have not experienced any concerns expressed about excessive waiting times.

MR SMYTH: So there are no patients being held in beds at Canberra Hospital who ideally would have gone to Clare Holland House?

Mr Cormack: As I indicate, from time to time there will be a day or two here or there where that may be the case.

MR SMYTH: But no significant impact, reverse impact, on the hospital?

Mr Cormack: No.

Ms Gallagher: Not long term.

MS MacDONALD: I have a question about cancer services for children. I was wondering about the new women and children's hospital. To put it in context, I was talking to somebody recently—in fact, it was a couple of days before the budget came down—and they were talking about friends who had a young child who had cancer, leukaemia, and who had to go to Sydney and how it was difficult on the family and was there any likelihood of there being a children's hospital in Canberra. I said, "No, I cannot imagine that we would ever do that."

Then it got announced in the budget that we are having a women and children's hospital. I did say to my friend that it would be a number of years and I did not know whether there would be cancer services for children within the children's hospital.

Prof Stuart-Harris: The number of new cases of cancers in children in this region is small each year. For that reason, we are not able to sustain a dedicated service, but I know the department of paediatrics, which deals with these patients, liaises closely with specialists, predominantly at the children's hospitals in Sydney or elsewhere, as required. Then some of these children come back and have part of their treatment given through the department of paediatrics.

The problem is mainly one of the need and the ability to sustain a dedicated service—we do not have the numbers, even serving the region and not just the metropolitan area of the ACT—to provide a full-time service. But we do liaise closely with Sydney and cooperate as required.

THE CHAIR: It is good that, in fact, we do not have the large numbers.

MS MacDONALD: Yes. We would rather not have the numbers, frankly.

MR SMYTH: I note in the estimates that the estimated outcomes for this year for the cost-weighted separations of the cancer patients are 3,000; yet the target for the coming year is 3,590. That is almost a 20 per cent increase. Why do we expect a 20 per cent increase in the number of patients admitted for cancer treatment?

Mr Cormack: The bulk of that increase is because we are apportioning the separations from Clare Holland House, which have previously been counted elsewhere under the cancer output which is appropriate, and there is a modest growth of about, I think it is, three per cent, consistent with our general projected growth rate.

MRS DUNNE: Are all the patients at Clare Holland House cancer patients?

Mr Cormack: The overwhelming majority of them are cancer related.

Ms Gallagher: But not exclusively.

MRS DUNNE: But not exclusively. So what is the rationale for putting the cost-weighted separations for Clare Holland House?

Mr Cormack: We structure the budget around output classes. Cancer and aged care and rehab are two relatively new output classes that have been around for only, I think, three or four budgets. As we prepare the budget papers each year, we continue to refine them so that there is that more transparent relationship between inputs in terms of resources and outputs in terms of services. It is an ongoing process of refinement. We even have a footnote on that one.

MR SMYTH: I notice patient activity “b”, non-admitted occasions of service, goes up nine per cent. Is the expected number of patients therefore going up nine per cent?

Mr Cormack: Third linear accelerator.

MR SMYTH: Sorry?

Mr Cormack: The third linear accelerator will account—

MR SMYTH: Where are they going currently?

Mr Cormack: A number of them are being treated elsewhere, but there has obviously been very significant demand here, which gave rise to the commissioning of the third lin acc. We anticipate a significant increase in local throughput, which means that fewer people have to travel to Sydney for essential cancer treatment, and that is terrific.

MRS DUNNE: So those 46—

MR SMYTH: Sorry, I want to go back to the professor. Are there any long-term data or trend data on the number of new cancer cases we receive every year? Is it just growing at the same rate as the population grows or are we seeing more and more cancer patients coming forward for treatment?

Prof Stuart-Harris: The incidence of cancer is increasing, not just here but across the country and particularly in other westernised countries. We will see a relatively larger increase within the ACT because of the nature of our population, in that the median age was lower than in many other areas throughout the country. As a broad generalisation, cancer becomes more common with increasing age, so we will see a somewhat disproportionately higher increase in the incidence of cancer within the ACT.

MR SMYTH: But that is catching up to the national average rather than being a change in environmental conditions?

Prof Stuart-Harris: Yes.

MR SMYTH: Are there any environmental conditions that are changing in the ACT, for instance, or across Australia that are leading to a greater increase in cancer? People have got fears about mobile phone use and all that sort of stuff. Is there anything that you are aware of—solid data?

Prof Stuart-Harris: Not from an environmental perspective. I would say that we have a highly educated population within the ACT; they therefore participate, for example, in screening programs and they have good health awareness. That might make a small contribution to the incidence.

MR SMYTH: I read recently that there are concerns that the earlier appearance of childhood obesity may well lead to more cancer occurrence later in life. Are you aware of those links and is enough being done to combat the early causes of cancer—ease the burden that you suffer every day?

Prof Stuart-Harris: We know that obesity as well as other factors in a westernised lifestyle tend to increase a number—a range—of cancers. In particular, in post-menopausal women obesity is associated with an increase in the rise of oestrogens, which appears to be involved in the development of breast cancer. But we do not know how obesity affects the instance of other cancers—for example, bowel cancer. I know that it has been noted recently that there is this rise in childhood obesity. I cannot make any comment as to whether that will necessarily lead to an increased incidence of cancer during adult life.

MRS DUNNE: I want to follow up on the 46,000 occasions of service. Are those 46,000—43,000 this year—individual services or are they blocks of treatment?

Prof Stuart-Harris: They reflect an attendance at an outpatient clinic.

MRS DUNNE: So that is every attendance?

Prof Stuart-Harris: Yes. One patient may attend during the course of treatment on a

number of occasions and then during their follow-up. If I could just make one comment to add to Mr Cormack's comment about the increase in growth in outpatient occasions of service: certainly in radiation oncology more patients are being treated, and with the third linear accelerator an even greater number of patients will be treated. But we are also seeing a significant rise in outpatients occasions of service, particularly in medical oncology. The figure there over the last 12 months has risen by some 13 per cent. This is not only because the incidence of cancer is increasing but also because we have more indications for treatment.

MRS DUNNE: Would you just expand upon that last statement, professor?

Prof Stuart-Harris: Yes. Ten years ago we did not give chemotherapy for bowel cancer patients following their surgery. If the lymph nodes are involved, we now we give that routinely. So changes in practice are leading to that increased demand and activity.

MRS DUNNE: The other question that I have on this is: what is the cost of cost-weighted separation for cancer? We had a \$4,300 figure for the hospital with that; presumably it is much more than that.

Mr Cormack: No. That is the figure of a cost-weighted separation overall, whether it be—

MRS DUNNE: Okay.

Mr Cormack: That is a unit of production, which could be hip, ENT, cancer, mental health or whatever. Particular cancer separation will have a number of weights per separation.

MRS DUNNE: I see.

Mr Cormack: Some separations may have an average weight of 2.5, so you would multiple 2.5 by the 4,000-whatever figure we gave you yesterday. If you want information on that, I am more than happy to provide that.

MRS DUNNE: I suppose what I am wanting to see is—I am not quite sure; I will take advice—

Ms Gallagher: What is the average cost weight?

MRS DUNNE: No, not the average cost weight—the number of clients that you are providing services to.

Ms Gallagher: The individual people that need a service?

MRS DUNNE: Yes. I would be interested in that, for you to take it on notice, but I would also be guided by the most appropriate way of presenting that as well.

Mr Cormack: What we can provide is in relation to admitted patient separations. You have got their weighted separations. What we can give you is raw separations;

raw separations will be the number of individual separations. To then come up with a figure that says that some people may have had five or six separations per year—that is a little bit more complicated.

MRS DUNNE: Yes. But raw separation sounds as though—

Mr Cormack: Raw separations are fine.

MRS DUNNE: I am getting nods from the back as well, so it might be the right way to do it.

Mr Cormack: We are happy to do that; it is very easy to give you that.

MRS DUNNE: Okay.

THE CHAIR: We are going to finish 1.5 now. Minister, we are going to go to morning tea five minutes early.

MR SMYTH: I have still questions on the strategic indicators.

Ms Gallagher: On cancer?

MR SMYTH: Yes.

Ms Gallagher: Okay. I was just asking whether Professor Stuart-Harris can—

THE CHAIR: We are definitely finishing at 11 o'clock.

MR SMYTH: We have not dealt with breast screening yet; I think it is a very important issue.

THE CHAIR: I asked that question the other day and we got an answer.

MR SMYTH: You might have asked your questions; I did not ask mine. In terms of indicators 13 and 14, I notice that, particularly in 13, with the percentage of urgent radiotherapy patients who commence treatment within 48 hours, the outcome, the target and the long-term target are all the same. Is that because that is as good as you can get it? Why don't we have a long-term target of 100 per cent?

Prof Stuart-Harris: I believe—I am prepared to be corrected—that this was drawn up before the planned expansion in radiation oncology facilities, particularly, as you know and as we have mentioned before, when the third linear accelerator will come into operation on 1 July. Even so, with that extra capacity, that does not mean that necessarily we would be able to treat all those urgent cases within that specified time frame. As I think you know, a fourth linear accelerator is planned for 2012. As we ramp up capacity to treat patients, I think we can adjust the targets appropriately.

Mr Cormack: I could add to that. The 95 per cent is in recognition that 100 per cent achievement is unlikely in any health care system for urgent radiotherapy within 48 hours. For example, some may have it at 56 hours. In setting these targets, we

believe that 95 per cent is a very good standard of performance for urgent radiotherapy. We did look at a number of other jurisdictions' performance in setting these targets. As Professor Robin Stuart-Harris has said, we revise these each year. And we will revise these again as future availability of capacity comes on line. This is in recognition of what we believe is an optimal target.

MR SMYTH: The third linear accelerator came on line when?

Mr Cormack: It has not come on line yet—3 July.

MR SMYTH: So the estimated outcome for this year, with only two linear accelerators, is 95 per cent.

Mr Cormack: That is right.

MR SMYTH: The estimated target next year, with a 50 per cent increase in capacity—

Mr Cormack: A 30 per cent increase in activity.

MR SMYTH: Only 30 per cent?

Mr Cormack: That is right.

MR SMYTH: Why is it only 30 per cent?

Mr Cormack: Because we are operating two linear accelerators at extended hours capacity; that is largely due to our ability to get the necessary staff to do that. We have staff working extended hours to maintain that 95 per cent target. We have got additional staffing coming on board for the third linear accelerator; the other two will revert to a normal cycle of running from eight in the morning till five in the evening. We will have three running at that.

We have been keeping that capacity at this level so that we could maintain that optimal standard of 95 per cent. Once we move to the third linear accelerator, we will attract more patients overall—not just in the urgent category, but in the semi-urgent and less urgent categories. So we will be pulling more patients in. That is why it is reflected in output indicator 1.5 “b”. It is not just servicing what we have already got; we know that we will pull more patients in.

MR SMYTH: But with the 30 per cent—you are getting 30 per cent more capacity; are you expecting 30 per cent more patients?

Mr Cormack: Yes.

MR SMYTH: Thirty per cent more patients?

Mr Cormack: Thirty per cent more work—not necessarily 30 per cent more patients, but 30 per cent more work. Yes, that is right.

MR SMYTH: I appreciate the time, but if we go back to “a” and “b”, patient activity, in 1.5—

Mr Cormack: Yes.

MR SMYTH: You have just said that you are not expecting—in the outpatients it is nine per cent; in the cost-weighted seps it is 20 per cent but that includes Clare Holland House. Surely therefore the capacity exists to bring this to 100 per cent.

Mr Cormack: As I have mentioned before, those non-admitted occasions to service are not all radiation oncology; they include a range of other things as well.

MR SMYTH: Sure, and I appreciate that.

Mr Cormack: Sorry—the rest of your question?

MR SMYTH: You said that you are getting 30 per cent. I appreciate that you are bringing it back to standard operating hours and not stressing the staff by doing lots of overtime. I understand that; I think that is a good objective. But with 30 per cent increased capacity, you have at no stage said that you are expecting 30 per cent more patients.

Mr Cormack: Thirty per cent more activity is what I meant—30 per cent more activity.

MR SMYTH: I just find it hard to believe that we cannot have a 100 per cent target now that everybody is seen on time.

Ms Gallagher: We may well, but, as Mr Cormack said, it might be 49 hours, in which case we do not meet that target. It might not be possible. I guess that is what targets are about. They are estimated targets; that is what you work towards. If you get 100, which I am sure the area would be working towards—that is what they work towards—then that is an excellent result as well.

MR SMYTH: But the estimated outcome, your target for next year and your long-term target are just 95 per cent. We are increasing capacity; we are talking about a fourth machine in 2012.

Ms Gallagher: Yes, or maybe earlier, depending on the activity level.

Mr Cormack: As I said, we review the targets every year. We have a look at the target coming up for that year; we look at the long-term target. Our advice at this stage is that we believe that those standards are consistent with what is required. You will see right throughout this output class that there are very few of our targets that specify 100 per cent performance in a particular area. It is 95 per cent in this case; we consider that to be an appropriate level of access to urgent radiotherapy in the ACT.

THE CHAIR: We will go to morning tea.

Ms Gallagher: Do we want to come back to cancer?

THE CHAIR: I think that we should leave an hour for the next two outlook classes. That is a half an hour each. We have spent more than half an hour on each of the other outlooks.

Ms Gallagher: In my experience, early intervention and prevention do not usually get much. Unless there is something, I think it is manageable still.

MR SMYTH: Right. Can we come back to it?

THE CHAIR: All right.

Ms Gallagher: I have got an appointment at half past 12, but I thought that is when the session was finishing anyway.

THE CHAIR: Yes, half past. We will come back at quarter past and finish 1.5 at half past; then you can go, professor.

Meeting adjourned from 11.00 to 11.18 am

THE CHAIR: We will recommence. Mrs Dunne?

MRS DUNNE: Breast screening: the strategic indicator for waiting times seems not to have met its target. We have got 20 per cent of people waiting more than 28 days for breast screening. Why is that?

Ms Gallagher: I think that is a staffing issue that we have experienced this year.

MRS DUNNE: We have had the experience in the past when we were not meeting our targets for patients seen. We will probably end up conflating these, because breast screening appears in a couple of places. We might have to be a bit flexible.

Ms Gallagher: Yes, in early intervention.

MRS DUNNE: Is that 6,000 people seen?

Mr Cormack: We work on the basis of two breasts per person.

MRS DUNNE: Yes, I know, so is that 6,000 people?

Ms Gallagher: As one unit.

MRS DUNNE: We have seen 6,000 people?

Mr Cormack: No, 12,000.

MRS DUNNE: Okay, 12,000 people. My recollection is that a couple of years ago we were not meeting these targets. Are these targets reduced?

MRS BURKE: Maybe I can follow on from Mrs Dunne. In 2006-07 the target was

90 per cent; the estimated outcome was 92 per cent. The target for 2007-08 was 90 per cent. So what we are seeing now on page 167 of BP4, at output 1.5 (d), is that the target is still 90 per cent but the estimated outcome is 80 per cent—12 per cent lower than for 2006-07, with a target of 90 per cent. You might like to walk us through those.

Mr Cormack: The explanation is as the minister has given: it is due to staffing. There is a combination of difficulties in recruiting radiographers and at times availability of radiologists under a contracted arrangement.

MRS BURKE: What are we doing to address that? What is in train to address that problem?

Mr Cormack: In the case of radiographers, we continue to recruit aggressively and assertively. We offer the most flexible arrangements for working hours and we continue to seek to find radiographers wherever we can.

MRS BURKE: Where are we doing that? Are we seeking them abroad?

Mr Cormack: We advertise nationally, locally, through professional journals, through professional associations and conferences. That is typically the way, as well as the internet. All those sorts of mechanisms are used.

MRS BURKE: Are we getting people who are less inclined to be trained as radiographers? Is that an issue, and maybe something that we can take up with education or something?

Mr Cormack: I think there is an overall skills shortage issue that has been taken up nationally through health ministers and in COAG. We are experiencing probably our fair share of that skills shortage, unfortunately. So it is a question of a combination of immigration, training, retention and attraction.

MR SMYTH: How much of the problem is retention? Have we been able to get trainee physicians to come to the ACT, have they left, or have we not been able to get people to come at all?

Mr Cormack: Did you say physicians? They are not physicians.

MR SMYTH: I am sorry, radiographers.

Mr Cormack: My understanding is—and I will get some further detail on this—that our retention rates are pretty reasonable, but we do have a number of vacancies that have been difficult to fill. Certainly, my advice from the breast screening program is that it is seen as a very attractive place for people to work. There is a very positive workplace culture there that seems to work towards retaining those that are there. But people do leave for retirement reasons et cetera, and we then find ourselves at the mercy of the marketplace.

MR SMYTH: How many radiographer positions are there?

Mr Cormack: I will take that on notice.

MR SMYTH: Can you tell us how many are filled?

Mr Cormack: I will take that on notice as well.

MR SMYTH: In that case can you take on notice the retention question—how many have come and how many have gone?

Mr Cormack: Yes, I will take that on notice as well.

MRS DUNNE: I want to look at the issue of the total targets for people receiving breast screening. My recollection was that a couple of years ago we were not meeting our targets. Without going back to the previous budget papers, is that target of 12,000, which is a constant across these budget papers, an increase, a decrease or a constant, if we look further back?

Mr Cormack: It has been a fairly constant target. It is largely related to the target population, and it is also related to what we are reasonably able to deliver upon, assuming we have the normal complement of staff on board. Certainly, in the last two years we have gone closer to 12,000 than we have in previous years. But 12,000 is largely population derived.

MRS DUNNE: I suppose this is a presentational thing. I understand the proposal to have cancer services as a stand-alone output. I am just not quite sure why breast screening is now across two output classes.

Ms Gallagher: Because breast screen is about early detection. It is a screening program. They are not actually people with cancer. Once you are diagnosed with cancer then you are out of the breast screening program and you are into the cancer services.

MRS DUNNE: We have waiting times in output class 1.5, and I understand that it is an early intervention thing, so why are they there?

Mr Cormack: I think it is a presentational issue, as you correctly identified. The early intervention and prevention output is unusual. It is not the way we manage our services. We do not have a special program management structured around early intervention and prevention. It tends to be integrated. It is a presentational issue, and that is the way we have addressed that. But I do take your point.

MRS DUNNE: I do not have a strong view one way or the other, but it would be useful to see something more consistent.

Ms Gallagher: It would be useful to have all the breast screen together.

MRS BURKE: On page 102 of the annual report for 2006-07, it shows the target in 2006-07 for “waiting time for results is less than 28 days” as being 100 per cent. Yet in the budget papers it says 90 per cent.

MRS DUNNE: That is 2007-08.

MRS BURKE: No, in 2006-07 the target was 90 per cent.

MRS DUNNE: This target is the 2007-08 target.

MRS BURKE: Yes, but in the annual report for 2006-07 it is 100 per cent. There is a difference of 10 per cent.

Ms Gallagher: You are asking why it has decreased.

MRS DUNNE: So why has it been reduced?

MRS BURKE: You can take it on notice.

MRS DUNNE: I think Mr Thompson has got the answer.

Mr Thompson: You are talking about the waiting time for results?

MRS BURKE: It says “the waiting time for results is less than 28 days”.

Mr Thompson: It is 100 per cent in both.

MRS BURKE: So the 90 per cent figure is for the making of the appointment. Thank you very much.

MRS DUNNE: I discovered something the other day. I typed “breast screening” on the ACT portal to find the number, and I could not find it.

Ms Gallagher: The BreastScreen number?

MRS DUNNE: The BreastScreen number. So, firstly, what is the number and, secondly, can you fix it?

Ms Gallagher: Can we make an appointment?

Mr Cormack: Call Canberra Connect.

Ms Gallagher: We will check that. I use that health website too.

MRS DUNNE: I think I used act.gov.au. Maybe I was in the wrong area, but I think that is where your average—

Ms Gallagher: If you go through ACT Health, it is in there. I had a look at it the other day.

MRS DUNNE: The average punter might not necessarily go there either.

Ms Gallagher: Yes.

THE CHAIR: If we have finished this output class, we will go on to 1.6.

Mr Gentleman, do you have a question?

MR GENTLEMAN: Thanks, Chair. Minister, at page 164 in budget paper 4, there is an output description which includes three dot points. The last one talks about improving discharge planning to minimise the likelihood of readmission et cetera. What sort of work have you been doing to improve planning?

Ms Gallagher: We covered this yesterday. I am not sure I can add too much to the comprehensive answer—

Mr Cormack: I am happy to go over it all again.

Ms Gallagher: The discussion was about focusing our energies on complex patients that need effective discharge planning, and this is one of those groups.

MR GENTLEMAN: Can you give us a bit more detail?

Ms Gallagher: I have just received a text message to say that the number for BreastScreen is 132050. Someone out there is listening to us.

Mr Carey-Ide: The area of discharge planning has been a particular focus for aged care and rehabilitation services over the last 12 months. Our target for completed discharge plans for those over 75 was 80 per cent. We have actually achieved at a 97 per cent rate and our latest achievement is at a 100 per cent rate.

MRS DUNNE: Wonderful; that is very good.

MRS BURKE: What date was that?

Mr Carey-Ide: That was Monday.

MRS BURKE: Wonderful.

THE CHAIR: It is wonderful to have up-to-date information.

MRS DUNNE: I suppose my biggest concern—and this is a moderately theoretical question—is: where are the blockages in getting elderly people out of hospital and into more appropriate settings? What are the impediments?

Mr Carey-Ide: Certainly, the issue around nursing home placement is a concern for us. It is becoming a decreasing concern as bed stock in residential aged care facilities increases in the ACT. That has made quite a noticeable difference for us. Liaising with families is often a very difficult thing because it is a difficult decision point for a family to make that final decision that their elderly family member needs to go into permanent residential care.

So it is a delicate negotiation process with families that often involves quite a bit of time. We try to get families thinking about an admission point if it is obvious to us that the person may well need to be placed permanently. Sometimes that is an emergent problem. We do address that as early as we possibly can.

Making sure that we are able to put in place support services in homes is also very challenging for us around the non-government organisations which every day face an increasing challenge in being able to recruit appropriate staff. We find they are incredibly responsive—as they are able—to our needs, but sometimes it does take us a few days to get those services in place. They would be our two major challenges.

MRS DUNNE: On the subject of residential aged care facilities, do you have a feel for the size of the waiting list at the moment?

Mr Carey-Ide: I would need to take it on notice to give you accurate information. The waiting list varies from facility to facility. The rules around residential aged care facilities do not require that they participate in a coordinated waiting list or that they draw from a coordinated waiting list. It would be wonderful if that were the case. We do have quite a number of residential aged care facilities that work with our residential aged care liaison nurse to facilitate placement for many of our patients, whether they are inpatients of the acute sector or community-based patients, but it is not something that we could mandate. Our figures would be best-guess figures if we were to extrapolate those out over the sector. We could give you figures for some of those facilities.

MRS DUNNE: Thank you.

THE CHAIR: So it is true that a person could in fact have their name down on the waiting list in several different facilities, could they not?

Mr Carey-Ide: They do tend to do that in fact. In the ACT it is a common phenomenon that people will place their names on waiting lists for residential aged care facilities in anticipation of requiring one sometimes as far as 10 years into the future.

MRS DUNNE: So you cannot actually necessarily pull that out of the figures—

Ms Gallagher: No.

MRS DUNNE: The people who are in immediate need and people who are there because they might need it in 10 years?

Mr Carey-Ide: I could tell you the numbers of people on notice who have an immediate need, if they are part of our service, but not for the general community.

MRS DUNNE: But that is not an exhaustive list either?

Mr Carey-Ide: No, it is not.

MRS DUNNE: It would only be indicative. I would appreciate that though, thank you.

Mr Carey-Ide: Okay.

THE CHAIR: Thank you.

MRS DUNNE: Sorry, the other issue that you touched on, Mr Carey-Ide, is the reluctance of families to make the decision, or the difficulty that families have in making the decision. I mean, this is not an area that is solely in your remit as well, but what sort of services are provided to people to take them through that process?

Mr Carey-Ide: I guess I would not agree with the word “reluctance” being used.

MRS DUNNE: Okay.

Mr Carey-Ide: It is often about the need to gather all of the relevant family members, the involved family members, together in one place to make joint decisions, particularly if the elderly person has not made advanced directives about their care. It sometimes takes time to gather family members together.

MRS DUNNE: I see, yes.

