LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2011-2012

(Reference: Appropriation Bill 2011-2012)

Members:

MR B SMYTH (The Chair)
MS M HUNTER (The Deputy Chair)
MR J HARGREAVES
MR J HANSON
MS C LE COUTEUR

TRANSCRIPT OF EVIDENCE

CANBERRA

THURSDAY, 19 MAY 2011

Secretary to the committee:
Ms G Concannon (Ph 620 50129)

By authority of the Legislative Assembly for the Australian Capital Territory

APPEARANCES

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Amended 21 January 2009

The committee met at 9 am.

Appearances:

Gallagher, Ms Katy, Chief Minister, Minister for Health, Minister for Industrial Relations and Treasurer

ACT Health
Brown, Dr Peggy, Director-General
Thompson, Mr Ian, Deputy Director-General, Strategy and Corporate
Foster, Mr Ron, Executive Director (Chief Finance Officer), Financial Management
Bracher, Ms Katrina, Executive Director, Mental Health, Justice Health and Alcohol and Drug Service
Woollard, Mr John, Acting Director, Population Health
Kohlhagen, Ms Linda, Executive Director, Rehabilitation, Aged and Community Care
Kelly, Dr Paul, Chief Health Officer
O'Donoughue, Mr Ross, Executive Director, Policy and Government Relations
Carey-Ide, Mr Grant, Capital Region Cancer Services
Trickett, Ms Elizabeth, Executive Director, Quality and Safety

THE CHAIR: Good morning, minister. It now being 9 o'clock we will commence this session. Welcome to this public hearing of the Select Committee on Estimates. The proceedings today will look at outputs 1.2 to 1.6 of the ACT health budget. And we will start with just asking the minister whether you and your officers have seen the privilege card, and do you understand the implications?

Ms Gallagher: Yes.

THE CHAIR: Thank you very much. I also need to remind witnesses that the proceedings are being recorded by Hansard for transcription purposes, as well as being webstreamed, broadcast live and trialling on the Committees on Demand. Minister, would you like to make an opening statement?

Ms Gallagher: No thank you, chair, but we do have a number of answers to questions that were taken yesterday, if the committee is happy for Dr Brown to read those in.

THE CHAIR: A nice way to start.

Dr Brown: Thank you. Just to update you on the advertising at Canberra Stadium, as I indicated to you yesterday, the cost was $15,000, and I gave you the figure, but I think I said to you that that was the increase in the website hits for the year. In fact, it was for the period from 12 March—which was the day that the ad was launched—until 12 May. So we had a 26 per cent increase over the same period last year in terms of hits on the website. So that was 36,000 in that two-month period.

I have the response to the "did not waits" in the emergency department. The figure that Mr Hanson was referring to from 2005-06 represented the quarterly figure. The figure that is available in the most recent report is the cumulative figure for three

quarters.

MR HANSON: It seemed a rather large increase.

Dr Brown: Yes. There has been a slight increase in the rate of "did not waits". It was eight per cent in the first nine months of 2005-06. It is currently 10.5 per cent, but it is certainly not a 300 per cent increase.

MR HANSON: That is not very clear in those reports, actually. It appeared to me that it was the same measure.

Dr Brown: Yes, it should be headed "Year-to-date figure", which is the cumulative total. And the reason we changed from presenting it in quarterly numbers to cumulative is because of the seasonal variation in the ED presentations.

MR HANSON: Fair enough. That is good news.

Dr Brown: I also have the breakdown in elective surgery procedures performed in private hospitals for the first 10 months of 2010-11. There were 47 ear, nose and throat surgery procedures, 23 plastic surgeries, 36 urology and nine others. So that is a total of 115 year to date.

MR HANSON: And you are going to provide us with what was planned out of those 306 as well at another stage, are you?

Dr Brown: We can give you that in broad terms. We cannot give you a precise—

Ms Gallagher: In the new amount—

MR HANSON: Yes, the new money. So that is year to date, what we have done, but there is the money that has been put in there for the extra 306 procedures, what that break-up is as well?

Dr Brown: We can do that in broad terms. I do not think we can do that in specifics.

Mr Thompson: Just touching on what I said yesterday, the final breakdown will be subject to the availability of surgeons and facilities for doing it. So at this stage we do not have a specific breakdown. The areas that we are focusing on, however, will be orthopaedics, ear, nose and throat surgery and urology as the priorities. But we expect general surgery and plastic surgery also to be included.

Dr Brown: In relation to the bullying and harassment complaints, we had 19 complaints in the calendar year 2010, and I stress that they were complaints, not all were proven upon investigation. And in 2011 we have had five.

And finally, the number of disability clients waiting longer than one year is actually four. Of those, two are not ready to move; they still have acute care needs. One is a compensatable patient and the other is in rehabilitation and there is an ISP in negotiation.

THE CHAIR: All right. Moving on to output class 1.2, in terms of the increased funding for community organisations, how will that money be spent?

Mr O'Donoughue: Good morning. Just bear with me. The 2011-12 budget allocates an additional $500,000 for activity in the community sector mental health. $122,000 is allocated to multicultural programs. There has been a successful piloting program called changing perceptions, which has been trialled over the last two years through an ACT Health promotions grant program. This program aims to reduce barriers in access to mental health services in culturally and linguistically diverse communities, and it will be auspiced by the Mental Health Community Coalition.

$80,000 is being allocated to the ACT Social Enterprise Hub, which, as you would know, aims to strengthen vocational and employment opportunities for mental health consumers. This investment in the Social Enterprise Hub will consolidate the core of the Social Enterprise Hub. There has been some indication that some of the philanthropic agencies that have supported the hub to date are likely to reduce their funding. So we see that this will make the program more sustained for longer term organisational planning.

$150,000 has been allocated towards community sector mental health services minimum qualifications. This is modelled on a successful program that has been undertaken in the alcohol and drug sector and auspiced by the Mental Health Community Coalition again. This will assist community sector workers to gain minimum qualifications. The minimum standard will be a certificate IV in community services and development.

And lastly, we propose to allocate $150,000 to develop a research centre in mental health consumer and carer issues. The development and implementation of consumer and carer participation in service quality review and mental health service research is seen as a priority area within the mental health services plan. And we would propose to procure the services of an academic institution in the ACT to deliver this service. So that is the total of $500,000 allocated in the 2011-12 budget to community sector mental health.

MS LE COUTEUR: You mentioned the Social Enterprise Hub. Are you also working at changing any procurement practices so that you actually employ people in those categories? There must be quite a few jobs in the Health portfolio which could well be done by some of their clients.

Ms Gallagher: This is not really Health's area, but the government as a whole, yes, is. I have recently met with Social Ventures Australia to talk about further opportunities across government to promote social enterprise hubs not just within the Health Directorate. I think there are some opportunities there. So I am working pretty closely with them about any changes we need to make, and having, in a sense, a social test included as a consideration in procurement.

Dr Brown: And, certainly, I can say that we have reminded officials earlier this year—or it might have been late this year—of the need to consider social enterprise agencies when we are undertaking procurement.

MS LE COUTEUR: So are you now putting it down as part of your contracts? We have recently been looking at a case where there was a social enterprise which potentially could have got the work and procurement. When they went back to Procurement Solutions, they said, "Well, it simply wasn't one of the criteria." Are you looking at making sure it actually is part of your criteria in relevant procurement? Clearly, it is not relevant to all of Health's procurement.

Ms Gallagher: Across government we are, Caroline, yes. In fact, cabinet discussed this a couple of weeks ago around how you could put it into your criteria. It is essentially how you would create social test criteria.

MS BRESNAN: There was some work done through Procurement Solutions and Chief Minister's on this. I appreciate it is not your department, but it does not seem to have been progressed into actual on-the-ground action.

Ms Gallagher: I think you will see some, shortly.

Dr Brown: As I say, we certainly put it out, reminding people and provided a list of the opportunities that were in existence at that time.

MS BRESNAN: Because that was about a year ago.

MS LE COUTEUR: Yes, it was about a year ago, because I remember it was with the PAC procurement inquiry.

Ms Gallagher: Yes. Well, it might be actually in our response. I am just trying to think of—

MS LE COUTEUR: I hope so.

Ms Gallagher: what the context was in which it came up. For example, with the Belconnen enhanced community health centre that will be built, there are some good opportunities around that new building for cafes et cetera which we should look at.

THE CHAIR: All right. A new question?

MS HUNTER: I just wanted to pick up on the community sector funding, and Mr O'Donoughue has run through where that money has gone. But I wanted to follow up on the community sector mental health review that was undertaken, I understand, and has not been publicly released at this point. When will that be released?

Ms Gallagher: I have not read it. I hear it is on its way to me. It is not in my in-tray, so it might be in my office.

Dr Brown: Yes, it is completed. The intention is for the minister to table it out of session with the Speaker and then to present it to the next sitting of the Assembly.

MS HUNTER: So that will be in the next couple of weeks? Yes.

MS BRESNAN: I was just going to follow that up. Once that is released and publicly

available and starts being implemented, will that start to inform some of the funding priorities and allocations that go towards the community sector?

Dr Brown: Yes.

MS HUNTER: The other question I had was also in growth in mental health money and whether you could specify exactly where the extra funds for the mental health unit will be spent.

Ms Gallagher: The new adult inpatient facility? The $13 million, I think it is. Is that the money you are talking about?

MS HUNTER: Well, it is—

Dr Brown: It is the other $500,000.

Ms Gallagher: There are two elements of growth; so there is the growth for the new adult mental health inpatient unit coming on board, and then there are two elements to the $4 million growth, half to the community—

MS HUNTER: Can we talk about the $4 million growth.

Ms Gallagher: So the other $500,000 and where that is going.

Dr Brown: I will just run through the $500,000 of growth. It is $40,000 for a part-time carer-consultant to add to the consumer consultants that are already employed within the service. There is $133,000 for an increase in the workforce of the dual disability service, reflecting the demand on that unit. There is $50,000 to increase services to peri-natal mental health, again reflecting the demand. There is $71,000 for the enhancement of pharmacy services at the Alexander Maconochie Centre and Bimberi Youth Justice Centre. And there is $206,000 to support the CAPIT team that I spoke about yesterday, the CAT and police intervention team. So that is the $500,000 of community money.

The other money for the inpatient unit is obviously supporting medical, nursing and allied health positions and, indeed, contains some funds, I believe, for the additional beds in the new mental health unit. Indeed, I think there is an additional administrative staff as well within that allocation.

MS BRESNAN: Can I ask a supplementary. You mentioned the enhancing of the pharmacy services at the AMC. One of the issues that have come up over the last year or so is detainees and remandees getting all their prescriptions and medications when they leave the AMC. Have you any information on the numbers now that are actually receiving those when they leave?

Dr Brown: We might have to ask Tina Bracher to respond to that.

Ms Bracher: On the question around how many people have their discharge medications, we can clearly say that all of the people that are discharged from a sentenced stay at the AMC receive the rest of their medications that we have in stock

at the AMC when they are released, because that is a planned release. In regard to the people that are released from the courts, the remandees that go into the court system and are released from the courts without coming back to the AMC, before the people go to the courts in the morning, we dose them with their daily medications that are due in the morning so that they have their day's medications, but we cannot provide them with their ongoing medications after they are released from the court, because they are not able to re-enter the AMC because of the security arrangements around that.

We have an arrangement in place with the alcohol and drug program where people on the methadone program are transferred back to the care of the Alcohol and Drug Service, building 7, and they would be able to have their next dose of methadone the following day without a break in their care.

MS BRESNAN: You said that they get the dosage for that day. So they do not get prescriptions, even if they were prescriptions which they would have to get filled? There is a break in terms of their being on remand in the centre, sometimes for a few months, and then they go out.

Ms Bracher: My understanding is that, with the PBS, our doctors in the AMC cannot prescribe for community dispensing, because the people are in the care of the state when they are in the AMC and our staff work within that system in the AMC. So we have a system in place for the methadone, because we recognise the safety concerns around people having a break in their care around methadone. But we cannot write a prescription in the AMC for somebody to pick up their medications in the community.

MS BRESNAN: So does that then get followed up, as you said, in the relationship which they might have with the Alcohol and Drug Service or other organisations?

Ms Bracher: The Alcohol and Drug Service will manage the medications around the addiction. If the person has other health issues then they are managed by the individual's GP, if they have one. With the Mental Health Service, though, there is a through-care service available for people with mental health through people that are actively involved in our forensic mental health service, to be followed up in the community as well. So the prescription can then actually be picked up in the community.

MR HARGREAVES: Can I have a supp on that?

THE CHAIR: Mr Hargreaves, Ms Le Couteur, and then—

MR HARGREAVES: In terms of the lack of ability for the doctors in the AMC to prescribe in the community setting, I am interested in what happens to people when they appear in the courts. They go from remandee status at the AMC where they are in fact under the jurisdiction of the state, then into the courts. There is a danger, I would assume, that somebody could be released back into the community without a piece of paper which indicates that they can go and get their continuing groups of medications. So we will have to give some thought to that.

This may be the wrong question for you. It may be something we need to take up with

the Attorney-General. But I am picking up on something Mr Thompson said about the jurisdiction of the doctors and they cannot prescribe outside the AMC. Is it possible that the reason why nothing happens at the courts is that, as soon as a person is released in the courts, the state has no jurisdiction over their future and therefore we cannot impose a medical regime upon someone who now is not in the jurisdiction of the state? How right am I?

Ms Bracher: Yes, that is correct. If I can make a comment about the point that you started with, with regard to people being released from the courts and the jurisdictional arrangements around that, our clinical staff recognise only too well the concern about continuity of care for people. To the best of our ability, what we have tried to put in place is that every person that is released from the courts has the contact details of the Hume Health Centre. Every person that is released from the courts has a generic letter in their pack that goes with the corrections officers into the courts with the person. It has got contact details for our health centre and a number of other community connection places so that the person can connect with services in the community, whether that is around their general health or specific health matters.

Our nursing staff and medical staff do an internal discharge summary for every person that is released from the jail, even as a remandee. It is on their clinical record that the person can then contact us back through the release of information process and have access to their discharge summary for the continuity of care. It is not a perfect system. We recognise that. It is a manual system at this point. And we are working very hard with the e-health parts of ACT Health to try to make our discharge process electronic so that if the person does indicate that they have a GP in the community, we can do the e-discharge process like we do out of the Canberra Hospital.

MR HARGREAVES: You are addressing the issue of continuity of care to make sure that the person, himself or herself, who is now no longer in the jurisdiction of the territory, actually has in their hot little fist a piece of paper with contact numbers on where they can arrange their continuity of care themselves?

Ms Bracher: Absolutely.

MR HARGREAVES: Thank you.

THE CHAIR: Ms Le Couteur, then Mr Hanson with a supplementary.

MS LE COUTEUR: Mr Hargreaves has gone to a lot of what I wanted to ask. How many of them just end up in emergency afterwards because they actually do require medication?

Ms Bracher: We do not collect that data. I am not aware of that data.

MS LE COUTEUR: Have you looked at actually printing out the person's medical details so that if, by the time they get discharged and then find their medical person and it is late, they do not have a problem? Some people will presumably have medication that they need to take every day, or more than once a day, and they have just lost their medication by—

Ms Bracher: We are working through the processes for the remandees. The dilemma that we find is with the place where we put that card with the information and a very de-identified letter saying, "You can get your clinical details back from the Hume Health Centre via this route." That is our attempt to protect the privacy of the individual concerned. If we were to print off their clinical record and put it into the property of that person, to go with them from the AMC to the courts, the property is actually that of corrections or JACS. So there would be concern that the corrections officers could read the clinical record of the individual person, which would be a breach of privacy as well.

We are operating in a very tricky environment to balance the needs of both the individual's privacy and our acknowledgement of the safety and security concerns of through-care. So we are actually hoping that the electronic solution is how we would deal with keeping private information out of another government department that has no need to know, in the interests of the person's through-care.

Ms Gallagher: And those are clearly established in legislation around the operations of the Alexander Maconochie Centre, which clearly states that the Health Directorate has responsibility for health records, not corrections. And that was a very conscious decision. It is providing some tricky areas to negotiate through.

I would also say, though, for the population that we would see coming into and out of the Alexander Maconochie Centre, many would be known to and would continue with services provided by Health through the alcohol and drug and mental health programs, for example, the methadone program. Many would click straight back into being provided that service, whether it be through a community pharmacy or through coming to the Canberra Hospital for dosing.

Ms Bracher: And in addition to that, we have very strong links with Winnunga health service. The clinical director of Winnunga actually does the clinics for Aboriginal and Torres Strait Islander people at the AMC. He is very definitely our connection, for that population group, back to Winnunga, with a very clear transfer of clinical knowledge in the person's best interest.

THE CHAIR: Mr Hanson.

MR HANSON: I have got some broader questions about corrections health, so I was thinking this might be an appropriate time to do that if you are happy with that.

Ms Gallagher: It is justice health now. In the restructure of Health, it is now known as justice health. It is the same thing as corrections health.

MR HANSON: That will make all the difference then. The Burnet report obviously was a report that was commissioned by you. I think it is fair to say that that was a damning report. It was about 195 pages, as I recall. There were 69 recommendations, one of which was to have a trial of an NSP, which we can get to in a minute. But when I went through that report, some of the summaries—and I have got the extensive quotes to back up these explanations—included: the drug services at the jail are fragmented and poorly coordinated; drug policies are not developed with front-line staff; there is an inadequate blood-borne virus testing regime, meaning that any data

on those diseases is unreliable; the testing regime, and this is to do with antibodies, may actually be encouraging, by providing a false positive, people to then undertake risky behaviours; the prisoners with hep C are experiencing poor access to treatment; the prisoners experience poor access to health care that is not in accordance with the community standard; the prisoners with mental health illness are receiving inadequate support; allegations of pushing methadone; and an allegation of conflict between ACT Health and justice health, as it is now.

In any context, that is a bad report, and I would like to go through those issues and just see where we are at in terms of your response and where we are at in terms of addressing those issues. I can go through them individually if you like, but—

MR HARGREAVES: I do not think so.

MR HANSON: you have got the picture.

Ms Gallagher: What I would say about the Burnet report is that it was commissioned by this government to assess and make recommendations about the current programs in operation at the AMC and ways to improve them. I think the report, the way it is written, with the use of informants, provides a bit of glamour and excitement around that subject, which is always going to be interesting. But I think the important issue for me out of the Burnet report is that we look at areas where we need to improve and put in place those improvements.

I think there were some contradictory messages in that report. If you take methadone, for example, there are allegations that methadone is being pushed. If you turn the page, there are informants saying that they did not get access to methadone quickly enough. I think if you put all the informants' quotes together and look at them together, you will see examples of that throughout the report, where one group of informants is saying one thing, and one group of informants is saying the other.

MR HANSON: I agree with what you are saying there, and there was obviously a broad view, but then you had the summary and the findings of the Burnet report and recommendations, which seemed to find that there was a problem in those areas. I accept that there were some inflammatory statements that may have exaggerated—that may not be the case. I am just saying that these are the findings that the Burnet Institute came up with that went beyond just simply some of the informants' statements.

Ms Gallagher: Yes. In relation to the recommendations—and I do not have them in front of me; I know that the government's final response to those recommendations is on my desk, so it is imminent—I am not surprised that a report by an institute like the Burnet Institute has come out with recommendations on a way to improve the provision of services at the AMC 18 months on from a new service. I think there has been tension between JACS and justice health. I do not mean that in a negative way; I think it is genuinely bedding down the way that the AMC is operated. We have a focus from a justice point of view and then a focus from a health point of view; sometimes those two do not line up. Those conflicts have to be resolved; I think that they have been and they will continue to be. But there is opportunity to improve. From my experience in going out to the Hume medical centre—have you been out

there?

MR HANSON: Yes.

Ms Gallagher: Yes, I thought you might have. From that and from the quick discussions I had with a few of the people who were using justice health, the feedback I got was that their access to health services was greatly improved compared to what they were receiving before they were at the AMC. Indeed, some people had been linked into the liver clinic for their hepatitis C and had been cured of hepatitis C whilst they had been staying at the AMC. These are things that are just not on offer. There is the dental program, for example. At that point in time when I visited, all of the people who were staying at the AMC had had their dental work done for the first time in years.

Yes, there is room for improvement. I know that you do not necessarily want to hear the good stories that are happening at the AMC. Yes, there is room for improvement, as there is in every area of health, but there is also some excellent work that is going on at the AMC and we should recognise that.

MR HANSON: How are we going to measure that improvement? Burnet came up with a bunch of recommendations and findings. How are we going to assure ourselves that that improvement has been made? Will there be a follow-up investigation done or what will be the process?

Dr Brown: Can I say in response to that question that we have recently undertaken an inmate health survey. That has not yet been finalised for publication, but it will be later in the year. That has got some comparisons for us from this baseline measurement with similar data from New South Wales prison populations. That is a survey that potentially we could replicate at a future point in time.

MR HANSON: Sure. But in terms of some of those specific recommendations, for example, the way that the blood-borne virus testing was being conducted—because it was only testing for antibodies, it was potentially throwing up false positives, and was then—

Ms Bracher: I can answer that question specifically.

MR HANSON: Are those sorts of issues being addressed?

Ms Bracher: Yes, they have. We have changed our blood-borne virus testing that we asked pathology to do to be more in line. It was something that we needed to fix, and we have already.

MR HANSON: Will there be a response tabled in the Assembly or something like that?

Ms Gallagher: That is the intention, yes.

MR HANSON: Something that then goes through each one of those points.

Ms Gallagher: Yes, exactly—goes through each one of those recommendations. I should say that, out of the Burnet report, there is a lot of interest around illicit drugs. The most concerning thing for me around that report was the level of smoking. If there is a health issue in the jail, it is smoking. For me it is a matter of how we deal with that. How do we encourage people to stop smoking? I think—I cannot remember; I do not have the Burnet report in front of me—that it was 85 per cent.

MR HANSON: So you are more concerned about the smoking than the heroin?

Ms Gallagher: I can see your media release coming now, Mr Hanson.

MR HANSON: That is what you just said.

Ms Gallagher: From a prisoner health point of view is what I said—

MR HANSON: Really?

Ms Gallagher: The most concerning aspect of the Burnet report is the level of smoking, from their own health point of view. Now, you might get all excited and think that it is the level of prevalence of people who are using illicit drugs, but in terms of the impact on one's own health and the potential dangers from that—I am not talking about staff security here or drugs coming into and out of the jail; I am talking about the impact on a prisoner's own health—that is the most concerning health issue, I think, that we have to deal with.

Dr Brown: Can I just add something.

THE CHAIR: Ms Bresnan has a supplementary after Dr Brown gives us some more information.

Dr Brown: I just wanted to speak to Mr Hanson's issue about the tensions between justice health and corrections health staff—sorry, corrections health and mental health staff. We have, of course, had the restructure internally within ACT Health, and we have put mental health, justice health and alcohol and drug services within one government structure. They are now just one division.

MR HANSON: I look forward to talking about that restructure a bit later on if we can.

THE CHAIR: Ms Bresnan.

MS BRESNAN: Thank you. My question is on the drug and alcohol services that are provided, particularly in relation to community groups that are doing that work. One of the issues that have come up previously is that a lot of these services have had to provide those services without necessarily receiving any additional funding through their contract. I think Directions ACT has said that $80,000 would probably cover the services which they are now providing through the AMC. Is this an issue that is going to be addressed? I think I raised it in the last estimates as well.

Mr O'Donoughue: Thanks for the question, Ms Bresnan. You are right in saying that—with the exception of Winnunga, who did receive the specific allocation for

providing their sessional GP services at the AMC, there has been no specific additional allocation to the community sector organisations. But it is fair to say that, in conversation with those organisations, there was a recognition that the community of people who are in the AMC are part of the Canberra community and are also the clients of those organisations when they are not in the AMC. So the community organisations are very keen to be involved in providing services at the AMC.

Our feedback was that they at that time thought that they could do so within the current capacity of the funding that they received. Obviously if demand is increased or there is a need to look at that, that is something that we would do through a budget process. I can only say that there was enormous enthusiasm to be involved in the AMC, and there is a recognition that the concept of through-care was itself a recognition of the fact that these are people who are on their journey as members of the community who spend some of their time in the AMC.

MS BRESNAN: Obviously the organisations are very keen to be involved with the AMC, and some of them will be their clients, but it has been raised as an issue. I appreciate you saying that they are members of the community and that is how we should be approaching it, but it does require additional resources for these organisations in terms of having to go into the AMC, and all the work that goes with that. I know that, particularly with Directions, there is a lot of case management that ends up going on with this sort of work as well. So it is in terms of making sure that we do have proper through-care and after-care going on as well.

Mr O'Donoughue: I think it is fair to say, too, that in the government's response to the Burnet report there are a number of recommendations that will have resource implications. They will need to be taken into consideration in the budget context.

MS BRESNAN: So it is something that will be considered?

Mr O'Donoughue: Yes.

MS BRESNAN: Okay.

THE CHAIR: Just following up from the community groups, there have been complaints about access of the community groups to the prison due to incidents of lockdown. What arrangements are in place to allow the community groups in and out?

Dr Brown: That is not our issue. That is a JACS issue.

THE CHAIR: Reverse it back, though. If they are not coming into the private services, what impact does it have on the delivery of their services from the health perspective?

Ms Gallagher: We can certainly find out. I have not had it raised with me by community organisations as a concern that they have not been able to provide the service they do specifically. I know there is an issue we are working on with JACS around making appointment times at the Hume medical centre—availability. Everyone is provided with an escort to the Hume medical centre. That was an issue that had been identified in Hamburger, and it is an issue that we are working on.

Ms Bracher: Yes. The issue of lockdown for security arrangements in the AMC is part of that environment that we need to work within, both for public sector providers and also for the non-government sector providers. We actually have a very good relationship with corrections management in order to access people that need health care. We work very actively with the corrections officers around lockdown arrangements and the escorting of prisoners to and from the health centre. We had a brief audit over the last two months of how many people have not been able to access appointments in the health centre—for March and April, I think it was. It was less than nine per cent of the appointments that were not able to be kept due to lockdown. The health staff then made very active arrangements once the lockdown was lifted to connect with those and remake appointments and see people in the residential areas.

THE CHAIR: When the drugs are administered, the prisoners come to the centre to receive their drugs?

Ms Bracher: No. We have two medication rounds each day, one early in the morning and then one in the afternoon. The nursing staff, escorted by a corrections officer, go out into the residential areas and dose the prisoners in their residential areas.

THE CHAIR: If there is a lockdown, does that process continue?

Ms Bracher: No. Lockdown means lockdown. Lockdown means stay where you are. That is the point I was making. When the lockdown is lifted—I do not know their language around that—or when our staff are actively allowed to move around the AMC again, we pick up on it. You can see that that is a challenge that we have in that environment—to provide a health service that no other health facility has.

THE CHAIR: When the services inside the AMC were commenced, I assume policies and procedures were put in place. Have they been reviewed?

Ms Bracher: The justice health policies, through Health, are regularly reviewed—developed as needed and regularly reviewed, as all health policies are. The policies that JACS wrote for Corrective Services—I believe they have a similar sort of policy review process that we are actively involved with. We are able to provide input into those policies as one stakeholder group to make sure that the health needs are reflected in policy.

THE CHAIR: And the actual procedures that determine how the physical activity is conducted in the prison—have they been reviewed?

Ms Bracher: I do not know what you mean by—

Ms Gallagher: It is like the standard operating procedures.

THE CHAIR: Your standard operating practices, yes—operating procedures.

Ms Bracher: Corrective Services operating procedures?

THE CHAIR: No; the procedures that Health has in place.

Ms Bracher: Yes. We review those at that point in time if there is a problem highlighted or on a cyclical basis each one to two years, based on the policy.

THE CHAIR: Have there been any problems? And how many reviews of the procedures have you had to carry out?

Ms Gallagher: We could probably take that on notice. There certainly have been some amendments to standard operating procedures that I am aware of in relation to particular incidents where you go in and you have a look to see if there are ways to improve it.

THE CHAIR: So whenever there is an incident, there is a report done and then, if necessary, the procedure is amended?

Ms Gallagher: That is right, yes.

THE CHAIR: If you could take that on notice, that would be lovely.

Ms Gallagher: Yes.

THE CHAIR: The last one from me is this. With regard to the inventory of the drugs that are held there, have the inventories always come up with exactly what they should have or have there been any incidents of missing pharmaceuticals?

Ms Bracher: There have been no reported incidents of the reconciliation being not accurate. We have the Webster-paks, which is how the majority of the medications are dispensed for the AMC. They are returned if the person is released via the court system, as we discussed earlier, or are given to the person if they are released as a sentenced prisoner.

THE CHAIR: All right? Mr Hanson, do you have a follow-up?

MR HANSON: I have got more on corrections health, yes.

MR HARGREAVES: I have a question, Mr Chairman, and I have been sitting here very patiently.

THE CHAIR: We will go to Mr Hargreaves and then we will go back to Mr Hanson.

MR HARGREAVES: Minister, I am aware that the model of having a health centre within the corrections environment is unique in the country, and with it come the challenges of a behavioural modification program sitting up against a health regime process. You indicated earlier on some of the benefits that have come, rather uniquely, I would expect. I think any examination of the New South Wales system or Victorian system would reveal how far in front our health centre system in there is. Have you had any expressions from any of the other jurisdictions about wanting to come and investigate how you are delivering those services?

Ms Gallagher: Not that I am aware of. This is something that comes up from time to

time in ministerial forums that I attend. But I have not had any approach specifically. I do not know whether Health has from anyone in other jurisdictions.

Ms Bracher: We have had no formal approaches. Professor Levy, who is the clinical director out there, has a very active network with his peers across the other jurisdictions around Australia. They regularly share information and learn from each other in that environment.

MR HARGREAVES: Yes, I am aware that not too long ago a parliamentary delegation came to the ACT and as part of the visit here they scheduled a visit to the AMC. I was wondering whether or not they visited the health centre component of the AMC.

Ms Bracher: I cannot confirm that one way or the other. My comment would be that I would be very surprised if they did not. Both Health and Corrective Services are very proud of the health centre out there and the model, so I would imagine that any delegation would have been shown through all of the facilities at the AMC.

MR HARGREAVES: Thank you. You also indicated in your response not long ago that there is a very significant connection between the services at the health centre and Winnunga. I am also aware that we are developing the health centre system in the community health areas and it will be into those facilities that people will return as they go back to their communities. Do you envisage a similar sort of arrangement to those community health centres such that a person returning on parole, for example, could actually be directed and those records transferred so that it is seamless for those people going forward?

Ms Bracher: Our first principle would be to return the person to their usual care provider if they had one prior to going into the AMC. If they did not have one our next preference would be to connect the person up with a service in the community that already exists. We do that with Winnunga already. We try and do that with Directions ACT and the medical staff that are there, although with their staffing concerns that can be difficult. We do that with various GP private practices in the ACT. The interchange practice is one that comes to mind with regard to having a very strong connection with the release.

MR HARGREAVES: My final question relates to women who may have children in the AMC. I am aware that there was a health centre in Narrabundah where the community nurse did parenting, immunisation, sexual health, domestic violence, coaching, if you like, for those women in those public housing facilities there that were sadly lacking in those skills and that education. I am assuming, and perhaps being a tad judgemental here, that some of the women who go into the AMC may lack those skills and that education to be able to parent properly those kids. Do they receive any involvement from ACT Health, globally perhaps or just the health centre in that environment?

Ms Bracher: We have done a lot of preliminary work around having a child or a baby in the AMC in very close conjunction with the Corrective Services staff there. To this point we have not had a young person out of the AMC. From a health perspective we have worked very closely with our colleagues in the Canberra Hospital in the

antenatal service, in the maternal and child health areas and in the delivery suite; the midwives there and the medical staff have worked very carefully to develop operating procedures which would enable that woman to have the same access to antenatal and postnatal care irrespective of where they are residing, so that could be in the AMC. We bought baby scales. We have got baby scales waiting out there to be used.

MR HARGREAVES: I do not think there will be a rush to get them used. The other thing in that vein, though, is that I am aware that the policy for the AMC is that children can stay with mum up to the age of about four. It has not happened yet; I am aware of that.

Ms Bracher: No.

MR HARGREAVES: But it is waiting. I am hoping that we will have a solution before the problem turns up. It seems to me that having a child of two, three or four will be a very good indicator as to whether or not that family unit needs certain interventions, particularly with respect to education around nutrition, immunisation and those sorts of things, because they are usually sadly lacking. Do you have plans or procedures that would enable the health centre to look at, say, a young kid in the health centre and say: "There is a health issue which requires intervention here. While we have got you here, we can do it"? Have you got that in your mind?

