



# Debates

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Legislative Assembly for the ACT

**TENTH ASSEMBLY**

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**Wednesday, 23 November 2022**

**MADAM SPEAKER** (Ms Burch) (10.00): Members:

Dhawura nguna, dhawura Ngunnawal.  
Yanggu ngalawiri, dhunimanyin Ngunnawalwari dhawurawari.  
Nginggada Dindi dhawura Ngunnaawalbun yindjumaralidjinyin.

The words I have just spoken are in the language of the traditional custodians and translate to:

This is Ngunnawal Country.  
Today we are gathering on Ngunnawal country.  
We always pay respect to Elders, female and male, and Ngunnawal country.

Members, I ask you to stand in silence and pray or reflect on our responsibilities to the people of the Australian Capital Territory.

### **Ministerial response**

The following response to a petition has been lodged:

### **Nurses and midwives—recovery plan—petition 19-22**

By **Ms Stephen-Smith**, Minister for Health, dated 9 November 2022, in response to a petition lodged by Mr Davis on 3 August 2022, concerning the recovery plan for nursing and midwifery workers.

*The response read as follows:*

Dear Mr Duncan

Thank you for your letter of 3 August 2022 regarding Petition No 19-22 - Recovery Plan for Nursing and Midwifery Workers which was lodged by Mr Johnathan Davis MLA.

The ACT Government notes the Standing Committee on Health and Community Wellbeing has resolved to inquire and report on Petition No 19-22 - Recovery Plan for Nursing and Midwifery Workers. The ACT Government looks forward to contributing to this Inquiry, which will provide the opportunity to respond substantively to the important issues raised in the Petition.

The ACT Government acknowledges the stress and workload that nursing and midwifery workers have experienced, alongside all of their health workforce colleagues. Internationally these issues are replicated as the nursing and midwifery workforce and the broader community continues to manage from the ongoing impacts of the global pandemic and recover from significant waves of illness. The ACT Government looks forward to continuing partnerships with key stakeholders throughout the Inquiry and to working with nurses and midwives to make their workplaces great places to work.

The Chief Minister, myself and the Minister for Mental Health signed a joint open letter on 3 August 2022 to outline our commitment to the health workforce in the ACT. We are and will continue to deliver more support for our health workers with more staff, more opportunities, new facilities and a safer workplace.

The ACT Government has a range of activities underway to address nursing and midwifery worker recovery. These activities include health workforce planning, the continued implementation of safety programs alongside Mandated Minimum Nurse/Midwife-to-Patient Ratios, a focus on wellbeing and recovery and programs of work to embed a positive workplace culture.

On behalf of the ACT Government, I extend my thanks to the petitioners for bringing this matter to the Assembly's attention.

### **Motion to take note of petition**

**MADAM SPEAKER:** Pursuant to standing order 98A, I propose the question:

That the response so lodged be noted.

Question resolved in the affirmative.

### **Paper**

#### **Out-of-order petition**

**MS LAWDER** (Brindabella) (10.02), by leave: I present the following paper:

Petition which does not conform with the standing orders—Kangaroo management in the ACT—Immediate independent review—Ms Lawder (5426 signatures).

### **Children and young people—Best Start for Canberra's Children strategy**

#### **Ministerial statement**

**MS BERRY** (Ginninderra—Deputy Chief Minister, Minister for Early Childhood Development, Minister for Education and Youth Affairs, Minister for Housing and Suburban Development, Minister for the Prevention of Domestic and Family Violence, Minister for Sport and Recreation and Minister for Women) (10.02): Today we are tabling the Best Start for Canberra's Children: The First 1,000 Days Strategy. I do this proudly, as Minister for Early Childhood Development, and with my colleague Minister Stephen-Smith, in her capacity as Minister for Health and Minister for Families and Community Services.

The first 1,000 days is the period from conception to a child's second birthday. The evidence tells us that this time is integral to laying the foundations for life and is a time equally as important for the child and the close community around them.

Best Start outlines how we can focus on supporting children and their families so that they can thrive now and into the future. When children thrive, our community thrives. This strategy outlines real and tangible actions that can be implemented collectively across government and the community sector. It calls on us to coordinate our efforts to improve the childhood and life outcomes for Canberra's future community.

The Best Start strategy will contribute significantly to this government's ambitious child and family reform agenda. This is because, while we continue to invest in our children's futures, we also recognise that, to give children the best start, the circumstances and needs of their families and the people around them must also be considered. We are focused on improving the health and wellbeing outcomes for all children and families.

Along with the Best Start strategy and the first action plan, I am happy to update the Assembly that this government has committed over \$7 million for a new early intervention service to operate out of the Child Development Service.

Best Start is an important piece of work that is grounded in evidence and was initially guided by an expert reference group with expertise in child development, the early years and early support sectors. I would like to acknowledge and thank Professor Michael Brydon for his leadership and commitment in guiding the formation of Best Start. The government has also sought, listened to and reflected the voices of people with lived experience, to ensure Best Start is responding to and meeting the needs of our local community.

Best Start will be delivered over the next 10 years, in three phases. The first action plan sets out our initial steps to improve the supports and services available to families so that their children can get the best start in life. One of these first steps is to establish the ACT community of practice, which will bring together a range of people to collectively guide the development of future action plans. These plans will be iterative and will include monitoring and evaluation components so that we can ensure that we are achieving what we have set out to do.

The government is aware of the need for therapy supports for children and families to support positive, lifelong developmental outcomes. For this reason the government has committed to establishing a new early intervention service, to operate out of the Child Development Service from February next year.

The new service will provide critical speech, occupational and physiotherapies, or a combination of these therapies, to children aged 24 to 36 months, free. The therapies and supports offered will vary, depending on the needs of each child and their family, but may include one-on-one therapy sessions, small group programs or parent information sessions.

Together, Best Start and the expanded therapeutic intervention services will support the wellbeing and development of children starting along their life journey. It will ensure that services and supports are available along a continuum of need, as required.

Best Start is a cornerstone of our child and family reform agenda, and its intent and actions flow through to many other initiatives of this government, such as guiding this government's commitment to establishing a child and family network. The strategy also strongly aligns with the objectives set out in the ACT Wellbeing Framework, and it will support the achievements of key actions in the Healthy Canberra: ACT Preventive Health Plan 2020-25. Best Start also complements the Set up for Success early childhood strategy, Next Steps for Our Kids, and the Maternity in Focus plan.

The ACT government wants to make sure that every child in Canberra has the chance to reach their potential. Best Start sets out our pathway of collective action to achieve our vision for Canberra's children to get the best start in life so that they have the best possible health and wellbeing now, as well as into their future.

As Minister for Early Childhood Development and as a member of the ACT community, I am proud to be here today, tabling the Best Start strategy and the first action plan, and announcing the new early intervention service. The strategy and investment will make a real difference to the lives of Canberra children, their families and the whole community. I present the following papers:

The Best Start for Canberra's Children: the First 1000 Days Strategy—

Interim action plan.

Strategy.

Joint ministerial statement—Minister for Early Childhood Development, Minister for Health and Minister for Families and Community Services, 23 November 2022.

I move:

That the Assembly take note of the ministerial statement.

**MS STEPHEN-SMITH** (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Families and Community Services and Minister for Health) (10.08): I rise today to co-present Best Start to the Assembly, with my colleague the Deputy Chief Minister, and I thank Minister Berry for her statement.

This strategy commits to better supporting children and families in the ACT to be happy, healthy and thriving. All children deserve the best start in life. By focusing on supporting children and families during the first 1,000 days of a child's development, we can help all children to enjoy good health and wellbeing from the start. The Best Start strategy and its action plan will guide our efforts over the next decade to provide early and enhanced supports to children and their families, and the community.

As we have heard from Minister Berry, Best Start has been developed by incorporating the evidence with feedback we have heard from Canberra communities; that is, all children and families need support during this crucial time of a child's life. The evidence shows that a child's brain develops the most during the first 1,000 days of life. This crucial period of brain development can be impacted by many factors—

organic, environmental, social and/or physical. The evidence clearly shows that if children—and, indeed, their parents—are nurtured and cared for during this precious time, they can flourish.

While the evidence is important, we also wanted Best Start to encompass the stories and experiences of Canberrans. These experiences are at the very heart of Best Start and helped to direct the strategy's four goals.

Earlier this year, we asked Canberrans about their experiences of supporting children and families during the first 1,000 days. We spoke with parents and caregivers, family support services and frontline workers, including maternal and child health nurses, and early childhood educators. We spoke with families that reflect the diversity of our community, including members of the Aboriginal and Torres Strait Islander community, LGBTIQ+ families, members of migrant and refugee communities, parents with disabilities, and parents with children with disability.

What we heard was a reminder that each family is unique, and there is no such thing as a one-size-fits-all approach to supporting children and families during the first 1,000 days. Many of the stories that our teams heard were raw, emotional and impassioned, but several common themes arose throughout the consultations. We heard that, in all types of families, becoming a parent is one of the hardest jobs to take on, but it can also be one of the most rewarding.

All parents and caregivers want their child to have the best start in life, and the vast majority are trying their best to make this happen. The consultations were a reminder that, while many Canberrans have the resources and knowledge they need to give their children the best start, not all children start life on an even playing field. Some parents report feeling overwhelmed and confused when trying to find or access the correct services for their needs. Best Start aims to create a service system that means that, no matter what door someone enters through, they will be connected with the right service and support for their needs.

We want to better support the mental health and wellbeing of parents and carers in those early days and years of parenting. We heard that some parents felt let down or forgotten by the system in the past, and we are working to improve mental health supports and services for new parents. This was also a key focus of the recently released *Maternity in Focus* strategy.

The challenges that the COVID-19 pandemic presented to the community were perhaps felt more intensively by expecting and new parents, who found that their access to support services and networks was suddenly limited. We have heard the stories of feeling overwhelming isolation and how hard the challenges of COVID have been for families. Recovery will take time. More support is needed, and we acknowledge these challenges.

Certain members of our community may have additional needs that must be considered and supported. This includes Aboriginal and Torres Strait Islander families, families from culturally and linguistically diverse backgrounds, people living with disability, and people who identify as LGBTIQ+.

We want all families to feel supported so that their children have every opportunity to develop to their full potential. We heard from Aboriginal and Torres Strait Islander community members that there need to be more options which allow people to make their own choices about what services and supports they can access. But we must ensure that all services and supports are welcoming and culturally safe for First Nations people. We will continue working with and listening to Aboriginal and Torres Strait Islander communities, in pursuit of genuine change.

Best Start identified four goals that will guide action and investment over the next few years and beyond: increasing community awareness about the importance of the first 1,000 days; enabling parents to be confident and supported; providing services to all families; and fostering connected communities. We want all families to have access to appropriate supports from conception, through pregnancy, to birth, and through the early years.

As minister for both health and families and community services, I have a broad perspective of the crucial importance of early support in the trajectory of a child's life. We know that a child's experience through the first 1,000 days lays the foundation for long-term health and wellbeing. This is why prevention is the best approach to reduce the chances of a child experiencing long-term chronic health issues or developmental delays. One parent put it pretty succinctly during the consultations: "There need to be early assessments to uncover issues. The earlier they are treated, the better."

We need to have services in place to follow such assessments and to reassure parents about their vital role in supporting their child's development. That is why Minister Berry's announcement alongside Best Start was so important.

We know that parents are a child's first and most important teachers, and they play a vital role in a child's development. But this is not always an easy job. There is strong recognition in Best Start that parents need support from the community, and from services, to feel confident. Parents do not exist in isolation, and their children do not, either. They need to feel connected to the community. Best Start demonstrates our commitment to partnering more closely with the community sector to strengthen existing services and to improve communication and continuity between services.

Best Start aims to lift health literacy in our community by creating more awareness and understanding of how to best support child development through the first 1,000 days, and how we can empower parents, frontline service providers and other community members to support children to get the best start in life.

The preliminary work for Best Start, as Minister Berry said, was led by Professor Michael Brydon. I want to sincerely thank Professor Brydon for his leadership and expertise. I also want to thank the parents, carers and frontline workers who shared their stories during the development of Best Start.

I want to acknowledge the invaluable contribution of midwives, MACH nurses, GPs, early childhood education and care educators, and a range of frontline community sector workers in the Canberra community, and thank them for the genuine care and professionalism that they exhibit.



Delivering Best Start is one of the key actions in the Healthy Canberra: ACT Preventive Health Plan 2020-25, which is guiding our efforts to improve the health of Canberrans and prevent the incidence of chronic disease.

I was pleased recently to announce funding which will support children and families via the ACT Health Promotion Grants, the healthy Canberra grants. There was \$1.6 million in the most recent grant round of funding to support nutrition and active living for children and young people. This builds on the almost \$1 million that was provided through the healthy Canberra grants program to support community-based initiatives focused on supporting families during the first 1,000 days, which was delivered in the last round of healthy Canberra grants.

This investment builds on the previous funding, earlier this year, to ensure good health and wellbeing by encouraging healthy weight in childhood. We know that it is crucial to reducing the risk of chronic disease later in life and it is a key focus of both our preventive health plan and the Best Start strategy.

Best Start aims to set children up so that they have the best possible start in life, and to grow up to be happy and healthy. In addition to supporting health and wellbeing, one of the aims of Best Start is to provide early support so that children are physically, socially and emotionally ready to start school. As a government, and as a community, it is everyone's responsibility to work together to provide the best start for Canberra's children. I thank Minister Berry and all of my colleagues who have worked together to make this a truly whole-of-government initiative. I commend the strategy to the Assembly.

Question resolved in the affirmative.

## **Aboriginals and Torres Strait Islanders—business support program**

### **Ministerial statement**

**MS CHEYNE** (Ginninderra—Assistant Minister for Economic Development, Minister for the Arts, Minister for Business and Better Regulation, Minister for Human Rights and Minister for Multicultural Affairs) (10.17): I am pleased to have the opportunity to outline to the Assembly an important program that the government has put in place to support the more than 300 Aboriginal and Torres Strait Islander businesses operating in and around Canberra.

Canberra's Aboriginal and Torres Strait Islander businesses are diverse, working across sectors and industries from tourism to technology, performing arts to hospitality, and construction to health services. The vast majority are small to micro businesses. Approximately 90 per cent of businesses employ fewer than 19 staff, with 66 per cent employing four staff or fewer.

Supporting Aboriginal and Torres Strait Islander businesses provides significant benefit to individuals, businesses and the wider community. Indigenous owned and operated businesses are 100 times more likely to employ Aboriginal and Torres Strait Islander people than non-Indigenous owned businesses.

The ACT government's commitment and work to drive business growth and economic participation for local Aboriginal and Torres Strait Islander people and businesses reflects a commitment in the ACT Aboriginal and Torres Strait Islander Agreement.

The ACT government has been supporting dedicated business development programs for Aboriginal and Torres Strait Islander businesses and entrepreneurs since 2017. The original program was established to offer Aboriginal and Torres Strait Islander businesses and entrepreneurs mentoring and business support, and connection to education and training opportunities.

The program was delivered by a local Aboriginal and Torres Strait Islander business and ran until February this year. Over the course of the program many local organisations engaged with, and gained access to, much-needed support, particularly through the very challenging business operating environment of 2020 and 2021.

In August 2020 the government undertook an independent review of Aboriginal and Torres Strait Islander business growth and viability in the ACT to explore the needs of Aboriginal and Torres Strait Islander owned and operated businesses, to identify gaps, and to provide recommendations to guide the territory on future solutions for Aboriginal and Torres Strait Islander business support.

This review highlighted the need for a service which connected businesses with existing support services via a concierge approach. Delivering a concierge-based service which connects the needs of businesses to areas of support would have the greatest reach and impact for Aboriginal and Torres Strait Islander businesses to develop and grow.

The concierge service provider would need to have strong connections and excellent relationships across the business support ecosystem to ensure that Indigenous businesses are referred to a range of programs and services offered by federal and local governments, tertiary education providers, Indigenous organisations and culturally appropriate businesses.

Getting to this point has been the result of extensive engagement. The ACT government engaged with federal and local government agencies, universities and local industry organisations offering business support, Indigenous grant programs, accelerator and incubator programs and businesses with the ACT Aboriginal and Torres Strait Islander community.

Videos explaining the services government was seeking and how to apply were developed and shared on social media channels which reached a cross-section of Indigenous businesses. Additional information sessions with interested applicants were also held. Finally, tenderers were invited to pitch their approach to the evaluation team.

I believe this comprehensive and consultative approach, including extensive engagement both nationally and locally, has resulted in a program well placed to work with local Aboriginal and Torres Strait Islander businesses.

The new business support program, Badji, commenced in June 2022 and is being delivered by Coolamon Advisors. “Badji” means “arise” in the Ngunnawal language. Coolamon Advisors worked with the Winanggaay Ngunnawal Language Corporation and, in particular, Ngunnawal elder Dr Caroline Hughes to identify an appropriate name for this program, and we thank Dr Hughes for her guidance and for gifting this name.

Coolamon Advisors are an ACT majority owned and managed Aboriginal and Torres Strait Islander company. They have a wealth of lived and learned experience to share with Aboriginal and Torres Strait Islander businesses. Coolamon’s co-owner and director of the program is Katrina Fanning, a former Canberra Woman of the Year and ACT Australian of the Year. Katrina is supported by concierge manager Julie Jenkins, herself a successful small business owner and well placed to understand the needs of businesses connecting with the service.

Badji provides a new support service for Aboriginal and Torres Strait Islander businesses to help support the sector, and it is a vital part of First Nations self-determination and economic independence.

Coolamon have been busy establishing and delivering the Badji program. Since its inception, they have established a website to provide information about the program and to take expressions of interest from client companies. They have conducted a “working together” workshop with a wide ecosystem of support providers; and they have worked with the Winanggaay Ngunnawal Language Corporation to provide the dedicated name Badji.

This week I was delighted to receive a copy of Badji’s first newsletter, which contained a message from Julie Jenkins about the services that the business support concierge can provide to Aboriginal and Torres Strait Islander businesses in the ACT, from the provision of workspace and office facilities to assisting businesses with the documentation needed for Supply Nation registration. The ACT government will be working closely with Coolamon Advisors on Badji as the program develops through its inaugural year.

As we work to realise our joint objective of supporting existing Aboriginal and Torres Strait Islander businesses to develop and grow, and to help more Aboriginal and Torres Strait Islander people to start their own businesses, I look forward to updating the Assembly and to celebrating their successes. I present the following paper:

Aboriginal and Torres Strait Islander Business Support Program—Ministerial statement, 23 November 2022.

I move:

That the Assembly take note of the paper.

Question resolved in the affirmative.

## **Building—Construction Occupations Registrar**

### **Ministerial statement**

**MS CHEYNE** (Ginninderra—Assistant Minister for Economic Development, Minister for the Arts, Minister for Business and Better Regulation, Minister for Human Rights and Minister for Multicultural Affairs) (10.24): I am pleased to advise the Assembly of the statement of expectations issued to the Construction Occupations Registrar, which was notified yesterday and commences today.

Under the Construction Occupations (Licensing) Act 2004, as the minister responsible for the registrar's regulatory functions I may make a statement setting out my expectations in relation to the registrar's functions. This is the first time this statement has been issued. The provision in the act which provides for this allows me to clearly outline the general expectations for the role, while preserving the independence of the registrar to determine how best to exercise his or her functions.

This statement does not diminish nor reflect on the hard work and achievements of the registrar; rather, it reinforces and builds on this work to date. It does so by formalising the clear expectations from me, as minister, and from this government, in relation to the role the registrar has in addressing building quality in the ACT, and requiring a report against these. The statement of expectations sets out these expectations without directing the registrar about the way in which they must exercise their functions, nor the exercise of a function related to an individual or class of person. The registrar will be guided in the exercise of their functions by the Access Canberra accountability commitment framework, and the model litigant guidelines when responding to claims and litigation.

The statement has been developed in consultation with the registrar. Overall, I expect the registrar to apply their statutory powers to protect homeowners from the significant financial, emotional and physical harm that can come from poor building quality outcomes, and to instil in the ACT community a greater confidence in the construction sector. I have asked the registrar to hold occupational licensees to account for poor building quality outcomes. This government has made it clear that poor building quality will not be tolerated in the ACT. The government has introduced a number of reforms to improve building quality, and continues to ensure that the registrar has the tools needed to respond to issues promptly, enforce the rectification of construction defects, and use data and intelligence to identify and investigate these defects.

The registrar will prioritise available resources to quickly identify defects and non-compliance and to provide for matters to be rapidly escalated if they need detailed investigation and further regulatory responses. This is the case whether it is a deep excavation, a defect in a building, or an issue with a plumbing or electrical installation. The registrar will also enforce the rectification of construction defects by the responsible licensee. While cooperative compliance is usually the most effective regulatory tool, I expect the registrar will undertake thorough investigations of defects and apply available construction laws and regulatory powers where appropriate. This includes licensees and former licensees, as well as the directors and former directors of defunct companies. It is not acceptable for someone to attempt to avoid their responsibilities by winding up a company.

I expect the registrar to use data and intelligence to identify and investigate construction defects. The registrar will undertake the assessment and analysis of building issues and entities who provide construction related services in the ACT.

The statement of expectations also focuses on the registrar taking appropriate action to prevent and reduce future building quality issues. This means applying regulatory controls to those licensees, including corporations, who have repeatedly and significantly failed to meet the requirements of the legislation. The registrar will also continue to ensure that licensees have the necessary qualifications and experience to hold a construction occupations licence in the ACT. The registrar will make sure that they are suitable to hold a licence, which includes demonstrating their licence history, financial suitability and adequate qualifications determined by the registrar.

The ACT community rightly expects that the people building their houses or working on their electrical, plumbing or gas systems can do the work to an appropriate standard. I acknowledge the government's intention to introduce a registration scheme for engineers, and a licensing scheme for property developers. We will be bringing these further critical aspects of building quality into the ACT's regulatory framework, and then the registrar's work. The registrar and their team will target proactive audit programs to identify potential building quality issues where the risk of harm to our community is the greatest. In particular, class 2 buildings, including high-rise and medium-rise buildings such as apartment complexes, will be assessed to make sure that they meet the requirements of the law.

Adequate supervision of construction activities is a key requirement of the Construction Occupations (Licensing) Act. Making sure that licence holders are doing their work to a high standard and in compliance with Australian Standards and legislative requirements is essential to prevent building issues in the future. The registrar will focus on licensed corporations and partnerships that may be high risk based on the number and value of the works and sites for which they are responsible.

The ACT community should expect that the homes that they build and live in are of the highest quality, and the registrar is expected to improve community confidence in the building and construction industry. This work will then focus on informing the community, industry and other key stakeholders about significant regulatory actions when they occur, as well as all the proactive work they do to prevent incidents. The registrar regularly publishes construction notes to industry to inform them of issues of non-compliance that have been found and to clearly communicate the registrar's expectations of the industry. This includes advice about the registrar's proactive work and the focus of upcoming audit activity.

This is an example of how the registrar will also proactively engage with the industry, guided by data that identifies the trends and highlight areas of focus and opportunities for education. This will provide licensees across construction occupations with the information that they need to improve their practice, including identifying compliance actions and audit outcomes that will enable the industry to assess their own practices and to make improvements to their work. This will include the registrar regularly engaging with the construction industry and industry peak bodies, to raise awareness of key issues and support improved compliance outcomes. I also expect the registrar

to engage with policy directorates to discuss policy settings and assess the available legislative powers to determine if they remain adequate and effective. This government encourages ongoing reviews of legislative provisions to make sure that they meet the needs of the community and the expectations of government.

The registrar will work closely with the non-government sector to protect the more vulnerable members of our community, looking at issues and matters that present key risks and harms for the community. Again, the Constructions Occupations Registrar and their team does, and has done, excellent work for the ACT community. This statement of expectations further reinforces that work, by outlining the clear expectations of government; holding licensees to account; preventing future issues arising; improving community confidence in the sector; and requiring a report against this. I have full confidence in the registrar's ability to meet this statement of expectations. I commend the statement to the Assembly and look forward to the reporting response that is required by the registrar next year.

I present the following papers:

Construction Occupations (Licensing) (Registrar) Statement of Expectations 2022—Notifiable Instrument NI2022-571, dated 8 November 2022.

Construction Occupations Registrar Statement of Expectations—Ministerial statement, 23 November 2022.

I move:

That the Assembly take note of the ministerial statement.

Question resolved in the affirmative.

## **Road Safety Legislation Amendment Bill 2022**

**Mr Steel**, pursuant to notice, presented the bill, its explanatory statement and a Human Rights Act compatibility statement.

Title read by Clerk.

**MR STEEL** (Murrumbidgee—Minister for Skills, Minister for Transport and City Services and Special Minister of State) (10.33): I move:

That this bill be agreed to in principle.

The ACT government is committed to the realisation of Vision Zero—zero fatalities and serious injuries on our roads. That is why, through our safe systems approach, we are focused on people and driver behaviour, because risk-taking behaviours like speeding, hooning, distracted driving, driving while fatigued or with impairment, and driving under the influence of alcohol and drugs, cause serious injuries and deaths on the ACT's roads.

It is why one of the key goals of our road safety strategy is to reduce serious and fatal crashes and to change road user attitudes and behaviour through education and

compliance activities. In the ACT's Road Safety Action Plan 2020-2023 the ACT government committed to a review of the ACT's road transport penalties framework, including a review of speeding offences and their associated penalties to ensure that they are operating as a sufficient and effective deterrent.

That review began earlier this year, to ensure that the penalties are commensurate with the road safety risk associated with the unsafe behaviour and to support behavioural change, including the appropriate application of infringement notice penalties, demerit points, court fines, licence suspensions and disqualifications, education programs and imprisonment. This penalties review will result in significant reforms in road transport legislation. Today I am pleased to present the first tranche of these reforms through the Road Safety Legislation Amendment Bill, which addresses dangerous driving behaviour on ACT roads.

The purpose of this bill is to amend road transport legislation to improve road safety by providing enhanced penalties to deter dangerous driving behaviours and strengthen the reporting and monitoring of driver licence holders' fitness to drive. This bill has a focus on making our roads safer. The amendments in the bill are practical. They will increase ACT Policing's ability to act immediately to stop dangerous drivers and protect the lives of other road users in the ACT. The bill also increases and introduces new penalties for a range of offences to ensure that the sanctions for dangerous driving behaviours are appropriate and proportionate, particularly for repeat offenders.

Ensuring that ACT police have appropriate penalties and enforcement tools is essential for providing a safe road environment for the community. As the public heard during the Standing Committee on Justice and Community Safety inquiry into dangerous driving, dangerous driving has tragic outcomes in the community. In their evidence to the inquiry, a number of road safety advocates called for stronger penalties to be applied to this behaviour. This bill addresses many of these proposals and follows ongoing engagement with police and other stakeholders about how to practically address dangerous behaviour on our roads.

This bill enhances the penalty framework in the road transport legislation to target risky behaviour in four main areas. These are high-range speeding; street racing, attempts on speed records, speed trials and other hooning behaviours; furious, reckless, and dangerous driving; and drug driving. It seeks to address these behaviours by strengthening police and court sanctions. It does this by expanding the list of serious road transport offences which are subject to immediate licence suspension and disqualification, vehicle seizure and impoundment, and increased penalties.

High-range speeding unfortunately continues to be prevalent on ACT roads. From 2017-18 to 2021-22 a total of 455 drivers were charged with speeding in excess of 45 kilometres per hour by ACT Policing—an average of 91 per year. In 2021-22, 318 drivers were issued a traffic infringement notice by Access Canberra for speeding in excess of 45 kilometres per hour. This behaviour is not acceptable. The risks of speeding to road users are well established in research and crash data, and the community is well aware of the dangers of this behaviour.

Speed is a factor in most traffic crashes and is over-represented in repeat road transport law offences. Despite ongoing enforcement and campaign efforts on the

dangers of speeding, there remain a portion of road users who do not use the roads in a responsible way and who endanger the lives of other road users. This bill expands the current immediate licence suspension framework to give police the power to apply an immediate licence suspension where a person is found to be speeding by more than 45 kilometres per hour over the speed limit. A person's licence will be subject to disqualification, where convicted of this offence by the courts. Police may also seize and impound a vehicle where they believe this offence has occurred.

