



# Debates

WEEKLY HANSARD

Legislative Assembly for the ACT

**NINTH ASSEMBLY**

**4 JUNE 2020**

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**Thursday, 4 June 2020**

**The Assembly met at 10 am.**

*(Quorum formed.)*

**MADAM SPEAKER** (Ms J Burch) took the chair at 10 am, made a formal recognition that the Assembly was meeting on the lands of the traditional custodians, and asked members to stand in silence and pray or reflect on their responsibilities to the people of the Australian Capital Territory.

### **Republic of Kiribati—election of first female Speaker**

**MADAM SPEAKER:** Members, I would like to make a brief statement acknowledging the recent election of the new Speaker of the parliament of Kiribati. On 22 May, the parliament of Kiribati elected the Hon Tangariki Rete as their new Speaker. Ms Rete's election is particularly notable as she is the first woman to be elected Speaker in Kiribati history. It is important for us to recognise this occasion, not just due to the enduring relationship between our two parliaments through the CPA's twinning program, but also to celebrate the achievements of women in Pacific politics. I have written to Speaker Rete communicating the best wishes of this Assembly on her election. I look forward to working with her and to our continuing relationship with the parliament of Kiribati.

### **Paper**

**Madam Speaker** presented the following paper:

Electoral Act, pursuant to subsection 10A(2)—Impact of the COVID-19 Pandemic on the 2020 ACT Legislative Assembly Election—A special report by the ACT Electoral Commission, dated 25 May 2020.

### **COVID-19 pandemic response—update Ministerial statement**

**MS STEPHEN-SMITH** (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Families and Minister for Health) (10.05): I rise today to update the Assembly on the current status of COVID-19 in the ACT and the measures put in place by the government to prepare and protect the community.

I am happy to advise members that since my last update to the Assembly there continue to be no active cases of COVID-19 in the ACT. This means that, as of 3 June 2020, and indeed as of this morning, I am advised that the ACT has had a total of 107 laboratory confirmed cases and, sadly, three lives lost.

Importantly, the ACT's testing rates remain strong and provide further evidence for our gradual, careful relaxation of the public health restrictions that kept our

community safe. Almost 19,000 tests had been undertaken across the territory as of yesterday.

I would like to take this opportunity to remind the community that it is important for anyone with COVID-19 symptoms to get tested. Testing provides our public health professionals with a good view of the ACT situation and is one of the key parameters in guiding decisions around the easing of public health measures.

We continue to make good progress in suppressing the virus in the ACT and keeping our active cases at zero. But we must remember our responsibilities, particularly as restrictions are gradually eased.

We know Canberrans have been eager to leave their homes, and it is understandable that people want to get out and about. However, we must remember that it takes only one person with COVID-19 to come into contact with others to start a chain of transmission that could lead to a new cluster of cases. We do not want to go backwards, so it is important not to become complacent or careless. It is important that we continue to follow health advice.

Canberra is in the strong position it is because we acted early, we listened to expert advice, and we put in place evidence-based public health measures. It is for these reasons that we have effectively suppressed the spread of the virus.

As I said a fortnight ago in this place, this pandemic is not over. There are still active cases of the virus across Australia and we have seen small outbreaks occurring. Until there is a vaccine, a higher level of risk management will be necessary. As the Chief Minister and the national cabinet have recognised, we cannot completely eliminate risk, but we have put in place measures to manage this risk. One of those is the gradual easing of restrictions, with clear checkpoints to assess the public health risk of moving to the next stage.

Madam Speaker, the Chief Minister released *Canberra's recovery plan: COVID-19 easing of restrictions roadmap* on Tuesday, 26 May 2020, detailing how we will emerge from this pandemic while managing the risks to the community. The road map outlines the ACT's approach to easing restrictions in three stages. The approach is consistent with the *3-Step Framework for a COVIDSafe Australia* agreed by national cabinet, and is based on public health advice from experts locally and nationally.

The ACT government is ensuring that we constantly monitor our progress through the stages of our plan to support early identification and investigation of any increase in COVID-19 risk to Canberrans.