Ms Bracher: Absolutely. One of our operating procedures that we have written, based on it being highlighted that we did not have one, was around how a young person who is not in the care of the state, who is in the care of their parent while they are in the AMC, would access usual medical services. So one of our operating procedures is around the GPs roster at the AMC, the clinics there being used for that baby or young child. Most of our medical staff are GPs in the community and come in on a VMO basis, so they are very well equipped to look at the early childhood needs of babies and young people out at the AMC, and we made ready access to those clinics for those babies in a triage way amongst the other clinical needs of all of the prisoners and the young babies.

MR HARGREAVES: Do you give information to the mums or potential mums around things like immunisation and nutrition and things like that?

MR HANSON: Chair—

MR HARGREAVES: It is on the same question, Mr Hanson.

MR HANSON: It has gone on for about—

MR HARGREAVES: And your list, Mr Hanson, was longer than the Yass telephone book, so it is my turn.

MR HANSON: You said that you had one question, and you have asked three.

MR HARGREAVES: I did, and these are supps to the question.

THE CHAIR: It is all right. Continue, Mr Hargreaves.

MR HARGREAVES: Thank you. I want to know whether or not there are programs of education for the women, and possibly young dads as well, around such things as nutrition and immunisation for those kids.

Ms Bracher: Yes. If there was a baby or a young person out there that person would have access, or the parent would have access, to the maternal and child nurses who in this circumstance would actually be giving one-to-one education for the parent.

MR HARGREAVES: That is what I wanted to hear. Thank you. Beauty.

THE CHAIR: Mr Hanson.

MR HANSON: Thank you. How many cases have occurred of transmission of hep C at the AMC since it opened?

Ms Bracher: As we have discussed at other hearings, we have done blood-borne virus screening for 18 months following the opening of the AMC as a recommendation that the human rights commissioner put to us and as part of the evaluation process. Through that screening process, or through that audit process, we have picked up three cases of seroconversion of people with hepatitis C. As I have stated at previous hearings, in two of those cases we could not be certain where they were contracted. In one of those cases, because of the time frame associated, we believe that the transmission occurred within the AMC.

MR HANSON: I note that there has been some contention as to whether that is the case or not, because in the response to the Burnet report I believe that ACT Corrections contends that that was not a transmission. Have you looked at that?

Ms Bracher: We have looked at that. Our clinical staff have looked at that very carefully. Their advice is that this was a seroconversion in the jail and that, as 25 per cent of antibodies of the normal population convert back to being normal in a certain period of time in response to the treatment, this one seroconversion actually converted back.

MR HANSON: Right. So that means it is positive, I take it?

Dr Brown: It means that the body naturally clears—

Ms Gallagher: Clears the virus.

MR HANSON: Right. So in terms of people who have currently got hep C that has been contracted at the jail the answer is none?

Ms Gallagher: I do not think you will get any health professional to accept that.

MR HANSON: No, based on the evidence, based on the testing regime, based on what you can say, in terms of people who have currently got hep C because of transmission that has occurred at the Alexander Maconochie Centre, there is no case that you can point to where someone has currently got hep C because they got it at the

AMC?

Ms Bracher: Because you put the word "currently" in that question we can say the answer is no, because the person has been cured.

MR HANSON: Right, okay. The testing—

Ms Gallagher: Of the people tested, yes.

MS BRESNAN: Just on that, because of the way hep C works as an infection, sometimes it can appear years later, can't it?

Ms Bracher: That is a very detailed clinical question. Perhaps our Chief Health Officer would like to respond to that. That is beyond my scope.

MS BRESNAN: Sure, yes. I understand that.

Ms Gallagher: You need a doctor in front of you now.

THE CHAIR: A flick pass worthy of state of origin. He does not want to answer.

MS BRESNAN: That is fair enough.

MR HARGREAVES: No, he said he would take it on notice.

Ms Bracher: Sorry; can I just clarify what the question was that we are taking—

MR HANSON: I think it was more of a statement.

MS BRESNAN: It was not a statement; it was a question. Mr Hanson has made a statement saying that there has been none, but it is the way hep C sort of works. It is an infection as such and there are those factors around seroconversion that impact on when it will appear potentially.

Dr Brown: That is right. Essentially someone can be exposed and convert but then the body can naturally clear the virus.

MR HANSON: But then they do not come back and get it later once they have cleared it; is that right?

Dr Brown: We will need to get some expert advice. It is not my area of expertise personally.

MR HANSON: It is certainly not mine. But currently no-one has got it because of—

Dr Brown: Of the people that were tested in that audit.

MR HANSON: Of the people that were tested, sure.

Ms Gallagher: So it is about 60 per cent of the population.

MR HANSON: But there is no-one that you can point to at the AMC who has got hep C because they got it in jail.

THE CHAIR: Is everyone not tested or is this voluntary—

Ms Gallagher: It is a voluntary.

MR HANSON: The follow-on from that then is the needle and syringe program and the trial. Can you tell me where we are at with that, please?

Ms Gallagher: Michael Moore is going to lead some further work on that. The inmate health survey will inform us more about prevalence of hepatitis C within the AMC, but on the data that has been collected over the past 18 months hepatitis C levels are very high in the jail. So of the—

MR HANSON: Yes, but my question is about what Michael Moore is doing.

Ms Gallagher: I know. I am just giving you the context. I do not think we can say there is no hepatitis C issue in the Alexander Maconochie Centre; there is. There is a very serious issue that needs to be managed from a public health point of view. So the Public Health Association, of which Michael Moore is the chief executive, has been commissioned by the government to do some further work. Essentially what I have asked him to do is to go out and speak with everybody at the AMC—staff, prisoners, NGOs, Justice Health and Corrections staff—around what the issues are, identify what the barriers are and provide advice about whether there are solutions to overcome those barriers, before the government takes a decision on this.

MR HANSON: Whose decision is it? Is it a cabinet decision? Is it a health minister's decision or is it a corrections or a justice minister's?

Ms Gallagher: About whether to go ahead with one?

MR HANSON: Yes.

Ms Gallagher: I would imagine it would be a cabinet decision. I think it would go—

MR HANSON: Do you have a view of when you will actually make that decision? As you would understand, particularly with the staff, this is a sore point.

Ms Gallagher: It is a sore point with corrections staff.

MR HANSON: That is right.

Ms Gallagher: There are other staff that it is not a sore point for.

MR HANSON: Sure; they may be wanting it. There are people for and against it and at the moment it is causing a lot of debate and, to an extent, a distraction because there are a lot of issues within corrections and corrections health that need to be addressed that sometimes get a bit overshadowed by this issue. When are you going to make a

decision with cabinet on whether or not to proceed? Because this has been going on for a number of years now, dragging people along in limbo. When are you going to make the decision?

MR HARGREAVES: It is only 18 months old.

Ms Gallagher: Hepatitis C levels in correctional settings and the public health response has been going on for many, many, many years and it will continue to do so into the future.

MR HANSON: Yes, you have been talking about an NSP for a while. I am asking when you will make the decision.

Ms Gallagher: Yes, we have been. My own view is that we should have one. That is my own view as health minister.

MR HANSON: Now you are the Chief Minister when will you make the decision? When will you ask cabinet to make a decision?

MS BRESNAN: There is a review happening.

Ms Gallagher: Well—

MR HARGREAVES: How about we let the Chief Minister answer the question and stop being rude?

Ms Gallagher: Mr Hanson, I have a—

MR HANSON: Well, if she answered the question—

Ms Gallagher: I have a view about this—

MR HARGREAVES: Well, just stop being rude.

THE CHAIR: Gentlemen, please.

Ms Gallagher: I have a view about this informed by data that I think supports that position from a public health point of view. However, I also acknowledge that there are other stakeholders in this. The government could make a decision and then not be able to implement it. I am trying to get to the bottom of what the major concerns are and identify whether those concerns can be addressed in a rational way. I am trying to identify a model or a best practice model that exists, if there is one. From my reading of the data, there is not necessarily a view about what is the best model to have within a correctional setting. I have asked Mr Moore to look at that and provide that advice to government.

I think from my last meeting with Mr Moore he indicated that he could have this work completed by July and that will inform the government's next stages of decision making. But I do not think it is a distraction. I do not think anyone is distracted by it. It is a piece of work that the government needs to do and it is being done. At the right

time we will make a decision about it.

MR HANSON: So you would anticipate then that if you have got this information in July you should be able to make a decision on it by the end of the year?

Ms Gallagher: I do not know. We will wait and see what that says. My view here is that in order to get to the outcome—if the outcome is that we implement a needle and syringe exchange program—we need to bring people with us. That may take time. I am not going to knock the idea on the head just because there are some barriers around implementing it. What I am doing is taking my time and seeing if we can address those issues and, if we can, looking at how we implement it. I do not think that is unreasonable. It is something that is done in health across the board.

I am not prepared to just knock it off and say, "No, we're not going to do that," because I think there is an opportunity there to do something different and to provide prisoners in the AMC with the same level of service that you have as a member of the community. If you want to access a needle and syringe program, you can go and do it, Mr Hanson. I can go and do it. I think that it is right that prisoners at the AMC should be able to do it. But I acknowledge there are barriers to that happening and we need to look at that.

THE CHAIR: Ms Bresnan had a supplementary on this.

MS BRESNAN: Thank you, chair. You mentioned that Michael Moore will be looking at some of the evidence where these programs have operated overseas. There are around 12 countries where they operate. Is he also going to look at some of the actual statistics and data that have come out of that as well around the fact that it actually improves safety for prison staff and all those issues around that? Is he going to incorporate that information?

Ms Gallagher: I think, from my discussions with him, he will. It is important to note that it is difficult to deal with these issues. We are aware—and I think the Burnet report goes to this—that there is an informal needle and syringe exchange program operating in the AMC. It is not regulated. No corrections staff have control over how that occurs. A needle and syringe program, if implemented—and if we could do it in a way that staff support it—would regulate the behaviour that is already occurring in an unregulated way.

MS BRESNAN: Has there been a willingness from the CPSU to engage in the process?

Ms Gallagher: They have not engaged at all in the past. In fact, I met with them and asked them—because we have had the evaluation committee that sat whilst the Burnet report was being done—and it became clear to me that three-quarters of the way through that work the CPSU had not involved themselves at all. So I met with them and asked them to get involved and participate in it. I think they have taken the view that if they do not participate it will not happen, therefore that is the best way to deal with it. I understand they attended maybe the last meeting. They have consistently taken a view that this should not proceed.

Part of what Mr Moore needs to do is to go and speak with everyone who works at the AMC and try and understand, from each one of them, what their views are. Certainly, I have met some people within Corrective Services that are supportive of a program like this but acknowledge that there is strong resistance within their workforce. I think that if we can get to the heart of what the actual issue is. If it is just safety, how do we address the issue of safety if that is what the most serious concern is? If it is about potentially encouraging drugs into the jail—if that is the most serious concern—then how do we deal with that? I think we need to go through each one of these—I think there is a rational and reasonable response to each of them—and see whether or not, if we do have all of those responses, the CPSU's position will change.

MS BRESNAN: That is where looking at the evidence from overseas would be helpful.

Ms Gallagher: Yes. I understand that Mr Moore is travelling overseas. I have not caught up with him recently. He is doing that as a planned trip anyway. I think he is factoring some visits in.

THE CHAIR: All right. On page 232 of budget paper 4, accountability indicators, output class 1.2 k and l, you have obviously maintained staff at both the AMC and Bimberi. Are the staff issued with personal duress alarms and are they given a briefing on personal safety before they go to either of the centres?

Ms Bracher: I am sorry, I was just getting the page number. Can you repeat the question?

THE CHAIR: Before a staff member goes to either Bimberi or the AMC how are they inducted in regard to their personal safety? Are they issued a personal duress alarm?

Ms Bracher: We have a very extensive orientation program for all of our staff around safety and security. At the AMC we have corrections officers available in the health centre and escorting prisoners around. At the AMC there are also duress alarms that are provided to clinical staff to use whenever they are in the AMC. I will need to confirm whether they use duress alarms at Bimberi. I do not believe they do to the same level that we do at the AMC. But there is certainly that strong orientation and educational program around safety.

THE CHAIR: All right. Just to be clear: at both the AMC and Bimberi do the medical health staff have a personal duress alarm issued for every moment that they are inside either of the centres and has that always been complied with?

Ms Bracher: At the AMC?

THE CHAIR: And at Bimberi?

Ms Bracher: At the AMC, yes. At Bimberi, I do not believe that personal duress alarms are part of the standard operating procedures for that facility. As you are aware, they are operated through different agencies.

THE CHAIR: At Bimberi people like teachers are issued with personal duress alarms. Why wouldn't the health staff be?

Ms Bracher: I will need to check on that. My understanding is that the health staff are not. Perhaps that is because the young people, whenever they come up for a health appointment, are escorted. But I can check that.

THE CHAIR: Thank you. So in Bimberi the staff are just in the medical centre; they do not do rounds into the centre itself?

Ms Bracher: Yes, they are just in the health centre.

THE CHAIR: Okay. Accountability indicator l—proportion of offenders and detainees with a completed health assessment within 24 hours of detention: it is only 97 per cent. I know these are small numbers. Is there a reason why everyone was not given a health check in the first 24 hours?

Ms Gallagher: There is actually a mistake in this which Dr Brown advised me of yesterday. It is actually 81 per cent—

THE CHAIR: For Bimberi?

Ms Gallagher: For Bimberi, yes.

THE CHAIR: Well, that is of concern.

Ms Gallagher: Yes.

THE CHAIR: 83 per cent?

Ms Gallagher: 81.

THE CHAIR: 81 per cent.

Dr Brown: It is 81. Just to give some explanation to that, in the first quarter of this financial year we had staffing recruitment issues at Bimberi and that impacted on our capacity to actually undertake those assessments. So in that first quarter there were 49 eligible young people of whom only 35 were seen. But in subsequent quarters—

Ms Gallagher: Within that 24 hours.

Dr Brown: Sorry, within the 24-hour time frame of the indicator. In subsequent quarters our performance has improved significantly.

THE CHAIR: So is it 100 per cent for any of the quarters?

Dr Brown: No.

THE CHAIR: All right. The issues are related to recruitment, or are there other factors that have contributed to that?

Dr Brown: I will hand that back to Ms Bracher.

Ms Bracher: In the first and part of the second quarter they were definitely related to recruitment and rostering practices. We had a roster system where the staff from the AMC would drive across to Bimberi to do the health assessments. That was problematic. So one of our reviews of a problem where we were looking at our data—we have now recruited a youth health nurse with specific skills around youth health nursing, not AMC-type nursing, to be permanently based out at Bimberi. Our data has actually improved, or our capacity to do health assessments has improved. It is still not 100 per cent.

There are economies of scale in terms of staffing out there, which is one of our challenges. We certainly are very committed to doing the health assessments within 24 hours. Early on in the reporting period there was a practice where many more kids, or young people, were taken to Bimberi for very a short stay. Our numbers there were around 40 to 45 children and young people. We have actually stabilised now; the practice of young people going out to Bimberi has actually stabilised. We are down to around 20 to 30. Our capacity, with our staffing ratios, to get to those assessments in a timely manner has actually improved.

THE CHAIR: Could we perhaps have a breakdown on the quarter by quarter since Bimberi opened of the number of assessments?

Ms Bracher: Since Bimberi opened?

THE CHAIR: Yes, please.

Ms Bracher: Yes.

THE CHAIR: Thank you. It is fortuitous that I should ask a question about an output that the chief officer had informed you there was a correction. Are there any other corrections or misprints in the health section that you have informed the minister of or have found?

Dr Brown: No.

Ms Gallagher: We were going to get to it—

THE CHAIR: It is just that one?

Ms Gallagher: You are very good at identifying errors in budget papers.

Ms Bracher: Our estimated outcome for the seclusion strategic indicator outcome is printed at three per cent, which is the recommended change to the target that we put up. Our actual outcome is less than one per cent.

THE CHAIR: So that is 22, is it? What number of the strategic objectives is that?

Ms Bracher: It is strategic indicator 14.

Dr Brown: That has been an outstanding success for mental health services in the ACT. Four years ago the percentage was 14 per cent. It has come down with the work that has been undertaken within PSU and Hennessy, in conjunction with the national seclusion and restraint project that I had the honour of leading. Our results have gone from 14 per cent down to less than one per cent over that time. It is an outstanding success and a credit to the staff who have undertaken that work.

THE CHAIR: So the 2010-11 outcome should be now two per cent?

Mr Bracher: One per cent—even less than one per cent. It is 0.9.

THE CHAIR: So 14 per cent in when?

Dr Brown: I believe that was 2007-08.

Ms Bracher: Yes.

THE CHAIR: And it is down to one. Well done.

Ms Gallagher: The staff are very proud of that.

Dr Brown: And rightly so—

THE CHAIR: They should be.

Dr Brown: That would be one of the leading results around the nation, I believe.

THE CHAIR: They should be congratulated on that. Ms Hunter, a new question for mental health?

MS HUNTER: I wanted to go to the services that are provided out at Bimberi. As you said, there are economies of scale issues that do go into this. But are the young people provided with the same level of health services, or the range of health services, that those over at AMC are being provided with?

Ms Bracher: Yes, they are. We have a common assessment tool. So we assess the young people and the prisoners entering the AMC with exactly the same assessment tool, looking for the same papers. While we do not have a dental suite out at Bimberi, we have just recently established a routine afternoon where the youth workers from Bimberi will bring young people into the Civic health centre, escorted obviously, for restorative and preventative dental work, which is now giving us an equivalence with the AMC.

The dental therapists are actually also going out to Bimberi and doing flossing classes and preventative work for the young people out there who have had very little access to that sort of preventative dental oral health in the past or uptake of access probably—

MS HUNTER: What about detox service? What happens there?

Ms Bracher: The young people would have access to the same detox services that a person in the AMC would have access to or, in fact, a person in the community. It is based on a health assessment. If the medical staff are picking up that a young person is in withdrawal, our statutory doctor has the capacity to escalate it so that that person can get the clinical services that they require. If that means being transferred into the tertiary sector for that health care, for care around withdrawal, that would happen. It has not had to happen at Bimberi yet.

MR HARGREAVES: So it has not actually happened at Bimberi yet?

Ms Bracher: No.

MS HUNTER: But it is available if needed?

Ms Bracher: It is.

MS HUNTER: So the relationship for the health staff, is it a good relationship with Bimberi?

Ms Bracher: Yes, it is. The commitment of both AMC and Bimberi custodial staff to work with the health staff is a very positive relationship. The custodial staff in both facilities absolutely acknowledge the importance of well prisoners, or well young people in Bimberi, for the outcome of the care that they also provide.

MS HUNTER: There was an incident, I think within the last 12 months or so, where a young person had got hold of medication. I understand that was over in the health centre. Then there were, I think, certainly a couple of young people who took that medication afterwards. What has been changed around the security of medications and so forth?

Ms Bracher: We have reviewed our standard operating procedure around the medication management at Bimberi. Actually, we reviewed it at both. We took the opportunity to review both and we have changed our operating procedures. The incident occurred with a breach of procedure at the time. But we have tightened up our procedures and now more accurately monitor what goes on so that the policy and the procedures are followed.

MS HUNTER: And have you had any concerns around young people who may have access to drugs that are coming into the prison?

Ms Bracher: The prison or Bimberi?

Ms Gallagher: Into Bimberi?

MS HUNTER: Into Bimberi. It is a prison. It is a children's prison.

Ms Bracher: No, I have not been—no concerns have been raised at Bimberi.

THE CHAIR: Just on that, you were going to give us a list of the incidents at AMC.

Could you also include a list of incidents that may have occurred at Bimberi and what has been done to rectify them?

Ms Bracher: Can I just confirm your question, then? Are you asking for the number of incidents that have occurred or are you asking for the number of procedures that we have changed as part of our governance mechanisms for the two facilities?

THE CHAIR: I think, in effect, it is both. If—

Ms Gallagher: I knew he was going to say that.

THE CHAIR: an incident has occurred and it has led to a change in procedure, I would like to know what all the incidents were and then what procedures were changed to—or what the review said—

Ms Gallagher: And how do you define "incident" in that sense?

THE CHAIR: Well—

Ms Gallagher: Incidents could be someone—I am just trying to understand so we answer your question. An incident of—

THE CHAIR: An incident that has led to a review that has—

Ms Gallagher: Okay, yes.

Ms Bracher: A review of our processes.

Ms Gallagher: Yes.

THE CHAIR: Let us start with that.

Ms Gallagher: Yes, so serious enough that we have gone back and audited—

THE CHAIR: Yes, serious enough that you have conducted a review—

Ms Gallagher: Yes.

THE CHAIR: and then whether or not those reviews have led to procedures for both AMC and Bimberi.

Ms Bracher: We can look at our clinical review data.

THE CHAIR: Ms Le Couteur has a question and then Ms Bresnan.

MS LE COUTEUR: Thank you. I can remember last year we asked a number of questions about some patients transferring out of hospitals into homelessness. Both you and the minister for housing were discussing how we were going to boost options for people who, when they leave, have got somewhere to go. This included the possibility of expanding HASI—I am not sure that I would like to pronounce that as

an acronym—or something like Home in Queanbeyan. Where has this got up to?

Ms Gallagher: Sure. I think this is another difficult one to answer—

MS LE COUTEUR: Yes.

Ms Gallagher: and to say that there is an answer that is going to solve everybody's problems. A lot of work goes into discharge planning from facilities that are run and managed by ACT Health. I think there have been some changes to how particularly those discharge decisions are being made to better—I think there was a concern that there were discharges done that were unplanned or families had not had warning. I know a lot of work has gone into improving those processes at the PSU.

I think that part of the solution is more accommodation options for people with a mental illness to move out of and into the hospital setting. There is some work being done for another step-up, step-down facility. It is going to target 18 to 25-year-olds; so those younger adults. Now we have got a service that is for 13 to 18 and we have got a service that is adult. So we have got two of those running. There is a third service that is going to be established, which should be in the final stages of—

Dr Brown: No, we are still working around securing a facility.

Ms Gallagher: Right. We have got the funding for it. I think we put out the tender or we are in discussions with the community sector anyway around that initiative. I have been out to visit Home in Queanbeyan in the last couple of months to talk with them around the service that they run. Interestingly there, that is a service that does not rely on government funding or want to rely on government funding at all. I think there must be some opportunity to replicate a model like that in the ACT. But it is going to require not the government to lead that work because I think the success is because it is not managed by the government.

There will be a group of people as well, and I think that this went to the issue of using the Dickson Backpackers, that want to make their own decisions about where they go when leaving a psychiatric facility or leaving the PSU. There is only so much control that Mental Health can have around dictating what those decisions are. So I am not sure there will ever be a 100 per cent answer. Do you want to add to that?

Dr Brown: I was just going to add that we also do have a HASI program, which is a housing—

MS LE COUTEUR: Yes. I did see that.

Dr Brown: and support initiative, and we are looking at complementing that within the next 12 months with what we are referring to as a HARI initiative, which is a housing and recovery initiative. But we are yet to actually roll that out.

MS BRESNAN: One of the sort of identified areas too is people who probably have even higher level needs that can go into the current HASI project and need that 24-hour care. I think New South Wales is actually trialling a high needs 24-hour care HASI model—

Dr Brown: There are different levels to the HASI—

MS BRESNAN: I know that it is a gap at the moment. Is that something which you might look at here?

Dr Brown: Yes, essentially, the HARI that we are talking about and for which we would draw down some of the commonwealth national health reform funds, providing that is approved by the commonwealth and we have not yet had that in place, will be looking at the lower level of support and using our HASI funds for higher level support. So we are looking at stratification in the same way that New South Wales stratifies their HASI initiative.

MR HARGREAVES: Can I ask a question on this? It goes to the study that you guys have done. How do you get over the lack of jurisdiction authority once people are released and they can then do whatever they like?

Dr Brown: This is not about enforcing anything—

MS LE COUTEUR: No, it is not.

Dr Brown: This is about offering people opportunities and, generally speaking, the majority are willing to take up those opportunities for the supported accommodation.

MS LE COUTEUR: Yes. Our question was not about enforcement. It was a question about when you leave—

Ms Gallagher: Options, yes.

MS LE COUTEUR: and actually having a bed to go to. On that note, on page 232, you have an indicator h, which relates to the supported accommodation bed occupancy rate. My question is: whose beds are we talking about? Does that include beds provided by people like Richmond Fellowship?

Dr Brown: Yes.

MS LE COUTEUR: I am assuming the answer is—

Dr Brown: Community organisations that offer supported accommodation, yes.

MS LE COUTEUR: Okay.

Mr O'Donoughue: Perhaps for members' information I could just run through some of the supported accommodation options that are available, if I may? Both directly through ACT Health and through the seven community organisations that we fund, accommodation options include respite and short, medium and long-term places with varying levels of support, including outreach and intensive 24-hour support.

Available places include group homes, in which there are 64 places; 24-hour step-up and step-down subacute, of which there are 10 places available; and outreach and

community-based respite places, of which there are 170 places available. Dr Brown has mentioned the HASI initiative, which is a joint initiative with Housing ACT through which there are 10 residential places with attached psycho-social support provided currently, and we are proposing to augment that.

In addition, there are the non-hospital subacute services—the step-up, step-down ones that have been already available and the additional youth step-up, step-down facility that has been referred to, which is in the process of development. We are looking at site possibilities at the moment and we have funding available. So we are looking to move to a procurement stage for that.

The mental health services plan itself identifies the need for additional resources to be put in place over the next 10 years. So I think there is quite a range of options available and we are keen to build on those.

MS BRESNAN: Mention was made in the last estimates about Australian government funding of $26 million for the 22 additional subacute beds. I could not see any reference to them in the budget. Is that the thing which Dr Brown referred to where we are still waiting for some progress or is that another area of funding?

Dr Brown: Sorry, could you repeat the question?

MS BRESNAN: It is just in the last estimates we talked about the roughly $26 million from the Australian government for those 22 subacute beds—

Dr Brown: Yes.

MS BRESNAN: I could not see anything in the budget about it.

Dr Brown: No.

MS BRESNAN: Has there been progress or is that what we are waiting for?

Dr Brown: That is subject to our submitting an implementation plan to the commonwealth that is accepted. We do, however, have a number of initiatives that we are looking at within that allocation of subacute funding that includes across-mental-health palliative care and geriatric services.

MS BRESNAN: So it will be across those three areas. Has that plan been submitted to the government?

Dr Brown: I do not believe that we have as yet. There is—

Mr Thompson: We have submitted an initial plan to the Australian government and we are at the moment working on some further detail to supplement the initial plan that will be submitted, hopefully, shortly.

MS BRESNAN: I have a new question.

THE CHAIR: We might spend another 10 minutes or so, members, on mental health

and then we will break. That will allow the staff of Mental Health to depart our location.

MS BRESNAN: Mine was a drug and alcohol question. It is just regarding primary NSPs in the community. I think Directions ACT in their budget submission raised some concerns around access to clean injecting equipment in Belconnen. I am just wondering whether there have been any discussions with Directions or if there has been any consideration by Health about looking at the issue of having an NSP in the Belconnen health centre, because they have raised concerns about it in that particular area in Canberra.

Dr Brown: We will ask Ms Bracher to come back and speak to that one.

Ms Bracher: This work is being done in conjunction with my executive role for the development of the health centres within ACT Health. We have had active discussions with Directions ACT around what facilities they require in all of the health centres in order to undertake their work, and it is our intention to have an NSP provided through all of the health centres.

MS BRESNAN: And is there a time frame for when that will happen for each of the health centres?

Ms Bracher: Yes. The time frame is the capital asset planning time frame for those health centres. And so that is Gungahlin and Tuggeranong towards the end of next year and for Belconnen, being a much larger health centre, that will probably be early in 2013.

MS BRESNAN: Okay. So, until then, will there be anything done around access to needles in Belconnen, in terms of the issues that Directions have raised?

Ms Bracher: Well, not as part of the planning for the health centres. We can look at that if that is a specific concern for the health centres. That has not been specifically raised with me as—

MS BRESNAN: Okay. It was raised in their budget submission.

Ms Bracher: Okay. We can have some discussions with Directions around that.

MS BRESNAN: Okay. Thank you.

Mr Bracher: As an interim measure.

MS HUNTER: With Arcadia House, Directions, again in their budget submission, point out that there is a need to expand Arcadia House. Does the ACT government have a view on this—Arcadia House and expansion?

Ms Gallagher: Well, a view in the sense that we are always happy to look at it, not in the sense that it has been funded in this budget.

MS HUNTER: So have you met with Arcadia House to have any of those

discussions?

Ms Gallagher: I am just trying to think. I have in the past. I have not had any recent discussions with them.

THE CHAIR: All right. Ms Le Couteur?

MS LE COUTEUR: Yes. I am going to continue with the accountability indicators on page 232. We have got indicator l, which is proportion of offenders and detainees who have completed a health assessment within 24 hours, and you have got a note 7, which says that offenders detained for periods in which it is not possible to assess them due to staff unavailability are excluded from these measures. And I guess my question is: why? Because it would appear to me this could be a very dodgy figure if any time anyone is absent, you do not have to do it—

Ms Gallagher: This goes to the issue of the error. This is the one we just talked about. You know, we were just saying that it is actually not 97 but it is 81 per cent. As I understand it, note 7 was around dealing with some of what happens in the timing of some young people and when they are brought in. So, you know—

Ms Bracher: If I can give you a specific example, we have looked very closely at the data around this in order to be open and transparent about our performance for children and young people out there. There are a lot of young people that are detained by the AFP at midnight, at 3 o'clock in the morning, that are taken to Bimberi to be cared for. Those young people leave Bimberi at 7 o'clock the next morning to go into the court system and then are released from the court system. We felt that that should be a reasonable exclusion from our data.

Dr Brown: And so that was actually the intention of trying to qualify the indicator—to allow for that sort of circumstance. I think the wording of the qualifier is very clumsy, however, because it refers to staff availability when that is not really the issue.

Ms Gallagher: So, staff are not available at 3 am basically to start that health assessment. And then if the young person leaves at 7 am and then is released, there is no way of achieving that. So they have come in, they have gone out but they have not had a health assessment. The issue with the discrepancy is that because of staffing shortages and those recruitment issues, the way that that note has been read has led to the confusion around the data.

So, because the staffing recruitment was not fully up, people were excluded due to staff unavailability, and that is what has been fixed. We will write formally to the committee without questions on notice just saying that that is an error and giving the right figure and the breakdown that Mr Smyth wanted. The problem has been addressed in that people will not be excluded because the nurse was not there because of staff shortages.

Dr Brown: But we may also—

MS LE COUTEUR: But my understanding from what you say is that they will still continue to be excluded if they turn up at 3 am and then—

Ms Gallagher: Yes.

MS LE COUTEUR: go to courts. And you would have the same note, or you were going to say something quite different?

Dr Brown: I think we need to try and find a better descriptor for the indicator—

Ms Gallagher: I think the words "staff unavailability" need to be removed and—

Dr Brown: It is a challenge to find a descriptor that articulates that in a succinct way. But we will try to find something that is a little bit better than what we have there in note 7.

MS LE COUTEUR: Maybe you could split it up from a timing point of view. Because what you are talking about is people who are there for a very short period of time and you do not get to them.

Dr Brown: Yes.

MS LE COUTEUR: Maybe you need to break it down under 24. I also have some other questions about these accountability issues. If we go up and find the older people's services, there were 20,600 beds that you expected and we got 18,000. And then if you go down, it looks like there is going to be some more provided, and note 4, in fact, says that there are extra beds. Is it not the case that those beds were always going to be there? Are they really extra? Were they always going to—

Dr Brown: We have opened additional beds and are intending to open further beds. So the unit has had a 20-bed capacity, but that has not always operated. In fact, we had been operating at initially 10 beds, then 13 beds, now 15 beds.

MS LE COUTEUR: Okay. And why did we provide less services to the older people than we expected?

Dr Brown: Again, that is a technical issue to do with how we counted the actual occasions of service. And just to go to the detail of that, from memory—correct me if I am wrong—I believe it is to do with where we have multiple health professionals providing an occasional service to one client and whether we count that as two or one. So we have changed our counting methodology; hence the reduction in the actual number of occasions of service.

THE CHAIR: Could you provide a written account of the old methodology and the new methodology, please?

Dr Brown: I am not sure we actually will have that, because when we enter it into the system in sort of real time—

THE CHAIR: No, just an explanation of what has changed. So, "Under the old system we got to 20,600 in this manner, but we are going to do it this way."

Ms Gallagher: It is the same level of service with a different way of counting.

Dr Brown: Yes.

THE CHAIR: All right. Mr Hargreaves—sorry, Mr Hanson.

MR HANSON: I know we have got the same initials but that is a bit harsh—

THE CHAIR: Yes, it is.

MR HANSON: I am done on 1.2, Mr Chair.