The bill I am introducing today also seeks to address hooning behaviour by strengthening police enforcement tools. Hooning behaviour, such as street racing, attempts on speed records and speed trials, is extremely dangerous behaviour. Hooning endangers the lives of both drivers and other road users and can have tragic consequences for the people impacted. Police enforcement can be difficult, due to the nature of the activities, particularly where it occurs in remote areas away from the city.

The current legislative framework does not allow a police officer to stop a person from driving, even when they are a repeat offender and continue to break the law. ACT Policing have advised that there have been instances where a person has been pulled over and charged with a street racing offence, only for the same person to again be observed committing the same offence within a short time period. Clearly, the current penalty for this offence, which carries a maximum of 20 penalty units, does not reflect the seriousness of this offence and is not sufficient to achieve its objective of protecting road users and deterring repeat offending.

To address this, the bill amends section 5A of the Road Transport (Safety and Traffic Management) Act 1999 so that the street racing offence attracts a new maximum penalty option of up to 100 penalty units and 12 months imprisonment for repeat or aggravated offenders. The maximum penalty for this behaviour for a first or non-aggravated offence has also been increased from 20 to 50 penalty units and the traffic infringement notice penalty from \$492 to \$700. These changes will amend ACT penalties to be more closely in alignment with other jurisdictions. Currently, the ACT is one of only two jurisdictions where courts are unable to impose imprisonment for this offence.

A term of imprisonment would be applied to the most serious incidents or where a person repeatedly disregards the law. An option for imprisonment is appropriate, given that this behaviour can lead to serious long-term injuries or death. The bill also amends the existing legislation to increase the range of offences that would result in a dangerous driving offender being classified as a repeat or aggravated offender and therefore subject to higher penalties.

Repeatedly engaging in these behaviours demonstrates that a person has failed to learn from their actions and has continued to behave in a manner less than the standard expected by the community. The current definition of a repeat offender in section 5AB of the Road Transport (Safety and Traffic Management) Act 1999 does not adequately capture and disincentivise recidivist behaviour.

The new offences that will classify a person as a repeat offender include culpable driving, street racing, attempts on speed records, speed trials, improper use of a motor vehicle, menacing driving, speeding more than 45 kilometres over the speed limit and



drink driving. These have been included on the basis that they are significant offences involving serious dangerous driving behaviour and disregard for public safety. Where multiple offences are committed at once, these offences pose a much higher safety risk for the community and the penalty should reflect that.

Aligning with the increased penalties for high range speeding and hooning offences, the bill also expands the current immediate licence suspension framework to give police the power to apply an immediate licence suspension on the roadside when a police officer believes, on reasonable grounds, that an aggravated offence of furious, reckless and dangerous driving has been committed. A person's licence will be subject to disqualification where convicted of this offence by a court. Police may also seize and impound a vehicle where they believe that this offence has occurred.

The bill also provides an immediate licence suspension where a person refuses to provide an oral fluid sample under section 22A of the Road Transport (Alcohol and Drugs) Act 1977. Given the established high risk factor for drugs in road injuries and fatalities, there is a need to ensure that police have the appropriate powers to establish whether a person is under the influence of a drug or drugs when driving. While offences are currently in place for refusing to provide an oral fluid sample, this does not address the immediate public risk. At present, a person who refuses to undertake this testing can continue to drive in the ACT. It is therefore appropriate for a licence suspension to be in place where a driver refuses to undertake this testing. Allowing people who commit these extremely serious and dangerous driving offences to stay on our roads would unfairly endanger the lives of other innocent road users.

The bill contains a number of safeguards to limit the exercise of the power to immediately suspend a licence or seize and impound a vehicle, ensuring that this power cannot be exercised in an arbitrary manner. Critically, a person may apply to the Chief Police Officer for the release of a vehicle, under certain circumstances, under section 10G of the Road Transport (Safety and Traffic Management) Act 1999. They may also apply to the courts to order the release of the motor vehicle or for a stay of their licence suspension.

The National Road Safety Strategy 2021-2030 states that "while heavy vehicles crash less often than other vehicles, these crashes are more likely to result in a death or serious injury". The severe trauma that heavy vehicles may inflict in a collision means that it is critical that we ensure that our road transport laws ensure that licensed heavy vehicle drivers are fit to drive.

Earlier this year, the ACT government responded to the recommendation made by Chief Coroner Walker in her inquest into the death of four-year-old Blake Andrew Corney, who was tragically killed by a truck driver found to have a background of medical concerns. We committed to consider and pursue legislative amendments that mandate health practitioners, or certain practitioners, to notify the Road Transport Authority of relevant medical conditions, where reporting would be in the interests of road safety and to protect the public.

Today I am introducing laws to support a mandatory scheme where health practitioners must inform the Road Transport Authority if they believe a patient has

an impaired fitness to drive. This bill recognises the important role of health practitioners in our efforts to reduce road trauma and strive for Vision Zero. This scheme integrates into our well-established fitness to drive framework within the Road Transport (Driver Licensing) Regulation 2000. The current framework requires drivers to meet nationally consistent medical standards. It allows the RTA to impose a condition, suspend, vary or cancel a driver licence where the medical standards have not been met. These decisions are supported by expert advice from medical professionals. Any person whose licence is affected by a decision made by the RTA has the right to an internal review process.

We will soon be consulting with stakeholders on draft Road Transport (Driver Licensing) Amendment Regulation 2022 (No 1), which provides a scheme focusing on mandated medical reporting for heavy vehicle drivers. All heavy vehicles on the ACT road network play a part in road safety, which is why the draft amendment regulation will propose that reporting by health practitioners is required for any heavy vehicle driver, including visiting drivers with an interstate heavy vehicle licence.

The bill also introduces a power that, if passed, will allow the draft amendment regulation to improve information-sharing arrangements with interstate licensing authorities, further strengthening the fitness to drive regime in the ACT. It is proposed that the Road Transport Authority may refer the information received from a health practitioner to the issuing jurisdiction for their consideration. This will allow for an assessment against a comparable fitness to drive scheme and any necessary changes to the interstate driver licence, further improving road safety in the ACT.

To ensure the success of the proposed reporting obligation for health practitioners, the draft amendment regulation also seeks to improve information-sharing arrangements. This will strengthen the ability for the Road Transport Authority to seek expert medical advice on reports in complex or unusual cases. The draft amendment regulation will soon be published for further consultation. We will continue to work with stakeholders to ensure the success of the scheme.

These reforms are an important step to ensuring that our roads are safer for all users. This bill is the first stage of our review of all road transport penalties to ensure that they are proportionate, both to the risk of harm and to other offences. The amendments are practical, increasing ACT Policing's ability to issue on the spot licence suspensions and vehicle seizures for dangerous driving offences, which will allow them to immediately stop dangerous drivers and protect the safety of other road users by taking them and their vehicles off the road.

As Minister for Transport and City Services, I am committed to reducing the prevalence of dangerous driving by ensuring that there are appropriate sanctions for dangerous driving. I would like to take this opportunity to thank Kirra Cox and Transport Canberra and City Services staff for their work in developing this bill. I commend the bill to the Assembly.

Debate (on motion by **Mr Parton**) adjourned to the next sitting.

## **Justice and Community Safety—Standing Committee Reference**

**MR STEEL** (Murrumbidgee—Minister for Skills, Minister for Transport and City Services and Special Minister of State) (10.49), by leave: I move:

That, notwithstanding the provisions of the resolution of the Assembly of 2 December 2020, as amended, that established general purpose standing committees, the Road Safety Legislation Amendment Bill 2022 be referred to the Standing Committee on Justice and Community Safety to decide whether or not to undertake an inquiry.

Question resolved in the affirmative.

## **Crimes Legislation Amendment Bill 2022**

**Mr Rattenbury**, pursuant to notice, presented the bill, its explanatory statement and a Human Rights Act compatibility statement.

Title read by Clerk.

**MR RATTENBURY** (Kurrajong—Attorney-General, Minister for Consumer Affairs, Minister for Gaming and Minister for Water, Energy and Emissions Reduction) (10.50): I move:

That this bill be agreed to in principle.

**MR RATTENBURY:** I am pleased to present the Crimes Legislation Amendment Bill 2022 to the Assembly today. This bill will make changes to various acts to improve the operation of the criminal justice system in the ACT. Two new criminal offences will be introduced in the ACT by this bill.

The first new offence prohibits the public display of Nazi symbols and empowers police to remove such symbols to prevent the continuation of offending. This offence prohibits a person from publicly displaying a Nazi symbol and carries a maximum penalty of 120 penalty units, imprisonment for 12 months or both. “Nazi symbol” is defined for the purposes of the offence as a Hakenkreuz.

A Hakenkreuz is a symbol of a cross with the arms bent at right angles in a clockwise direction. The bill acknowledges that this symbol is to be distinguished from a swastika, which is an important symbol of purity, love, peace and good fortune for Buddhist, Hindu and Jain communities.

The bill provides exceptions to the offence where the public display was reasonable and done in good faith for a range of purposes, including a religious purpose such as a person of Hindu faith displaying a swastika in the window of their shop for good luck. The offence will apply not only to the public display of a Nazi symbol in a physical location but also to online displays in order to capture the display of a Hakenkreuz to members of the public via social media and other online platforms.

This new offence will reduce the opportunity for racism and vilification and send a strong message that the ACT government, and our community generally, will not tolerate the public display of Nazi symbols and the ideology of hate that they represent.

The new offence will support the rights of minorities, including the right to culture under the Human Rights Act 2004, by reducing the likelihood that members of the community will feel intimidated or threatened and therefore unable to engage in their own religious beliefs and culture.

The new offence will engage and limit the right to freedom of expression under the Human Rights Act. But this limitation is restricted, as the bill provides for exceptions to the offence where a person displays a Nazi symbol reasonably and in good faith for one of the following purposes: for a genuine academic, artistic, religious or scientific purpose; for a genuine cultural or educational purpose; in making or publishing a fair and accurate report of an event or matter of public interest; and in opposition to fascism, Nazism, neo-Nazism or other related ideologies.

Examples include where a bookshop displays for sale an educational textbook on World War II, which has a Hakenkreuz on the cover, or where a person displays a flag of Nazi Germany with a marking through it to signal the person's opposition to Nazism. The bill also provides the power to a police officer to direct a person to remove a Nazi symbol from display if the officer reasonably believes that the person is committing the offence of public display of a Nazi symbol. These powers will enable effective enforcement of the offence and will minimise the harm caused by any display of Nazi symbols.

The introduction of this offence will bring the ACT in line with Victoria and New South Wales, which have recently adopted similar offences. I note that the Queensland and Tasmanian governments have also committed to introduce an offence to prohibit the public display of Nazi symbols.

The second new offence introduced by this bill is the offence of unauthorised entry of a motor vehicle. This offence requires proof that: a person has entered a motor vehicle; that the vehicle belongs to someone else; and the person does not have the consent of the owner to enter the vehicle. The maximum penalty provided is 10 penalty units—that is, \$1,600—which is commensurate with the level of culpability required to prove the offence.

This offence is proposed after it was recommended by the Chief Police Officer. After it was determined that DNA evidence of a person having been in a stolen car was not sufficient to establish that a person had in fact stolen the car, it was evident that there was still a need to recognise the criminal culpability of entering a car without authorisation. This offence makes progress to filling this gap.

This is a lower level offence, intended to address conduct which in and of itself is a violation of another person's property and, in many cases, their private and personal space, but which may also be part of more serious offending—for example, involving the destruction or theft of a motor vehicle. It is important that ACT Policing are able to respond to the conduct of unauthorised entry. The offence will not capture

unauthorised entry of a motor vehicle where the person has a legitimate reason for entering—for example, where they are breaking into the vehicle to assist a child or animal that is trapped in the vehicle.

The government also recognises that there are more serious kinds of unauthorised entry to a motor vehicle in between this new simple offence and the more serious offences of stealing a car or driving or riding in a stolen car. The government is working closely with key stakeholders to progress a more serious offence of unauthorised entry of a motor vehicle which will encompass a higher level of culpability in its physical and fault elements and will carry a higher maximum penalty.

Today's bill will also amend the Crimes (Sentencing) Act 2005 to provide that an offender's residence outside the ACT must be taken into account as a matter indicating their unsuitability to serve their sentence by way of intensive correction order. A sentencing court must not order an offender be subject to an intensive correction order unless satisfied such order is suitable for the offender.

To determine suitability the court must consider an intensive correction assessment. Under current legislation, a number of matters must be taken into account as an indication of unsuitability for the purposes of this assessment, including the offender having a major problem with alcohol or a controlled drug; and the offender's non-compliance with an intensive correction assessment.

The amendment will add the offender's residence outside the ACT to this list. An offender's residence outside the ACT may impact ACT Corrective Services' ability to provide effective supervision. For example, the conditions of an intensive correction order can include home visits and drug testing, which a corrections officer cannot perform without ready access to the offender.

The offender's residence outside of the ACT can also impact whether the offender is able to comply with conditions. Such conditions can include regular reporting to ACT Corrective Services offices in Canberra, which requires the offender to regularly attend the ACT at particular times. An offender can also be subject to other "location relevant" orders as part of an intensive correction order, such as community service orders, which may require almost daily attendance within the ACT.

An offender's residence outside the ACT will not necessarily mean that they will be found to be overall unsuitable to serve their sentence of imprisonment by way of an intensive correction order, provided they are able to comply with the order's obligations. The question of whether an offender's residence outside the ACT prevents them from being suitable for an intensive correction order must be considered on a case-by-case basis. This amendment will allow ACT Corrective Services to provide a more comprehensive assessment of an offender's suitability for an intensive correction order to the sentencing court, supporting the supervision of and compliance with any such orders.

The bill will also amend the Crimes (Sentence Administration) Act 2005 to support ACT courts to recover outstanding court fine amounts. Currently, ACT courts can only contact offenders with unpaid court fines via their postal or home address.

This amendment will require offenders to provide their email address and telephone number to ACT courts so that they can be contacted using these details to follow up on any unpaid fines. Offenders who do not provide their email address and telephone number as required may be subject to a penalty. However, if the offender does not have an email address and/or telephone number or they have a reasonable excuse for not providing these details they will not be penalised.

ACT courts will also be able to obtain an offender's email address and telephone number from a specified third party, including the Chief Police Officer of the ACT and the ACT Housing Commissioner. ACT courts and specified third parties are bound to deal with a person's personal details in accordance with information privacy principles.

The amendment will modernise the ACT courts' approach to fine enforcement by allowing the use of more up-to-date methods of communication to contact debtors and increase compliance with payment of fines. The amendment will allow ACT courts to intervene earlier and better provide people with the information they need to manage their fines.

Finally, the bill will ensure that the ACT Childrens Court can deal with aggravated burglary and aggravated robbery offences summarily, without prosecution consent. This will mean that the way in which the Childrens Court can deal with these offences is consistent with that court's powers to deal with other serious offences by summary disposal.

This amendment will promote the rights of children in the criminal process, as stated at section 20 of the Human Rights Act 2004, by ensuring that children and young people under the age of 18 cannot receive a maximum penalty of more than two years imprisonment for these offences, which will support that child or young person's rehabilitation. The amendment will also allow matters to be dealt with more expeditiously, reducing the impact of extended court processes on all parties, both victims and defendants.

The bill will support a number of human rights, including those of children in the justice system. It will promote safety in the ACT through improved suitability assessments for intensive correction orders and the deterrence of unauthorised entry of motor vehicles. It will reduce the opportunity for racism and vilification and send a strong message that our community does not tolerate hate ideology. I commend the bill to the Assembly.

Debate (on motion by **Mr Cain**) adjourned to the next sitting.

## **Workplace Legislation Amendment Bill 2022**

Debate resumed from 8 June 2022 on motion by **Mr Gentleman**:

That this bill be agreed to in principle.

**MR COCKS** (Ginninderra) (11.02): I rise to speak today on the Workplace Legislation Amendment Bill 2022, as the shadow minister for jobs and workplace

affairs. I will be relatively brief, but I want to confirm that the Canberra Liberals will be supporting this bill.

In addition to making minor and technical amendments to various legislation, this bill makes progress toward implementation of the recommendations of the Boland review. The Boland was a very important step in Australia's workplace safety journey. A really important underlying principle in that review was the move towards good, strong, nationally consistent laws.

This is important for both workers and businesses. For businesses, nationally consistent laws mean that it is easier to operate across state and territory borders. It is clear that that means businesses have the ability to make good practice easier. For workers, nationally consistent laws provide confidence that their safety will be looked after, irrespective of where they are. Workers deserve to know that workplace safety is a chief concern in the workplace and for their government. I have said before, and I will say it again, that every worker should be confident when they go to work that they will come home at the end of the day.

Today it is also timely to reflect and reiterate that every worker should feel that they are safe in terms of their physical health and their psychosocial health. Bullying in Australian workplaces cannot be accepted by the workplace, and workers deserve to know that a government has their back when something goes wrong and they need to turn to a regulator to report it.

By the same token, on the critical issue of sexual assault, every person in Australia should know that every government in Australia has their back. I am pleased to note that this bill does make progress in that direction. The mandatory reporting of sexual assault is very important, as I say, to provide confidence to a worker that, when they are going through a tough time, when something has gone wrong in the system, when they have been the victim of something which should never happen, the laws and the framework that are in place are set up to protect them, to look after them and to make sure it never happens again.

I am pleased to support this bill. If you will indulge me for a moment, I would like to reflect that, across my own work journey, I have witnessed and been the victim of bullying at different times. The impact that bullying can have on any worker is significant. It makes it hard to get up in the morning to go to work, to make a contribution. It leaves scars on your family life. It leaves people unable to fully engage in their community and in their workplace.

With sexual assault, those impacts are magnified. People feel powerless. There are real challenges for them to even come forward and share their story. There are real challenges as they seek to fight a battle they should never have to fight. I will be proud to stand any time to try and make sure that, when something goes wrong, it does not happen again.

As I said, the Boland review made great strides in terms of moving towards a better work health and safety framework across the whole country. This bill makes good progress in bringing the ACT along on that journey, and the Canberra Liberals will be supporting it.

**MR BRADDOCK** (Yerrabi) (11.07): The Greens will be supporting the Workplace Legislation Amendment Bill 2022, which amends various legislation to strengthen workplace health and safety laws. This is a commitment that has been articulated in the Parliamentary and Governing Agreement for the Tenth Legislative Assembly, which reads:

Review and amend Work Health and Safety laws to keep Canberra workers safe on worksites.

This is a commitment that is central to the ACT Greens and the government.

Amendments in this bill to the Work Health and Safety Act 2011 will implement, as Mr Cocks has already mentioned, a number of recommendations from the Boland review.

Out of the 34 Boland review recommendations, nine will be implemented through this amendment bill. They are associated with recommendations around providing greater clarity for duty holders about their work health and safety obligations; ensuring that workplace health and safety offences are effective in deterring non-compliance; ensuring that liability for penalty amounts under WHS laws cannot be insured against; and strengthening cross-border information sharing arrangements between regulators.

The bill also includes amendments to the proposed Work Health and Safety Regulation 2011 which will implement two recommendations from the Boland review relating to statutory notices issued by a deregulator, evidence of operator training and instruction and amusement device logbooks, as well as clarification about compliance with national standards referenced through WHS laws.

In addition to implementing the Boland review's important recommendations, the bill extends work health and safety incident notification laws to require employers to report to the regulator sexual assault incidents occurring at their workplaces. Currently, these workplace incidents would only be notified if there is a hospital admission or medical treatment provided. This should not be the case.

Workplace sexual assault and harassment have no place in our community or in our workplace. We can and must do better to act on this, in light of the *Respect@Work* national inquiry into sexual harassment report from 2020 and also the independent review into commonwealth parliamentary workplaces in 2021. All forms of workplace violence, including sexual assault, are absolutely unacceptable and have serious health and safety impacts for workplaces and workers. Employers play a key role in ensuring that workplaces are safe for all workers, which includes the elimination of risks and hazards that contribute to sexual assault.

This bill represents a significant increase in the visibility of the scourge of workplace sexual assault through applying the notifiable incidents requirements to this category. This type of incident has been under-reported and hence under-addressed for far too long. Through reporting to the regulator, emphasis will be placed on PCBUs to undertake appropriate and effective action.



I note the concerns of the scrutiny committee about the right to privacy in these notifiable instruments. I am reassured by the government response listing those steps that are in place to protect the privacy of those who are subject to workplace sexual assault. I do, however, believe that we, as a government, will need to monitor to ensure that we have the delicate balance between effectively keeping employees safe in their workplaces and the protection of privacy of those who come forward to report an incident and ensuring that the legislation is achieving its objectives.

Recommendation 20 of the Boland review recommended that incident notification provisions be reviewed to provide for notification triggers for psychological and psychosocial injuries. I hope to see this in place as soon as possible. I believe that the reforms in this bill will help contribute to that recommendation.

Finally, the bill's amendments to the Workers Compensation Act 1951 to expressly permit the taking and accrual of annual and long service leave while workers are receiving workers compensation payments is a welcome change to stop the penalisation of workers who, through no fault of their own, have been injured and are receiving compensation and to allow them to accrue leave as would any other worker.

Overall, this legislation improves the protection of the health and safety of workers in the Canberra community. These enhancements will provide a more effective deterrent against poor work safety practices. Hence, the ACT Greens support this bill.

**MR PETTERSSON (Yerrabi) (11.12):** In 2018 Ms Boland, an independent expert in work health and safety regulation, reported to Safe Work Australia on her review of the national model work health and safety laws. Ms Boland's review was thoroughly researched and was supported by extensive consultation. Recommendation 20 of the review called for incident notification provisions within the national model laws to be reviewed to provide for notification triggers for psychological injuries and adjusted as required to capture incidents, injuries and illnesses that are emerging from new work practices, industries and work arrangements.

While Safe Work Australia is leading the national review of the incident notification provisions, it is appropriate that the territory government has decided to expand the incident notification provisions to include workplace sexual assault incidents ahead of these national reforms in order to alert the regulator, WorkSafe ACT, about these serious incidents that require timely and independent investigation.

Under the current arrangements, workplace sexual assault incidents are only notified to the regulator when medical treatment has been provided or if there has been a hospital admission. This does not appropriately reflect the seriousness of sexual assaults nor the significant psychosocial impact on the victim. It also places the reliance of the notification of the incident on the individual seeking the treatment. This is unacceptable, and the ACT cannot wait any longer to give effect to these important work health and safety reforms.

These legislative changes put the onus and obligation on the employer to make the sexual assault incident notification to the regulator and will allow the regulator to

more effectively respond to workplace incidents. It is not the intention that the regulator would be interviewing persons that have been sexually assaulted about the specific details of the incident. This would be left, quite rightly, with the police and the criminal justice system. Instead, the regulator would consider the adequacy of the employer's work health and safety organisational policies and practices. This data and information will assist the regulator to understand emerging trends in incidents, injury and illnesses and to target education and compliance activities.

In the 2020 *Respect@Work: Sexual Harassment National Inquiry* report, Kate Jenkins, the Sex Discrimination Commissioner, wrote:

Sexual harassment is not a women's issue: it is a societal issue, which every Australian, and every Australian workplace, can contribute to addressing.

Workplace sexual harassment is not inevitable. It is not acceptable. It is preventable.

The Sex Discrimination Commissioner went on to say:

I have been devastated by the experiences of sexual harassment within workplaces I have heard about through this Inquiry, the harms suffered by victims and the cost to the economy. However, I have also been heartened by the whole-of-community response to the National Inquiry. Australia wants change.

I call on all employers to join me in creating safe, gender-equal and inclusive workplaces, no matter their industry or size. This will require transparency, accountability and leadership. It will also require a shift from the current reactive model, that requires complaints from individuals, to a proactive model, which will require positive actions from employers.

Ultimately, a safe and harassment-free workplace is also a productive workplace.

Through the Workplace Legislation Amendment Bill, the ACT will be leading the way on these important reforms relating to the reporting of workplace sexual assault incidents.

While it is not the intent of the amendment bill to capture sexual harassment in the definition of sexual assault, the national process through Safe Work Australia is likely to further expand the incident notification requirements to include sexual harassment and other psychosocial injuries.

It is pleasing to see the new federal Labor government has committed to implementing all of the recommendations from the Jenkins report of the independent review into commonwealth parliamentary workplaces. This shows that the federal government is leading by example in introducing important changes to workforce culture at Parliament House.

In the amendment bill, a sexual assault incident means an incident, including a suspected incident, in relation to a workplace that exposes a worker or any other person at the workplace to sexual assault. The term "sexual assault" is not defined in the bill. Instead, it appropriately uses the ordinary meaning of sexual assault. The ordinary meaning of sexual assault is considered to be more readily understood

by employers and would be easily supported by material issued by the regulator to further assist ACT organisations in understanding their obligations.

The Workplace Legislation Amendment Bill before us today is reflective of and responsive to the government's longstanding commitment to modernise our workplace laws. I am so pleased to have the opportunity to speak in support of this bill.

**DR PATERSON** (Murrumbidgee) (11.17): I was not planning to speak today, so I have not prepared a speech, but I feel compelled to talk. I was sexually harassed and sexually assaulted and stalked for two years through my job. What this looked like for me was 15 or 16 text messages a day of incredibly sexually explicit things that I did not consent to and that I did not want to hear. He was a very powerful person that had international standing and I was an early career researcher at the time. I was desperate to build a career and have a positive impact on this world.

If I did not respond to his texts he would text more, so the only way to get him to stop was to text him back. I have all the text messages that he sent me. It was hundreds of days of text messages. If I did not respond to his text messages then he would start calling me. On Christmas Day 2017 I wanted one day off; I wanted one day where he did not harass me. I did not answer his messages, so he called and he called and he called, leaving messages that he was worried about my life and my wellbeing. Everything was couched in worry for me. But he was not worried about me, because the second that I answered the call and said, "I am fine. Leave me alone, please. Let me just get on with my Christmas with my kids," he then reverted to sending me sexual messages again. I went through a complaint process and, unfortunately, the university where he worked did not see fit to run an investigation into what had happened. That was when I went on leave for months. I could not work anymore.

That is not to mention the conferences that I attended where I had to avoid him. He would set up meetings and dinners and things that I would need to attend, where he sexually assaulted me. He would follow me and, in public, in front of other people, he would touch my hair and make sexual jokes in front of others, and everyone would just go: "Oh, that's him. He's just drunk again. Get him away from her. Everyone rally around." But everyone put up with it.

In the end, I had to go to the media in New Zealand, and I went through the Human Rights Tribunal in New Zealand to have my complaint resolved. There were five years of fighting for justice on this, which took a huge toll on me. Even standing here today to talk about this is extremely difficult for me. But I did it because it is not right. It should never happen. Everyone deserves to go to work and be safe and be treated respectfully.

That is why I am incredibly proud that this legislation is being passed today. I am very supportive of it. We need to do more. We need to do more as workplaces, as employers and as colleagues to ensure that everybody is safe at work.

**MR GENTLEMAN** (Brindabella—Manager of Government Business, Minister for Corrections, Minister for Industrial Relations and Workplace Safety, Minister for Planning and Land Management and Minister for Police and Emergency

Services) (11.21), in reply: I thank colleagues for their input today. I particularly want to thank Mr Cocks and Dr Paterson for their personal stories. It does make an incredible difference to workers and has a tremendous impact on them, and it is how we can make change as well.

The Workplace Legislation Amendment Bill 2022 makes a number of amendments to legislation within my portfolio. The bill amends the Work Health and Safety Act 2011, the Workers Compensation Act 1951 and the Long Service Leave (Portable Schemes) Act 2009. These laws all play a vital role in ensuring that our workplaces are safe and that the lives of working Canberrans are valued and protected. The amendments to the Work Health and Safety Act 2011 implement nine of the 34 recommendations from Marie Boland's review of the national model work health and safety laws undertaken in 2018. Those recommendations were agreed to by the Australian work health and safety ministers in May 2021.

Under the amendment bill, work health and safety incident notifications are extended to require employers to report sexual assault incidents at their workplaces to the regulator, WorkSafe ACT. This feature of the bill is particularly important when considered in light of the increased prevalence and awareness of workplace sexual assault and harassment which has been in the public discourse since the Sex Discrimination Commissioner's *Respect@Work: Sexual Harassment National Inquiry Report* and the independent review into the commonwealth parliamentary workplaces. According to Safe Work Australia, one in three people, or 33 per cent, have experienced sexual harassment at work in the past five years.