The relaxing of restrictions is in line with the Australian Health Protection Principal Committee's recommendations, and the ACT is in the middle of the pack when it comes to the timing and extent of easing. We have not moved as far or as fast as some of those jurisdictions with closed borders, particularly the Northern Territory and Western Australia. But we have moved more quickly than Tasmania, where stage 2 easing has just this week been brought forward from 15 June to 5 June. The timing of our move into stage 2 was two days ahead of New South Wales, Victoria, Queensland

and South Australia, so largely in line with these larger states, recognising that each jurisdiction has taken a slightly different approach.

The ACT government are putting the community's health and safety first in making these decisions, but we are also taking a mature and measured approach to reduce the likelihood that restrictions may need to be reintroduced or tightened again. While we recognise that this process of gradual easing is difficult for many businesses, we have also heard very clearly from small businesses that lifting restrictions and then reimposing them would be the worst outcome for many of them.

The road map and the public health monitoring that supports its implementation are all about assessing and balancing cumulative risks so that we can continue our reopening in a sustainable way. In providing advice to the cabinet, the Chief Health Officer, Dr Coleman, has outlined a range of factors that need to be considered in assessing the cumulative risk of reopening the economy. These include: the size of each gathering; the interaction of social networks, where crossover between multiple social networks creates a larger risk than interactions within a single social network; indoor versus outdoor environments; the number of contact surfaces and likelihood of many people sharing equipment or touching the same surface; compliance with isolation and quarantine for cases and contacts; the risks associated with increased travel and people movement; the readiness of businesses and undertakings to operate in a COVID-safe manner; and disease surveillance, epidemiology and modelling.

Madam Speaker, as members would be aware, the ACT government has taken the next step to easing of restrictions outlined in the recovery plan, in line with Dr Coleman's advice and the framework agreed by national cabinet.

At 11.59 pm on 29 May 2020 the ACT moved to step 2.1 of our plan, which allows for larger gatherings and more businesses and services to operate. The key changes include: gyms, health clubs, fitness and wellness centres, including yoga, barre, pilates and spin facilities, being able to reopen with up to 20 people per indoor space at one time if they can follow physical distancing and other requirements around sharing of equipment et cetera; lifting of restrictions on indoor social sport to allow up to 20 people per indoor space with low contact and limited sharing of equipment; reopening of galleries, museums and national institutions with physical distancing of one person per four square metres and where a group for any activity does not exceed more than 20 people; reopening of outdoor attractions such as the National Zoo & Aquarium with physical distancing of 1.5 metres and where a group for any activity does not exceed more than 20 people, including children; reopening of beauty salons and other personal services such as waxing, nail, tattoo and massage services for up to 20 people with physical distancing of one person per four square metres; and further easing of restrictions on cafes, restaurants and other hospitality venues to allow up to 20 patrons per enclosed space or outdoor area if they can abide by physical distancing of one person per four square metres and put specific measures in place to manage personal contact.

The maximum limit of 20 people has also been extended to other previously announced measures, including the following: all indoor and outdoor gatherings, including weddings, religious ceremonies and real estate open houses, can now have a

maximum of 20 people, including children; and funerals, regardless of whether indoor or outdoor, can have up to 50 people attend, excluding those conducting the service.

Madam Speaker, the fundamental rule here is the rule of 20. In almost every circumstance, other than funerals, there is a 20 person limit on gathering numbers in a space or group. For some businesses and undertakings, the first name and contact number for every patron or attendee must also be requested. The purpose is to help with contact tracing in the event of a case, to reduce the risk of an outbreak occurring. However, patrons and attendees can decline to provide this information and they cannot be refused service or entry on that basis.

Those businesses previously restricted will also be required to have a COVID safety plan. This is an important part of the risk assessment that all employers must conduct under work health and safety legislation.

Should these measures not result in any significant increase in cases or any other signs of concern across the territory, we will move into the next phase of our recovery plan at 11.59 pm on 19 June 2020. Step 2.2 will see maximum occupancy limits in a number of sectors, including hospitality, increase to 50 people per enclosed space. Cinemas and indoor amusement centres will also be able to reopen, and there will be further easing of restrictions for gyms, health centres and community sport.

Stage 3, expected to be implemented from mid-July, would see larger gatherings and further reopening of higher risk businesses and activities.