THE CHAIR: Yes.

MR HANSON: I mean, there is more, but given the time—

THE CHAIR: All right. Ms Bresnan?

MS BRESNAN: There is one final drug and alcohol question. It is about the total budget submission for the naloxone trial. I am just wondering whether there has been any further consideration of that matter or if there is anything at a federal level that is impacting that.

Ms Gallagher: Apparently Peggy has signed off a brief to me this morning on that matter. So she is probably in a better position to brief you than I am.

Dr Brown: I am trying to remember what I said. It was very early this morning that I read it. Sorry, Ian might want to say—

Mr Thompson: Yes. It is still being worked on. It is a fairly complex proposal around identifying potential clients, covering off the legal issues associated with various prescribing legislation and regulations and ensuring that we have got a model that is safe and effective as well as evaluable. As it stands at the moment, it is still being worked up in consultation with ATODA. We do not have a final proposal that is ready for approval. And the brief that is being referred to is an update brief to the minister on the progress.

Dr Brown: The proposal is, however, that we need to look at a minimum of around 200 people to make it a sufficient number for valid evaluation.

MS BRESNAN: Okay. So will that have an impact on whether or not it does potentially proceed?

Mr Thompson: That is one of the issues. Of course, the higher the number of clients to make it achievable, the more difficult it is to recruit and maintain those clients for the period of the evaluation. And that is one of the significant issues that we are looking at.

THE CHAIR: All right, members, no final questions for output class 1.2? We might finish the morning there, and staff associated with output class 1.2 are excused.

Ms Gallagher: Right. But we are not finishing our morning, are we?

THE CHAIR: No, you are not finished, minister. We have plenty for you.

Ms Gallagher: Almost an early mark!

THE CHAIR: We will resume the hearing at 11 o'clock.

Meeting adjourned from 10.40 to 11.04 am.

THE CHAIR: Welcome back. Moving on to output class 1.3, public health services, minister, I see on page 97 of budget paper 3 that there is money for the ACT roadside drug testing program. Can you inform the committee what the implication for this department is from the roadside drug testing?

Ms Gallagher: They are undertaking the laboratory analysis. So they are having to build up some extra capacity there and purchase some machines.

Dr Brown: Yes, purchase the equipment and two analysts to undertake the additional testing. We have one of those on board at the moment and when we reach full capacity we will require the services of a second analyst.

THE CHAIR: Clearly on page 97, that is the recurrent cost for the staff. The two machines cost how much?

Dr Brown: The actual dollars for the equipment, I would—

Unidentified speaker: It is about $400,000-ish.

Dr Brown: We paid the costs for the equipment from our current funding, our plant and equipment funds in this financial year.

THE CHAIR: You might like to repeat the amount. I am not sure Hansard picks up from the—

Dr Brown: The amount is in the order of $400,000. As I say, it is funded out of our existing plant and equipment budget.

THE CHAIR: On page 232 of budget paper 4, output 1.3, accountability indicator a, shows that the number of samples analysed this year will go up from 7,200 to 7,600. And the note says that the increase is due mainly to roadside drug testing. How many of the additional 400 will be roadside drug testing?

Dr Brown: I would have to ask Dr Kelly or Mr Woollard to respond to that.

Dr Kelly: I will pass on to John Woollard.

Mr Woollard: The exact number of samples to be attributed to the roadside drug screening is a little bit difficult to state categorically because it is going to depend on a

range of factors that are outside of our control. But all of the 400 is what we are anticipating will be from the roadside drug screening for this year.

THE CHAIR: Sorry, all 400?

Mr Woollard: Yes.

THE CHAIR: So there is no increase in the number of other samples that will be analysed from other sources?

Mr Woollard: There are always some ups and downs because they are driven by a whole range of issues that are outside of our control. We control things like food samples and recreational water samples but a lot of our samples are done around drug identification through AFP procedures and some of their investigations, which are unpredictable from our point of view. So it is always a bit of an educated guess on what is going to come through. Largely the samples we receive will be stable compared to this year and the increase will be on the roadside drug screening.

THE CHAIR: Ms Hunter.

MS HUNTER: Thank you. Minister, I want to go to a question in regard to the new aged care and rehab service in Kambah. I was wondering whether all the issues around access, particularly with ACTION buses, had been resolved.

Ms Gallagher: This would probably fall under output 1.5 but I am happy to go to that now. I am just looking around for an official to help me. Yes, there have been further improvements made to that centre post its opening, based on feedback that we have received from people visiting the centre. Linda can—

Ms Kohlhagen: This is particularly around the bus stop at Village Creek?

MS HUNTER: Yes.

Ms Kohlhagen: I understand it has been reviewed or fixed up twice since it was initially raised as an issue. So we continue to work with ACTION where the clients and consumers have voiced concerns.

MS HUNTER: So the feedback you have is that it is working well or it is a better service than it was?

Ms Kohlhagen: We are going to look at that as part of the evaluation that we are committed to. When the centre was established, there was an audit done of how people get to the different services. We intend to repeat that in the next few months as well.

MS HUNTER: There are some people who are talking about paying up to $190 for a return trip in a wheelchair accessible taxi. The assistance with those travel costs is not covering that full amount.

Ms Gallagher: I must say that I have not seen the $190 figure. But I would find that

amazing in terms of moving from Woden to Kambah.

MS HUNTER: It is actually something that someone has raised with us. Maybe it is an unusual case. But I am wondering whether, as part of your survey and evaluation, you will be looking at that.

Ms Kohlhagen: Yes.

MS HUNTER: You said you are looking at where people come from.

Ms Kohlhagen: Yes.

MS HUNTER: Will that also be looking at the costs they are paying and what sort of travel assistance they have as to whether it is covering the amount?

Ms Kohlhagen: My understanding is that the audit that was done looked at the type of transport that was used to access the service, whether it was an ACTION bus, a taxi, a private vehicle or walked or some other means. So we had not necessarily thought that we would ask the detail of how much the taxi fare might have cost.

I know that there has been an individual who arrived at the centre and left the taxi meter running and then went somewhere else, whether that might have been the cost. But certainly I have not heard that it has cost that much money.

MS HUNTER: And when is that evaluation due to be finished?

Ms Kohlhagen: We hope to do it June or July.

MS BRESNAN: Just as a follow up, the government previously said it would be an independent body that would do that evaluation. Is that still going to happen?

Dr Brown: The question is whether we are going to get an external agency or person to undertake the evaluation.

MS BRESNAN: Yes. I think that had been mentioned previously.

Dr Brown: We have not actually formed an opinion as yet as to who will undertake that evaluation. So that is subject to further discussion.

Ms Gallagher: I do not know whether you have been out to have a look at it. I am very happy to organise a visit out there and have a look at how that space is being used. It is an incredible conversion of an old school into a health facility.

MR HARGREAVES: It is amazing.

Ms Gallagher: And for the staff, in terms of space and OH&S, and for clients who are using it, I think the feedback has been overwhelmingly positive. They are out of the basement of the hospital and into a purpose-built, designed workshop. We have got an industrial dishwasher to wash the equipment. I think it is the largest one in Canberra. It is co-locating and trying to make the journey easier for people. The

parking is excellent. It is free. From my understanding, most people visit that centre in a private car. On a number of fronts, yes, there have been some concerns raised about it but they have very much been in the minority.

THE CHAIR: Ms Le Couteur.

MS LE COUTEUR: On a somewhat different subject, one of the proposals for the new development at Molonglo was the installation of a third pipeline for non-potable water, as has been done in many other places, like Rouse Hill in Sydney. We have discussed this with a lot of people, and one thing that many people have said is that ACT Health has issues—

Ms Gallagher: We have a lot of issues.

MS LE COUTEUR: Would you like to expand on your issues with non-potable water?

Ms Gallagher: Yes. That is why it is good to have a psychiatrist in the director-general role. If anyone needs to see her later, please do so. It is true that Health has been involved and has particular views around water and water reuse. I will hand over to John to explain those.

Mr Woollard: In regard to the third pipe proposal, it is not that we have any fundamental problem with it. What we have been suggesting at the various policy forums where it has been discussed is that there has to be a balanced view and that we should be looking at undertaking a proper assessment of economic, environmental and health impacts of a third pipe or, for that matter, any other recycling proposal that comes through.

With respect to the third pipe, there is a history of third pipe installations or developments, I suppose, in Australia and other countries which demonstrates that there are risks with it. We know that in Rouse Hill, for instance, there were a range of cross-connections. And even now in Queensland—two years ago I think—in their recycling plant, they had actually done a cross-connection so that the treatment plant operators were actually drinking recycled water without realising it. There are some risks with it and all we have been trying to say is: let us have a close look at those risks and let us look at the best use of recycled water as an asset for the community and take a good hard look at it from an economic, environmental and health point of view.

MS LE COUTEUR: It sounds like you do not have a formal position on the use of recycled water, or am I wrong there?

Mr Woollard: Does the portfolio have a position?

MS LE COUTEUR: Yes.

Mr Woollard: I will talk from a population health point of view—

MS LE COUTEUR: And are you involved in a regulatory capacity as far as the use

of non-potable water is concerned?

Mr Woollard: To answer your first question, within population health we have the position I have just outlined. We think that there is value in looking at the way in which recycled water is used. It is an asset. But let us look at how it is appropriately used in the safest and most effective fashion. That is not a departmental view. It has not gone to a portfolio point of view to get that policy position.

As a regulator we certainly have a regulatory role in terms of recycled water. It is not a direct role. We do not license systems as such. We work closely with EPA. But under the Public Health Act we have an overriding responsibility to ensure that public health risks are not created by the use of recycled water or any other matter.

MS LE COUTEUR: And so that would also encompass people's backyard systems, if they came to your notice or anyway?

Mr Woollard: Certainly. As I said, under the Public Health Act we have an overriding responsibility to ensure that public health risks are not created by any activity, whether that be recycling water through a third pipe, whether it be a greywater system or any other matter. But we do not directly license greywater systems or water recycling systems.

MS LE COUTEUR: And you do not have any direct regulations about them—

Mr Woollard: We do not directly regulate them; that is correct.

MS LE COUTEUR: Okay. I am aware that there is at least one household in Canberra which has a composting toilet system. Do you have any views on those? I am aware of at least one development out of town in Canberra which wished to use them quite extensively but my understanding is that they were knocked back. Whether it was by you or whether you were just blamed for it I do not know.

Mr Woollard: Composting toilets have some special challenges in that, first, they are not readily acceptable by everybody. They do take some maintenance and some commitment to managing the installation and there are some specific concerns that we have raised around composting toilets and whether they work effectively in cold climates. There is some evidence to suggest that the bacterial activity that is required to break down the waste does not work very well in Canberra's cold climate.

We do not have any hard data on that. So when we have been approached by people we have had this sort of conversation: "Do you understand that you need to commit to it? You have got to be able to do these things to make the system run well." We have spoken to manufacturers about the need for some heating system in the container to ensure that it is maintained at a temperature that allows composting. We have been looking at some data from other states and territories around that temperature control thing.

MS LE COUTEUR: So your position is potential approval on a one-off basis or—

Mr Woollard: Yes, on a one-off basis. The real value of composting toilets is

probably out of town, not so much in town. But, as you say, there is one that has been installed in town and we have not had any concerns raised with that since it was installed.

MS LE COUTEUR: And if a group of people wanted to get together to do a greywater scheme such as is done in many other places you would look at it on a one-off basis? I am involved, for instance, in a community in New South Wales where the council required a greywater system. The community did not have a problem with this but it was a council requirement, as with the composting toilets.

Mr Woollard: As I said, from our point of view the re-use of waste should be seen as an asset. Whether that is a greywater system, a composting toilet or a full-on re-use system, it has some value and we certainly are prepared to look at any system that anyone wants to put forward and at the health risks associated with that; look at the data that they need to provide on the robustness of the system, maintenance issues of the system and so on.

But all of these systems take a high degree of commitment from the people who use them to manage them in an appropriate way and maintain them in an appropriate way. With most systems that have failed, certainly in Australia and I think around the world, it has been because of a lack of commitment to maintain them. It is really that concern about maintenance of systems like that that gives us some cause for concern. But we would certainly look at any on an individual basis.

THE CHAIR: Just on that issue, if somebody was thinking of putting in a composting toilet or a greywater system, where do they go as first port of call? Do they go to ACTPLA or do they come and see you guys first?

Mr Woollard: They can go to either. Certainly, most developments that are in the pipeline come through from ACTPLA; they refer them to us. We get engaged as early as possible in any development of that nature. We do not want to be brought in at the end of a planning process to say, "We don't think it's going to work." It is much better, and we always try, to engage with people early. So sometimes people come straight to us; sometimes they come to us through the EPA; sometimes it comes through from ACTPLA.

THE CHAIR: So there is information on your website concerning these sorts of proposals?

Mr Woollard: Certainly there is information around greywater systems—not so much on the larger commercial recycling systems but certainly on the greywater systems and those sorts of things, yes.

THE CHAIR: All right.

MR HARGREAVES: Minister, and officials, I draw your attention to page 234 of budget paper 4. The piece I am looking at is the budget policy adjustments wherein is listed the distribution of growth funds. I would be interested in a short conversation on where you see the growth in rehabilitation aged and community care manifesting itself.

Ms Gallagher: That, again, is going to output 1.5, so—

MR HARGREAVES: If you jump up one you will see it is also in the cancer services.

Ms Gallagher: Yes, which is 1.4.

MR HARGREAVES: Given that it is the same subject of growth funds, I thought I might wrap those two together.

MR HANSON: Have we moved on from 1.3, Mr Chair?

THE CHAIR: Perhaps, members, we can concentrate on 1.3 at this stage so that we can let the public servants go as quickly as possible. If people want to jump around, that is fine; it is just that with the coverage needed they might all have to come back next Monday.

Ms Gallagher: You started it, Ms Hunter. You broke out of the—

MS HUNTER: Yes, I am terribly sorry, I did, and I should not have.

THE CHAIR: With your acceptance, Mr Hargreaves, perhaps if we just stay on 1.3 at this stage. Has anybody got any questions on public health?

MR HANSON: I do have a question, Mr Chair, which is on staff more generally across all outputs.

MS LE COUTEUR: Ms Bresnan has a question.

THE CHAIR: Yes, 1.3?

MS BRESNAN: Excellent. It is in budget paper 4, page 230. The estimated outcome for 2010-11 was about $33 million. Now we have got $38.794 million. I am wondering if you can provide a bit of an explanation about what that is going towards.

Ms Gallagher: Your question is basically: what do you get for that money; what is covered in it?

MS BRESNAN: I guess, yes, because it is a change from the estimated outcome to the actual—

MR HARGREAVES: There is another $5 million there.

MS BRESNAN: Yes, just what is that going towards?

MR HARGREAVES: The same thing applies in the next two lines.

MS BRESNAN: Yes.

Dr Brown: I think we might ask Mr Foster to speak to that one.

MR HARGREAVES: Mr Chair, with the committee's indulgence, the same thing applies to the next two lines, and given that we have Australia's health dollars expert at the table we might see if he can help us.

Mr Foster: With all of the outputs of course there is an increase from 2010-11 to 2011-12 because of indexation, growth and new initiatives. In relation to population health there is the impact of roadside testing on top of the natural increases and there is also the increase for the higher cost of the blood plan which is imposed upon us through the National Blood Authority. This is $1.8 million, which is also—

MR HANSON: And that is a one-year, one-off, isn't it?

Mr Foster: It is in there as a one-off—

THE CHAIR: That is on page 97 of budget paper 3.

Mr Foster: It is also on page 234, further down the list.

MR HANSON: Why is that only a one-off?

Ms Gallagher: I do not want to breach anybody's privacy here but it is around the cost of providing blood services to individuals within the community and it is a recent additional cost. We just need to monitor it, whether it will be an ongoing cost.

MR HANSON: It relates to one individual case?

Ms Gallagher: I do not want to breach anyone's privacy. I am happy to talk to you, perhaps outside this forum, but it is in relation to a high cost client with high cost treatment.

MR HANSON: All right. I will take you up on that. Thanks, Ms Gallagher.

Ms Gallagher: Yes.

MS BRESNAN: So that figure is primarily related to the two things you just mentioned; is that right—from the $33 million to the $38 million?

Mr Foster: Yes, there is indexation on base, which is pay rises, and indexation on consumables, and if there is growth funding through any vaccines or whatever. There is certainly the initiative there on the blood and also the roadside testing.

MS BRESNAN: I have got another question about that particular area, but do you want to go to the funding while we have got Mr Foster here?

THE CHAIR: No. Keep going.

MS BRESNAN: Okay. One of the standard goals for this particular area is improving health equity. I am just wondering what programs are being used to achieve this,

particularly for vulnerable groups. I know of certain programs that are being funded. There are nutrition education programs and a couple of others. Heartmoves is another. What specifically is being done to target vulnerable groups to achieve that stated goal of health equity?

Dr Kelly: There was mention made yesterday of a question—I think it was from Ms Hunter—about the national partnership agreement and the work that we have done getting ready for that over the last couple of years of budget initiatives. There is a whole range of initiatives around healthy communities, healthy workers, healthy children, which are rolling into that national partnership agreement funding and which we are very excited about. Many of those have a specific component which is related to social equity. So, for example, there are a number of areas going on in nutrition in some of the recognised areas of disadvantage in north Canberra, for example; similarly, in exercise and improving active living in those vulnerable groups. So certainly one of the filters we have put on all of our programs is to look at social equity in relation to population health initiatives.

MS BRESNAN: Okay. In relation to specifics, you say you have got that sort of filter there for all programs.

Dr Kelly: Yes.

MS BRESNAN: For specific programs that will be addressed in particular, is it mainly coming through the national partnership agreement?

Dr Kelly: How it has worked in the last couple of years is through that budget initiative from 2009, I think it was, and it is now rolling into those national partnership agreements, yes, so the programs are already set up. We have got the indicators because a substantial proportion of the funding from the commonwealth initiatives is related to us reaching certain milestones. So we have done the preliminary work to measure those as they are now as a baseline. We have started to put in place the community consultations and also the work with non-government organisations as well as our own staff to put those programs in place. So we are very well placed to meet those milestones in the coming years.

MS BRESNAN: Is it possible to get information on the actual programs that are being run to target those particular—

Dr Kelly: Yes, we can provide that.

MS BRESNAN: Thank you.

MR HANSON: I have got one on 1.3.

THE CHAIR: Yes, on 1.3.

MR HANSON: In budget paper 4, page 234, there are some rollovers: essential vaccines NP, which I assume is national partnership?

Ms Gallagher: Yes.

MR HANSON: There is also one on Indigenous early childhood development. I do not know if that comes into public health or not but do you know what those rollovers relate to?

Dr Kelly: I do not know if Ron has information on that. I cannot talk to the Aboriginal health one, Mr Hanson, but certainly almost all of our immunisations are related to the national immunisation program. The funding for the immunisations is a national initiative across all jurisdictions, including the ACT. There is always a little bit of lag time in terms of when payments come in and when immunisations are delivered, so this probably relates to that.

MR HANSON: All right, so how do we stand in relation to swine flu? Has that gone now, or is it still a worry?

Dr Kelly: The flu is a worry every year. We are about to enter that season. Our information from the Northern Hemisphere, who are just finishing their flu season, because it is a seasonal thing, is that the H1N1 virus that was formerly known as swine flu is still the predominant type of flu that is circulating in the Northern Hemisphere. There have been very few cases of flu so far in Australia this year but, of the ones that have been identified, that fits with that pattern.

MR HANSON: And that has been incorporated into the vaccine now, hasn't it?

Dr Kelly: That is right. The flu vaccine this year is the same as the one last year, in fact. We had a very good match between the three types of flu that were in the flu vaccine last year and what was actually circulating. That is good news, and it would be the same for this year.

MR HANSON: And the issue for children with that vaccine has been resolved? I remember that there were some problems with children under a certain age.

Dr Kelly: Yes. There was an issue, particularly in Western Australia, last year—a recognition that with one of the providers of flu vaccine there seemed to be a higher than expected number of febrile convulsions: fitting due to fevers related to that vaccine. So it was withdrawn. For this year there are other flu vaccines that are available for young children, but that one is not.

MR HANSON: I notice the minister sneezing. I do not know if that is a psychosomatic response.

Ms Gallagher: No.

Dr Kelly: I think she has had a flu vaccine, though?

Ms Gallagher: Not yet.

Dr Kelly: Not yet, but she is first in the queue for the flu vaccine.

Ms Gallagher: Yes; I have been a little bit busy.

MR HANSON: I have had mine. The Assembly did ours. There is probably a good question then, a nice segue: are we tracking how many people in the ACT have had their flu vaccine? Do we monitor that? Have we been able to record what sort of statistics you have on that?

Dr Kelly: In the ACT we are very well placed for monitoring that sort of thing, although somewhat indirectly. We are the only provider of immunisations to the jurisdiction; we are the only place in Australia that does that. So immunisations come through us and are distributed out to general practice, to community settings and so on. So we can say how much has been distributed out, but we do not always have very good information about how many have actually been used.

MR HANSON: Have been administered.

Dr Kelly: Yes. We will have that by the end of the season, but not right now. We are tracking very well in terms of the rollout of flu vaccine. Last year was a bit of a record, for understandable reasons, based on the experience of the previous season, in terms of flu vaccine uptake. And this year also it is very strong.

MR HANSON: Have you done any promotion this year? I have not seen—or not that I can recall—anything other than the sign at the Brumbies. I cannot recall anything specific—"Go and get your flu vaccine." Is that national advertising?

Dr Kelly: There was a national flu day—I cannot remember the date exactly—a month or two ago, and there was some advertising from the national level around that. We are taking every opportunity to promote that in various fora and in the media. But we do not have, as we have had in previous years, a specific allocation of funding for vaccination this year with flu.

THE CHAIR: Let me follow up on that. Whooping cough—is there still an issue with whooping cough? Is it diminishing or increasing in the ACT?

Dr Kelly: Whooping cough has been one of our great challenges in the last couple of years. Last year and this year we have had very high rates. That has been the case particularly across the eastern seaboard, but nationally as well. Whooping cough or pertussis is a difficult one to track, because there are cycles. Every three or four years there is an increase, and that is seen every time. We had an increase in 2009, and it stayed up. Why was that the case? There are some national studies going on now to try and work out why that is the case, why we are seeing more pertussis. Partly it is due to more testing and to people and GPs recognising it and doing the proper test, but it is more than that. For pertussis, it can be a problem for adults but mostly the issue is in younger children. They are the ones we are trying to protect.

THE CHAIR: But there was concern, given the increasing number of grandparents minding their grandchildren, about older Canberrans getting whooping cough when they probably thought they were immune to it?

Dr Kelly: That is right. The vaccine is a good vaccine, but it is not as effective as some of the other ones we have in our armoury—such as measles, for example. The

immunity from the vaccine does wane over a period of a few years, so people who have been vaccinated in the past are not necessarily immune now. We have been concerned about people that are associated with young children, who are the ones that get the severe disease, and making sure that they are not passing it on.

Ms Gallagher: So we keep extending the program of free immunisations. They are offered through people coming through the maternity services and also through GPs.

THE CHAIR: I want to move to some of the strategic objectives. I know some of these cross over into other programs, but let me start at strategic indicator No 7, maintenance of high life expectancy at birth in the ACT. Is that in your area?

Dr Kelly: I do not know whether anyone else has that. Yes; I am keeping everyone alive until the age of 80. The doctor is helping the ACT population to reach 80 or above, Mr Smyth.

Ms Gallagher: Well done.

MR HARGREAVES: All power to your arm, sunshine.

THE CHAIR: Given Mr Hargreaves's intense interest in this—

MR HARGREAVES: There is a lot of self-interest in this grey-haired old bloke.

THE CHAIR: Is the gap between the ACT and the national rate increasing or decreasing?

Dr Kelly: With all of the figures that are in those indicators—so it will be the same if you look down that page or the following page around cardiovascular disease, diabetes and so forth—we in the ACT are always faced with the small denominator issue, so things do pop up and down a little. This one, in terms of life expectancy—we are ahead of the rest of the country, and that is a good thing. I think we are happy with how that is progressing.

MR HARGREAVES: Not as happy as I am.

THE CHAIR: Just to address Mr Hargreaves's special concerns in this, I see that we poor males dip out about 3.7 years earlier on average than the females. Is anything being done to address that?

MR HANSON: Don't smile at me, Katy.

Ms Gallagher: A little bit of enjoyment in that figure, I must say!

THE CHAIR: Perhaps you could explain that enjoyment, that perverse enjoyment, minister.

Ms Gallagher: There have to be some elements of enjoyment in this job.

Dr Kelly: It is our cross to bear, Mr Smyth. Throughout the world, that is a fairly

standard figure—that males do not last as long as females. The gap is relatively small, but it is a real one everywhere.

THE CHAIR: It is real when you get to 80.2.

Dr Kelly: It is.

MS HUNTER: Could I also ask about Aboriginal and Torres Strait Islander people? How are we doing with life expectancy there as far as the ACT goes?

Dr Kelly: I might have to take that on notice. I will have that information in the Chief Health Officer's report that I can refer to shortly, but it is not at my fingertips. Around Australia that is an issue, of course, as you are aware, Ms Hunter—that Aboriginal and Torres Strait Islander people, both males and females, have a lower life expectancy than the rest of us. That is an appalling statistic. I can get the figure for you.

MS HUNTER: Yes. It would be interesting to see what the state of play is in the ACT.

THE CHAIR: Mr Hanson would like to address his concerns.

MR HANSON: Minister, I just have a supplementary on the age at which men die. I was talking to some people about this yesterday. We had a bit of a joke about it, but it is obviously a very serious issue. It seems to be one where, because men die earlier, people seem to be more flippant about it. If the tables were turned, I think that it would be taken more seriously. I am just wondering why that is and what we are doing to promote men's health specifically within the ACT—what the issues are and what we are doing to address that.

Dr Kelly: We do not have any specific men's health programs within the Population Health Division; I cannot speak for the other areas of the directorate. It is a good point, particularly when you look at men's health issues around mental health, injury and access. For men in general, the studies I know from around Australia and elsewhere, and comparative countries, show that men do not go to GPs and they do not access health care when they probably should. Some of those issues would be things to look at.

MR HANSON: Do you think that the mortality rate is just physiological—that men die earlier than women, regardless—or is it because of environmental factors, where men do not seek treatments earlier or men have greater addictions to alcohol in some cases and mental health issues? Is it environmental, is it just physiological or is it a bit of both?

MR HARGREAVES: They keep killing each other.

Dr Kelly: There is a combination of all of these things—environmental and genetic. The figure of absolute life expectancy is from birth. The statistic for survival at birth is also lower for male babies than female babies, so there is that element to start with.

THE CHAIR: So when God invented man, she was only joking.

Dr Kelly: So there is that element. And of course there are a whole range of environmental influences through the life course which can influence health, and some of those are more of an issue for males. Having said that, let me say that there are specific women's health issues that are not being addressed and that need to be addressed, particularly around reproductive health.

MR HANSON: There are obviously a lot of women's health issues—breast cancer and so on. You can see that. I think the minister is aware of this as well; we have had previous conversations over a sausage sizzle. If you compare breast cancer to prostate cancer, for example, it does seem that there is more awareness of and more community support for breast cancer than prostate cancer. I know it is not specifically in output 1.3, but do we have a list of specific men's health programs? It would be interesting to have a look at what we are doing there. I am happy for that to be taken on notice.

Ms Gallagher: We can provide that.

MR HARGREAVES: Did you give that to Mr Cornwell once a long time ago?

Ms Gallagher: What?

MR HARGREAVES: The list of all of the men's health initiatives—because he was feeling a bit lonely at the time? No? I seem to have a memory of that.

Ms Gallagher: That is going back a few years, I think.

THE CHAIR: Just looking at last year's budget paper 4, I see that the national rate for males last year was 79 per cent and it has actually declined nationally to 78.7 per cent. We have held at 80.3 per cent. Are there any trends there that are of interest?

Dr Kelly: Sorry, I missed the start of your question.

THE CHAIR: Are there any trends there that we should be aware of?

Dr Kelly: Which figure were you looking at there?

THE CHAIR: In last year's budget paper 4, the national rate of life expectancy was 79 years.

MS LE COUTEUR: It is years, not per cent.

THE CHAIR: I said "per cent"; I do apologise. Whereas the national rate would appear to have declined to 78.7 per cent, the ACT has remained steady. Is there anything driving the national decline that you are aware of? The female rate has gone backwards as well. Last year it was 83.7 years and this year it is 83.5.

Dr Kelly: Nothing that I am aware of, Mr Smyth. But again these figures do fluctuate somewhat over time.

THE CHAIR: Just moving on to the next indicator, No 8, circulatory disease, again the rates in comparison to last year are the same. Nationally it was 16.4 and this year it is 15.2, exactly the same. What are we doing to reduce that percentage?

Ms Gallagher: There is certainly some money in this budget for some work to be done with the Heart Foundation ACT. Ross can come up and speak on it. We have done a lot of work in this area in terms of chronic disease management. Some of our new programs around home-based monitoring have targeted patients with heart disease. And some of our partnerships with the Ambulance Service and across the hospitals are big improvements for the management of patients with cardiovascular disease. But there is more to be done.

Mr Foster: Certainly in this year's budget there are two specific initiatives of relevance. One is the continuation of the "get healthy" telephone coaching service, which is available to all Canberrans to modify their lifestyle risk factors. I guess it is fair to say that there are a lot of common risk factors for these chronic diseases; obesity, sedentary behaviour and smoking, for example, are all common risk factors for many of the chronic diseases.

The other initiative which is funded this year which was also the subject of a successful health promotion grants trial program is a partnership between ACT Health, the ACT Division of General Practice and the Heart Foundation to work in a number of selected GP practices and to provide early intervention and intervention to people at absolute risk of coronary disease. It proposes to use the absolute risk instrument to find people who are at greater risk of cardiovascular disease. Many of those will also be at greater risk of diabetes and many of them will share the same shared risk factors of obesity and lack of physical activity. And it will offer those people either lifestyle modification type interventions like telephone coaching, joining a Heartmoves class or taking advantage of some other form of coaching to improve their lifestyle risk factor, or, if appropriate, referral for treatment or to further diagnose their state of risk.

I guess we could talk about the continuum of prevention. Overall we are trying to use the more preventative approach in our approach to chronic diseases. So that is both—

MR HANSON: Can we come back to that, noting that this—

THE CHAIR: Yes. This is part of the dilemma. Some of these would apply to both public health and preventative in 1.6. We will reserve the right to go back there. Are there any final questions on 1.3?

Dr Brown: Dr Kelly has a response to Mr Hanson's question about hepatitis C that he is able to provide.

THE CHAIR: That is fine.

MR HANSON: That was Ms Bresnan's, wasn't it?

Dr Brown: It was indeed; thank you. It was Ms Bresnan's question around hepatitis C. Dr Kelly has some expert advice.

Dr Kelly: Thank you, Dr Brown. My understanding of the question from the committee was with regard to hepatitis C zero conversion. Hepatitis C is one of a range of hepatitises; we are up to G now. C is actually one of the ones that are spread by blood or similar nature—so a blood-borne virus. The way that it is transmitted is similar to hepatitis B and also HIV. These three are the main concerns we have about injected drug use, for example. But it is not only that. Tattooing is another area of concern.

The question was specifically, I think, around the possibility that someone could zero convert to be positive for hepatitis C—so to be infected and infectious with hepatitis C—and then over a period of time go back to being non-infectious and non-infected. The chance of that is very low; it is around 14 per cent. The majority of people infected with hepatitis C remain infected with hepatitis C and—specifically related to a high risk situation, as it is in the Alexander Maconochie Centre—are infectious. We know that the majority of people that are in detention have a history of injected drug use. From the Burnet report it appears that that is continuing in the Alexander Maconochie Centre. We know that most people that are infected will remain infectious. Those are the issues that I think are involved.

MS BRESNAN: I think my question was more to the fact that someone might contract the infection but symptoms might not actually appear for quite some time—a number of years.

Dr Kelly: That is correct. Of the people that are infected with hepatitis C, 85 per cent of them will continue to be infected and about 80 per cent of those will have some evidence of liver damage. That evidence might be quite subtle at the start. It takes some time, many years, in fact, until the very serious aspects of hepatitis C—for example, liver cancer or cirrhosis—come about. It is only by screening people and offering them treatment early that you can actually prevent that. That is the important work that is already being done in the prison with a number of people.

THE CHAIR: Ms Hunter has the last question.

MS HUNTER: I hope this is the right place to ask this question. It is around the centre for adolescent health.

Dr Brown: The feasibility study?

MS HUNTER: Yes. In the last two budgets we discussed the development of the centre. It did get rolled over. I believe the reason at the time was the H1N1 situation. Where is the project up to? Can we get a progress report on that?