These amendments are positive duties in the work health and safety laws that require employers to do all that they reasonably can to prevent sexual harassment or sexual assaults from occurring at work, in the same way as other risks to health and safety. While there are existing work health and safety duties, the amendment bill strengthens the employer duties and obligations by requiring them to report to the regulator when they become aware of an instance of sexual assault, or a suspected instance, in their organisation. This includes circumstances where a report is made directly or indirectly to the employer. It would not be necessary for there to be a conviction or a court finding recorded, or for court proceedings to be underway.

The change strengthens the regulatory compliance and enforcement powers, allowing workplaces to be investigated when these incidents occur, and providing greater detection of poor systems of work, poor work design and poor work safety practices. It provides an appropriate level of oversight of employers and ACT workplaces in an effort to prevent or reduce the incidence of workplace sexual assault and to contribute to more effective work health and safety outcomes.

The changes to the notification of sexual assault in the workplace expressly take into consideration privacy and human rights concerns in the information to be reported when notifying the regulator. Under the amendment bill, an employer must not give information disclosing the identity of any person involved in the sexual assault incident when notifying the regulator. Financial penalties apply to employers not complying with obligations to notify the regulator of workplace sexual assault incidents. As a result of changes introduced in the amendment bill, if an employer does not comply with the requirement to notify the regulator of a sexual assault in a

workplace, a penalty of \$10,000 may apply for individuals and \$50,000 for body corporate organisations.

The expansion of the incident notification provisions to include workplace sexual assault will better empower the work health and safety regulator to use these penalties as a deterrent to employers not meeting their legislative obligations. Employers who have poor health and safety practices which are not focused on the effective prevention and management of sexual assault incidents are not meeting their health and safety duties. Measures have also been made within the amendment bill to ensure that employers who are in breach of their WHS obligations are not able to cover infringements by insurance claims. This acts as a further deterrent to poor WHS practices.

The ACT government is taking action to address sexual assault and sexual violence across a range of portfolios. ACT Labor, the ACT Greens and the Canberra Liberals all joined together to support the work of the steering committee to address sexual assault and sexual violence in Canberra. We were the only jurisdiction in Australia to have made this shared commitment.

Following this commitment, members will recall that the ACT government established the Sexual Assault Prevention and Response Steering Committee in 2021. The steering committee released its final report in December 2021, outlining 24 recommendations for the ACT government to consider. Recommendation 21 focuses on workplace reforms, including the use of “legislative, policy and funding mechanisms to place a positive duty on organisations to prevent sexual harassment and sexual violence” and providing support to the regulator, WorkSafe ACT, to “regulate the prevention and responses to sexual assault in ACT workplaces”. The sexual assault incident notification reforms in this bill will provide WorkSafe ACT with the tools to do just that.

In June this year the government released its formal response to the recommendations from the steering committee. The government has agreed to a number of the recommendations, including the workplace reforms identified in recommendation 21. The amendment bill will be instrumental to the implementation of this recommendation.

In 2021 I issued a ministerial statement of expectation to the Work Health and Safety Commissioner which outlined my expectation that WorkSafe ACT should continue its work to address the impact of psychosocial hazards in the workplace, including work-related violence, sexual harassment and sexual assault, by educating duty holders of their obligations and ensuring compliance with these obligations. In meeting these expectations, WorkSafe ACT has developed a Strategy for Managing Work-Related Psychosocial Hazards 2021-2023, and an associated Managing Work-Related Sexual Harassment Plan 2021-2023.

Safe Work Australia is the national policy body responsible for maintaining the work health and safety laws and codes of practice. Safe Work Australia has released a model code of practice on managing psychosocial hazards at work, and we are now considering how best to adopt this code locally. A draft code is currently being considered through stakeholders on the Work Health and Safety Council, and I look

forward to hearing the views of industry and union stakeholders. The code covers a range of psychosocial hazards that can pose a risk to the psychological health of workers, from high job demands to harmful behaviour such as violence and sexual harassment.

Workplace violence is a growing concern and has serious health and safety impacts for workplaces and workers. Employers play a key role in ensuring that workplaces are safe for all workers, which includes the elimination of risks and hazards that might contribute to sexual assault, particularly in terms of workplace culture. Instances of workplace violence, including sexual assault and harassment, may be an indication that an employer has failed in their duty to ensure the health and safety of their workplace. This includes risks arising from psychosocial hazards, such as gendered violence and sexual assault. It is important that these incidents are notified to the regulator and investigated to ensure that employers are doing the right thing and protecting our workers from harm while at work.

I will now move to some of the other changes proposed in the amendment bill. The Workers Compensation Act 1951 amendments will improve the efficiency and effectiveness of the workers compensation scheme, including the insurer and self-insurer regulatory framework. The Workers Compensation Act 1951 supports our injured workers, and the amendment bill will permit workers receiving workers compensation payments to take and accrue annual leave and long service leave. This arrangement is allowed under the commonwealth's Fair Work Act 2009 and will align the ACT with the majority of other jurisdictions nationally.

The existing penalties allowed by the Workers Compensation Act to be set under the Workers Compensation Regulation for licensed insurers, self-insurers and approved rehabilitation providers are not commensurate with the severity of the associated offences. The penalties are capped under the act at \$1,000 and not considered to be effective as a deterrent when dealing with non-compliance; nor have they kept pace with penalty indexation or inflation. The penalties for offences are capped to 10 penalty units. The amendment bill increases these caps to up to 20 penalty units for offences, and up to \$17,000 for financial penalties on licensees and approved rehabilitation providers. This is consistent with the government's guide for framing offences. A review of these penalties in the Workers Compensation Regulation will need to be undertaken before the regulations can give effect to these amendments.

The amendment bill also makes minor and technical amendments to the Long Service Leave (Portable Schemes) Act 2009, relating to inconsistencies in sections referencing the updates to examples, to assist in interpreting the entitlements across the act. The government is undertaking consultation on the potential expansion of the portable long service leave scheme in the ACT to cover additional industries, such as hairdressing services and contract catering industries. Subject to this consultation process, I plan on bringing forward legislative amendments in the Assembly in the near future.

Protecting working people is, and always will be, a priority for this government. The government are committed to a range of worker safety measures that we have been pursuing in this parliamentary term. Some of these we have already delivered on. Others we will continue to improve and consider further reforms of to keep our

workplaces safe. These reforms include establishing an industrial manslaughter offence under the remit of our work health and safety laws; strengthening our legislative arrangements for managing exposure to respirable crystalline silica; and streamlining access to workers compensation for first responders, such as paramedics, firefighters and emergency services communications officers within the ACT public sector who have sustained post-traumatic stress disorder.

I would like to take this opportunity to thank the scrutiny committee for their careful consideration of the bill and the amendments it contains. In response to the committee's comments, I table a revised explanatory statement to the bill.

The government will always stand up for working people, and we will do everything we can to ensure that ACT workplaces are safe. The significance of this bill cannot be ignored, and I want to acknowledge those who have come into the chamber today to watch this debate. I have heard your stories and understand the important change this will have for you. I want to thank you for your advocacy and the work you do to keep people safe at work.

I am confident that this amendment bill will contribute to these objectives. I thank members for their contribution and look forward to their support in passing this bill. I commend the bill to the Assembly.

Question resolved in the affirmative.

Bill agreed to in principle.

Leave granted to dispense with the detail stage.

Bill agreed to.

**Sitting suspended from 11.35 am to 2.00 pm.**

## **Questions without notice**

### **Hospitals—emergency department waiting times**

**MS LEE:** My question is to the Minister for Health. Minister, each annual report since you became health minister has mentioned strategies that you have used to try and improve wait times in the emergency department. However, the *Report on government services* shows that, each year that you have been health minister, the ACT has had the worst wait times in the country. For each year since 2017-18, less than half of patients have been seen within clinically recommended time frames, whilst the national average has been more than 20 per cent above the ACT's. Minister, how much money have you spent on reviewing the emergency department since you became minister?

**MS STEPHEN-SMITH:** I will have to check the *Hansard*; I think Ms Lee is only referring to one emergency department, as if we only have one hospital in Canberra. Of course, we have two emergency departments in Canberra. Both operate on quite similar models, and both of them have experienced challenges around their waiting times. With respect to both hospitals—I will bring up some numbers, if I can—

when you compare them to their peer hospitals, they are nowhere near the bottom of the pack for their peer hospitals.

Going to Ms Lee's question, I will take the detail of the question on notice, in terms of how much both Calvary and Canberra Health Services have spent in terms of reviewing the models in their emergency departments. Both of them have done some considerable work to understand the models of care and patient flow in their emergency departments. Of course, we have made significant investments as well.

*Mr Hanson interjecting—*

**MS STEPHEN-SMITH:** But I would again say to the opposition that, when you compare jurisdiction by jurisdiction, it is not an accurate comparison.

*Mr Hanson interjecting—*

**MS STEPHEN-SMITH:** It is certainly not an apples with apples comparison.

**Dr Paterson:** A point of order.

**MADAM SPEAKER:** Resume your seat, Minister.

**Dr Paterson:** Madam Speaker, Mr Hanson is yelling across the chamber at the minister.

**MADAM SPEAKER:** Thank you. Mr Hanson, you know that you should not be interjecting. Let us see if we can get through question time without your utterances.

*Mr Hanson interjecting—*

**Mr Rattenbury:** Madam Speaker, on a point of order, after you just made your comments, Mr Hanson looked your way and said, "Running interference, hey?" He is clearly casting aspersions on the ruling of the Speaker, and I ask that he withdraw it.

**Mr Hanson:** Madam Speaker, I did say, "Running interference." I was looking at Mr Barr, and I know that Mr Barr is an honest man; he will attest to that.

*Members interjecting—*

**MADAM SPEAKER:** Members, can we put the humour, which is somewhat warranted and somewhat unwarranted, aside? Mr Hanson, you are a serial interjector, so I would ask you to stop. Whether that was a reference to my ruling, or indeed to the point of order raised, it was not useful. I would ask you to refrain.

**MS LEE:** Minister, when will you implement the emergency department operating model, and how delayed has this project been?

**MS STEPHEN-SMITH:** We are in the process of implementing changes across both emergency departments. A number of those changes have been implemented in the Canberra Hospital emergency department. For example, I was in there just the other



week, talking to the staff in the pilot acute medical unit, which is a unit that is designed to draw patients from the emergency department who will likely require an admission to hospital but where a decision has not been made as to which subspecialty is most appropriate or where they may not actually need to be admitted for a long period of time and they can be treated by a multidisciplinary team in that unit. That unit has been set up in a space that was available at this point in time, while some infrastructure works are taking place. That model is starting to bed down and work well.

Models around having advanced practice nurses and nurse practitioners in the emergency—

**Ms Lee:** A point of order, Madam Speaker.

**MADAM SPEAKER:** Ms Lee?

**Ms Lee:** I have listened to the minister for over a minute now. The question clearly was: when will you do it, and how delayed has it been? She has not gone to that part of the question.

**MADAM SPEAKER:** Without paraphrasing the minister, I thought you were talking about reviews and changes of model being implemented?

**MS STEPHEN-SMITH:** Yes. If Ms Lee was listening, I was actually explaining how these changes are currently being implemented. If she wants to know, the implementation of advanced practice nurses and nurse practitioners was trialled in the Canberra Hospital emergency department through the winter period, with a more independent model of care for them, based on the walk-in centre model. We are looking at how we implement that as a permanent change to the model of care. That is something that has not yet commenced, but it did happen during the winter period. We are now working out how we make that a permanent thing. There are a range of other measures that are currently underway.

**MS CASTLEY:** Minister, what do you say to Canberra families who are waiting longer than anyone else in the country for these critical services?

**MS STEPHEN-SMITH:** Obviously, it is always upsetting for people when they have to wait in the emergency department for longer than is ideal. Of course, I regularly receive correspondence, and respond to that correspondence, from people who express concern about that. But I also know that most Canberrans recognise that our hospitals have busy emergency departments. Canberra Hospital has one of the busiest emergency departments in the country. In comparison with its peer hospitals, these waits are on a par with some of those peer hospitals that are also very busy hospitals.

Most Canberrans understand that emergency departments need to triage patients, and that the most urgent patients will be seen the quickest; then, of course, there are the people who can be seen and treated very quickly and go home. For other people, there will be a wait. It is always unfortunate when people have an extended wait in the emergency department. That is why we are continuing to invest and continuing to look at model of care changes so that we can address those issues.

**Canberra Hospital—Fetal Medicine Unit accreditation**

**MS CASTLEY:** My question is to the Minister for Health. Minister, on 3 August you confirmed that the Fetal Medicine Unit was in danger of losing its training accreditation on 1 October unless more specialists were hired. It is my understanding that the leader of that unit has also since left. Did the Fetal Medicine Unit lose its training accreditation and what impact has this had for patients using the service?

**MS STEPHEN-SMITH:** I will take that question on notice.

**MS CASTLEY:** Minister, have any other staff left the unit?

**MS STEPHEN-SMITH:** I will take that question on notice as well.

**MR COCKS:** Minister, what do the problems in the Fetal Medicine Unit mean for expecting parents who will need this vital service?

**MS STEPHEN-SMITH:** The expecting parents who need this important service will continue to get this service. In fact, we have just recently opened the Maternity Assessment Unit as well. I know someone who has already used this service who had a concern about their pregnancy, went in there and was supported and had excellent treatment through the Maternity Assessment Unit. There is an ongoing process of improving both those models of care and the physical infrastructure in which they are delivered, through the expansion of the Centenary Hospital for Women and Children.

**Schools—environmental sustainability**

**MR DAVIS:** My question is to the Minister for Education. Minister, the Standing Committee on Education and Community Inclusion recently concluded its inquiry into school infrastructure and maintenance. One of the submissions was from the Office of the Commissioner for Sustainability and the Environment, which commented:

While aspects of the ACT public school system have already embraced elements of sustainability and showcased initiatives, sustainability has not been implemented at a systems-level across the ACT public school system.

What will you do to ensure that sustainability and climate adaptability is implemented in the school system at a systems level?

**MS BERRY:** We are already doing that work across our schools—improving environmental sustainability. It is something that we are continually addressing across our school system. We have, in the last financial year, reduced our greenhouse gas emissions by over six per cent across our school system. Gas consumption was reduced by nine per cent and water consumption was reduced by 22 per cent. All of this is work that the Education Directorate and ACT government does to ensure that our schools are operating sustainably and are adapting for the change in the climate that we are experiencing now, but also adapting for future changes in the climate with those adjustments. Making sure that we have solar panels across every single one of

our public schools also assists in providing more sustainable access to electricity so that our schools can operate in a way that our young people can now enjoy, but also for our young people into the future.

**MR DAVIS:** Minister, have you yet met, or do you intend to meet, with the Office of the Commissioner for Sustainability to better understand these recommendations in this submission?

**MS BERRY:** I have not met with them, and I had not intended to. I have not been approached by them. I am sure that if they did contact me, I would welcome an opportunity for me or the Education Directorate to meet with them.

**MS CLAY:** What plans are there to support the design and planting of micro forests in and around ACT schools?

**MS BERRY:** That is a really good question from Ms Jo Clay. In fact, during Tree Week I visited Hawker College, my old college. I am an alumna of Hawker College, so it was great to be back there to participate in the school's planting of hundreds of trees in celebration of Tree Day, where every student in the school got to participate in that event to make sure that that school—and also the community—had a climate for itself through an improved tree canopy.

That is just one initiative—one of the outcomes—that our schools are doing to make sure that they are meeting their environmental responsibilities as far as the young people are concerned, but also within the community, to be able to enjoy the hundreds and hundreds of trees and shrubs that were planted by those young people.

### **ACT Ambulance Service—staffing**

**MR MILLIGAN:** My question is to the Minister for Police and Emergency Services. Minister, earlier this year you assured the Assembly you were actively recruiting thirty officers for the ambulance service. However, the recent annual report showed that the number has only increased by five officers. That is less than two per cent increase in ambulance officers whilst the number of medical incidences has increased by a staggering 7,530. Yet the TWU recently reported you were stalling in negotiations on staffing levels. Minister, can you explain to the Assembly why negotiations have stalled when the needs are so extreme that ambos are writing messages on the back of their ambulances saying that they are not ok?

**MR GENTLEMAN:** I thank Mr Milligan for the question. Of course we have been working with our paramedics, our ambulance officers over several years on recruiting. The previous funding packages have delivered 53 additional paramedics, seven additional ambulances and of course the other ancillary equipment such as powered stretchers that you would remember Madam Speaker, in all ambulance vehicles to help them with the physicality of the work they do. But it is quite a big challenge and we have embarked on a very strong recruitment round for ACTAS. We need to do a lot more.

The work we have been doing most recently with the TWU has been about rosters. The current roster system has been in place for many, many years and it is an old

system requiring paramedics to work two fourteen-hour night shifts in a row. Unfortunately because of the demands of the job, it is not just a 14-hour night shift. We find that paramedics are now working much longer to finish their work at the end of their shift. You cannot simply leave a patient at the end of your 14-hour shift. You must be able to deliver the patient to the ED or help the patient through their illness. So we are working through a new roster system. The ESA Commissioner is on board with that change. Of course, it will be a challenge to do that extra recruiting. It will require quite a number of new paramedics and we do have the challenges of other jurisdictions recruiting. I can say that it is a big challenge. For example, the London ambulance service are offering people cash to go and work for the London ambulance service after their graduation for a number of years. It is very attractive for some of our paramedics. So we are working with the union and, of course, with ESA.

**MR MILLIGAN:** Minister, can you explain why you have not adequately increased staffing levels in the ambulance service to cope with current demand?

**MR GENTLEMAN:** As I said in my previous answer, we have increased numbers. This is assisting with the numbers on the ground we have with paramedics but the demand has grown as well. Particularly during COVID. I want to thank our frontline responders for the incredible work they do. We support them and we will continue to support them into the future.

*Opposition members interjecting—*

**MADAM SPEAKER:** Members.

**MR GENTLEMAN:** This is why we are working with them on the new roster program I just talked about.

*Opposition members interjecting—*

**MADAM SPEAKER:** Members, members!

**MR GENTLEMAN:** But of course we need to do more recruitment and we are investing in that.

**MS CASTLEY:** Minister, what impact is this critical shortage having on our paramedics and on their families?

**MR GENTLEMAN:** Weather has a quite large impact, as I just went through the implications of the work they are doing and the demands on their particular shifts. So whilst we have embedded the resources into ESA to make changes and support our paramedics, there is a lot more to do. We will continue to do that. On this side of the chamber we will vote for that in the budget as opposed to those on the other side.

*Opposition members interjecting—*

**MADAM SPEAKER:** Members.

## **Canberra Hospital—Adult Mental Health Unit**

**MR COCKS:** My question is to the Minister for Mental Health. Minister, around 12.10 am on 13 November, there were reports of an alleged assault at Canberra's adult mental health unit, a place where people should be able to turn when they need acute mental health support—a place where some of my friends have sought support when they have been at their lowest.

That altercation resulted in a man's death. Subsequently, your office offered to brief me and the shadow health minister, but, regrettably, you did not allow any briefing on the incident itself, so I am forced to ask here and now the question the community needs an answer to. Minister, what are you doing right now to ensure a tragic incident like this never happens again?

**MS DAVIDSON:** Thank you for the question. My deepest sympathies go out to the families of those who were impacted by the event in question there on 13 November. ACT Policing was notified of the death immediately, and I am unable to provide any specific detail related to the incident because it is an ongoing police investigation. This is something I explained to Mr Cocks during the briefing, when he was asking quite specific questions about the incident itself. That is, unfortunately, something I am not able to discuss in detail while there is an ongoing police investigation happening.

An internal review has been conducted, as we discussed with Mr Cocks and Ms Castley during that briefing, and there is no indication to suggest that policies and procedures were not followed, and there are no immediate issues related to patient care or the safety of patients and staff.

A comprehensive investigation using a root cause analysis methodology, and an independent external lead, will commence in the coming weeks. That is appropriate when we are talking about something that is the kind of statistical rarity that is the nature of this particular type of incident.

If there are any additional questions relating to review processes and procedures, we can talk about that, but, unfortunately, I am not able to answer questions that go specifically to the incident on the night of 13 November, as I explained to Mr Cocks and Ms Castley in that briefing.

**MR COCKS:** Minister, what has gone wrong at the adult mental health unit that could have resulted in a patient in the care of your health system being killed when he should have been recovering?

**MS DAVIDSON:** As I noted earlier, an internal review was conducted immediately, and the policies and procedures were being followed. As I said previously, a comprehensive investigation with an independent external lead will commence in the coming weeks. That will also go through the circumstances of what happened as well.

There is also an ongoing police investigation, and I expect there will be other forms of investigation that need to occur due to the nature of this particular incident and how

serious the outcome is—making sure that everything that needs to be addressed is covered across a number of different investigations.

**MS CASTLEY:** Minister, prior to the patient death on 13 November, were you aware of any safety concerns for patients and staff at the adult mental health unit?

**MS DAVIDSON:** No.

### **ACT Health—Digital Health Record system**

**MR PETTERSSON:** My question is to the Minister for Health. Minister, can you please update the Assembly on the rollout of the digital health record and the work that occurred to go live on 12 November?

**MS STEPHEN-SMITH:** I thank Mr Pettersson for the question. Of course, the implementation of the ACT's new digital health record has been a multiyear, more-than-\$200-million project and one of the ACT government's most important health system transformations.

In July 2020, Epic, a world-leading US based software company with four decades of experience in digitising medical records, was engaged. Just yesterday, news was released of the New South Wales government choosing Epic as its provider of their new digital health record, which will provide a great connection point with the ACT's digital health record.

Over the course of the program, the DHR team established more than 50 groups with more than 500 subject matter experts from across the ACT public health system. Significant engagement with key stakeholders over the project, including extensive consumer engagement, has also meant that the DHR team has built person-centred systems for the ACT community. Following the build of the applications, replacing more than 40 clinical IT and paper-based system, the team undertook more than four months of build and user acceptance training.

The DHR records all interactions between a person and the ACT public health services, as has always occurred as part of providing treatment and care to our community. This includes Canberra's major public hospitals, the community health centres and walk-in centres as well as QEII and Clare Holland House. Through a single digital health record, our system can better coordinate care, deliver faster responses to patient and staff needs and use enhanced data collection about what we are doing every day across the system.

The DHR went live across the territory on 12 November 2022 at 5.30 am. ACT Labor committed at the last election to implementing a world-class digital health record, and that is exactly what we have done. I congratulate every single person in our health system for undertaking this work and supporting each other.

**MR PETTERSSON:** Minister, how was the healthcare workforce supported leading up to and during the rollout of the digital health record over the past couple of weeks?

**MS STEPHEN-SMITH:** I thank Mr Pettersson for the supplementary. Preparing health staff for the implementation of the digital health record was a mammoth task and a really important one. Considerable resources have been put in place to support our health workforce.

Change readiness became a huge focus of the implementation, as more than 14,000 ACT public health services staff were trained in the new system. This included training in the use of more than 8,000 new devices that have been deployed to the service for use at the bedside, in our labs and in the community. As part of the training for DHR, more than 160 courses had been developed and, by the time the DHR went live, over 2,000 classes were delivered and more than 8,000 people had received face-to-face training.

DHR training commenced at the end of August this year, with more than 1,600 superusers. Superusers were trained to provide at-the-elbow support to their colleagues. This wonderful group of people have been seen throughout our health services in their bright green vests providing that support.

Additional external support was also brought in, with experienced users from Parkville and Royal Children's Hospital in Melbourne as well as more than 200 Epic staff from the US, to provide floor support for staff. These staff are also providing backend support to the DHR analysts troubleshooting any potential workflow issues.

Supports are backed up by a command structure that ensures staff have support as and when they need it. A command centre was established to act as primary hub for support and management of issues, with hospital command hubs established to work closely with the main command centre to help resolve issues in real time. Technical support teams have been increased and deployed out to the health services to ensure that issues with devices logins and the like were addressed immediately.

Each day, teams across the system are coming together to keep up that support as we embed our world-class digital health record into our public health services.

**DR PATERSON:** Minister, what have been the benefits of the digital health record since it has gone live, and what benefits can we expect to see into the future?

**MS STEPHEN-SMITH:** I thank Dr Paterson for the supplementary. It is, of course, still early, but our staff and patients are already experiencing benefits from the digital health record. On the second day of being live, a patient shared on Twitter how impressed she was that the Aboriginal liaison officer was made aware of her daughter's presentation to emergency and they were able to check on her and her family while they were still waiting. At the end of the last week, support services teams checked the ED for paper-based records that might need to be scanned into the system, finding there was no additional paper being produced.

Even more impressive are some of the initial patient safety statistics coming through. In the first week alone, warnings and alerts built into the system led to 190 medications updated after receiving a warning that the drug contained an active or inactive ingredient that the patient is allergic to; 349 medications removed after

receiving a warning of a duplicate order; and 1,049 pathology collections saved by adding to an existing lab order.

MyDHR, the patient-facing portal, had over 185,000 registered users prior to the launch of the digital health record due to our quick system response as part of our nation-leading COVID-19 vaccination efforts. Now, more features have become available in MyDHR, allowing patients to manage their upcoming appointments, view test results and more. So far we have seen 611 patients submit history questionnaires to allow clinicians to provide better care and more than 1,500 general questionnaires submitted pre-populating information into patients' charts.

These are just some of the small benefits that we are seeing. From my recent trip to Singapore to see Epic in use at their major hospitals, we know that there are going to be incredible benefits that we continue to realise from this transformation to a digital health record both in direct patient care and in understanding what is going on in our hospitals, so that we can continue to improve patient flow.

### **Canberra Hospital—Respiratory Medicine Unit**

**MS CASTLEY:** My question is to the Minister for Health. I received a representation from a Canberran trying to access the respiratory clinic after being referred by their GP. The patient was referred to the respiratory medicine unit at the end of October and, six weeks later, still has not had an initial appointment. When the patient called the hospital, they were told that their referral from their GP had been lost, and that the respiratory department has a “logistics problem”. Minister, how many patients are waiting for an initial appointment with the respiratory medicine unit and what is the average wait time?

**MS STEPHEN-SMITH:** I am happy to take the detail of Ms Castley's question on notice, in terms of how many patients are waiting and what the average wait time is. But I would note that the implementation of the digital health record will be one element of helping to assist, to ensure that those referrals are received and triaged appropriately, and it will also help to improve, over time, the feedback that is provided to general practitioners, and, indeed, patients themselves, in relation to the referrals received and what is happening with those.

**MS CASTLEY:** Minister, this will possibly also need to be taken on notice: can you confirm how many referrals the respiratory medicine unit have lost this year?

**MS STEPHEN-SMITH:** I am happy to look at how many they are aware of that have been drawn to their attention and that they have not been able to receive or process.

**MR COCKS:** Minister, is it acceptable for patients with referrals to the respiratory unit to wait, as I have heard from constituents, for more than six weeks for an initial appointment?

**MS STEPHEN-SMITH:** I thank Mr Cocks for the supplementary. Of course, referrals across all of our services are triaged, and people receive support according to the urgency of their need. In some of our services, there are wait times that exceed what we would want them to be. Indeed, sometimes, in some cases, they exceed



clinical recommendations in relation to those. These are areas that we are very much focused on. Canberra Health Services in particular has a significant focus on addressing those outpatient wait times.

### **ACT Health—workplace culture review**

**MS CASTLEY:** My question is to the Minister for Health. Minister, during annual reports hearings the Director-General of ACT Health said that all of the recommendations from the culture review are “open to different interpretations of what full completion would look like”. The terms of reference for the Culture Reform Oversight Group list the ANMF as a member. However, I understand that the ANMF are no longer part of this group, having left back in December 2021. Why did the ANMF, the peak body for nurses’ and midwives’ safety, leave the Cultural Reform Oversight Group?

**MS STEPHEN-SMITH:** I thank Ms Castley for the question. I would be happy to table the letter from the ANMF, withdrawing from membership of the Culture Reform Oversight Group. I have not got it on me, but if it is helpful for the Assembly I am happy to do that. It may indeed be part of the papers that are publicly released in relation to the Culture Reform Oversight Group. Papers and minutes are released following meetings. We have a very transparent process around that.