Madam Speaker, we know that changes to the public health directions will always raise questions about what is and is not allowed, which is why we are working closely with industry and community stakeholders during this transition. I commend the economic development team in the Chief Minister's directorate, as well as the health protection service, on this engagement.

We have endeavoured to have clear and comprehensive frequently asked questions available on the COVID-19 website and to respond to queries as quickly as possible. I encourage business operators to visit the ACT's COVID-19 business hub webpage for further information about the changes and new requirements. Businesses can also contact the dedicated Access Canberra business liaison line on 6205 0900. If we can collectively keep up the good work, this will make a difference and help to avoid a second wave or outbreak in the community.

Madam Speaker, some of the most emotionally challenging restrictions for many people during this pandemic have been those relating to visitors to aged-care and health facilities. I am pleased to inform members that as of today visitor restrictions are being carefully relaxed in public and private hospitals across the territory.

From today, Thursday, 4 June, new arrangements will allow patients to have up to two visitors per day. However, only one visitor will be allowed with the patient at any one time, to ensure that physical distancing requirements are met. For children up to and including 17 years, one parent or carer can now be present at all times, with an additional visitor able to join them for up to one hour each day.

For women who are admitted for maternity or birthing-related care, two support people can be present. Arrangements should be planned with the relevant midwifery and obstetric staff during antenatal care. As has been the case over recent weeks, if women need specific arrangements to be made for compassionate or practical reasons, they should discuss this with staff.

The decision to restrict visitors to our health services was a difficult but important one to make, ensuring that we are able to protect the health and safety of patients, staff and their loved ones. We know that this has been a difficult time for patients who want to be with their families and loved ones during their stay at hospital and I thank the community for their patience and understanding during this challenging period.

Staff across our health facilities have been working incredibly hard to keep our community safe, and the careful ongoing management of visitor access to Canberra's health facilities is still required to ensure that staff, patients and the broader community are protected from the potential transmission of COVID-19.

The policy has been developed in close consultation with clinical experts and health care consumers. Social distancing principles will still apply to all carers and visitors, and health providers will continue to record information about those entering hospitals, to assist with future contact tracing if required.

This is also a good opportunity to remind Canberrans that they should not visit a health facility if they are unwell—other than for treatment, obviously—or if they have travelled overseas in the last 14 days or have been in contact with a confirmed COVID-19 case in the last 14 days.

Madam Speaker, the ACT has recently joined other jurisdictions in providing support and care to Australians returning from overseas. On Friday, 15 May 2020, the ACT received one repatriated flight from India with 208 Australian citizens and permanent residents. The ACT government, through the public health emergency coordination centre, PHECC, planned, prepared and executed the arrival, support, screening and quarantining of the repatriated Australians.

I want to take this opportunity to thank the many ACT and commonwealth government partners who collaborated in this endeavour, including ACT Policing and the Australian Federal Police, Border Force, Transport Canberra, the ACT Ambulance Service, the VisitCanberra team, Canberra Airport and Canberra Health Services.

Arrivals were accommodated in serviced apartments, and services provided included catering, transport to the hotels, fact sheets for guests, and wellbeing services. Transportation was also provided to several guests who required non-COVID related medical appointments.

Voluntary tests of quarantined guests were conducted on Tuesday, 26 May 2020, with no positive COVID-19 results returned from approximately 170 tests. The guests were released from quarantine from 11.59 pm on Friday, 29 May 2020 and permitted to return home at their own expense.

The PHECC has conducted two after-action reviews of the arrival, transport and quarantine of the returning travellers. Recommendations from the reviews will be incorporated into planning for future repatriation flights into the ACT. Indeed, we are expecting another of these flights next week, and I have no doubt that the team of teams that supported the arrivals from India will work just as effectively to support other returning Australians and permanent residents.

Madam Speaker, as members would know, we have been able to ease restrictions because of the tremendous work of our dedicated public health professionals and because of the community. Thank you again to all Canberrans. If we all keep following the public health advice, I am confident that we will remain in a strong position to continue our positive trajectory and the easing of restrictions across the territory.

I present the following paper.