Dr Brown: Again, I will ask Dr Kelly to respond to that.

Dr Kelly: Thanks for the question, Ms Hunter. It is very good timing, actually, because last night in my in-tray—

MR HARGREAVES: She's like that, you know, Dr Kelly. Her timing is impeccable.

Dr Kelly: Yes. This is the draft report. It has come from the consultants. It was a substantial part of the budget initiative.

THE CHAIR: So you are happy to provide that to the committee?

Dr Kelly: Not yet. This is a draft. It just arrived yesterday and we will look at that.

MS HUNTER: Who were the consultants?

Dr Kelly: It was a group called LeeJenn Health Consultants. We have been very pleased with the work they have done, and specifically their ability to interact with the community. I think your question yesterday was about community engagement. They were able to get great feedback from the youth aged between 12 and 25, which is a very hard to reach age group, actually, particularly the 17 to 25 age group. They talked to 600 people in that age group and that has informed this very draft, not-quite-read report.

MS HUNTER: So you do not have any sense at the moment of whether there will be a large focus on preventive health type programs? Do you have any sense of what might be delivered through such a centre?

Dr Kelly: The terms of reference for the consultants were very much in the preventive area. They have touched upon issues, for example, of children with chronic disease and a continuum of care for young people with diabetes or other complex medical conditions. But that has not been the focus of this piece of work. It is more about the preventive health agenda.

MS HUNTER: Is there any timing on that? You have got the draft report. I assume you will read it and it will go to the health minister at some stage.

Dr Kelly: It will do. The minister has a lot of interest in this area herself. I am sure there will be lots of work to do from this. As I have seen it so far, it is a great piece of work.

Ms Gallagher: It was very politely put!

Dr Kelly: It will really inform us about our options.

MS HUNTER: I look forward to seeing some money in the budget next year.

Dr Kelly: We will see.

THE CHAIR: We might move on to output 1.4, cancer services. Just for something completely different, we will start at the other end of the class with Ms Bresnan.

Ms Gallagher: Chair, can I just table for the committee the terms of reference and framework for the evaluation of the nurse-led walk-in centre, which was asked for yesterday?

THE CHAIR: Thank you, minister. Ms Bresnan.

MS BRESNAN: I have a question in relation to growth in cancer services. In budget paper 3, on page 96, there is, I think, around $1 million per annum in the budget for increasing demand for cancer services. Can we get a bit of an idea about what exactly that money will be for? I think last year there was a bit of discussion about staff shortages. Is that something which is incorporated in there?

Dr Brown: I am sure Mr Carey-Ide can give you the detail around that.

Mr Carey-Ide: Thank you for your question, Ms Bresnan. The funding that has been provided to us in this budget will be used to fund an academic head of haematology, a position that will be a joint ANU-ACT Health appointment. This is an important position for us in the Capital Region Cancer Service in terms of advancing the whole service on the national forum. It will bring into play a more formal relationship academically with ANU, particularly around research, education and training for haematologists in the future.

We will also be appointing a prostate nurse care coordinator, which I am aware segues very nicely to what are we doing about men's health in the ACT. This position will essentially guide the care of men receiving treatment for prostate cancer, wherever that care may occur, and provide information, advice and support to the patient and their carers at the same time, and, to some extent, hold the hand of the patient and their family while they are undertaking their cancer journey.

We will also be appointing a nurse manager position for the oncology outreach services. This service is growing in its importance for us in the community setting for the Capital Region Cancer Service in that we are now able to provide more chemotherapy-based services outside the traditional setting of an acute hospital. That team, having grown, and the number of occasions of service for that service having grown, it is important for us to ensure that we have got good nursing leadership and strategic management around that service.

MS BRESNAN: The other question that I just asked you was that there was some discussion last year about staff shortages. I am just wondering if that has been resolved as well.

Mr Carey-Ide: That is right—very successfully, I would have to say. The positions that I believe you are referring to, Ms Bresnan, are the five additional radiotherapy positions that were funded in last year's budget. Those positions were specifically funded so that we would not have gaps in service provision that arose from planned and unplanned leave or departures of staff for other places. That strategy has been enormously successful. I am sure that you will have seen the projected outcome for this year in relation to radiotherapy waiting times, which are all at 100 per cent for any category of care. That is due, in large part, to the increase in staffing numbers for radiotherapists.

MS BRESNAN: You mentioned the gaps in services from planned or unplanned leave. One issue that was raised in relation to that was about putting in place more formal meetings between managerial staff and consumer representatives. That was going to be reinstated or started up. Has that process been followed through?

Mr Carey-Ide: We meet regularly with a vast range of consumer representatives, predominantly through the Health Care Consumers Association, who have sought formal nominations from amongst the very large collective of cancer advocacy groups, but we also meet very regularly with representatives of specific and individual cancer advocacy groups.

MS BRESNAN: Are those meetings held when they are required or do you have a set time?

Mr Carey-Ide: Both.

MS BRESNAN: Around how many meetings have been held, do you think?

Mr Carey-Ide: Given the planning that has been undertaken in the past year for the Capital Region Cancer Centre, I really would not want to hazard a guess. I would respond "many".

MS BRESNAN: Sure.

Mr Carey-Ide: It has been a great process.

MS BRESNAN: Thank you.

THE CHAIR: Mr Hanson.

MR HANSON: Yes, thank you. The integrated cancer centre—there are a number of phases. I note that in budget paper 3, page 206—commonwealth-funded program—you have got a cancer centre phase 1. There is a bunch of money in there, a total of $27 million over four years. But in budget paper 3 last year it was, I think, ACT-funded. Is that right?

Ms Gallagher: No. That component was always commonwealth funded. In this budget we have put in some additional money to expand the centre. It is a partnership, really, to build on.

MR HANSON: Can you give me a full description of what the integrated cancer centre is in terms of what it is going to provide, what the phases are, what the cost is, what staff are going to be employed and how that relates to the other components that we have got—the Capital Region Cancer Service and so on?

Ms Gallagher: In a sense, the Capital Region Cancer Service will operate from within the integrated cancer centre. The opportunity that comes from creating this specialised centre is that we will integrate inpatient, outpatient and various specialist services which at the moment are dotted through the Canberra Hospital. We have pulled together some of them. For example, chemotherapy and radiation therapy are together, but haematology, immunology—services like that—have not always been in the same place. The integrated cancer centre is wrapping everything around the patient and their family so that, in a sense, they come to the cancer centre where they can have their inpatient and outpatient treatment and be cared for within that setting.

MR HANSON: So moving all to the one physical location?

Ms Gallagher: Exactly. This cancer centre will have an administration and a research capacity as well.

MR HANSON: In terms of the time lines for that?

Ms Gallagher: We are putting the detailed design plans out for consultation, and that is the final stage.

MR HANSON: How long does that take to build?

Ms Gallagher: 2013; it would be a couple of years construction.

MR HANSON: There are a couple of phases, or three phases.

Ms Gallagher: We are putting our money in—the $15 million, as stage 2. Stage 1 is the commonwealth money. We have taken this opportunity to put them together. There is one, in a sense.

MR HANSON: So essentially it is one thing. The phases are more related to the financing of it, are they?

Ms Gallagher: That is right. It is a stage, in a sense, that we are expanding on the original concept, which was funded by the commonwealth.

MR HANSON: And where physically on the ground—

Ms Gallagher: It is where the bunkers are. We spent $30 million a couple of years ago building the bunkers for the linear accelerator.

MR HANSON: So they are co-located.

Ms Gallagher: So it will be in that area there, yes.

MR HANSON: All right. Does that involve more staff or is that funded through the Capital Region Cancer Service. As you consolidate all the staff—

Ms Gallagher: It will over time.

MR HANSON: It grows—

Ms Gallagher: It has got capacity for growth, so this centre will, yes.

MR HANSON: Yes.

Ms Gallagher: But it is changing, I guess, the way we provide cancer services with the specialists as well. So it will involve specialists moving around the hospital and spending time in the integrated cancer centre rather than patients moving around the

hospital.

MR HANSON: Yes. And I think there has been a rollover of $2 million. Is that right, just having a look at BP3, 211?

Ms Gallagher: That may just be the timing of the commencement of this project. There has been a bit of a delay in the sense of finalising our decision for the increased funding.

MR HANSON: Right.

MS HUNTER: Could I just clarify something? You mentioned haematology. So blood samples will be taken in the centre? People will not have to leave?

Mr Carey-Ide: Yes.

MS HUNTER: Okay, I just wanted to check that. The second thing is: will there be facilities for telemedicine, so being able to have that contact with specialists who might be interstate? Will that facility be available?

Mr Carey-Ide: We are building all of the technologies that we hope to be able to use into the facility. Whether we will be able to use them is dependent not only on the services that we provide in the ACT but also on the places from which that advice is being sought. So we are working really actively with the New South Wales Cancer Institute, given that they are our primary referrers from outside the ACT, to understand the sorts of technologies that we will be able to provide.

We currently provide outreach services to regional New South Wales in a large number of settings, and we provide those so that our specialist staff actually travel reasonably close to a patient's home town throughout regional New South Wales where it is possible for us to provide those services outside the ACT. For some of our services, it is necessary, such as radiotherapy, that patients actually travel to our facilities here in the ACT. Our doctors have a preference for that personal one-to-one approach with patients and their families, but we are investigating the opportunities.

MS HUNTER: And what about the situation where there might be a particular specialist who is in Sydney: will patients here be able to have access to that facility?

Mr Carey-Ide: Again, we will be working on those technologies. The technologies will be present in our centre. But, again, it is dependent on whether they are present in Sydney. But, in most of them, they are.

Ms Gallagher: And I think what we have seen, also, for example, is in things like digital mammography where the capacity for specialists to consult with each other and in real time essentially instead of having copies of scans couriered around the place will greatly improve that capacity for specialists interstate. Because in cancer we do use specialists interstate, and, indeed, some patients still have to go interstate for specialised cancer treatment if it is not available here. Even if it is only a part of their treatment, that will happen.

One of the projects linked with the cancer centre is that we got some money from the commonwealth—about $1.8 million—to increase the patient and carer accommodation in Canberra, because we know that sometimes up to 50 per cent of the provision of cancer services is for people who do not live in the ACT. Currently we have some capacity within the residences at TCH, and that will continue.

We have just put an offer on a house that has been built in suburban Canberra, which has the capacity to—it is perfect, actually. It is a perfectly built house. It has got six bedrooms with individual ensuites and a sitting room. So there are six individual units within the one house which we have put an offer on. We are doing some consultations with the community tonight at an open invitation to talk with them around the opportunities there. We have not finalised the sale. There is a bit more work to be done, but I think that is, again, pulling together and enhancing the services that we have currently got, and it will be a real bonus if we can seal the deal.

MS HUNTER: And then they would have a shared kitchen?

Ms Gallagher: That is right, but their room, ensuite and a little sitting area is perfect. It just means that their carers can come and spend time away from the hospital whilst they are undergoing their treatment. They do not necessarily have to be driving to and from, with the additional stress. So we are bit excited about that, if it all comes together.

MS HUNTER: And it is close to the hospital?

Ms Gallagher: It is in Duffy.

MS HUNTER: Okay.

THE CHAIR: All right, Mr Hargreaves had a new question.

MR HARGREAVES: Yes, thanks very much, Mr Chairman. It follows on from what I was saying not long ago about the growth funding in cancer services and aged and community care. I think you have answered a lot of the question around cancer services, so, Mr Smyth, I do not need to see Mr Carey-Ide anymore. Thank you very much for that information; you anticipated the questions very well.

THE CHAIR: Ms Bresnan, your colleagues have deferred to you. Do you have another question in this area?

MS BRESNAN: No.

THE CHAIR: Mr Hanson?

MR HANSON: No more cancer questions.

THE CHAIR: No more cancer questions. All right. Well, we have done that. Thank you very much. I have a couple of general questions. Mr Hanson, do you want to ask your staffing question?

MR HARGREAVES: I have got some rehab questions.

THE CHAIR: All right, we will then move to rehab.

MS BRESNAN: I have got a rehab question.

MR HANSON: Yes, I just want to ask the generic staffing questions at some stage. So now is as good as any time.

THE CHAIR: Well, why do we not do it now?

MR HANSON: All right.

THE CHAIR: We have still got a final day.

MR HARGREAVES: For what?

THE CHAIR: We have still got another half a day for Health. The general staffing question.

MR HANSON: Yes, the staffing question. I just want to—

MR HARGREAVES: Not good. Not happy, Jan.

MR HANSON: All right, let us get on with it.

MR HARGREAVES: We should be moving on with other things. You pulled me up before. We should be going on to other things, and then the general questions can range around a whole lot.

THE CHAIR: Just let him ask his general question, then you can come back to it.

MR HANSON: I just want to go—

MR HARGREAVES: I am not happy about it.

MR HANSON: There are 43 staff, there is a mix around of staff, and we are cutting 43 staff FTE, is that correct?

Ms Gallagher: Through the savings.

Dr Brown: We need to make a savings target in dollar terms. There was an indicative number of physicians, but the overriding requirement is the dollars, not the number.

MR HANSON: Right. Who will they be, do we know? Is it natural attrition, or are we actually going to go and look at specific positions that we think that we can do without?

Dr Brown: We had some high level discussions about this, and there are further discussions to be had. We, wherever possible, will look at natural attrition. But we are

mostly being driven by looking at efficiencies and where we can streamline our existing services and staffing.

MR HANSON: But I note that there is also an increase in staff, so it is sort of—

Ms Gallagher: So there—

MR HANSON: It is taking with one hand and giving with the other, is it not?

Dr Brown: Well, there is an increase in staff as a result of the growth and new initiative funding. We need additional staff to be able to deliver additional services. We do, however, have a savings target that we need to make, some of which will come from streamlining our staffing.

MR HANSON: All right. Where are we at with contract nursing? Because I know that has been—

Dr Brown: Agency nurses?

MR HANSON: Agency nurses.

Dr Brown: We do have, still, a need to utilise agency nurses. Our utilisation, however, is still down quite substantially on where it was two years ago, and if I can find the correct brief, I can give you the actual numbers of those. In March 2009 we used the equivalent of 106 FTE of agency nurses. In March 2011 it was 50.

MR HANSON: Right, okay. More broadly, on the expansion of the health system, I have talked a lot about the infrastructure and we have talked a bit about the staffing profile. You have talked about the fact that some work has been done, but we have not really gone any further than that. It might be too much to sit down and talk about what work is being done to make sure that we have got the right staffing profile to meet the growth in hospital beds and community health services and so on. Where are we at with that body of work? What has been finalised? Have we found any particular areas of specialisation where we are going to have problems? Mental health nurses and so on? Can you provide me with an update?

Mr Thompson: We are in the process of finalising the overall ACT Health workforce plan, and a lot of work has gone into preparing that. But while that is the overall framework, for each of the individual projects under the development program, we have identified workforce profiles and where we need to grow the workforce. As we have touched on in these sessions, we have started to provide for the first of those facilities in the workforce needs in the current budget.

Overall, at this point, there are not any particular areas of concern that we have identified. One of the issues, in fact, at a national level is that, particularly for doctors and nurses, there has been a substantial increase in university places that have been provided for at a national level by the commonwealth. A lot of the discussion is, in fact, the opposite of what has been the experience in recent years where people are starting to talk about surpluses. In the ACT we have yet to experience an actual surplus, but—

MR HANSON: Have any other jurisdictions got surpluses? I have heard about it in the UK, but have we got any in Australia?

Mr Thompson: At a national level, we are already getting feedback from other jurisdictions that they are identifying surpluses.

MR HANSON: And is that a surplus that can be met in terms of training in hospitals, or are we finding that we do not have the internships nationally?

Mr Thompson: We are not yet—

Ms Gallagher: That is the issue.

Dr Brown: Yes. In 2012 there is anticipated to be a significant increase in the number of medical graduates, for example. I think Queensland and Victoria have been mentioned in discussions that I have been involved in as having a particular excess, and the issue is whether or not there will be funded intern places for all of those medical graduates. So that is something that is being looked at by health ministers and Health Workforce Australia.

MR HANSON: And have we looked at whether we can increase the number of funded positions that we have got in order that we can take advantage of that, I suppose?

Dr Brown: We are looking at that as well, yes.

THE CHAIR: All right.

Ms Gallagher: And our intern numbers are growing. As you know, our hospital grows naturally. It is whether or not we can grow as fast as the graduates are going to need us to grow. Because interns come on, and there are other costs associated not just with their positions but with the requirements for supervision et cetera. There are workload pressures for the existing staff.

MR HANSON: I am assuming that if we could get these people, whether they graduate in Queensland or Victoria, if they come here, there is more chance that they will stay because they start to put their roots down.

Ms Gallagher: Yes. We see increasingly good numbers coming from ANU and staying. A good proportion of the graduates are staying here.

MR HANSON: Yes.

Ms Gallagher: But doctors also have to move around as part of their training.

MR HANSON: And, in terms of that workforce plan, will it look forward how many years?

Mr Thompson: Five years.

MR HANSON: Five years. Okay. Given that we are looking at that infrastructure development going forward until between 2018 and 2022, are we going to do any body of work that takes us that far forward?

Mr Thompson: Yes, we are. The particular five-year time frame is based on the primary issue that we have got a very dynamic situation that is changing rapidly at the moment, and in such a circumstance, reliably projecting beyond a five-year horizon is an extremely difficult thing to do.

However, implicit in the overall work we have done for the CADP and the bed numbers is information that we have about what, based on the current workforce profiles, we would need to staff those beds and other services. However, the reason why we are not at the moment trying to do a detailed program beyond the five years is that we expect the dynamics of supply and demand to change and the models of care that we use in our services to change over that five-year period. And, as a consequence, we actually need to review progress and review the situation before we try to lock in projections or plans for a longer term.

MR HANSON: Okay. A last one on this, if I could.

THE CHAIR: Then we will go to Ms Hunter.

MR HANSON: It is just the staff retention rates. You may not have them here, I do not know. But can you provide the committee with—

Dr Brown: Our separation rate is 8.83 per cent.

MR HANSON: 8.83. Do you have it broken down by area? I have seen that before, I think, in a question on notice once—

Dr Brown: I can give it to you by discipline. I cannot give it to you by program.

MR HANSON: Discipline is fine, yes. That is fine.

Dr Brown: It is 6.21 per cent for medical, nine for nurses, 8.61 for health professionals, 9.23 for administrative officers, 6.64 for technical officers and 9.58 for general services. And I have to say that anything under 10 per cent is regarded as being quite satisfactory in the health industry.

MR HANSON: When we—

THE CHAIR: Ms Hunter.

MS HUNTER: Thank you.

THE CHAIR: We can come back to staffing issues later if you need to.

MS HUNTER: Is palliative care under this output?

Ms Gallagher: Yes—if we are still on cancer, yes.

MS HUNTER: I did want to ask about that. I wanted to ask about some of the services there. The healthcare consumer budget submission talked about the home-based program—that it was working at capacity at the moment and that something like 80 per cent of people express a wish to die at home and only 20 per cent do die at home.

Ms Gallagher: Yes.

MS HUNTER: Why are the rates so low? Is some of it because many of them do not have advanced care directives in place, for instance?

Ms Gallagher: What rate is low? Sorry; I have just missed that train of thought.

MS LE COUTEUR: The rate of people dying at home.

MS HUNTER: Eighty per cent say that they would like to die at home; only 20 per cent do die at home. I am just wondering why that is. There may be a range of medical reasons as to why. But is some of it to do with advanced care directives—or lack of them?

Mr Carey-Ide: Thank you, Ms Hunter. It is a complex question. Firstly, I would put into context the express desire of people to die at home. I am sure that those figures that you have cited are quite right. However, the reality for many patients, and also for their carers in the home environment, is that, despite that being their stated objective, it is not always achievable. It is dependent not only on the provision of home-based palliative care services but also on the provision of a number of support services from the community, the most important of which is from their primary care provider, their general practitioner. If that general practitioner is not available to provide that backup support service for the patient and their families at home, then in most circumstances it is not possible that the objective be achieved.

MS HUNTER: I also wondered—COTA, the Council on the Ageing, put it into their budget submission—about funds to expand the respecting patient choices program. Is that running at capacity? Has that got some pressure and does it need to be increased?

Mr Carey-Ide: I will hand that one to my colleague.

Ms Trickett: The respecting patient choices program is run through our unit, and we have 1.0 full-time equivalent coordinators of that program. It is very popular. We are wanting to put a little bit more staffing towards it, which we can do from the rearrangement of resources in our area. But it is becoming more popular, and COTA and other community groups often ask our coordinator to come out and talk to them.

MS HUNTER: So you are looking at trying to rearrange some things at the moment to put more resources to it.

Ms Trickett: Yes, some resources just to address that need and resource it a bit more.

MS HUNTER: Thank you. My final question is around the ACT palliative care strategy that ends this year. I am wondering when we are going to see a progress report on what is happening with that strategy.

Dr Brown: I might ask Mr O'Donoughue to deal with that.

MS HUNTER: Thank you.

Ms Gallagher: It has been worth the wait.

Mr O'Donoughue: Thanks for that question. The steering group that overviews the strategy has been discussing the need to refresh the strategy. There will be a final report on the current strategy and its outcomes available quite soon. We have not actually determined as yet what the method for reviewing the strategy will be in detail, but that is something that the group has been looking at very recently.

MS HUNTER: The strategy runs out at the end of the year, I understand. Is it your expectation that you will have a new one in place before 2012?

Mr O'Donoughue: Yes.

MS HUNTER: Or in time for 2012?

Mr O'Donoughue: Yes, that is right. What the group and the department have been considering is whether we would use an external consultant process to derive a new strategy or whether we would do it in house. That is yet to be determined.

MS HUNTER: Who gets involved in developing that strategy? I am interested in the sorts of community groups that might be attached.

Ms Gallagher: They are all involved, yes.

Mr O'Donoughue: It is a broadly representative steering group that has been involved in the current strategy. There is the Palliative Care Society; the Division of General Practice; Clare Holland House, obviously; ACT health practitioners; and healthcare consumers. I may have left some members out, but it is pretty broadly representative. And there would be a public consultation process associated with working up any new strategy.

THE CHAIR: Ms Le Couteur.

MS LE COUTEUR: Thank you. We have been advised that HACC programs have been rolled over for a year while the government tries to sort out the separation of the services in 14 months time. What about new services which want to bid for HACC funding? Do they just wait for a year? Is there any—

MR HARGREAVES: Yes.

MS LE COUTEUR: I have had the answer from Mr Hargreaves, but is there any other answer?

Ms Gallagher: Do HACC services wait for—

MS LE COUTEUR: There has been a rollover of funding. What happens to new services? Do they just wait?

MS BRESNAN: I think it is while the new arrangements for federal—

Ms Gallagher: There is a transition period in terms of the division of responsibility, yes.

MS LE COUTEUR: What happens in this transition period to someone new? Do they wait?

Ms Gallagher: To a client?

MS LE COUTEUR: Yes.

Ms Gallagher: Coming through—

MS LE COUTEUR: No, to any organisation. If they say, "I've got a brilliant idea to solve all HACC's problems," do you say, "Come back in a year's time"?

Ms Gallagher: We know most of the HACC providers here.

MR HARGREAVES: I would say, "Go away; you're mad."

MS HUNTER: We had evidence given last Friday from TADACT. They are feeling some pressure and need access to some more funding to deliver their service. One of their frustrations is that because of this rollover, there is not that opportunity to apply for HACC funding.

Mr O'Donoughue: I would not say that. We had a sector planning day on the 17th, just two days ago. Both the commonwealth and the ACT—the Community Services Directorate and the Health Directorate—were represented on that very well attended planning day on the HACC sector.

Next year is a year of transition, but we do still anticipate growth funds being available in this financial year. So that is the first opportunity for the sector to bid or put forward priorities about growth funding. There may be some opportunities through those growth funds for transitional issues to also be funded. If, for example, organisations wanted to upgrade their IT system in anticipation of new reporting requirements, or there might be some argument for sector capacity to be enhanced in some way, that might be another opportunity for growth funds.

My recollection of that planning day is that both ACT government officers and commonwealth government officers were basically saying that they would not rule out that, if there was any emergent need that came forward in this transition year, that would be looked at. It is not that the door is shut in terms of any new proposals or new initiatives; it is simply that we are in transition. The commonwealth intends to directly

fund services above age 65, or above 50 for Aboriginal and Torres Strait Islander people, from 1 July 2012.

MS HUNTER: Would that mean that TADACT are eligible this year? My understanding is that part of the issue is that they are mainly looking at over 65-year-olds—under the changes, that will be allowed under the program but currently it is not—and those funds are not made available for that reason.

MS BRESNAN: I think one of the issues for TADACT has been that they do not actually receive any HACC funding and they have been told they do not fit within any particular criteria within HACC funding for the ACT, but in other states their counterpart organisations, particularly in WA and Queensland, are funded entirely through HACC. So there is that issue of consistency across the guidelines. I wonder if that is something that is going to be addressed with these changes that are happening federally.

Mr O'Donoughue: I cannot speak to the particularities of TADACT and their eligibility, but obviously there are national standards and guidelines for that program and we would consistently apply those in the ACT. I do not understand quite what the differences are between jurisdictions.

MS BRESNAN: It is a situation with one group, TADACT, where their counterpart organisations in WA and Queensland are entirely funded through HACC. And I think a couple around the country get some HACC funding. But here they have been told, "You don't really fit within the category." So they have not been eligible, essentially, for HACC funding.

Mr O'Donoughue: I am afraid I am not aware of the particular circumstances.

Ms Gallagher: We can have a look at that, Amanda. We can clarify that with TADACT.

THE CHAIR: New question?

MR HANSON: I have a new question. We are on 1.5?

THE CHAIR: Yes.

MR HANSON: My question is on the aged care locum service?

Ms Gallagher: The GPs, yes.

MR HANSON: Yes. I think CALMS won the tender for that. It was meant to be up and running in January, but it was delayed. You said previously that it would be some time later in the year.

Ms Gallagher: It is imminent.

MR HANSON: It is imminent?

Ms Gallagher: Yes. Actually, it is up. It is up and running. I just have not visited it. That is what the difference is.

Mr O'Donoughue: It actually commenced in March, Mr Hanson.

THE CHAIR: So it is only up and running if you visit? Is that the rule?

Ms Gallagher: No.

MR HANSON: Do you have to put a hard helmet on for that one, minister?

Ms Gallagher: I do not believe so.

MR HANSON: Good.

Ms Gallagher: I do not believe that we will need construction attire to do that.

MR HANSON: What a shame!

THE CHAIR: When did it start?

Dr Brown: It started on 21 March and by the end of April we had had 15 referrals and had established MOUs with 30 general practices and 26 residential aged-care facilities.

MR HANSON: Can you tell me how it works?

Dr Brown: Essentially, we have a client who is either at home or in a residential aged-care facility. They have a regular GP. They need a visit, a GP visit. Their GP is unable to attend during the working hours; so they make contact with the GPAC service and the GPs who are employed through this service are able to undertake that visit to the client either at their home or the aged-care facility.

MS LE COUTEUR: I thought that it was a bit more than that—that it was also for people who did not have a GP who was prepared to visit, because I know that can be an issue in terms of the aged-care accommodation. I thought it was going to solve that one as well?

Mr O'Donoughue: It really is intended to be a locum service for existing general practitioners. Unfortunately, there is the threshold issue there.

MS LE COUTEUR: Yes, you have got to get a GP first.

Mr O'Donoughue: Yes.

MR HANSON: And who pays for what?

Dr Brown: The issue is that at the end of that consultation the care goes back to the usual GP. What we do not want to build up is a cohort of patients who do not have a GP and who are relying on essentially what is a locum service.

MR HANSON: And for that locum service, because obviously there is a Medicare element to that, ACT Health then supplements an amount for each visit. How does it work?

Mr O'Donoughue: Essentially, we are funding the infrastructure through the Division of General Practice, who are operating the service on our behalf. So we are essentially funding the infrastructure which enables the contracting or employment—

MR HANSON: What do you mean by "infrastructure"? I would have thought that if they were all going out—

Mr O'Donoughue: The intake system; so that the referrals can be managed—the record-keeping arrangements and management of clinical records and their flow.

MR HANSON: So administrative staff—

Dr Brown: And ensuring that—if we rely just on the consultations, we cannot guarantee a minimum income for the GP. So I think there is a support element there.

MR HANSON: I assume that there is a support element, because if they are just relying on Medicare, the rebate is pretty small. If you do your initial visit there is an amount—I cannot remember what that is—that is not substantial. It is 40, 50 bucks or something. I assume this is a top-up amount.

Mr O'Donoughue: I am just being careful, because top-up arrangements against Medicare payments are not appropriate under the commonwealth health funding arrangements. So we are underpinning the service and in the case of CALMS, there is, for example, a red-eye shift which guarantees a certain amount of income for a person working at night.

MR HANSON: So you are giving CALMS an amount to support their service and then they are providing the top-up to their doctors, or they are putting them on a salary so they get the Medicare amount plus a salary or something. Is that what it is?

Dr Brown: I cannot speak to the exact arrangements of how they are administering the funding. We provide a quarterly payment of $147,500.

MR HANSON: Right; and do we specify an amount of patients that that covers, an amount of doctor or amount of episodes of care? How does that—

Dr Brown: Again, I cannot speak to the specifics of what is in the contract. I can tell you currently the number of doctors who have been employed by the service. They currently have four part-time GPs and they are looking to commence a 30-hour per week GP in the near future. Then we will look to expand that—

MR HANSON: And is that meeting the need or—

Dr Brown: At the moment, but it is early days.

Ms Gallagher: It will grow. The minute people know it is out there, it will grow.

Dr Brown: At the moment, as I say, it is early days. It only commenced in March; so it is meeting the need.

THE CHAIR: We are going to have to leave it there. Members will obviously recommence at output 1.5 when we resume on Monday week. We have probably finished with output classes 1.2, 1.3 and 1.4. I ask that any questions taken on notice be answered within five days. Members, if you have any further questions on those output classes, you have four days in which to put them on notice. Minister, thank you, and thank you to your officials for attending this morning. We look forward to seeing you again on Monday the 30th.

Meeting adjourned from 12.30 to 2 pm.

Appearances:

Barr, Mr Andrew, Deputy Chief Minister, Minister for Economic Development, Minister for Education and Training and Minister for Tourism, Sport and Recreation

Education and Training Directorate
Watterston, Dr Jim, Director-General
Joseph, Ms Diane, Deputy Director-General
Whybrow, Mr Mark, Director, Finance and Corporate Support
Grace, Mr Tim, Acting Director, Measurement, Monitoring and Reporting
Johnston, Ms Jayne, Executive Director, School Improvement
Cover, Ms Leanne, Executive Director, Tertiary and International Education
Collis, Dr Mark, Director, Aboriginal and Torres Strait Islander Education and Student Support
Wilks, Ms Trish, Director, Learning and Teaching
Sharma, Ms Sushila, Acting Director, Finance and Corporate Support
Bateman, Mr Michael, Director, Human Resources
Bray, Mr Rodney, Director, Schools Capital Works
Huxley, Mr Mark, Acting Director, Information Services

THE CHAIR: Welcome, minister and officials. This afternoon we will be proceeding with Education and Training, output class 1, public school education. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the yellow-coloured privilege statement before you on the table. Can you please confirm for the record that you have read and understand the implications of the statement?

Mr Barr: I do, thank you, Mr Chair.

THE CHAIR: Thank you very much. I also remind witnesses that the proceedings are being recorded by Hansard for transcription and are also being webstreamed and broadcast and will be available on Committees on Demand until 30 June. Before we proceed to questions, minister, do you have a short opening statement?

Mr Barr: I have a brief opening statement, thank you, Mr Chair. It is indeed a delight to be here again as Minister for Education and Training for the first of, I understand, three separate hearings with the committee on the various output classes within the portfolio.

As committee members would be aware, there is a sweeping national and local reform agenda in education and training. This afternoon we are focused on the output classes as they relate to primary, secondary and college education within the territory. There has been significant reform already in these sectors but there is more to come, particularly in relation to high schools and colleges. We have a number of challenges in the public system in responding to rapid population growth in the Gungahlin region. So in this year's budget you will see a number of significant capital initiatives around new schools in the Gungahlin region: extending the early childhood education model to a new school in Franklin; a primary school for Bonner; work continues on the completion of the Harrison secondary school; and of course the official opening of the

Gungahlin college will be this weekend. The college will be in operation for the first time this year with a very healthy set of enrolments for year 11 in 2011. It will of course be a full years 11 and 12 school from next year with this year's year 11s moving into year 12 and a new group of year 12 students enrolling.