Primarily, the reason that the Australian Nursing and Midwifery Federation withdrew from the Culture Reform Oversight Group I think is probably twofold. There was a level of frustration that the work that was being done through the oversight group, in terms of that high level monitoring of system-wide recommendations, was not necessarily meeting the focus priority areas for the Nursing and Midwifery Federation. They had a very clear focus on three issues: safety, consultation and workload. Many of the recommendations that were being addressed through the culture reform process did not go specifically to those issues that they really wanted to focus on. I also recognise that they had some frustration with the process itself. Again, I am very happy to get a copy of that letter and table it for the Assembly.

**MS CASTLEY:** Were the issues that the ANMF raised being interpreted as insufficient? I would like to understand more about that.

**MS STEPHEN-SMITH:** I am not going to speak on behalf of the Australian Nursing and Midwifery Federation.

**MR COCKS:** Minister, why isn’t this government delivering on its promise to provide a positive culture in its workplaces?

**MS STEPHEN-SMITH:** I think we have seen evidence over the last few years that we have seen consistently an improvement in workplace culture when it comes to our culture surveys. The last culture survey of Canberra Health Services had the best outcome overall of the service that has ever been seen in that survey. That can be compared over time, going right back, if memory serves me correctly, to 2005. So we are seeing improvements in culture.

As we talked about through the annual reports processes, we are seeing some areas where they are really taking a big leap forward. There are also areas where the service

is having to do a lot of work and deep dives into what is driving some of the poor culture. There are other areas where culture has gone backwards. Again, that is being investigated to determine what the root cause of that is and what we need to do about it. It is really important that all of that work is done collaboratively with the staff in those areas, and that is exactly what we are seeing all three arms of our health services doing.

### **Planning—district strategies**

**MS CLAY:** Minister, the draft district strategies rely on assumptions about new greenfield and infill supply in Belconnen and other districts. I can see that overall dwelling growth has been allocated to the ACT's districts in alignment with population growth in ACT Treasury's projections, but when I look at the split of greenfield and infill in the Belconnen district, I cannot understand how you got to these numbers. It looks like Treasury has used a set formula, rather than using the actual data from our current pipeline. For instance, in Belconnen we have around 11,000 new dwellings in the pipeline at Ginninderry, almost 1,000 new dwellings in the pipeline at Lawson, and potentially more at CSIRO, but this is not what it says in our district strategy. Minister, do the district strategies use data based on our existing pipeline of dwellings and plans already on the table for our districts?

**MR GENTLEMAN:** I thank Ms Clay for the question. Yes, they do use the data, and I can say that it is the best data that we have at this particular time. The data in the draft district strategies—they are draft strategies—and the Territory Plan, reflects what we captured in the 2020 census. There may be some small tweaks based on further information that comes from our ABS and Treasury colleagues over the next few months as they work through the mass of complexities and implications from the census.

We knew that there was more population and more growth than was provided in the census in 2016, so we knew those figures were higher because we were seeing more activity across the economic structure. Sometimes we know that official figures are not 100 per cent accurate, and sometimes we are ahead of those official figures and sometimes we are behind, and we need to do some minor tweaks. This happens all the time across government and in the private sector. That is why the indicative land release program is indicative, and that is why the strategies are draft strategies. We will keep working through those. They are dynamic documents, of course, and they are policies that we update as new information comes to light.

**MS CLAY:** Minister, are Ginninderry, Lawson and CSIRO being counted as greenfield sites?

**MR GENTLEMAN:** Yes, they are.

**MR BRADDOCK:** Minister, will Jacka stage 2, Kenny, and the rest of Molonglo and Gungahlin be counted as greenfield for the purpose of these dwelling statistics?

**MR GENTLEMAN:** I think there is a mixture in those particular sites. I will take the detail of the question on notice and come back to Mr Braddock.

## **Mental health services—multicultural communities**

**MR BRADDOCK:** My question is to the Minister for Mental Health. Minister, following the tragic drownings at Yerrabi Pond, I would like to ask about the culturally and linguistically diverse communities, who are at increased risk of mental health concerns. How is the ACT government raising awareness of mental health in those communities and what available support services are there for those communities?

**MS DAVIDSON:** I thank Mr Braddock for the question. My heart goes out to the families and the community after what happened there. The ACT government supports a range of mental health services for people in our community and we are always working hard to improve our awareness of the ways in which we can make our services more accessible and meet the needs of our diverse community. That includes people from multicultural backgrounds. In fact more than a third of staff at Canberra Health Services are themselves from culturally diverse backgrounds.

Counselling, GP and other allied health services at ACT Women's Health Service are there to support women who might otherwise miss out on being able to access services. This includes women from migrant and multicultural background who may experience trauma or violence and women on low incomes. Even if you do not have a Medicare card you can access advice and support from the ACT Women's Health Service. Services like the Step Up Step Down residential care can also provide mental health support to people in our multicultural community. I note that 15 per cent of participants in the Garran Step Up Step Down service in 2021-22 identified as being from culturally and linguistically diverse background.

The Community Services Directorate and ACT Health also provide funding to community sector organisations for a range of supports that are specific to our multicultural community including Multicultural Hub and Companion House. Talking to a youth worker or a counsellor who understands your lived experience can make a huge difference to health outcomes. I first started referring people to counselling services at Companion House more than a quarter of a century ago when I was working in welfare services. I am very happy to see they are still such an important part of our community today and still supporting people through their transition into a healthy, happy life here in Canberra.

For parents, both mums and dads in our multicultural community, organisations like Parentline and multicultural playgroups are a great way to stay connected.

**MR BRADDOCK:** Minister, how can we help break down the stigma around talking about mental health within these communities?

**MS DAVIDSON:** Thank you for the question. Much of the work to reduce stigma and raise awareness about mental health and wellbeing in the multicultural community is thanks to the efforts of our wonderful community sector. I particularly want to thank the Canberra Multicultural Community Forum, the Australia Forum, MIEACT, SiTara's Story, Multicultural Hub, Companion House and others for the ongoing work they do to engage people in our beautifully diverse community about

mental health and wellbeing. Whether it is the community conversations that are organised by CMCF and the Australia Forum, the mental health first aid workshops delivered by SiTara's Story, MIEACT's *My Mind, My Voice* program which includes videos and podcasts and training for multicultural community members with lived experience, or counselling services in group programs such as those offered by M-Hub and Companion House. All of this work helps the community to understand that mental wellbeing is something we all need to look after in ourselves and those around us.

I also want to highlight the great work that is being done by our first Safe Haven in Belconnen, which opened just a year ago. Safe Haven is a warm and welcoming space where anyone aged 16 years or over can go if they are experiencing distress. The peer mental health workers there are amazingly kind and caring. They have delivered more than 570 sessions of support to 80 people in their first six months of service alone. The fact most people return to the service multiple times shows that it is a place where they feel safe and comfortable to talk. They are open 3 pm to 10 pm Tuesday to Saturday and they are located next to the Belconnen Walk-In Clinic with easy access to buses and car parking.

**MR DAVIS:** Minister, how are the needs of young people from culturally diverse backgrounds different and how are we supporting their mental health needs?

**MS DAVIDSON:** Thank you for the question. I think in understanding how their needs are different and how we can best support them, it is always important to go first to people from the multicultural community who can talk to us about their experience.

On Sunday 30 October I attended the "Our Children, Our Future" conference organised by SiTara's Story to learn specifically about the mental health and wellbeing of young people from culturally diverse backgrounds. It was really wonderful to see SiTara's Story founder Dr Shamaruh Mirza recently announced as ACT's Australian of the Year Local Hero for 2023. The speakers at that event talked about the difficulties for young people in our multicultural community who need to be able to walk in two worlds. In addition to all the worries many young people experience about school, starting careers, relationships, climate crisis, economic pressures and family and domestic violence, culturally diverse young people may also be juggling their desire to maintain cultural traditions and values with the lifestyle and cultural norms of the community around them. This sometimes means navigating some difficult conversations with their family who may not always understand what they want to do, or friends who do not share their family's migrant experience or may not understand how that impacts on family relationships and responsibilities.

Something young people themselves are finding helpful is the MindMap service which you can find at [mindmap.act.gov.au](http://mindmap.act.gov.au) or phone 1800 862 111, seven days a week, 11 am to 10 pm. MindMap can help young people and their families to better understand mental health and wellbeing, how to manage their wellbeing, when to seek help and where in Canberra they can do that. It is sometimes difficult to navigate and that is why I want to thank CatholicCare and Marymead for their work in providing youth navigators for the MindMap service who support young people and their families through finding the right service for them.

**COVID-19 pandemic—hospital patient transmission**

**MS CASTLEY:** My question is to the health minister. On 10 November, a reporter from Croakey Health Media tweeted that there was a COVID-positive patient in a four-bed ward with three other older, post-operative patients. After six hours of the other patients raising concerns, the COVID-positive patient was moved from the ward.

The *Canberra Times* has also reported that numbers were not reported for COVID between 7 and 13 November due to technical issues. Why are COVID patients being placed in the same ward as older, post-surgery patients?

**MS STEPHEN-SMITH:** I thank Ms Castley for the question. It is not clear from what she has said that a known COVID-positive patient was, in fact, placed on a ward with other patients. What we find is, because people are COVID tested when they come into hospital, sometimes it is discovered that somebody has COVID-19 after they have already been admitted to hospital and they have already been placed on a ward.

I will take on notice, if I can provide some further detail for Ms Castley in relation to the whole process of what occurs when it is identified that people have COVID-19. We have, quite some time ago, made a change in the management of people with COVID-19 to enable people who have COVID-19 to be supported on a home ward, rather than having only specific COVID-19 wards. Generally speaking, however, people are cohorted on those home wards that are more appropriate to their underlying health condition, if they are not there because of COVID-19. I will come back to the chamber and Ms Castley with some further detail on exactly how all of that is managed. Of course, I am not going to be able to comment on an individual case.

**MS CASTLEY:** Minister, how many COVID-19 transmissions have occurred in the hospital in November?

**MS STEPHEN-SMITH:** I will take that question on notice. I know there have been some. In the whole-of-staff email the CEO of Canberra Health Services sent out on Monday, he identified that, as of midnight on Thursday, there were 62 patients with COVID-19 across our public hospital system; so they had started to be able to gather that data again, and there had been some transmissions across the system. If I can find that detail, I will provide that at the end of question time—but that will not be for the whole of November, so I will take that on notice.

**MR COCKS:** Minister, what do you say to Canberrans whose vulnerable family members have been exposed to COVID in your facilities?

**MS STEPHEN-SMITH:** It is always distressing, and it is very difficult when there are cases of transmission of COVID-19 in hospital. Our health services have done a remarkable job of reducing that transmission, and incredibly good infection prevention and control measures have been put in place. Unfortunately, as I indicated earlier, people do sometimes turn up at hospital and need urgent treatment for things that are not COVID-19 and it is subsequently determined, following a test, that they are COVID positive.

Again, I very much apologise to those people that have had that experience. It is not something we want to see. That is why there is so much focus on infection prevention and control across our health services.

### **Minister for Health—questions on notice**

**MS CASTLEY:** My question is to the Minister for Health. Minister, on 10 June this year I asked you a question on notice asking for a breakdown of staffing by ward for the last financial year. FOI documents reveal that a response to that question was completed by Calvary and CHS, but your office provided feedback to CHS and Calvary saying that the answer should be amended to say, “This is an unreasonable diversion of resources.” The answer I received from your office was then, of course, “This is an unreasonable diversion of resources,” even though the answer had already been found and provided to your office.

Minister, why is your office advising the directorate to remove an answer to a question on notice and replace it with “This is an unreasonable diversion of resources”?

**MS STEPHEN-SMITH:** I will go back and have a look at the documents that were provided to Ms Castley under freedom of information but I would be very surprised if that is an accurate representation of everything that has occurred here. What quite often happens is that some kind of answer is provided, and it is not actually the answer to the question that has been asked, and it is in fact an unreasonable diversion of resources to provide an answer to the exact question that has been asked.

If Ms Castley goes through freedom of information in relation to all questions, what she will quite often find is my office and me going back and actually saying, “Do a bit better. I think we can provide some further information.” We try very hard to provide the most accurate information we can to the questions that are asked. I am quite confident that Ms Castley is misrepresenting what occurred on this occasion, but I will go back and have another look.

**MS CASTLEY:** Minister, how many answers has CHS, Calvary and ACT Health provided to your office only to be directed to change the answer to “an unreasonable diversion of resources”?

**MS STEPHEN-SMITH:** Again, I will go back and have a look at the records that we have. But, again, my commitment is to provide as much information as accurately as possible. It is most often the case that the directorates come to us or Calvary come to us and tell us that they cannot provide the information in the detail that has been requested, because it would be a significant use of resources and an unreasonable diversion of those resources from the important work that our health services do every day.

**MR COCKS:** Minister, will you review your office practices for questions on notice and guarantee that you will release any previous answers that have been sanitised by your office?

**MS STEPHEN-SMITH:** I completely reject the way that Mr Cocks has phrased that question. That is absolutely not what occurs in my office. I am very happy to go back and have a look and see if there is any additional detail that can be provided in relation to the actual questions that have been asked. But, as I have said repeatedly now, my effort is always to try to answer the questions that have been asked as succinctly and as accurately as possible. Sometimes it is not possible to do that with a reasonable use of resources from our health services, which do really important work every day.

### **ACT Health—child and adolescent services review**

**MS CASTLEY:** My question is to the health minister. The President of the Australian Medical Association ACT, Walter Abhayaratna, told 2CC that he hoped that the expert panel for child and adolescent services “has a membership that includes staff or appropriate committees that allow true engagement”. The former director of paediatrics also says in his opinion piece that “administrators do not listen to issues raised by staff and this caused cultural problems”. Your media release on 7 November did not list any staff members on the panel. Minister, why are there no staff members on the expert panel to discuss issues of child and adolescent services?

**MS STEPHEN-SMITH:** That is not accurate. Senior leaders from Canberra Health Services are in fact members of that panel. It also includes independent expertise, and that is what we want. We need that independent expertise to come in to support an independent view about the delivery of the recommendations that have already been made and the finalisation of the child and adolescent clinical services plan. We have also said that that panel will be supported both with consumer engagement and with staff engagement in relation to that.

Going back to Dr Abhayaratna’s quote, I think he said, “on the panel” or “as part of those groups that will be supporting the panel’s work”. Absolutely, staff will be engaged in that work.

**MS CASTLEY:** Is there any recommendation in the paediatrics organisational and service plan to set up an expert panel to oversee the implementation of recommendations?

**MS STEPHEN-SMITH:** From memory, I do not think there was a specific recommendation in that. But I would say to Ms Castley that this is a broader piece of work. While part of the remit of the child and adolescent critical services expert panel will be to review the implementation of the paediatrics organisational and service plan for Canberra Health Services, and make sure that those recommendations are being implemented or, if they are not being implemented, that there is a good reason that something else is happening instead, the key task of this important expert panel is to finalise the territory-wide child and adolescent clinical services plan, which is part of our commitment under the ACT Health Services Plan.

**MR COCKS:** Minister, how can parents have confidence in a system that the AMA and staff have raised so many concerns about?

**MS STEPHEN-SMITH:** I think Canberra parents can have confidence in our paediatric services. They support thousands of children and families every year, who receive excellent care. Of course, there will be some circumstances, as there are in every hospital, where things do not go to plan. That is always a terrible thing for those people who are involved, and there are always lessons learned in any health system when things do not go to plan.

Of course, in any health system and in any workplace, there will be people who think that improvements can be made. I am sure that if you surveyed people in this workplace, there will be people who think there are improvements that can be made. That is why it is so important that we continue to engage with the frontline staff who are delivering services, to ensure that those voices are heard. We will be doing that through the work to implement the paediatric organisational and services planning and the territory-wide child and adolescent clinical services plan.

### **Domestic and family violence—16 days of activism**

**DR PATERSON:** My question is to the Minister for the Prevention of Domestic and Family Violence. Minister, can you please update the Assembly on the 2022 campaign of 16 Days of Activism against Gender-Based Violence?

**MS BERRY:** I thank the member for this really important question. 16 Days of Activism is an annual campaign which begins on 25 November, this Friday, which is the International Day for the Elimination of Violence Against Women, and it ends on 10 December, International Human Rights Day. This year the theme of the campaign is “Ending Femicide”—the gender-related killing of women and girls.

Violence against women and children is one of the most persistent violations of human rights. The 2022 theme also aligns with the National Plan to End Violence against Women and Children 2022-2032, which was launched by all states and territories last month, with its ambition to end violence against women and children within a generation.

**DR PATERSON:** Minister, what actions is the ACT government taking to end violence against women and children?

**MS BERRY:** In the ACT we have continued to lead the national conversation on perpetrator accountability. Perpetrator accountability has been a key part of our response to domestic and family violence. In partnership with stakeholders, a set of ACT practice standards for men’s behaviour change programs has been developed. This will ensure that programs focus on the safety of women and children, as well as holding perpetrators to account, and will build an evidence base to inform future policy decisions.

We have funded the Domestic Violence Crisis Unit to deliver Room4Change, which is a therapeutic residential men’s behaviour change program. As at December 2021, 39 perpetrators were still involved in that program. In addition, the 2022-23 budget funded a number of initiatives, which included a million-dollar investment in the development of a long-term strategy for the prevention of sexual violence, as well as to change behaviours.



**MR PETTERSSON:** Minister, what can members of the Canberra community do to support the campaign?

**MS BERRY:** I thank the member for the question. The community, as well as members in this place, can observe the 16 days in a range of different ways. That includes wearing orange. It can also include using the hashtag 16DaysACT. It is also about observing some of the places and monuments across the ACT that will be lit up in orange for the duration of the 16 days of activism. I encourage members to get involved in activities offered by a range of services across the ACT to ensure that we bring attention to and eliminate violence against women and continue to work as a community, together, to end violence.

**Mr Barr:** Madam Speaker, further questions can be placed on the notice paper.

### **Supplementary answers to questions without notice ACT Health—workplace culture review**

**MS STEPHEN-SMITH:** I table a letter from the Australian Nursing and Midwifery Federation:

Culture Reform Oversight Group—Withdrawal—Copy of letter to the Culture Reform Oversight Group Chairperson from the Australian Nursing and Midwifery Federation ACT, dated 23 December 2021.

### **Canberra Hospital—Fetal Medicine Unit accreditation**

**MS STEPHEN-SMITH:** In relation to the question I was asked earlier about the Fetal Medicine Unit, I think I previously advised the Assembly training accreditation would be suspended after 31 August until recruitment was finalised for a second maternal fetal medicine staff specialist which is required to have that accreditation. I can advise training accreditation is currently suspended until the recruitment is finalised for the second maternal fetal medicine staff specialist. Canberra Health Services continues to actively recruit for that position.

In relation to the question about whether any other staff have left the unit, I do not have that specific answer but I can advise that there has been a high level of personal leave in the Fetal Medicine Unit as well.

### **Health—men’s health**

**MS CASTLEY(Yerrabi) (2.58):** I move:

That this Assembly:

(1) notes:

(a) the ACT Men’s Health Report Card 2019 found that:

(i) four in five Canberrans who die from heart disease under 65 are men;

- (ii) 57 percent of Canberrans who die from cancer are men; and
- (iii) 75.9 percent of suicides in the ACT are men; and
- (b) 2021 Australian Bureau of Statistics data for causes of death reveals:
  - (i) two in three premature bowel cancer deaths are men (52 out of 79 deaths);
  - (ii) four in five premature heart deaths are men (40 out of 52 deaths);
  - (iii) two in three lung cancer deaths are men (33 out of 51);
  - (iv) the rate of male suicide in the ACT has doubled in the past five years despite the national rate staying the same; and
  - (v) 92 percent of suicides between the ages 25 and 44 were men;
- (2) further notes:
  - (a) the ACT Women’s Plan (2016-2026) states that “A gender lens must therefore be applied to health care services in the ACT to differentiate between requirements for health-related matters for males, females and those of diverse gender identities”;
  - (b) the Capital of Equality Strategy Second Action Plan outlines initiatives to improve health outcomes for LGBTIQ+ Canberrans;
  - (c) there is no parallel strategy focused on improving services and initiatives for men’s health and wellbeing in the ACT;
  - (d) there has not been an examination of social determinants of health for men in the ACT which include education, economic security, housing issues, social and community context and healthcare; and
  - (e) it is important to develop strategies that promote equity and access across health and wellbeing services for men, women, and diverse gender identities; and
- (3) calls on the ACT Government to:
  - (a) recognise International Men’s Day;
  - (b) develop a public health awareness campaign for men’s health and report back to the Assembly on its progress by May 2023; and
  - (c) develop an ACT Men’s Health Plan (2023-2033) and report back to the Assembly on its progress by May 2023.

I think men are great. I have birthed one who is the most gorgeous 25 year old I know. Yes, I am biased. I have been married a couple of times and I have an amazing partner in the chamber here today. All of them have brought wonderful things into my world. Who knew it was so difficult to reverse a trailer? Well, I do now and I am learning. I am happy to say that I can also now use an angle grinder and a nail gun. My brother is an amazing man, a driven businessman and one of my greatest supporters. I have an awesome uncle who has taught me so many great things, like how to ride a motorbike, drive a car and muster sheep. I have a wonderful grandad who taught me how to be kind to animals and the land and how to milk a cow. I have many male colleagues here at work who are fun, are considerate and challenge me. I play music with a bunch of great fellows who have always had my back and I think they are all wonderful. My world would not be the same without them.

There is one thing that all of these great men seem to have in common. They need to be on death's door, almost, before they will go and see a doctor when something is wrong or troubling them. Now to be honest, I have no idea why this is. I could spend a whole bunch of time trying to come up with a clever answer as to why, but it would not fix or change anything.

What is clear is that we need to come up with a targeted strategy to improve men's and boys' health, their access to health and their outcomes. That is the reason for this motion today. Just on the weekend, 19 November, was International Men's Day. A day to celebrate the men in our world. Every place I have worked has celebrated International Women's Day, International Secretaries Day, breast cancer events and many more female-centred days but not once have we given men a guernsey. I think that is a shame. Again, I could spend a bunch of time trying to come up with reasons why and work it out, but it would not actually fix anything. So let us just touch on International Men's Day. When you go to the website it says:

On November 19, International Men's Day celebrates worldwide the positive value men bring to the world, their families and communities. We highlight positive role models and raise awareness of men's well-being. Our theme for 2022 is "Helping Men and Boys".

What a great idea, I encourage everybody to do what I did in the beginning of this speech and take a moment to remember the great things the men in our world have done for us.

So let us take a closer look at the males here in Canberra. We have approximately 224,361 of them, that is 49.5 per cent of the population. These men and boys range, obviously from the age of 0 to over 85. In 2019 an AIHW report tells us that men and boys account for three in five avoidable deaths, that men and boys experience a greater burden of disease and that the rate of death by lung cancer is nearly twice as high in men. The Australian Men's Health Forum has also told us that in Canberra males die 6.8 years younger than females, that four out of five deaths from heart disease under the age of 65 are men and that 57 per cent of all deaths due to cancer are males. Suicide is the leading killer of men under the age of 55 with 76 per cent of deaths by suicide in the ACT being men.

I want the men in my life to be around for as long as possible. I want the men in my life to have the same health opportunities as women and I want to know the government has a plan for men's health. Sadly, I was informed by the Australian Men's Health Forum that here in the ACT we do not have a men's and boys health plan. In fact, they told me we are the only jurisdiction in the country that does not. A quick Google search on the subject for the ACT showed me there was a committee inquiry into men's and boys' health in 1999. That is 23 years ago. As a woman living in the ACT, I am covered—there is an ACT women's plan which outlines specific health initiatives for women.

Interestingly, in this plan there is a statement that says:

In turn, health issues, and manifestations of health issues, are impacted by gender. A gender lens must therefore be applied to health care services in the

ACT to differentiate between requirements for health related matters for males, females and those of diverse gender identities, and to ensure that affordable and accessible gender and culturally-sensitive health services are provided across the ACT.

If you are a gender diverse gender the health strategies and initiatives are looked at under the capital of equality strategy. Men on the other hand have no access to a targeted health strategy in the ACT. Everyone else has been catered for except 49.5 per cent of our population, our men and boys. As all members can appreciate, given the statistics I just read out, this is an omission that needs correcting. I felt compelled to call on the government to take its own advice and add a gender lens to health by making sure there is a men's health strategy like we have for women and diverse genders. What better time to do this than now, the time when we celebrate International Men's Day?

As I mentioned earlier in my speech, the blokes in my world and other men I speak with are reluctant to get help when they need it. That is why this motion goes one step further than a men's health plan. It also calls on the government to develop a men's health campaign. Now back in the 80s—I am not sure whether everyone is old enough to remember!—we had the *Life Be In It* campaign. Does anyone remember Norm? I could sing you the song, “swim, swim, swim, swim, kick, kick, play, play.” It was great. It was a national campaign, and it is dreadfully out of date now. Liam up in my office thought I was crazy when I started singing the song. I showed him the video and it just did not translate—trust me. But the campaign stopped. Did our men get better at taking care of their health? Did they learn where to get the medical help when they needed it? Did they learn to identify when they needed to get that health advice? The stats say no.

Cassie Jaye is a documentary film director who is best known for the 2016 documentary *The Red Pill* about the men's rights movement. During a TED talk she said, “Men's rights activists do not have all the answers, feminists do not have all the answers, but if one group is silenced that is a problem for all of us.” This motion today is not about having a men versus women debate. Not at all! I simply want to expand on what Cassie Jaye said and add that if we have a women's health plan and a gender diverse health plan and if the women's health plan clearly articulates that men, women and diverse genders all have different health needs, but we do not have a men's health plan then that is a problem. One group is left behind and I do not want that to happen to the men in my world when it comes to their health.

So let us make a change. Let us celebrate our men today and make a commitment to plan for their health.

**MS STEPHEN-SMITH** (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Families and Community Services and Minister for Health) (3.07): I rise to speak to Ms Castley's motion, and I appreciate the opportunity that it provides to discuss the government's evidence-based approach to delivering care for those who are most vulnerable and in need in our community and who face the largest barriers to accessing health services.

I will start by correcting some fundamental errors in the premise of Ms Castley's motion. I am advised that the Australian Men's Health Forum report states that only New South Wales and Western Australia actually have plans for men's health; the Northern Territory, I understand, has a men's health unit, and South Australia has an ambassador. Other jurisdictions do not, in fact, have a men's health plan or strategy.

Indeed the ACT does not have a women's health plan or strategy either, as Ms Castley claimed in the media in the lead-up to this motion. We have done an LGBTIQ+ scoping study to understand the gaps in access to health care for LGBTIQ+ people, because we know that there are some significant gaps and barriers to access that are not as well understood as they are for other parts of the population, including men. There is already considerable evidence around the way men do or do not access health care.

I move the following amendment that has been circulated in my name:

Omit all text after paragraph (2)(b), substitute:

- “(c) the Australian Bureau of Statistics reports that the ACT leads the nation for male life expectancy and ranks as one of the highest levels in the world;
  - (d) that over the past ten years male life expectancy in the ACT has increased by 1.7 years and is increasing more quickly than female life expectancy;
  - (e) it is important to develop gender sensitive strategies that promote equity and access across health and wellbeing services;
  - (f) equitable access to health care is a cornerstone of the Government's *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030*, which recognises that generally Canberrans live in good health, but that some populations groups are at increased risk of poor health due to a range of socio-demographic factors and pre-existing conditions;
  - (g) recognising this, the ACT Government has a comprehensive set of evidence based strategies developed with expert advice, as well as community and stakeholder engagement to ensure that populations with the greatest health needs are the focus of strategies, plans and activities to deliver a patient-centred integrated health system; and
  - (h) the ACT Government currently works with a range of community organisations, including Menslink and Everyman to deliver specialised mental health and peer support services to men and boys in the ACT including counselling, advocacy, mentoring and education; and
- (3) calls on the ACT Government to continue focusing on those most at risk of poor health and lifetime impacts of marginalisation by implementing the strategies, plans and activities developed with experts, stakeholders and the community to deliver the vision of *Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020-2030*, including (but not limited to):
- (a) *ACT Health Services Plan 2022-2030*;
  - (b) *ACT Health Quality Strategy 2018-2028*;

- (c) *Healthy Canberra: ACT Preventive Health Plan 2020-2025*;
- (d) *Better Together: a strategic plan for research in the ACT health system 2022-2030*; and
- (e) *ACT Mental Health and Suicide Prevention Plan 2019-2024*.”.