Mr Carey-Ide: We do have a very strong and supportive social work service, regardless of whether it is within the units that comprise the aged care and rehab service or across the entire hospital system, that literally walks families through the decision-making process. It would probably be a family conference first up facilitated by the treating staff specialist for the patient where the realities of the need for decision making are gently explained to the family.

The family are then guided by the social work department through the options that are available to them. If the family choose to accept residential care, they would be supported by the residential aged care liaison nurse in terms of the facilities that are in the ACT, and that is a huge number of facilities. The family will talk through the various requirements that they might have of a facility, and then we try to do a best match. They are strongly supported through that process.

MRS DUNNE: Thank you for that.

THE CHAIR: Mr Smyth?

MR SMYTH: At page 167, output class 1.6, item “a”, the cross-weighted admitted patient separations, I notice note 2 says that the 2008-09 target includes Calvary subacute activity previously included in output 1.1. How big is that? What is that number?

Mr Cormack: We can get that number for you. Consistent with previous advice, it is part of the process of progressively purifying our output classes. I will get that advice for you, possibly even before we wind up here.

MR SMYTH: All right. Dependent on that advice, this year you have had 1,200 more patient separations. Next year you are only planning for an extra 215 over the outcome for this year. I guess the question is whether the Calvary subacute activity is 215, or is it—

Mr Thompson: While the footnote refers to the 2008-09 target, it should also refer to

the 2007-08 estimated outcome. You will see the significant increase is from the 2007-08 target to the 2007-08 outcome. That is where the Calvary activity was introduced into the figure. From the 2007-08 outcome to the 2008-09 target, that is growth on top of the amalgamation of the two separate sources.

MR SMYTH: So the extra 215 patients is growth?

Mr Thompson: Yes.

MR SMYTH: And the rest of it is from Calvary?

Mr Thompson: Yes.

MR SMYTH: All right. I notice in items “c” and “d”, minister—subacute service episodes of carer and subacute service occupied bed days—significant shortfalls of about a third in episodes and about 2,000 bed days. Is that because of the staffing issues at the subacute facility at Calvary?

Ms Gallagher: Yes, it is. That is where I got mixed up yesterday with the psychogeriatric facility. I understand that the subacute facility is to have all 40 beds open. That is my understanding. We are not experiencing those staffing difficulties now.

MR SMYTH: Okay. So the subacute facility is now fully staffed?

Ms Gallagher: That is my understanding, or on the way to being staffed. It is fully staffed.

MR SMYTH: Okay. So all 40 beds are open?

Ms Gallagher: Yes.

MR SMYTH: The psychogeriatric facility is still recruiting to meet the need there?

Ms Gallagher: Yes. I think yesterday when I was answering I said I thought all the beds were opening up, and Peggy said no, they are not. I got the two elements mixed up.

MR SMYTH: All right, thank you.

THE CHAIR: Mrs Burke?

MRS BURKE: It is possibly a broader question, but just to go back a few steps to people in hospital wards, I do understand that there is probably a small number; nonetheless, I still think, it is of concern and it impacts upon those nurses on those wards because of the high level of care needed. I think I have got this right. Suggestions have been put to me, minister, and possibly to you as well, about more availability of registered nurses in nursing homes to actually do basic tasks that could be done in a nursing home that are currently having to be done in hospital?

Ms Gallagher: I think that is a genuine issue. It is a little out of my ability to do anything about in the sense that we do not make staffing decisions around aged care facilities. It is something that we are discussing with the commonwealth around how we could better offer our health services into aged care facilities, if that was appropriate. In fact, we were the jurisdiction that raised that in the negotiations around the ideas.

One of the difficulties is that if an elderly person gets very unwell they end up in an ambulance, they end up at the hospital, they end up needing whatever treatment and management, and it is very difficult to have them go back out without the appropriate care. It is an area where we are seeing demand, and we expect that demand to increase as our population rapidly ages.

It is something we would like to do more on, but for us it would also be about being adequately compensated for that. It is, again, about extending our scope of practice into facilities which are regulated by the commonwealth and which are private facilities and often private-for-profit facilities. I think we just need to work through some of those issues. But it is something that we would genuinely like to see movement on.

There is an issue, too, and I have had some nurses speak with me—I think Grant touched on it in a very gentle way—around the rights of people to refuse a nursing home placement. I think we see a bit of that. We have been doing some work in the hospital, and I think it is probably around communication and bringing families together to support that decision making. But if a person is in hospital and they are refusing a nursing home placement, it is very difficult for us to do much.

MRS BURKE: That does build a high level of resentment on the nursing staff, unfortunately, because they feel—

Ms Gallagher: To some it does. Nurses are pretty caring people.

MRS BURKE: I am not saying anything other. It is the stress on them.

Ms Gallagher: Yes, exactly.

MRS BURKE: What can we do to support them, then?

Ms Gallagher: I had it put to me that they should not have the right to refuse; that if there is a placement, they should just be sent there. That is at one end. We have tried to be a bit more flexible with the policy around that, and, as Grant said, focus on reaching consensus. I know there is a nurse—I am not sure of her position and whether it is an entire job—who liaises with the residential aged care facilities in the hospital to have discussions with them about vacancies and appropriate placements. I think that helps as well. I think it does stress the nursing workforce for sure, and people can be there for very long periods of time. Also, unfortunately, it is not necessarily just elderly people; it is any long-term placement in the hospital.

MRS BURKE: No; of course, there are younger people.

Ms Gallagher: Yes. That places stress not just on the workforce in that area but also, more broadly, the hospital system. I think one person in a bed, when you put that out over the year, can deny—

Mr Cormack: The average length of stay for overnight is under four days, so you divide 365 by four, and that is the number of admissions you could have had through that bed. Perhaps to add to one of the areas, the minister identified areas of response. Mr Thompson can probably advise you of some recent work that we are undertaking.

Mr Thompson: Yes. We are working on what is called a community acute and post-acute care program. The objective of that is to try to provide the support in the community to minimise the necessity for older people to go to hospital in the first place. That is from living in their own homes or if they are in a residential aged care facility.

What we are looking at is using our nursing staff in association with GPs and perhaps some of our doctors to provide that care upfront rather than transferring them to the emergency department. That should at least reduce the number of older people who enter hospital. That is an adjunct to the work that we are doing to support placement if they do need nursing home care.

MRS DUNNE: What sorts of services would you look at providing through nurse practitioners?

Mr Thompson: Obviously we would be looking at conditions where people can safely and effectively be cared for in the community or in residential aged care. So that would include conditions like cellulitis, where intravenous antibiotics are required, community acquired pneumonia, which has a similar antibiotic issue, and some other conditions around assisting people to be discharged earlier and providing increased levels of discharge support. It is essentially the sort of care that can be provided effectively in people's homes or, similarly, within a nursing home but, due to the lack of equipment and a service organisation currently, is not being provided.

MRS DUNNE: So this would be a sort of extension of the hospital in the home function?

Mr Thompson: Yes, the hospital in the home currently is post-discharge around particular conditions.

MRS DUNNE: Yes.

Mr Thompson: What we would be looking at is having a pre-admission adjunct to the hospital in the home program.

MRS DUNNE: Would that also be aimed at helping with infection control and things like that?

Mr Thompson: It is not being primarily driven due to infection control concerns, but, obviously—

MRS DUNNE: It is one of the side effects?

Mr Thompson: If someone does not go to hospital, then, if there are any infection control issues within the hospital, they are not exposed to that.

Ms Gallagher: Grant has just got something to add to that.

THE CHAIR: Yes.

Mr Carey-Ide: If I could just pick up on the infection control issue, one of the other concerns that our residential aged care facilities have highlighted for us recently is their lack of expertise and education around the infection control area, and the infection control unit at Canberra Hospital have been providing a very comprehensive program of support to the residential aged care facilities to facilitate discharge of people who have MRSA, for instance. That has already shown some great results for us.

The other program that we provide that does currently go into residential aged care facilities to provide limited support is our RADAR service, the rapid assessment of the deteriorating at-risk older person service; hence we use the acronym.

MRS DUNNE: I think RADAR is much better.

Mr Carey-Ide: That involves our nurse practitioners and one of our staff specialist geriatricians being available to the community, to general practitioners but also to residential aged care facilities, to essentially troubleshoot for older people who are deteriorating in their health status and to provide direction and support for the general practitioner who has got primary care responsibility for that patient. That is already producing excellent results for us as well.

MRS DUNNE: Sorry, when you say that is producing excellent results, can you give me an example?

Mr Carey-Ide: I can anecdotally give you examples of cases where our nurse practitioner particularly, Wendy Venn, has gone into a residential aged care facility on invitation, has provided guided support for the facility and liaised strongly with the GP and the staff specialist geriatrician about general deterioration in the aged person's health status and ways to manage that. One of the manifestations that you will often see in an older person is that, if they have a urinary tract infection that is undiagnosed, their confusion state will often increase. It is often seen by residential aged care facilities in the first instance as just an increase in their confusion rather than there being an underlying cause. Wendy Venn, one of our nurse practitioners, is particularly skilled in the area of continence management and has been able to make a real difference for a number of people around that area in consultation with the GP.

MRS DUNNE: Thanks.

MRS BURKE: Finally on that, minister: you said that you were working on it. I am really pleased to hear that because I think that is going to be of big value but it is a sensitive issue. Did you say you are also working with, or looking to work with,

nursing homes? Obviously they will have to come in to the equation somewhere, so locally have you had discussions with people—

Ms Gallagher: I would sort of throw it all in to the mix, I think—aged care, residential aged care and nursing home.

MRS BURKE: Yes, thank you.

THE CHAIR: I have a supposition to what you were saying before, Mr Carey-Ide, about the not-for-profit organisations. You were saying that they have difficulty sometimes in getting the staff immediately to address the particular needs of a particular person. But is it not true also—or you may not know, but I do know—that within these caring organisations there are now fewer of the volunteer staff who provide day-to-day support in friendly visiting, providing library books, transport, all those kinds of support services, because volunteers prefer to have spasmodic and episodic volunteering rather than long-term volunteering, which is usually required to work with the kinds of people that you are describing?

Mr Carey-Ide: That is right, and it is coupled with there being a huge demand for volunteers and some very attractive volunteer programs.

THE CHAIR: Yes, thank you.

MR SMYTH: Mr Carey-Ide, you are responsible for the Link Team?

Mr Carey-Ide: Community health is responsible for the Link Team?

MR SMYTH: Okay. Are you responsible for the RILU?

Mr Carey-Ide: Yes.

THE CHAIR: Could you say what that is?

MR SMYTH: The rehabilitation and independent living unit.

THE CHAIR: Thank you.

MR SMYTH: RILU staffing is at what level?

Mr Carey-Ide: It has a static staff of two nursing staff per shift, so six FTE per day, on top of which it has a clinical nurse consultant who works a day shift. Then there is a level of staffing around allied health that is adjusted appropriate to the needs of the patients that are in the unit at the time; and the same principle is applied for medical staffing.

MR SMYTH: Okay. RILU is very successful in what it does is the feedback I get from all the people that go through it. Is there a waiting to list to get into RILU?

Mr Carey-Ide: No.

MR SMYTH: Or are people urged to leave RILU early because of other people that need the services.

Mr Carey-Ide: The answer is no to both questions.

MR SMYTH: And in the long-term plan for redevelopment of the hospital, minister, what happens to RILU? Your predecessor had attempted to suggest that it could be fitted into a ward which is entirely inconsistent with what it does.

Ms Gallagher: We certainly have not made any decisions along those lines and, again, in light of all the other areas, I think it will need to expand rather than contract. I guess this work that will be undertaken this year will really define the scope of that, but my expectation is that there is going to be expansion in all areas, overall, but I cannot give you an exact figure of where I think that will be because I think that is part of stage 2 of the work that is being undertaken this year.

MR SMYTH: So you expect that RILU will also expand?

Ms Gallagher: Yes. My expectation is—

MR SMYTH: Is there room in the current facility for RILU to expand or would it have to go somewhere else?

Mr Cormack: I think the short answer to that is that we are looking at a total rebuild of the ACT public healthcare system and really everything, pretty much everything, is up for grabs in the longer term and we will have a look at that in the context of the detailed planning exercises that are underway. So we are not saying RILU stays, goes, gets bigger, gets smaller, goes up or down; what we are saying is—

MR SMYTH: What are you saying?

Mr Cormack: We are saying that we have got more detailed planning to do. The minister has said that the demand for rehabilitation services, specialised rehabilitation services, is going to continue to grow at a very significant rate and we will be looking at all of our services, including RILU, the needs from now right through to 2021-22.

Ms Gallagher: At the moment there is not demand to expand the service, but over the next 10 years I cannot believe, when I look at every other area, that there would not be the need to expand that as well.

MRS DUNNE: So how many beds are currently in RILU?

Mr Carey-Ide: Sixteen.

MR SMYTH: I will go back to my question: is there room for RILU to expand on its existing site?

Ms Gallagher: It does not need to expand on the existing site. There are vacant beds at times in that. So it does not need to and the rebuild—

MR SMYTH: But, if it had to, can it stay where it is and can it be expanded where it is?

Ms Gallagher: It is difficult to answer because everything is up for potential change or to stay; those decisions just have not been taken. I certainly think there is a need for the separate rehabilitation service and I would hope, as part of this next phase of the work, that the best location for that will be identified, particularly if it needs to expand over the next 10 years and that is what we end up supporting. That is the opportunity that is presented by this work. It is not simply about tacking on an extension. There is a possibility that it will move. It might not move. I cannot give you a more definite answer than that.

MR SMYTH: All right, thank you.

MRS BURKE: On page 167, the accountability indicators, I will take two together because they are similar—they are probably very different in what they do, but similar, looking at the numbers there—non-admitted occasions of service and the number of people assessed in falls clinics. I have gone back over the last couple of years and both those indicators remain fairly static. Would you like to expand on that? It is good that people are not falling over—let us put it that way—but we do talk about an increase in the ageing population and one would expect rises in perhaps both of those.

Ms Gallagher: We have gone to these in almost every output class. Setting targets is a difficult job and they are often criticised because they are either too high or too low. These are constantly reviewed every year as we put together the budget. The best way of predicting the target for the next year is based on what you have seen the year before—the growth, any other modelling that we may have available to us about predicting future growth. There is a bit more science to it than that, but that is how you come towards setting your target. My expectation is that over the years those non-admitted occasions of service will increase. I am not—

MRS BURKE: But they have not from 2006; this is what I was pointing out to you.

Ms Gallagher: Yes, but the real health tsunami in aged care is a few years before us yet. I think, from the work that has been done, that we will see that these indicators—and Grant can correct me if I am wrong—will move as our ageing population heads towards that big load. That is predicted at about 2016, so we are perhaps eight years away from that massive onslaught, but that is eight years of setting targets.

MRS BURKE: So you are allowing for 50 a year on that basis then, in terms of—

Ms Gallagher: Well, 50 between—

Mr Cormack: It is three per cent growth. I think we have established that as fairly predictable. If you asked how the health service is growing overall, you would probably come to the conclusion of about three per cent as the historical annual growth pattern and you can see that what we set last year as a target is what we are estimating as an outcome and we think probably about three per cent is right. But the minister's comments about the nature of targets obtain.

MRS BURKE: It was not a criticism either way. I am trying to take a middle position and understand your difficulties in that. But it just seems fairly constant, given the comments that you have made, minister, that things are moving upwards—

Ms Gallagher: Yes.

MRS BURKE: We have left one of those particular falls ones very static over the last two or three years, so—

Mr Cormack: Can I just comment: the target does not constrain us from providing services as required.

Ms Gallagher: It is really a measure, yes.

Mr Cormack: It is a measure. And, if we need to see 500, we will do our best to see 500 instead of 420, so it is in an imprecise science.

MRS BURKE: Okay.

THE CHAIR: We are now going to go on to the next output class, early intervention, 1.7. Thank you very much, Mr Carey-Ide.

MRS DUNNE: Minister, can you account for the apparent drop in funding for early intervention—estimated outcome \$43 million?

Ms Gallagher: Page?

MRS DUNNE: Page 163, budget \$40 million.

Mr Cormack: Yes, cessation of the HPV immunisation program.

Ms Gallagher: That is right; I did know that—the human papilloma virus, the vaccination program, the commonwealth money we received for the vaccination program for young women.

Mr Cormack: The program continues but the catch-up phase is practically over.

Ms Gallagher: So we have just picked up the normal year, but the big burst that we did last year had stopped.

MRS DUNNE: So that is it; the \$3 million is entirely—

Ms Gallagher: Yes, I understand that. It was a big program, and that was the value of the money from the commonwealth.

Mr Cormack: And successful.

Ms Gallagher: A successful program, yes—well done by public health.

MR SMYTH: Sorry, was that well done, Tony Abbott, did you say?

Ms Gallagher: I thought it was a good initiative of the previous government.

MR SMYTH: Yes, it was a good initiative.

MRS BURKE: Yes.

Ms Gallagher: I welcomed it at the time and future generations will appreciate that. But I did say to our public health area, who actually implemented the program, that they did a good job too, because it was on the back of everything else they do. Immunising 14 and 15-year-old girls—

MRS DUNNE: Tell me about it.

Ms Gallagher: stretches the patience of a lot of people. They did well, though, the girls. We had a few—

MRS DUNNE: The public health people did even better.

Ms Gallagher: They did. And for those girls that found it difficult, we did start a special—they did come into the hospital for their subsequent shots, I understand, the ones that really struggled with the first shots.

MR SMYTH: So in real terms what has happened to the budget? The difference of \$3,400,000 is entirely as a result of the ending of that commonwealth program?

Ms Gallagher: Yes, I understand; it was a big load of money.

MR SMYTH: So in real terms there is no growth in early intervention or prevention money for the coming financial year?

Ms Gallagher: That is a difficult one.

Mr Cormack: Within the programs that are included in that presentational output, as you would be aware, there is a lot of other early intervention and prevention work going that is not counted under that. We discussed this as being a presentational issue before.

MR SMYTH: Yes.

Ms Gallagher: It is whole of government, the early intervention.

Mr Cormack: Yes, that is right.

MR SMYTH: But for this output class, for the money presented here, there is no growth this year?

Mr Cormack: It is just price indexation. There is no additional growth funding going into—

MR SMYTH: So the question to you, minister, is: how do you justify not actually getting to the early intervention and prevention that are required to keep people out of the hospital and the acute settings if you are not going to increase the funding beyond CPI?

Ms Gallagher: This is what we have been through. For example, there is \$4 million for chronic disease management as an initiative in the budget. This is a whole-of-government decision, as I understand it, about early intervention and prevention. It probably causes most difficulty in health in terms of trying to present. We are doing early intervention and prevention across all of the services. It is very difficult to disaggregate and effectively paint a picture of what you are doing. We have \$5.9 million for breast screen digital mammography in this year's budget. That does not fit under here but there is still new money going into that area as well. It is not about having a commitment not to intervene early and prevent the onset particularly of chronic disease; it is really about how we are required to report under the output classes.

Mr Cormack: There are some other examples there. Another million dollars has gone into chronic disease management, which is also of significance. It is important to note, as I said before, that this output class contains a limited number of program areas that make up the total cost. When you look at the key strategic priorities, such as reducing the level of youth smoking in the ACT, we are doing well, and we believe that we can maintain effort to keep that going down. We have the best immunisation rates in the country, and we are continuing to invest in that. We have almost 100 per cent hearing screening for all newborns in the ACT that meet the criteria. So we continue to resource that. Our breast screening program does not suffer through lack of resourcing or additional resourcing. In fact, as the minister said, we have thrown in quite a few million dollars to make that even more efficient through the application of digital mammography.

To the extent that your question relates to this output class, I believe the investment is appropriate and more than sufficient to maintain the gains we have made and to continue to make the gains in those key strategic priority areas that are identified there.

MRS BURKE: If that argument follows, you are looking to increase, for example, the number of breast screens for women aged 50 to 69 years of age, but the figures are consistent.

Mr Cormack: I am sorry?

MRS BURKE: You are looking to increase the numbers, if you look at your output description on page 160 for key strategic priorities—for example, increasing the proportion of female screens with the BreastScreen Australia program.

Mr Cormack: Yes.

MRS BURKE: It is an excellent program, I have to say, at this point.

Ms Gallagher: We are not increasing it in the target; is that your point?

MRS BURKE: Yes. You have just said there is \$3 million or \$4 million extra somewhere else, but that is not reflected in the targets.

Ms Gallagher: The money is for equipment—moving from an analog system to a digital system, but it is still going to improve the service for women, the time it takes to get results and things like that. So it is an important element. Going back to the setting of targets, if we exceed 10½ thousand screens for women in the target age group, that is fantastic, and we are trying to increase; I do not know what our rate is.

MRS BURKE: That is the most difficult age group, I believe, to actually get people through at the moment.

Mr Cormack: It is not necessarily the most difficult; it is the most important age group to target.

Ms Gallagher: That is the targeted population.

Mr Cormack: We allow access for women aged 40 to 49 but the science behind it says that breast screening is most effective in the detection between the ages of 50 and 69. So that is where we put our efforts. We are targeting the areas where we get the greatest gain.

MRS BURKE: I think it is about 60 per cent.

Ms Gallagher: Yes, and we want to get it—

MRS BURKE: I was talking to people from BreastScreen and they said it is one of the most difficult age groups to get people on board, so how are we going to address that issue? What things are in train to do that?

Mr Cormack: We have a comprehensive range of recruitment strategies in place. We use the electoral roll, we use direct marketing, we use targeted advertising and we work with community groups. Of course, we service the whole of the region, not just the ACT. There are support groups—the Queanbeyan clinic, Bosom Buddies and a whole range of groups. There is the Older Women's Network and the recall system. They are all there.

Ms Gallagher: Yes, so they get an automatic recall back into—

MRS BURKE: I would say at this point for the record that I really appreciate that service, as a busy woman myself. It is a fantastic service and it helps to keep me on track. With respect to the impacts of the initiatives you talked about, there will not be any problems in funding extra flowthrough?

Ms Gallagher: No, not at all. We would like to get it up to 70 per cent. In fact, I think we are lower than other jurisdictions—or maybe New South Wales and the region. I saw some results that would indicate that we have a little way to go to try to get to 70 per cent.

MRS BURKE: Would that take extra resources, financial and human?

Ms Gallagher: It is effectively using the strategies that Mark just went through—going to the electoral roll and publicising the service. They do quite a bit of that, as well as extending the service into Queanbeyan so that—

MRS BURKE: I was not on about that. If we do all of that, we are going to get an increased number through. Have we catered for that increased number—we have not by the indicators in the budget—to be able to meet that demand as it comes through.

Mr Cormack: We have sufficient money in the budget to meet the demand as it comes through. Staffing will always be a major constraint but we have sufficient money in the budget.

MRS BURKE: Where is that reflected in the budget?

Ms Gallagher: That staffing is a constraint?

MRS BURKE: Yes, the staffing. Have you allowed for extra staffing to deal with the increased load?

Mr Cormack: We allow within the budget sufficient staffing to meet the targets. It is a question of whether we can get the staffing all the time because of the recruitment issues that I raised before.

THE CHAIR: Minister, Mr Cormack mentioned that we have one of the highest immunisation rates for children in the country. Is it because we have such an intelligent, educated population here? Is that the reason why we have that high take-up rate? Are there other influences? I can remember that a few years ago it was not the case.

Mr Cormack: There are a lot of factors. Dr Guest can tell us all about it.

Dr Guest: Immunisation is very competitive between jurisdictions. Everyone wants to be the best. At the moment we are in that enviable position.

MRS DUNNE: Top dog at the moment.

Dr Guest: We have very experienced staff and it is a tribute to the use they make of all the resources that are now available. The Australian childhood immunisation register has been a very useful advent in recent years which has helped all jurisdictions. The understanding of immunisation in the ACT will be a little bit higher than in other jurisdictions. It is a very different situation here, say, compared to the Northern Territory. We have the advantages of geography. We have in recent years made a policy shift from public immunisation clinics to general practice, so there has been a considerable increase in the provision of immunisation by general practitioners. We should certainly acknowledge the efforts made by the division of general practice. The division have put on an immunisation-dedicated coordinator who does great work alongside our staff. So it is a team effort. The fortunate position we are in at the moment is that we are slightly ahead of other jurisdictions, but that may change. We will try to ensure that it does not.