Coronavirus (COVID-19)—ACT Government response—Ministerial statement,  
4 June 2020.

I move:

That the Assembly take note of the paper.

Question resolved in the affirmative.

## **Planning and Development Amendment Bill 2020**

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

Title read by Clerk.

**MR GENTLEMAN** (Brindabella—Manager of Government Business, Minister for Advanced Technology and Space Industries, Minister for the Environment and Heritage, Minister for Planning and Land Management, Minister for Police and Emergency Services and Minister for Urban Renewal) (10.19): I move:

That this bill be agreed to in principle.

I am pleased to present the Planning and Development Amendment Bill 2020. This bill will facilitate the establishment of a University of New South Wales, UNSW, campus in the ACT. The bill is the result of negotiations with the university, where both the university and the government have agreed to invest together in creating a world-class teaching, research and innovation institution.

Establishment of the UNSW Canberra city campus brings with it all the benefits associated with a leading research-intensive group of eight university and will enhance the ACT's standing as the knowledge capital. Tertiary education is the

ACT's leading services export, at \$1 billion annually, with our tertiary and research sector contributing well over \$3 billion to the economy and employing approximately 20,000 people.

The new campus is expected to generate 2,000 jobs; attract 6,000 local, national and international students to Canberra; and bring up to \$3 billion in economic benefit for the ACT economy. This will facilitate innovation and growth in the defence and security industries, building on Canberra's industry strengths and providing greater opportunities for collaboration and growth, as well as contributing to the renewal and transformation of the city south-east precinct.

Madam Speaker, this bill allows the territory to make an investment towards the university, by way of land, to secure another university here in the ACT, and also ensures that our investment is protected through conditions in the crown lease over the coming years.

This bill amends both the Planning and Development Act and the Planning and Development Regulation to create a special type of crown lease specifically for UNSW and limited to a specific precinct.

I will now take members through the main parts of the bill. The act will commence on a date by written notice on a day decided by the minister; or, failing that, will automatically commence two years after this amending legislation is notified. It was decided to displace the usual six-month automatic commencement provisions in the Legislation Act, given that projects of this scope can sometimes face unanticipated delays. The prudence of this approach is punctuated by the current circumstances of COVID-19, whereby all areas of government, business and the community are working to manage outcomes in the best public interest.

Let me go to the bill in detail. Part 2 of the bill makes amendments to the Planning and Development Act. Clauses 4 and 5 are technical amendments which allow for the Planning and Development Regulation to be amended to reflect that a lease granted to UNSW must contain certain provisions.

Clause 6 of the bill amends the "payment for leases" section of the act, which prevents the planning and land authority from granting leases for less than the market value. This amendment makes an exception for certain prescribed leases granted to UNSW, and this will allow the planning and land authority to grant UNSW market value leases for less than market value.

The next two clauses of the bill are about the restrictions on the crown lease which the government will impose. Clause 7 of the bill removes the UNSW leases from the section of the act which places restrictions on certain types of leases issued by the planning and land authority. Clause 8 inserts a new clause into the act and creates a special restriction which will apply to land forming the UNSW campus. The important elements of this new restriction include that all land dealings will be prohibited for a period of 20 years from the grant of a lease to UNSW under these provisions.

Under the terms of the agreement between UNSW and the ACT government, UNSW will develop the precinct over 15 years, over which time the campus is expected to be at full operational capacity. Restricting dealings on the land for a 20-year period is a prudent measure for the government to adopt, to protect the territory's investment. Following the expiration of the initial 20-year period, all dealings with the lease must be approved by the planning and land authority.

Clause 8 of the bill also sets out the requirements which must be fulfilled before the planning and land authority can provide consent to any dealings with the lease. Firstly, all dealings with the UNSW campus leases will require approval from the executive. For all proposed transfers of land, UNSW may transfer the block only to another higher education provider, being a tertiary or vocational education institution. While this restriction does allow UNSW to transfer the block to another entity after the initial 20-year period has expired, this restriction locks the land into being an educational precinct until such time as the government changes policy to allow other uses of the land. This would require a future legislative amendment.