The amendment points out that the ACT is already doing well when it comes to men’s health. The ACT government is focused on improving health and wellbeing for all Canberrans, and we do continue to make headway. We know this because of the evidence. The Australian Bureau of Statistics has recently released its most recent data on life expectancy, and it is good news for Canberra’s men. We continue to lead the country on life expectancy and, while Canberran women also continue to lead the nation, the gap is actually closing between Canberran men and women. This is good news, and it seems that our evidence-based and person-centred approach is working. According to the ABS, over the past 10 years, Canberran male life expectancy has increased by 1.7 years, to be one of the highest in the world, at 82.7 years, or 1.4 years above the national average.

We on this side of the chamber know that health and wellbeing in the Canberra community is generally nation-leading—and, indeed, world-leading—but we also know that there are key areas where there is room for improvement, and, importantly, that generalised statistics can obscure pockets of the population who are not seeing these gains.

While men continue to live longer or can expect to live longer from each passing year, we also know that many are living with chronic disease and that the health status varies markedly between population groups. That is a theme that I will return to shortly.

Men, especially young men, are also more likely to engage in risk-taking behaviour that can result in long-term harm to themselves and, indeed, to others. Based on evidence, the ACT government’s policies focus on priority populations, driven by expert advice, stakeholders and the community. Evidence based and person centred, built on lived experience: that is what will ensure that the government continues to deliver the best outcomes for Canberrans. It is what guides our 10-year framework for our public health system—accessible, accountable and sustainable, which provides a common vision for the strategy, policy and planning activities that are shaping the future direction of our health services.

Critically, the framework was developed with consumers, carers, peak and advocacy groups, primary healthcare providers and clinical services. Guided by this expert group, the framework identifies the priority population groups that the government needs to focus on to achieve our vision. This is based on evidence to ensure that our system is focused on those who need it most.

As an aside, not once, from my own or my office’s recollection, can we recall any of these stakeholders, experts or community representatives stating that what the ACT really needs is a men’s health plan. From reading the motion, it does make one wonder what it is about. Of course, we could be uncharitable and suggest that this might be some red meat for the conservative base of the Canberra Liberals! Of course,

that would be uncharitable, wouldn't it, Mr Assistant Speaker Pettersson? We know that it would not be a winning strategy for the Liberals to go down this path because Canberrans have repeatedly rejected the same old conservative Canberra Liberals, who talk to each other rather than talking to the community.

I do question the motivation for Ms Castley's motion—more so because it has not been called for in numerous rounds of public consultation to plan for the future of our health system. It also equates non-health plans and strategies—the Women's Plan, which is a whole-of-government plan to address the ongoing inequality in our community for women, and the Capital of Equality plan, again, an ongoing plan to address the barriers to equality faced by LGBTIQ+ Canberrans—with health strategies. They are not. They are whole-of-government strategies of which health plays one part.

I will give Ms Castley the benefit of the doubt that she has brought this motion forward with the intent of supporting the government's aim to continue improving the health and wellbeing of all Canberrans. It is certainly something that we can get behind.

We are already delivering on a comprehensive, whole-of-sector, 10-year framework which has a range of key, whole-of-system plans and strategies, including the preventive health plan, the health services plan that I released in August and myriad other evidence-based subsector plans developed with experts in the community.

The amendment that has been circulated in my name outlines the importance of continuing to deliver on those comprehensive plans that address our health system planning and our preventive health investment, as well as mental health and suicide prevention, among other strategies, plans and activities that are focused on improving our population's health.

Of course, men benefit from this. Canberran men clearly benefit because we can see the impact on overall life expectancy, which is continuing to increase. Also, there are real challenges which our strategies, actions and plans are tailored to address, and we are doing that through the targeting of specific actions.

Let me assure you that the government is focused on improving the health of everyone in our community by focusing on those priority populations with evidence-based actions that will support those people in particular who are most vulnerable, most marginalised and most at risk of poor outcomes or poor access to health services. This continuous investment and vision have ensured that we continue to lead the nation in life expectancy and a range of other key indicators.

As I said, our investments and our efforts are guided by experts, stakeholders and community through co-design strategies because we know that that is what will help us to do the most good.

I want to assure Ms Castley that the ACT government does take men's health extremely seriously. Across our suite of strategies, plans and activities, those men who most need support and who will most benefit are a focus.

Canberra Health Services, for example, provides a range of screening and intervention services targeting the leading causes of death and disability in men, including mental health assessment and treatment, cardiovascular function assessment, and provision of cancer screening diagnosis and treatment.

Sexual Health and Family Planning ACT provides screening and treatment for sexually transmittable infections and bloodborne viruses and supports men around issues of sexual dysfunction. Canberra Sexual Health Centre provides a number of programs that look after the sexual health and wellbeing of men, including screening for sexually transmitted infections, treatment, health education and health promotion.

Meridian provides a range of support, prevention, testing and treatment services targeting gay and bisexual men who have sex with men, particularly those at high risk of HIV acquisition, including men who have sex with male casual partners and those who frequent sex-on-premises venues.

I get the feeling that this is not what Ms Castley means when she talks about men's health; nevertheless, it is critically important. More in line, probably, with Ms Castley's focus, I can assure her that under our research strategy we have invested \$1.2 million in targeted research into cancer and \$160,000 in cardiac rehabilitation, which, as Ms Castley's motion highlights, are significant risk factors for men.

Ms Castley's motion also highlights the far higher rates of suicide in men compared to women. This is, sadly, not only a national but an international experience. The data indicates that approximately 75 per cent of suicide deaths in the ACT and nationally in 2021 were men and that suicide is the leading cause of death for Australians between the ages of 15 and 44. Given our small population size locally, our data does fluctuate from year to year, but generally our rates are similar to the national ones for our population size as well. Nevertheless, more needs to be done, and significant and coordinated work is being focused on this task. It is clearly a gendered issue that requires resources, focus and attention across governments, and that is why the ACT's Mental Health and Suicide Prevention Plan 2019-24, strategic priority 6, reduced self-harm and suicide prevention, has a priority population that includes men.

Importantly, the government and our partners at Capital Health Network did not just leave it at men—half of our population. We know that this headline figure does not tell the whole story, which is why, for example, the plan is also prioritising Aboriginal and Torres Strait Islander people, because we know that all men do not have the same risk. Indeed, the risk nationally for Aboriginal and Torres Strait Islander men for suicide was double the whole population rate. I repeat: double. That is why the government has invested in Aboriginal and Torres Strait Islander specific suicide prevention programs. This evidence base is also why we fund the Way Back Support Service to provide follow-up to people after they have attempted suicide, because the evidence also identifies this as a priority population.

Minister Davidson will speak in greater depth, I am sure, about the mental health of men in the ACT, but I would like to highlight that the ACT government does consistently invest where the evidence indicates, and where the evidence identifies a priority population. For example, research indicates that it is important for mental



health supports to go where men are, such as male-dominated workplaces; that is an effective way of shifting suicidality. That is why ACT Health provides funding to AusHealth to provide its industry and community suicide prevention and social capacity building programs in the ACT. The Health Directorate funding enables AusHealth to target apprentices and workers in traditionally male-dominated industries, such as building and construction industries, and to provide mental health and wellbeing information and support. In 2022-23 the government is providing nearly \$800,000 to support AusHealth's operations. It is also why the government provides more than \$550,000 annually to Menslink to deliver a young men's mentoring and counselling program across Canberra for young men aged 10 to 25 years who have been negatively affected by life experiences and who experience personal or social integration challenges.

These investments are driven by the evidence and our co-design strategies to focus our investment on where it is needed most. We could talk at a whole-of-government level about our work with men's sheds—again, an opportunity for men to sit alongside one another and talk about what is going on in their lives.

The government also recognises that communications are key to raising awareness among at-risk groups. The Health Directorate regularly publishes information messaging about men's health issues and initiatives through its own and whole-of-government channels, such as social media, Our Canberra and website information. For example, we know that, nationally, the engagement of men in routine preventive health care is suboptimal, as Ms Castley has talked about. Two-thirds of men do not access health care for preventive reasons. That is why, during men's health week, between 13 and 19 June this year, the ACT Health Directorate targeted messaging to highlight the importance of regular health checks.

Data from the Kirby Institute indicates that men, particularly gay, bisexual and men who have sex with men, are over-represented in ACT sexually transmissible infections and bloodborne virus notifications, particularly for HIV, gonorrhoea and infectious syphilis, and that is why we focus on this area. Of course, in our preventive health strategy, reducing risky behaviours is a domain. It recognises specifically that young men are more likely to engage in risky behaviours. It also identifies the LGBTIQ+ population as a priority.

Continuing this theme, evidence suggests that common barriers exist to men accessing health services, including cost, geographic location, health, literacy, employment and education. That is why the government invests in supports aimed at the most vulnerable in our community, where it is harder, due to location, cost and other barriers.

There is no clearer example of this than the successful Directions Health Services mobile primary care outreach "chat to PAT" clientele of homeless people, people who have alcohol and drug dependencies, and other vulnerable people who are overwhelmingly men.

Mr Assistant Speaker, I could go on. I am running out of time, but I think I have made my point.

**MR DAVIS** (Brindabella) (3.22): I will start the same way that Ms Castley did. I think men are great, but I suspect this suit and tie combination makes that pretty obvious! The ACT Greens will be supporting Minister Stephen-Smith's amendment to Ms Castley's motion. The amendment ensures that the government continues to take a gendered lens to public health to address systemic inequality in our health system.

Ms Castley's motion seemingly reads as a very reasonable request. Why is it that, if we are directing attention and resources to addressing the health needs of certain communities—namely, women and LGBTIQ+ people—we would not develop a strategy and a specific approach to addressing the health needs of men?

There are gendered patterns in some public health issues in which men clearly outnumber women. Indeed, it is well known that, as a demographic, men have a higher rate of suicide than women. Most men, obviously, have specific body parts that require particular types of tests and awareness campaigns to prevent ill health, such as prostate and testicular cancer.

As a queer man, I am very familiar with specific public health interventions that are designed to keep me and my community health and happy, such as the use of PrEP and PEP to prevent the transmission of HIV. As someone who is currently caring for a man experiencing significant health issues that have arisen from a lifetime of blood, sweat and tears—hard yakka, Mr Assistant Speaker—I am acutely aware of the impact that masculinity, class and age can have on a body.

Supporting the amendment moved by the minister today does not deny the reality that men experience ill health and that men require care and support. There is just little justification that the ill health men experience arises from systemic oppression and inequality.

Over the last two years as an MLA, and as the ACT Greens spokesperson for health, I have had the privilege of speaking with several organisations that work directly or primarily with men on health and wellbeing matters, including Meridian, Menslink, the Domestic Violence Crisis Service Room4Change Program and EveryMan. These services engage directly with the relationship between masculinity and health, and work to provide support to men and boys, particularly on emotional, interpersonal and social matters. Our support of these organisations demonstrates an awareness by government and our community more broadly that men and boys sometimes require particular supports to enable them to lead happy, healthy and meaningful lives.

Anyone at all familiar with the rise of what is known as men's rights activism has likely become familiar with the patter of these so-called activists, who argue that due to the feminist approaches to public health, men are missing out on care, and that the existence of women's health services, LGBTQ health strategies and the like are indicative of the unfair emphasis being placed on the experience of minorities within health systems.

While it would be unfair of me to think that this is, at all, what Ms Castley is gesturing at in this motion, it would be remiss of me not to flag that, upon my initial

reading of this motion, I was struck by the way it reminded me of these more ill-informed takes. These positions begin with the notion that somehow public health is apolitical and that actions and strategies on women's health and LGBTQ health specifically somehow corrupt what is an otherwise level playing field.

Men have bodies; men have lives; men get sick. Why wouldn't we seek to care for their lives in the same way that we have the lives and bodies of non-men? The answer, of course, is about systemic oppression, and whose bodies have culturally and historically taken precedence in public health and in medicine.

Feminist approaches to public health have been critiquing the idea that public health is apolitical for many decades now, and drawing our attention to the acritical approach leads us to examine not only the connections between gender, disadvantage and health, but also the distribution of power in the processes of public health, from policymaking through to program delivery. Feminist public policy is not just about women and women's issues; rather, it is an approach that is concerned with identifying and challenging inequality, oppression and injustice.

This government has chosen to undertake particular initiatives that are designed not to favour one grouping over another but rather to try and elevate the level of care and support that some communities receive, by undertaking targeted health interventions within those communities. This government has also chosen to take a feminist approach to public health by understanding that our health systems have, for a long time, been built around the needs of white, able-bodied, male bodies. For example, it is now well known by anyone with an interest in public health that, for centuries, the male body was treated as the default human body in medical testing, and that medical devices and medicines have subsequently been made for these bodies. This example is really just an inroad into thinking about the way that systems, institutions and processes are far too often built with a view to responding to the needs of those who build them.

Those of us with privilege have a tendency to fail to see and truly understand inequality until we either experience it personally or we see someone that we love experience it. Targeted systemic responses to public health enable us to respond to inequality in a considered and targeted way, seeking not to advantage one group over another; rather, to respond to issues which have been neglected and issues which would not have been addressed without very detailed considerations and investments in actions that address inequality. That is why the ACT Greens support and, indeed, drive the development of women's health services, LGBTQI+ health strategies, Aboriginal and Torres Strait Islander, community-led organisations and disability health strategies.

Since my election, I have consistently demonstrated a keen interest in the impact of poverty and economic marginalisation across all areas of government. Poverty is a risk factor to poor health that applies irrespective of race or gender. Poverty and the effects of poverty are, however, still gendered. Women are more likely than men to be poor; and, within poor households, non-negotiable responsibilities and limited access to resources, including health care, have a greater relative impact on the health and wellbeing of women than on men.

However, it must be said that we have some way to go to address economic inequality in our healthcare system. While Australia is rightly proud of our public health system, the failure of successive federal governments to extend dental health and mental health care to Medicare has left poorer Australians, including the men that Ms Castley seeks to advocate for, much worse off than their wealthier counterparts.

Everyone should be able to use their Medicare card when they go to the dentist. Poor people put off going to the dentist because they cannot afford it, which does not just mean worse teeth, but can lead to other health problems, too.

Here in the ACT, the ACT Greens have been working to develop a mental health system response that not only provides acute care to those in extreme distress but can provide care up the river, to prevent people experiencing acute distress from requiring medical responses.

It is unfair and a sign of deep inequality that poor people, including poor men, are unable to access the same level of care and support. This government has work to do on economic inequality in our healthcare system, and I look forward to continuing to advocate for systemic responses to these issues.

I would like to thank Ms Castley for the opportunity to speak about feminist public health approaches in the chamber today.

**MR PARTON** (Brindabella) (3.30): I was not planning to speak on this motion, but I felt that I had to respond to the health minister, because there were a couple of things that she said in her speech that I found rather extraordinary. I would say to the health minister: how could you possibly suggest in this chamber that a proposal or concept to support men, vulnerable men, in the health space somehow comes from the far right? On which planet is seeking to look after vulnerable men a conservative ideal?

I find that suggestion particularly condescending and offensive, and I am not the only one. How dare the health minister downplay this worthwhile motion by fantasising about some hyper-partisan construct that she has dreamed up! It just emphasises that, for this minister and this government, gender issues are really important, except when it comes to men.

I was invited to attend a men's suicide awareness event earlier in the week, on the lawns of federal parliament. Paul Withall was the driving force behind the 2,500 shoes event. I was actually invited live on TikTok. He stumbled across one of my live broadcasts and hit me up about men's suicide. He asked, if this issue was so important to me, whether I would be able to attend the awareness event. Of course, I said yes. On Monday, Paul and his supporters laid out 2,500 pairs of shoes on the lawns of Parliament House. There were all sorts of shoes—workboots, runners; there were some footy boots and some inline skates there.

Paul mentioned to me that some of the shoes, some of the footwear, had actually been sent to him by families who had lost men through suicide. Some of them were not just a representation of those that we had lost; they were genuinely the shoes of people who had taken their lives. Each pair of shoes represented another man who had taken

his own life in the last year. It was sobering to see all of those shoes together; you got a real understanding of the toll.

Paul wrote an open letter to the Prime Minister and other federal members, and I want to read some of it here. I had been planning to mention it in an adjournment speech, which is why I have it here. He said:

Men are taking their own lives at a rate of over 25 a week in Australia ... Sadly, our services in mental health do not have any aftercare for men at all. This is the time when men suicide.

Paul wrote:

Our government keeps announcing funds being thrown at mental health in the millions believing that is going to resolve or curb the situation, but it does not change anything ...

There is so much wrong with the support system for men. The support systems are more detrimental than beneficial.

Paul went on to say:

As a support person helping many people daily, I come up against a brick wall every day in getting services for men, and the 20 or so men's support Facebook groups and networks I work with all have the same problems ...

When ladies need help, it is so easy for us to help them get accommodation and referrals to services and that's terrific, yet it's almost impossible to get the same for men, and these blokes end up sleeping on our couches feeling like a burden and making them feel worse.

That is some of what Paul had to say on Monday. He is calling for the appointment of a specific minister for men. That is his call. I had a number of conversations with Paul's supporters and some survivors of very dark times—some men who had come back from the brink, who had lived to tell tales that really needed to be told. I could see that Paul is extremely passionate about this tragic issue. He was most pleased to hear of this motion coming before this chamber today. I sent it to him so that he could look at it. He was most pleased to hear of this motion that Ms Castley was moving in this chamber today. I am sure that, like me, he would be extremely disappointed in how watered down this motion will become, if it is successfully amended.

**MS DAVIDSON** (Murrumbidgee—Assistant Minister for Families and Community Services, Minister for Disability, Minister for Justice Health, Minister for Mental Health and Minister for Veterans and Seniors) (3.35): I would like to thank Ms Castley for moving this motion today, and I would like to speak in support of Minister Stephen-Smith's amendment to the motion, particularly in relation to men's mental health.

Every life lost to suicide has lifelong ripple effects on friends, family, colleagues and the entire community. Nationally, 75 per cent of those lives lost are men, and the same statistic applies to the ACT. We know that this is impacted by the difficulty many men experience in being able to talk about how they are feeling and access help,

as well as the more lethal means used. We also know that the most common risk factors for men are similar to those for women—a history of self-harm, relationship breakdown and family disruption, and relationship difficulties with a spouse or partner.

A previous suicide attempt is the largest single factor indicating future suicide risk. In response to the need for aftercare services for people who have attempted suicide, the ACT government established the Way Back aftercare service, which has been operating in the ACT since 2016, and is delivered by Woden Community Service.

As a social researcher and public health services advocate, I attended seminars on the new service when it was being established, where I learned about the referral pathways into the service and the supports offered to participants. I could see that the referral pathways would likely pick up more men than women, due to the complexity of differentiating between self-harm and attempted suicide. Right from the beginning this service has really helped people in our community by shining a light during one of the darkest times in their life.

When the demand for aftercare services increased beyond the capacity of the existing service, the ACT government responded by increasing funding and seeking additional support through the bilateral agreement with the commonwealth which was signed in March this year. This increase in capacity means the Way Back service can work with more people considered to be at risk of attempted suicide rather than only those who have already made an attempt.

It is also important to understand the disproportionately high numbers of Aboriginal and Torres Strait Islander people who die as a result of suicide. In 2021 the rate of deaths by suicide per 100,000 people in Australia was 38.6 for Indigenous males compared to 18.2 for non-Indigenous males. We have so many strong and caring First Nations men here in our community, and we need to do better at strengthening and caring for their mental health and wellbeing, and that of the family and community surrounding them.

That is why, as Minister Stephen-Smith mentioned earlier, the ACT government has funded a new ACT Aboriginal and Torres Strait Islander Prevention, Intervention, Postvention and Aftercare Program, being established by Aboriginal community-controlled organisation Thirrili.

The program was an ACT Greens 2020 election commitment and is supported by evidence analysed by the ACT Office for Mental Health and Wellbeing and recommendations from the ACT Aboriginal and Torres Strait Islander Suicide Prevention and Mental Health Working Group. Thirrili is working with Woden Community Service and our local Aboriginal and Torres Strait Islander community to establish the service.

We know that we will need more services in future to support the mental health and wellbeing of our Aboriginal and Torres Strait Islander community. I note that nine per cent of participants in the first year of service of the Garran step up, step down service provided by Stride identified as First Nations people. That is quite a significant thing to think about—that the proportion of participants accessing the service who are

Aboriginal and Torres Strait Islander is so high and that they feel comfortable identifying as First Nations to the service provider.

I look forward to the work of our ACT Aboriginal and Torres Strait Islander Suicide Prevention and Mental Health Working Group and the Office for Mental Health and Wellbeing on a needs analysis for mental health services for our First Nations people. I am committed to working hard to deliver what the community tells me is needed.

The ACT government supports a range of suicide prevention programs aimed at increasing awareness and providing people with the toolkit to support a friend in need, or to recognise and seek help themselves. This starts with our year 9 students participating in the Youth Aware of Mental Health program at school, which has been delivered to more than 7,000 students aged 15 to 16 years since 2020. Young men who have participated in the program tell me that what they found most valuable about it was learning how to support their friends. This gives me so much hope for the future for these young people because this means the program is working to break down barriers for our next generation of men in talking about mental wellbeing and seeking help.

I also note the work done by people with lived experience in community mental health and wellbeing programs. As mentioned by Mr Davis earlier, Menslink deliver mentoring, counselling and group programs to boys and young men in our community, and I look forward to seeing their work continue. The Perinatal Wellbeing Centre, previously known as PANDSI, provide understanding and support for dads experiencing post-natal depression, as well as for dads supporting a partner who is experiencing this. MIEACT's work to deliver community mental health education and awareness includes amazing support and skills development in valuing and working with lived experience in safe ways that reduce the risk of re-traumatising participants in their programs. I particularly applaud their My Mind, My Voice program, working with the multicultural community.

There are many organisations working with veterans and their families, including Open Arms, Soldier On and the Vietnam Veterans Motorcycle Club. Whether it is counselling services or an understanding, listening ear at a drop-in coffee club, that feeling of connection and belonging makes the world of difference.

I thank Stride, who are doing the most wonderful work in our first Safe Haven in Belconnen. This is a warm, welcoming space where people can talk to someone who understands what it feels like to experience psychological distress. The fact that most of the people who accessed the service in its first six months after opening last November used the service an average of seven times demonstrates that this is a service where people do feel safe and supported.

Average results using the subjective units of distress scale for people on arrival at the service was 65, but it dropped to 44 upon exit after their initial visit; and, when followed up 72 hours later, and in the seven to 10 days following, it was still an average of 46. The Safe Haven is open from 3 pm to 10 pm, Tuesday to Saturday, and is located next to the Belconnen walk-in clinic, with easy access to buses and car parking. We are already working towards having a second Safe Haven on the Canberra Hospital campus.

There is so much more to be said about the work being done to support those in our community who need mental health and wellbeing, and for the boys and men in our community, but there is a time limit to this debate. Let me just say that I am committed to continuing this work through the ACT Mental Health and Suicide Prevention Plan 2019-24. I commend Minister Stephen-Smith's amendment to the motion.

**MR COCKS** (Murrumbidgee) (3.42): I am going to start today by giving what is traditionally called the trigger warning. I will be speaking about very difficult subject matter. I will be speaking about suicide, and I will be talking about things which are going to cause pain.

I had not intended to speak to this motion when I entered this place today, and I thought Ms Castley did an admirable job of making the case for a men's health plan and for a campaign. I genuinely thought this was something straightforward that we could all agree on—that we could send a message building on Men's Health Day, and during Movember, that men's health matters and that the ACT ought to have a plan to address those specific health issues and challenges that are faced disproportionately by men.

But then I read the minister's amendment—an amendment that reads like a tone deaf pat on the minister's own back; a proclamation of how well she is doing for men if only we would realise it. Now she has had the gall to resort to name-calling, casting aspersions and suggesting that this is only something that we would bring up because the conservatives want it. Well, let me say that if it is only conservatives standing up for men's health, call me a conservative! I hate to break it to the minister, but we are not doing as well as she seems to think on men's health. Everything is not okay. The minister's amendment throws away the entire positive intent of this motion, and instead of acknowledging the reality, trumpets the fact that men's life expectancy has increased by more than women's over a 10-year period. Perhaps the minister should have a look at those numbers and realise that we are starting from behind, and that in total the gap closed over that decade by 0.2 years.

I also notice that the minister's amendment calls on the government to continue implementing plans like the ACT Mental Health and Suicide Prevention Plan 2019 to 2024, a plan which the Minister for Mental Health has also just raised. Perhaps the ministers are not aware that the total number of references to men in that plan is one. As I know the minister understands better than most, victims of suicide are disproportionately men. According to the ABS, and reported to the AIHW in 2019, the suicide rate for men was more than three times higher for males than for females.

So let me try and explain my experiences of men's suicide and how that reverberates, because the first time I was forced to see the deep reality of suicide was in my first year of high school, when the brother of a classmate took his own life. A young man in the middle of high school lost hope, took a gun and shot himself. Fast forward to the end of college, and that sense of freedom you get as you get your licence and discover that freedom as you begin to tread your own path. There was a period when I spent that freedom visiting a friend every day to make sure he was still alive—another young man who had lost hope and made more than one attempt to take his life.



I cannot forget driving up his driveway and seeing his wrist bandaged and soaked in blood.

Maybe things have improved, though; that was some time ago. But from what I see, at least, the difference is just in the age of the men that I see struggling—those that I see in front of me. The most recent time suicide impacted someone close to me, it was a father—a man who had lost his daughter and his marriage and had lost hope. He took his life by hanging, and that pain will never go away. In fact, one of his friends shortly thereafter took his own life. So let me clear, suicide is not only a man's problem. It is not only a men's health issue—it never was—but when you look at the numbers you see that men take their lives at a far higher rate than women, and when they make a suicide attempt, they do it in ways that tend to be far more effective and far more permanent.

The reality of men's health is that many of us, me included, are terrible when it comes to looking for help. Many of us avoid engaging with the health and mental health systems. We find any reason—cost, convenience or how the receptionist looked at us last time we were there—to avoid turning up to the doctor or mental health supports. For some, the greatest barrier can be that we just do not feel that it is a place designed for us.

At the heart of it, that is the change I want to see. Surely, we can send a message to men and boys that our health and mental health systems are for them, that we accept them for who they are, and acknowledge that what they need might be different. And that is what I saw at the heart of Ms Castley's motion—a message to men and boys that they matter, and that the Assembly would back them by supporting better, more appropriate services and supports for the challenges they face. The minister's message through this amendment, and through her speech, is the opposite, so I do implore the Assembly to reject the minister's amendment and instead vote for Ms Castley's original motion, because we cannot afford to keep losing good men and boys because they lose hope.

**MRS KIKKERT** (Ginninderra) (3.49): I wish to support our shadow minister for families, youth and community services, Ms Castley, in her motion. This is another opportunity for me to advocate for improved support and awareness of men's health in the ACT, as I have been doing for many years now. With the recent passing of International Men's Day last Saturday, this is a great time to talk about men's health; yet we should not limit these talks to awareness days. Conversations about men's health should be ongoing throughout the year.

Supporting this motion and men's health is definitely not based on a conservative outlook, as the Minister for Health suggested earlier. That was a shameful and insulting remark. Men's health matters on all sides of politics, and if she cannot see that then the Minister for Health is a danger, in her role, to all men and to all Canberrans. It is my firm belief that when we support the wellbeing of men in our community, we strengthen the rest of our community—women; children; the elderly; people with disabilities; those who are of diverse gender, faith or culture, including Aboriginal and Torres Strait Islander communities; any combination of the above, and more.

The men we are talking about are our fathers, brothers, sons, grandfathers, uncles and our dear friends. I would like to add three more facts and statistics to the ones my colleague has noted. Firstly, Australian men are more likely than Australian women to get sick from serious health problems, and their mortality rates are also much higher. Some causes of death are directly related to one's sex—for example, men cannot die during childbirth, and women cannot die from prostate cancer—but men die in greater numbers than women from just about every non-sex-specific health problem. For every two women who die, three men die. Secondly, 96 per cent of people who die at work are men, with the most fatal occupation being machinery operators and drivers, followed by labourers. Finally, even in the case of children, boys account for two out of three deaths due to accidents or drowning.