The other thing to say about immunisation is that the schedule is increasingly complex. If you look at the growth in available vaccines, we have mentioned two this morning that have become available—the meningococcal vaccine and the pneumococcal vaccine. There are others that we have not mentioned so far today. There is the rotavirus vaccine for gastroenteritis and the pneumococcal vaccine to prevent invasive pneumococcal disease. The range of immunisations available makes the schedule very complex. The ACT population, because of educational advantage, is in the best position to take up all of these new amenities.

THE CHAIR: Would some of them be free immunisations and others by request at a cost?

Dr Guest: That is true. The immunisation for varicella, or chickenpox, at this point is not yet funded, so that is an example. But the benchmarks that we have been discussing this morning are based on the free vaccines.

MRS BURKE: Chair, I have a supplementary question on mammograms. It is on something that I will take up with you, minister, as it is about an individual case, but I suspect that if it is happening to one there may be some issue in the system. Very briefly, it is about women who have had one breast removed and who need to have a follow-up mammogram. An issue seems to be that people on health care cards cannot get the screen done at BreastScreen.

Ms Gallagher: That is right.

MRS BURKE: They are referred to the private health system, where there is not bulk-billing. Are you aware of that? What can be done?

Ms Gallagher: I think this has been raised with me. BreastScreen is a program for well women, so once you have been diagnosed with something you are exited out of the BreastScreen program.

Mr Cormack: That is right. The options for women who fall outside the program are to access mammography in the private sector.

Ms Gallagher: I think this is something we should look at.

Mr Cormack: We are looking at it.

MRS BURKE: Yes. I will talk to you, minister, about it separately, because it is very concerning and distressing for women who do fall through that sort of crack in the system. They have been told by the hospital to get a follow-up and then they go—

Ms Gallagher: Yes, it is not a crack; it is just not a provision publicly.

MRS BURKE: Not a provision, yes.

Ms Gallagher: So the cost factor comes in. I do believe that is an area we need to respond to.

MR SMYTH: Going back to the numbers for the budget, I note that the 2008-09 forecast budget of \$40,013,000 is the money less the commonwealth money, plus the ordinary rate of CPI. Referring to the 2007-08 budget, there was \$40,061,000 in the previous year, so even with CPI, say, at three per cent that would have meant that it probably had to go up to closer to \$42 million to maintain. Is it going backwards or were there other moneys that came out, courtesy of the commonwealth government, in the previous year?

Ms Gallagher: I do not think anything is going backwards in health funding, is it?

Mr Foster: HPV actually was funded in two years so there was an amount in 2006-07 as well as in the 2007-08 years. Also, there are variations downwards each year through commonwealth vaccination programs at different times, so we would have to get more detail to map it clearly. Certainly, commonwealth levels of funding for vaccinations vary depending on which programs they are supporting in different years. We did look at that. But there has been absolutely no reduction in the programs that we run, funded by the ACT government, through early intervention. They have all been indexed for salary and CPI, so any variation has come about because of the change in commonwealth funding.

MR SMYTH: Can you take that on notice and do a reconciliation of moneys in and moneys out, CPI adjustments et cetera?

Mr Foster: Sure.

MR SMYTH: Minister, I also notice in the output class that until this year there have been six dot points for the output description for the last three years before this, and two that have dropped off are providing screening services for children who enter substituted kinship care to increase the early identification and intervention of health issues. I notice that it is across in the indicators. But the last dot point, which has appeared for many years but which does not appear, and I do not see it in the indicators, is “reporting the number of females screened for cervical anomalies, total screened, number of women in the target age group 20 to 69”. I assume that has just been omitted; it is not a service that has disappeared?

Ms Gallagher: No, it has not disappeared. In fact, Mrs Burke and I were at the launch of Pap Test Awareness Week, advertising the service.

Mr Cormack: Strategic indicator 20.

MR SMYTH: So it has gone from being a key output to a strategic indicator—number 20.

Mr Cormack: Yes.

MR SMYTH: Is that a new strategic indicator? I thought it was there last year as well.

Mr Cormack: I will double-check. I think it was; I thought it was there last year. It might have been an output indicator.

MR SMYTH: It has just disappeared from the documents; there is no change to status or—

Mr Cormack: We acknowledge that, but it has reappeared in another part of the document.

Ms Gallagher: We are still reporting it.

Mr Cormack: We are still doing it, and we are still reporting it.

Ms Gallagher: Would you prefer it to be an output?

MR SMYTH: You put your descriptions as you see fit. It is just that when I see something disappear, I get worried. Everywhere else there is a footnote saying it has gone from an indicator to something else. But the description has been there for some years. I just get worried when things disappear.

MRS BURKE: We may have covered this—my apologies if we have—under another minister, but I was just looking. On 1.7, page 167, proportion of clients attending the well women's check—you might have talked about this yesterday, minister; I just want you to expand on the very low rates at the moment—what are we doing or can we do to further address a higher uptake and encourage women from culturally and linguistically diverse backgrounds to attend?

Ms Gallagher: As you would know, this is an area where I think women can fall through the gaps, particularly if they are newly arrived or from a background in which perhaps regular health checks have not been a part of their lives. I think you are right. I would see this probably as the beginning of where we would like to get. They are a particular target group for us. You will see we are going to be above target for this year. Again, I think these targets are difficult things to get right. It does not indicate a lack of enthusiasm or desire to increase that number.

MRS BURKE: No, I am not suggesting that. It is a concern.

Ms Gallagher: But it is reporting that they are a group that we are focusing on and we would like to encourage more to become part of it.

MRS BURKE: And how are we going about that?

Mr Cormack: Another point to add to the minister's comment is that 25 per cent would represent an overrepresentation of them in the community. In other words, there is a greater proportion of clientele of the Women's Health Service who are from that background than there is in the general population, which is an indication of targeting, a discussion we have had several times over the last day and a half.

The Women's Health Service have got a range of community development and promotional activities underway and they have had for many years. They have got a very strong network right across the ACT to identify women for programs, for access to their programs, and they continue to do that.

Ms Gallagher: I think they work very closely with a lot of the women's organisations such as the Multicultural Women's Advocacy, and those organisations actually know where these women are and encourage them to come and use the service.

MRS BURKE: Thank you for that. Is it a problem that we are not culturally acceptable in the way that we deliver our services then? They do not come or—

Ms Gallagher: I do not think so.

Mr Cormack: I think the data indicates they do come.

MRS DUNNE: How many well women's checks are there?

Ms Gallagher: I am sure we can provide that information to you. I guess this is saying that a quarter of those are going to a group that we are targeting, which is good, but I understand you want to see that in the context of how many there are—if there are only four checks and one of them has gone, which would not be the case.

I think the other issue here is cost of health care, with the well women's check being part of the public health system. It is not fair to say that women from culturally and linguistically diverse communities are not able to access other types of health care in the private system, but I think it is an acknowledgement that they are a group of women who may not have the cash to go elsewhere.

MRS BURKE: But they would be most likely, would they not, particularly people coming to this country from a higher lifestyle?

Ms Gallagher: Culturally and linguistically diverse communities, when you think about that, would encompass some very wealthy and able members of our community as well, but I think the group that we target through this program are those who would not access health care in other places.

MRS BURKE: The most vulnerable.

Ms Gallagher: Yes.

MRS DUNNE: This is a philosophical question. I would have thought women are much more likely to go to the doctor when they need to. There is no well blokes check, because fellows are much less likely to go to the doctor.

Ms Gallagher: Blokes are. Certainly there is some evidence on that. In fact, I have recently met with the Canberra Men's Centre who, as you know, pretty much are trying to get on the ground a men's sector in the ACT. Based on some of the feedback from what they have said to me, they are in the early stages of putting together a men's health plan, particularly because of that issue that you raise about encouraging men. I think you are right.

There are breast screening programs and cervical screening programs. Women have babies and they get used to taking their kids to the doctor. I think it is a lot more of a

normal occurrence for us. Some of the men's groups are saying to me that this is an area we need to focus on now and we need to feed that into our overall planning as we move through the next 10 years.

MRS DUNNE: And it is certainly an issue with an ageing population who are not in the habit of going to the doctor and put it off.

Ms Gallagher: Yes, I agree. That work has started and will really run alongside the women's health plan. We will have a women's and a men's health plan, in recognition of the different issues and the different targets I guess we need to focus on.

MRS DUNNE: So when will we see that?

Ms Gallagher: It will not be that soon actually, unfortunately. It will be for the next health minister of the next Assembly to launch, I imagine, by the time we finish it. They usually are around 12 months. I thought that was your job, Brendan. You said yesterday you were going to—

MR SMYTH: No, I just said I would look after that for you; I would keep an eye out for you.

Ms Gallagher: I think you said, "I will see it through." Anyway I will check the *Hansard* on that. I did pick up a little—

MR SMYTH: As Treasurer, I will make sure the money is there.

Ms Gallagher: As Treasurer.

MRS BURKE: For me to be able to do the job.

Ms Gallagher: I thought he might even have grabbed the health portfolio after he nicked out yesterday evening; maybe not. Anyway, whoever is health minister will have the job of completing that work. I will gracefully get it started and hopefully I will finish it as well.

THE CHAIR: I am conscious that Mr Cormack is gripping several pieces of paper. Do you have some answers?

MR SMYTH: Before he does that, can I ask a general question. I should have earlier.

MRS BURKE: I probably have got one more.

THE CHAIR: All right. The minister is leaving at half past, regardless of the meeting.

MR SMYTH: Has the cost to your department in providing corporate services increased or decreased as a result of using the Shared Services Centre?

THE CHAIR: Maybe you could take it on notice?

Mr Cormack: I think the short answer is no; it is cost neutral. What was excised from

the health budget into the Shared Services Centre to provide those services has moved. We get the same service level and it is indexed each year. So it has not cost us any more, it has not cost us any less.

MR SMYTH: No unexpected costs imposed on the department for using the shared services?

Mr Cormack: No.

MR SMYTH: And the same level of service, and turnaround time for payment of invoices has remained the same?

Mr Cormack: We certainly have not experienced any problems with turnaround time with invoices. That still seems to be going okay.

MR SMYTH: So there is no change in the number of complaints from external organisations about the slow payment of accounts?

Mr Cormack: I am not aware of any complaints about slow payments—any increase in complaints about slow payments.

MRS BURKE: I am happy to put my question on notice, but I just wanted to say something for the record regarding a query that I raised with the minister. The item that had to be sent by taxi to an ACT public hospital at the cost of hundreds of dollars, when it only cost around \$100, was a filter for a dialysis machine. Maybe you will want to—

Mr Cormack: I gave an answer for that yesterday. After you left I gave an answer to that one. I think it almost is the same thing.

MRS DUNNE: It was for renal fluids.

MRS BURKE: It was just a courtesy, to let you know.

Mr Cormack: I appreciate that.

Ms Gallagher: It was four years ago, was it?

THE CHAIR: You have some answers there?

Mr Cormack: The first one relates to Clare Holland House. There were some issues on bed numbers and waiting times et cetera. The bed occupancy rate, year to date, April 2008, is 89 per cent. For the same period last year, it was 87 per cent. The target is 95 per cent. Given the nature and size of the facility and length of stay, that is okay. What that basically means is, on average, at any one time, there are between one and two beds available.

MRS BURKE: And you would not want that to alter, would you really? You would not want full capacity?

Mr Cormack: No. It is always good to have at least one bed available there. And that is why our target is 95 per cent.

The other question was on the apportionment of the hospice to the cancer output class 1.5. Cancer patients account for 80 to 90 per cent of the patients at Clare Holland House. The last time we actually had a look at that in detail, in 2006-07, it was 87 per cent. That is, on the principle of best fit, a good fit.

Mr Smyth asked a question in relation to depreciation on forward design. These figures are an error; they are not a material amount. In the event the project progresses to construction, the forward design costs are capitalised and depreciation will apply once the facility is operational.

MRS DUNNE: I have one general question, minister: why is there no-one from Calvary here?

Ms Gallagher: I thought that myself. Usually Deborah Cole is in the estimates audience.

Mr Cormack: That was really my decision. It was in relation to our experience over the last few years and the number of people that I bring along and have available for a day and a half. I discussed that with Dr Cole and, indeed, with a number of other staff who, in previous years, I might have brought along as well and we agreed that she would be available, as required, to answer any questions. But it was really in the interest of best use of available time and resources. That is the only reason why she is not here this year.

THE CHAIR: Thank you very much, minister. Thank you very much, Mr Cormack, Mr Thompson and all the officials, for your attendance.

Meeting adjourned from 12.30 to 2.00 pm.

Appearances:

Barr, Mr Andrew, Minister for Education and Training, Minister for Planning,
Minister for Tourism, Sport and Recreation, Minister for Industrial Relations

Department of Education and Training

Bruniges, Dr Michele, Chief Executive

Ms Davy, Janet, Deputy Chief Executive

Donnelly, Mr Rob, Director, Finance and Facilities

Bray, Mr Rodney, Director, School Capital Works

Curry, Mr Craig, Executive Director

Harris, Ms Carol, Director, Schools Southern Canberra

Melsom, Ms Kathy, Director, Student Services

THE CHAIR: Thank you very much for appearing before us this afternoon. We are continuing the education hearing in estimates 2008-2009. You are aware of what is written on the privilege card and you are aware of the privilege implications in the card?

Mr Barr: Yes.

THE CHAIR: For the record, I move:

That the statement be incorporated in Hansard

The statement read as follows:

Privilege statement

To be read at the commencement of a hearing and reiterated as necessary for new witnesses

The committee has authorised the recording, broadcasting and rebroadcasting of these proceedings in accordance with the rules contained in the Resolution agreed by the Assembly on 7 March 2002 concerning the broadcasting of Assembly and committee proceedings. Before the committee commences taking evidence, let me place on record that all witnesses are protected by parliamentary privilege with respect to submissions made to the committee in evidence given before it.

Parliamentary privilege means special rights and immunities attach to parliament, its members and others, necessary to the discharge of functions of the Assembly without obstruction and without fear of prosecution.

While the committee prefers to hear all evidence in public, if the committee accedes to such a request, the committee will take evidence in camera and record that evidence. Should the committee take evidence in this manner, I remind the committee and those present that it is within the power of the committee at a later date to publish or present all or part of that evidence to the Assembly. I should add that any decision regarding publication of in

camera evidence or confidential submissions will not be taken by the committee without prior reference to the person whose evidence the committee may consider publishing.

THE CHAIR: We are on output class 1, public school education. Primary school education is at 1.1. Do you want to make some opening remarks before we get into everything else?

Mr Barr: I again thank the committee for the opportunity to appear and to indicate that we are at a very exciting phase of education in Australia. The election of the new federal government has put a renewed emphasis on education within our country. Clearly, the ACT stands to benefit significantly from a range of commonwealth government initiatives and we are very encouraged by the early stages of negotiations with the commonwealth in a number of key areas and in a number of areas, in fact, that the commonwealth will be undertaking complementary work to activities and initiatives already pursued by the ACT government.

It is, I think, a once in a generation opportunity for partnership between the territory government and the commonwealth government to achieve some significant gains, both in the quality of education and in addressing a number of concerns that I have certainly discussed with this committee over a number of years in relation to the ACT education system. Most particularly, that goes to improving our performance for Indigenous students and addressing a range of equity issues within our education system but also, I think, the opportunity to expand the range of gifted and talented programs that we have on offer within our education system.

The key to all of this, though, of course, is investing in quality teaching. We know that the single most significant factor in improving education outcomes is quality teaching. That is why the centrepiece of this ACT budget is a significant investment in quality teaching.

But there are also a number of strategic and targeted initiatives on equity in our education system, improving literacy and numeracy and, most particularly in the college sector, a significant investment in assisting students to make the transition from high school to college and then from college to either further education or a career. That package, as we discussed last week in relation to vocational education and training, dovetails very neatly into the additional investment in this budget for the Canberra Institute of Technology and for vocational education and training.

We have—and I am sure you are very pleased, Madam Chair—continued our investment in the SPICE program in this year's budget, provided additional support for students with a disability in both the government and non-government sectors and made some strategic capital investments, most particularly the \$5 million investment in a new performing arts centre for Calwell high school, providing a south side performing arts centre to complement the \$5 million investment for Lyneham high school in last year's budget.

This is, of course, part of a record \$350 million capital investment in our public education system, the largest investment in the history of self-government in the ACT, and a significant renewal of our public education infrastructure. This budget, combined with the initiatives in the second appropriation last year, delivers significant additional recurrent expenditure in areas of targeted priority. On that note, I will happily take questions from the committee.

THE CHAIR: I might make one comment and ask a couple of quick questions before I throw it open to my colleagues. Yes, I do acknowledge that contribution in the budget towards SPICE, and I am sure that Volunteering ACT and all the young people and the businesses, of which there are many, that are involved in that program will be very grateful for that.

When Volunteering ACT appeared before us the other day, they mentioned that the SHINE program encourages primary school children as well as first year, I believe, high school children to do what you would term normal voluntary work, to get young people into the habit of doing voluntary work, and that this program is not continuing beyond the pilot. I just wanted to mention that they talked about that and how they would like that program to be reinitiated, if it is at all possible.

First of all, I want to ask you: could you outline, very quickly without going into detail, that intersection between the new federal initiatives and what we had already set in motion and where those intersections were for us? That was the first thing I wanted to do. When I collect my thoughts I will tell you the second bit.

Mr Barr: There are intersections in a range of areas. Perhaps the most obvious and high profile, given the Prime Minister's statements in relation to the 2020 summit, would be in early childhood education, most particularly the drawing together of a number of services within the ACT government—bringing together education services, health services and community services—to be able to deliver effectively a one-stop shop for birth to eight years.

We have identified four new sites for the establishment of these early childhood centres that will incorporate a range of services from across a range of agencies. Those four sites have been well discussed and debated in the Assembly over a significant period of time, but just to remind—

THE CHAIR: I just want to know which particular ones, rather than going into detail. That is fine.

Mr Barr: Sure. But what we will be able to do, utilising the funding that the commonwealth will provide for 15 hours of preschool education, will be to expand on the existing 12 that are currently ACT government funded. Of course each jurisdiction starts from a different position in terms of meeting this commonwealth target or commonwealth goal of 15 hours per week. So in the bilateral negotiations that the ACT government will have with the federal government, we will be seeking recognition of the fact that we are already funding 12 hours and that we recently increased it from 10 to 12 hours. That, I am optimistic, will give us some flexibility in terms of the particular programs that we offer, perhaps to look at class sizes within

our preschool sector but also to look at a range of other interventions through other government agencies.

I note that, at a commonwealth level, there is a degree of interest in the programs that we have on offer in the ACT. Katy Gallagher and I are meeting with Maxine McKew next week to discuss the possibility of the ACT piloting some of these commonwealth initiatives and we very much look forward to being able to effectively utilise the combined resources of both governments to achieve some very positive outcomes. That is in the early childhood sector.

The other important area of investment from the commonwealth within the ACT is the trades training centres. The commonwealth is making available nearly \$50 million for the ACT and we are putting forward a regional approach to this. Rather than wanting to scatter 25 different trades training centres across the territory that would be very small in scale, in fact our proposal is to undertake a regional approach.

We will be submitting proposals for trades training centres as part of the new \$54 million school for north Tuggeranong and as part of the new Gungahlin college. We are working in partnership with the CIT, both in Gungahlin and also looking at establishing something in the Belconnen region as part of the CIT program at the Bruce campus.

We have also been approached by a number of non-government schools seeking to partner with other training providers and with the ACT government to fill some of the other regional options within the city. I think there is a real prospect here for a considered regional approach working across the sectors that will deliver substantial trades training centres that serve the needs of a cluster of schools.

THE CHAIR: In your introductory remarks, you talked about building capacity with regard to quality in schools, particularly on learning outcomes, by improving the quality of teaching. I know that it is mentioned in budget paper 4, page 353, as one of the dot points there. Are there particular strategies that you have got in mind in that area?

Mr Barr: Certainly. The initiative in the budget injects just short of \$2.4 million over the next three years to improve student learning outcomes. This involves three full-time positions within the central office to coordinate the introduction of a quality teaching model to the ACT system and an additional 10 in-school FTEs for the 2008-09 year, most particularly focusing on the 2009 school year, to provide a cluster-based approach to improving teaching quality but also engaging staff in a much smaller setting than system wide. We are looking to break this down to clusters of schools.

In a minute, I will get Dr Bruniges to outline the quality teaching model that we are seeking to implement here, but this initiative, combined with the leadership initiative targeted at school leaders and the future deputies and principals in our system, is a very important investment in improving the quality of teaching within the ACT public education system. It is clear, as has been indicated—and I am sure there is not much contest out there in the public policy debate—that investing in quality teaching is the number one area for governments to be able to make a measurable impact on

educational outcomes in any jurisdiction. Dr Bruniges, would you like to outline the quality teaching model?

Dr Bruniges: The quality teaching model, this initiative, comes at a very strategic time for us. As you will be aware, we had launched, at the end of last year, a new curriculum framework. Part of the support for teachers in classrooms is to get to know that curriculum framework and the quality teaching model enables us to utilise the curriculum framework, which we had launched last year, as the material that we will use in order to look at the quality teaching model.

Fundamentally, the quality teaching model was developed from, originally, a Queensland research basis called productive pedagogies in the Queensland context. It then was subject to a whole range of action research in both Queensland and New South Wales, where it became a quality teaching model in New South Wales. It is based on a number of elements in the model.

Some of those elements include making sure that we have a high level of engagement with students, making sure that the intellectual rigour within curriculum is there and that teachers are able to understand different levels of hierarchy of cognitive development in terms of the model. Helping teachers look at student work samples and to be able to code student work in a way that identifies those elements is really critical. It helps develop their understanding. It helps them, I guess, question their understanding of what their teaching practice does and enables them to have an agreed filter to look at their own teaching practice and, indeed, others'. We would want to encourage that cluster approach.

It is very heavily researched here in Australia, both in the Queensland jurisdiction and in New South Wales. Indeed, we want to bring that in but adapt the model to look at our new curriculum framework here in the ACT.

With the idea of having that, as Minister Barr has outlined before, we know that within the classroom the quality teacher accounts for at least 30 per cent of the variants within schools, in terms of making a difference in student outcomes. Our new curriculum, and the timing of that, means it is a great time for us to introduce that new curriculum framework, support it with the pedagogical practice that we need to have, and have those two things aligned in order to lift student outcomes.

MRS DUNNE: Minister, what is the real increase in education funding to government schools in the 2008-09 budget?

Mr Barr: On a per capita basis, just over eight per cent.

MRS DUNNE: On an aggregated basis, what is it?

Mr Barr: More than six per cent.

MRS DUNNE: How do you make that calculation?

Mr Barr: Assessing the 2008-09 figures, noting the second appropriation initiatives that added more than \$3 million into the total budget amount, and noting, of course,

that there are a number of efficiency savings that accrue from decisions in the 2006-07 budget, most particularly in relation to superannuation, which we have discussed in the committee before. That lends itself to a total figure on a per capita basis—recognising, of course, that the number of students in the system is smaller this year than it was the previous year—to an increase of over eight per cent on a per capita basis, and more than six per cent in absolute terms.

MRS DUNNE: So the estimated outcome of \$432 million for public education, which takes into account the second appropriation moneys for last year, and the budget outcome of \$462.5 million, for the sake of roundness, are you saying that is an increase of six per cent?

Mr Barr: Yes, that is the advice I have, Mrs Dunne. Mr Donnelly, no doubt, will provide some additional information.

MRS DUNNE: I was wondering why Mr Donnelly was not at the table. I thought it would be only a matter of time before he was called up.

Mr Donnelly: I am happy to appear before the committee. Mrs Dunne, the figure that the minister is quoting does not actually go from the estimated outcome in 2007-08 to 2008-09. It adjusts that estimated outcome for the additional funds put into government school education by the government in the second appropriation.

MRS DUNNE: Yes. But that is there. That \$432 million includes the money from the second appropriation?

Mr Donnelly: That is correct.

MRS DUNNE: Yes. And \$462.5 million is not a six per cent increase on \$432 million.

Mr Donnelly: It is a shade south of five per cent, from memory.

MRS DUNNE: Yes. So how do we get a six per cent increase?

Mr Donnelly: As I said, the figures that the minister is quoting remove the second appropriation numbers from the 2007-08 base in order to make the calculation given to six per cent.

MRS DUNNE: So you are actually working on the \$427 million? So you are working budget to budget and not taking into account the appropriation?