There are significant investments in this year's budget in the areas of disability education and the delivery of the government's commitment to teacher salaries, particularly our commitment around establishing a six-figure salary for our best and brightest classroom teachers. We have a number of other initiatives within the budget around innovation in secondary schools, rejuvenation of school sport and some smaller initiatives in the arts and swimming areas, award safety areas, that will be met by the department this year.

That provides a quick summary of the highlights of the budget and I look forward to taking questions.

THE CHAIR: Thank you for that, minister. We might as well start with the topic of the day. The *Canberra Times* this morning has a front page that says: "Territory students go private. Historic shift away from government school system." It says that 50.4 per cent of high school students are now attending non-government schools. Minister, why is it when we have such a good school system that so many parents are willing to pay to send their children to schools other than the government provided system?

Mr Barr: You would probably need to ask each and every parent, and you would get a variety of different answers. I think this issue was covered extensively on talkback radio this morning—

THE CHAIR: Yes, it was.

Mr Barr: and there was a variety of different opinions put forward. I think one of the strengths of the ACT system is the diversity of educational offerings. A variety of educational philosophies are offered within the ACT. Some of those are offered exclusively in the non-government system. I am thinking Montessori, Steiner, for example, as well as obviously a number of faith-based educational offerings.

My concern in all of this is to ensure that every ACT school is offering quality education and that all schools are supported to achieve that. I think Canberra parents can be confident that, regardless of the school their son or daughter attends, be it in the public, Catholic or independent system, they will receive a quality education and their sons and daughters will be supported through their education.

MS HUNTER: But, minister, it has been a goal of yours to look at that drift away from public schools so I am sort of surprised that there has not been some information collected along the way about why that drift was occurring because obviously you needed to have that in order to put in place a strategy—

Mr Barr: There has been information collected—

MS HUNTER: So can you tell us about that?

Mr Barr: Certainly. There are a number of factors that impact on enrolment choices. It is important at this point to note within the context of the figures that the *Canberra Times* have reported on this morning that they include New South Wales students who attend ACT schools. When you exclude the New South Wales students from both the public and independent schools, public high schools have more than 50 per cent of enrolments from ACT students. So there is about—

MS HUNTER: So about 12 per cent of students now in our schools are from New South Wales?

Mr Barr: Dr Watterston has just shown me the figures. There are 1,519 students from New South Wales in non-government high schools and 634 New South Wales students in government high schools. So once you exclude New South Wales students from the equation a majority of ACT-based students are attending public high schools. Nevertheless, there is still a gap where more students from the ACT and New South Wales are attending public primary schools and public colleges, and that has been the case for—

MS HUNTER: But moving during high school years.

Mr Barr: Yes, and moving during the year 7 term. That has been the case for a while. We have recognised that and sought to respond in a number of ways. An example of a specific response has been the partnership between Kaleen high school, Lake Ginninderra college and the University of Canberra. That is a specific example of seeking to revitalise public education in that part of the city through a strategic partnership with a higher education provider.

I will shortly be releasing the government reform agenda in relation to high schools and colleges. The committee would remember from last year that we signalled that we would undertake a significant piece of work working with education stakeholders to prepare a major change in focus for our high schools and colleges.

I indicated in my speech to the Australian Council for Educational Leaders last Friday that there would be three key themes in this particular piece of work. The first and I think most important is around creating schools of distinction. There is in my view a sense of sameness about the public education provision, that we are not doing enough to highlight the individual qualities and strengths of our public high schools and giving them greater capacity to specialise and to develop strong educational partnerships with other education providers and with the business and community sectors. So we seek to strengthen outcomes there.

We also seek through our youth pathways and youth commitment around requiring participation in education, training or employment for young people up to 17 to strengthen educational pathways. So our network-based system now where we have four school networks and greater linkages between primary schools and high schools and high schools and colleges is another important element. Also in my view we need to focus very strongly on gifted and talented education, on providing opportunities for students who are disengaged to re-engage with the education system.

They are the main areas of focus within the strategy I will release next week. Obviously there will be a lot more detail. This particular agenda has been through the cabinet process. It is Public Education Week next week and I will be using that opportunity to launch this strategy for renewal of public high schools and colleges.

THE CHAIR: Minister, you are quoted in the paper this morning as saying that there are a number of factors which contribute to the issue and that it does demand a response from government. I note that you will release this strategy next week. Hopefully the strategy will be evidence based. What process do you have in place to capture information about why parents moved their students from the government to the non-government sector?

Mr Barr: We undertake annual research: the school movement survey and parent, student and teacher satisfaction surveys. We have worked extensively in the development of this strategy with key education stakeholders from across the city, working through, I think, three phases of consultation in relation to the development of this strategy, seeking to recognise a dynamic and changing environment within Canberra, significantly different demographic trends.

So in Gungahlin you are seeing a population boom, new suburbs, many families with kids about to enter into the high school years. In other parts of the city you are seeing a different level of demographic change where in fact kids have grown up beyond their high school days and are moving on to college and beyond. That has impacts on enrolments within our schools. So there are some that are located in areas where the total—

THE CHAIR: But apart from the demographics what are the parents telling you? What are the reasons why people shift from a free system to a system where in some cases they pay very expensive fees?

MS HUNTER: I want to add to that around the talkback this morning. Obviously that was only a small number of people at any one time but I have heard it too, this perception that there is no discipline in public schools, which as a parent of three children in the public system I find ridiculous; but it is a perception out there. The other one is around uniforms. Could we look at that issue as well?

Mr Barr: Certainly. Mr Grace may be in a position to provide—

Mr Grace: I can give you the evidence behind the school movement survey. Since 2009 through to 2010 we ran three school movement surveys to do exactly what you were saying, to try and find out why parents are moving children in and out of public schools, and last year we decided that we were finding the same thing over three years so we ended up doing a final report.

The key findings to that final report were that over half, or 58 per cent, of the in-scope students who entered an ACT public school in 2010 were starting kindergarten. Half, that is 51 per cent, of the in-scope students who left the ACT public school system in 2010 went to a non-government school in the ACT. The quality of education was the most common response parents gave for moving their child from an ACT public school to an ACT non-government school and the most common factors parents

considered when selecting their new school, which was a non-government school in this case, were quality of education, 96 per cent; reputation, 92 per cent; school culture, 87 per cent; school facilities, 73 per cent; peer relationships, 70 per cent; and the location of the school, 70 per cent. So they were going from the government sector to the non-government sector. Then we also looked at the students that were coming from the non-government sector into the public sector. There were seven per cent of students in that group.

"Personal reasons" was the most common response parents gave for moving their child from an ACT government school to an ACT public school. The most common factors parents considered when selecting a new public school were location, 79 per cent, and quality of education, 76 per cent. The most common factors for a student leaving school in 2010 prior to completing year 10 or after starting but not completing college were personal reasons, 35 per cent; employment related, 26 per cent; and peer relations, 21 per cent. Seven in 10, or 70 per cent, of these early school leavers were engaged in some form of employment and/or study outside the traditional school environment.

So for three years we have gathered this data and it tends to say the same thing over those three years.

MR HANSON: Mr Grace, can you quickly just run through again the reasons for leaving the public system and going to the independent system? There was a number—

Mr Grace: Yes. The most common factors parents considered when selecting the new school were quality of education, 96 per cent; reputation, 92 per cent; school culture, 87 per cent; school facilities, 73 per cent; peer relationships, 70 per cent; and the location of the school, 70 per cent.

MR HANSON: Thank you.

MR HARGREAVES: Mr Grace, can you tell us what the actual numbers are going both ways over the whole number of people in the ACT?

Mr Grace: New students starting kindergarten are 2,287—

MR HARGREAVES: Which way?

Mr Grace: which is 58 per cent, as I said. There were 257 students that were moving out of a public school to a non-government school. From New South Wales we had 405 students; other schools from around Australia, 474; overseas schools, 472, and other reasons unknown, 37 students.

MR HARGREAVES: And the totals of that and also the totals of people in the systems?

Mr Grace: Sorry?

MR HARGREAVES: And the total number of students in both systems?

Mr Grace: You are looking at a total number of students of just under 4,000—3,932—

Mr Barr: Who were in the survey? Do you mean within the entire system?

MR HARGREAVES: I mean in total. What I am trying to get is an idea of the movement within the total cohort. That is what I am trying to get at.

Mr Barr: This year's census showed 66,144 students enrolled—

MR HARGREAVES: So we are talking about 400 people out of New South Wales out of 66,000 people, are we?

Mr Barr: Yes. And your question about how many in each sector—39,010 in the public system, 13,786 in independent schools and 13,348 in Catholic systemic schools.

MR HARGREAVES: What I was hearing was that there was a lot of movement around the 400 mark and we need to look at those in the context of those 39,000 et cetera that you start with?

Mr Barr: Yes, that is true, equally recognising, though, that there were a number of movement points, if you like, or decision-making points—from preschool into a primary school setting; primary school, say year 6, making a decision about where to go for high school; and then year 10, making a decision about where to go for college. The overall trend that has been fairly consistent for a decade now, as I alluded to at the beginning, is that there is strong enrolment in the public system for primary school and college but a dip in years 7 to 10. That is the area that we need to focus on. A lot of this debate is really hinging on the enrolment decisions of 10 percentage points of a cohort of about 20,000. As you have indicated, Mr Hargreaves, the decisions of several hundred families with their sons and daughters swing this either way.

MR HARGREAVES: And can I also ask this. The underlying theme in the *Canberra Times* today was about people shifting from one type of school to another. Do we have numbers for the people who are shifting from one public institution to another and another from one private institution to another? And isn't it valid that we consider those numbers in the whole context?

Mr Barr: Yes. Obviously there are students who move schools within systems. So in fact there would be four sets of data that you would look at. There would be students who move within the public system, students who move from public into independent, students who move within the independent system and students who might move between independent and Catholic—and at various stages of their education. One of the things that was apparent in terms of the talkback this morning—and it has been when this issue has been discussed ever since I have been education minister—is that in a number of families they have students in a multiple number of systems.

THE CHAIR: But it does beg the question of why that is so.

MR HARGREAVES: Mr Chair, I wanted to finalise the supplementary. Can the

committee have the numbers that we are talking about?

Mr Barr: Certainly. That information is available on the department's website and the school movement surveys, but we can certainly consolidate that.

MR HARGREAVES: Old people do not read websites, minister.

Mr Barr: We will provide a printed copy of that information.

THE CHAIR: So the final report is on the website?

Mr Barr: Sorry, the final—

THE CHAIR: You mentioned a final report. Is that on the website?

Mr Barr: Yes.

THE CHAIR: Ms Hunter; then Mr Doszpot and then Mr Hanson.

Mr Grace: Sorry to interrupt; I can provide those figures.

MS HUNTER: Getting into detail of particular figures probably is not the best use of the time just at the moment.

Mr Grace: Okay; sure.

MS HUNTER: If we can have those documents, that would be very useful. I want to go back to two of the reasons—probably the top two reasons—for that movement. On talkback this morning, there was talk about discipline and so forth, but really what has come out of this survey, of the ones surveyed, is around the quality of education. The second I heard was reputation and the third was school culture. Is that right?

Mr Barr: Yes.

MS HUNTER: I want to get a bit more information around that. What is it about the quality? Why is there this idea that the quality of education you would receive in a public high school is less than what you would receive in a non-government school?

Mr Barr: That is an interesting question—

MS HUNTER: Do you get qualitative information in these surveys?

Mr Grace: Through the satisfaction surveys.

Mr Barr: Yes. There is a counter-question I would pose in that in the further data that Mr Grace provided the top reason for moving out of private education—one of the top reasons—was also quality of education.

MS HUNTER: Yes.

Mr Barr: So it is—

THE CHAIR: A far smaller number though, minister.

MR HARGREAVES: But it is about percentages; you cannot talk about percentages in terms of numbers.

Mr Barr: It is simply the case that—

MS HUNTER: So it may be that the particular school did not match the needs, the expectations or whatever it was for the child and family.

Mr Barr: Of the particular student, yes.

MS HUNTER: Is that what you are—

Mr Barr: Yes, that is right. I go to the point I made earlier. One of the perceptions, if you look at the enrolments within individual public high schools, is that those high schools that have waiting lists within the public system or are fully subscribed have particular reputations around gifted and talented education and have particular specialisations. I am thinking here of schools like Telopea Park and Lyneham high, for example, which, in addition to drawing on a different socioeconomic cohort in their priority enrolment areas, also have particular reputations around quality programs and gifted and talented education.

One of the challenges that we have is to ensure that the sort of reputations that schools like Lyneham, Telopea, Alfred Deakin and Campbell have spread throughout the public high school system. That goes to a challenge around the schools of distinction that I talked about at the beginning—to enable those schools to have a greater sense of individuality and more autonomy, which is again part of the government's reform agenda.

MS HUNTER: Have you done some digging to get some idea around those schools where there may need to be some work done around this reputation in the community?

Mr Barr: Yes, and—

MS HUNTER: I am not necessarily saying that I want a list of names of schools here. That is not what I am asking for. I am wondering if that work has been done and what sort of strategies you are looking at.

Mr Barr: It has, and as a measure of this one need only look at the percentage of students within the priority enrolment area of a particular school and what percentage choose that school. For example—this is one I remember distinctly from five years ago—the old Kambah high school was attracting, I think, around 30 per cent of the students who lived within its priority enrolment area. Seventy per cent were choosing to go somewhere else, were bypassing their local school. That required a dramatic response. We delivered one in the context of a $55 million new facility with a changed culture and a particular emphasis on quality education.

That sort of strategic response was also provided in west Belconnen for the old Ginninderra district high school. That was, I think, in an even worse situation in terms of the percentage of enrolments it was capturing within its enrolment area. So there have been significant investments by government in those areas.

MS HUNTER: Another strategy, I guess, is this one you have just talked about in your opening statement, this partnership between UC, Lake Ginninderra college and Kaleen high school?

Mr Barr: That is correct, yes.

MS HUNTER: And you are hoping that that will be a successful partnership?

Mr Barr: Yes. It provides some tremendous opportunities for that region. Another example relates to the Melba Copland secondary school—a different model. It is the only public school within our system that offers seven to 12 education, so again providing some choice within the public system, providing a distinctive option. Melba Copland are focusing, for example, on the international baccalaureate program, so they are looking at doing something different from what you might expect of an outer suburban high school.

THE CHAIR: Mr Doszpot, a supplementary; then Mr Hanson.

MR DOSZPOT: Thank you. Minister, in 2006 your government overhauled the public school sector by closing 23 schools. At the time you indicated that we would see the benefits of this. Is today's front page the benefits that we are seeing?

Mr Barr: The benefits of the structural reform of education have been there to see in terms of student outcomes over the last five years—the capacity for the government to invest very heavily in enhancing the quality of public education in the territory. If you look at the results that this jurisdiction has achieved, they are very good when benchmarked against other states and territories. As a result of those reforms we have been able to enhance pastoral care support within our public high schools. We have been able to invest in enhanced language education, enhanced sport education and enhancing the arts within public schools. We have been able to invest significantly in more disability education support within the public system.

We have been able to invest a record amount in renewing school infrastructure as a result of those difficult reforms in 2006. If we were having to maintain an additional 23 school buildings in 2011 with existing resources, we would have to spread our resources too thinly. We have, through those reforms, freed up the capacity to invest in new schools where they are needed most—and that is in Gungahlin. You see that in this year's budget and in previous budgets—Gungahlin college, Harrison high school, Franklin early childhood school and the Bonner primary school, funded in this year's budget, where there is strong demographic growth.

But the demographic changes that were at play in 2006 continue in many parts of Canberra and you see changing student cohorts. The real growth is in Gungahlin. If we project ahead over the next five to 10 years as the new suburbs come on line in the

Molonglo valley, there will be a need for education provision in Molonglo and that is where we need to focus our infrastructure spend. But equally, Mr Doszpot, through our high school and college renewal strategy, and given the significant levels of investment from the commonwealth government through the BER program in primary schools, our focus in terms of infrastructure renewal needs to be in high schools and colleges in the years ahead.

MR DOSZPOT: You mentioned that five years ago you overhauled the public school system. You shut down 23 schools. Today you are quoted as saying:

> … public schools and colleges will be overhauled and better marketed to Canberra parents.

Are you looking at closing any more schools in this new overhaul?

Mr Barr: No, but we are looking, as I indicated, at providing greater support for schools to specialise, to innovate and to be distinctive. You will see an initiative in this year's budget around a secondary school innovation fund. I said to the Australian Council for Educational Leaders last week that I will back high school principals and college principals who want to innovate. The funding will be there for them. As part of our school autonomy trials, we are certainly seeing some very strong take-up from the high school and college sector.

MR DOSZPOT: In budget paper 4, on page 318—

THE CHAIR: Is this a new question or a supplementary?

MR DOSZPOT: Sorry, it is a new question.

THE CHAIR: Mr Hanson has a supplementary question, and Ms Le Couteur does. Then I might close the session.

MR HANSON: Minister, I remember a debate that we had in the Assembly in 2010 or 2009. I would have to go back and look at the *Hansard*, but I remember the debate distinctly. What it was about was that there had been a net growth in public school attendances comparative to independent schools. I think that equated to 50 students, but at the time you lauded this as a measure of success and claimed that this was a great success for the public system and something that demonstrated that your strategies in attracting people to the public system were proving that you had done your job essentially as a minister and that you were providing a good public system. Today's figures which we have seen in the *Canberra Times* seem to suggest the alternative. If back then you were claiming that the transfer rates were going one way and that was a great success, do you accept that, if we are seeing a decline in those numbers and an increase in the number of people that are going to the independent sector as opposed to the public sector, that does represent, by your own measure, a measure of failure?

Mr Barr: I think the debate was in 2009, and it would have been when, for the first time in a decade, public school enrolments increased from 38,230 to 38,280. That was the 50-student increase.

MR HANSON: That is the one.

Mr Barr: The following year, enrolments increased from 38,280 to 38,853. This year, enrolments have increased from 38,853 to 39,010. So the increase in enrolments in the public system continues.

MR HANSON: Yes, but that is because we have population growth, isn't it? Let us be frank here.

Mr Barr: I have acknowledged that we have seen a decline in high school enrolments, but we continue to see an increase in enrolments, particularly in public primary schools and particularly as a result of the policy change that we made to put a strong emphasis on early childhood education and to integrate public preschools into our primary school system. What we are seeing, if you look at the census data, is that whereas previously the market share coming out of preschool was about 60 per cent public and 40 per cent non-government, that is increasing to more like 70 per cent public and 30 per cent non-government as a result of that particular initiative and our focus on early childhood education. We continue to innovate; we continue to support public schools; and we continue to provide new infrastructure and enhanced facilities for our public schools, particularly in the areas of high growth.

MR HANSON: Sure, but by your measure of success that you are using on the one hand, you must accept a level of failure on the other where the statistics show that the number of enrolments—

Mr Barr: No, the context of your question and of that debate was that for every year for a decade we were losing the equivalent of one or two schools worth of students. Since 2008 the system has been growing again and we have been adding in the last two years the equivalent of three new schools worth of students into the public system. That, surely Mr Hanson, is something that even you would celebrate.

MR HANSON: I think that in some areas, yes, we have seen a growth and that is good, but in other areas we have seen a decline. I think that—

Mr Barr: There are demographic changes occurring in Canberra. There are some areas of rapid growth and some areas of population decline amongst school-aged kids.

MR HANSON: Yes, but it is not just demographically. We are talking about in the secondary and the colleges.

Mr Barr: There has actually been growth in college enrolments.

MR HANSON: Comparative growth we are talking about—the comparison between the public and independent sectors is what we are talking about here, isn't it?

Mr Barr: But there is also increased capacity in non-government schools as a result of government intervention and government financing to provide those schools with infrastructure, mainly through the building and education revolution program and the national school pride program. So there is increased capacity within the non-

government sector to take additional enrolments, just as we have been funding increased capacity within the public system.

MR HANSON: There is increased capacity in the public sector as well, so—

Mr Barr: That is right, we have been driving that too.

MR HARGREAVES: Next.

THE CHAIR: Ms Le Couteur.

MS LE COUTEUR: I was going to ask you: what are the innovations in public schools which were promised last election? I refer to smaller class sizes. Could you talk about how far you have gone on that line. Has it actually seen any improvement in delivery of education?

Mr Barr: Sure. The government went to the 2008 election with a commitment to average class sizes of 21—

MS LE COUTEUR: Yes.

THE CHAIR: It is good when you copy policies, isn't it?

MR DOSZPOT: A great initiative.

Mr Barr: and we have provided in the 2009 budget—once our friends have finished interjecting—from memory, $22.6 million worth of additional funding to enable an average class size of 21 across the entire education system. So we did provide the bulk of those new resources into high schools, in fact. So I understand that it equated to roughly 70 additional teachers and approximately 50 of those were into the high school system. So we have—

MS HUNTER: So you based that on need? You identified that that is where the need was rather than this blanket approach of every class has to have 21 and that somehow is going to equate to quality education.

Mr Barr: Indeed, that is correct, Ms Hunter. We have also sought to provide principals with the flexibility within a resource allocation of an average of 21 to be able to have some classes considerably smaller than that where there is demonstrated educational need, and in other contexts a class size slightly larger than 21 may be appropriate for a variety of educational activities, as long as there is an average across the board of 21.

MS HUNTER: But it is matching need with resources, which is the key issue, isn't it?

Mr Barr: Absolutely, and giving principals the capacity within their staffing structure to respond to the needs of their students in their school.

MR HANSON: Can I just clarify a point on the language there? How can it be that it

is considerably smaller but only slightly larger? How does that work?

Mr Barr: Because there is a volume effect, Mr Hanson.

MR HANSON: Is there?

Mr Barr: You could have a number of classes that are smaller. That might be in the context of a school—say, you have 20 classes. You might have two or three that are 10 to 12 students and then have five or six that have 23 or 24 and you would still achieve your average.

THE CHAIR: If we go to the heart of it, though, you ague the numbers—that it is a small number that takes it from less than 50 per cent to over 50 per cent, but is it not—

Mr Barr: And once you exclude New South Wales students it is actually over 50 per cent.

THE CHAIR: But you have New South Wales students in your colleges and in your primary schools.

Mr Barr: Sure but the—

THE CHAIR: So what applies to one sector applies to all sectors.

MR HANSON: Whichever way you cut the number, it is huge.

MR HARGREAVES: Hang on a second!

THE CHAIR: Excuse me, the problem is this: we have about 64 per cent of students in our government primary schools and it drops to under 50 per cent for our high schools. What is causing—

Mr Barr: I think 64 might be slightly over the—

THE CHAIR: What is causing that almost 14 per cent differential? I note that you have made your pitch about five years of reforming the system. Your quote in the *Canberra Times* this morning is that we need to rebuild public confidence in public high schools. After five years of reforms, why is there this lack of confidence in our public high school system? Clearly, there is confidence in the primary sector and there is confidence in the college sector. What is wrong with our high schools that 14 per cent of parents shift their students out?

Mr Barr: We have undertaken the research to determine that. As Mr Grace indicated, there are a number of factors that contribute. Perceptions around quality of education, perceptions around discipline, perceptions around peer group and status are all part of it—

THE CHAIR: Okay, but why have not your reforms of the last five years fixed that? Why is it getting worse—

Mr Barr: In some instances they have been successful and in others they have not. So we have been analysing that and looking to respond through the initiatives that I will outline next week.

THE CHAIR: The chief executive of the Association of Independent Schools rightly points out—and I will quote what the *Canberra Times* said—that census figures did not reflect the true extent of demand for non-government places as most schools had waiting lists. If the capacity was there in the non-government sector, how much worse would this be?

Mr Barr: I am not sure how many students are on multiple waiting lists within the independent system.

THE CHAIR: Sure.

Mr Barr: I am aware that there are students who are on waiting lists to attend certain public schools.

THE CHAIR: Indeed.

Mr Barr: So that is a difficult question to answer. If you had unlimited capacity, then I am sure there would be some schools that could—there would be some schools possibly that would be empty but there would also be some that would be very, very large.

THE CHAIR: Enormous, yes.

Mr Barr: And schools face this challenge in relation to how many enrolments they will accept before they might view that some of the integral elements of what makes their school special are compromised.

THE CHAIR: So when do you expect the re-confidence to be rebuilt in public high schools?

Mr Barr: Look, I suspect that this is something that is a long-term—it will be a long-term reform project. It will not turn around in one year or two. I would anticipate that you would need at least another five years, noting that—

THE CHAIR: You have already had five; so another five?

Mr Barr: the decision making point—you get one chance each year at your share of year 6 enrolments. So in respect of the changes in the context of a couple of hundred students and decisions one way or the other influencing this outcome, you would need a number of years—

THE CHAIR: I am sorry. I need to pull you up on that point. It does at the margin. It does on what side of 50 per cent it drops on. But the major problem that you need to address is that you have got a 14 per cent differential—

Mr Barr: Indeed, and that is why it will take more than one year. You cannot turn 14 per cent around in one year. That is my point. You have perfectly illustrated that. Even if you were to switch from 50-50, if this year's year 6 enrolments that are making a decision about where to go for year 7—if you were able to capture 60 per cent market share of this year's year 6 that would flow into year 7, you would then only be impacting 25 per cent of the totality. So in order to get a full cohort through, we are talking at least four years to get to fill year 7, year 8, year 9 and year 10.

THE CHAIR: So it will be a 10-year reform process from once you start?

Mr Barr: It is a long process, yes, because it has taken 15 years for this trend to flow through to this point; so it will take as long to turn it around. But I would like to see—a measure of this in the next three or four years will be what percentage of year 7 enrolments the public system captures. We will get data on that, obviously, in the census each year as we move forward.

THE CHAIR: Mr Hargreaves has a supplementary and Mr Doszpot has a supplementary. Then we will start a string of new questions.

MR HARGREAVES: Mr Grace, you talked about reasons for people's decision to move from one cohort to another. Cost, was that—

Mr Grace: Cost, no. No.

MR HARGREAVES: It was not that? I am interested to know this. I refer members and visitors to pages 324 and 325 of budget paper 4. What is indicated on page 324 is the average cost per student per annum in public primary schools, preschools, high schools et cetera. What I would be interested to know—it may be that you need to take this away, find out and come back to us—is how much it is going to cost in the private sector for primary schools, preschools, high schools, secondary colleges, special schools and mainstream schools with students with a disability so that in fact we can compare apples with apples.

If you read that illustrious journal, the *Canberra Times*—the fourth estate bible of the thinking man—then you will naturally enough be guided in a certain direction. I actually do not want to be guided in that direction. I like to be guided by fact, so—

Mr Barr: Mr Hargreaves, are you—

MR HARGREAVES: I am asking for those sorts of numbers to be provided to the committee.

Mr Barr: Yes, to the committee, certainly.

MR HARGREAVES: Further, could I ask whether or not it would be a reasonable thing for those sorts of figures to feature in budget and annual report figures and papers going forward?

Mr Barr: Mr Whybrow might be able to—

MR HARGREAVES: Do you have the figures now?

Mr Barr: Yes, we have some of the figures.

Mr Whybrow: Some of these figures are already available as part of the national report on public schooling. You would also see that the My School website has financial data on it—

MR HARGREAVES: With respect, Mr Whybrow, old people like me do not read websites.

Mr Whybrow: I am trying to clarify things as well.

THE CHAIR: I will print it out for you, John.

MR HARGREAVES: Thank you.

Mr Whybrow: The breakdown, though, on that My School website is by school; so there is no differential between preschool, primary or high. Our capacity to actually get that level of data from the non-government schools in our current funding agreements—we do not have the capacity to specifically request that data. That would require a change to our existing arrangements.

MR HARGREAVES: So what you are telling me is that they are not telling you how much it cost them. We are the general public out here making decisions about our children's schooling and we cannot go to somewhere general and say, "How much is it going to cost me in private school A versus public school B?"

THE CHAIR: Just let him finish the answer, Mr Hargreaves.

Mr Whybrow: If I can clarify, I have been working on the financial working group with ACARA on the My School website. We have been working for over 18 months to get consistency. Each system has different accounting rules. Each system has different arrangements. To get like compared with like is not as easy as saying, "Let's just pool the numbers together."

There are examples where some school systems are cash only. You would have heard in Senate estimates on the hill probably about three months ago that there were questions about differences between My School website average costs versus the national report on government schooling costs.

They are different methodologies. Some have in them things like a user cost for capital. Our figures here have depreciation in them. The My School website does not. So the most important bit here is to use comparative figures or else it can be confusing. Our most comprehensive approach on that comparison is the information presented in the My School website.

MR HARGREAVES: I appreciate that; thank you very much. I guess the worry that I have is when we are trying to get a picture about why people actually move from

point A to B. With respect to the numbers that Mr Grace has given us, I would suggest to you that cost is, in fact, one of the issues that people take into consideration when moving from point A to B and, indeed, moving from one public school to another. Mr Whybrow?

Mr Whybrow: Mr Hargreaves, as to the information that Tim Grace has there, I think third on his list was personal reasons. I suspect personal reasons relate to financial as well.

MR HARGREAVES: Mr Smyth and I have had conversations about the way in which information is presented in budget papers and annual report papers. I am concerned that if a set of numbers pops up and I read it in its raw state it will lead me to a certain conclusion and that, without that balance, I could end up with the wrong conclusion. I would suggest that if we do not have that kind of information printed side by side then we are not necessarily going to reach the right conclusion here. I would be urging caution about conclusions reached from reading that particular accountability indicator on page 324.

Mr Whybrow: If I also identify caution within the use of the financial data on the My School website, there are significant differences between the cohorts of students involved. The particular drivers in the ACT are things around the size of the school, the number of students with disability—because that is a needs-based issue—and the number of students with English as a second language. They are the three largest factors that determine per capita costs in the ACT.

MR HARGREAVES: Thank you.

THE CHAIR: A quick supplementary, Mr Doszpot, then Mr Hanson and then a new question from Ms Hunter.

MR DOSZPOT: Mr Chair, this partly touches on what Mr Hargreaves was talking about and partly what we have been discussing for the better part of 50 minutes. We are talking about the decisions that parents make, the choices they make, based on the way they feel about the system their kids are in. Using budget paper 4 to illustrate my question—my question is under budget paper 4, strategic indicator 4.1, page 318—we are talking about the overall satisfaction of parents and carers with the education provided at their public school. In 2009 the overall satisfaction of parents was 85.3 per cent. There was a target for 2010 of 86 per cent. The actual we reached was 81.7 per cent. So nearly 20 per cent of parents were not satisfied with their public schools. What I am getting at is: having had that feedback from the parents, we see the target for 2011 being 87 per cent. What we would like to know is: how are we addressing all these issues and, if there has been such a huge drop from the 2010 target to the 2010 actual, what are we doing to correct it for 2011, instead of putting an arbitrary, artificial target, perhaps, which does not bear much comparison to the reality of the way figures have gone?

Mr Whybrow: There is a subnote to that which is talking about a revised methodology. The original target that had the higher figure there was based on—we have an assessment scale which is either a five or seven, I think, and there is a neither response: "neither satisfied nor dissatisfied". The target was set on the basis of that

"neither" amount being counted as the positive. That has happened for a number of years. The auditors were not happy with that approach. We have since revised the methodology so that we are forcing a change in choice. But the issue here is that there is not a dramatic change in the responses we have got. The issue has been that there has been a change in what we have counted as a positive response.

There was a five-point scale—very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied and very dissatisfied. People who said "neither" were counted in a positive. They have now been counted as a negative. That is the change in those years. It is not about a change of what has happened with the system; it is a change in how we have measured it. Mr Grace should be able to provide further detail on that.

MR HARGREAVES: Before you do, has any backcasting been done?

Mr Grace: I did not hear the question.

MR HARGREAVES: Has any backcasting been done to see what methodology has applied in previous years?

Mr Grace: Yes. The backcasting, as you call it, shows a consistent. If we had not been asked to modify the methodology we would have been getting figures like the 83s, 85s and 86s. But we agreed with the auditor that if we were going to report on "Do you agree?" then we could not really include the "neither agree nor not agree". When you say 20 per cent disagree, it is not actually disagree; a large percentage of that 20 per cent neither agree nor disagree. We took that on the chin and thought: "Let's leave the target where it is. We know that for a few years it's going to take a punch in estimates, but let's leave it there and see what we can do to lift our game."

MR DOSZPOT: This is not only last year's that I am referring to. This has been going on for a number of years. The anomaly has not only just occurred because of the way you calculate it.

Mr Grace: We did it a little more legitimately than Mark was suggesting. The "neither agree nor disagree"—

MR HARGREAVES: You are not suggesting that Mr Whybrow does things illegitimately!