There are many theories about why women enjoy better health than men, such as greater government investment in women's and children's health care; men being traditionally encouraged to perform higher risk jobs such as mining, logging and construction; and barriers to accessing health care professionals due to employment circumstances, particularly difficulties in receiving access to male doctors for intimate issues. As my colleague Ms Castley notes, it is critical that we examine the social determinants of health for men in the ACT and implement strategies that will ultimately promote the health and wellbeing of men and the rest of our community. For example, there is strong research-based evidence that demonstrates a direct link between employment status and men's mental health as well as physical health. Men suffering from depression are twice as likely as depressed women to abuse alcohol and other drugs, which consequently leads to an increased risk of violent behaviour and attitude as well as suicide.

We know that men are the predominant perpetrators in cases of domestic violence, with women and their children as the predominant victims. We also know, from relatively recently collected national data, that LGBTIQ+ people report high levels of domestic violence, with men as the predominant perpetrators still. It is clear that when men in our community experience poor health outcomes, the harmful impacts disproportionately affect women, children and other vulnerable members of our community.

Our community has noticed the gaps in supports and services when it comes to looking after men. For years I have persisted in questioning this government about addressing the increasing demand for men's counselling services. I would like to thank the local organisations that work tirelessly to support at-risk and vulnerable men such as Menslink, EveryMan, the Salvation Army, the St Vincent de Paul Society, Relationships Australia and DVCS. I am also grateful for organisations such as Men's Shed, YMCA and other special hobby groups popular with men that promote their health and wellbeing. But I know, from speaking to these stakeholders, that more can be done, which this government has denied.

I would like to mention an initiative in my electorate of Ginninderra, which was recently featured in the media. The Belconnen Man Walk, was started by local resident Mr Craig Durbidge as part of a nationwide network. Every Saturday at 7 am, a group of local men meet in the front of the Lighthouse Pub on Emu Bank for a relaxing lake walk and talk, where they can warm up both physically and mentally.

What a wonderful initiative—a place where men can go, and walk and talk about anything that is on their minds. They have said that it is life-changing. There is now also a Man Walk for the Tuggeranong district as well. They meet every Wednesday at 6.30 am outside Bunnings. I encourage all men who may be interested in this initiative to join them when they can, and support these simple but incredibly positive initiatives.

The ACT government needs to do more, and I join Ms Castley's call, especially for the need to develop an ACT men's health plan. As she has noted, there is no parallel strategy focused on improving services and initiatives for men's health and wellbeing in the ACT, and the gender lens, as described in the ACT women's plan, must be applied to our healthcare services when it comes to men as well, for the benefit of everyone else in our community. I commend this motion to the Assembly.

**MS CASTLEY (Yerrabi) (3.57):** I want to make it extremely clear that the motion today was not about men versus women. It was simply to acknowledge that there is no long-term strategy for men's health. It was as simple as that. There are lots of little things, and I would say that in here we are aware of most of the things that are available, but the average punter on the street would have no idea where to go and get help should they need it.

The government has previously praised their gender lens on health care in the ACT, and we have strategies for women and diverse genders, as I have already said. The male gender is the only gender that does not have this long-term strategy—49.5 per cent of Canberrans. There is no long-term, holistic “one place, one plan” for these guys.

The government has let down every man in the ACT today—every man that is battling with mental health issues; with drug and alcohol problems; with lung, bowel and prostate cancer. These things disproportionately affect men and boys. I am so disappointed, because of all of the motions I have brought, this was the one I thought: “Geez, least political ever. Just give the men a shot.”

I have spoken to Brad at Mens Health Downunder. If you get out to Cooleman Court, go and check out the pharmacy there. He is such a great advocate for men's health. He said that in his pharmacy he sees around about a thousand people a year who have prostate cancer. I am pretty sure the stats are right, here—50 per cent of those guys would have an operation, and around 100 per cent of people who have an operation, with regard to prostate cancer, will suffer erectile dysfunction and will suffer incontinence. They can be young men needing to wear pads and embarrassed to go out because there are no bins for them like we have in women's toilets. If we do not have a strategy or a plan, how can we possibly know where these gaps are? I do not want the men in my world embarrassed to go out because they are wearing an incontinence pad due to prostate cancer.

We have to stop saying things like, “Oh, the hospital and the doctor—it was all set up because men were the ones that started the system.” Does that mean we forget them and not develop a plan to care for their health? Adrian from St John, back when I brought up the defib motion—the amount of men that suffer cardiac arrest! Glen from the Men's Health Forum is a big believer in this. He was the one we talked to in the

first instance when this came up. Other GPs I have spoken to have also said that it is a shame we do not have a men's health plan—they are shocked we do not have one, actually. Women I have spoken to are quite disappointed and ACT Lone Fathers Association. We all hear from these people regularly. It is an actual thing, as you mentioned, Mr Deputy Speaker—about men couch surfing. Martin Fisk from Menslink emailed me today and thanked me for this motion.

The health minister talked about the evidence-based approach. I am not quite sure, but I wish I had counted how many times she talked about the evidence-based approach! The figures from the evidence-based approach show that it is not good. I mentioned the stats earlier. Things are not good for our men's health, so I would challenge the health minister to rethink that approach.

I would like to finish by quoting the health minister from her own adjournment speech. On 21 September 2017, she said:

Madam Speaker, our efforts to support society's most vulnerable must not be presented as a competition between one group or another. We must of course identify when a particular group faces a particular problem and focus our resources accordingly, but we cannot and should not attempt to turn against each other to compete for empathy or attention.

In 2017 the minister supported everything I have called for today, everything I have stated, and so she must not turn against the men in our city. This is not about political point-scoring, but it seems it has been today. She has made her point at the expense of men. It is a disgrace that the Labor-Greens government are voting against men today. That is what is happening!

We will not be supporting the amendment, and I will be telling everybody that this government has no care for the health care of men. There is no plan for a strategy, and I am disappointed. That is all I have to say.

Question put:

That the amendment be agreed to.

The Assembly voted—

Ayes 15

Noes 8

Mr Barr

Ms Berry

Mr Braddock

Ms Burch

Ms Cheyne

Ms Clay

Ms Davidson

Mr Davis

Mr Gentleman

Dr Paterson

Mr Pettersson

Mr Rattenbury

Mr Steel

Ms Stephen-Smith

Ms Vassarotti

Mr Cain

Ms Castley

Mr Cocks

Mr Hanson

Mrs Kikkert

Ms Lawder

Mr Milligan

Mr Parton

Question resolved in the affirmative.

Original question, as amended, resolved in the affirmative.

## **Aboriginals and Torres Strait Islanders—Uluru Statement from the Heart**

**DR PATERSON** (Murrumbidgee) (4.07): I move:

That this Assembly:

(1) notes:

- (a) that Aboriginal and Torres Strait Islander People are the Traditional Owners of this country, and the ACT Government pays respect to their ongoing spiritual and cultural connections with it;
- (b) that the latest data available in the Closing the Gap Information Repository (updated 2022) continues to highlight significant discrepancies between white Australians and our First Nations people, particularly in the target areas of life expectancy, childhood mortality, school attainment and employment. More work is required to close the gap in such discrepancies that continue to cause serious harm to our First Nations community;
- (c) the work of the Aboriginal Torres Strait Islander Elected Body in the ACT as the representative body established to enable Aboriginal and Torres Strait Islanders in the ACT to have a strong democratically elected voice in our region. They are also the ACT jurisdictional member on the Joint Council on Closing the Gap;
- (d) the ongoing commitment to the ACT Whole of Government Aboriginal and Torres Strait Islander Agreement;
- (e) that the Uluru Statement from the Heart was developed in May 2017 and made 50 years after the 1967 National Referendum confirming that First Nations people must be counted as part of our national census. The Statement was made in Mutitjulu in the shadow of Uluru on the lands of the Anangu people when 250 Aboriginal and Torres Strait Islander delegates from 13 regional areas put their signatures on a historic statement;
- (f) that the Uluru Statement from the Heart, addressed to the Australian people, invited the nation to create a better future via the proposal of key reforms, asking for constitutional change and structural reform in their relationship with Australia;
- (g) that the statement calls for a First Nations Voice in the Australian Constitution and a Makarrata Commission to supervise a process of agreement making between Government and Aboriginal and Torres Strait Islander people;
- (h) that the Makarrata Commission will also oversee a process of treaty-making, and truth-telling about Australia's history and colonisation;
- (i) that Makarrata, as outlined in the Uluru Statement, is a Yolgnu word for coming together after a struggle and the Commission would lead an important process of truth-telling about our history;
- (j) that there will be a referendum for a First Nations Voice to Parliament between July 2023 and July 2024;
- (k) that the First Nations Voice to Parliament would recognise the status of Aboriginal and Torres Strait Islander peoples as the first peoples of Australia and enshrine a First Nations Voice to Parliament in the Australian Constitution;

- (l) that supporting the Uluru Statement from the Heart and the First Nations Voice to Parliament further strengthens our commitment to our First Nations community and provides a public statement that supports constitutional change which is the responsibility of the Australian Government; and
  - (m) the need for constitutional change that goes beyond the symbolic and gives breath to the benefits that a treaty offers all Australians;
- (2) calls on all Members of the ACT Legislative Assembly to:
    - (a) acknowledge the notions of Voice, Treaty, Truth as outlined in the Uluru Statement from the Heart; and
    - (b) endorse the Uluru Statement from the Heart in full, including support for the First Nations Voice to Parliament referendum campaign; and
  - (3) calls on the ACT Government to:
    - (a) explore:
      - (i) the potential to work with and support local Aboriginal and Torres Strait Islander groups in initiatives around the Uluru Statement from the Heart; and
      - (ii) options to build grassroots momentum for the Uluru Statement from the Heart; and
    - (b) support and advocate alongside the Federal Government to support the First Nations Voice referendum.

I would like to start this speech by reading some words of local Ngunnawal elder Aunty Violet Sheridan:

My community and First Nations people across Australia have been fighting our whole lives for the recognition and respect of the spiritual and physical relationship between our people and land we stand on. Enshrining a First Nations Voice in the Constitution and coming together for truth-telling is vitally important to empower my people and return the power over our own destiny that we lost with colonisation. To achieve this important goal, we need to walk together towards a future that empowers the voices of our First Nations community and comes together over the truth of our history.

Firstly, today I would like to acknowledge that the Aboriginal and Torres Strait Islander peoples are the traditional owners of this country. I pay my respect to their ongoing spiritual and cultural connections and honour their custodianship and care for our country. I would also like to acknowledge any Aboriginal and Torres Strait Islander peoples in the room today and extend my respect to them. It always was and always will be Aboriginal land.

Here in Australia statistics are published in regard to First Nations people and communities that paint a picture of disadvantage, systemic and institutional discrimination, and the intergenerational impacts of colonisation and historical injustice.

The latest data in the Closing the Gap repository, last updated in June, continues to highlight significant discrepancies between white Australians and First Nations peoples, particularly in the areas of life expectancy, childhood mortality,

school attainment and employment. In some areas, we are going backwards. More work is required to close the gap in such discrepancies, as they continue to cause serious harm to our Indigenous community.

This gap cannot and will not be closed without Aboriginal and Torres Strait Islander people leading this work and making decisions about issues that affect their lives, about what is important and how to go about it.

We know in the ACT that we have a long way to go. We have the highest youth Aboriginal and Torres Strait Islander incarceration rate in the country and, according to the ROGS data, the proportion of prisoners who are Aboriginal and Torres Strait Islander in the ACT has doubled over the last 10 years. The ACT also has Australia's highest rate of recidivism for Aboriginal and Torres Strait Islander people. The list goes on, and the data collected represents only part of the picture of the ongoing injustices faced.

The path to justice is one that I know we, as a government, are deeply committed to and one that the Labor Party have always championed. I commend the work of colleagues in this Assembly, including Minister Stephen-Smith and her work in her portfolio responsibility, including her work on the ACT Aboriginal and Torres Strait Islander Agreement and impact statement, as well as actions towards treaty.

Many advocates over the years have used a simple phrase, "Nothing about us without us," meaning that no policy decision should be made about any group in society without them being at the table. You simply cannot make a practical difference in Indigenous communities without having the people it impacts driving the change.

Enshrining the voice to parliament in the Constitution will ensure that Aboriginal and Torres Strait Islander peoples are always part of the conversations that affect them. It is a first but very important step, and it is essential that we in the ACT put our full support behind the referendum.

The voice referendum did not come from nowhere. It has taken decades of activism and fighting for equality, led by Australia's Aboriginal peoples. It took until 2015 for the federal Australian government to begin working on a dialogue to work towards a referendum to recognise Aboriginal and Torres Strait Islander people in the Australian Constitution, through the Referendum Council. Then, in May 2017, over 250 Aboriginal and Torres Strait Islander delegates from Indigenous nations across the country met for the First Nations National Constitutional Convention.

It was during this convention that the Uluru Statement from the Heart was written and, on 26 May, Indigenous delegates signed the statement. The process aimed to address the historical exclusion of Aboriginal and Torres Strait Islander peoples from the original processes which led to the drafting of Australia's Constitution. There are three recommendations that have come from this: voice, treaty and truth.

The first recommendation from the Uluru Statement from the Heart is "the establishment of a First Nations voice enshrined in the Constitution". Aboriginal and Torres Strait Islander people have been leading the way in developing a voice, and a substantial amount of work has been done to date to get us to this moment. In October

Minister Burney met with more than 60 Aboriginal and Torres Strait Islander peoples at Parliament House to start to consider the process towards enshrining the voice in the Constitution. These people make up the Referendum Working Group and Referendum Engagement Group. They represent a broad range of communities, cultures and expertise.

This working group discussed a set of key design principles for the voice, drawn from the work already done. The principles identify the voice as a body that provides independent advice to the parliament and government; is chosen by Aboriginal and Torres Strait Islander people, based on the wishes of local communities; is representative of Aboriginal and Torres Strait Islander communities; is empowering, community led, inclusive, respectful, culturally informed and gender balanced, and includes youth; is accountable and transparent; works alongside existing organisations and traditional structures; does not have a program delivery function; and does not have a veto power.

One of the core topics of the engagement group's first meeting was that more needs to be done to ensure that all Australians understand the voice and how best to build support in communities. In her personal capacity, Paula McGrady, Deputy Chairperson of the Aboriginal and Torres Strait Islander Elected Body in the ACT, highlighted:

We have to start somewhere, and the Uluru Statement from the Heart speaks truth with good intentions. I believe this will evolve into something much stronger with our future generations at the helm. We are giving them a step up now to show that we are working on creating a place for them at the table, that is rightly there for them and us, that hopes to improve on all outcomes of disadvantage.

Our future depends on decisions being made now. It's so important that we educate the wider Australia and try to share the vulnerability we are all giving up, in support of understanding more about each other.

In 2006 I moved to a remote Aboriginal community in Arnhem Land called Maningrida. Moving out there was the first time I had ever been to a community. Leaving the multicultural hub of Darwin, out past the mango farms, along the Arnhem Highway, the last stop was Jabiru, before crossing the croc-infested Cahills Crossing into Arnhem Land, Aboriginal land, which, at that time, you needed a permit to enter.

Many hours were spent travelling along heavily corrugated dirt roads—roads that do not even appear on Google maps—to a township on the very north coast of Australia. The heat, the red dust, the dogs, the burnt-out cars and the wildness were all striking and eye-opening to a Balanda, a whitefella, like me from down south. But most striking was that this is Aboriginal land, Aboriginal-controlled community corporations and health co-ops and art centres. I was the visitor.

I was still living in Maningrida when the Northern Territory emergency intervention was implemented. I spoke about this experience in my inaugural speech, about the impact the intervention had on me and my understanding of the impact of policy and political decisions. The Northern Territory emergency intervention should never have happened. Like most policy in Australian Indigenous affairs, it should never have



happened. The rhetoric is that historical policy was made with good intentions. It was not; it was made with white people's intentions. This is why I am passionate about enshrining a First Nations voice in our federal parliament.

A central part of the success of the voice referendum is the importance of support from state and territory governments. Our support here in the ACT, that of our parliament and our people, will be key to getting a majority yes vote from the Australian public to enshrine a voice to parliament. This means that we must start our work now, and campaign alongside our local Aboriginal and Torres Strait Islander community and platform their voices in this place.

Here in the ACT the Aboriginal and Torres Strait Islander Elected Body was established to enable Aboriginal and Torres Strait Islander people in the ACT to have a strong, democratically elected voice. It consists of seven people representing the interests and aspirations of the local community. It provides direct advice to government with the ambition of improving the lives of Aboriginal and Torres Strait Islander Canberrans—a step towards true reconciliation. They are also the ACT jurisdictional member on the Joint Council on Closing the Gap.

It is important for us to support ways for First Nations people to come together with all levels of government to have a say on matters that matter most to them, including practical actions like closing the gap. We must continue to consider ways to strengthen these connections and move forward in partnership.

As part of the government's commitment to the implementation of the Uluru Statement from the Heart in full, the government will establish an independent Makarrata commission to oversee a national process for agreement-making and truth-telling. This goes to the treaty and truth aspects of the Uluru Statement from the Heart.

The Uluru statement says:

Makarrata is the culmination of our agenda: *the coming together after a struggle*. It captures our aspirations for a fair and truthful relationship with the people of Australia and a better future for our children based on justice and self-determination.

This will be the first small step to establishing a national truth-telling body. This will not be quick or easy, but the groundwork is incredibly important, and something we in the ACT are committed to.

I commend the Ngunnawal Council and Aunty Violet for their work in leading the truth-telling process in the ACT. We know that these conversations in the ACT and across Australia's states and territories will be considered as part of decisions any federal government makes regarding the design and functions of a Makarrata commission.

I would like to again quote Paula McGrady:

It will be an empowered voice for our future leaders, created from the unity to Strengthen and Truth Recording to permanently enshrine for our future

forevermore. There has to be a permanent recognition of the beautiful people and culture we are and history that we want, to safely, and honestly bare and share together as an understood, heard, and united nation.

So, today, I propose we welcome the invitation from the Uluru statement and walk together on a path towards a referendum to enshrine the voice and lay the foundation for history. I would like to finish by quoting from the Uluru Statement:

Proportionally, we are the most incarcerated people on the planet. We are not an innately criminal people. Our children are alienated from their families at unprecedented rates. This cannot be because we have no love for them. And our youth languish in detention in obscene numbers. They should be our hope for the future.

These dimensions of our crisis tell plainly the structural nature of our problem. This is *the torment of our powerlessness*.

We seek constitutional reforms to empower our people and take a rightful place in our own country. When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country.

In 1967 we were counted, in 2017 we seek to be heard. We leave base camp and start our trek across this vast country. We invite you to walk with us in a movement of the Australian people for a better future.

We have a chance to build a better future for all of us, and this is what I am calling for with colleagues here in the ACT Legislative Assembly and the ACT government. I am calling on us all to walk together in support of the Uluru Statement from the Heart and the referendum that will be coming next year.

Always was, always will be, Aboriginal land.

**MR RATTENBURY** (Kurrajong) (4.22): I am very pleased to rise in support of Dr Paterson's motion that she has put forward and to broadly support the Uluru Statement from the Heart—its goals, its power, its wisdom and its forbearance, actually. The Uluru statement, beyond anything else, is incredibly generous. It demonstrates a level of patience, tolerance and restraint that is really quite astonishing and humbling.

We can all think of communities and nations around the world where tensions between different ethnic, religious or cultural groups have percolated over hundreds and hundreds of years, with neither side willing to take the slightest meaningful step towards compromise or the toning down of aggression or hostile rhetoric. We can see communities right now where those tensions and differences are becoming more pronounced and more divisive, not less.

Yet representatives of the Indigenous peoples of this country—whose ancestors walked this earth upwards of 60,000 years ago, whose ancestors watched from shore as a fleet of ships signalled the brutal end of the life they had always known, whose ancestors were unable to avoid passing down a legacy of physical and psychological

wounding that continues to this day—these First Nation representatives that came together to deliver the Uluru statement in 2017 were willing to look beyond all of that pain, struggle, trauma and history and turn away from the kinds of conflicts that have plagued and continue to plague so many other places and instead issue an invitation. It was not a declaration of war, not a statement of grievance or vengefulness, not a demand for reparations; it was an invitation. They invited us to join with them in Makarrata, the coming together after a struggle. They want the struggle to be over. “Walk with us,” they said.

I think it is well known that we in the Greens have had some pretty spirited discussions about all of this, but they have been about process, really—which order the steps need to be taken in, which element of truth, treaty and voice should come first and whether that order says anything about which element is the most important or which element is most dependent upon another. It is complicated. People disagree. This is not a debate in which people will always see eye to eye. But, in the end, after a constructive process—because I think talking this stuff through and thrashing out these disagreements is constructive and clarifying—our position is that we are not going to assign priorities. Each of the three elements is crucial. We support them all, and they can and should each be pursued concurrently.

We Greens support Dr Paterson’s motion today. At the federal level, the Greens will be supporting the referendum to enshrine an Indigenous voice to parliament in our Constitution—preferably to be held next year or, at the latest, by mid-2024. We look forward to seeing equal progress on truth and treaty. I want to urge all governments beyond the ACT, and especially the federal government, to have the courage of your convictions on all of this. We must move forward on all of the elements of the Uluru Statement from the Heart. Those of us who want a country that is just, equitable, inclusive, thoughtful and generous, I believe, outnumber those of us who do not.

On 21 May this year Australians repudiated in historically strong terms a government led by a Prime Minister who claimed there was no mainstream support for a constitutionally enshrined Indigenous voice. There were, of course, many reasons for that repudiation, but one of them was surely the mean-spiritedness of so many of its members during the 11 years the coalition was in power. That mean-spiritedness is exemplified in their straight-out rejection of the Uluru statement when it was first released in 2017.

“Walk with us. Let us come together after the struggle.” That is what the Uluru statement said to the rest of the country. But, no, the Morrison government was not going to do that and neither was the Turnbull government before it. They saw no reason to be humble and to recognise that kindness and connection is required to heal this country. We in the Greens do see the need for those things. We believe that the Uluru Statement from the Heart is a way forward for all of us to heal and to learn.

On 12 June 1988 a very different Prime Minister, a Labor Prime Minister, the Hon Robert James Lee Hawke, made a clear commitment to treaty between the Aboriginal people and the government, on behalf of all of the people of Australia. He expected and hoped that the consultation work to deliver a treaty would happen before the end of the 35th parliament. That is what he said at the time: before the end of the life of

that parliament. He gave that speech more than 34 years ago, in the 35th federal parliament. We are now in the 47th federal parliament.

To address the many outstanding issues in First Nations communities, we must acknowledge our past—truth. We should make an agreement with our First Nations people—treaty. And all efforts must be designed in close consultation with the First Nations community—voice. That is what a voice means. It means action developed and based on a meaningful engagement with the people affected, to maximise the benefits. This is not radical; it is practical and it is respectful.

To turn to popular culture for a moment but also an important historical perspective, I am reminded of the fact that 31 years ago Yothu Yindi reached No 11 on the Aria singles charts with their song *Treaty* from the album *Tribal Voice*. Most of us know that song—we are of a certain age in this Assembly—but let me cite a key section of it:

Well I heard it on the radio  
 And I saw it on the television  
 Back in 1988  
 All those talking politicians  
 Words are easy, words are cheap  
 Much cheaper than our priceless land  
 But promises can disappear  
 Just like writing in the sand

Let us ensure that there are not more decades of waiting, that a future Aboriginal or Torres Strait Islander artist does not have cause to pen a similar song.

The Greens strongly commit to progress on the Uluru Statement from the Heart and to passing major reforms to improve First Nations rights in this country, to address the historical inaccuracies of this country, to address the injustices that occurred and to find a pathway forward, as has been offered to us in the Uluru Statement from the Heart, where we can walk forward together for a better future for all of the peoples of this nation.

Today the Greens will be voting in support of Dr Paterson's motion because that is something that we can do today. But we all have work to do to fulfil and meet the generosity given to us in the Uluru Statement from the Heart.

**MS STEPHEN-SMITH** (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Families and Community Services and Minister for Health) (4.30): I thank Dr Paterson for moving this motion today and giving the Assembly the opportunity to discuss the Uluru Statement from the Heart and the historic proposition that is set to be put to the Australian people at a referendum next year to enshrine an Aboriginal and Torres Strait Islander voice to the Australian parliament in the Constitution.

The Uluru Statement from the Heart is a generous offer from Aboriginal and Torres Strait Islander people from across Australia for us all to walk together towards a better future, as both Dr Paterson and Minister Rattenbury have said. As members would be aware, the statement was issued in 2017 by more than 250 Aboriginal and Torres

Strait Islander delegates who came to the National Constitutional Convention, in their words, “from all points of the southern sky”.

This convention was the culmination of a series of dialogues conducted by and with Aboriginal and Torres Strait Islander people across Australia on the matter of constitutional reform, seeking to address the long-identified hole in the heart of our formative national document—its silence on the pre-existing sovereignty over this land of the oldest living cultures on earth.

Aboriginal and Torres Strait Islander politics is diverse, at least as diverse as mainstream Australian politics. I know there are strong advocates for the voice in our local community, demonstrated by the powerful words from Aunty Violet Sheridan and Elected Body member Paula McGrady, speaking on her own account, that Dr Paterson reiterated.

We know there are also members of the Aboriginal and Torres Strait Islander community who do not see the voice as the best path forward and who are still unsure. We must be respectful of this diversity as we head towards a referendum. However, we must also respect the mandate that the Uluru statement has earned through the dialogues and the constitutional convention.

I was privileged to attend, along with Dr Paterson, the recent National Press Club address by Professor Megan Davis and Aunty Pat Anderson. Professor Davis and Aunty Pat were both members of the referendum council that led the work to develop the Uluru statement. In her address Professor Davis outlined the importance of the voice to those who participated in the dialogues, reflecting that “every working group in the dialogues endorsed the voice to parliament as a reform priority”. They discussed how the voice would operate as a “front end political limit on the parliament’s powers to pass laws” that affect First Nations peoples. They appreciated that this political empowerment model would hopefully achieve “better designed policies in the future”.

In endorsing the Uluru statement on behalf of the Aboriginal and Torres Strait Islander people from across Australia, the Constitutional Convention presented an invitation to all Australians. The question set to be put to the Australian people is whether we accept this invitation.

I am proud to be a member of the Labor Party that both here in the ACT and at the national level is firmly committed to the Uluru statement. So central is that commitment that when Prime Minister Anthony Albanese delivered his victory speech on election night, his first words as Australia’s new Prime Minister were a reiteration of it: “Labor will deliver on the Uluru statement in full.”

As others have talked about, there are three key components to the vision outlined in the Uluru Statement from the Heart: a voice to parliament and a Makarrata commission to oversee truth telling and agreement making; voice, treaty, truth. The federal Labor government is progressing first towards a referendum on the voice, in line with the sequencing of the statement. The commitment from Labor puts an end to a half-decade of refusal from the previous Australian government to take action on the Uluru statement.

On 1 November 2017, five years ago this month, I spoke in this place in an adjournment debate to denounce the then Turnbull Liberal government for its rejection of the Uluru statement. In that speech I quoted Rod Little, who said at the time, “Aboriginal and Torres Strait Islander people have been let down once again.”

While Labor’s position has been clear since 2017, the same cannot be said of the federal counterparts of some here in this place. While former Liberal prime ministers Malcolm Turnbull and Scott Morrison maintained a consistent position that they did not support the voice to parliament as envisaged in the Uluru statement, the incoming Liberal leader, Peter Dutton, has instead adopted a position best described as strategic ambiguity. It remains unclear whether Peter Dutton and the federal Liberals will support a yes campaign in the coming referendum. I hope that my Liberal colleagues in this place will take the opportunity to distance themselves from this wishy-washy position and get up, stand up and show up for the yes campaign—although Mrs Kikkert’s amendment, as circulated, gives me no hope that that will be the case.

While I acknowledge that the federal Greens position is underpinned by significantly more complexity, the fact remains that they had until recently continued to equivocate on their position on the voice. I was pleased to hear Minister Rattenbury’s contribution today, confirming that they will support the yes campaign and the movement for a voice. I am pleased that Dr Paterson’s motion has the support of my Greens colleagues in this place today.