Mr Donnelly: Yes.

MRS DUNNE: So you are failing to count the money in the appropriation? So you are going from budget to budget?

Mr Donnelly: Well, we—

Mr Barr: A six per cent increase from budget to budget?

Mr Donnelly: Yes.

Mr Barr: Then noting that there was a second appropriation means that the additional money in this year's budget plus the second appropriation is a six per cent increase on the 2007-08 budget. So when you take into account the new money in this year's budget plus the new money in November last year that rolls over into the outyears, that is the six per cent increase.

MRS DUNNE: So you are going from budget to budget, and you are not taking into account the fact that you have already put that money in? So the money that was in the 2007-08—

Mr Barr: Well, the second appropriation initiatives include additional money that kicked off for this school year, but it also included a range of initiatives that continue into the outyears. They need to be factored into the overall increase from the 2007-08 budget.

MRS DUNNE: It is an unusual way of making calculations.

MR BARR: Then the other factor, Mrs Dunne, is, of course, on the per capita basis, it moves up towards eight per cent.

MRS DUNNE: It moves up towards eight per cent because there are fewer children and because there has been yet another contribution of the exodus to—

Mr Barr: Well, there are fewer school-aged children in the ACT. The demographic change continues and will continue each year. You need only look at the school census data across all schools to establish that the size of the year 11 and year 12 cohort that leaves—

MRS DUNNE: Yes, but, minister, you are losing proportion, are you not?

Mr Barr: The size of the years 11 and 12 cohort that leaves the system is something in the order of about 5,000 students. The new group coming in is more in the order of about 4,200 to 4,300. So the school age population in the ACT continues to decline.

MRS DUNNE: Yes. There is no doubt that the school age population continues to decline, and you have a continuing declining share of that population?

Mr Barr: Yes. The most recent school census data shows that, except for in preschools where we have picked up 11 per cent over two consecutive years.

THE CHAIR: Ms MacDonald.

MS MacDONALD: Thank you. I was just looking through budget paper 5, which is the capital initiatives. I notice that education and training is picking up—

THE CHAIR: What page are you on?

MS MacDONALD: Sorry, page 78 of budget paper 5. I note that education is picking

up the tab for refurbishing and redeveloping the Erindale leisure centre. I know that the school uses the leisure centre quite significantly but—

Mr Barr: It is our facility.

MS MacDONALD: It is our facility totally?

Mr Barr: Yes, it is an education facility.

MS MacDONALD: Okay. It is utilised by the community.

Mr Barr: By the community as well, yes. It is one of those joint-use facilities, but the budget allocation for upgrade has come through education.

MS MacDONALD: Has that always been the case?

Mr Barr: That is my understanding.

Mr Donnelly: It is my understanding—and it is a little bit before my time, so it could be a little bit hazy—that the Erindale leisure centre used to be managed by sport and recreation during the period of time that it was part of the Department of Education and Training. The two facilities were combined under the administration of the Erindale College, and that has continued after sport and recreation left the education department five or six years ago.

MS MacDONALD: Okay. I just thought that was weird that it was in education.

MRS DUNNE: It is weird.

Mr Barr: But, rest assured, it is a very good investment in the facility.

MS MacDONALD: I know it is, and I am glad to see that it is going to be redeveloped.

THE CHAIR: Mr Smyth, do you have any questions?

MR SMYTH: I do.

THE CHAIR: Sorry, Mr Gentleman; I will come back to you after Mr Smyth.

MR SMYTH: If we go to page 391, the very last page of education in budget document 4, the second-last dot point under “Early Learning and Development Total Expenses” says that the decrease of \$1.7 million was due to correcting a miscoding error. How did that error occur?

Mr Donnelly: That was an error which occurred in the 2006-07 budget. It effectively related to an amount which should have transferred from that output class into output class 1, but it did not occur at that time.

MR SMYTH: Where is it corrected in these documents?

Mr Donnelly: In this document you will see it coming out of output class 4 and going into output class 1. You can see that 1.225 is in the first dot point under “Public School Education Total Expenses” on page 390. I would need to get back to you on the other 500,000—as to where that money went.

MR SMYTH: If you could. Does that therefore impact on the claim that the government has increased funding by six per cent or eight per cent—or whatever measure you want to use—when you have just found a mistake and transferred money from a different area into those numbers?

Mr Donnelly: It should not impact the percentage figures greatly. If the amount was correct in the previous year, the change would have been nil.

Mr Barr: It is just a switch between output classes.

MR SMYTH: So it is just—

MRS DUNNE: But early intervention is not so different?

MR SMYTH: How was the error detected, and what action has been taken to ensure that it does not happen again?

Mr Donnelly: That error was detected when we went through the annual statements in 2006-07. It was detected at that stage and reversed in November last year. Obviously, this budget is the first time the revised financial statements have been published since then. The department has reviewed its systems to ensure that there is minimal chance of that sort of error happening again.

THE CHAIR: Mr Gentleman.

MR GENTLEMAN: Minister, my question relates to your opening statement. You talked about equity as one of the key issues. Can you expand on the work that you are doing there and also reflect on what these efforts are doing—in comparison to efforts put in in previous years?

DR FOSKEY: And could I have a supplementary to that, please, chair?

Mr Barr: In addition to the funding that was made available in the second appropriation, there are in this budget round a number of significant targeted initiatives to improve student equity within our public education system, most particularly, in this budget, the increase in funding of just over \$400,000 over four years in the schools equity fund. That fund had previously been in the order of \$272,000 per annum. This increase is something in the order of 20 per cent this financial year, increasing—nearly doubling—into the outyears.

These are payments made available directly to identified schools by socioeconomic status to assist them in a range of areas. Schools themselves make the decisions around areas of identified need within individual school communities. This is a significant increase in the amount of money that is available through this specific

program.

Last year's budget extended the bursary scheme and made that available to more students. We have a range of other equity measures within the education system and a range of other funds that are in place to assist students.

Another key initiative in recent times has been the additional \$3.3 million investment to assist Indigenous students. That has been targeted both at students who are not achieving national benchmarks at year 3 level, providing intensive additional assistance at year 4, and also at Indigenous students, to assist them in the transition from primary to high school and from high school to college. I am also looking at some targeted initiatives around assisting high-performing Indigenous students to go on to further education. They are some of the key measures.

As I indicated in my opening statement, there is also additional money across both the government and non-government system for students with a disability. These areas of investment were highlighted by both the government and non-government schools education councils as priority areas for investment—most particularly, I would say, through the Non-Government Schools Education Council, which did seek specific allocation for students with a disability in addition to the extra money that was available through the increased indexation for non-government schools.

THE CHAIR: I will check where we are up to as far as time is concerned. Mr Seselja has an overview question.

DR FOSKEY: I have a supplementary to that question.

THE CHAIR: Dr Foskey has a supplementary to that question.

MRS DUNNE: And I have a question.

THE CHAIR: We have only three hours left, including afternoon tea time.

MR SMYTH: We could skip afternoon tea.

THE CHAIR: No, we cannot. I presume that people will have a lot of interest in the next four output classes particularly and need a lot of time. I will ask members to take their overview questions into those areas after I have heard Dr Foskey's supplementary and Mr Seselja's overview question. Then you can take your overview questions into the appropriate output area.

DR FOSKEY: Thank you. I think we could have had more time on this whole area; I am hoping that there is an opportunity for that. Obviously there is a lot of interest.

THE CHAIR: Each of the overview things relate to an output area.

DR FOSKEY: I am talking about education and schools.

MR GENTLEMAN: If you had gone on the committee, you could have put that forward.

DR FOSKEY: Thank you, Mick. I thought you might be interested too.

In November 2006 I asked if you recognised that two of the key indicators for students' educational achievements are the educational achievements and the socioeconomic status of their families. At that time you answered no. I am pleased that now it appears that you are more convinced that the socioeconomic status is a significant factor.

I am interested in how much of the amounts of money that you have just listed in response to Mr Gentleman's question will actually be used to support literacy and numeracy amongst more disadvantaged students and whether there will be some programs using less connected areas like drama, film, music and the arts to keep engaged students who may not be performing and succeeding on the usual academic measures.

Mr Barr: You provide the opportunity to highlight that, in addition to the range of additional equity measures that are contained in the budget, there is a specific literacy and numeracy initiative—just short of a million dollars over the next four years. This is to assist in building capacity within the teaching workforce and to assist schools in implementing a whole-school approach to improving literacy and numeracy outcomes for all students.

This particular program targets professional development for literacy and numeracy coordinators in all public schools, to build their knowledge and skills in best practice for teaching literacy and numeracy. The department has a new strategy, including a program to support school coordinators. That strategy will be in place within the second semester of this year.

There are a number of programs—I have just been passed a note—and I am happy to outline the range of different programs. You have probably encountered Count Me In Too, the K-6 numeracy program, Counting On, years 7-10 and the middle years project within the numeracy area. In literacy we have First Steps, kinder to year 6; Stepping Out, 7-10; the spelling program; Reading Recovery; the ESL program; the learning assistance program; and literacy PD across the curriculum program—as well as a range of early literacy and numeracy programs and Indigenous student specific programs that I outlined in my response to Mr Gentleman's question.

DR FOSKEY: With 275,000 a year across all public schools for literacy and numeracy for all—

Mr Barr: That is additional, Dr Foskey. I have had this issue with you every time. You make no recognition of what is already in the funding base and seek to mock new initiatives as never being enough.

DR FOSKEY: I do not think I am mocking it, but we do know that there is a growing achievement gap in the ACT and I am interested in what the government is doing to narrow that.

Mr Barr: Providing a range of targeted and strategic investments to raise the quality

of—

DR FOSKEY: But the ranges that you have described have been in general—

Mr Barr: I have just outlined at least a dozen programs that we have in place.

DR FOSKEY: You have not indicated how they are going to narrow that gap—how they are targeted to do so?

Mr Barr: Again, this narrative that Mr Cobbold and you have been running is to suggest that all of the programs that are in place within the system at the moment are failing, and I—

DR FOSKEY: No, it does not suggest that at all; that is a misrepresentation.

Mr Barr: We can disagree on that, but—

DR FOSKEY: I think you will know that we both have the same desires and aims for the public education system.

Mr Barr: If you would let me finish answering your question, we might be able to actually achieve something out of this afternoon's hearings. To suggest that the existing programs are not making a difference I do not think is particularly fair—

DR FOSKEY: It is the measures.

Mr Barr: That is not to say that there is not more that can be done. That is why this budget and the second appropriation last year contained a range of targeted initiatives, working with a range of students who were either not achieving national benchmarks or not reaching what we would consider to be adequate levels within literacy and numeracy.

Through our own testing processes and through the national testing process, as we are now part of that, we identify a range of students who are not achieving those particular outcomes. That is not to say that testing is the only way that you can identify students at risk. Through a range of programs and a range of different approaches dealing with individual students—right down to individual learning plans in some cases or as an individual school approach—we provide a very considered and detailed response to these issues.

I have to admit that I find it distressing that the good work that has been done in the public education system is constantly trashed by those who claim to be advocates of such a system. The great danger that that narrative runs is to suggest that public schools are failing students. I reject that utterly.

DR FOSKEY: I object too.

Mr Barr: I will get Dr Bruniges to outline some of the detail of the programs that are in place.

Dr Bruniges: There are two major issues that we need to have a look at. One is the capacity of our teachers to diagnose exactly the particular needs of individual students who may not be attaining a standard that we expect them to be at. And the quality teaching initiative in this year's budget will help us to be able to develop the professional learning of staff to make sure that they are looking closely at the right diagnosis of individual students.

Programs—turning to the measures, Dr Foskey, when you think about the way in which we measure student growth over time, we have not very often been in a position to have pre and post measures to look at how much students actually grow between two points. We will have that measure when the first national tests results come in—to be able to chart individual student growth over time.

There is the issue of student engagement. Often the motivation and engagement of students has to be addressed first before we see an increase in their learning outcome. If they are not participating in school, they are not engaging with the content, the curriculum is not relevant or they are being distracted by a range of issues, then taking that and addressing those variables first is really important. Ways in which we can do that to make the curriculum more relevant—we see that in particular areas of reading, the nature of the reading and the structured material that students can have.

In the area of numeracy, later this year we will be trialling a program that is based on research from the University of New England in New South Wales, a program called QuickSmart, for students who are not attaining the level that we expect them to be at. What it does is have a look at what is called the overload in working memory; it tries to reduce the overload in those students' working memory, to free that up in order to solve problems. That program called QuickSmart has been very successful.

DR FOSKEY: I would like to see more information about that, if that is okay?

Dr Bruniges: I am happy to provide those documents for you from the University of New England to have a close look. It really tries to address the point that you raised about why students are not performing and really getting down at a much lower level of detail to helping teachers support those students in most need.

DR FOSKEY: A lot of that is about supporting teachers and, for instance, making sure that teachers do not have rather too large a class of perhaps some of those more disadvantaged students. As you know, it is very difficult to do those things regardless of the quality of the program if the teacher is overwhelmed by numbers of children who are not interested in learning at that time. That would seem to be a place to put those efforts.

THE CHAIR: We do have restrictions on class sizes, do we not, minister?

DR FOSKEY: But 20 or 19 children who are having trouble, struggling with the curriculum, is still a very difficult number.

MRS DUNNE: This is a different kettle of fish from 19 bright kids.

Dr Bruniges: Could I just add to that? Programs like Reading Recovery actually use a

one-on-one basis and are very resource intensive in terms of all departments of education and training. It is actually one-on-one tuition in Reading Recovery. That is a program that we have got currently running. QuickSmart in the numeracy area also uses part withdrawal of students into smaller groups to be able to work with them closely. Many of our programs we have in place do either work with small groups of students within the classroom or might have a one-on-one basis.

It is not as though classroom teachers are only trying to address the issues of disengaged students in a whole classroom situation; they use a whole range of strategies to do that. You actually need a mixture of both. You need a mixture of the small group—the large group for socialising students and getting peer interaction going but also concentrated periods where we focus on particular skills or weakness, once we know what they are, to be able to boost those students' performance.

THE CHAIR: Mr Seselja.

MR SESELJA: I want to go to page 123 of budget paper 5. In your introductory remarks you mentioned the capital spend which has been undertaken in education. A number of reasons are given there for a rollover of funds for delays. There is a reasonably broad description. I was wondering if on a couple of them you might be able to give us some more detail as to what were some of these delays, starting with the school infrastructure refurbishment of \$12.6 million. It says there “delay caused by scoping of work and site access”. And we might just look at a couple of the others if possible.

Mr Barr: Certainly. Mr Donnelly will be able to give you some detail on the individual projects, but my understanding is that in many instances this is simply work that has not quite been completed by the end of the financial year. A number of the projects have in fact commenced or are nearing completion—or were nearing completion at the time. You would of course be aware that it is the most significant capital investment in public education in the history of self-government in the ACT. It is a significant and ambitious program—more than I understand 226—

MRS DUNNE: Can you just answer the questions rather than do the rhetoric? We know the rhetoric.

Mr Barr: I understand 226 projects completed across 70 schools in the first year of the four-year program.

MR SESELJA: We want to get to the bottom of why some of those have been delayed. We might ask Mr Donnelly to enlighten us.

Mr Barr: Certainly. Mr Donnelly might be able to provide you with some more detailed information.

Mr Donnelly: As you can appreciate, Mr Seselja, when projects of this nature and this size across updating government schools and over a three-year time frame—or four-year time frame in some instances—are commenced, there are a number of things you need to get organised in order to make sure that the projects achieve the right result at the end. Some of those things that have caused some delay in the particular school

infrastructure refurbishment as across a large number of projects across a large number of schools are issues such as ensuring that we are talking to the school community and building exactly what the school community wants rather than what we might have assessed through the process.

MR SESELJA: So that was not done before—when these projects were announced?

Mr Donnelly: When the funds were announced by the government, the department undertook a process of working with schools to identify projects in the broad which could spend these funds or which these funds could be invested in. Once a project was decided in detail—for example, if there was a \$2 million allocation to a major older school, refurbishment of a school—we made that allocation and then sat down with the school and said, “Okay, with \$2 million to allocate to a refurbishment of your school, what would be the priorities within the school that that money should be spent on?”. So it is an iterative process. We start with \$90 million which the government provided, we look at allocating that to projects across different schools, and then we work with the schools to refine the scope of those projects so that we are doing exactly what is required—nothing more, nothing less.

MR SESELJA: That is scoping. What about site access? What has been the delay there?

Mr Donnelly: Site access relates to areas perhaps where classes have needed the space until the end of a particular term or semester and we cannot start work. If, for example, we are refurbishing a classroom, in some of our colleges they run different timetables between first and second semester.

MR SESELJA: Which schools does that apply to? Which schools has there been trouble with site access with?

Mr Donnelly: I would need to take that one on notice—that level of detail.

MR SESELJA: The west Belconnen school rollover—there was delay in receiving development approval. What was the problem with that?

MRS DUNNE: The Minister for Planning called it in, didn't he?

Mr Barr: The Minister for Planning—recognising that I had a potential conflict as minister for education: technically, I suppose, the proponent of said project—delegated call-in powers to the Minister for Territory and Municipal Services, who called in the development. That process—I am sure you will ask questions about it in about 10 days time—in the planning portfolio can sometimes take time, Mr Seselja.

MR SESELJA: With the Tuggeranong P-10 school, it says that “unanticipated delay was due to the time taken to engage a suitable officer”. When was that suitable officer engaged and why were we not able to find someone earlier?

Mr Donnelly: We managed to find a suitable officer in October 2007. We ran an advertisement for that in August 2007, I am informed. The process of running that recruitment process, finalising it and getting the officer on board—he is actually an

officer who has come over from England.

MR SESELJA: But that is not unanticipated, is it? If you advertised in August and you got them in October, that would be about the standard time, wouldn't it? Would that not have been anticipated when this was first announced?

Mr Donnelly: He was moving over here anyway. A recruitment process of that order would not be unusual. I am just trying to think. I believe we ran an advertisement for a temporary job prior to that which did not receive any suitable applicants. We had hoped to be able to start the process with a temporary applicant—a temporary transfer into the position—while we were filling the position permanently.

MR SESELJA: When was that initial process run?

Mr Donnelly: Again I would need to get back to you on that.

MR SESELJA: Presumably this was announced—was it a June budget that year?

MRS DUNNE: This was announced in December 2006.

Mr Barr: And funded in the budget of—

MR SESELJA: I am just not quite sure why it is says “unanticipated delay” when it seems that a couple of months to pick up someone—of that order—would have been reasonable. It sounds as though it took a little while to actually get going with the process after it was announced. Is there a reason for that, minister?

Mr Barr: Sorry, is there a reason?

MR SESELJA: Yes, a reason why it took till August to start advertising for something that had been announced—

MRS DUNNE: In December.

MR SESELJA: according to Mrs Dunne, in December.

MRS DUNNE: And funded from June.

Mr Barr: Funded from July, yes. It was about four weeks from when the funding was available to when that recruitment—

MRS DUNNE: You set yourself a pretty tight time frame on this anyhow.

THE CHAIR: Did you have a supplementary, Mrs Dunne?

MRS DUNNE: Yes, I do. The school infrastructure refurbishment—

Mr Barr: This is the money you believe is throwing good after bad?

MRS DUNNE: If you choose to characterise it like that.

Mr Barr: That is how you have—and on numerous occasions, Mrs Dunne.

MRS DUNNE: No, I have not. That is you verballing again, minister.

Mr Barr: I am verballing—right!

MRS DUNNE: The school infrastructure refurbishment money is spread out over four years, minister.

Mr Barr: I refer interested readers of this *Hansard* to the previous *Hansard*.

MRS DUNNE: Could you provide—this is something I want to take on notice—a breakdown of all of the projects: when they were anticipated to be commenced, when they were to be finished and how much has been rolled over. This amount of money has been going on for—this is the third budget.

Mr Barr: This is the third year of a four-year program, yes.

MRS DUNNE: The third year. So from the beginning—all the projects, what is anticipated in the fourth year et cetera and basically the sorts of things that you find in the capital works budget. None of these individual projects have appeared in the capital works budget—just the bulk of the money. I would like that, please.

Mr Barr: Okay.

THE CHAIR: Supplementary, Mr Smyth.

MR SMYTH: Just to go back to the Tuggeranong P-10 school, in the 2007-08 budget papers where it is funded, there is \$6 million in 2008-09, \$26 million in 2009-10, and the rest of the money, \$18 million, in 2010-11, which equals \$50 million. There is \$4 million, as we have said, for the schools infrastructure refurbishment. When was the P-10 school due to open?

Mr Barr: The 2011 school year.

MR SMYTH: On 1 January?

Mr Barr: The first school day in 2011. That is when the school will open.

MR SMYTH: On page 372 of budget paper 4, with respect to the changes to appropriation capital injections, there are two lines for the Tuggeranong P-10 school. The first line, three lines down, refers to money from 2008-09—there is \$3 million rolled over. There is \$14 million rolled over from 2009-10. So it would appear that the first expenditure is in fact \$17 million in the 2010-11 year. Is that true?

Mr Donnelly: No, that is not correct, Mr Smyth. The \$14 million comes off the \$27 million that was originally appropriated to the 2009-10 financial year in the 2007-08 budget, meaning that \$13 million would be spent in 2009-10.

MR SMYTH: So \$13 million is spent in 2009-10; \$17 million is spent in 2010-11?

Mr Donnelly: Yes.

MRS DUNNE: What is this other line down at the bottom?

MR SMYTH: We will get to it in a minute. So \$13 million is spent in 2009-10?

Mr Donnelly: I would need to do some quick maths because—

Mr Barr: I think where you are getting to is when the government makes a final payment as opposed to when the school is open. Is that the—

THE CHAIR: That is right.

MR SMYTH: Well, we might get there yet.

THE CHAIR: Have we got another question we can go on with while he is doing that, instead of wasting time?

MRS DUNNE: I will ask the question that I asked last year. The ACT government contribution to non-government schools: where does that appear? It is usually amortised with other money.

Mr Barr: This year we have taken up your suggestion. If you go to page 363 of budget paper No 4 you will see grants paid to non-government schools.

MRS DUNNE: I went looking for it in the same place that it appeared last year.

Mr Barr: You will see that non-government schools are budgeted to receive an extra \$20 million this year, the commonwealth money being about \$17½ million or thereabouts of that. Mind you, I understand that the commonwealth rarely delivers on the actual budgeted amount. That was certainly the record under the Howard government. We will wait and see what happens under the new federal government.

MR SESELJA: I thought you said they gave them too much.

Mr Barr: They would tell them they were giving them a lot and then apparently, when it came to the reconciliation, the Howard government fell short a little.

MR SESELJA: So are they getting too much or not enough? What is the true picture?

Mr Barr: I think it is important, Mr Seselja, to deliver on the amount of money you say you are going to deliver on. I think the ACT government has achieved that outcome.

MR SESELJA: But you say that is too much, so how much less should they be giving?

THE CHAIR: He didn't say it is too much. He said it needs to be delivered.

Mr Barr: It was interesting that, through all of the big talk of the previous federal government in relation to grants, they did not always deliver on their budgeted outcomes.

MR SESELJA: I think you said “outrageous”.

THE CHAIR: He did not say—

MRS DUNNE: Madam Chair, I think the minister can look after himself.

THE CHAIR: I do not think it is necessary for us to have this conversation. We will check the *Hansard* later.

MRS DUNNE: Minister, in relation to former school sites, one of the comments that came out in the consultation process conducted by Purdon Associates was that they found that most residential communities had expressed a strong preference for reopening their local school, either as a public or as an independent educational facility. There have been approaches by some non-government schools to take over previous schools. That was ruled out, at least by Minister Hargreaves, and I think by you. So why, when you conduct consultation and you get a clear message from the communities being consulted that this is what they want, do you ignore their views?

Mr Barr: We have not.

MRS DUNNE: When the community is saying, “We’d like it to be a government school; if it’s not going to be a government school we would like it to continue to be a school,” and if an independent school community comes along and says, “We would like to rent space from you; we would like to take over one of those schools,” why do you say no?

Mr Barr: There are other higher priority uses for those sites.

MRS DUNNE: You say that there are higher priorities; what are the higher priority uses?

Mr Barr: Community organisations, other government tenants. They are government buildings.

MRS DUNNE: Yes, and these are schools which do not come into that category.