Mr Grace: We apportioned it. We used a very clever apportioning model. We worked out what percentage of parents were in the "agree" zone, which were in the "disagree", and we apportioned that middle zone according to that proportion. It was not the whole of the "neither agree nor disagree" that we added to the "agree". It was a very—

MR DOSZPOT: Mr Grace, I guess what I am saying is that it is not so much the mathematics of how we calculate the figures; it is what the parents are actually saying. That is what I am trying to ask: are we addressing the actual issues that the parents are bringing up? The percentages are important, but it is even more important to address why those percentages are leading to those conclusions.

Mr Grace: Yes.

MR HANSON: The issue of discipline is given as a factor by parents in that change. I am reflecting on a couple of issues that we have seen recently. One was the failure to support the principal of Lanyon high who was trying to impose discipline on his students. The other issue was about providing principals of public schools with the ability to suspend their students for 20 days. There was a big argument about that. You said it should only be 10 days. It just seems that, when it comes to discipline, it is not just a perception—it is not because the principals do not want to but because essentially you are not allowing them to. The discipline at public schools is not able to be at the same level as independent schools because of the policy settings of this government. It is just not backing up its principals.

Mr Barr: Let me firstly correct your statement. Mr Doszpot would know that this is incorrect, in fact. I think you are referring to the position that Ms Hunter might have adopted in relation to principal suspension powers. In fact, there was an agreement—the legislation passed—on 15 days.

MR HANSON: That was not the original agreement, Mr Barr. Go back and reflect on it. That is not what you wanted. You came to a compromise of 15 days in the end.

MR HARGREAVES: This is a question, Mr Hanson, not a conversation.

Mr Barr: There was agreement on 15 days—

MR HANSON: That is not what your position was, Mr Barr.

THE CHAIR: Mr Hanson, let him answer.

Mr Barr: I think if you wish to you should go back and have a look at the initial bill that I put in. You did not support it in the first instance. It was defeated by a combination of Greens and Liberals voting against my bill for different reasons. You did not think it was hard enough.

MR HANSON: That is right.

Mr Barr: Ms Hunter's party did not want to support it because they thought it was too harsh. So we reached a compromise, Mr Hanson.

MR HANSON: I rest my case. You did not think we were hard enough.

Mr Barr: It was a compromise you were happy to support, Mr Hanson. If you are now unhappy with—

MR DOSZPOT: In the interests of education, Andrew.

Mr Barr: Thank you, Mr Doszpot.

THE CHAIR: Enough of the history lesson—let us answer the question, shall we?

MR HANSON: We will reflect on where you started the debate and got dragged to a point.

MR HARGREAVES: Are you bringing in the guillotine or not?

MS HUNTER: Can we get on with the question because I have got a number on my list?

Mr Barr: In relation to the first part of your statement, I think it is important—and I reiterate it—that principals will be supported in maintaining discipline within their schools. But one must always ensure accordance with the laws of the territory, Mr Hanson.

MR HANSON: Human rights? Is that what you are—

THE CHAIR: All right. Ms Hunter with a new question.

MS HUNTER: Thank you, chair. I did want to go to the issue of public high school education. I am hoping that we are able to move between these outputs generally as education this afternoon?

THE CHAIR: Yes.

MS HUNTER: It was about improving secondary education in public schools. I guess it is, in a way, linked to some of the discussion we have had so far. The area I wanted to ask some questions around concerned particular teachers and positions. It was really around maths teachers, teacher librarians and school counsellors—and getting some idea around what vacancies, issues or challenges there might be in recruiting to those positions. I am particularly interested in the issue around maths teachers. My understanding is that there are a number of teachers out there teaching maths in our high schools at the moment, for instance, who do not actually have a maths qualification. I just want to get some idea around those issues, those positions. It is really about how many teachers are being asked to fill gaps in an area that they do not necessarily have a qualification in.

Mr Bateman: It is a difficult question to answer because we do not centrally keep figures on teaching areas in the current HR system. The way it works in terms of recruitment is that when principals come to recruit a teacher they will look at their overall qualifications and make a reasonable assessment of whether they meet the needs of the school. Generally, we would classify a maths teacher based on the amount of mathematics which was included in their tertiary qualification. However, once a teacher is in the school, principals will make decisions about where best to deploy.

MS HUNTER: Do we have an issue with a lack of teachers who have a particular specialty around, say, maths or science? Is there an issue in our schools at the moment?

Mr Bateman: You could safely say that recruiting maths teachers is an area of recruitment need. We would find the same in every jurisdiction—that recruiting

mathematics teachers is somewhat problematic. There are other areas where we have varying demands from year to year, but consistently mathematics would be one of those areas.

MS HUNTER: What is being done in the ACT or federally around this issue?

Mr Bateman: We have not done anything specifically around that issue. We did a retraining of primary teachers into high school mathematics. I think we were targeting to about the year 8, year 9 level a few years ago now. That was the last major initiative that we embarked upon. We are always in constant dialogue with universities about the need to recruit students into those disciplines. However, the current cohorts and universities would be strongly in favour of primary school education. It seems to be an easy area for the universities to take on students. Nationally that has been identified as an issue and we are working with the universities to try and switch the focus from primary education to secondary education. That is something that we picked up through standards and the national work that has been done around the national partnerships, but that will take some time before it is obvious in the schools.

Mr Barr: At the national level there have been two specific initiatives that we have supported—teach next and teach for Australia. With Victoria, we have been the first jurisdiction to take up associates, as they are known, under those programs. Dr Watterston is in a position to talk a little further about those initiatives.

Dr Watterston: Teach for Australia is a strategy that has already had two years of implementation. The idea for teach for Australia is that graduates in other areas from university can take up a teaching position before moving into their chosen field, and we have five in the ACT at the moment. They then develop a teaching qualification on site, if you like. They work with the University of Melbourne and have personal support, tutors and mentors. It mimics a similar program in the US—teach for America. The percentage of people that then stay on in teaching is quite high—and also the number of teachers that then come back into teaching later on when they have been into their chosen field.

Teach next is a program that has been identified and is being rolled out at the moment; it has not actually started. It is a very similar program that targets people in the second half of their career, if you like. People that have worked in an industry or an organisation with university qualifications then come across to teaching with a view to staying there for the rest of their career. There is probably more permanence attached to that, the idea being that we attract people who have qualifications that are in great need within all jurisdictions around Australia, as Mr Bateman said. There is hope around those strategies. It is certainly an innovative way of trying to get the expertise that does not seem to be flowing in sufficient numbers through the university system as it currently exists.

MS HUNTER: So it is very early days. We have got five in teach for Australia. Have we got any in teach next?

Dr Watterston: No. Teach next is just being rolled out now; it has not actually started. It will start in 2012. Teach for Australia is gathering momentum and growing as a

program.

MS HUNTER: And could we have the numbers on—well, Mr Bateman, you were saying you do not keep this information on who has qualifications, so am I understanding from—

Mr Bateman: We keep the information on those qualifications, not where they are teaching necessarily in the—

MS HUNTER: No, but I am wondering how many of them—

Mr Barr: So are you looking for information on how many people teach within our system who have maths qualifications? Is that what you are looking for?

MS HUNTER: Thank you. Yes, minister. That is the—

Mr Barr: Yes. That we do have.

Mr Bateman: We can look to see what we can get on that.

MS HUNTER: That is the information I wanted.

THE CHAIR: But we do not know if they are using that qualification or teaching in another area? Yes, okay. Now Mr Doszpot, a supplementary to this and then Ms Le Couteur with a new—

MR DOSZPOT: Mine is a supplementary. I have much the same concerns as Ms Hunter has, but, specifically moving on—she has already expressed a fair few concerns on the mathematics side—I would like to know how many high schools and colleges do not currently have teacher librarians. I would also like to know how many years this situation has existed for in those schools. I would also like to know when will this problem be attended to. In other words, do we have a policy to fix that problem, or are we trying to phase out teacher librarians?

MS HUNTER: As Mr Doszpot has picked up, I also had asked about school counsellors, so maybe you want to answer that one too?

MR DOSZPOT: Yes.

Dr Watterston: So our resident teacher librarian expert will speak.

Mr Bateman: I will start around the policy side of it. As I said before, principals make the decision about how they deploy their staff and what they recruit, so there is not necessarily a policy that says there must be a teacher librarian.

MR DOSZPOT: Principals tell me they cannot get them.

Mr Bateman: I am not aware of that, but if that is what they are saying to you, that is probably true in that sense. But it is not a recruitment area that has been raised with us in the same order as, say, maths or some areas in science and those sorts of things.

Ms Wilks: As Mr Bateman has said, this is a school-based decision. We are very aware, particularly in the primary schools, that schools are moving away from having a teacher librarian and seeing that that is not one of the required staff members and that they are moving to perhaps putting those resources into other areas.

In terms of high schools, we are not aware of the issue in particular cases of not being able to recruit, but the model in high schools tends to be that the teacher librarian also has a teaching load. The reason for that is so that there is increased credibility around the fact that they are a teacher as well as the librarian.

What some schools are doing is looking at paraprofessionals, and so looking at library technicians and saying, "We're divorcing the teaching role from that. We need a technician to manage the library. Of course, with our new centralised library system that we are working on, that will facilitate that issue." And then it frees up a teacher to teach, as such.

Should teachers want to retrain as teacher librarians, we do have a scholarship program that can again apply for all our areas of needs. So we at the present time, for instance, have a targeted scholarship for ESL students, which is an identified area of need.

So we move two ways: we have targeted scholarships where we have identified areas of needs that we are aware of, and then we have individual scholarships for those people who are in the teaching profession who want to change to a different area. Each year we have some doing mathematics and a whole range of different areas to meet their needs.

I think the other area that has not been mentioned is that we are working on programs like the middle years mental computation—which is a program that goes from 5 roughly to 8—identifying that there may be particular areas in mathematics that teachers who do not have university qualifications may not have the necessary skills and understanding to be able to adequately teach the concepts of maths. Again, I think you would recognise that across Australia, as has been said, mathematics teachers are in short supply. So we work around in other ways of building up numeracy skills, which are a fundamental aspect of mathematics.

THE CHAIR: All right. Look, thanks for that. Back to—

MR DOSZPOT: Sorry, Mr Chair, my question, could I just repeat it? It still stands, I think. Thank you for that information, but I would like to know the number of high schools and colleges that do not have librarians, and answers to the supplementary questions I asked, if I could?

Dr Watterston: So we will take that on notice.

MR DOSZPOT: Thank you.

THE CHAIR: And then back to the issue on counselling.

MS HUNTER: It is school counsellors, if there are gaps or what is happening with school counsellors? I know there was a change recently, Dr Collis—

Dr Collis: You would be referring to a couple of years ago, the change of pathways into school counselling to include a psychology only pathway, and we have approximately 10 of those school counsellors at work in our schools. Currently this is a moving feast for two reasons. Currently we have just under four vacancies out of our establishment of 40.5. We did not start the year that way but due to ill health, leave and so forth that is the way it works out.

We have recruited strongly for this. We are recruiting for those four positions as we speak in all the major newspapers around Australia but also targeting specifically professional-based databases which have cropped up over recent years, like PsychXchange and so forth.

The complications are that our counselling workforce is getting older, and probably it would be an older workforce than the general teaching workforce. There is a move to much more casualisation of the workforce and looking for smaller, part-time roles and so forth. So there are some complications around that. That has advantages for us, because of the taxing nature of the role and we keep people involved in the system, but it is also a complication around when we get a full-time vacancy.

We have a strategy to actually move into and look at approaching all of the masters of education courses throughout Australia and have a profile built in there. So those are some of the strategies, but from the years of 2006 and 2007 when we were looking at vacancy rates of 15, 16, four, whilst we are not satisfied with it, is an improvement on that.

THE CHAIR: All right. Just further to the question on notice from Mr Doszpot, could I have a breakdown of the teacher librarian staff by schools? Can we have a breakdown of what the capacity is in all of the schools?

Dr Watterston: Sure. We will take that on notice, sure.

MS HUNTER: And just to finish off on school counsellors, so there are four vacancies. Now I know that there are counsellors at work across schools. Are there any schools that have been left without a counsellor? What has it meant across schools? Are there schools that have got less hours than they would? How are you managing that?

Dr Collis: Look, there have been some changes in how allocation of school counsellors occurred, and to align to the school network approach rather than centrally driving the process, we have actually deployed a two-stage needs-based process, where we use data—a lot of it sourced from the Department of Disability, Housing and Community Services and our own data—where we can identify—

MS HUNTER: And that is telling you how many hours to put into each school? Yes, I think you have spoken about that before.

Dr Collis: That is right, so that is telling us. And then there are local network-based

decisions about where to deploy those resources. So that is happening much more with the network, but the truth is that, when someone goes on leave, they are allocated a number of schools, and at that point in time it may be that schools will be without a counsellor. We have processes to cover the essential elements. All critical incidents will be covered. We have the capacity always to do that, but there are issues like assessment and ongoing significant counselling that we attempt to cover across the network that way.

However, we have recently also, on the basis of feedback from principals, established a process whereby, if there is a vacancy that exists within the school for five weeks and is continuing, the funding for that position goes into the school and the school nominates a student wellbeing and behaviour support project, which may be a friendship group or a social skills group or groups that would have otherwise been informed by a counsellor. That is not to detract from our attempt to recruit qualified psychologist teachers, but—

MS HUNTER: But it is to fill the gap. And are schools talking to community organisations?

Dr Collis: We will be encouraging schools to do that. This policy is as of this term as a consequence of the vacancies that we have at this point in time. But, yes, so that is—

THE CHAIR: All right. Mr Le Couteur, a new question?

MS LE COUTEUR: Yes. In budget paper 4, page 316, it says that the directorate will employ the following strategies to manage its objectives, priorities and efficiency measures and manage business and financial risk. The first dot point is to operate as a customer service orientated entity. My question is: who do you regard as your customers?

Dr Watterston: I am happy to answer that. I think you can take that out of the strategic plan titled "Everyone matters". So rather than talking about who are the customers, I think they are everyone that has any association, anyone who is a stakeholder, as well as families clearly. I think schools have a strong leadership role in the community, so we see them as community-building agencies who deal with all range of stakeholders, if you like, to use a business jargon of calling them customers. So it is more about making sure that schools provide a level of service and assistance and leadership, if you like, within organisations and the community, but clearly to parents.

MS LE COUTEUR: That is a bit bizarre, because "customer" usually implies a financial relationship. "Stakeholders" is usually a quite different relationship.

Dr Watterston: Well, I mean, that is a semantic issue, I guess. But for me—

MS LE COUTEUR: You know, I was just wondering why you thought what you had were "customers".

Dr Watterston: I do not want to get into previous discussions, but if we are talking

about why people consider government schools to be the institutions that they send their children to, I think that they need to be given a level of service and provision that meets their expectations. So, from my point of view, whether we call them stakeholders or whether we call them customers, the point is quite clear that we need schools operating at a level that makes sure parents feel like all their needs are being attended to. So it is not so much the words we have used there; it is the intent. The intent is to make sure that the quality of service that we provide is at a base level that meets everyone's needs.

MR HARGREAVES: It is the difference between a punter and a client.

Dr Watterston: Exactly. I mean, I do not think the word "customer" really provides a different connotation on what we are trying to provide.

MR DOSZPOT: The punters are not winning, John. The punters are not winning.

MS LE COUTEUR: Yes. Can I just continue? One of the things you have done in talking about keeping your "customers"—if that is the word—satisfied—

Dr Watterston: "Clients".

MS LE COUTEUR: "Clients". I mean, you do talk about "stakeholders" in the bottom one, so I assume the customers are different from the stakeholders in this question, but you are phasing out—

Mr Barr: Clearly the customers are the students.

MS LE COUTEUR: Yes, well they used to be students when I went to school.

Mr Hargreaves: What about the mums and dads, though?

MS LE COUTEUR: You are phasing out IT in primary schools—improving it rather, hopefully not phasing it out. The idea is, after four years, I understand, the new policy is to replace computers, and so I have got a few questions about that.

Is this leading to maintaining the same number of and access to computers. Secondly, what sort of valuation of the computer stock did you do to inform that decision? What actual things were you not able to do with your existing computer stock that you needed to upgrade it?

Mr Huxley: In relation to the ICT in primary schools, really it is a historical move in parts. The student networks were the responsibility of schools in the past under school-based management. That has led to a very inequitable outcome for schools, depending upon the expertise they can employ at that school to manage that network for the students. What we are moving to do—the fibre provision to schools that smart schools: smart students provided has provided a reliable enterprise-level solution for schools typical of what our partner InTACT provides to the rest of the ACT government. Our client base and students—it is a relatively high socioeconomic base in many instances—have very good access at home comparative to other jurisdictions. When they come to school, we want them to remain powered up and have access to

the latest technologies, the latest software and machines that are four years of age or less. We can guarantee that in our public schools.

MS LE COUTEUR: And you can guarantee that the number of computers will stay at least the same?

Mr Huxley: The ratio that the ICT in primary schools is funding at the moment is a baseline of one to six at this point in time. There are machines in primary schools; the average age is up towards eight years of age. I would strongly advocate that those machines are not providing the quality of educational access to technology that we should expect in our primary schools. I think we are going to get much more value from having a more up-to-date fleet, even with the reduction in numbers that that may bring—

MS LE COUTEUR: Do you have an idea of how many the numbers have been reduced by?

Mr Huxley: I do not have those figures with me in terms of exactly what they will be.

MS LE COUTEUR: Could you take it on notice?

Mr Huxley: We will have to take that one on notice.

MS LE COUTEUR: And also take on notice the average age of the computers you are replacing. I am sure they were not all eight years old.

Mr Huxley: Yes. We can have a look at those numbers too.

MS LE COUTEUR: Thank you.

MR DOSZPOT: Just with the numbers, chair, I want to know the percentage of units that are over eight years old.

Mr Huxley: I do not have those figures with me today, unfortunately.

MS LE COUTEUR: We are getting that on notice.

THE CHAIR: Take it on notice.

MS HUNTER: Can I go to the question of things like the interactive whiteboards. Some really great equipment has been put in across the school system. One of the things I hear, though, is that there are not necessarily the skilled people in the schools when there might be a glitch or even if there are some issues around finalising the hook-up at the end and turning a switch on or whatever. It is about installation and then about ongoing maintenance. Are you saying that this is going to be provided differently—that now it is not going to be left to individual schools, but there will be some helpline at some place that will come out and ensure that this is all running? Will we still have resources based in the schools? How will it operate?

Mr Huxley: One of the exciting projects that we are bringing together in the area of

ICT for schools is SchoolsNet. SchoolsNet is the centralisation of the 85 individual student networks that are in schools into one high-speed enterprise solution which will be centrally managed by our whole-of-government provider, InTACT. That is really in recognition of the diversity of access that can be experienced in schools at present, but it is about freeing up resources at the school level to focus on teaching and learning with the technology. A lot of the actual technical issues around the maintenance and planning of that technology will be managed centrally.

MS HUNTER: So InTACT will be able to come out and sort things through?

Mr Huxley: We are working through a process of consultation with principals at the moment. We had a meeting on 5 May which was to look at the range of different IT and technical people that are in schools at the moment and combining those with the centrally provisioned staff and working with schools on the best model of support going forward on that new network.

MS LE COUTEUR: So it will be the same network as InTACT uses for the rest of the whole of government?

Mr Huxley: To give you some statistics, it will be a separate network. Bringing all the students onto the same network the public servants are on could pose a few issues, so it will be its own network.

MS LE COUTEUR: It is very slow if you work here.

Mr Huxley: It is based on the same principles as the ACT government network, so we are leveraging the economies of scale of InTACT as our ACT government provider. Those same skill sets will then be provided to school IT. It is quite an exciting project for us.

MS LE COUTEUR: Will it be physically separate or just logically separate?

Mr Huxley: It will be a physically separate network on different servers. At the moment we have got a single staff network that is running successfully across all of our schools. We are bringing all the 85 individual student networks into that one network and calling it SchoolsNet, which will be the single network. To put it in context, that is going to have 40,000 users, which will be the single largest ACT government network.

MR HARGREAVES: That is scary.

THE CHAIR: Mr Hargreaves with a new question.

MR HARGREAVES: I defer to my colleague Ms Porter.

THE CHAIR: Ms Porter; then Mr Doszpot with a new question.

MS PORTER: Thank you. It is a new question and it is a different area. Minister, in budget paper 3, on page 210, under Harrison high school, it talks about the rollover, and it is $3.5 million for that school. Obviously there have been rain delays, although

it has not been raining much lately.

MR HARGREAVES: Which page?

MS PORTER: Page 210. I have heard about some builder contract viability concerns at the site and how the school's opening day may be affected. And I was wondering about the employees.

Mr Barr: We will get Mr Bray to answer that.

Mr Bray: In relation to the rollovers for our capital works program, we have brief words there against each of the projects where there was a significant rollover. Essentially last year, in a broad sense, the wet weather we incurred had a major impact on the physical works carried out at several of our sites. But in relation to, say, Red Hill primary school, in particular, we are changing the construction delivery methodology. Rather than engaging a construction manager, we are going to go to a lump sum contract, which means that we now do full documentation before we call tenders for a builder. That is essentially the change on Red Hill.

Building refurbishment upgrades are what were affected by the weather and also the heat that was in the construction industry within the ACT last year and the availability of trades to keep up with the rate of works that we were trying to undertake. Harrison high school—that was essentially completely impacted by the wet weather. Works commenced on that site in about May last year; we essentially had about 10 weeks of wet weather. Every time we broke ground it just kept raining and we could not pour the concrete. We just had to keep waiting. One day of rain meant a three-day delay for the ground to dry out before we could pour concrete. That was, of the three, the biggest impact on the program.

MS PORTER: How has the date of the school opening been affected?

Mr Bray: The final completion date on Harrison, in particular—we are still targeting to complete the project no later than December this year. The date that was impacted was what we called stage 1. You might be aware that Harrison primary school has got a heavy enrolment load at the school, and the school was very keen to try and get some of the new buildings handed over as soon as possible. We had targeted a couple of the classroom buildings to be handed over for the start of term 2 this year, but the weather delays have now moved that back to handing them over ready for the start of term 3.

Essentially the 10-week delay in rain has impacted that first-stage handover to take away the accommodation pressure that Harrison primary school is currently experiencing. The reason for that is that when the high school is finished, it will accommodate years 6 to 10, whereas the primary school at the moment is accommodating year 7 but not a full cohort of year 7. It has got year 6 and part of year 7 within a facility that is really designed up to year 5. It is very full, and we need to get those buildings handed over as quickly as we can. We are on target to achieve that. The current program has the handover in late June, which gives the school plenty of time to take possession and set up the classrooms ready to take students for the start of term 3.

MS PORTER: And then it will go over to next year.

Mr Bray: That is right. And obviously there will be more than enough space when it comes to the start of 2012, because the rest of the classrooms up to year 10 will be fully completed and handed over.

Mr Whybrow: And just to put this in the context of the capital works program, in 2009-10 the department, particularly Rodney's area, delivered over 95 per cent of a program of over $2 million—

Mr Bray: It was $200 million.

Mr Whybrow: Sorry; $200 million. And it is set to do the same this year as well, with over 95 per cent of the program—

Mr Barr: Those who have been sitting in estimates for some time would recognise that the normal capital works spend in education over a long-run period has been around $20 million.

Mr Whybrow: That is right.

Mr Barr: The department delivered close to $200 million.

MR HARGREAVES: About time, too, I say. Minister, can I go to page 210. Ms Porter has pointed out that there are delays around Harrison, caused by rain et cetera. It also seems to indicate that Namadgi P-10 has been the beneficiary of that lag. It says here:

> … rollovers … are offset by the following projects which are proceeding ahead of schedule and have been accelerated.

Can I read into that that the delivery of Kambah P-10, known as Namadgi, is actually way ahead of schedule?

Mr Bray: Yes, it is. But—

MR HARGREAVES: How good is that?

Mr Bray: It is the stage 2 component that is ahead of schedule. Stage 1 was to be handed over at the start of this 2011 year, which was achieved. Stage 2, which was the high school component, was not due to be handed over until about August this year, but, working with the builder and through Procurement Solutions, that has been brought forward. We took handover of all but one building about two weeks ago; the last building, which is the BER building, the environmental learning centre, will be handed over next Tuesday. That is where the biggest gain was. We essentially brought the cash flow in 2011-12 forward into 2010-11 for that stage 2 part of that project.

MS HUNTER: And where will that—

MR HARGREAVES: Just to finish off on the Namadgi one—sorry, Ms Hunter—I want to know whether that has any effect on the you-beaut bridge that is going to go across Drakeford Drive.

Mr Bray: That is within the TAMS department.

THE CHAIR: That is another department.

Mr Barr: It is another department.

MS HUNTER: But obviously there have been discussions with the school, because it is about safety?

Mr Barr: Indeed, yes.

MR HARGREAVES: Is the western side of the bridge—I think it is the western side, near the school—

Mr Bray: Yes, that would be right.

MR HARGREAVES: Is that going to go into the school grounds or is it going to go next door?

Mr Bray: No. My understanding is that it will meet the ground surface outside of our security fence and then there is a path that will lead to the gate that enters through the security fence.

MR HARGREAVES: So it will go over Drakeford Drive, into the school one way if you are going left—

Mr Bray: Yes.

Mr Hargreaves: And going right, off into the adventure playground at Kambah?

Mr Bray: Possibly. I do not know where the final footpaths are going, but I am pretty sure the bridge does not actually land within the school grounds.

Mr Whybrow: That sounds right, yes.

MR HARGREAVES: Yes, and the playing fields.

THE CHAIR: Did the department request the footbridge?

Mr Bray: The history on that is that, when we first started the consultation with the school community, that was probably one of two big issues that they were particularly concerned about. Throughout the consultation phase it was always raised by the parent groups about how we are going to get the kids across Drakeford Drive.

We obviously assured them that we would physically, what we call, reinforce the pedestrian crossing directly across the road, which was done as part of the project and

was funded by the project, and we basically said to the community that they needed to take up the issue of the bridge with the relevant minister and the relevant department, which they did subsequently. And that is—

Mr Barr: It would be fair to say that I was lobbied heavily for the provision of such funding and strongly supported the bid that came from Mr Stanhope as the former Minister for Territory and Municipal Services.

MR HARGREAVES: That will be a massive piece of public art for Tuggeranong and I very much appreciate it.

THE CHAIR: It was raised at the Tuggeranong Community Council recently and a number of teachers said that very few students actually crossed Drakeford Drive. Have we done any number surveys as to how many students are likely to use what is a $6 million construction project?

Mr Bray: We do not have the statistics. I believe, when the discussion started, that was the case. There was an issue about how many kids actually did cross the road, but the problem I suppose is the reality. There are kids that do cross the road and therefore it is—

MS HUNTER: What is a life worth?

MR HARGREAVES: One squashed kid is too many.

MS HUNTER: And it is not just about the school. It is about access for anybody wanting to get from one side of the large road to the other.

Mr Barr: That access, yes. And the school obviously will grow with the high school component. There will be a thousand kids or thereabouts on the site.

MR HARGREAVES: And there is an adventure playground there across the road as well.

Mr Barr: There is.

THE CHAIR: Mr Doszpot had a supplementary to this.

MR DOSZPOT: A new question.

THE CHAIR: Your turn for a new question.

MR DOSZPOT: This is in relation to education and training 2011-12 priorities, BP4 page 315. We are talking about improving secondary education in public schools, increasing student engagement and introducing greater school autonomy. The questions are: how are these initiatives to be delivered? What moneys have been allocated to deliver on each of the specific priorities of improving secondary education in public schools, increasing student engagement and participation and introducing greater school autonomy?

Mr Barr: In the first instance, I will draw your attention to—I will get the initiative paper in front of me—the initiative in relation to innovation within secondary schools. That is in budget paper No 3, page 104. The ACT public secondary schools innovation fund provides three-quarters of a million dollars over two years in relation to supporting improvements in secondary education, student engagement, participation and autonomy.

We have, through our school autonomy trial, directed resources in terms of central office staff allocations. I do not think we would have done a costing on the hours of senior executive time. So I am not going to give you a dollar figure on that but I can indicate that—

Mr Whybrow: But there was in last year's budget $600,000 over two years for school-based management review. The major component of that was school autonomy as well as—

MR DOSZPOT: That was last year, was it?

Mr Barr: A two-year initiative, yes.

Mr Whybrow: It provided $400,000 in this budget and $200,000 in the 2011-12 budget.

MS HUNTER: Is the amount in this budget linked to these business managers that are going to be employed in primary schools?

Mr Whybrow: That is a separate initiative.

Mr Barr: That is a separate initiative.

MS HUNTER: That is a separate initiative to this $400,000?

Mr Whybrow: It is a separate initiative in this year's budget.

MS HUNTER: I know it is in this year's.

MR DOSZPOT: As a supplementary—and you quite rightly directed us to the correct area to look at, which we have been looking at but which obviously takes a little bit of work to work out the jigsaw—can I ask why there is no innovation fund for primary schools?

Mr Barr: We focused our priority in relation to this initiative, which was an election commitment, on secondary schools in recognition of the specific challenges that we have spent at least an hour today talking about. That is the priority. It is not to say that there is not innovation in other areas, but the priority of this particular initiative has been on secondary schools.

MR DOSZPOT: I am only echoing the questions of a number of primary school based educators who are wondering why there is no similar innovation activity in the primary area.

Mr Barr: We certainly encourage innovation and autonomy and we will—

MR DOSZPOT: But you do not want to pay for it.

Mr Barr: No. We can provide ample resources, but we cannot do everything at once.

MR DOSZPOT: That is fine. I am asking what are the—

Mr Barr: The priority, as we have established and was our election commitment, is to focus with this funding on secondary schools.

Mr Whybrow: I should point out that part of the key about school autonomy is allowing greater decision making at a local level. Of the eight schools participating in the staged implementation of school autonomy, I believe there are three primary schools. They are Weetangera primary, Duffy primary and Turner primary.

MR HARGREAVES: And the other five?

Mr Whybrow: Calwell high, Amaroo P-10, Namadgi P-10, Dickson College and Gungahlin College.

MR HARGREAVES: Can I make a point. You said two of those five—

Mr Whybrow: Three of those five.

MR HARGREAVES: Sorry, three of the five. You said there were a number of P-10s in there.

Mr Whybrow: There are. That is correct.

MR HARGREAVES: In fact, how many schools would actually involve a primary school cohort?

Mr Whybrow: Five.

MR HARGREAVES: Out of?

Mr Whybrow: Eight.

MR HARGREAVES: Five out of eight.

Mr Whybrow: And it is five out of eight secondary.

Mr Barr: I would also on page 104, Mr Doszpot, refer you to the first initiative around increased front-line support within primary schools. So there is a primary school specific initiative in this budget, noting that it would appear that the rules are that one must have an initiative in every area in every budget every year. That does seem to be the new mantra in education. It is an interesting one. Also, the schools that benefited most from the building the education revolution investment and the

opportunities that arose from that were in the primary school sector.

MR DOSZPOT: Sure.

MS HUNTER: And I was very pleased to see the noteworthy—

Mr Barr: Program funded as well, yes.

MS HUNTER: —program funded, which I think is great for a lot of students. I want to go to one of the priorities, increasing student engagement and participation. What are you focusing on there? Is that to do with trying to improve attendance rates? Is that all it is about or are there a range of other factors or initiatives?

Mr Barr: There are a number of areas. Whilst officials take their seats, I would like to highlight two particular areas that I think have been tremendously successful this calendar year. They are the cyber bullying, the cyber safety, summit that was held earlier in the year and the successful summit of only two days ago, the conference in relation to combating homophobia in schools. It had very strong levels of student engagement.

I think they are examples of initiatives for all schools, cross-sectoral. They engage students, teachers, pastoral care, counsellors, people who are engaged in student welfare across all sectors to work together to tackle, I think, two of the most critical areas of concern in relation to student welfare and have direct student engagement in that process.

I think the level of participation across all sectors is to the great credit of our education system. I was particularly pleased to see representatives from Catholic and independent schools at the homophobia summit just two days ago, and their very active participation was most welcome. Some of the outcomes that have emerged out of that and the partnerships and connections that have been developed will go a long way towards addressing one of the most significant bullying issues in our schools. As I said on the day, it is not just about the students who identify as gay, lesbian, transgender, intersex, bisexual. It is anyone who is seen as different and who potentially attracts that label as a term of abuse and bullying within schools.

I think anyone who observes popular culture in this country at this time, anyone who observes the behaviour of some teenagers in particular, would have to accept that homophobic bullying is at the forefront of the sort of bullying that is occurring. And I would like to commend the efforts of the more than 160 who attended that conference earlier this week. That is the start, I think, of an important campaign around student engagement to address issues that concern students in schools today.