As the motion notes, the Aboriginal and Torres Strait Islander Elected Body has, since 2008, demonstrated the value of an independent democratic body to scrutinise and advise our parliament on behalf of the Aboriginal and Torres Strait Islander community. We are, rightly, proud to have an elected body blazing a trail of self-determination here in the ACT. Dr Paterson’s motion calls on the government to explore how we can support the grassroots efforts that are already building in support of a referendum yes campaign.

There has not been a referendum held in Australia in recent memory. However, the marriage equality postal vote was referendum-like in the form that the public debate took. The government were proud to support the yes campaign in that instance, and we will be proud to do so again, led by the Aboriginal and Torres Strait Islander community and its allies.

As with the same-sex marriage debate, the inevitable no campaigns may cause significant distress for many Aboriginal and Torres Strait Islander people. There is no reason that this cannot be a respectful public debate, and I hope that we do not see campaigns make use of racism, fear or hatred in pursuit of their aims.

Recently I watched a documentary which went back to the Wik decision in the High Court, and reshowing the advertising that went to air at that time. Frankly, I was shocked by the rhetoric, how recent that was and how I had forgotten that. But I know that Aboriginal and Torres Strait Islander people have not forgotten the impact of that debate and the terrible things that were said.

While there are similarities with the marriage equality question that was recently posed to the Australian people, there are substantial differences. In his recent Boyer Lecture Noel Pearson provided a raw reflection on the place of Aboriginal people in the hearts and minds of modern Australia, saying:

We are a much unloved people. We are perhaps the ethnic group Australians feel least connected to. We are not popular and we are not personally known to many Australians. Few have met us and a small minority count us as friends. And despite never having met any of us and knowing very little about us other than what is in the media ... Australians hold and express strong views about us, the great proportion of which is negative and unfriendly. It has ever been thus. Worse in the past but still true today.

Pearson went on to say:

Unlike same-sex marriage there is not the requisite empathy of love to break through the prejudice, contempt and yes, violence, of the past.

I would note that the violence of today is very real. Mr Pearson continued:

Australians simply do not have Aboriginal people within their circles of family and friendship with whom they can share fellow feeling.

Pearson, in his lecture, used the analogy of a bridge. Australians are being asked through the referendum whether or not to build a bridge to “unite at long last the first peoples of this country with our British institutional inheritance and our multicultural achievement under the Constitution”.

The campaign to convince the Australian people to support the voice to parliament represents an opportunity, not just to secure a historic and overdue constitutional reform but to strengthen and grow the connections between Aboriginal and Torres Strait Islander people and mainstream Australia. This campaign is an opportunity to build the connections between our communities, our families and as individuals. This is an opportunity to learn from each other, to understand each other better and to embed respect and goodwill as the basis of our shared future.

History is calling. I welcome Dr Paterson’s motion and the opportunity once again to put ACT Labor’s support for the Uluru Statement from the Heart on the record. I welcome the opportunity to commit to exploring how we as a government can support the yes campaign, and I look forward to standing together with Aboriginal and Torres Strait Islander leaders and activists, at front doors, at shopping centres, at bus and tram stops, and on the phones to make the case for the yes vote.

**MRS KIKKERT** (Ginninderra) (4.41): The Canberra Liberals are open to considering the proposal to establish a First Nations voice to be enshrined in the Constitution. It is incumbent upon the new federal government to put forward details and a clear process by which people can engage with those details. Draft legislation needs to demonstrate how this will work, including who will be on this body, how and by whom they will be chosen, and what the body’s powers and functions will be. This legislation should be released as an exposure draft that is subject to critique before a

final proposal is put forward. On this very important issue it is crucial to get the details right.

In taking this position we have taken our cue directly from the territory's Aboriginal and Torres Strait Islander community. My good friend and Ngunnawal elder William "Billy T" Tompkins—who I name with permission—was at Uluru in 2017 and put his signature to the Statement from the Heart. According to him, many other delegates did not put their names down on the statement, including the other Ngunnawal representative who was there with him. About 40 or 50 per cent actually left the room.

We have been told that this pattern is reflected right across the territory. There are Indigenous Canberrans who support the statement and its call for a First Nations voice, and there are other Indigenous Canberrans who, for various reasons, do not, including a belief that more words on paper merely decrease the likelihood that outcomes will genuinely improve—as they must. Some Indigenous Canberrans currently have no opinion and some are torn between two opinions. The Canberra Liberals respect all of these positions and have no desire to impose a single opinion or any kind of groupthink on Aboriginal and Torres Strait Islander people.

Amongst those who support the Uluru statement, not all support it wholeheartedly or for the same reasons, and not all trust the new federal government to get this matter right. Many are taking a "wait and see" approach. Like my colleagues and me, they want more details and a robust opportunity to engage with those details. This will provide an opportunity for all of us to assess the merits of what specifically is being proposed.

Throughout this process the Canberra Liberals will respect diversity of thought amongst the territory's Aboriginal and Torres Strait Islander residents. We are willing to give the Australian government space to develop this proposal, and we will, like many in the Indigenous community, await the details.

As my colleagues and I often point out, those opposite love to flirt with federal matters, whilst ignoring the messes in their own backyard. In her motion, Dr Paterson highlights some of the discrepancies from the Closing the Gap information repository. She chooses not to mention, however, areas in which the ACT has achieved no improvement, according to this same source. These areas include the number of Aboriginal and Torres Strait Islander children who are born healthy and strong, the over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system, and the over-representation of Aboriginal and Torres Strait Islander adults in the criminal justice system.

To say that this Labor-Greens government is struggling to close the gap when it comes to criminal justice is a tragic understatement. According to data released by the Australian Bureau of Statistics last December, Aboriginal and Torres Strait Islander males in the ACT are imprisoned at a rate 19.6 times greater than non-Indigenous males, and 17.5 times greater if age-standardised data are used. In either case, this is the worst ratio of any state or territory.

At the same time Aboriginal and Torres Strait Islander females in the ACT are imprisoned at a rate 47.4 times greater than non-Indigenous females. Think about that:



First Nations women in this city are being locked up at a rate that is nearly 50 times—not 50 per cent but 50 times—greater than other women. This is not only the worst ratio in Australia but it is more than double the national average.

We are not staying still, either. Whilst the incarceration of Aboriginal and Torres Strait Islander people has increased across Australia over the last decade, it has increased faster here in Canberra than anywhere else. Admissions of First Nations people into prison have ballooned by an average of 5.7 per cent annually.

If these data were not bad enough, the most recent ABS *Prisoners in Australia* report revealed that the Aboriginal and Torres Strait Islander recidivism rate here is likewise the worst in the nation, with 94 per cent of Indigenous detainees at the Alexander Maconochie Centre having a prior conviction. The ACT government keeps locking up Aboriginal and Torres Strait Islander people, but then fails to provide the support and services necessary to ensure that most of them never return.

Detainees have had no access to structured education for over a year now. Diversity of employment opportunities remains limited, as does access to computers and higher education. The promised reintegration centre still has not been funded. Years after it was created, the transitional release centre has not been optimised. These kinds of failures should be unthinkable in the nation's capital. For the city's Indigenous population, this is their reality.

Troubled by this reality, in July 2020 Ms Julie Tongs, CEO of Winnunga, wrote to the former Attorney-General seeking “a detailed, comprehensive and independent inquiry” into the justice system and its contact with Aboriginal and Torres Strait Islander community members. This letter led to a government roundtable with community leaders on 25 March last year. According to internal documents, government ministers were prepared to “strongly support an Our Booris, Our Way type model for a review”. Instead community leaders unanimously asked for a fully independent board of inquiry.

I remind those opposite that, to date, this unanimous request has never been walked back. Likewise, I remind those opposite that, to date, this Labor-Greens government has still not agreed. I have repeatedly stood up in this place to support this request from Aboriginal and Torres Strait Islander community leaders—something I am proud of. In every case, the response from Labor and the Greens has been no. On the first sitting day of 2021 I moved a motion that called on the government to “commission and fund an external, independent inquiry”, as requested by community leaders. During that debate, Dr Paterson had a prime opportunity to signal her support for Aboriginal and Torres Strait Islander people. As the record shows, however, she instead voted in lock step with her Labor and Greens colleagues to slash an external, independent inquiry from the motion. I assure Dr Paterson that Indigenous people can distinguish between her genuine support when they need it and political stunts like she has done today.

Earlier I mentioned the Our Booris, Our Way review, intended to reduce the over-representation of Aboriginal and Torres Strait Islander children and young people in the territory's child protection system. It has now been four years and five months since the steering committee presented its first recommendations to the ACT

government. Additional recommendations followed, during the review, and more recommendations were included in the final report submitted three years ago.

The steering committee insisted on releasing recommendations early specifically so that they could be implemented with urgency to start “influencing change across the child protection system, providing better outcomes for Aboriginal and Torres Strait Islander children today and into the future,” to quote the report. Well, we are definitely in the future now, and the committee’s hopes for reform have been dashed. When the review ended, some members of the steering committee shifted to a new committee responsible for overseeing the implementation of these recommendations.

In July this year the Our Booris, Our Way Implementation Oversight Committee publicly stated that members were “tired and frustrated by the lack of progress and feel disappointed that only one recommendation out of the 28 has been fully implemented”. Shame on them. So much for the government implementing early recommendations with urgency to get real change happening.

As the minister recently explained in estimates hearings, there is some disagreement between the oversight committee and the government regarding which recommendations have been implemented. I understand that, for example, once a policy document has been revised, this Labor-Greens government claims that it has done its job whether anything has improved or not.

To give just one example, the *Our Booris, Our Way* report recommended that Aboriginal and Torres Strait Islander families have universal access to family group conferences to help reduce child removals. In response, the government wrote this recommendation into policy. There is just one problem: internal government documents reveal that the referral rate for family group conferences, rather than being universal, is actually low. How low, no-one knows, apparently not even the government, based on answers to multiple questions on notice.

This raises a very important question: if a policy exists on paper but nothing changes, does this count as successful reform? Heck no! But, as the minister herself said during estimates hearings, some of what the government wants to claim as a success has “not necessarily resulted in a visible and significant change in outcomes”. Go figure—the minister responsible for Aboriginal affairs has admitted this failed process. The last time I checked, the sole purpose of reform is to achieve “a visible and significant change in outcomes”. No wonder so many Aboriginal and Torres Strait Islander people say openly that they are far more interested in outcomes than in more talk.

Dr Paterson was a member of the Select Committee on Estimates, so presumably she heard the minister attempt to explain how the government can claim credit for implementing a reform that creates no discernible change in outcomes. Did she pay attention to this? If so, why is she turning a blind eye to this government’s repeated failures to successfully implement the reforms required to make real, measurable differences in the lives of Aboriginal and Torres Strait Islander people in Canberra?

I note that Dr Paterson wrote something about going beyond the symbolic in her motion. We will know that those opposite genuinely hold that aspiration when we start to see real improvement in outcomes in the areas I have been discussing during

this debate. Anything less is a virtue-signalling, box-ticking exercise by a lazy, entitled government that is, at its heart, incapable of genuine reform for our Aboriginal and Torres Strait Islander community.

I therefore urge the members of this Assembly to join me and the Canberra Liberals today in calling on the ACT government to recommit fully to the reforms necessary to improve outcomes for Aboriginal and Torres Strait Islander people within the territory's child protection and criminal justice systems, as well as in other important areas. I therefore move an amendment to Dr Paterson's motion which has been circulated. I move:

Omit all text after "notes that", substitute:

- “(a) Aboriginal and Torres Strait Islander people are the traditional owners of this country, and the ACT Legislative Assembly pays respect to their ongoing spiritual and cultural connections with it;
- (b) the latest data available in the Closing the Gap Information Repository (updated 2022) continue to highlight significant discrepancies between non-Indigenous and First Nations people, with the ACT showing no improvement in the number of Aboriginal and Torres Strait Islander children who are born healthy and strong, no improvement in the overrepresentation of Aboriginal and Torres Strait Islander children and young people in the child protection system, and no improvement in the overrepresentation of Aboriginal and Torres Strait Islander adults in the criminal justice system;
- (c) regarding the criminal justice system:
  - (i) the crude and age-standardised imprisonment rate ratio between Indigenous and non-Indigenous males is higher in the ACT than in any other Australian jurisdiction;
  - (ii) the crude imprisonment rate ratio for Indigenous females is both the highest in Australia and more than double the national average;
  - (iii) over the past decade, the incarceration of Aboriginal and Torres Strait Islander people has increased faster in the ACT than in any other Australian jurisdiction, with admissions increasing by an average of 5.7 percent annually;
  - (iv) the most recent ‘Prisoners in Australia’ report indicates that the Aboriginal and Torres Strait Islander recidivism rate in the ACT is 94 percent, the highest of any Australian jurisdiction; and
  - (v) despite the above, the ACT Government has to this point not agreed to establish an independent board of inquiry into Aboriginal and Torres Strait Islander engagement with the criminal justice system, as unanimously and repeatedly requested by a roundtable of Indigenous community leaders;
- (d) regarding overrepresentation in the child protection system:
  - (i) it has now been four years and five months since the Our Booris, Our Way Steering Committee presented its first recommendations to the ACT Government with the intention that they be urgently implemented, and almost three years since the final report with all recommendations was handed down;

- (ii) the final report states: ‘The Steering Committee made recommendations for improvement throughout the Review, to influence change across the child protection system that will provide better outcomes for Aboriginal and Torres Strait Islander children today and into the future’; and
  - (iii) in July this year the Our Booris, Our Way Implementation Oversight Committee stated that committee members were ‘tired and frustrated by the lack of progress and feel disappointed that ... only one recommendation [of 28] has been fully implemented’; and
- (2) calls on the ACT Government to recommit fully to the reforms necessary to improve outcomes for Aboriginal and Torres Strait Islander people within the Territory’s child protection and criminal justice systems and in other important areas.”.

I commend this amendment to the Assembly.

**Mr Gentleman:** Mr Deputy Speaker, I raise a point of order. With regard to the amendment that Mrs Kikkert just moved, I draw your attention to standing order 140, “Relevancy of amendment” and the commentary at paragraph 10.80 of the new *Companion to the Standing Orders*. Both make it clear that an amendment can be used to change the details of a proposition before the Assembly but not the proposition itself.

Dr Paterson’s excellent motion is about the Uluru Statement from the Heart and how the ACT can support this. Mrs Kikkert’s motion goes nowhere this. Mrs Kikkert, of course, is free to lodge the content of her amendment as a motion and have it debated perhaps next week. If she does, we will debate it. However, she cannot use her amendment to completely change the intent of the motion moved by Dr Paterson.

I would have thought that, on an issue such as the Uluru Statement from the Heart, we would have had unanimous support. If the opposition do not support the statement, they should say so. But you cannot use an amendment that is out of order to hide the Canberra Liberals’ opposition to the Uluru statement. Mr Deputy Speaker, I ask that you rule it out of order.

**MR DEPUTY SPEAKER:** Thank you, Mr Gentleman. Mr Hanson?

**Mr Hanson:** Mr Deputy Speaker, I must say that I am a bit surprised by this, because it is the form of this place, and has been for quite a while, that so often the opposition will come in with a motion and it gets completely rewritten by the government. It is not unusual that we will be calling for various things in this place and the government will move an amendment that replaces all after paragraph one and completely rewrites it—not just the “notes” but also the “calls on”.

If we are to accept this point of order today then we will be expecting this precedent to be maintained, and forever in this place we will no longer accept those rewrites of opposition motions from those opposite. We will only be allowed to, under the standing orders, from what you are saying here, have some little technical rewrites and some details that change, but if you want to make any substantive changes to our

motions and change the “calls on” then that somehow is out of order. That is preposterous. That is not the form of this place.

I make the point that the substance of this motion is about outcomes for Aboriginal and Torres Strait Islander Canberrans. As the minister and others have said, there are mixed views on whether the voice is the—

**MR DEPUTY SPEAKER:** Mr Hanson, you have made your point. It is a point of order and you have made your point.

**Mr Hanson:** Yes, but I have got more to say, Mr Deputy Speaker.

**Mr Rattenbury:** This is a speech, not a point of order.

**Mr Hanson:** Well, why not?

**MR DEPUTY SPEAKER:** Because it is a point of order. Dr Paterson?

**Dr Paterson:** I support Minister Gentleman’s call that Mrs Kikkert’s motion is out of order.

**MR DEPUTY SPEAKER:** Amendment.

**Dr Paterson:** My motion on the notice paper relates to the Uluru Statement from the Heart. Mrs Kikkert’s amendment does not once mention the Uluru Statement from the Heart or the referendum, and I believe that it is out of order.

**MR DEPUTY SPEAKER:** Mr Rattenbury.

**Mr Rattenbury:** On the point of order: Mr Hanson in his remarks—in fact, his speech—has drawn a false equivalence. I think the point of standing order 140 is that you cannot bring a completely new topic in. To take Mr Hanson’s point, where someone moves a motion about a different perspective on the same topic that does not fall within standing order 140. A complete change of topic, I think, is the point that is addressed by standing order 140.

**MR DEPUTY SPEAKER:** Thank you, members. I have been considering this for some time. I refer to the *Companion*, which suggests that an amendment may not expand the area of relevancy in a debate but that this rule has not been strictly adhered to in the Assembly. I also note that, on many occasions, we have had examples of motions that have been amended, and dramatically amended, on the floor in this chamber, that, if we put through the same prism that Mr Gentleman has put forward, would probably have been ruled out of order. I think the fact that many of those motions were not ruled out of order, as was stated by Mr Hanson, creates a precedent for me to sit in this chair and say, “No; I am happy for the amendment to be debated.”

**MR BRADDOCK (Yerrabi) (4.59):** I would like to thank Dr Paterson for bringing forward this important motion on this issue to the Assembly. I am disappointed that we are having the conversation side-tracked by the issue which, while still important, is off topic from the original motion. Mrs Kikkert does raise some very important

facts and points that affect the lives of First Nations people. Unfortunately, there is a lack of strategy on how to address these contained within her amendment. Therefore, I want to talk a bit further about these.

When you are wishing to talk about Indigenous people's incarceration, there are no people better to talk to than a group such as Change the Record. They are one group which I have closely engaged with, and I wish to draw attention to the strategies which they wish to apply to over-incarceration.

They provide 12 strategies. These include, first, to invest in communities and not prisons. Evidence clearly demonstrates that strong, healthy communities are the most effective way to prevent crime and make communities safe. Prisons have been shown to be extremely costly, damaging and ultimately ineffective at reducing crime. Every dollar spent on prisons is one less dollar available to invest in reducing social and economic disadvantage through education, health, disability, housing, employment and other programs.

Second: their strategy calls for "local communities have the answers". Directly affected people are the best place to identify local issues in their community and to implement local solutions.

Third: we need to recognise the driving factors of imprisonment. Along with the experience of poverty and disadvantage, involvement in the child protection system and family violence are two of the clearest indicators of people who are more likely to end up in the criminal justice system. Early intervention strategies to prevent crime must include measures to stop domestic violence and avoid exposure to the child protection system.

Fourth: there needs to be a focus on safety. The impacts of crime are felt most keenly by people in that community, particularly women and children who are victims of violent behaviour. Successful early intervention and prevention strategies not only would cut off offending and imprisonment rates but also, importantly, would increase safety by addressing the root causes of violence against women and children.

Fifth: it is about services not sentences. The criminal justice system is often an ineffective or inappropriate way to look after people who have a disability or are experiencing poverty, mental illness, drug or alcohol addiction, homelessness or unemployment. We need a social policy and a public health response to such issues, not a criminal justice one.

Sixth: we need community policing, not police in their community. Police have an enormously important and often difficult role to play in dealing with offending behaviour and keeping all of our community safe. However, for many communities, their experience of police can result in over-policing, harassment and racism. Therefore, we need to make sure we are striking the right balance in our policing.

Seventh: we need to get smarter about sentencing. The hallmark of a justice system is fairness. Harsher sentences and laws that strip judges of their ability to make a sentence fit the crime, such as mandatory sentencing, need to be changed. A wider range of sentencing alternatives encompassing non-custodial options enable judges to ensure that sentences are tailored, fair and appropriate.

Eighth: we need to eliminate unnecessary imprisonment. Many people are locked up because they could not pay fines or are convicted of fairly minor offences. In many instances, sending a person to prison is unnecessary and can contribute to further involvement in the criminal justice system.

Ninth: we need to adopt community justice approaches. Serious crime, particularly violent offending, damages individuals and communities and impacts women and children disproportionately. Evidence tells us that therapeutic and restorative practices are ways in which the criminal justice system can help to rebuild relationships and deliver positive outcomes for the entire community.

Tenth: young people do not belong in prison. Tough on crime approaches to youth offending and misbehaviour fail to recognise that young people are still developing and that far more appropriate opportunities for support and positive reinforcement exist than putting children behind bars.

Eleventh: we need to have rehabilitation, not just punishment. A prison sentence should not be a sentence for life. Just about every prisoner will be released back into the community at some stage; therefore, it is in their interests to ensure that they do so in the best possible way to ensure rehabilitation.

This leads to number 12, which is about reintegration, not recidivism. Unfortunately, far too many people fall back into crime soon after being released from prison. We need to look at the supports we provide to people while in prison and their transition back into the community to ensure that they are ready to do so.

I now wish to talk to particular pertinent points from Dr Paterson's motion which Mrs Kikkert has actually struck out, which pretty much is everything after point (a). I note, for example, that point (e) is the most factual statement that you could imagine about what the Uluru statement is; yet, apparently, Mrs Kikkert does not see a part in her amendments for that paragraph.

Also, when I come to the "calls on" part, I notice what has been struck out from Mrs Kikkert's amendment—for example, 2(a) "acknowledge the notions of Voice, Treaty, Truth as outlined in the Uluru Statement from the Heart". I ask: why has this been struck out? Why can this Assembly not acknowledge the notions of voice, treaty and truth as outlined in the Uluru statement? What is so offensive about this particular point that requires it to be struck from this particular motion?

In 2(b) the first section is "endorse the Uluru Statement from the Heart in full". This part has been struck out as well. Again, I ask: why is it necessary to strike out this part? Is it because Mrs Kikkert does not endorse the Uluru Statement from the Heart in full? She has explained the Canberra Liberals' position, which is basically a hedge in terms of the referendum. But that does not explain why she cannot say that she supports the voice, treaty and truth as outlined from the Uluru statement.

Then I look at (3) in the calls, asking the ACT government to explore the potential to work with and support local Aboriginal and Torres Strait Islander groups and initiatives around the Uluru Statement from the Heart. I have not heard anything today

about why this should be struck out or is inappropriate or does not serve the interests of the local First Nations community; yet Ms Kikkert has seen fit to remove this element.

Then there is 3(a)(ii): options to build grassroots momentum for all of the Uluru Statement from the Heart. Even this was too far for Ms Kikkert and has been struck out as well. I wonder how the local First Nations community, acknowledging that they are not a homogenous group and have many different perspectives on the Uluru Statement from the Heart, would feel about Mrs Kikkert not supporting all of these statements in support of the Uluru Statement from the Heart.

Therefore, the Greens will not be supporting the amendment. We stand in support of Dr Paterson's original motion, and we stand in support of the Uluru Statement from the Heart in full—voice, treaty and truth.

**MR PETTERSSON (Yerrabi) (5.08):** I rise today to speak in support of the Uluru Statement from the Heart, to endorse the voice to parliament referendum and urge the ACT government to step up in this pivotal moment.

We meet today on the land of the Ngunnawal people, who have lived in and served as caretakers of this land for over 20,000 years. I would like to pay my respects to their ongoing spiritual and cultural connection to this land. I would also like to acknowledge that this land was stolen and sovereignty was not ceded. It always was, always will be, Aboriginal land.

I believe there is a glaring oversight in our nation's foundational document. When our country's Constitution was first drafted, First Nations people were excluded. The proud people who have called this land home for over 60,000 years were completely excluded from the system of government that the British colonisers now imposed. This is a dark stain on our nation's history. It is time for us to right this wrong, and the way we can start is by establishing a voice to parliament enshrining a First Nations voice in the Australian Constitution.

A voice to parliament is an opportunity for First Nations people to tell their story, our history from their point of view, and speak their truth about the decisions of our federal parliament, which have such profound impacts on Aboriginal and Torres Strait Islander communities.

When the Uluru Statement from the Heart was developed in May 2017, 250 Aboriginal and Torres Strait Islander delegates from 13 regional areas put their signatures on a historic petition. Delegates called for two things in particular: (1) the establishment of a First Nations voice to be enshrined in the Constitution; and (2) a Makarrata commission to supervise the process of agreement-making between governments and First Nations. I believe these are humble and gracious requests in the face of hundreds of years of discrimination and violence, and I support them wholeheartedly.

The latest Closing the Gap report shows that there is still much work to be done to break down barriers that Aboriginal and Torres Strait Islander people face. Indigenous child mortality is double that of non-Indigenous children. School attendance and



enrolment rates are significantly less compared to non-Indigenous children. Life expectancy for Indigenous Australians is roughly eight years less. Indigenous incarceration rates here in the ACT are too high. Measure after measure, as outlined by many members today, is not good enough.

A voice and a Makarrata commission will not solve these problems. These issues are systemic and deeply ingrained, but this is unquestionably a step in the right direction. We must recognise that reconciliation is an ongoing process. It does not stop or start with a new government policy or a bit of extra funding funnelled somewhere. Reconciliation is a permanent, ongoing process.

As mentioned in Dr Paterson's motion, there are already various councils and local governments around Australia that have passed motions supporting the Uluru Statement from the Heart and the referendum. I believe it is time that the ACT Legislative Assembly does the same.

Earlier this year the Australia Institute conducted a nationwide poll which showed that nearly two in three Australians would vote yes to enshrine a voice to parliament for First Nations people in the Constitution. The *Guardian* recently conducted a similar poll with similar findings. However, the *Guardian* poll also found that 65 per cent of respondents had heard hardly anything about the concept. Only five per cent of respondents characterised themselves as knowing a lot about the proposal.

I believe that there is a gap here that state and territory governments have a responsibility to fill. I would like to see the ACT government taking proactive steps to educate the public on the proposal and continue to actively contribute towards the reconciliation process here in the ACT. Although I suspect that an overwhelming majority of Canberrans will vote yes in the referendum, I still believe that it is important for the ACT government to play a role.

I would like to mention briefly the work of the Aboriginal and Torres Strait Islander Elected Body here in the ACT, to showcase that this is not a controversial issue. This body, established in 2008, allows Aboriginals and Torres Strait Islanders in the ACT to have a strong, democratically elected voice. Our federal parliament would be well served by it, too, having a democratically elected voice.

In closing, I would like to thank Dr Paterson for bringing forward this important motion, and I encourage all Canberrans to get on board and support the voice when it comes to a referendum.

**DR PATERSON** (Murrumbidgee) (5.13): I would like to say that I am incredibly disappointed by the amendment offered by the Canberra Liberals today. They have not engaged once, as I said, with the Uluru Statement from the Heart. This is a very disappointing day for our Assembly. I feel very disappointed that the Canberra Liberals could not even engage on aspects of my motion.

As Mr Braddock pointed out, there are two parts to the "calls on" in my motion. One is to call on members of the Legislative Assembly. I was asking every member here to acknowledge the notion of voice, treaty and truth, as outlined in the statement. The Canberra Liberals seek to remove that. They cannot even acknowledge the Uluru

Statement from the Heart. My motion calls on members to endorse the Uluru Statement from the Heart. We all know that the Canberra Liberals are so directed by their federal counterparts that they cannot have their own views on these things. I note that Mrs Kikkert spoke to Peter Dutton's rule book on this and has not acknowledged any aspect of these parts of the motion.

With respect to what my motion calls on the ACT government to do, both the "calls on" are for the government to explore and work with our local Aboriginal community, to build grassroots momentum. People are not being called on to vote either way; it is a referendum. It is up to individuals as to how they vote. Mrs Kikkert used particular voices in our community and acknowledged their different views. Absolutely; everyone has different views. That is why a referendum is very important. But the thing about this place is that our roles here are to be leaders and to support this Uluru Statement from the Heart, and what has been years of work, after decades and decades of dispossession and colonisation.