Mr Barr: I am not sure which—

MRS DUNNE: The case in point was Emmaus, who said they would be interested in one of the west Belconnen schools.

Mr Barr: They put in an application to register a new school in that area that I am currently considering.

MRS DUNNE: But you have ruled out their taking over one of the west Belconnen

primary schools?

Mr Barr: We have indicated an ongoing government use for the school they were particularly looking at.

MRS DUNNE: Are you talking to them now about alternative sites?

Mr Barr: I am not, no, because I am not a property vendor. It is up to a non-government school to find their own location.

MRS DUNNE: Do you consider that the latest round of consultation in relation to what the community wanted to see for former school sites was an appropriate use of money, seeing that when the community says, "We want it to be a school," you are just ignoring them?

Mr Barr: I do not accept the premise of your question, Mrs Dunne.

MR SESELJA: You are ignoring them.

MRS DUNNE: Yes, you are ignoring them.

MR SESELJA: On the issue of former school sites, it has been confirmed in this budget that you will be selling some of them. You said in June 2006 that you would not be, so when was the decision taken? When did that statement become incorrect? When did the government change its policy to say that there would be land sales as a result of school closures?

Mr Barr: I understand the Chief Minister made a statement not long after.

MR SESELJA: So that was the moment that the government's policy changed?

Mr Barr: The Chief Minister sets government policy.

MR SESELJA: But it was government policy on 27 June when you said it?

Mr Barr: Certainly, I indicated, and have done on a number of occasions, that there was no tying of land sales to the issue of dealing with the fact that there were too many schools in the ACT.

MR SESELJA: But you said there would not be any land sales as a result of school closures; was that the policy as at 27 June 2006?

Mr Barr: That was the statement that I made. The government subsequently indicated some time ago, not long after I made that statement, a different position.

MR SESELJA: When you were speaking then, though, was it government policy or did you not realise that it was not government policy or was there a change subsequent to your making that statement?

Mr Barr: The Chief Minister indicated the government's position subsequent to the

statement I made.

Mr Donelly: Chair, I am able to answer Mr Smyth's question. Of the \$50 million allocated from the 2006-07 budget to the Tuggeranong P-10 school, \$3 million will now be spent in 2008-09 on design and demolition work; \$12 million in 2009-10; and \$35 million in 2010-11.

MR SMYTH: So \$3 million in 2008-09?

Mr Donelly: The original budget had \$6 million in 2008-09, \$26 million in 2009-10 and \$18 million in 2010-11. This budget takes \$3 million off the \$6 million, leaving a balance of \$3 million; it takes \$14 million off the \$26 million in 2009-10, leaving a balance of \$12 million; and it adds \$17 million to the figure of \$18 million originally scheduled for 2010-11, leaving a balance of \$35 million.

MR SMYTH: Why is it that on page 372 the estimate of spending in 2010-11 is only \$17 million? Where does the \$18 million come from in 2011-12?

Mr Barr: That is the rollover, as in \$17 million taken out in 2008-09 and 2009-10 and pushed into the third year of the project.

Mr Donelly: Mr Smyth, this table summarises the movements from the previous budget, not the total for the project. So in the previous budget—

MRS DUNNE: The figure there should be \$35 million, not \$17 million?

Mr Donelly: No.

Mr Barr: No, these are the adjustments, not the total amount.

MR SMYTH: All right; make it simple—

Mr Barr: How many years have you been in this place?

MR SMYTH: In 2008-09 you are going to spend \$3 million; in 2009-10 you are going to spend how much?

Mr Donelly: \$12 million.

MR SMYTH: And then in 2010-11 you are going to spend how much?

Mr Donelly: \$35 million.

MR SMYTH: So the opening date is still first term in 2011?

Mr Barr: Yes. It is just that the timing of the payments has moved.

MR SMYTH: When do you expect to be in the ground on this project?

MR SESELJA: Just before the election.

Mr Bray: In relation to the Tuggeranong project, we are forecasting that the demolition work will commence in about March 2009 and be completed in about May-June 2009.

MR SMYTH: When will the demolition start?

Mr Bray: Around March-April 2009, with completion in May-June.

MR SMYTH: May-June 2010 completed?

Mr Bray: No, demolition completed in 2009.

MR SMYTH: When will construction start?

Mr Bray: Following that, within a month or two of completion of demolition.

THE CHAIR: We will go on to output class 1.1, public primary school education.

MR GENTLEMAN: I would like to continue on with the new P-10 school at Tuggeranong. I understand, minister, that when you made the announcement for the new school you said there would be community consultation about the construction and design of the school. How is that occurring?

Mr Barr: Yes, there have been a number of consultation sessions already. The department has organised some visits to other new facilities in the territory, most notably Amaroo, and I understand Harrison as well. There will be a tour of the new Harrison school to give the school communities an idea of the sorts of possibilities there are with new school investment. We are clearly aiming to achieve a much higher environmental standard with this building and to improve the functionality for teachers and students.

There is no doubt that the old Kambah high was one of the worst performing school buildings in terms of its environmental efficiency in the education system. It was a constant drain on school resources just to operate that building. We certainly do not want to repeat the mistakes that were made in the construction of the old school, with the greatest respect to the people who were involved in building that all those years ago. The standards and outcomes we would hope to achieve from buildings have improved immeasurably since that time.

There is the opportunity through this new campus, as I indicated earlier, to work with the commonwealth around the establishment of a trades training centre as part of the new campus. We are also having discussions with CIT in relation to what it can bring to the new facility.

MR GENTLEMAN: Has there been strong community interest in the design development?

Mr Curry: A design working group will be formed in about August this year. That will involve interested community members—anyone who would like to be involved

in the design phase of the school. That is how we worked on previous new school buildings and their design.

MR GENTLEMAN: In regard to the trades training construct there, what sort of input have you had from the community?

Mr Barr: I have had a number of meetings with interested stakeholders, most particularly through the forum of Business Tuggeranong, who pull together all of the key stakeholders from the education, training and business sectors in Tuggeranong. I have met with them twice in relation to a particularly strong desire to see some more trades focused training opportunities for Tuggeranong. We recognise that, for a range of historical reasons, Tuggeranong has not received either a TAFE or a university campus. So we recognise that a large number of students have to travel to get further education, and they have to move outside Tuggeranong to access further education.

There are obvious difficulties in duplicating particular resources related to the design of a third major university in the ACT at this time. Who knows what might happen in the future, but I would anticipate that we will be able to meet some of the needs of the Tuggeranong community through this trades training centre, and most particularly, obviously, for teenage students who do not have access to their own car to be able to access training elsewhere.

DR FOSKEY: Do you think they should all have a car?

Mr Barr: No, but it certainly—

MRS DUNNE: It certainly makes life easier when you have a crap public transport system.

Mr Barr: Fortunately, Mrs Dunne, there have been significant investments in this budget to improve the public transport system. Nonetheless—

MRS DUNNE: We know your view about kids driving to school and how it is better to provide them with car parks.

Mr Barr: Well, you need only observe the car park in any secondary college. Students eagerly await the opportunity to drive for the first time. The experience now is no different, Mrs Dunne, to when I was a student at Lake Ginninderra college. The opportunity to move off your Ls and get your licence was something that was very highly sought after in year 11 or 12, depending on how old you were.

Dr Foskey: Can I ask a question in this output, too, please?

THE CHAIR: Yes, when I have gone through committee members, Dr Foskey. Mrs Dunne?

MRS DUNNE: Minister, in relation to primary education, why was the Lyons school board chairman advised by a departmental spokeswoman over the phone that the department wanted children out before the end of the year in order to complete renovations, and that the options provided to the chair of the school board included

conducting all classes in the school hall for the rest of the year?

Mr Barr: Well, I cannot answer for that departmental official, but the particular issues that you raise there, Mrs Dunne, have been extensively consulted with the school community. I understand the school P&C president made particularly plain her views on your intervention in that particular issue and how you did not speak for that school community. I understand you were quite embarrassed by that, and rightly so.

MR SESELJA: Was that report correct?

Mr Barr: Well, no, clearly.

MR SESELJA: So the *Canberra Times* got it wrong on that occasion?

Mr Barr: No. What I am saying is that I cannot answer for a departmental representative.

MR SESELJA: You contradicted her in the Assembly.

Mr Barr: If that information was provided, then it was not correct. This issue has been resolved to the satisfaction of the school community.

MRS DUNNE: No, it has not. It is ongoing. There was no resolution to that matter.

MR SESELJA: Have you investigated as to whether or not that was the message given publicly, and, if so, why the departmental official was giving incorrect information to the media?

Mr Barr: It was not to the media?

MR SESELJA: Sorry, to the member of the school board?

Mr Barr: No, I am not aware of why. Again, not being privy to the conversation, I cannot be 100 per cent sure of exactly what was said, but I have indicated the government's position.

MR SESELJA: But you have made investigations as to whether the report was correct or whether it was just a fabrication?

Mr Barr: No. I sought to address the substantive issue, Mr Seselja, by consulting extensively with the school community, and leaving the decision in the hands of the school community—

MRS DUNNE: Which is why it is not resolved, because the school community has not decided what it will do.

Mr Barr: No, it is going to advise government its preferred option.

MR SESELJA: So at no stage was the—

MRS DUNNE: So it has not been resolved.

MR SESELJA: So at no stage was the department or the government ever considering relocating all classes to the school hall for the rest of the year?

Mr Barr: These issues have been extensively canvassed, and I have responded to the matter. The matter has now been addressed.

MR SESELJA: So what is your answer to that question? At no stage was that being contemplated by the government or the department?

Mr Barr: The matter has now been addressed.

MR SESELJA: At no stage was the government—

Mr Barr: The matter has now been addressed.

MR SESELJA: Why are you refusing to answer that question, minister?

Mr Barr: I am not refusing to answer the question.

MRS DUNNE: You are. It is a simple yes or no answer.

Mr Barr: The matter has been addressed.

MR SESELJA: Well, you are clearly refusing to answer.

Mr Barr: The matter has been addressed.

MR SESELJA: There is an FOI request, I understand. Have you received the information from the FOI?

MRS DUNNE: No, I have not received the matter from the FOI, Mr Seselja, and there is good reason why. Suddenly the department has decided it wants to charge nearly \$3,000—

MR GENTLEMAN: Madam Chair, I think the questions are supposed to be for the minister.

THE CHAIR: Yes.

MR SESELJA: Well, I have a question for the minister on this.

MR GENTLEMAN: I am happy to ask questions of members of the committee, if we like.

MR SESELJA: Minister, is there a reason why you see that as not being in the public interest, the information in relation to Lyons primary school?

Mr Barr: I am not the decision maker in this.

MR SESELJA: Why is the department not saying it is in the public interest?

Dr Bruniges: Mr Seselja, the decision maker on the FOI takes that decision, so that would be the independent call of that decision maker. It is not a departmental view but that of the independent decision maker on the FOI request.

MR SESELJA: What is it particularly about this information, given that MLAs are generally given access to information—

Mr Barr: I do not think that is the case.

MR SESELJA: Well, it is the case—

MRS DUNNE: It is.

MR SESELJA: It has always been the case. What is it about Lyons primary school that is not in the public interest for us to know?

Mr Barr: I am aware of other instances where the eventual cost of an FOI has been requested.

MRS DUNNE: Only the department of education, actually, minister. The department of education in the past calendar year has decided that it wants to charge people for access to information. On this occasion, it is close to \$3,000, and the decision maker says that provision of documents in relation to something that was widely canvassed in the press that you will not answer questions on today, the release of those documents is not in the public interest—

Mr Barr: I have answered numerous questions on this matter in the Assembly, Mrs Dunne.

MRS DUNNE: I want to know why the department thinks that the release of those documents is not in the public interest?

Mr Barr: Well, that is not an issue that the department has made a decision on.

MRS DUNNE: The departmental decision maker has made that decision. Are you saying that that is not the departmental policy, Dr Bruniges?

Dr Bruniges: What I am saying, Mrs Dunne, is that under the FOI act there is a provision for FOI officers to have their independent decision taken, and that is the way we do that in the department. We have a process in place that is consistent with the act, and we ask every independent officer making that decision to consider the parameters of the act and make their decision. If that is the case, that you have been told that, then that has been the independent decision of the person on that case, and they have acted within that. Like the other procedures within the FOI act, there are grounds for appeal or an internal review on that, which you are more than welcome to take up if that is the way that you see fit.

MR SMYTH: Could you explain how something is determined to be in the public interest and something is not?

Mr Barr: I would refer you to the act.

MR SMYTH: I am asking for her interpretation of the act.

Dr Bruniges: In terms of my interpretation of the act and the phrase “in the public interest”, there could be a number of grounds as to why it is not in the public interest, for example, if it leads to confusion and it is misleading, it does not paint the full picture for the community and, indeed, can be misleading for the community. That is one ground that we know that has to be considered. There can be a whole other series of grounds such as if there is incorrect data—

MRS DUNNE: Sorry, Dr Bruniges, can I just pause there, because they are the grounds on which you decide whether or not to release documents. This is a question about whether or not it is in the public interest for a member of parliament to receive these documents without charge. What are those circumstances? We have not got to the decision about whether or not to release documents.

Dr Bruniges: Sorry, Mrs Dunne. In terms of that, again that is going to be the individual officer’s decision. I am not privy to the grounds that they have considered under the request that would have come into the department being dealt with and handed out to individual decision makers.

MRS DUNNE: In that case, Dr Bruniges, in the context of these estimates inquiries, can you provide to the committee the documents that relate to the decisions to renovate and refurbish the four P-2 schools—that is, Lyons, Narrabundah, Southern Cross and Isabella Plains?

Mr Barr: Certainly, there is a further capital injection in this year’s budget, so we can provide information in relation to the capital works—

MRS DUNNE: No, actually the documents that relate to those, which are the subject of a request under the Freedom of Information Act. That is what I want; not just your assessment of what is appropriate for the committee to receive.

Mr Barr: Well, I will take that on notice.

MRS DUNNE: Thank you.

THE CHAIR: Thank you, minister.

MR SMYTH: Is it possible for those documents to be provided to this committee?

Mr Barr: I will take that on notice.

MR SMYTH: Well, normally it is just a yes or a no.

THE CHAIR: Okay. Have you got another question in another area now, Mr Smyth

or Mrs Dunne?

MRS DUNNE: Yes, I do. The literacy and numeracy targets that are in this year's indicators, there are some extremely worrying trends here. You will recall, minister, that last year I expressed my concern about the fact that we were lowering the targets for some of the indigenous educational outcomes, and we had a lengthy discussion about how these targets were assessed, which I think was not satisfactory. Irrespective of where the targets are, we have substantial declines in the performance of indigenous students from one year to the other.

We know that these are different cohorts, but we also know that what we seem to be seeing is progressive decline. For instance, for indigenous students in year 3 who meet and exceed national reading benchmarks, in last year's budget the 2006-07 outcomes were 91 per cent, therefore almost reaching the target, which had been lowered. This year they are 84 per cent. For year 5 students, last year the figure was 89 per cent, this year it is 80 per cent. There is a good one for indigenous student in year 7; it was 72 per cent last year, the target was 76 per cent and this year it is 82 per cent. Congratulations. One other which is steady at 80 per cent is indigenous children in year 3 who meet national benchmarks for numeracy, but they are still way below target. All of these are still way below target, and they are showing a decline from one year's performance to another. Can you give an exposition on what is happening here?

Mr Barr: Yes. I think it is important in looking at the percentages to actually take account of the raw numbers of students. So, for the benefit of the committee, I think it is worth noting that in 2007, for example, 66 students undertook the year 3 writing task. In 2006 there were 68, so to match the target for 2006, three more children achieving that benchmark cut-off score would have meant that target would have been exceeded. So we are dealing in very small numbers year to year. I do not offer that as an excuse for the fact that I think we can do better in this area. That is why we provided additional money. I just want to sound that note of caution around percentage figures when you are dealing with groups. It varies, I understand, generally from between 57 to about 70 students tested in any year cohort, so—

MRS DUNNE: Sorry, say those figures again.

Mr Barr: Between 57 and 70, but there are 973 indigenous students in total enrolled from kindergarten to year 12 across ACT public schools. We just need to sound a note of caution about the statistical validity, given the very small sample size.

MRS DUNNE: Yes. So what is the confidence interval for some of these figures?

Mr Barr: Dr Bruniges would probably have some more detail on that.

Dr Bruniges: Were there some in particular, Mrs Dunne, that you wanted to refer to?

MRS DUNNE: Just pick one.

Dr Bruniges: Okay. Year 3 reading, the outcome was 84 per cent. The confidence intervals around that for indigenous students in the ACT are 75.5 to 92.1, so very

wide confidence intervals because of the small number of students. So in fact, the target of 92 per cent and the outcome of 84 per cent lies within that confidence interval range. So it is very hard. In terms of our indigenous students, it is the individual learning plans, looking at where every individual student is and moving them forward along the scale. One of the advantages that we will have when we have moved to the national testing program is that we will be able to have it all on a common scale and, therefore, talk about the growth of indigenous students as individuals between two points in time—between year 3 and year 5. That is a much more powerful data source to be able to look at individual growth over time.

At the moment what we have got is cohort measures. You have got very broad confidence intervals around these measures, and anything within those confidence intervals, we are really saying there is no statistical significance within that range. So it is the volatility of those things that happen within the range. If I take another—

MRS DUNNE: I think that that answers my question to some extent. What you are actually saying is that the figures are not worth a cracker.

Mr Barr: Well, I mean, they are—

MRS DUNNE: And that we need to find a better way.

Mr Barr: Certainly, the national assessment model does give us a much better dataset than what we had. I want to give you another example. I understand that in 2005 there were 64 Indigenous students assessed in year 5 reading and that the cohort for 2007 was 68. Although that is very similar, 27 students in the 2005 cohort were not in the 2007 cohort. You are talking about a nearly 40 per cent change in the actual students being assessed from 2005 to 2007. There was a problem with the previous data in terms of its statistical validity. Another advantage of moving to the national model is that we are able to track individual students across those new levels and effectively measure the value add from test to test.

MRS DUNNE: I take your point about the fact that it is hard to even match the cohorts from one testing cycle to the next time they appear in the testing cycle. Can I put on the record that I would like to see some effort at more meaningful reporting of this. At the same time, we have seen over the years a gradual improvement in relation to national standards for children, especially younger Indigenous children, and we are actually seeing a falling off this year, which is quite alarming. Once upon a time 91 per cent of the younger age groups were achieving national benchmarking. Eighty-four is a substantial drop. Is it too soon to tell whether we are seeing a trend or are you satisfied that this is just the variability in the statistics?

Dr Bruniges: Part of the issue comes from the measurement construct. We actually cannot directly compare, on national benchmarks, the performance of year 3 and year 5 under the current system.

MRS DUNNE: No, I am not saying that.

Dr Bruniges: When you are talking about the change or a drop, it is not comparable.

MRS DUNNE: No, I am talking about year on year. Last year, 91 per cent of year 3 children were achieving national benchmarks; this year there are 84. That is a drop in performance. In the past, prior to that, we were seeing—

Mr Barr: But it is not a drop because it is within the—

MRS DUNNE: We were seeing year by year a gradual increase in the percentage of Indigenous children in year 3 receiving—

Mr Barr: No, but—

MRS DUNNE: Let me finish. Year on year we were seeing a gradual increase until we got to 91 per cent. Now it seems to be dropping off again. They are not the same cohort but year 3 students were gradually improving. I was told last year that we were seeing good improvement at the early years. Yes, there were problems with years 7 to 9, but we were seeing good improvement; and now we are not seeing that. I would really like a better exposition of the figures and what we would hope and expect to see in the future.

Dr Bruniges: Just briefly, that still falls within the confidence interval and therefore there is no statistical difference. There is no statistical difference, from a mathematical point of view, of the performance of students who have gone from that year to this year within those confidence limits. The confidence limits are particularly wide and that is a factor of the small cohort of students.

MRS DUNNE: Yes, I understand that. The smaller the group, the larger the confidence interval.

Dr Bruniges: The smaller the group, the larger the confidence. Therefore, to get the statistical significance that you need, it really comes down to the size of the sample.

MRS DUNNE: Can I go back to the previous issue that I raised? I asked for the documents that were subject to the freedom of information request that I had made to be presented to this committee. I am actually a bit unclear on what was the answer to that. Yes, no or maybe?

Mr Barr: I said I would take that on notice.

MRS DUNNE: What does that mean?

Mr Barr: That means I will consider the issue and provide you with an answer. But I am not necessarily sure about the provision of FOI material through an estimates process. I may need to take some legal advice on that.

MRS DUNNE: No, it is material that is owned by the department of education.

Mr Barr: The logical extension of that, though, is that, in regard to any material that is charged for through an FOI process, you just simply get your local MP to come in and ask for it in a parliamentary committee and get it for free.

MR SESELJA: We often ask for documents through this. In fact, we can require documents through the committee process. So it is irrelevant actually whether or not there is an FOI on foot or not.

Mr Barr: As I said, I will take the matter on notice and provide the committee with an answer.

MR SESELJA: The committee can require it if it wishes.

Mr Barr: That is a matter for the committee.

MR SESELJA: It is.

THE CHAIR: Yes, it is a matter for the committee, of which you are not a member, Mr Seselja.

MR SESELJA: I know, but members might want to discuss it.

THE CHAIR: I am sure they will.

DR FOSKEY: I have a question about the criticism that was made of the spending on the budget. There has been an interchange with Save Our Schools. My office heard that there had been a response made by the government to the SOS briefing paper. When we inquired about it we were told that there had not been a response. But I believe that there was a response that was sent to P&Cs but nowhere else. Obviously if it was sent to all the P&Cs, it is not really a secret response. Yet we were told that it did not exist. I am very interested in what was the aim of a very narrow circulation—narrow but broad—of a document—

THE CHAIR: How can it be narrow and broad at the same time?

MRS DUNNE: Narrow casting. Yes, narrow casting, I understand.

DR FOSKEY: Narrow in that it was targeted at P&Cs and broad because there are a lot of P&Cs; narrow because it was not made available to my office nor, I believe, to the organisation that it was critiquing. I wonder what the intention was of this narrow circulation and why the minister's office responded to my office's inquiries by saying it did not exist.

Mr Barr: My understanding is that your office inquired as to whether I had issued a media release, to which the response was no, I had not. I meet with the P&C council on a regular basis. During that discussion last week the P&C council indicated that they would be appearing before this committee. One of the agenda items of my meeting with the P&C council was the 2008-09 budget. And during that discussion they, like you did in your reply to the budget, repeated some of the claims in what can only be described as the second-rate and ignorant analysis by the Save Our Schools group of the budget.

DR FOSKEY: I think that is an absolutely unsubstantiated thing to say.

Mr Barr: I have contested some of the analysis that was provided by the Save Our Schools group. Clearly there are factual errors.

DR FOSKEY: It does not mean it is ignorant.

Mr Barr: It was ignorant of a number of facts—namely, about the second appropriation last year—and made a number of assumptions in relation to comparing one budget to another that were factually incorrect.

MRS DUNNE: By your lights.

Mr Barr: No, by the numbers in the budget and—

MRS DUNNE: No, by your lights and by the way you chose to use the figures.

Mr Barr: I would draw the committee's attention to the particular media release that accused the government of budget deceit. Let us not forget this organisation is playing a highly political game. One of its spokespersons is a candidate in the Assembly election. So let us not give this group some special status that their analysis is above criticism or is above response. Come on!

DR FOSKEY: Why not respond to the whole community? Why just the P&C?

Mr Barr: I have made my response available to the *Canberra Times* when they published their particular article the day after the budget, commenting and quoting from this particular organisation's analysis. The P&C asked me what was my response. I interjected on your—I apologise for that, Dr Foskey; I should not have done that—budget response indicating that I had significant concerns with the poor quality of the analysis.

MR SESELJA: I did not get that apology.

Mr Barr: I have apologised to you, Mr Seselja.

MR SESELJA: I did not know we apologise for interjections now.

Mr Barr: Particularly for his camerawork, turning to make the key point to the camera rather than—

MR SESELJA: It was excellent camerawork and thank you for noticing.

Mr Barr: We could debate that in another context. But in simple terms, as I outlined in my opening response to Mrs Dunne's question, the analysis provided by the Save Our Schools group was simplistic and ignored a number of relevant factors. It ignored the productivity savings generated by the government through the changes to superannuation arrangements and the increase in teacher contact time, which allows for existing funds to be spent more effectively. It ignored the \$3 million in additional initiatives that were announced by the government in the second appropriation because it compared the expected outcome for the 2007-08 budget with the budget for 2008-09.