MS HUNTER: Cyber bullying was the other one that you picked up on. Obviously, this is also an area of concern. So what did you do around cyber bullying? I think you mentioned—did you have some sort of summit or—

Mr Barr: Yes, we did. We had, I think, about 600 in attendance at that particular event. I am happy to—

MS HUNTER: What were the outcomes of that? I guess I am also interested in it. It is really, I think, very empowering and useful to get people to a summit. What is envisaged would be the outcome of those summits? Did they go away and implement things in their schools? What happens afterwards?

Ms Joseph: The summit "Leading responsibly in a digital world" was an initiative of the safe schools taskforce. There were year 9 students from all schools. Public, independent and Catholic schools were invited. There were teams of six students together with a teacher. Throughout the day it was actually about getting the student voice, getting a sense of reality in what was happening. We had Professor Donna Cross, who is one of the well-known international researchers on the subject of bullying and cyber bullying. We presented the students with the research. We actually heard from students directly on what were their experiences. Then we also heard from students what their solutions were.

The outcome of the day was a charter that the students actually presented to the minister at the end of the day, basically affirming their role as leaders in the digital world and their expectations of others in supporting them in leading the digital world. Those groups of students, together with their teachers, have gone back to their schools. Some of them were already working on initiatives to combat cyber bullying. We had presentations at the summit from three schools on the day—presentations that the students initiated themselves.

For example, groups of students went back to their schools. They did a whole school assembly where the students led the assembly and talked about the research and talked about the issues and started doing initiatives within their schools. That basically comes back to a school-based initiative. There was an example I heard of yesterday relating to the Hawker college open night. Whilst they were not involved in the cyber safety summit themselves, the students have actually designed the protocols for using the Facebook page.

They are the sorts of things that we anticipate seeing in the coming months and years being school led. The safe schools taskforce is looking at how do we keep these sorts of initiatives going where we are basically getting a student voice into our policy and program development.

MS HUNTER: I began with this strategic indicator being around engagement and participation. You have mentioned the cyber bullying summit and the summit around homophobia in schools. What other things fall under this strategic priority?

Dr Watterston: Yes, I would be happy to mention one more major initiative, but before I do that I will talk in general terms. Engagement is about pastoral care and the needs of the individual in a social and emotional sense, but it is also about engaging in their learning. So we have developed six fundamental principles of school improvement around the whole-of-government school system.

Principle No 3 talks about our preferred method of professional learning for teachers being in class coaching. You will be aware from previous budget initiatives that we have got a number of teaching and learning coaches who now work in classes, work with teachers making sure they can focus on engagement of the individual and teach

to the needs of specific students. I think from a design principle around the way that we now work across all schools there is a lot of sharing of that expertise that is going directly into classrooms—teachers moving out of one school and assisting in others.

The other point that I really wanted to talk about that goes hand in hand with it too are two initiatives that have been mentioned. One is the youth commitment, which is particularly focused on participation and engagement, because it is a cross-sectoral initiative. While we have been talking a lot today about which sector people use, this is one of the great things about the ACT, I think. The whole youth commitment initiative has brought together independent, Catholic and government schools to make sure that we do not lose students at any stage in the transition processes that they go through. Particularly, that includes students moving between training, employment and education.

So we have had stakeholders—non-government organisations, obviously government departments, all schools involved in the three sectors—sign a commitment that will enable us to share information to make sure that when students move we maintain contact with them and are able to support them when difficulties arise, whether that is in employment, whether it is at CIT or anywhere else.

I guess that is probably a deficiency that we have identified over a period of time. We think we do a great job with students when we have got them in our schools. But it is when they move to other places that we are not sure about them. That is a common problem across all three sectors. So already, in coming to the youth agreement signing ceremony, which was conducted this week with great fanfare and great hope and high expectation, we have been able to identify the number of students, and we think reduce that, by just the dialogue and communication that we have been able to develop amongst the three sectors.

I think this particular strategy, the youth commitment strategy, is a hallmark of the ACT and probably would put us to the forefront in sharing expertise not just within the government system, Catholic system and independent system, but right across. So some of that conversation has extended to teaching and learning as well. But, certainly, the youth commitment is a teaching and learning strategy. It is one that recognises at the same time that all learning does not take place at a school. In conjunction with the initiatives that have been talked about, I think we have moved a long way in the last 12 months.

THE CHAIR: Mr Doszpot has a supplementary and then we might break for afternoon tea.

MR DOSZPOT: I have a supplementary with regard to the discussion on bullying. Part of the educational process to combat bullying is obviously how to get the kids back into the school community. I believe that the suspension support team played a pretty important part in that. Can you give us an update on what has happened to the suspension support team?

Dr Collis: In relation to the suspension support team, the final results for last year were very encouraging. Within that cluster of schools, there was a reduction overall approaching 50 per cent in suspension incidents and numbers of students suspended.

We came to a number of learnings about that. I know, Mr Doszpot, that you were listening to the team as we were coming to some sort of a conclusion about some of those learnings. But the learnings, as you would appreciate, are that actually when a student is suspended for four or more days, or for more than two times, that appears to be a very effective time to intervene in the system that supports that student. That is No 1.

That is really interesting. What it says is that people in that system seem to be most ready to change patterns at that time. That is a big finding for us. We also found that you actually do not need everyone in the system involved totally at that time if we persist with who we have in those systems. The schools were always involved. They were the only part of the system which were not voluntary. We bring people on board through that persistence. So that is No 3—that we could actually work with part of the system and get some change there.

The third thing is that the strategies that we used influenced not only the students we worked with and the families we worked with, but they actually influenced the people around those families and those students—for instance, schools. A number of schools mentioned the processes, networks and skills that they became aware of through involvement with the suspension support team, generalised out into other incidents. That was the thing. So it was an effective program.

The program, I can say now, is not a trial any longer. It is actually to the end of the year. It will continue in its current form. We will take some of those learnings and find out where else we need to perhaps target that. We are in the process, therefore, of designing what is the next step from those learnings. But this team itself is no longer a trial. It is embedded. We will run with that.

MS HUNTER: So does that mean that the service is being offered to more than just those students in west Belconnen?

Dr Collis: It will mean likely that that will be the case. One of the questions we need to address is—at the moment we looked at that cluster purely because we had a discrete cluster. It worked in that relationship. We would probably look at where else it might be able to be generalised to, whether it can in any way increase its scope.

There seems to be some evidence that we really do not want to make it too thin, but there are other things that we need to talk about. This program will go as is until the end of the year whilst we actually then design how we move forward into the second phase, which will be certainly that team in some capacity, but whether we look at some other ways of increasing that across the ACT.

THE CHAIR: Mr Doszpot with a final supplementary.

MR DOSZPOT: Thank you. Dr Collis, that was basically the thrust of my question. With all the effort that has gone into that, what is the plan? I understand that you are looking at it, but can we get a level of understanding that it will be adopted in other areas within Canberra? Is it going to be an ongoing program beyond the current year? You are saying that it is going to go to the end of the year.

Dr Collis: Yes.

MR DOSZPOT: So is it going—

Dr Collis: It is no longer a trial. It will be in existence in an ongoing capacity. The degree to which it actually expands into other sectors really depends on two things.

MS HUNTER: It depends on the model you are going to take forward. Is that what you are saying?

Dr Collis: It just depends on the model we take and it depends on the actual extent of the need that exists too. But this trial that existed, we can now put a line through the trial. We can say that it is an actual program and it will go on into the future.

MR DOSZPOT: The way the intervention program worked, can you give us any indication as to what number of days really were required to put the intervention in place?

Dr Collis: Days in relation to?

MR DOSZPOT: The length of time the student was suspended for, and how long it took to get the intervention in place is what I am saying?

Dr Collis: How long it took for the suspension team to approach the family and the school after the suspension was—

MR DOSZPOT: I am asking how long it would take in an average student's suspended period to actually put something into place that is going to work to get them back into the system.

Dr Collis: I am sorry. I repeat that it was a suspension of four or more days, or more than two suspensions in that school year.

MR DOSZPOT: So what we were looking at earlier on was the fact that we needed—we felt that there was more time needed for this intervention to run. You are saying that four days is basically all you have needed in the ones you have looked at, is it?

Mr Barr: Four days is the qualifying period.

Dr Collis: Four days is the trigger.

MR DOSZPOT: How long does it take to organise an intervention?

Dr Collis: Yes, organise an intervention and make a difference?

MR DOSZPOT: To make a difference to enable the student to get back into the school community.

Mr Barr: Mr Doszpot is seeking an answer that says you need a suspension of 20

days in order to achieve the outcome. That is the question.

MR DOSZPOT: Thank you, Mr Barr, but that was not quite my question.

Mr Barr: That is the question, isn't it? And the evidence would appear to be that, no, you do not need 20 days.

MR HARGREAVES: My question, Mr Chairman is this: is the cup of tea ready now?

THE CHAIR: We might terminate there. If members want to take this up after the break, we can go there. Perhaps you might come back with an answer to the question: what is the average length of a suspension?

Meeting adjourned from 3.50 to 4.08 pm.

THE CHAIR: All right, the hearing will resume. As we have two members of the committee, therefore we can take evidence. Mr Hargreaves, do you have a new question?

MR HARGREAVES: I have always got a question.

THE CHAIR: Always. Thank you, Mr Hargreaves.

MR HARGREAVES: I will think of one in a minute.

MS PORTER: I have got one if you have not got one.

MR HARGREAVES: Ms Porter has got one.

THE CHAIR: We will go in reverse: Ms Porter then Mr Doszpot and then Mr Hargreaves—

MR HARGREAVES: Then you can come back to me when I have got one.

THE CHAIR: when he has got organised.

MR HANSON: Very stylish, minister.

Mr Barr: Thank you, Jeremy.

MR HANSON: It is a compromise; it is not quite what I had expected.

MS PORTER: Minister—

MR HARGREAVES: You look like somebody's dad.

THE CHAIR: Just for *Hansard*, the minister is now wearing a very neat cardigan.

MR HARGREAVES: Greg Cornwell, eat your heart out!

THE CHAIR: Ms Porter, over to you.

MS PORTER: Minister, you know my interest in school sport, so on page 105 of budget paper 3, it talks about the additional support that will be provided to the ACT School Sport Council to enable enhancement of current services. Now, could you explain to me where that money goes, which direction it goes in and what it is aimed to achieve? And I know that was one of the things that was mentioned before about bringing children back into the system or helping maintain them in the system, so I was wondering if you could talk a little bit more about that for me, please.

Mr Barr: Absolutely. Thank you, Ms Porter. To set the scene for this, School Sport ACT commissioned—and this goes to show what a small town this is—my old PE teacher from Lyneham high in the 1980s, Joe Campbell—

MR HARGREAVES: He is really old now!

Mr Barr: Yes.

THE CHAIR: Calm him down.

Mr Barr: It commissioned Joe Campbell, who is a noted expert and long-term participant in school sport in the territory in terms of its administration, to review the operations of School Sport ACT. He has come up with a number of recommendations to restructure the way the organisation operates. So this initiative provides an additional $67½ thousand per year on top of the $82½ thousand that School Sport ACT are funded under their current service agreement. This will enable School Sport ACT to enhance school sport across all sectors in the ACT. So this is an initiative that supports school sport in public, Catholic and independent schools. It will enable up to 28,000 ACT students to participate in School Sport ACT programs in 2011, including school, zone, ACT and Australian championship competitions, and it will enable the implementation of the Campbell review into school sport. Ms Wilks may want to add more to that.

Ms Wilks: I think the minister has probably covered it extremely well. The other area that is being looked at in terms of the Campbell report and how that feeds into the Crawford report in terms of increasing the grassroots numbers of students involved in sport is that there is a move to, as well as acknowledging the elite sports, increasing participation, which is, of course, a health and wellbeing issue. That is quite a large component of the Campbell report—how do we restructure School Sport ACT to ensure that we maximise the number of students involved in sporting activities.

MS PORTER: So, being a young person who did not have very good eye-hand coordination—and still do not have—will it be looking at how to encourage young people and develop them in an area where they have the particular skills? Because I know that when I was at school, going back to that bullying thing, because I was not very good at certain sports, and also having red hair, of course, that was dead set two downsides—

Mr Barr: That is a combination of disabilities, yes.

MS PORTER: That is right, a bad combination. But I was just wondering, you know—

MR HARGREAVES: Are you still getting bullied though, Ms Porter?

MS PORTER: Only by certain journalists at 2CC—Mr Welsh, I might say. I think that—

Mr Barr: We all need to be bullied by 2CC, do we not?

MS PORTER: Yes.

THE CHAIR: All right, coming to the question. Is there a question?

MS PORTER: I was just wondering if this policy helps down to that level, because I think it is really important.

Mr Barr: I think when you take this initiative and the other initiative in support of the Children's Physical Activity Foundation, Ms Porter, you see the focus on participation, skills development and then also the capacity to drive new competition level activity. So there is an agenda around early childhood and primary schools in the physical activity foundation—the healthy kids, active kids initiatives—that are supported through that foundation and through what was the minister's physical activity challenge. That will become the kids activity challenge into the future, although I still intend to participate. I find that up to about year 4 or 5 I am fairly competitive against the kids. Once we get beyond that, I am starting to—

MR HARGREAVES: That is only because you cheat.

Mr Barr: Now, now, come on.

MS LE COUTEUR: Mr Hargreaves, that is almost unparliamentary.

Mr Barr: Those two initiatives there, as I say, Ms Porter, combine to provide the important skills development in the early years and then flow on into more structured competition. And, again, I note from some of the commentary this morning in relation to the debate about education in this city, there were a number of people who rang in and talked about the importance of strengthening school sport. And through this initiative and through the Campbell review of School Sport ACT we have been able to do that. It also aligns, of course, with the active 2020 strategy—that you have had great input into over the last couple of years, Ms Porter—that we launched earlier this year.

MR HARGREAVES: That is a continuing interest coming out again.

Mr Barr: Indeed. A longstanding interest.

THE CHAIR: All right, Mr Doszpot, a new question, then Mr Hanson and Mr Hargreaves—

MR HARGREAVES: Yes, I do, when we get there.

THE CHAIR: Just for a change.

MR DOSZPOT: I would like to take you to BP4 at page 317. Strategic indicators 1.1 and 1.2 concern the percentage of young people aged 20 to 24 who have attained a year 12 certificate and the percentage of year 12 public school students who received a year 12 certificate. Both objectives did not meet their targets, but in each case the 2011 and 2012 targets are higher again. I note the percentage of year 12 students who received a tertiary entrance statement and the percentage of year 12 students who received a nationally recognised vocational qualification indicate that outcomes only just exceeded the targets set. So can you provide details on the numbers of ACT colleges achieving outcomes above and below the targets for these indicators?

Mr Grace: By college, I am going to have to take that one on notice, I think. I can give you general information around the indicator, but on the specifics, I am going to have to take that on notice, I think.

MR HARGREAVES: Mr Chairman, a supplementary—

MR DOSZPOT: Sorry—

MR HARGREAVES: It is on your point here.

MR DOSZPOT: Okay.

MR HARGREAVES: Because it talks about the achievement of year 12 certificates. My question is: is the target for those people to achieve a year 12 certificate in 2011 or 2012 related to the achievements of the people currently doing year 11 and how they are doing? Is there a correlation between how they are doing in year 11 and whether they get their year 12?

Mr Grace: Well, there certainly would be. The year 12 certificate is an accumulation of results.

MR HARGREAVES: Sorry, year 10. I beg your pardon, my fault.

Mr Barr: So percentages of year 10 completion impact on year 12 two years later; is that the point?

MR HARGREAVES: That is the point I am asking about: is there a correlation in there?

Mr Grace: Yes. I would think there is a definite correlation between your results in year 10 and your outcomes in year 12.

MR HARGREAVES: So if you were backcasting, you would say that if you did not achieve your target for year 10 in, say, this year just gone, it could, in fact, be a result of what was happening in year 10 two years earlier than that?

Mr Grace: Well, I suppose, logically, yes, that would be the case.

MR HARGREAVES: Yes, okay.

THE CHAIR: All right, back to Mr Doszpot, and then Mr Hanson.

MR DOSZPOT: Okay. So what measures has the department put in place to redress the decline in percentage of students receiving a year 12 certificate and to meet the 2012 target of 89.5 per cent, which is 2.5 per cent higher than the 2010 target?

Mr Grace: Can I give the background, and then I might pass the baton to someone to answer the specifics of your question. What we have stated to sit behind this target is that, increasingly, year 12 or equivalent attainment is being recognised as a strong enabler of student participation in economic and social activities. It is one of the three strategic targets of the council of governments, of which the ACT government is a signatory, as part of its education reform in Australia.

Historically, the ACT has the highest proportion of year 12 attainment in Australia. As a result, the targets set in the COAG agreement are higher for the ACT—to reach 95 per cent by 2015—than they are for other jurisdictions, who are achieving 90 per cent by 2015. So in 2008 the ACT's result was about 90 and in 2009 it was about 95. At that point I might hand over to someone to talk about—

Dr Watterston: So in direct answer to your question about what we are doing to increase the number of students who receive the year 12 certificate, you might recall that there has been a change in legislation which now requires students to stay at school longer. So partially, by that prerequisite, students now need to be in either education, employment or training. And I talked earlier—and I will not go over that—about the youth commitment. That is a fundamental strategy about making sure that we engage all students and support their learning or support them staying within the system, whether that be training or, as I said before, employment. So that is a big issue for us in making sure we track those needs.

But also in terms of the work that we are doing with professional development, it teaches about engagement, which we have also been through today. It is about providing the level of pedagogy, if you like, to make sure that we address the needs of those particular children—the students. So in answer, it is a generic answer, but there is a lot going on, certainly within our colleges.

You will be aware that the minister has flagged that we will be presenting our college/high school review, the culmination of a year's worth of work, which will come out in the next week. So there are a number of strategies in there that talk about these goals and making sure that we address particularly the point that you have just made. So, in answer, a lot is going on, and there is a diverse range of strategies to make sure that we meet these targets. Leanne might add to that.

Ms Cover: There are. Jim mentioned earlier the youth commitment and the work that is happening there around pathways planning. There was the establishment of the data transfer register to track students as they move between the public system and the

independent and Catholic system as well. Also we are doing some work on the alignment of programs against AQTF standards. An example of that is the CCCares program. The students enrolled in that program are undertaking a certificate III in hospitality and a certificate II in business. That is equivalent to the year 12 certificate rate there, so that is a piece of work we are doing.

In addition to that, two other programs that have come on line in the last 12 months are the youth connections program, which is provided by Anglicare in Canberra and Goulburn, and the school business community partnership brokers, which is provided by the chamber here in the ACT. Both of those programs are about really connecting schools with their community and business opportunities, particularly around structured workplace learning. That is another area that we have supported in the last 12 months and really increased our efforts there to make sure that we are engaging with industry to make authentic learning experiences happen in workplaces so that students can, as Jim said, move to alternative settings such as a workplace to start off something like a school-based program.

We are also assisting the teachers with their certificate IV in careers education. Each of the colleges has a moving forward officer, and that officer works specifically with teachers and the students to engage with industry to make sure that the careers advice we are getting in schools is very industry focused. We have got the re-engaging youth connection network that Dr Collis could talk a little bit more about, and we have also got for Indigenous youth the Aboriginal and Torres Strait Islander transitions leadership group that underpins the youth commitment as well. So there are quite a lot of initiatives happening at the moment.

MR DOSZPOT: Okay, thank you. I would like to see any additional information that you can provide, Mr Grace, in clarification of that. That would be good. I have one final question on this level, on page 324 of BP 4, point c. I am somewhat perplexed. What is the rationale for a target of 50 per cent for ACT year 12 students to achieve a tertiary entrance statement, given that in New South Wales and Victoria the comparable figures are in excess of 60 per cent? In other words, why set the bar—excuse the term—at this 50 per cent point?

Dr Watterston: These are the students that are seeking tertiary entrance?

Mr Barr: So this is page 324, output class 1, senior secondary education, percentage of year 12 students who receive a tertiary entrance statement. The target is at 50 per cent.

MR DOSZPOT: And you exceeded it by one per cent last year.

Mr Barr: And what is the rationale for a 50 per cent target?

Dr Watterston: I can talk generically about this, but you will be aware that not all students intend their destination to be a university, so we are not looking for everyone to be focused on an academic pathway. So a 50 per cent achievement rate is comparatively high around Australia.

MR DOSZPOT: We keep talking about how more advantaged Canberra is as a

community.

Dr Watterston: Sure.

MR DOSZPOT: Victoria and New South Wales seem to set 60 per cent targets, yet we set 50 per cent. I just want to know why and what is the rationale.

Dr Watterston: The rationale would be based on past performance. We would not be setting a target that is out of synch with the trajectory that we are already achieving. Without that information in front of me, which Tim might be able to provide—

Mr Grace: Yes, I am sorry; I have not got the rationale behind it.

MR DOSZPOT: So we would be below the national average; is that what you are saying?

Dr Watterston: No. We are not below the national average.

Mr Barr: No. We have the highest level of participation on to university.

MR DOSZPOT: We have a lower expectation then.

Mr Barr: No.

Dr Watterston: No, we do not have a low expectation. We map where our students go, and part of that other information that we talked about in answer to the previous question is the destination of people when they get to be 20 to 24, which was part of the previous answer. We are aware of previous trends and we have matched our targets to increase the participation but not to be targets that cannot be achieved based on current performance.

MS HUNTER: Could I go to the next one down, which is the 60 per cent around the vocational qualification. You have spoken about different pathways through colleges and so forth. I guess again that 60 per cent has been set by previous years and numbers.

Dr Watterston: Sure.

MS HUNTER: Okay. Do you know the numbers of students in non-government schools who reach this vocational attainment? Do you have any figures on that?

Dr Watterston: I am not sure. Tim, do we have those figures?

Mr Grace: I have got some public school figures from last year's annual report but not for non-government, no.

Dr Watterston: Not non-government. I can vouch for the fact that they are less, because of the academic nature of a lot of non-government schools. But again in terms of nation leading, our capacity for students that achieve a vocational qualification is considerably higher than other places.

MS HUNTER: Yes, and I think it is a great addition; it is a great pathway for many students. There have been some concerns raised about whether some public students are being steered down that path rather than the academic route in colleges and I just wondered if you had any comment on that.

Dr Watterston: I cannot. It is the first time I have ever heard that issue being raised, certainly since I have been in the ACT. It is not something I am aware of nor something that has been brought to my attention from any particular school point of view. So if it is an issue it is certainly one we would like to know more about.

MS LE COUTEUR: And, given the percentages, some kids must get both—

Dr Watterston: That is right.

MS LE COUTEUR: How does that impact on their performance on either of them, trying to do both?

Dr Watterston: Impact in terms of the workload?

MS LE COUTEUR: Workload and performance.

MR HANSON: it just increases their choice.

Dr Watterston: I was going to say it increases the diversity of options.

MS LE COUTEUR: It has got to take time. If you are putting a lot of time into something else as well, it is going to make—

Mr Barr: Is the implication of the question that if you achieved a vocational qualification your university entrance ranking score would be lower because you had focused—

MS LE COUTEUR: It could be affected because you—

Mr Barr: you had also achieved another qualification.

MS LE COUTEUR: Yes, you were trying to be that broad. Does it have any impact?

Mr Barr: It would be interesting. It would be hard because you would need a control group who were not doing it, who were of the same academic ability. Taking on an additional load is often a sign of tremendous capacity.

MS LE COUTEUR: Yes.

THE CHAIR: A lot of students now study hospitality, so on their pathway through hospitality they have probably picked up a certificate for responsible service of alcohol. They may have picked up some bartending course or a waiting course, which would fall into a nationally recognised voc ed qualification but they would also have picked up—

Mr Barr: A TER.

THE CHAIR: a TER that contributes to going and studying hospitality at UC.

Mr Barr: Yes.

THE CHAIR: So it is an adjunct; it is to their benefit not to their detriment often.

Mr Barr: Indeed, yes.

THE CHAIR: Mr Doszpot, are you finished in that area?

MR DOSZPOT: Yes, I have, thank you.

THE CHAIR: All right, Mr Hanson, a new question, then Mr Hargreaves.

MR HANSON: Thank you. In BP 4 on page 315 are the priorities for 2011-12. There are two priorities there that I am interested in because they might even be in competition with each other. One is implementing the Australian curriculum and the other is introducing greater school autonomy. I understand the elements of autonomy where it is I suppose the management, but particularly around curriculum we are trying to introduce autonomy at the same time as we are imposing a national curriculum, which could be perceived as competing agendas. So I just want to understand how you are going to deal with that as an issue.

Dr Watterston: I understand the point you are making, but in my mind, and certainly from a philosophical point of view in the department, I see the two priorities as being entirely compatible, bearing in mind that the Australian curriculum is something that all schools across Australia will be implementing and it provides a framework for us to have consistency across all of our schools. It provides an opportunity for resources outside of our own jurisdiction to be applicable to our work. So in that sense it is lightening the workload in terms of previous ways that we have operated.

But in terms of the autonomy we are enabling schools to make decisions within their own environment that enable them to get students to achieve at a higher level. Some of those decisions in the past have been made outside the school environment. If you take curriculum implementation, for example, people who work within that, in particular school leaders, have probably the best capacity to make decisions that will support that implementation. The autonomy is around staffing profiles, it is around use of financial and other resources and it is about making sure that you can set up a structure within your school at a local level that suits local needs. I think the Australian curriculum is one of the drivers about why you would want to set up a school within your environment to achieve those outcomes.

I do not think there are principals saying to us they would like to disregard the Australian curriculum; I think they are saying to us: "We can do things differently that will enable us to implement it in a way that will advantage all of our students."

MR HANSON: In terms of the national curriculum, you say all students will be

moving to this. We have signed up, I believe?

Dr Watterston: Yes.

Mr Barr: All jurisdictions have, yes.

MR HANSON: Have they started implementing it? I thought they had not.

Mr Barr: We are the lead jurisdiction in Australia, but all jurisdictions signed up a number of years ago, the Melbourne declaration. They all then signed up at the ministerial council that was held in the dining room at Old Parliament House.

MR HANSON: It sounds lovely.

Mr Barr: It was. It was an important day for Australian education, and all jurisdictions, including a number run by the political party—

MR HANSON: An increasing number.

Mr Barr: that you represent in this place, Mr Hanson, signed up to that. There are differing processes within jurisdictions around the implementation, noting that we all signed up to 2013 as for completion of the implementation of phase 1. And we have begun that. We had 10 trial schools—10?

Ms Wilks: We have got 10 lead schools.

Dr Watterston: Ten lead schools, cross-sectoral, government and non-government, participating. We have begun that. We note that we have, in 2011, three years in which to roll out the implementation of phase 1 of the curriculum.

MR HANSON: Have you identified whether the other states are on that target? Obviously if we go ahead and implement this in accordance with the targets but the other states have either changed their mind or have made decisions to implement it slower, if that is the case—I am not sure it is but I am under that understanding—then does that have implications?

Mr Barr: Not for us. It probably does for those jurisdictions and their funding from the commonwealth government, because they have signed up to an agreement to receive funding and to achieve certain outcomes. So that will be a matter for them to negotiate on a bilateral arrangement with the commonwealth, but every jurisdiction has signed up. But within that agreement, within that national education agreement, there was flexibility for the different jurisdictions to implement according to local requirements.

Some are in a position and have done the work, like we had through our own curriculum framework and our own processes of a few years ago that put us in a situation well ahead of other states and territories. And there is a reality that we are a small jurisdiction; so we have the capacity to bring everyone together very easily in a way that jurisdictions like New South Wales or Victoria or Western Australia do not.

MR HANSON: And you mentioned that some non-government schools were participating as well.

Mr Barr: Yes.

MR HANSON: Is there a benchmark? Have all the non-government schools made the decision to go to the national curriculum or are some not going to? Where is that at?

Ms Wilks: This is an absolutely cross-sectoral approach. We have set up committees so that every non-government school is involved in the process. Every teacher in the ACT received a bridging document at the end of last year, because every school in the ACT was working on every chance to learn. This was the document that gave them every chance to bridge our ACT curriculum framework to the Australian curriculum.

We meet a group of principals, deputy principals and executives from both Catholic education and the AIS on an approximately monthly basis where we work together around the process of implementation. It is totally an approach that we all agree on. The fact is that we are the only jurisdiction at the time that has all schools working on the implementation. But all schools are doing it in a different way. That is the process.

The independent schools may choose a slightly different way of implementing it, but we are all together. We have a plan for combined professional development. We are currently in the process of working on assessment, because we know that assessment is a very large part of that. ACARA has just invited every jurisdiction to take part in a validation exercise, and every jurisdiction has again signed up to this, to the validation of the achievement standards. That was an area that in December the ministers were, I guess, not quite as committed to as to the curriculum itself. Every state and territory will be involved in that, and every sector. We will be sending 24 teachers from the ACT, which will be government and non-government, to take part in that validation exercise, to then bring back that information to help inform schools on the way forward.

MR HANSON: If I can just have a last one, I know there are some schools—I am not quite sure how many—that follow the New South Wales curriculum rather than the ACT curriculum currently. If those schools are moving to the national curriculum are they going to do so on the ACT time frame or have they indicated they will do so on the New South Wales time frame?

Ms Wilks: My understanding is that it is Boys Grammar only that is working on the New South Wales curriculum and, in informal discussions, they are waiting to see about the Australian curriculum implementation before they make the decision. They do not want to jump from New South Wales into the ACT, then into the Australian. But they are considering where they position themselves in terms of their curriculum planning.

I would like to clarify that there are nine cross-sectoral schools in the trial process and then 10 lead schools, which are government schools, in the curriculum implementation processes.

THE CHAIR: Mr Doszpot has a supplementary. Then Mr Hargreaves has a new

question.

MR DOSZPOT: Thank you. As a clarification on this implementation of the national curriculum, my understanding is that MCEECDYA or whatever the new body is—

Mr Barr: From 1 July it is the standing committee on early childhood education and youth affairs, or something. It is an awful acronym now. Anyway, that is it. The education ministerial council is the easiest way.

MR DOSZPOT: The education ministerial council left it until October this year to actually commit to signing up. That is my understanding. Some of these were Labor states who were very reluctant to enter into an agreement as solid as we have apparently in the ACT. That is certainly my understanding.

Mr Barr: No, that is not it. All jurisdictions agreed a number of years ago to phase 1. I think what you are confusing are different stages of the process, because there are a number of different phases of curriculum development and there are a number of different elements to the introduction of an Australian curriculum. What we are talking about and what we are proceeding with is phase 1, English, maths, history and science.

MR DOSZPOT: But it is a fact that not one other jurisdiction has at this stage gone to the implementation level that we have gone to.

Mr Barr: We are certainly leading, but other jurisdictions are sometimes maybe six to 12 months behind where we are. But we are better put and better placed than any of them, and we have the support of all of our education stakeholders. I meet regularly with Moira Najdecki of the CEO and Andrew Wrigley of the Association of Independent Schools, and they are very strong backers of what we are doing in the ACT and our national leadership role. And I think it is something to be celebrated that this jurisdiction is ahead of all others in the implementation of possibly the most significant national education reform we will see in our lifetime.

MR DOSZPOT: I am simply making the point that my understanding, from talking to some of the other ministers, is that they are saying they are very concerned about the current plans to implement the national curriculum and certainly Victoria and New South Wales are not comfortable with the national curriculum as it is at the moment.

Mr Barr: That is a matter for New South Wales and Victoria. Within the ACT we have very strong support from across all school sectors and a desire to get this done.

THE CHAIR: Mr Hargreaves.

MR HARGREAVES: Thanks very much, Mr Chairman. I refer the minister and officials to budget paper 4, page 326, 2011-12 budget policy adjustment. In looking at these numbers, I see a huge amount of money there, $20 million, in disability education. You might like to have a yak about that but also—

THE CHAIR: "Yak about" does not qualify as a question. If you want to propose a question that would allow him to yak, go for your life.

Mr Barr: If we outline the implementation—

MR HARGREAVES: Excuse me, would you like to have a yak about that? There is a question. The one I—

THE CHAIR: Maybe you are out of order.

MR HARGREAVES: The thing I am particularly interested in is the misinformation about that. In the next one down, you have got nearly $12 million going into career paths for teachers and school leaders over four years, a humungous amount of money in anybody's language, and I would like to know a little more about what is going to happen to the money, what benefits we are going to get out of it and who is actually going to reap the benefits.

Mr Barr: On the disability education initiative, I think we have discussed this every year that I have been minister. There have been a number of initiatives in this area to respond to increased demand, both in terms of the number of students within the education system who are presenting with a disability and in terms of the increased level of disability. So there are two factors that are at play.

In recent times we have provided funding boosts in the non-government system and in the government system. I would like to acknowledge at this point also a welcome boost coming from the federal government that will flow through the ACT to all students with a disability, both in government and in non-government schools.