The motion could have been amended in many ways; instead the Canberra Liberals are seeking to remove the entire motion. I think this is a sad day for our Assembly, when we cannot get tripartisan support on this.

I will make one more point. It is important for the *Hansard* to reflect, and important for the community to know, that I gave the Canberra Liberals this motion early last week. I gave the Greens this motion. I thought I should give everyone as much chance and opportunity to come at this fairly and squarely, to think about it, to think about it in their party rooms, and to think about it as individual MLAs. This amendment is a week's worth of work for the Canberra Liberals. They have come up with this—to completely oppose and disregard it.

**MR PARTON** (Brindabella) (5.17): In speaking to this motion and the amendment, I want to say that I stand here as a descendant of the Noongar people of Western Australia. It is my understanding that I am the only member of this parliament who is a descendant of First Nations people. I would acknowledge that I do not identify as being Aboriginal, but I am extremely mindful of my Aboriginal heritage and in recent times I have connected much more deeply with the Noongar community in Western Australia.

Dr Paterson's motion is extremely—dare I say it—black and white, in that it assumes that there is only one way forward, that being the proposed path from the Albanese government. It also assumes that the homogenous group classified as "Aboriginal Australians" are all on the same page with this push, and they are not. They just are not.

Mrs Kikkert spoke about a variety of views in various Aboriginal and Torres Strait Islander communities. I have had many conversations with people from my mob about the Uluru statement, about the voice to parliament. I have had deep conversations around campfires, and I can tell you that there are a number of Noongar elders—I can name some of them: David and Jack Collard, and even Kevin Fitzgerald to some extent—who absolutely endorse the vision of the voice to parliament, and they will be strongly campaigning for a yes vote in any referendum.

But here is the thing: I have spoken to quite a number of Aboriginal people on the ground who disagree. These are people who are focused on outcomes, and they do not believe that another layer of bureaucracy will provide better outcomes for their people. I had dinner on Monday night with Senator Jacinta Price, and we had a long conversation about the proposal for a voice to parliament. Senator Price has made her views on this matter well known. She believes that the proposed Indigenous voice to parliament is an elitist proposal that is more about relieving non-Indigenous people's white guilt than solving the problems faced by Indigenous Australians. She said that Australians are being asked to sign over a blank cheque and support a proposal that has been driven by a tiny minority of activists who do not represent the views of most Indigenous Australians.

I had a conversation recently with an Aboriginal community leader who said to me, privately, "Jacinta's right, you know; I hate to admit it because I don't like the woman." He said, "She's absolutely right, but don't quote me on that," and "I can't come out and say that, because if I did there'd be a big pile-on." This very prominent spokesperson said to me that he would be attacked if he was brave enough to support the view that he believes is correct.

I would also note and pay tribute to the fact that our federal parliament currently includes 11 Indigenous members, representing 4.8 per cent of the parliament, which is an outstanding result. I think it is a result that we as a nation should be really proud of—that Indigenous members represent 4.8 per cent of the federal parliament when Indigenous people make up less than four per cent of Australia. I think that is enormous. We are progressing as a nation, and we should be proud of it.

I will not indicate whether I support the voice to parliament or whether I do not, because I have not seen the detail of the proposal. Nobody has. Dr Paterson's motion calls on us to fully support something, even though we do not know what it is. It reminds me of a moment during Julia Gillard's prime ministership when Bill Shorten had been away overseas. He flew back and there was a press conference at the airport. A journalist asked him whether he supported the prime minister's statement, Julia Gillard's statement, from earlier in the day. He said, "Yes, I strongly support the Prime Minister's statement." Another journalist asked him to clarify what that statement was and he did not know. He had no idea what the statement was. He confessed that he did not know, but he said, "Whatever she said, I support it strongly."

I am not sure that that works for me. I think we need to see the detail before we, as a parliament, can sign up to advocate for something. I think we need to focus on outcomes. When I see the final proposal, I will make a determination on whether I believe this path will lead to better outcomes and decide whether or not to support it on that basis. I think that the signalling of virtue in this space has not achieved a great deal in recent times.

Mrs Kikkert's amendment rightly focuses on outcomes, and I think that should always be our focus in this space. Mrs Kikkert has clearly articulated where the ACT is not kicking goals in this space, and I think that is where we should be directing our attention.

**MS VASSAROTTI** (Kurrajong) (5.22): I rise in support of the motion moved by Dr Paterson. I want to thank her for bringing this important motion to the Assembly and giving us the opportunity to reflect on this important discussion in our local and national community. I share with her some deep sadness that we cannot come together as an Assembly and speak as one parliament about our support for progressing the Uluru Statement from the Heart.

As Mr Pettersson noted, we make these statements on the beautiful land of the Ngunnawal people. We make these statements with the knowledge of how First Nations owners have looked after this land, and with thanks to elders past, present and emerging, as well as First Nations people who have made incalculable contributions to the life of the city and region.

As has been noted, the Uluru Statement from the Heart came from a series of regional dialogues held across the country, and at its heart was an invitation to Australia to work together on the key reforms that seek to deal with unfinished business, attempt to repair damage done by over 200 years of dispossession, colonisation and institutional racism, and attempt to forge a new path for First Nations people and non-Indigenous people alike, based on respect, recognition and shared values. It aims to guide us to a future where all Australians have the opportunity to live a good life connected to culture, to community and to country.

The national conversation is currently focused on the key element of this—the idea of voice and how it may be recognised in our foundational document, the Constitution. This is a key conversation for us to be having. It does sit within the bounds of whitefella law; and, as we know, constitutional reform is notoriously difficult in this nation. We have learned hard lessons over decades regarding the challenges of having a nuanced discussion within the bounds of constitutional reform. We do have a challenge in front of us because we are not homogenous. But I have optimism and positivity that this is a challenge that we can rise to.

In reflecting on what the concept of voice means for me, I have been reflecting in many fora about the importance of actually silencing my voice and instead listening deeply to the perspectives of First Nations people, both locally and more broadly. Listening means engaging with truth-telling, which is another key theme of the Statement from the Heart. Truth-telling is hard for everyone. It often means speaking about issues that are deeply traumatic and distressing. For those to whom truth-telling is directed, I recognise that it will take us to a space which will go beyond feeling uncomfortable to feeling rather devastated. This is, however, a place that we must go.

The statement itself does articulate some of these truths very starkly. Dr Paterson quoted a part of the statement that I think is worth repeating:

Proportionally, we are the most incarcerated people on the planet. We are not an innately criminal people. Our children are alienated from their families at unprecedented rates. This cannot be because we have no love for them. And our youth languish in detention in obscene numbers. They should be our hope for the future.

These are truths that those of us in positions of power and influence must take into our hearts, and we must commit ourselves to doing everything we can to turn this around.

I believe some of the key reforms we are doing here in the ACT, including in areas such as restorative justice, raising the minimum age of criminal responsibility and work occurring in the out of home care and child protection systems, are all ways in which we are trying to respond to these unacceptable truths. While we have much work to be done, we will continue this work.

There are other truths being told that we need to open our hearts to. Noel Pearson's contribution to the Boyer Lectures series is essential listening for all Australians. I was deeply distressed to hear some of his words, which Minister Stephen-Smith highlighted in this debate. He said:

We are a much unloved people ... We are not popular and we are not personally known to many Australians. Few have met us and a small minority count us as friends.

I reflect on how lucky I am to have been able to foster strong relationships with incredible Ngannawal and First Nations elders, leaders and knowledge holders, who have been my patient teachers, have generously shared their knowledge and language and have been generous in their offer of friendship. I thank you for this friendship and commit myself to ongoing, meaningful relationships and working with you in partnership. The words of Noel Pearson are another invitation for us to continue to develop and foster friendships.

The progress of the voice is vital and it must be complemented by the work of truth-telling, Makarrata and treaty. We need to make sure that these concepts are real, both locally and nationally. Supporting the call for a voice does not remove our responsibilities to act locally or nationally on other elements of the Statement from the Heart or some of the stark realities of truth-telling. It does not mean that we stop the symbolism or stop the progress within our local context. We must create mechanisms for truth-telling. We need to recognise that truth-telling requires the rest of Australia to listen with hearts and minds to the experience and the consequences of dispossession, racism and colonialism.

We know this is challenging, and it must include First Nations people in its design and progress. I commit myself to working with Minister Stephen-Smith in the work she is leading on how we progress these processes locally. We must engage in the idea of treaty and Makarrata, and recognise that many of the benefits that we share are the unearned benefits of white privilege. Developing a new way forward does not mean that we are giving up things; instead, it will provide us with the opportunity to heal, recover and develop a new and positive future for all of us.

From terra nullius to the noble savage, from protection to assimilation, we have made so many mistakes in our relationship with the sovereign owners of this land that we call home. Coming in at the end point of 60,000 years of history, and of care for this country, we have so much to learn from First Nations people about how we look after

this country and how we look after the community. I wholeheartedly welcome and commit myself to the calls made to all of us in this motion. I accept the invitation extended to me to walk with First Nations people, to walk together in a movement of Australian people for a better future.

**MS DAVIDSON** (Murrumbidgee) (5.31): I wish to speak very briefly in support of Dr Paterson's motion. With respect to that concept of Makarrata, of coming together after a struggle, firstly, we do acknowledge that, for too many people, that struggle continues. But those words walk with us. They are important. They are words that I have heard on so many occasions from voices that I listen to, that I learn from, that I want to understand and that I work to support—on issues of access to health care, housing, education, employment, experiences of trauma and violence, and on justice.

This is the work that I am committed to continuing, but I know that we can only make real progress on these things by working with our First Nations community. Sometimes there is disagreement about the detail of how we do things. It is very important, when we are having these conversations, that we keep in mind the wellbeing of people who are hearing the words that we say, and that we carefully choose the way in which we speak, the tone in which we speak and the language that we use, to ensure that we do not create more harm by having the conversation.

It is very hard to walk in a straight line with a crooked heart, and if your heart has been poisoned by fear and hurt, you will walk a path of anger; you will hoard what you should share and you will lock out people you should let in, because you can see only what might go wrong and not what is far more likely to go beautifully, wonderfully right. You have to fix the heart first, but once your heart is right and it is focused on love, compassion and kindness, your actions will follow the same way.

I am very thankful for the spirit of the invitation to Makarrata in the Uluru statement. I commit to supporting the referendum for a voice to parliament, alongside that work of truth and treaty.

I would like to finish by noting that *Spinifex Gum* recently recorded a song using the Yindjibarndi language to express the words "Come on and open up your heart" in support of this work.

**DR PATERSON** (Murrumbidgee) (5.34): In closing, I would like to thank my Labor-Greens colleagues for their considered and thoughtful words this afternoon on this really important motion. We have highlighted the historical failings, and it is time for change. It is time to move forward. It is time for recognition in the Australian Constitution.

It is incredibly important that we use this opportunity and time before the referendum to platform Indigenous people's voices and support them in this fight for recognition and empowerment. Aboriginal and Torres Strait Islander people have been stripped of the right to control their destiny and make their own choices, stripped of their lands and their human rights. We must recognise the impacts of this colonisation that reverberate through our society today. We cannot escape this legacy of the past without grappling with our own history, and empowering and giving a voice to our Indigenous community.

This is a moment when Canberrans and Australians need to come together, and it is deeply disappointing that the Canberra Liberals cannot do that. True to their conservative roots and the historical legacy of the federal Liberals, the Canberra Liberals are stuck in the past. They try to make us think they have changed, that they have decided decades of conservatism have got them nowhere and that they are moderate, but their roots are showing and their facade is failing!

I will fight and campaign side by side with my ACT Labor and ACT Greens colleagues and our Aboriginal community for a voice to parliament.

I would like to finish my speech today by once more reinstating the words from the Uluru Statement from the Heart:

We seek constitutional reforms to empower our people and take a rightful place in our own country.

When we have power over our destiny our children will flourish.

They will walk in two worlds and their culture will be a gift to their country.

We call for the establishment of a First Nations Voice enshrined in the Constitution.

I wholeheartedly agree with these words and they have my full support.

Question put:

That the amendment be agreed to.

The Assembly voted—

Ayes 8	Noes 15	
Mr Cain	Mr Barr	Mr Gentleman
Ms Castley	Ms Berry	Dr Paterson
Mr Cocks	Mr Braddock	Mr Pettersson
Mr Hanson	Ms Burch	Mr Rattenbury
Mrs Kikkert	Ms Cheyne	Mr Steel
Ms Lawder	Ms Clay	Ms Stephen-Smith
Mr Milligan	Ms Davidson	Ms Vassarotti
Mr Parton	Mr Davis	

Question resolved in the negative.

Original question resolved in the affirmative.

**Mr Gentleman** Madam Speaker, I seek your guidance in regard to rulings in the last debate in the chamber, particularly in regard to the appropriateness of a member who is in the chair on behalf of the Speaker making a ruling on an amendment and then speaking in support of the amendment in the debate. I reflect on Mr Parton's actions

in that matter. Perhaps, Madam Speaker, you could look at this and come back to the chamber with some advice.

**MADAM SPEAKER:** Thank you, Mr Gentleman.

## **Executive business—discharge of orders of the day**

Motion (by **Mr Gentleman**), by leave, agreed to:

That all items of Executive Business, orders of the day, relating to taking note of papers be discharged from the *Notice Paper*.

## **Adjournment**

Motion (by **Mr Gentleman**) proposed:

That the Assembly do now adjourn.

## **Schools—fetes**

**MR PARTON** (Brindabella) (5.42): There are many arguments in this town about which is the best school fete in the city—they can be savage arguments; they can lead to fisticuffs—or about which is the best school fete in the Tuggeranong Valley. I am not going to make a claim that the St Thomas the Apostle fete at Kambah is the best, but it is definitely in the top 10. I rise today to briefly pay tribute to all of those who were involved in any way with another amazing fete at St Thomas the Apostle in Kambah the weekend before last. That was awesome.

I could see when I arrived, because of how far away the cars were parked, that Boddington Crescent was the place to be in Kambah on that day. They were blessed with spectacular weather on the Saturday, but I think the biggest blessing came from the obvious hard work and dedication from all those involved. The bar has been set high at St Thomas the Apostle, but it just keeps on getting higher.

Thanks for letting me be the first chocolate wheel spinner on the day and thanks for all the smiles and the warmth from a close-knit, hardworking school and church community. I spent some time on the day with the principal, Ursula Jamieson, who would not accept any praise personally; she continually pointed to the fete committee and the volunteers and stallholders.

As I was reflecting on the enormous success of the St Thomas fete at Kambah, I rocked up to St Clare of Assisi at Conder—wow!—and their twilight fete on Friday just gone. I pretty much had to park over at the Namadgi Visitors Centre and walk from there. The volume of cars was ridiculous. They cannot wait for the tram—but that is a whole other story. I spoke to so many from the school community but also from way outside the school community.

That was certainly the case in both of those fetes. There were so many people there who had nothing to do with the school; they were just drawn to this amazing event. They were drawn because we are back on! After several years of shutdowns,



they were celebrating the fact that fetes are back, that spring is here—sort of!—and that life is pretty good in the valley. It was the most amazing evening on the Friday and day on the Saturday. Actually, I came face to face with quite a number of people whom I have doorknocked in recent times, which is always pretty cool. So, to the St Clare of Assisi community: that was awesome.

You have all done very well. It is impossible for me to separate those two fetes on an excellence level. I feel bad that I have not made it to all fetes in the valley, but I had to make mention of those two. Well done.

### **Volunteers—ACT Volunteer Awards**

**MS VASSAROTTI** (Kurrajong—Minister for the Environment, Minister for Heritage, Minister for Homelessness and Housing Services and Minister for Sustainable Building and Construction) (5.44): I rise today to recognise a number of incredible environmental volunteers who were recognised recently by the Conservation Council of the ACT Region at the 2022 Environment Awards ceremony that coincided with the Conservation Council’s spring mingle.

I was so pleased to participate in this event, the first one held in person after a couple of years of COVID impacts. It was a real honour to be able to present two of these awards. Given the contributions of our environmental volunteers I was very pleased not to be on the judging panel but rather just to cheer for those who were recognised through the awards.

The ACT Environment Awards celebrate the efforts and accomplishments of environmentalists and environment groups, and the contributions they have made to the environment in the ACT and beyond. They include the Young Environmentalist of the Year, the Conservation Council Member of the Year and the Environmentalist of the Year.

The Young Environmentalist of the Year is awarded to an environmentalist 28 years of age or under. This annual award is in memory of Moira and John Rowland, who were lifelong committed environmentalists and played a leading role in establishing the Canberra Environment Centre and the Conservation Council. The Moira and John Rowland Young Environmentalist Award recognises young achievers who are committed to improving our environment. This year this was awarded to Annika Reynolds, the founder and CEO of GreenLaw. They received this award in recognition of their efforts as a legal advocate and a young leader in the Australian environmental movement, particularly through their work in founding GreenLaw, Australia’s only youth-led legal think tank,

The Conservation Council Member Group of the Year aims to recognise a member group which has made an outstanding contribution to protecting and being a voice for our environment. This year, this was awarded to the Invasive Species Council. This group has done important work in highlighting the importance of responding to the impact of invasive species on our biodiversity and ecosystems. They were recognised for their outstanding contribution to protecting and being a voice for the environment, particularly through their extensive work on their Reclaim Kosci campaign in 2022.

Given that this work has significant implications for our precious Namadgi National Park, we particularly thank them for this work.

The ACT Environmentalist of the Year is awarded to an individual who has made an outstanding contribution. This year, the award was won by the indomitable Jean Casburn. Jean has been doing incredible work supporting and championing the citizen science that has highlighted the importance of Bluett's Block in relation to ecosystems and important species. She was recognised for her extensive efforts to protect Bluett's Block from expanding urbanisation and her tireless work to publicise its conservation value within the ACT and beyond.

We are indebted to the work of local conservationists, environmentalists and environmental volunteers. I know that all members of the Assembly will join me in congratulating these wonderful contributors to our local biodiversity, and the thousands of other Canberrans who are committed to preserving our ecosystems, our species and our natural resources. As Margaret Meed noted many, many years ago:

*Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.*

—and, in this case, continues to.

### **Multicultural affairs—events**

**MR CAIN** (Ginninderra) (5.48): It is always delightful to get around to our various multicultural groups. It has been my delight over the last four to six weeks to get around to so many varied gatherings. We have had the season of Diwali and it was a great pleasure to be able to attend three different versions of this—one sponsored by the ACT government in the building next door; one for University of Canberra students, with some rough lessons on Bollywood dancing undertaken by me and other MLAs who were in attendance; and then one with the Nepalese community, who have their own version of Diwali, which exhibits joyful dancing, including gathering strangers up from the crowd to join in.

It is the beginning of our Christmas season as well. Probably the earliest Christmas carol service I attended was just under two weeks ago, with the Indian Orthodox Church, which met at Canberra Grammar. Perhaps one of the biggest surprises I got was attending the Anglo-Indian Association ball. I know some of my colleagues here in this room were there. I would never have thought to attend a multicultural event where the dance of choice was rock and roll, which seemed to go on right throughout the evening.

As members are perhaps aware, I have a son-in-law with Keralan heritage—that is, from the southern Indian state of Kerala. I was able to attend a Kerala Piravi celebration of the founding of Kerala state in November 1956, with the Canberra Malayalees Association.

Then there was another food fest, with the Indian Food Festival down across the other side of the lake, hosted by St Gregorios Indian Orthodox Church. It was also a delight to attend, again with several MLAs from this Assembly, the Hindu Temple and

Cultural Centre cultural function, in honour of and fundraising for the temple at Florey, in my electorate.

This week I met with members from the Nepalese community to look at their interests and their expanding community—the third most populous multicultural community in Canberra. A unique event was a women’s empowerment workshop, hosted by OLA, which included safety lessons from ACT Policing to women from the CALD community, and a local mechanic as well to show them how to do basic car maintenance.

Just recently, in the last week, it was a great pleasure to speak with Professor Anthony from the Australian Centre for Christianity and Culture about the engagement of that faith with the rest of the broader community and, in particular, the Indigenous community.

Then, most recently, it was a delight to attend the Canberra Kangaroos awards night last Sunday. This is a soccer group, formed by Afghan refugees several years ago, which has embraced people from all different cultures. It is part of the Canberra state league. It was wonderful to be there again, in the company of Minister Davidson, on Sunday at the Notaras Multicultural Centre, to celebrate their achievements: starting from scratch only four or five years ago, and now with a view to forming a women’s team from the CALD community.

I want to commend our multicultural community for the way they open themselves up to the broader community, the way they keep their distinctiveness but want to celebrate that with the rest of this wonderful Canberra community. I want to show my appreciation to them and my commitment to them as shadow minister for multicultural affairs. They are going to be a growing influence in our community, particularly with skilled immigration contributing so much to our population growth. It is my delight, again, to be on this journey with many of them.

### **Health—men’s health**

**MS STEPHEN-SMITH** (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Families and Community Services and Minister for Health) (5.53): I want to reflect briefly on the conversation that we had today in relation to men’s health and to say that, obviously, I expected that there would be a focus on male suicide in that conversation. It is a tragedy how many men we lose to suicide in the ACT and across Australia.

I even expected that there would be imputations made that somehow I do not really care that much about the issue of men’s health because I do not think we need or our health system would benefit from a men’s health plan, or because I pointed out that, in fact, a lot of the work that Ms Castley was calling for in substance was already being progressed under the myriad other plans, policies and strategies that we have in place, which do indeed take a gender focus.

What I had not expected, Madam Speaker, was that Mr Parton would talk about shoes. As Mr Rattenbury pointed out, grief is a strange thing and different things trigger different emotions. The mention of shoes took me back to late 2015 and a trip to

St Vincent de Paul to drop off some very nice dress shoes. It was a very difficult thing to do to say goodbye to those shoes, and I hope that they went to a good home. I just wanted to take a moment to thank my colleagues for their kindness and to reassure Mr Parton that it was simply the mention of shoes and not the important conversation about male suicide that upset me. I want to reassure him that I am not in any way holding him accountable or responsible for that.

I think that, while his characterisation of my response to Ms Castley's motion overall was grossly inaccurate, it is very important that we talk about this issue. It is important that we talk about suicide in this place. It is important that we talk about the impacts that it has. In that context, I also want to take the opportunity to thank Mr Cocks for sharing his own experiences. These are, of course, experiences that too many share in our community, more so in Aboriginal and Torres Strait Islander communities and more so in the LGBTQIA+ community, but right across our community.

I just wanted to put on record that I am in no way wanting to shut down debate on that issue. I thank members for their contribution in relation to that and, again, thank my colleagues for their kindness.

### **Women—WiSDM**

**MS LAWDER** (Brindabella) (5.56): I rise to speak about a lovely event that was held here at the Assembly last night. I was privileged to host this event for an organisation named WiSDM, which is an acronym of Women in Strategic Decision Making. WiSDM helps to support women in strategic decision-making by creating a network for them to come together to share their experiences and learn more about strategic decision-making.

Before the event we had a panel discussion which included some of our parliamentary colleagues: Elizabeth Lee, Yvette Berry and Jo Clay. The panel focused on why gender diversity matters in politics. The panellists shared some of their own personal experiences in which gender has influenced their strategic decision-making and their career overall—indeed, their journey into politics. The discussion was moderated by the WiSDM founder, Belinda Newham, who my team and I were lucky to have the pleasure of working with to organise this great event.

We had a number of very insightful and difficult questions from the floor, and thoughtful contributions from all panellists. There was a wide range of attendees. I was also pleased to see a number of men present and supporting local women in politics and women in strategic decision-making. I will name a few, very quickly: Lisa LaMaitre of Canberra Wise Women; Victoria Pearce from Endangered Heritage; Zoe Rose of Great Question training; Tim and Macca from Lids4Kids; Rebecca Lubilanji from Harvest Hope Africa; Clare Harris; Irene Lennon; Caitlin Holder; Julie-Anne; Jerry; Craig Fairweather, who is the CEO of the Millhouse Ventures; and many, many others.

Everyone I spoke to afterwards found the discussion engaging and took something away—something different in most cases—from each of the panellists. So thank you, once again, to Ms Lee, Minister Berry and Ms Clay for their time and contributions

last night, for continuing the conversation on women in diversity and our role in strategic decision-making. I would also like to thank Belinda for helping to make the event possible and for building a community of women here in Canberra, in this instance around strategic decision-making.

I would like to recognise and thank all women who are involved in strategic decision-making. Women do have a unique approach to issues and it is always encouraging to see more women around the discussion and the decision table.

### **Arts—Canberra Critics Circle Awards**

**MS CHEYNE** (Ginninderra—Assistant Minister for Economic Development, Minister for the Arts, Minister for Business and Better Regulation, Minister for Human Rights and Minister for Multicultural Affairs) (5.59): I rise to reflect on and celebrate the fantastic event held last night, being the Canberra Critics Circle ACT Arts Awards. These are very special awards for a few reasons. The Canberra Critics Circle is the only critics circle in Australia that runs across all the major artforms—music, theatre, musical theatre, dance, visual arts, books and film. The circle changes every year, depending on who is reporting or, indeed, critiquing. At the end of each year, these critics provide awards that are not best-ofs but, rather, for excellence, originality, energy and creativity. Last night, those awards occurred for the 32nd year.

Madam Speaker, I know you understand this inherently, but there really is something about being in a room so well attended after being limited due to the pandemic, and to be surrounded by an extraordinary community, to feel that spirit and to also see writ large the talent and the achievements of that community. It was remarked to me time and again last night just how much there is going on in our creative community and what a great opportunity it was to share and to celebrate that and for different artists and artforms to be exposed to each other. We know what we have here, but seeing it and celebrating it does take it to that next level.

I turn to the award winners. The Helen Tsongas Award for Excellence in Acting was established by Helen's family, in her memory, after she and her husband tragically died in a motorcycle accident a decade ago. Helen worked in artsACT and the federal Office for the Arts, and was a notable dramatic actor. It is fitting and very moving that she is remembered each year in this way, thanks to her family.

This year the winner of this prestigious award is Karen Vickery. Karen was singled out as being at the height of her acting career, particularly following a year which saw performances in Lakespeare's *As You Like It*, Edward Albee's *Three Tall Women* and Heartstrings Theatre Company's *Urinetown: The Musical*. Karen also has a newly formed theatre company, Chaika, which is one of the companies that has established the Australian Capital Theatre Hub, which has its new season launch tomorrow night. I warmly congratulate Karen, whose award is so well deserved.

The *CityNews* Artist of the Year is writer Nigel Featherstone. I first met Nigel many years ago—I believe it is about a decade—when he was part of You Are Here's *Eulogy for a City*, where he described his experiences to an absolutely engaged audience in Garema Place about the Heaven nightclub, which is no longer. Nigel's storytelling left an indelible impression on me and I have followed his career since.

Not only is he an incredible and accomplished writer, with his novels alone achieving significant acclaim, including this year's publication *My Heart is a Little Wild Thing*; he has been a champion of writing as an artform and of the broader Canberra writing and arts community.

While I do not have the time to reflect on what they were recognised for, I would like to put on the record the other award winners: film producer Shannon Wilson-McClinton; writers Nigel Featherstone, Marion Halligan, Sandi Logan, Tabitha Carvan, Sarah St Vincent Welch and Kimberly K Williams; visual artists Rory Gillen, Michael Armstrong, Judith Nangala Crispin, Annette Blair, Maryke Henderson, Anita McIntyre, Valerie Kirk and Harriet Schwarzrock; dance artists Ali Mayes, Jake Silvestro, Danny Riley, Australian Dance Party and Ausdance ACT; musical artists Pip Thompson, Fred Smith, Luminescence Chamber Singers, Ronan Apcar, Rachel McNally, Michael Dooley and the Canberra Symphony Orchestra; musical theatre artists Andrew Finnegan, Echo Theatre Company, Stephanie Bailey, Ylaria Rogers and Rachel Reid (or Jazida); theatre artists Meaghan Stewart, Jarrad West, Chrissie Shaw, Max Gambale, Christopher Samuel Carroll, Dylan Van Den Berg, Amy Kowalczyk and Andrea Close.

I conclude by thanking the Canberra Critics Circle, and especially convenor Helen Musa, for bringing these achievements to the community's broader attention and for their tireless work in reviewing all that flourishes in this city.

Question resolved in the affirmative.

**The Assembly adjourned at 6.04 pm.**