MRS DUNNE: That is the usual way of doing it.

Mr Barr: And when the items above are factored into the comparison, it provides a more balanced view and shows that the real increase in funding, as I indicated to Mrs Dunne, was more than six per cent, not the 4.6 per cent quoted by the Save Our Schools group.

DR FOSKEY: Would you respond to the response by SOS—

Mr Barr: Excuse me, Dr Foskey, am I allowed to answer your question without interjection? Further, the Save Our Schools analysis ignored the impact of capital investment in public schools, more than \$140 million in 2008-09. Including capital funding for public schools sees an increase of over 18 per cent in 2008-09.

The 4.6 per cent increase in education funding quoted by the Save Our Schools group was calculated on a gross basis. I have indicated that it would be more appropriate to measure the funding on a per capita increase. When examined on this basis, the increase is more than six per cent. And when the impact of the efficiency savings, the second appropriation and the other items that I have mentioned are taken into account, this takes the increase to over eight per cent.

MRS DUNNE: The other items mentioned above are factored—

Mr Barr: Furthermore, the Save Our Schools analysis argues that the cost of inflation in education will always be greater than the CPI.

THE CHAIR: Mrs Dunne, will you stop reading over what the minister is saying?

MRS DUNNE: I am reading the same thing. I am just making the point that it is now a publicly available document.

Mr Barr: Of course it is. I have got no problems with that. But my point—

THE CHAIR: Mrs Dunne, I do not care whether you have read it before.

Mr Barr: However, it is worth noting—and I put this on the record again—that the biggest single driver of cost in education is staff wages. And we know, through the EBA, that these will only rise by 3.5 per cent in 2008-09. These wage rises have been fully funded by the government.

MRS DUNNE: That is what the inflation rate will be.

Mr Barr: We have an EBA that saw an 11½ per cent increase over 2½ years. And we know that on 1 July this year teacher salaries will increase by 3.5 per cent. Mrs Dunne makes a facetious remark about what inflation will be. She can thank the Howard government for that little legacy. But it is worth noting that in the first year of the agreement, when teachers received a four per cent pay rise, I understand inflation was running at something like two per cent. So we see over the life of the agreement perhaps an outcome more consistent with holding the line in terms of real wages. And

I note that Mrs Dunne was not rushing forward to make that point.

DR FOSKEY: I would like to get back to the substantive content of my question, and that is whether you are able to prepare a response to the SOS's response to the departmental response.

Mr Barr: I always enjoy engaging in debate with Save Our Schools. They are such a responsible group who do such an outstanding job advocating public education in this territory.

MRS DUNNE: Who wrote this document? Did this come out of your office?

Mr Barr: But I will, of course, engage in a response to the Save Our Schools group.

DR FOSKEY: As far as I can read it, it is pretty much all evidence based in here and I think that to dismiss it like that is really indicating that you are not really interested in participating in any form of debate.

Mr Barr: I am aware of the highly political nature of this group. I am aware of their personal dislike for me. I am aware of the fact that at least one of the spokespeople for this group is running for public office. So let us not put them on some pedestal that they are a lobby group. They are a political group. And on that basis I will respond to them in the same way I would respond to an analysis by you or by Mrs Dunne or by Mr Seselja.

DR FOSKEY: Is the person who wrote this paper standing for office?

Mr Barr: The SOS briefing paper? I am not sure. You would have to ask him.

DR FOSKEY: I think it is unfair to dismiss criticism from someone who has probably been very useful to the government in terms of public education.

Mr Barr: I think there is some dispute on that matter and there is certainly a lot of conjecture every time that individual enters the public debate; most particularly, the front page of the Saturday *Canberra Times* a few months ago did immeasurable damage to the public education system by suggesting that parents were being snobs by moving into the private system. I do not think that did the cause of public education or the cause of that group or that individual any good. It was a regrettable statement.

DR FOSKEY: To be personal does not help either.

MRS DUNNE: Yes, personal attacks are pretty unacceptable. Minister, who wrote this document?

Mr Barr: I have suffered a certain amount of personal attacks from this individual.

DR FOSKEY: That is politics, Mr Barr.

MRS DUNNE: It is your job.

Mr Barr: That is right, and that is part of the game, Dr Foskey, yes.

MRS DUNNE: Minister, who wrote this document that you were just reading from and that I was just reading from?

Mr Barr: I am not in a position to answer that, Mrs Dunne.

MR SMYTH: Why not?

MRS DUNNE: Was it written in your office or was it written in the department?

Mr Barr: I am not in a position to answer that, Mrs Dunne.

MR SMYTH: All right. Why don't you take on notice who wrote that document?

MRS DUNNE: And was it written by Mr Donnelly? Was it written by you, Mr Donnelly?

Mr Barr: I am happy to take that on notice.

THE CHAIR: Okay, Mr Smyth, you had a—

MRS DUNNE: I am sorry, chair, I—

THE CHAIR: He has taken it on notice.

MRS DUNNE: had a direct question to the officer. Mr Donnelly, did you—

Mr Barr: I have indicated, Mrs Dunne—

MRS DUNNE: Did you write the document?

Mr Barr: I have indicated, Mrs Dunne, that I will take the question on notice.

THE CHAIR: That is right. That is the end of the matter. And Mr Smyth?

MR SMYTH: All right, minister. One of the claims you make is that in real terms per funding capita in government schools increased by eight per cent. What numbers are there that justify that? Can you point to the budget paper, the numbers that justify that claim?

Mr Barr: You would need to do the analysis, Mr Smyth—

MR SMYTH: I am asking you to take me through it.

Mr Barr: of the number of students within the system.

MR SMYTH: Sure. All right: how many students are in the system?

Mr Barr: I do not have that in front of me but I will happily provide the basis for that

calculation.

MR SMYTH: Somebody must have a number for the students in the system. You are confident of your facts, aren't you?

Mr Barr: Yes.

MR SMYTH: Okay, so let us run through them. How many students in the system?

Mr Barr: There are about 35,000 but I will get the exact number.

MRS DUNNE: There are 22,239, 9,816, 5,848 and 327. They used to be, of course, aggregated but they are not. In the previous budget papers there was an overall figure. There is not any more.

MR SMYTH: What number are you using and on what page does it appear in the budget papers for the—

Mr Barr: It would not appear in the budget papers. The data on the number of students would be available in the 2008 school census, Mr Smyth.

MR SMYTH: All right, and the question I was going to ask: what number are you using to justify the dollar spend? And surely it must appear in the budget somewhere.

Mr Barr: Yes, that would be the total expenditure in education.

MR SMYTH: And that is how much?

Mr Barr: I refer you to page 360.

MR SMYTH: Sure. And that number would be?

Mr Barr: The total cost, output class 1, public school education, 2008-09 budget is \$462,520,000.

MRS DUNNE: Is that capital and recurrent or just recurrent?

Mr Barr: I understand that would just be capital and would not include—

Mr Donnelly: Recurrent only.

Mr Barr: Sorry, recurrent only. It would not include the capital.

MRS DUNNE: Right, so that in the analysis that was written by somebody whose name you will not reveal or some organisation you will not reveal, when you said that it did not take into account the capital injection, which we know is the single largest, biggest investment in capital in schools since self-government, it would be an unreasonable analysis because we are usually looking at recurrent funding?

Mr Barr: We can provide analysis on recurrent expenditure and on capital

expenditure.

MRS DUNNE: Yes, but the analysis that was being done that was being critiqued by you was an analysis of recurrent expenditure.

Mr Barr: Yes, and I provided—

MRS DUNNE: So to then open up another field saying, “We did not take into account capital,” is essentially a red herring.

Mr Barr: No, it is not a red herring. It is a fact, Mrs Dunne, that we have the largest—

MRS DUNNE: But it is not relevant to the analysis.

Mr Barr: We have the largest capital budget in education that we have ever had. I think it is worth raising in the context of a debate on expenditure on education, but I am not suggesting that you would include capital in an analysis of recurrent expenditure and then try and compare someone’s view on recurrent expenditure and then add your own capital and recurrent together and compare—

MRS DUNNE: Well, that is what you are proposing. That is what you are proposing in this analysis—

Mr Barr: No. I am suggesting that if you also include—

MRS DUNNE: that was written by somebody that you will not name.

Mr Barr: But I have also provided the direct comparison, recurrent on recurrent, pointing out the omission of the second appropriation initiatives.

THE CHAIR: Okay, being—

MR SMYTH: No, we have not quite finished. He was giving us more numbers. Did we get an accurate number on the total number of students in the system?

MRS DUNNE: There is nowhere in the budget papers where it actually says the total number of children? You have to add it up every time?

Mr Barr: Well, the—

MRS DUNNE: Can I make a recommendation that we put it there?

Mr Barr: Including preschools, there are 38,230. Excluding preschools the number is around the 35,000 mark.

MR SMYTH: So nobody can tell me how many students there are in our system less the preschools?

Mr Barr: In about 30 seconds we will be able to give you that answer.

MR SMYTH: All right.

Mr Barr: But you can refer—

MR SMYTH: And, of course, we will need the number of students in the system last year.

MRS DUNNE: I can tell you that because it was there, I think.

Mr Barr: And then to be consistent you would need to compare the equivalent census, as in the February one, not the August one.

MR SMYTH: I am asking you to provide a number.

MRS DUNNE: It is not aggregated in last year's budget. I do apologise; I thought it was. I would have to add it up.

MR SMYTH: And the same total spend is on page 359, Mr Donnelly, of last year's budget paper? Yes, so we use that \$427,314,000?

MRS DUNNE: Yes. That is what Mr Donnelly is using, that is what the department is using, that is what the minister is using, rather than the estimated outcome.

MR SMYTH: We will get the estimated outcome.

Dr Bruniges: Mrs Dunne, the total number without preschool is 34,458.

MR SMYTH: And for the same census last year?

THE CHAIR: Perhaps we could take—

MRS DUNNE: Actually, probably we should do this over afternoon tea and—

THE CHAIR: Or we could take that on notice because—

Mr Barr: We will get this information. Rather than doing it on the run, we will get this information.

THE CHAIR: We are going to afternoon tea. Unfortunately, we have lost a few minutes so we are going to come back at 4 o'clock because we need to get onto the next output class. We are going on to the next output class after this, minister.

Meeting adjourned from to 3.43 to 3.59 pm.

THE CHAIR: Mr Barr, have we got an answer to Mrs Dunne's question from before afternoon tea?

MRS DUNNE: Yes, what was the per capita spend this year and the per capita spend last year.

THE CHAIR: Did we work that out? Was that part of what we asked?

MRS DUNNE: That is what we asked.

Mr Barr: Yes, we are aware of that; we are taking that on notice and we will get that information. If I can get it in the next hour and a half, I will; otherwise I will provide it to the committee as soon as possible.

MRS DUNNE: I thought we were doing it over the lunch break.

THE CHAIR: No, that was the numbers of children from—

MRS DUNNE: Yes, that is why you needed the numbers of children—to get the per capita spend.

THE CHAIR: Output 1.2: Mr Gentleman, you have a question in this output area.

MR GENTLEMAN: I do. Minister, we see in your overview statement and also in this output class that there is money put aside for the Calwell high performing arts centre. In budget paper 5, at page 78, the description talks about the upgrade of the existing performing area, the integration with the new theatre arts centre and also the provision of space for an expanded curriculum. Can you give us some more details of that expenditure.

Mr Barr: Thank you, Mr Gentleman. I think it is an important investment in Calwell high. It provides an interesting contrast in terms of approaches to the school. The government has sought to invest in the school, in the school community and in an area where the school has consistently excelled. As I am sure you are aware, as you visit the school frequently—

MR GENTLEMAN: And my kids went there.

Mr Barr: And your kids went there—the school has received recognition over a number of years for its outstanding efforts in the rock eisteddfod, amongst other competitions. This new investment will enable the creation of a number of specialist spaces that will cater for music, dance and drama practice, as well as performance. Ancillary spaces will include a reception and a lobby, a controlled entry point and a kitchen facility, as well as comprehensive storage facilities and professional-level lighting and sound equipment. The project also includes the upgrading of the existing performing arts areas within the school to improve their functionality and their integration with this new performing arts centre.

It is a project that has received very strong support from the school community. In fact, on my couple of visits to the school in 2007, post the Lyneham high performing arts centre announcement, there was very strong interest from the P&C, the school principal and the school board that Calwell would be a suitable venue to host such a facility for the Tuggeranong Valley. It was off the back of that request that I was very pleased to be able to announce, as part of this year's budget, that \$5 million investment.

MR GENTLEMAN: I am pleased too. You mentioned a new reception and lobby area. Will the centre be available for after-hours use?

Mr Barr: Absolutely. An important aspect of this proposal is that it becomes a whole-community facility. Clearly, Calwell will have first call on it, and most particularly during school hours, but as a performance venue for the Tuggeranong community out of hours, it will be a significant enhancement to the performing arts. I refer most particularly to southern Tuggeranong. We look forward to the completion of the project. It stands really as an indication of how government investment in a facility that the community wants and supports can enhance a school's reputation within a school community.

I think it is important for government to send that signal as well, to indicate that it supports the school community; it supports the great work that the school does. That is a more constructive way to assist a school to enhance its reputation than perhaps some other, alternative measures that we might have seen in relation to that school in recent times.

MRS DUNNE: Minister, on page 375, there is a substantial increase in amortisation and depreciation from \$28 million from the outcome for 2007-08 to \$42 million, which is 47 per cent. It is a stand-out if you look back at previous years. There has been a big step up, and it will continue into the outyears. What has caused depreciation and amortisation to be stepped up by so much?

Mr Barr: I will get Mr Donnelly to give you the detailed list, but I understand that there are some significant changes in terms of the way we are accounting for these issues. Mr Donnelly, would you like to provide Mrs Dunne with the detail?

Mr Donnelly: Indeed, minister. There are two main contributors to that large increase in depreciation and amortisation. The first, and by far the most significant, is that the accounting standards have changed and require us by 30 June 2008 to have revalued all our assets under fair value. The department has done this. If you look at the balance sheet, on page 376, and have a look at the fifth line down, "non-current assets—property, plant and equipment", you can see it goes from \$633.9 million up to \$1.379 billion. That is substantially the result of the revaluation of assets.

Under the old accounting standards, we were not required to revalue our assets periodically and had not undertaken a revaluation since 2000-01. Obviously, with some of the changes that have happened to the construction sector in the intervening time, the buildings were worth significantly more under the new valuation.

MRS DUNNE: That takes account of the fact that you also got rid of a big swag of buildings.

Mr Donnelly: Yes, it does, because those were transferred to the Department of Territory and Municipal Services.

MRS DUNNE: So you are working from a smaller base but you have still got a bigger figure. Where does that increase in costs manifest itself in the output classes?

Is that spread across each of the output classes?

Mr Donelly: Obviously, because most of our assets relate to schools, it is predominantly in output class 1, but there are small amounts of depreciation in each of the other output classes, particularly in relation to preschools in output class 4. You will notice, if you go to page 360, that the difference in total cost between 2007-08 estimated outcome and budget is much larger than the difference in government payment for outputs between the two years. The reason is that depreciation is not funded in cash. So the government does not give us additional GPO for our depreciation and amortisation, but the accounting standards require us to measure it on the expense side of our operating statement.

MR SESELJA: How does that affect the actual growth? We were talking about six or eight per cent, depending on which measure we were using. If you take out that measure, what is the actual real growth in funding?

Mr Donelly: Those numbers are excluded because we were looking at government payments for outputs, not total expenses. If we look at total expenses, the figure would artificially appear to be much larger than six per cent—a six per cent increase.

THE CHAIR: Mr Smyth, did you have a question in this area?

MR SMYTH: In terms of high schools, there has been a series of violent acts at Chisholm and Calwell high schools that have been quite well reported.

Mr Barr: I think I need to stop you there. I am not sure that is the case, Mr Smyth.

MR SMYTH: They have not been quite well reported?

Mr Barr: I think your connection to those particular schools is perhaps a little unfair.

MR SMYTH: Students at schools were assaulted.

MRS DUNNE: Students were assaulted at school.

MR SMYTH: If you want to argue the point over that, I am happy to have the argument. I was just going to ask what additional support has been provided for teachers faced by outbreaks of school violence.

Mr Barr: Considerable. You would be aware that we recently launched the safe schools framework. That was the result of a collaborative exercise between the Australian Education Union, the parents and citizens associations and representatives of ACT Policing, the Department of Education and Training and the principals association. They were all involved in the development of that framework. That involved a new code of conduct for all people on school grounds.

There is a very clear indication of the sanctions that can be taken against those who breach that code of conduct. We provided, through the second appropriation last year, an additional senior position within each high school, the pastoral care coordinator, to provide additional assistance not only for the student body but also for managing

difficult issues within the school framework. That builds on the existence already of youth support workers and other associated professionals.

There is also a dedicated team, in addition to the individual position in each high school. There is a multidisciplinary team that sits behind them in a range of disciplines, and able to assist schools if and when necessary. There is, through the professional development funds that are available for teachers, assistance to deal with more complex issues and training in how to appropriately respond when difficulties arise. We have discussed this matter at some length in this committee and during annual report hearings. Why, in your opening statement, you would seek to label particular schools—

MR SMYTH: No, I did not.

Mr Barr: I do not think it is fair to suggest that the schools are the problem. I think that—

MR SMYTH: All I said was that events occurred at two schools. Those events did occur.

Mr Barr: I am not debating the issue—

MR SMYTH: You are. You are trying to politicise this and I simply made the statement that it occurred.

Mr Barr: I am not debating the issue with you. I am indicating why I responded in the way I did. I want to put on record again my view that schools are in fact part of the solution to a societal problem that we have, and that we should be commending schools and commending teachers, pastoral care workers and student welfare officers, who make an extraordinary difference in the day-to-day lives of many students in our education system. In fact, they often work in a set of circumstances whereby the good work they are doing at a school level is not reinforced by parents in the home setting. They are often having to achieve outcomes against huge odds.

So I think it is important that we are providing additional resources, and that is why we did so, through the targeted initiatives in last year's second appropriation. I refer most particularly to pastoral care. We are not just providing an additional position for each school but we are providing that multidisciplinary team to support schools. We need to continue that work.

MR SMYTH: At a recent forum which the Leader of the Opposition held after some of these events—and you mentioned that the principals association was on your task force—a representative of the principals association was at this forum and suggested that as many as five per cent of the student population were children with additional needs beyond education and that in many cases these kids were shunted from one school to another. An example was cited of a youth who had gone from Chisholm to Lanyon to Calwell high and had been involved in trouble at all of those schools.

What is the government doing to stop the simple shunting process from one school to

another and what alternative approaches is it going to take to this problem? As many of the teachers and the principals association representative said, these kids have different needs that have to be addressed before education can recommence, and they are affecting the school and teaching population.

Mr Barr: As part of that second appropriation initiative, we have also funded the creation of three dedicated support centres across the ACT—south, central and north. These units will have a maximum of 18 students and will be supported by three teaching staff as well as an additional position, a youth worker position, to assist students who are not coping, who are being disruptive or who are withdrawn from the mainstream education environment. I will ask Mr Curry to give you some details as he has been coordinating this program.

Mr Curry: These centres will be called achievement centres and they are for students who are not engaging in year 7 and year 8 for a range of reasons. As the minister said, there will be one in each of the three school districts, in high school. They will have up to 18 students. Some of those students might come in for a short time; others might stay for around a term or even perhaps for longer. There will be three teaching staff and one youth worker in each centre, as the minister said. We will look at a range of programs and interventions based around the students' individual learning plans to see if we can re-engage these students back in their home school.

MR SMYTH: Three times 18 is 54 students. If, as the representative of the principals association said, up to five per cent of kids, which would be about 1,750 students, are troubled or requiring extra attention inside the school they are at, the problem is much larger than 54 kids.

Mr Barr: No. That is just a highly targeted intervention for years 7 and 8. There are also existing programs for 9 and 10 and a range of other programs. I am not sure of the exact basis on which a five per cent figure is drawn; that is probably a best guess and we accept that one. We would understand that there would be a range of behaviours within that and that in some instances they could be appropriately managed within the school setting, but there may be other instances, and certainly that is the evidence that we have, that require a more intensive and off-site or at least away-from-home school intervention, such as we have outlined through this particular project.

MRS DUNNE: Is that proposal reflective of the recommendations of the Conway report?

Mr Curry: I would have to go back and have a look at the report in terms of exactly what it said, Mrs Dunne, but it is in response to the call, I guess, for alternative settings for some high school students. As the minister said, there is a range of approaches we need to use through pastoral care programs, student welfare teachers, counsellors and so on, but we also need to look sometimes at an alternative approach in another setting.

MRS DUNNE: It seems, minister, that we have gone a bit of a full circle on this. In about 2002-03, there was the Conway report. Despite the recommendations of that report, there was a move away from alternative settings. Everything was largely dealt

with at the school. There was less and less scope for schools to essentially have time out for kids who were presenting as troublesome. Now we are sort of going back.

One of the things that you see in education is fads—things that go in waves—but it is interesting that we spent a lot of money on the Conway report and it seems to have spent a lot of time gathering dust so that now we cannot quite remember what was in it. So why did we commission the Conway report? I think you were there at the time, Mr Curry. And what has happened with it since it was commissioned and it was received by the department?

Mr Barr: In perhaps a broad response to the point you have made, it would be fair to observe that some of the alternative settings that have been explored over the years within the ACT education system have not been particularly successful, partly because of their isolation from—

MRS DUNNE: Partly because of their resourcing?

Mr Barr: That is a view. You could certainly make that observation about the time under the Carnell government, Mrs Dunne. I will leave that comment to you. But the broader issue is how we respond now and what we do now, and most particularly how we address the needs of the year 7 and 8 students. We have had in place for some time some quite successful alternative education provision for year 9 and 10 students and that can either be through some of the programs that are operated at a college level, the CIT through its Access 10 or the CIT Vocational College. A range of alternative settings have been operating very successfully within the system, so it was clear in looking at the entire response at a high school level that where there was a gap was in years 7 and 8 and that is why we have pursued this particular avenue.

In terms of the report you refer to, that was obviously before my time as education minister, so I cannot make a comment on the—

MRS DUNNE: It is still a current document available on the government DET website. You should have a read of it some time.

Mr Barr: But Mr Curry may be able to offer some further insight into that.

Mr Curry: I guess we have continued to operate the high school support centres during that time. They were the two centres for short-term students and they continue to exist. The stay program, the psych program and the eclipse program continued to provide alternative programs for students, so there was a range of programs still available that were alternatives to mainstream schools. Also during this time high schools themselves have had alternative programs operating, so this is really more about an opportunity for students to look at a centre that might be away from the particular context they are in, to see how their needs can be addressed so that they can re-engage with their learning.

MRS DUNNE: Is it the case that some of those alternative programs that were held inside the schools disappeared after the cutback in high school staff in 2006-07?

Mr Curry: It is not my understanding that that is the case. I have been visiting all

high schools recently and I have seen alternative programs in most of them that I visited, of some form or other, not necessarily just for students who are exhibiting particular difficult behaviours but students sometimes who just need a little bit more challenging—the range of reasons that you find in adolescents.

MRS DUNNE: My recollection, Mr Curry and minister, is that evidence to the education committee relating to restorative justice pointed to particular programs that were defunded as a result of the changes. I cannot remember the particular school, but it was one of the Tuggeranong schools, either Calwell or Chisholm, where they had a sort of diversionary program. This was evidence provided to the committee, I think, by the education union.

Mr Barr: I am happy to follow up on that for you.

MRS DUNNE: I would like you to follow that up.

Mr Barr: But I do not believe that that has been the case.

THE CHAIR: It was a big report; but that is not my recollection. Mr Smyth has one more question, then we are going to go to other members—so Mr Smyth, Mr Seselja then Mr Mulcahy.

DR FOSKEY: Then Dr Foskey.

THE CHAIR: And then Dr Foskey.

MR SMYTH: Minister, how much will the ACT government have to contribute to the federal government's computers in schools program to make it work?

Mr Barr: In this financial year, nothing; we have already allocated for our IT. We, of course, operate a student network and we have computers within our school system at the moment. A number of them are being replaced through this commonwealth initiative. We have been given an allocation of \$1,000 per unit from the commonwealth and schools are then able to purchase from that, from a menu of approved items that will fit within the current education network; the point being that what we do not want to establish within the ACT system is a series of commonwealth provided machines that do not interact with the existing ACT government network, and so schools are then able to purchase machines.