What this initiative has enabled us to do is to be able to fully meet our funding requirements under the SCAN process and the additional money from the commonwealth that was announced on Tuesday of last week will be on top of these initiatives and will certainly allow an expansion of services. That is terrific to see and I am very pleased that they have decided that the delivery mechanism for the federal government initiative is going to be through the states and territories, which will enable us to direct those resources to areas of highest need.

Is that enough level of detail for the committee on this?

MR HARGREAVES: The only other thing I would like very quickly—

Mr Barr: We have in the past explored this.

MR HARGREAVES: Nice try, yes, except, as I understand—it is probably yes or no—this is on top of the base we have already got sitting up there, right?

Mr Barr: Indeed, yes.

MR HARGREAVES: In looking at these sorts of numbers—and you have talked to the federal ministers, so you might be able to give a perspective—did they recognise in fact that, when people with a disability come into primary school, it is going to cost us exponentially more as they progress through the system? They do not actually leave. They do not get cured and go away. They actually stay with us, with an

increased demand on our funding base to make sure that they have as equal an opportunity of success as every other kid does as they go through the system. Is that reflected in that sort of—

Mr Barr: Certainly. I think a way of looking at this is to turn to budget paper 4 at page 324, the 2011-12 targets in terms of average costs per student in special schools and in mainstream schools. You will see there the per student impact that these initiatives have. These budget papers do not include the commonwealth government top-up; so there will be more money on top of that that will, as I say, flow to students regardless of the school sector that they are in.

If you take the totality of this budget's initiatives for public schools, previous initiatives in this term of the Assembly for non-government schools in relation to children with disability plus the commonwealth money that was announced last Tuesday, it would be the most significant increase in funding for students with a disability in our generation.

MR HARGREAVES: In yours, yes. Minister, is the amount of money that the commonwealth is actually sending our way formulae? Is it linked to anything? Is it per capita? Is it by the number of kids? What is the formula, or is it just a one-off gift out of the commonwealth?

Mr Barr: It is a national partnership arrangement and they tend to be distributed on per capita and with a combination of per capita and needs basis but, roughly speaking, we are somewhere between 1½ and two per cent of the national population. So those things tend to—

MR HARGREAVES: What is the life of that NPA?

Mr Barr: I think it is a three-year period.

MR HARGREAVES: And the career path for teachers and school leaders?

Mr Barr: This is, I think, one of the most significant reforms that we have been able to fund in this year's budget. The committee would be aware that I have been focused on this link to the next enterprise bargaining agreement. This facilitates a significant pay increase for our school leaders.

I note the AEU appeared before the committee early on and spoke about deputy principals. This will enable a significant offer to deputy principals as part of the next EBA but it also creates the capacity to establish the six-figure salary for leading classroom teachers that we have spoken about and that was an election commitment in this term.

MS HUNTER: Minister, are you saying that this money is not just around teachers that are seen as excellent teachers or whatever—that this money is also going to fill that gap between the wages of an ACT deputy principal and a New South Wales deputy principal?

Mr Barr: Yes, it is targeted at—

MS HUNTER: And that all of them will be eligible for it?

Mr Barr: Yes, it is targeted at two particular areas—the school leader category and the accomplished teacher. I think what has been confused by some is that this is not the only allocation for teacher salaries. There is also a separate provision made within the whole-of-government wages offer.

MS HUNTER: Which is the 2.5 per cent, and we did know that.

Mr Barr: This comes on top of that. I think the other area of confusion that there has been is that this money does not create new positions; it tops up the salary on existing positions.

THE CHAIR: Can you break down how many positions you think this covers?

Mr Barr: I am in the middle of the EBA negotiations at this point. There are a number of variables. I can indicate that this initiative focuses on all deputy principals, but it will not mean that—

THE CHAIR: So how many deputy principals are there?

Mr Barr: It would be over 100.

MS HUNTER: But could you continue—

THE CHAIR: The AEU were saying that they thought this money would only go as far as 100.

Mr Barr: I do not believe that to be the case, but Mr Bateman—

MS HUNTER: Could you just finish off what you were saying then, minister?

Mr Barr: Yes. The second point is that this initiative funds promotional positions. So we will be creating additional positions—a new position at the top of the classroom teaching scale. That is not to say that everyone who is currently at the top of the existing classroom structure will move from $80,000 or $78,000, which is where they are now, to $100,000. This is a promotional position. There is a hard barrier, so you must apply for and be assessed for that position, bringing the skill set that you have, noting that we now have the national professional standards for teachers.

MS HUNTER: Can I concentrate on the deputy principals. I do not think members of the committee were aware—and certainly the AEU did not understand it to be what you are saying now—that this will be open to all deputy principals. There will not be an application process. Deputy principals will have their salaries topped up—

Mr Barr: Increased, yes.

MS HUNTER: By what amount?

Mr Barr: That is the offer we will be putting to the union, yes.

MS HUNTER: Are you able to say the amount?

Mr Barr: No, because it will depend on which year because, of course, we will be putting forward a three-year—

MS HUNTER: So they also have increments and whatever.

Mr Barr: We have got increments. We have got a four-year agreement—three or four years—that we are proposing. All of this is still the subject of enterprise bargaining negotiations. There is a range of other—

MS HUNTER: But you are very aware of the issue around 16 per cent?

Mr Barr: I am aware of the issue around the disparity for deputy principals between the ACT—

MS HUNTER: How many deputy principals have we lost because of this disparity? I am also interested in whether you are aware of ACT teachers who have left this service to go and work in New South Wales because of the wages issue, whether they be deputy principals or teachers?

Mr Barr: The answer, I understand, on the total number of deputies is about 120.

Mr Bateman: In 2010 and to date five deputy principals left the service—not necessarily to go to New South Wales. That is a total of five.

MS HUNTER: To go to New South Wales?

Mr Bateman: No, not necessarily to go to New South Wales.

Mr Barr: They just left.

MS HUNTER: They just left.

Mr Bateman: None will have gone to New South Wales—

MS HUNTER: None went to New South Wales?

Mr Barr: And how many retired?

Mr Bateman: New South Wales have a different method of staffing. They do not necessarily advertise their deputy positions outside New South Wales so people can access them. We advertise all our school leader positions in the national press and so on.

MS HUNTER: Right.

Mr Bateman: People can access it from outside, whereas New South Wales do not

have that same approach.

Mr Barr: So the level of mobility between jurisdictions at that level is not significant.

MS HUNTER: What about teachers?

Mr Bateman: In our exit survey we pick up some information, but it is not mandatory for people to do an exit survey. Of those that volunteer we do pick up information that says that some people are upset about the salary structures and all the rest of it. But, again, we cannot say exactly how many have gone. We do not think that it is a significant number at all.

MS HUNTER: So you are saying that an exit survey is a voluntary activity?

Mr Bateman: Yes.

MS HUNTER: What percentage of teachers that left in the last financial year filled out an exit survey?

Mr Bateman: It normally runs at about 40 per cent.

MS HUNTER: 40 per cent?

Mr Bateman: Well, 40 per cent of people who leave, not necessarily just teachers.

MS HUNTER: Of people who leave; that is right.

MR DOSZPOT: How many teachers leave in a particular year?

Mr Bateman: Since the beginning of 2010 we have had 338 people leave us who are in teaching classifications from classroom teacher through to principal.

Mr Barr: Out of a workforce of—

THE CHAIR: You would have to include retirements.

Mr Barr: Including retirements, out of a workforce of—

MS HUNTER: A workforce of what?

Mr Bateman: About 3,400.

MR DOSZPOT: So nine per cent?

Mr Bateman: Somewhere about that, yes.

MS HUNTER: So for that 40 per cent who have left or are leaving who do fill out a survey, is there a box that asks where they are going? You do not actually collect the information about why they are leaving?

Mr Bateman: We do not ask the question: are you going to New South Wales, or that sort of thing. We do ask about their intentions in terms of employment. Generally it is to seek employment overseas. A lot go travelling and that sort of thing.

MS HUNTER: Right.

Mr Bateman: Off the top of my head—I can get the figures for you—I think the number that say they are going to teach in New South Wales would be fairly low.

MS HUNTER: If we could have those numbers that would be good.

MR DOSZPOT: Thank you—

THE CHAIR: Are you asking a supplementary?

MR DOSZPOT: Yes, I am. Just going back to Ms Hunter's earlier question about the accomplished or leading teachers and the percentage that you think would qualify for the enhanced salary packages, what percentage would you be budgeting for?

Mr Barr: I would anticipate initially somewhere between 10 and 15 per cent. That is, of course, subject to some negotiation. We will need to look at where we want to prioritise these positions as well. I believe that they should be targeted into the areas of greatest need within the education system. I do not want to put an exact figure on it because there are a number of processes that have to be gone through. I note also that a separate initiative on top of this is the federal government's announcement in this year's budget as well that targets, again, about another 10 per cent of the teaching workforce, but their proposal is across all levels of teaching.

To put some perspective on this, though, within the current bands of teachers from 1.1 through to 1.8, approximately half are not at the top level anyway so they would not have had enough experience. They could apply, but there would be other colleagues of theirs who would have more experience. That said, we would still encourage teachers who are progressing their way through the current structure to apply ahead of their time because we want to promote those who are keen for that promotion.

I think you need to look at it in that context. Again, it is difficult for me to get a final answer on this today because we are still negotiating and there are other variables. We have not got to questions of productivity offsets or restructuring workforces in terms of how we may be able to enhance the number of positions we offer. Of course, this is a starting point. It would not be the end point. I think that, as a starting point, it is a good first step and we would look to build on that into the future.

MR DOSZPOT: The concerns that have been raised with me by educators is that, given that the additional opportunity for accomplished and leading teachers is there, how is that going to impact on deputy principals who obviously are behind the eight ball now and possibly will be after the leading teachers get their salary increase? Why would someone who is a teacher want to become a deputy (a) for the additional work involved with it and (b) for the lack of remuneration?

Mr Barr: Indeed. In working out a final career structure and a final outcome through

this EBA we have to pay due account to the point that you have just raised—that is, there needs to be an appropriate career structure that ensures that progression. At the moment we have school leader C, school leader B and then school leader A, with various progression points within it. We need to ensure that those relativities are respected and that there is an appropriate career path.

The fundamental point that I am trying to address is that at the moment, unless you pursue a career pathway that takes you away from the classroom, your salary maxes out at approximately $80,000. I want to ensure that there is an alternative pathway to moving into administration and taking on those other responsibilities that you have identified. The alternative pathway involves staying in the classroom and being a mentor to younger teachers. There is that opportunity created within the teaching career structure. But with that reform there needs to be reform of the overall teacher career structure. We need to ensure that in raising the status of the teaching profession we reform the teaching profession.

MR DOSZPOT: The concerns still remain that more and more gaps will appear because of the additional amounts that come in for people at the grassroots level, for want of a better word. For the rest of the 2,000-odd teachers, the gap in their capacity to earn money is going to be greater than it is currently. Seeing we are in a situation where we are trying to lift standards and have quality education—there is the quality teaching institute and so forth—it appears that we are creating a gap that does not necessarily lead to better quality education.

Mr Barr: I am not sure how you arrived at that conclusion.

MR DOSZPOT: How are we going to incentivise all of the teachers to maintain their commitment?

Mr Barr: By creating an enhanced career structure and opportunities for early advancement rather than the long march that they undertake at the moment where, regardless of how well you go, you advance one increment at a time one year at a time: you start as a beginning teacher, and nine to 10 years later you finish your long march and then reach the salary ceiling. We are looking to create opportunities for advancement. I note also, and this is important, that the commonwealth initiative as well, overlaid on our initiatives, provides the opportunity on a year-on-year basis for salary boost.

We need to sit down with the commonwealth and look at the detail of their new funding initiative. It is my hope that they will want to work with states and territories, as we are the employers of the majority of teachers in the ACT—to work with us to deliver that initiative. I think it works and aligns with the direction that we have indicated we want to take the profession in and that the two initiatives combined direct a significant amount of additional money into the education system targeted at teacher salaries and lifting teacher salaries across the board, creating a new career structure that gives teachers the opportunity for faster promotion and career advancement, that puts in place a structure that enables those who want to stay within the classroom and be teacher mentors and leaders within the system to stay as classroom teachers, that provides additional support and funding towards our deputy principal class and that also recognises that principals are school leaders and require

some additional salary support as well.

Combined with the whole-of-government offer, this additional funding, as well as the other matters that we are negotiating—I hope to be able to offer to the Australian Education Union a very attractive salary packaging outcome for teachers and complete our reform agenda and also overlay the additional money the commonwealth are providing to teachers.

MR DOSZPOT: The current feedback is, I think, that the Education Union is describing as completely farcical the way it is happening at the moment. The other point is this: how will the current negotiations affect the ability to recruit, to retain or to get people involved who are casual teachers—who are needed very much for the opportunity for other teachers to take on additional learning and additional career path advancement?

Mr Barr: There will be salary increases across the board.

MR DOSZPOT: Currently there is an absolute shortage of people who can work in those positions, for whatever reason.

Mr Barr: I can indicate that there will be salary increases across the board. In relation to the AEU's public comments, you would expect them to say that. We are in the middle of an enterprise bargaining process; I would be amazed if they came out and said, "No; we are very happy with everything the government has to offer."

MR DOSZPOT: "Farcical" is a bit strong there.

Mr Barr: Well—

THE CHAIR: We will leave your negotiations with the AEU for another day.

Mr Barr: I am not sure that they fully understand—

THE CHAIR: We might move on to Ms Le Couteur.

Mr Barr: I fear that they have confused that the only money in this budget for teacher salary increases is this specific initiative. It is a standard practice for governments to make provision whole of government. I can tell you, without revealing the total figure, that there is more than $100 million available for additional teacher salaries as part of what we will put forward to the union in this EBA process.

THE CHAIR: Ms Le Couteur?

MS LE COUTEUR: Thank you. Minister, can you advise the number of vacancies across the college sector?

Mr Barr: Mr Bateman, are you in a position to do that?

Mr Bateman: I am not aware of any vacancies right at the moment in the college sector.

MS LE COUTEUR: That is very good. In that case—

MR HARGREAVES: There is a waiting list.

MS LE COUTEUR: That is even better. In that case I will still ask my question but the answer would be quite clear. Are there any subjects that either have been unable to be taught or have needed to be taught by correspondence or taught by an untrained teacher in the college sector? I assume, given your previous answer, that the answer to this is no but—

Mr Bateman: As I said before, when we spoke about some of the other things, principals make those decisions about what they need to recruit to, and unless they raise particular circumstances we would not be aware of those centrally. As far as we know, all vacancies for this year were filled and, whilst there will have been some movements with leave and those sort of things, continue to be filled.

MS HUNTER: Do they report that information to you anyway—about numbers and so forth?

Mr Bateman: Only that they would come to the school staffing unit and negotiate whether there were positions or people available to do those particular jobs.

Mr Barr: Certainly they let us know when they want staff.

MS HUNTER: I thought they might.

Mr Barr: Yes.

MS HUNTER: And how does it operate now with the more autonomous model? For instance we do have, from recollection, with Mr Whybrow reciting that list, at least one college, if not two colleges. Or is it just one college, Dickson college?

Dr Watterston: Two colleges: Dickson college and Gungahlin college.

MS HUNTER: That is right: Dickson and Gungahlin. What happens now around that sort of thing? Does recruitment just happen in the school and you do not necessarily know until they have to send in some sort of report once a quarter or something?

Mr Bateman: That is what the purpose of the eight schools is—to help us work through what initiatives we need to look at in terms of moving to a full school economy across all the schools in terms of school staffing. We are looking at initiatives; we meet with those principals fortnightly to look at the sort of things that they want to look at in terms of school staffing and what would best suit them in terms of changes to the staffing models.

We are currently working on a couple of fairly small initiatives because we are on a staffing cycle. So anything to do with the recruitment of students—student practicum teachers, while they are on a practicum in the schools, so that we are getting in front of the recruitment wave. I think we have got a couple of schools that are looking at

their practicum students at the moment, to make those offers of employment. And we are also looking at more direct recruitment to particular vacancies in those schools. We have only filled one position so far using that particular model. That has gone ahead, and we have selected a teacher. That person has commenced in that school through that model. Generally for other schools they would come to the school staffing area and use people off the currently rated recruitment people.

MS HUNTER: Is it still the case that college teaching positions are seen as quite desirable, particularly compared to, say, high school teaching positions?

Mr Bateman: I think that has probably changed a little bit. There are definitely some people who see them as more desirable, but it is not as strong as it was when I was a teacher; they were seen as definitely desirable in those days.

MS HUNTER: The other thing was around the number of college staff that may have gone from full-time work to part-time work. Have you got those figures? Can we have those figures?

Mr Bateman: We can get those figures, but it might take some time, because the people under the current industrial arrangements can flick between full and part-time on a fairly regular basis. We try and put some boundaries around it but from term to term people will adjust their percentage of work depending on their personal needs and the needs of the school.

Mr Barr: We have very flexible working arrangements.

MR HARGREAVES: Does that mean that they can flick back again?

Mr Barr: Yes.

MR HARGREAVES: They can actually go from full time to part time and back to full time again? How good are you?

Mr Bateman: It is part of the work-life balance and those sorts of things. People make these decisions at various points in their career—what to do with their life.

MR HARGREAVES: I might try that.

THE CHAIR: We can help arrange that, Mr Hargreaves.

MR HANSON: Have you got a date in mind?

THE CHAIR: Supplementary, Mr Doszpot?

MR DOSZPOT: I have a supplementary regarding the other end of the scale. Somebody has been asking about the college situation. What about the way that the Canberra preschools have been reshaped? How do they operate now? There are some that are involved within a school boundary and others are outside school areas. How are they operating and how successful is the current implementation?

MS HUNTER: And particularly if their governance has changed so it is underneath the school how that process is going to—

Ms Wilks: All government preschools have been amalgamated into primary schools so that the primary leadership team is responsible for the preschools. You may be aware of the national quality framework around zero to five, which is driven nationally; the implications that that has for preschools is an issue that we are working through to ensure that the new requirements to meet those standards fit in very nicely with the existing procedures that happen in an ordinary primary school.

What we are doing at the present time is looking at the draft assessment and rating procedures and looking at those in terms of what happens normally in a school and how we can marry the two. That is national work that we are doing. WA, too, has a large number of government preschools situated in schools. But overall, again it is around career paths. This has opened up career paths for preschool teachers that they did not have before. They are now seen as part of the early childhood component of a school and therefore they have a career path, whereas, as a preschool teacher in a separate institution, it was very hard for them to make that move across.

MR DOSZPOT: I have a supplementary on that. Can you explain how the administration of a preschool that is outside the school boundary—what happens? Is it only one teacher per school? Is there relief if that teacher has got to do something else? Is there an admin person? What happens?

Ms Wilks: We have a few stand-alone preschools that are still attached administratively to a primary school. Again, the leadership of that preschool sits within the primary school. All preschools have at least one teacher and an assistant; we have no situation where there is only one adult in a situation. The release component—so to provide their time from teaching—is taken up by a teacher from the primary school who comes across.

MR DOSZPOT: Who do they report to?

Ms Wilks: They report to the primary school, so they are seen as—

MR DOSZPOT: Who at the primary school? The deputy? The principal?

Ms Wilks: It would vary. Generally it is the school leader C in charge of the early years, which in most cases is preschool to year 2, but it would vary from school to school.

MS HUNTER: They are sent as a staff memo.

Ms Wilks: Yes. They are exactly a staff member in exactly the same way; it is just that physically they are removed in a separate location from the school.

MR DOSZPOT: I understand that the fiscal administration is handled through community services. Is that correct?

Ms Wilks: No. Their arrangements are exactly the same as any students in terms of a

government school. Preschool is free, and in terms of resources et cetera that is allocated in exactly the same way as resources would be allocated to a year 1 class or any other area of the school.

MR DOSZPOT: Will preschool teacher registration be covered under community services? Will it be like the quality institute?

Ms Wilks: The preschool requirements are a national requirement. This is new, and I am sure that Ann will come in in a minute, but as we move to universal access—that is, 15 hours of preschool education—all teachers are required to be four-year trained with an early childhood qualification in that degree. That is one of the targeted areas that we are offering scholarships in, because we know that there are a number of teachers—far and away the majority of our teachers are four year trained, but not all of them have necessarily had the early childhood experience, so we are providing scholarships to enable them to top up their qualifications to meet the new national requirements.

MR DOSZPOT: Do we know how many teachers fall into that category?

Ms Wilks: How many fall into the category of?

MR DOSZPOT: Having a scholarship?

Ms Wilks: At the present time I think we have 28 teachers going through the scholarship process, and we have just offered another round of targeted scholarships. But the majority of our teachers meet those requirements.

MR DOSZPOT: Thank you.

THE CHAIR: Ms Hunter wanted a supplementary to this; then I am going to ask a question.

MS HUNTER: I guess it is also around that early childhood area, and that is the early childhood schools. We have five open. I am just wondering how they are going as far as enrolments are concerned?

Mr Barr: That information is available in the February 2011 census, but I will—

MS HUNTER: I can probably go through the census myself, so unless there is—

Mr Barr: There are 80 at O'Connor cooperative, 114 at Narrabundah—

MS HUNTER: There are four new ones. O'Connor has been around for some decades.

Mr Barr: Yes—114 at Narrabundah; 94 at Lyons.

MS HUNTER: Rather than giving the numbers there—are they full? Do we have waiting lists? Are they at capacity? Are they under capacity? What is the general position?

Ms Wilks: The general feeling is that we are reaching capacity in terms of the structures within the early childhood schools as we move through, having had the major intake. We have had very small cohorts in year 2 but, as with all new schools, the numbers build up over time and we would expect that we are moving to full capacity with those schools.

MS HUNTER: Okay, so—

Mr Grace: Can I add that satisfaction at early childhood schools is the highest in all of our sectors. We had parents with a satisfaction rate of 97 per cent in 2009 and 92 per cent in 2010, and staff with a satisfaction rate of 96 and 91 for those two years.

MS HUNTER: They are very nice places to work.

Mr Grace: So satisfaction at those schools is high.

MS HUNTER: There was also the childcare component that was going in, and that was going to be tendered out. How is that going? There was a bit of hiccup there at one stage, wasn't there?

Mr Grace: There are now two—

Mr Whybrow: There are actually three providers at the moment.

Mr Grace: Three providers now.

Mr Whybrow: Let me get this correct. The Queensland provider who had coverage across our four sites advised us last year that they were only looking to continue—they had a one-year option which they were not taking up, and they were only continuing at two sites. We went through a single select arrangement to establish ongoing continuity in service at those sites, and we looked back through the previous tender to make the offer to the people who were ranked suitable and the next in line at those two sites. We underwent negotiations with them and ensured smooth transitions at both those sites. That was Narrabundah and Lyons. We have two new providers at those sites.

Dr Watterston: Can I just add anecdotally that the level of satisfaction and collaboration at both those sites has improved considerably, so I think the quality of service has been enhanced as a result of that process.

Mr Whybrow: It is Woden Community Service at the Lyons site and Communities@Work at Narrabundah.

THE CHAIR: Minister, on page 332 of budget paper 4, in your operating statement, I notice there has been an asset—

Mr Barr: A finance question!

THE CHAIR: I notice there has been an asset revaluation worth $257 million.

Mr Barr: Ms Sharma should not sit there all afternoon and not say a word.

MR HARGREAVES: You nearly got away with it.

THE CHAIR: What prompts a one-off $257 million revaluation in your assets?

Ms Sharma: As part of the accounting policy the department is required to value assets every three years. The last one was done in 2007-08. That required us to do another one in 2010-11. It has increased the value of assets by $257 million. The other side is increasing assets. So if you look at the balance sheet and look at the property, plant and equipment, the asset figure has gone up significantly.

THE CHAIR: Does that, therefore, increase the depreciation each year?

Ms Sharma: Yes, there has been an impact on depreciation. If you look at the 2011-12 operating statement, you can see that the depreciation has gone up by 10 per cent from 2010-2011.

THE CHAIR: Thank you. On page 334 I notice that the Treasurer has managed to get a distribution to the government out of the department of education. Why were we distributing $688,000 a year consistently over four years to the government?

Ms Sharma: Again, I think as part of that it was budgeted to be provided, but it never happened; so we will fix it in the next budget, basically. So there is no distribution to the government.

THE CHAIR: Well, can you explain why it is in the—

Ms Sharma: As part of the cash management framework back in 2007-2008, if any funds are not spent we are required to give them back to Treasury. On that basis, at that point in time it was budgeted to provide $688,000. But in actual fact it does not happen. So even if you look at the financial statements for 2009-2010, there is no distributions to government in actual fact. This is just budget; so we will fix it in the next budget process.

THE CHAIR: So this line will disappear? And the new Treasurer will claim that as a victory for education?

Mr Barr: Would you like to write the press release for me?

THE CHAIR: I have seen you work, Mr Barr. I have seen you work.

Mr Barr: Very cynical, Mr Chair; very cynical.

THE CHAIR: On a more serious note, to go the numbers again, Dr Watterston, we had some discussion last year about serious incidents in our schools. What were the number of lockdowns this year and the number of police attendances?

Mr Whybrow: While Mr Johnston is getting those figures, I can advise that there has

actually been a 20 per cent reduction in the number of security instances within our schools. So our fence program and the rollout of that have been very successful.

MS HUNTER: So is this around vandalism and so forth?

Mr Whybrow: This is around vandalism—those sorts of things.

Mr Barr: Twenty per cent?

Mr Whybrow: A reduction of 20 per cent.

Mr Barr: Twenty per cent; listening upstairs? A 20 per cent reduction.

THE CHAIR: That is okay; so what do you attribute that to?

MS HUNTER: And how many schools have the fences, could I also ask?

Mr Whybrow: That is around our targeted installation of our security fences. That is what we are attributing that to.

THE CHAIR: Is there any evidence that, therefore, fences and CCTVs would further reduce the number of incidents?

Mr Barr: Greatest hits of education estimates—CCTV.

MS HUNTER: What percentage—

THE CHAIR: Sorry, I did not receive an answer to that.

Mr Whybrow: Sorry, as we have advised previously, we have not been exploring the CCTV installation across our sites. The only CCTV is non-recording effectively in our schools which is in sick bays for the monitoring of students, with the exception of the ALC.

THE CHAIR: What is the percentage of schools that have fences now?

Mr Whybrow: I need to check my notes.

THE CHAIR: You have to check on a figure, Mr Whybrow? I am shocked.

MR HANSON: He is coming off leave I believe, Mr Chair.

THE CHAIR: That is okay.

Mr Whybrow: Yes, I am not as well versed as I should be.

Mr Bray: We have installed security fences—sorry, 41 schools have security fences installed to date. But just to note that some of those are what we call partial fences but most of them are complete fence enclosures, the difference being that we agree to negotiate or consult with the school community about the extent to which they want to

locate their school security fence. We have a program of $1 million a year which we are managing. It is in our own budget resources and we install about five security fences a year.

MS HUNTER; And how do you make that decision? Is there some sort of criterion that you are prioritising based on vandal—

Mr Bray: What we do is we work with the security officer within the finance and corporate support area and—

Mr Whybrow: So it is really based—sorry, Rodney—on the informational data that we are collecting. There was a peak two years ago when we had a link between the actual reporting and the use of the data for the installation of fences. So we saw actually a peak there for a period of time that looked like we had increases in our activity when in fact it was just better reporting from schools simply because there was a report flow on from an assessment and then an adjustment.

MS HUNTER: So I am understanding that the two areas link together and, depending on the number of incidents that happen at particular schools, that is how you prioritise?

Mr Whybrow: Yes, I should also point out that there is a balancing act between the use of fences. We do not have a goal to have every one of our schools with fences particularly when in some of our environments the community engages in the use of those grounds. This is as good a deterrent as the fences themselves.

Mr Bray: We actually have a table that records the incidents at schools over the past years where we put fences. You can see the rate of decline around that; so I have brought this to table if you would like that.

MR HARGREAVES: Does that indicate the actual schools themselves?

Mr Bray: Sorry?

MR HARGREVES: Does that indicate the actual schools themselves?

Mr Bray: Yes.

MR HANSON: So I may have missed it, but in terms of the program of erecting fences, have we completed that or are we doing it now?

Mr Barr: No; there is an ongoing program.

MR HANSON: And how many more schools have you got planned to do?

Mr Bray: Basically our stats show that we call these high and medium risk schools. By the time we have finished the next four years of work, which will result in about 60 of our 84 schools having fences around them, that would cover all of our high and medium risk schools. After that we think it will be school by school making their own community decisions. Some schools get very low vandalism attacks; they are quite

odd and infrequent. I could give you an example of Forrest primary school, which has not been hit for a while; it had a bad hit a couple of years ago but it was a one-off. My feeling would be that they would probably—

Mr Barr: We are all touching wood now.

Mr Bray: That is right. They might not be keen about a fence necessarily around their whole site; they might have it in a particular location. So we work with those low risk schools—

MR HANSON: So basically any school that needs it is getting it?

Mr Bray: Yes.

MR HANSON: There is no budget restriction on that?

Mr Bray: It can change at short notice. For example, recently Wanniassa school junior campus contacted us to say that they had a run of attacks. We said it was not showing in the stats and it turned out that they had not actually been reporting all minor attacks. So when my staff went down, met with the principal and talked it through we found out that the extent of their minor attacks was actually quite routine. So they are on a high priority now. They went from being a low priority to a high priority merely because we were not aware of these low risk events.

MR HANSON: And you are doing it over a four-year program; is that because of budget constraints or is just simply capacity—

Mr Bray: No. It is just our classic four-year plan. It will continue until no more schools want the fence. We have basically committed $1 million of our $13 million annual capital upgrades program for school fence installations. If it turned out we had a high problem at one school and needed more money we would try to find that money to put the fence in. So basically we respond as quickly as we can to—

MR HANSON: And you are working down a list?

Mr Bray: We have a list. It is based around statistics but the list is not rigid. It changes depending on what could happen within a community around a particular school.

THE CHAIR: Thank you for that and full points for anticipation on having such a list ready. Did we get figures on lockdown and other incidents that required police attention or other interventions?

Ms Johnston: I do not have the figures on lockdown but I do have critical incidents and we report these by quarter. In the last quarter, which was January to March 2011, we had six critical incidents. I think three of these involved the police being called. What I have not got here is the degree of involvement. Sometimes the police turn up and it has already been resolved and so on.

THE CHAIR: And how does that compare to the same quarter in the previous year?

Ms Johnston: In the same quarter in 2010 we had 15. These things do go up and down but the total for the year to March 2011 was 32; the previous year was 39 critical incidents.

THE CHAIR: 39 for the full year or 39—

Ms Johnston: The full March to March year.

THE CHAIR: The comparison, so it is down?

Ms Johnston: Yes.

THE CHAIR: Good. A supplementary for Mr Doszpot and then a final from Mr Hanson to close the day.

MR DOSZPOT: Just on the critical issues or assaults recorded at schools, what is the definition of what takes place at a school? Is it within the school boundary or does it take in the area outside the school?

Ms Johnston: If it has affected the school and it affects students in the school or staff from the school then certainly we would record a critical incident that may occur outside the school.

MR DOSZPOT: So if it is in the car park or even further.

Ms Johnston: Yes, car park or sometimes in the nearby shopping centres and so on, we would record that if it was a significantly—

MR DOSZPOT: As a separate incident or is that included in what you are talking about?

Ms Johnston: That would be recorded through our critical incident process, yes.

MR DOSZPOT: Has any thought been given to utilising closed circuit TVs to monitor what happens externally to the school? In other words, if there is somebody trying to break in or issues to do with students getting assaulted—

Mr Barr: I think we have traversed this issue every estimates that you have been sitting here, Mr Doszpot—

MR DOSZPOT: More to come.

Mr Barr: and I am sure we will hear it again next year and some time into the future. But, no, there is no change in policy in relation to this matter.

THE CHAIR: Mr Hanson to close.

MR HANSON: Mr Smyth, I do recall at school that the worst crime you could commit was to ask a question close to the school bell ringing.

THE CHAIR: Mr Hanson wins the courtesy award. Thank you, minister, to you and your staff and to the officers for attending this afternoon. That concludes the session on education on government schools. We will return, I think tomorrow, for voc ed and then later for non-government schools. Questions taken on notice should be answered within the five days. Members, if you want to put questions on notice you have got four days. The chair's award this afternoon goes to Mr Grace for his verbal snipe at Mr Whybrow about how he would not have done it that way. That was very inventive, and points for initiative for bringing the chart on incidents.

Members, because you have been well behaved this week we will commence at 9.15 in the morning. Mr Corbell is unfortunately delayed.

The committee adjourned at 5.28 pm.