That can vary. It will be a decision that individual schools will make according to their needs. The range of options varies from the approach of the New South Wales government, where they are effectively going to a massive order of laptops that come out at a unit cost of about \$300 each, I understand, and that will mean that \$700 of the \$1,000 is then available for the installation of said machines and the licensing of appropriate software and all of the rest.

I have indicated that we do not see it as the responsibility of the ACT government to be picking up the implementation costs of a commonwealth election commitment. However, we are happy to work with the commonwealth around the implementation of their program. In many instances it dovetails very nicely with the investment that

we have made, for example, in our broadband network that we funded in 2006.

So, of all the jurisdictions in Australia, we are the best placed to be able to take up the commonwealth's offer and I understand something in the order of 2,500 new PCs or new machines, in whatever format, will be finding their way into ACT public schools over the first round of the program and that will be able to be accommodated within our existing structures and within our existing budget, recognising, of course, that there is a recurrent budget attached to IT in schools at the moment.

That said, we did—this is education ministers from all jurisdictions—very clearly indicate that the issue of what happens in the second round of the commonwealth program, and the ongoing recurrent costs beyond that, are still a matter that needs to be negotiated. That has been referred by education ministers back to COAG so that ministers and treasurers will reach an agreement on the future and the longer term funding of this commonwealth initiative but pretty much every state and territory has indicated—I think every one has, actually—that it is not the role of the states and territories to be providing the recurrent funding for a commonwealth election commitment. But for the first year of the program we are satisfied that we can implement the commonwealth's program at no additional cost to the territory.

MR SESELJA: If you were to take on those costs over the life of the program, do you have an estimate of what those additional recurrent costs would be?

Mr Barr: I think they would be in the millions of dollars.

MR SESELJA: Because there is a figure floating around—you might be able to scotch it here—around the \$40 million mark over the life of the program. Is that a ridiculous figure or is that in the ballpark?

Mr Barr: I think that would be—

THE CHAIR: Can I clarify something? You are talking about the ACT or nationally?

MR SESELJA: I am talking the ACT.

Mr Barr: In the ACT, that would be well in excess of any estimation that—

MR SESELJA: So what would the estimate be? You must have an estimate then?

Mr Barr: Somewhere between \$1 million and \$4 million.

MR SESELJA: Over the life of the project?

Mr Barr: No, sorry, per year. So it depends what you deem the life of the project and it would depend a little on the number of machines. The definition of a machine that is counted for the purposes of the commonwealth program is, I understand, up to four years or no more than four years old; networkable; and I think it has to achieve a couple of other benchmarks in order to be counted as part of this commonwealth program.

MR SESELJA: Just to clarify then, if you were to take up all the offers of computers over whatever the life is of this rollout, you said it would be in the millions, but \$1 million to \$4 million a year over what—

Mr Barr: Again, it would depend on how many computers schools took up. We would then have to work with individual schools around the number that they would apply for. The great difficulty would be, if the commonwealth does not provide the recurrent funding, that you will end up with a number of computers that will be fine for a year but may not be particularly useful for a school in the longer term. That is the very strong case that education ministers have put to the commonwealth. We indicated to them that, just as we would not expect them to meet the costs of our election commitments, we would not see it, and we do not see it, as our responsibility to meet the costs of theirs. This issue will be resolved at a national level by ministers and treasurers by the end of this year, I understand.

MR SESELJA: So the \$40 million figure that is floating around in certain education circles is—

Mr Barr: I do not know where that figure—

MR SESELJA: well above?

Mr Barr: Are you able to tell me where you have got that figure from?

MR SESELJA: I cannot tell you where I got it.

Mr Barr: Other than your office? You cannot tell me. Should I ask the committee to inquire?

MR SESELJA: But it seemed very high to me, so that is why I wanted to put it you.

Mr Barr: I am happy to scotch that \$40 million figure. That is—

MR SESELJA: It will not be anywhere near that?

Mr Barr: Nowhere near that, no.

MR SESELJA: Okay.

THE CHAIR: Mr Seselja, what is your substantive question?

MR SESELJA: Sorry, that was my substantive.

Mr Barr: That was his substantive question. But, for the record, he would not reveal his source.

THE CHAIR: No, that is fine.

MR SESELJA: Indeed I would not.

MR MULCAHY: Minister, in relation to public high schools, but it goes broader than that as well—and if anybody has asked this I apologise; I have been tied up with a few things—minister, I note that in 2007-08—

Mr Barr: Not talking to Frank Pangallo, I hope.

MR MULCAHY: Well, just about him, mainly, minister. In 2007-08 the government failed to meet all of its average cost targets and even its revised average cost targets for high schools, public primary schools and colleges. In each case the outcome was between 10 and 12 per cent over the original target in the 2007-08 budget. I am just wondering why the government was significantly over target in the—

THE CHAIR: Are you reading from a particular page, Mr Mulcahy?

MR MULCAHY: Page 367, for reference, BP 4. I am just wondering why the government was significantly over target in the average cost per student and how do these rising average costs fit in with the government claims that you will now have greater efficiency as a consequence of school closures earlier in this term of government?

Mr Barr: In the first instance, those targets would have been adjusted to accord with the additional funding that was provided, most particularly in the high school sector through the second appropriation. So there has been additional funding provided for new initiatives and new activity. If you look into the detail, you would note, Mr Mulcahy, that some of the major efficiencies that were a feature of the 2006-07 budget, most notably the changes in superannuation, have begun to have a marginal impact. I draw to your attention page 375: superannuation expenses are now starting to have an impact on the overall outcome.

MR MULCAHY: This is the reason for the 10 to 12 per cent outcome variation against target, is it?

Mr Barr: No, that would not be the entire reason. Mr Donnelly will be able to give you a little bit of detail in a minute. I am not sure that he is agreeing with your variance, but—

MR MULCAHY: I am going out of your budget papers—

Mr Barr: But just in terms of providing an overview as to why it is that there would be a difference between targets and estimated outcomes, we have made additional appropriations and provided additional resources across all sectors, but most particularly through the \$14.6 million investment in pastoral care in high schools. That is going to significantly increase the per student number for high schools. But Mr Donnelly—

MR MULCAHY: It was the same in everything, though: primary, high school, public secondary college—they are all—

Mr Barr: There have been initiatives across the board, Mr Mulcahy. But Mr Donnelly is looking puzzled by your analysis, Mr Mulcahy.

Mr Donnelly: Yes, minister. Unless I am mistaken, the variances between the estimated outcomes and the 2007 original budget targets are much smaller than those that Mr Mulcahy has pointed out. I have got 1.6 per cent that I have just calculated for primary school, 2.5 per cent for high school and 3.6 per cent for secondary colleges. As the minister has pointed out, a number of those increases relate to second appropriation initiatives which have been funded during 2007-08.

If I have a look at the difference between the 2008-09 targets at the 2007-08 targets, the variances are somewhere of the order that Mr Mulcahy is talking about. Obviously the differences between those two years include both the second appropriation initiatives and the initiatives funded in the 2008-09 budget.

Mr Barr: And the initiatives—

MR MULCAHY: Okay.

Mr Barr: Richard, are you arguing there that our per capita increase in expenditure is heading towards 10 per cent?

MR MULCAHY: The increases here are between 10 and—well, it depends. It is down to 1.3 for the special ed unit. But that is all right; that is clear.

Mr Barr: I always admire your independence from your former colleagues on these matters.

MR MULCAHY: I am glad to hear you admire that. I have some questions about the new Gungahlin college, west Belconnen school. Is that appropriate, chair?

MRS DUNNE: West Belconnen, the west Belconnen school.

MR MULCAHY: West Belconnen.

Mr Barr: Yes, west Belconnen.

MRS DUNNE: West Belconnen will fit under 1.2.

MR MULCAHY: There are a number of rollovers and appropriations for such projects as the new Gungahlin college, west Belconnen—

Mr Barr: I am sorry; we did deal with this.

MR MULCAHY: Page 372?

MRS DUNNE: We have done that one.

Mr Barr: Yes, we have dealt with this.

THE CHAIR: Yes, we have.

MR SMYTH: You have got to pay more attention.

MR MULCAHY: All right; I will get it off the transcript.

THE CHAIR: Dr Foskey.

DR FOSKEY: I want to ask you about some funding that came as a result of the second appropriation bill—the curriculum support category, physical education, arts and languages. You will be aware that I asked some questions on notice about some of the allocations in the arts area. I note that the response was that the decision made to fund the particular groups Kulture Break, Bell Shakespeare Company and Ausdance was the result of executive deliberations. That is not to say that they may not be absolutely the most appropriate choice for our arts funding, but I would like to know whether, in making that decision, the executive—and I assume by executive we mean—

Mr Barr: Cabinet.

DR FOSKEY: Yes. Whether cabinet considered the impact of those funding decisions on the sustainability and viability of some of our own multiyear-funded arts organisations?

Mr Barr: When these matters were considered by cabinet, as when we make all funding decisions, Dr Foskey, we considered a range of implications. It is important to note that the organisations that were funded have a fairly well-established reputation, most particularly Bell Shakespeare, in delivering quality education programs. I am not entirely sure if the thrust of your question is to suggest that we have duded some local groups. I do not believe that is the case.

MRS DUNNE: Kulture Break is a local group.

DR FOSKEY: It is just that the arm's-length funding for professional arts projects is something that the Minister for the Arts has claimed is practised in these kinds of decisions, but this appears not to be an arm's-length—

MR SMYTH: He just thinks about it and does it now.

MRS DUNNE: This is probably another category of just thinking about—

DR FOSKEY: I am certainly not denying the value of those companies.

MRS DUNNE: Just to follow up on that subject, in relation to the curriculum funding that was in the second appropriation bill, what is going to be rolled out in relation to language teaching—not in generalities, but in more specifics?

Ms Davy: Essentially there are a number of elements to the languages support plan. The first is, obviously, the underlying policy about all year 3 to year 8 classes being taught languages. In order to support that, we are looking at—

MRS DUNNE: All year 3 classes? Starting in year 3?

Ms Davy: Yes, starting in year 3.

Mr Barr: This is what we discussed last time. We have talked about this before.

Ms Davy: In terms of the support for that, the first thing we are doing is looking at a cluster approach to ensure that we have continuity in language between primary and high school, so we are working very closely with clusters of schools around continuity of language offer. We are looking at how we can start that; we are looking at the availability of teachers around that; and we are working very closely with places like UC in terms of how we can get teachers in pre-service training as well as do some up-skilling around that.

We are using some of the money to support some resources. Places like New South Wales and other states and territories have some excellent online resources for the teaching of languages; we are auditing and sourcing some of those at the moment.

We have got a major program of professional development running; that started this year. We have got some targeted professional learning for primary teachers of languages. We are looking at principals as educational leaders of their schools and supporting them around making decisions around curriculum, decisions around languages—and high school teachers. We are looking at strategies around different support, around how we can use other programs. This week we announced a Chinese language assistant to work in some of our schools. We are also doing a lot of work with the embassies and our language support networks around this.

Mr Barr: I might take the opportunity to commend the Japanese embassy for their involvement. This week I had the opportunity to attend a major event and celebration of teaching Japanese across public and private schools.

MRS DUNNE: They have lots of Japanese teacher assistants.

Mr Barr: Yes, and there are a number of assistants who are supported by the embassy. The cultural attache was part of the day as well. There were about a dozen schools represented at the day. So there is that engagement with the embassies as well.

MR MULCAHY: Just a supplementary. There was an issue last year about how much time you would be able to allocate towards pupils in terms of language learning and whether you really could manage to give them the level of tuition that would be reasonable for them to develop some skills. Is there any indication of what that will be now and how many languages you propose to teach?

MRS DUNNE: It is an hour a week.

DR FOSKEY: An hour a week.

Ms Davy: The policy parameters are that around years 3 to 6 there will be 60 minutes of language teaching a week, and in years 7 and 8—

MRS DUNNE: That sounds like more than an hour, doesn't it?

Ms Davy: there will be 150 minutes a week. We are targeting support for languages in eight areas: Japanese, French, German, Indonesian, Chinese, Italian, Spanish and Korean. And you may be aware that recent Australian government initiatives are providing additional support, particularly for the four of those in terms of the Asian languages.

MR MULCAHY: Is 60 minutes a week going to deliver a lot of benefit? What is your advice on that?

Ms Davy: We have looked into this. We provided to this committee or an annual report committee our research into languages teaching. There is no definitive research around how much time will give you a particular level of language. We are not targeting this level of support to ensure that all of our year 3 to year 6 students are going to be advanced speakers of a particular language.

MR MULCAHY: I am not suggesting that, but 60 minutes sounds incredibly small.

MRS DUNNE: And when you add to that the complications of teaching a character-based language, you do not get very much for your money.

THE CHAIR: Minister, we need to get onto 1.3 now. Mr Gentleman, have you got any questions on 1.3? Ms MacDonald, I have not given you the call for a while.

MS MacDONALD: Thank you, no.

THE CHAIR: Mr Smyth, have you got a question on 1.3?

MR SMYTH: I have a general question. Minister, it goes back to a couple of questions you answered earlier today. I have sought some advice, and I have been advised—I have spoken to the manager of committees and I understand that she has spoken to the Clerk. I am advised that standing order 117 (g) applies to questions without notice in the Assembly and does not preclude a response in the estimates committee to questions that you are asked here. So the excuse “I have answered that in the Assembly” does not wash.

While you might have answered a similar question in the Assembly, with respect, minister, this is the estimates and I would ask that you respond to the questions in this forum. So I would not mind going back particularly to the Lyons primary school and asking you to explain, as per what Mr Seselja asked you, who made those words?

Mr Barr: It is not in this output class, Mr Smyth.

THE CHAIR: No.

MR SMYTH: I am happy to go back. The excuse that was used—

MR SESELJA: You used an excuse which was a false one.

Mr Barr: But to enlighten you, Mr Smyth, I refer you to *Hansard*.

MR SMYTH: Minister, this is the estimates committee and the committee is entitled to answers to questions that are asked.

Mr Barr: Yes, and I am referring you to an answer.

MR SMYTH: The answer that you have answered that question in another place does not apply.

Mr Barr: I can tell you that all of the information you require is in my answers.

MR SMYTH: The committee is entitled to a specific answer to a specific question.

THE CHAIR: Are you able to table those answers?

Mr Barr: I am able to. I can print that off.

MRS DUNNE: The answers that are in the *Hansard* do not answer Mr Seselja's question earlier today about the nature of the advice to the chair of the board of the Lyons primary school.

MR GENTLEMAN: It does not answer it in the way he wants it, you mean?

MR SESELJA: No; he just did not answer it.

MRS DUNNE: He just did not answer it. And he used as his excuse "I have already answered that". Now we have had advice from the head of the committee office and the Clerk that that is not an appropriate answer, that that standing order does not apply in this place. I would like to revisit the question that Mr Seselja asked and get an answer.

THE CHAIR: Fine. Can we do that at about 5.25, please?

MR SMYTH: It is just as easy to do it here.

THE CHAIR: All right. Would you like to put on notice answers for 4.1, 2.1 and so on? That will be your option.

MR SESELJA: He could just answer the question.

MR SMYTH: I have always put answers on notice.

THE CHAIR: I mean all your questions. Would you like to do that or would you like to have a proper chance —

MR SESELJA: We would just like the minister to answer the questions.

MRS DUNNE: We would like the minister to answer the questions he could have answered an hour or so ago. Are you going to answer the question?

Mr Barr: Is there a question on output class 1.3?

MR GENTLEMAN: I have one.

DR FOSKEY: I have one.

THE CHAIR: Yes—

MRS DUNNE: Minister, you do not run this meeting.

MR GENTLEMAN: Neither do you.

MRS DUNNE: There is a matter before the chair. I have asked the chair to go back to the questions. We have not had a decision from the chair about going back to the—

THE CHAIR: Yes, we have. I said, “Let us go into 1.3, and at 5.25 we will go back to this question.” That is what I said.

MR SESELJA: Go back to his non-answer? Okay.

THE CHAIR: We will go to 1.3.

MR SESELJA: We have questions on 1.3.

THE CHAIR: Mr Gentleman has a question.

MR SESELJA: We did not have a question before.

MR GENTLEMAN: Minister, page 100 of budget paper 3 shows expenses for the ANU secondary college program extension. Could you tell me how this money will be spent?

Mr Barr: Thank you, Mr Gentleman. This initiative provides just over \$600,000 over four years to extend the ANU secondary college program. The program previously offered mathematics, physics and chemistry. The new subjects that are introduced this year as a result of this particular appropriation are conservation biology and Japanese. I am pleased to advise the committee that, through the negotiations with the ANU, these additional courses were able to commence on 30 April. There are 21 students enrolled in the conservation biology course and 14 in the Japanese course. The total number of students participating in the ANU secondary college program is 167 across years 11 and 12. This has been a very successful program run in collaboration with the ANU since the start of 2006.

MRS DUNNE: Minister, will we—

MR GENTLEMAN: I am interested in the conservation program there and the students involved in that. Are there particular aspects of conservation they are targeting, or is it an overall instruction on conservation?

Dr Bruniges: We might ask Carol Harris; she has been integral in the course design,

so—

Mr Barr: You can make your debut.

MRS DUNNE: While Ms Harris is coming forward, can you tell me, minister, have we been conducting these courses before funds were appropriated for them? You said the courses started in March.

Mr Barr: Yes, we have an existing appropriation for the ANU secondary college, and we are enhancing it through this budget.

MRS DUNNE: Yes. Did the existing appropriation provide enough money to run the conservation biology and Japanese courses?

Mr Barr: Yes.

MRS DUNNE: Were you making savings somewhere else, or what was unappropriated?

Mr Barr: We have a partnership agreement with the ANU and we also have students who pay to be part of the program from the non-government sector.

MRS DUNNE: So you were bringing forward commitments from other places? How is it that you can start courses before you had appropriation for them?

Mr Barr: Well, because we have an appropriation for the ANU secondary college and we have expanded on that appropriation.

THE CHAIR: Okay. Ms Harris.

Ms Harris: The ANU secondary college program in conservation biology is a program that has been developed in collaboration with ANU staff. Particularly given the nature of emphasis on sustainability and environmental matters and so forth, it appeared that students would be particularly interested in this type of biology course. We took advice from the ANU about the fact that they were able to develop a course that would be of interest to students, and the fact that we have 21 students who were able to express interest in a relatively short time to take up the program certainly substantiates that information.

DR FOSKEY: Could you table the course outline and also indicate who is teaching that course?

Ms Harris: Those courses are available on the BSSS website, as are all our courses that are taught at the ANU secondary college. The conservation biology and Japanese are in final stages of consultation; parts of the courses still needed some clarification, but we have been able to commence the courses using the parts that have already been ratified by the BSSS. They will be online.

DR FOSKEY: So, therefore, you will not table them. It would be rather nice if you would.

Mr Barr: Just get your office to visit BSSS; they will be able to get it for you. If you are listening, Roland, you can look it up now.

Ms Harris: In regard to the teachers, the teachers who are employed in the program come from a range of places, but they are employed by the Department of Education and Training for the period in which they teach in the ANU college. They have an allowance of one line to do that, and those teachers come from as far as Lake Ginninderra college, Narrabundah, the Canberra college, Hawker college, Radford, Dickson and Copland college. There is a broad spread of teachers who are participating in the delivery of the program.

MR GENTLEMAN: Thank you.

MR MULCAHY: A supplementary, chair—it is a little bit broader than this, but while we are on the topic of teachers—minister, it has come to light that 26,000 public servants have a superannuation problem due to a failing in the Chris21 human resources system, but, from previous questioning, I understand that a number of affected people have been teaching, particularly part-time teachers. Since this has emerged more publicly in the last two days, I have had some distressed people contacting me wondering why they have not been told that there is a problem, which may result in pursuit of overpayments, which has been known about for at least 18 months. Are you or your officers involved in this process of investigation; if so, why has nobody communicated that?

Mr Barr: It is managed by shared services.

MR MULCAHY: Yes, I am aware of that.

Mr Barr: They are the payroll agency for ACT government so —

MR MULCAHY: People have told me they have contacted shared services and have been told they do not know anything about it. I am just wondering whether your department has become involved in this issue at all.

Dr Bruniges: Not today, Mr Mulcahy. Certainly I can raise it with my colleagues over in shared services. We are not aware of it.

MR MULCAHY: I think if people are affected adversely then it is probably appropriate to let them know.

Mr Barr: Certainly, yes.

MR GENTLEMAN: These are retired people, are they not?

MR MULCAHY: Yes, in many cases.

THE CHAIR: Do you have a question on 1.3, Mr Smyth?

MR SMYTH: Yes. Is Gungahlin college on track to open in 2010?

Mr Barr: In 2010, yes.

MR SMYTH: So the first school day in 2010.

Mr Barr: I would not be able to give that commitment. I have indicated that it will be open in 2010. We, of course, have not completed all of the consultations and all of the planning processes, but the target for the college was 2010. I think I have indicated in a radio interview with Mike Jeffreys—I am sure you have got the transcript of that—that 2010 is our target.

MR SMYTH: Given that a large majority of the Gungahlin college population currently go to colleges in Belconnen, will you guarantee that you will not close any colleges in Canberra once the Gungahlin college opens?

Mr Barr: Sorry, will I guarantee what?

MR SMYTH: Will you guarantee that you will not close any colleges in Canberra once the Gungahlin college opens.

Mr Barr: Indeed. The Assembly, as you would be aware, Mr Smyth, passed a resolution that there be no school closures other than those already identified until 2012. That is a commitment that I voted for, and you did as well, I note. I think we will all stand by that.

MR SMYTH: No school closures. A similar promise was made by this government in the lead-up to the 2004 election—that there would be no school closures.

Mr Barr: We now have a resolution of the Assembly to that effect.

MR SMYTH: A resolution to protect us. So how do we take this? There will be no college closures once Gungahlin college opens?

Mr Barr: I have indicated that the Assembly resolution makes—

MR SMYTH: No, I am asking you. You are responsible for the government; I am asking what the government intends to do.

Mr Barr: I can give you the same commitment that I voted for in the Assembly—there will be no further school closures other than those already outlined as part of the 2020 process until 2012. That is the same commitment that the Liberal Party has given.

THE CHAIR: Okay—

MR SMYTH: That will last for how long after the election? The last promise not to close schools lasted about six weeks.

THE CHAIR: To 2012; is that what you are saying, minister?

Mr Barr: Yes.

THE CHAIR: Okay. Mrs Dunne, did you have a question on 1.3?

MRS DUNNE: Yes, I do.

MR MULCAHY: Just a supplementary on the one that Mr Smyth asked. When you said it will be 2010, am I correct in observing that the date for Gungahlin college has been changed from January 2010 to simply 2010 in the 2008-09 budget?

Mr Barr: That is correct.

MR MULCAHY: So is the criticism that Mr Smyth has made previously, that your capital projects are not running on time, the fact in this case?

Mr Barr: No. In fact, I indicated nearly a year ago, I think, in a series of radio interviews on this particular issue that the January 2010 deadline was not going to be achievable given—

MR MULCAHY: So they are not running on time?

Mr Barr: No, but I signalled that some time ago.

MR MULCAHY: So it was your predecessor?

Mr Barr: No. The project was slated for 2011 or 2012 and has been brought forward as part of the funding and the announcement in the 2006-07 budget, or it may have been 2007-08. Anyway, it was a couple of budgets ago. I have indicated that 2010 is the target, but it will not be January 2010.

MRS DUNNE: Sorry, but you were just asked the question whether it would be open for the first day of school and you said yes.

Mr Barr: No, I said no.

THE CHAIR: No, he did not say that.

MRS DUNNE: Sorry, you could not guarantee that. So what is the point of opening it halfway through the year?

Mr Barr: There is not a point of opening it half way through the year.

MRS DUNNE: Okay.

MR MULCAHY: So it is likely to be at the end of the year?

Mr Barr: Depending on the construction process, the timetable, it may well be ready by the middle of 2010. The question then about whether you would accept a second semester intake is one that you would have to judge on student interest at the time.

MR MULCAHY: So 2011 is really when it will be operational?

Mr Barr: It will certainly be in full operation for the 2011 school year, but it will open in 2010. It may well, in fact, open in the middle of 2010, and we may be able to take enrolments, say, in the second semester. That would entirely depend on student interest as to whether people would want to move. As Mrs Dunne has indicated, there may be some—

MRS DUNNE: So it is a watch-this-space commitment?

Mr Barr: No, I indicated this a year ago.

MR SMYTH: Just to follow up that, where do the majority of Gungahlin college students currently go?

Mr Barr: I think they are split between Lake Ginninderra, Copland and Dickson.

MR SMYTH: Do we know to what sort of level?

Mr Barr: We could probably get that detail.

MRS DUNNE: That would be good on notice.

Mr Barr: Yes.

MR SMYTH: Assuming that the majority of the students go back to education in the town centre, does that affect the viability of any of these three colleges?

Mr Barr: No, because there is a growing student cohort in Gungahlin. Dickson has recently, after going through a period of decline—

DR FOSKEY: And nearly being closed.

Mr Barr: Yes, but having gone through a period of decline from 2000 to 2006, since the decision to keep the college open, it has, in fact, rebounded significantly. I think the longer term enrolment trend at Lake Ginninderra is down a little from when I was a student there in 1990 and 1991, but it has been pretty consistently between about 550 and 650 students. Copland, now that it is, in fact, the Melba Copland secondary school, is an amalgamated years 7 to 12 school.

THE CHAIR: Mrs Dunne, do you have another question in this area?

MRS DUNNE: Yes, I have a question.

THE CHAIR: Then I am going to Dr Foskey.

MRS DUNNE: Minister, this is a question to take on notice: can you provide to the committee the teacher establishment for each of the secondary colleges in every year from 2006 until this year? Full-time equivalents would be fine.

THE CHAIR: Thank you. Dr Foskey.

DR FOSKEY: This is a supplementary question really. I welcome the moving forward program in secondary colleges, which is \$829,000, and I note that it is targeting staffing support. I am interested in knowing how the cost and impact of this program compares to the cost and the impact of the staff cuts to colleges that were made in the 2006 budget?

Mr Barr: What this initiative does, Dr Foskey, is to provide that additional targeted support, as you have indicated. If you look at it in terms of total output in the college sector, bearing in mind the 19 hours of face-to-face teaching, that is a significant increase in the total number of face-to-face teaching hours. That lends itself to a better education outcome as the total output in that sector is increased. In terms of the detail of your question, you were wanting a financial analysis as in how much was saved by—

DR FOSKEY: Yes, how much was saved by the cuts, and then how much this program would then bring that back up.

Mr Barr: Yes. At a rough rule of thumb, give or take, it would be about a third.

DR FOSKEY: What value does this measure add to secondary college education?

Mr Barr: Significant.

MRS DUNNE: That is a leading question.

Mr Barr: Thank you, Mrs Dunne.

DR FOSKEY: Well, it was not a Dorothy Dixier.

MRS DUNNE: It seemed like it.

Mr Barr: Sorry, you caught me by surprise, Dr Foskey, by the full toss outside leg stump.

MR SMYTH: You have just got to be ready for them.

Mr Barr: Indeed you do. It is called a gift. Thank you, Dr Foskey. In a minute I will invite Dr Bruniges to outline some of the aspects of this new initiative, but there are two key areas that we are seeking to address. Firstly, there is the transition from high school to college, but then it also focuses on careers, vocational education and seeking to assist students in making that progression on to either further education, be that in the VET sector or otherwise, or, in some instances, into apprenticeships. I am very pleased to be able to advise that even within the Department of Education and Training apprentices are being taken on and are working in a number of areas within the department. Dr Bruniges, would you like to expand and respond to Dr Foskey's question?

Dr Bruniges: One of the significant things, Dr Foskey, is looking at the transition

from year 10 to year 11 and making sure that we have staff supporting students as they make that transition, in terms of their student pathway planning. It is at that point that students in that transition do need support, so we need to have a dedicated resource within colleges to link with the high schools, to make sure that that transition planning occurs for students, we need to be able to look at their pathways planning, to make the links with the options and have discussions about what courses are available, both in the VET sector and in ANU and college. That will be a valuable asset to all the staff in those settings and also the students in the college settings.

THE CHAIR: We had better move on to 1.4. Mrs Dunne?

MRS DUNNE: What has been the impact of school closures on the special education programs that are being conducted? As a result of school closures, has there been an impact on special education and the moves that children have had to make as a result of that?

Mr Barr: There certainly has been a significant enhancement of the quality of the facilities that accommodate students with special needs. There have been significant upgrades across the entire education system in providing some outstanding facilities for special education. There were, from memory, about 30 students who moved schools as a result of school closures. Those transitions occurred with individual plans for those students. Kathy Melsom might be in a position to talk in a little more detail about the new units that are in place in their new home schools.

I have visited a number of the new units. I would highlight most particularly Duffy primary school's unit; it is streets ahead of the facilities that were available in Rivett, for example. From my discussions with parents and with the students themselves, when I visited, they are very happy in their new settings and they really enjoy being part of a larger school community. Duffy has been very accepting and welcoming of the new students, and the transformation in terms of the facilities is phenomenal. If you have not had a chance to have a look at the unit at Duffy—

MRS DUNNE: Is that an invitation to visit it?

Mr Barr: I might take you on a tour, Mrs Dunne. Let us book that in for November.

MRS DUNNE: We will.

Ms Melsom: With respect to the specific number of units that have been moved, with Kambah high school moving to Melrose high school, one learning support unit was relocated. A learning support unit has a maximum of eight students. The learning support centre from Kambah high school was moved to Melrose, and a learning support centre has a maximum of 14 students. A support class in language was moved from Village Creek primary school to Taylor primary school. Again, we have only four students in that language class but it can go up to eight students. Two learning support centres, one senior and one junior, moved from Village Creek primary school to Wanniasa Hills primary school.

They are the movements that occurred with regard to school closure. We supported each of the students and families and had extensive meetings with them about the

transition and the movements that were to occur. Parents had a considerable choice about relocation—what was in the interest of their students. In that regard, we have accommodated all of those needs.

MRS DUNNE: Is this where I can ask questions about SCAN? This is something I have never entirely got my head around: is the money allocated to SCAN a finite bucket of money or is it allocated according to the assessments? What comes first—the funding or the assessments?

Ms Melsom: There is an amount of money, obviously, that is allocated for students with a disability. There is the ACT government funding, which is the greatest amount of funding, and there is also an amount of money that comes from the commonwealth. We use some of that commonwealth money as a top-up. In answer to your question, we have a bit of both, because we do work on the basis that we have a certain percentage of students. We do know that we are very close to estimating their requirements and, at times, if that scenario changes, we have the opportunity to access commonwealth funds to meet their needs at any given time.

MRS DUNNE: Is there any sort of limitation on the level of funding that someone might obtain? It was put to me last year that there had been a change in policy and that for certain classes of students it was no longer possible for them to receive 100 per cent teacher aide assistance, and that the most you could receive was 50 per cent of a teacher aide. Is that the case?

Ms Melsom: There has been no change in practice with regard to SCAN, but the SCAN process works on the basis of an allocation of up to 50 per cent and then there are other considerations taken into account—that is, the particular environment that the child or young person is placed in, and other additional needs. So on top of the SCAN process, we have another review process that enables us to go back and have a look at the specific needs of the student and whether they require additional support. There are students in the system that attract full-time, one-on-one support.

MRS DUNNE: So the default position is a maximum of 50 per cent?

Ms Melsom: That is our starting point.

MRS DUNNE: And that has always been the policy?

Ms Melsom: That has always been the case.

MRS DUNNE: It certainly does not seem to be the experience of parents who have been through the process more than once.

Ms Melsom: No, it has always been the case. There has been no change with regard to that. We have 14 bands and students are supported in a certain category, so that goes through the computer system. As you will understand, we have a process whereby the information is fed in. Out of that comes a band that we allocate to the student, but because individual students' needs vary and you do not always get all of the information to make the whole decision about students' needs when you are sitting around a table and discussing it, we need sometimes to come back and have another

look.

MRS DUNNE: How the system effectively works is that a child and his family gets a 50 per cent allocation—

Ms Melsom: That is right.

MRS DUNNE: and if you want any more you have to come back and beg for it?

Ms Melsom: No, that is not the case. Some of those decisions are made automatically. Again, a number of factors are taken into account. For example, if a student has very high and complex needs and they were located in a mainstream classroom, their needs would be such that we would provide one-on-one support. If, however, the student presented perhaps with high needs but they were placed in a unit where there were six students, a teacher, a teacher's assistant and possibly others, they may not require that one-on-one support unless they have particular high needs physically which mean they need assistance all the time. So it does vary, and the advantage of it is that it is about the individual student.

MRS DUNNE: But you created a very cumbersome process. I have seen some of the paperwork that related to a particular student who had to go back and ask for more money. It seemed in many ways (a) fairly traumatic and (b) fairly degrading, when everyone is aware of the circumstances, to have to go back and say, "Look, we've already made this point," and it was not a very pleasant process for the family to have to go through. They had this the year before; it was reassessed; they were cut back; and they had to go back cap in hand to the department and say, "This child will not be able to continue in a mainstream school if these circumstances continue like this." It is a hard enough job in the first place without having parents devoting large slabs of time begging the department for money which you are telling me is forthcoming if you ask in the right way.

Ms Melsom: Parents do not have to come back and ask for the money. Parents are involved in the initial appraisal process, and that is where the contribution lies. They can come to a review panel if they wish but they are not required to. The school actually does the work, but in many instances it does not need to go to a review process. We have 1,759 students with a disability in our schools at the moment, and we would have somewhere between 10 and 12 reviews a year. So that is a very small number, which means, I think, that we are getting our allocation right.

We did an audit of our allocation process to have a look at its level of accuracy. We found four anomalies. We went back and had a look at that and we changed some of the descriptors in the criteria so that we could be more confident about the degree of common understanding of those descriptors when we go through the process. So our information is not telling us that there are errors in our system or that it is particularly problematic. I would agree with you that there is an element of time involved, but that is the advantage of having the family and any other people that they nominate come to the table to convey what they believe are the needs of their child within our school system.

THE CHAIR: Does Mr Smyth have any questions? We need to move on now.

MR SMYTH: I do. In regard to the accountability indicators, this output is receiving just over \$50 million a year. There do not seem to be a great number of indicators for the effectiveness of the programs that are recorded on pages 366 and 367. There does not seem to be anything on page 366. On page 367, it talks about parents' satisfaction and the cost. Are there any other measures that are used around the country as to the effectiveness of our special education service that we could include?

Dr Bruniges: I am not aware of any, Mr Smyth, through the annual *National report on schooling*. They tend to be minimal, but I am more than happy to contact other jurisdictions to see what other indicators they may use that we are not currently aware of.

MR SMYTH: It might be worth considering. In paragraph (c), "parent satisfaction with their child's special education program as measured by annual survey", the outcome is 90 per cent. Note 3 states:

Lower response rates in this reporting period have increased the proportional impact ...

Why did we get a lower response rate? Is it correct to say that simply because fewer people answered the response has dropped? If it is a percentage then it is just a percentage of those that answered.

Mr Barr: Not quite. If one person was dissatisfied out of 10, that would give you your 10 per cent.

MRS DUNNE: How big is the group?

Mr Barr: One out of 20 would give you five per cent.

MR SMYTH: What is the group and what is the response rate?

Dr Bruniges: This relates to early intervention. I looked at the rate of returns. In 2006-07, we had 628 returns; in 2007-08 we had 443 returns. Of the 443 returns, 398 were satisfied and 45 indicated some level of dissatisfaction, so 45 out of that amount actually changes that proportion.

MR SMYTH: Can we read anything into the fact that almost 200 parents dropped out of the survey or did not respond to the survey?

Dr Bruniges: I think this is the one where, on the request of the special education reference group—this year they requested a mail-out to individual parents for the very first time. We took their advice and did a complete individual mail-out to parents. I do not know whether it is responding to the mail-out as opposed to doing that by the school. We will need to look at—

MR SMYTH: So previously it was done by interview?

Dr Bruniges: No. Some of it was—some parts of it were—but previously we would

have done it in a school setting as opposed to a post-out. In the future, I think we have to look at a range of methods—maybe online and maybe a post-out may be the options of the school to get a bigger sample coming back.

MR SMYTH: When you say done in a school setting, what does that mean?

Dr Bruniges: They are handed from the school direct to parents, as opposed to us putting it in an envelope and sending it out. We thought we might get a better response, on advice from our special education reference group; we followed their advice and we have got a lower response rate.

MR SMYTH: How many families would you have handed it to and how many families was it mailed to?

Dr Bruniges: All of this year's were mailed.

MR SMYTH: Yes, but what is that number?

Dr Bruniges: It was 443—sorry—

MR SMYTH: No, that is what you got back.

Ms Melsom: I think it was 1,730-something. I cannot remember because I am going back to last year's figure and I have got this year's in my head now.

MRS DUNNE: One more question on this, Madam Chair, if I could. Are the ILPs still prepared—

THE CHAIR: What is an ILP, for Hansard?

MRS DUNNE: Sorry, individual learning plans. Are they still prepared at the beginning of the year for the year in which they are being delivered?

Ms Melsom: Yes, they are.

MRS DUNNE: Have you considered the option of preparing them at the end of the previous year so that they are in place for the beginning of the next year? Haven't I suggested this to you before?

Ms Melsom: Students with a disability have an ILP that is carried with them all the time. As they progress through the school system, the ILP stands. It is not necessarily a stop-start scenario. The ILP will travel with the student but would be reviewed. We say that each year we need to have a look at it; in fact, I believe that in many settings—and would encourage that in many settings—and for many students the ILP is reviewed more than once a year. As students' needs change and as their learning progresses, you would focus on different aspects, different goals. What we do say is that, as a student enters into a new school year, we are looking for the ILP to be completed within the first six weeks of the commencement of the school year, but it does not mean that they do not have one to begin that school year.

THE CHAIR: In the next seven minutes we have got two output classes. What do you suggest that we do about that?

DR FOSKEY: I have got a question on early learning and development, output class 4.

MR SMYTH: We can come back another afternoon.

MRS DUNNE: I have got some unless we can come back another afternoon.

THE CHAIR: I beg your pardon?

MR SMYTH: We might be able to find another afternoon and come back.

THE CHAIR: No, we do not have any more afternoons.

DR FOSKEY: There is Monday afternoon next week.

MRS DUNNE: We have got next Monday—or we can have an evening.

THE CHAIR: No, we cannot have an evening.

MS MacDONALD: We cannot do it on Monday afternoon, because cabinet meets.

Mr Barr: I am in cabinet on Monday.

MRS DUNNE: It looks like as though we will be back one evening. I have got some non-government education things. If Ms Melsom could come back, she might be able to help me answer the questions. The next output class?

THE CHAIR: Yes, go ahead.

MRS DUNNE: The changes to funding for students with a disability in non-government schools—how do you envisage that that will roll out into non-government schools and to what extent will this meet the unmet demand in 10 non-government schools for funding for children with a disability?

Mr Barr: I am advised that there is a 44 per cent increase on the current base of targeted funding. The number of students with a disability in the non-government sector increased by 11 per cent, I am advised, from 2006-07 to now. The funds are allocated to individual schools, using the agreed mechanism for funding of students with a disability involving an assessment of need under the SCAN process. The expectation is that this increase will lead to a substantial increase in per student funding to students with a disability in the non-government sector.

MRS DUNNE: The principal of the Orana school was giving evidence to the committee earlier this week. She gave examples of the current funding arrangements for a number of students that they have with high levels of need where the SCAN process indicates that they need full-time, one-on-one assistance but the funding level is such that the school has a funding gap in the order of \$15,000 per teacher's aide per

child. Even a 44 per cent increase to the school would not meet those needs.

Mr Barr: Probably not in and of itself. Mind you, I think we would now be funding a higher proportion in terms of ACT government contribution than we have before—certainly above our proportionate share of non-government school funding. I think the longer-term answer—I discussed this matter briefly with Orana when I was out there last week and I am going back in a few weeks to talk to them again—will be for the major funding partner for non-government schools to look to their allocation. This is, you would have to say, a significant increase in funding from the ACT government.

MRS DUNNE: So you will be taking it up with your commonwealth colleague—that non-government schools—

Mr Barr: Certainly this ACT government contribution will address some of the unmet need, but I acknowledge that it will not address all of it and that a further contribution from the commonwealth—but then, also, we must recognise that funding for non-government schools is a tripartite funding arrangement, in that parents make a contribution as well.

MRS DUNNE: As well, yes, but are you making commitments to the non-government school sector? Do you want to take it up with the primary party?

Mr Barr: I am not so much making commitments as giving a demonstrated commitment in dollars from the ACT government now, meaning that we have increased our share of funding for students with a disability considerably and now funds due to a disability are disproportionately more—

MRS DUNNE: So it is all done and that is it?

Mr Barr: No, but I am not going to suggest for a moment that I will single-handedly be able to convince the commonwealth minister that the commonwealth needs—

MRS DUNNE: Are you going to try?

Mr Barr: Yes, I am happy to do that. I have got no issues with that, but I cannot—

MRS DUNNE: In the new spirit of cooperation between the states and the commonwealth—

Mr Barr: I will tell you one thing, Mrs Dunne: I have a better chance of getting an outcome out of Julia Gillard than you do.

MR SMYTH: You have not done too well with the federal government so far.

DR FOSKEY: It is not the gender card; it is the party card.

THE CHAIR: You have three minutes to ask a question in this output area.

MRS DUNNE: I have one more thing. How will the carbon-neutral schools program be divided between government and non-government schools?

Mr Barr: Some 300,000 of the 400,000 allocated will be made available to non-government schools on a revolving funds basis. Under the scheme, non-government schools who receive the grant will be required to pay that grant back from savings in energy costs over the coming years; once the loan is fully repaid, all future savings will accrue to the school. Funds returned by the repayment of the loans will be reinvested into the scheme to provide greater benefits across the non-government school sector. We have separate capital initiatives within the government system through a separate appropriation—

MRS DUNNE: What is the other 100,000 going to?

Mr Barr: The other 100,000 will be used to fund an officer to administer and coordinate the carbon-neutral program across both government and non-government schools.

MRS DUNNE: Okay.

Mr Barr: So we have the significant capital fund announced previously. That is \$20 million over 10 years for government schools; they are our assets so that is a capital investment.

MRS DUNNE: That officer does not just look after the other \$300,000?

Mr Barr: No. That officer is looking after that major program that is capital, because we own the buildings—

MRS DUNNE: I know that local governments do things in an inefficient way, but that is raising it to a new form.

Mr Barr: I would not advocate that \$100,000 be spent administering a \$300,000 program. This is \$20 million. But I note for the record that the grants or the money we make available to the non-government sector cannot be capital because we do not own the asset.

MRS BURKE: Yes, I understand that.

THE CHAIR: Dr Foskey has an intervention question. She is going to quickly ask it and then we are going to that other question of Mr Smyth's.

DR FOSKEY: I will be quick. I believe—I am hoping anyway—that I am going to have a briefing around early childhood schools, but it has come to my notice—I do not know if the government is aware of this—that a lot of people think that the schools that are being rejigged as early childhood schools are actually closing. Because we have enrolments for next year—

MRS DUNNE: They are to some extent.

DR FOSKEY: Thanks, Mrs Dunne. Enrolment for next year is happening all around Canberra at the moment and some communities are concerned that they are not

getting the kindergarten enrolments they would expect. Also, I believe that in some of those schools the early childhood component is not going to be available next year. I am wondering what is going to be done to promote these new early childhood schools and whether there would be—

Mr Barr: She keeps on with the dorothis, doesn't she?

DR FOSKEY: This is a real problem that you have out here. We have got schools that are not going to have the early childhood component next year; they are just going to be relying on whatever kindergarten norms there are, and they are not looking good at the moment. I just want to know whether the rejigging of the name—during the 2020 process they were called P-3s; now they are being called 0-8. I think there is confusion out there in the community; I wonder what strategies there are to overcome that?

Mr Barr: Thank you, Dr Foskey. I am very pleased to be able to announce that next week in Public Education Week we will be kicking off a major promotional campaign. You will not be able to watch television in the next week on any of the commercial networks without seeing a significant public education promotion campaign, in conjunction with a number of other interested organisations, most particularly the parents and citizens council, which has very strongly encouraged the government to do more to promote public education.

I am very pleased to be able to advise that we have taken their advice. We will be undertaking a significant public education promotion campaign next week also within the existing budget that we have for promotion of public education, which is in the order of about 100,000 per year.

We are also partnering with the Australian Education Union in the delivery of a number of major events next week as part of Public Education Week. You would have received, I would hope, in your letterbox in recent times, information around open nights for schools. And there is the significant promotional material that has been available through a number of print publications and advertising in the *Canberra Times* and the *Chronicle*—through all of their education supplements. We will continue to significantly promote the ACT public education system.

THE CHAIR: Thank you. We will go back to Mr Smyth's question.

DR FOSKEY: This is the early childhood component. I do not feel that my question was answered.

THE CHAIR: Well, sorry.

Mr Barr: And most particularly, Dr Foskey, focusing on our early childhood schools.

DR FOSKEY: And the concern about low enrolments for kindergarten?

Mr Barr: The data that we have does not match the assertion you have just made. In fact, the preschool enrolments for this year for those schools have been very strong—higher than they have been for some time.

MRS DUNNE: It is not being translated into kindergarten enrolments. Ask anyone.

Mr Barr: It only opened on 1 May.

THE CHAIR: Yes, it only opened on 1 May.

Mr Barr: It has only been open for 20 days.

THE CHAIR: That is right.

Mr Barr: It is a bit early to be drawing set conclusions.

MR SMYTH: Minister, why was the Lyons school board chair, Michelle Wright, advised by a department spokeswoman over the phone that the department wanted children out before the end of the school year in order to complete renovations and that the options included conducting all classes in the school hall for the rest of the year? That is the first question. The second question is: did the *Canberra Times* get its facts right?

Mr Barr: In response to that first question, I have indicated—I cannot speak for the officer who is alleged to have made those statements—that they were never official government policy. I am not in a position to be able to respond on behalf of that officer. I have indicated the government's position on this matter on a number of occasions, both publicly in the media and in the Assembly. We have engaged in a detailed consultation process with the Lyons school community—very detailed. Mrs Dunne, you have been exposed through this process on more than one occasion.

MRS DUNNE: One meeting with the school board about this.

Mr Barr: There has been more than that. I will refer—

MRS DUNNE: And the provision of information and answer to questions.

THE CHAIR: Let the minister answer the question.

Mr Barr: I need only refer to the *Hansard* of question time when Mrs Dunne and others asked these questions and refer you to comments of the president of the P&C at that time. In relation to the *Canberra Times* reporting of the matter, that is something that is a matter for the *Canberra Times*. Mr Smyth, you and I have been around long enough to know that from time to time the *Canberra Times* presents things in a certain way that we may or may not agree with. It has been known to make mistakes; we are all human. I think the issue at Lyons has been resolved to the satisfaction of the school community.

MRS DUNNE: No, it has not.

MR SMYTH: The second question that I asked was: how does this report in the *Canberra Times* reconcile with the statement by the minister that the thought of relocating an entire school, to have an entire semester with all their activities in the

school hall, is clearly not something that the government, the school or the department of education would ever countenance? Is that correct?

Mr Barr: Yes. As I indicated—again in some detail—in my answers in question time at that point, there are classes that are conducted in school halls. That is not unusual.

MR SMYTH: But not the entire program?

Mr Barr: No, but an entire education program in every aspect for an entire semester—

MRS DUNNE: Presumably somebody has been—

THE CHAIR: Mrs Dunne, the minister is answering the question. Please do not interrupt him.

Mr Barr: At no point has that ever been government policy and at no point has it been enacted.

MRS DUNNE: But your statement was that this is something that had never been countenanced by the government, the school or the department. But clearly somebody in the department thought it was a good idea at some stage, because it was transmitted to the school board.

Mr Barr: If that has occurred, then that is regrettable, but at no point has it been government policy that that would occur, and it has not occurred.

MRS DUNNE: It has not occurred simply because the community went public with it and exposed it.

Mr Barr: It is not occurring because it would not have been a good outcome.

THE CHAIR: Thank you, minister and officials. Members are reminded that questions on notice need to be in in two business days—that is, Monday afternoon.

The committee adjourned at 5.32 pm.