Clause 9 is a sunset clause which removes all the provisions in this bill from the act if UNSW decides not to go ahead with the proposal. This is a common-sense provision which will prevent the legislation from being unnecessarily cluttered with redundant provisions.

The final amendment to the act is a change to schedule 1, which is a list of all the decisions under the act which are reviewable by the ACT Civil and Administrative Tribunal. This amendment to schedule 1 excludes UNSW from being able to appeal any decision not to grant them a lease by direct sale. Given that leases granted to UNSW are subject to negotiations and informed by provisions in the precinct deed, which gives UNSW an entitlement to the grant of a lease if specific requirements are met, it is entirely appropriate that decisions on granting these leases are not reviewable.

Part 3 of the bill amends the Planning and Development Regulation. Clause 13 defines the meaning of the UNSW campus by identifying the location of the land by referring to the blocks designated in the precinct deed. Clause 14 of the bill creates a new subsection in section 105 of the regulation, which contains a list of prescribed leases which require direct sale approval from the minister. Clause 15 makes it clear that the usual criteria which apply for direct sales of non-government education facilities are not applicable to the crown leases which are proposed to be issued to UNSW.

In the place of the usual criteria, clause 16 sets out new criteria which will apply to the direct sale of land for the UNSW campus. Three important elements from these new criteria include having a master plan approved by the minister, a development proposal in accordance with the provisions of the precinct deed, and a works approval from the National Capital Authority which is consistent with the master plan and development proposal.

Clause 17 inserts a new section into the regulation which makes the leases for the land subject to certain provisions. The conditions which the leases will be subject to

include that the leases can be issued only for an authorised use as an education facility, and that development conditions of the lease must be consistent with the precinct deed.

The final clause in the bill which amends the regulation is the addition of a sunset provision, the same type of provision as the one in the act, so that these sections will be removed from the legislation if the proposed UNSW campus does not proceed.

The last clauses in the bill amend the Land Titles Act. As clause 8 of the bill effectively creates a new type of lease restriction which is particular to the UNSW leases, this new restriction is added to the Land Titles Act, which means that the registrar-general must record this restriction in the register against the leases. The last clause in the bill contains sunset provisions for the Land Titles Act.

In conclusion, this is an important piece of legislation which will facilitate another world-class university establishing itself here in the ACT, further cementing the territory as the knowledge capital.

I commend the bill to the Assembly.

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

## **Financial Management Amendment Bill 2020**

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

Title read by Clerk.

**MR BARR** (Kurrajong—Chief Minister, Treasurer, Minister for Social Inclusion and Equality, Minister for Tourism and Special Events and Minister for Trade, Industry and Investment) (10.28): I move:

That this bill be agreed to in principle.

This very straightforward piece of legislation is required to ensure the ongoing operations of government and to provide economic support in a continuation of critical services to the ACT community. Following the commonwealth's decision to delay the federal budget until 6 October 2020, all states and territories have made legislative changes and modified their 2020-21 budgets and appropriations. All jurisdictions have increased the amount of supply and funding to be appropriated until such time that an appropriation bill and budget can be presented to their respective parliaments.

The territory's Financial Management Act currently limits the amount of funding available during the supply period to 50 per cent of the amount appropriated by appropriation acts for the immediately previous financial year. Generally, this would be sufficient expenditure for the continued delivery of critical services by government and to the community. However, this year we have the added complexity of COVID-19, no federal budget, and an election caretaker period.

This bill seeks to amend the Financial Management Act to increase the appropriation during the 2020-21 supply period from 50 per cent to 100 per cent of the 2019-20 appropriation acts. The government has considered a strict approach to limit the amendment to the 2020-21 financial year only. The additional supply is necessary to provide enough expenditure until the appropriation bill 2020-21 can be passed through the new Legislative Assembly, following October's election.

The government will continue to publicly provide details in relation to expenditure decisions made by cabinet during the supply period. Through this bill the government continue to that ensure we can provide the necessary economic support to focus on recovery for the ACT community during these most unusual of times. I commend the bill to the Assembly.

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

## **Public Health Amendment Bill 2020**

**Ms Stephen-Smith**, pursuant to notice, presented the bill, its explanatory statement and a Human Rights Act compatibility statement.

Title read by Clerk.

**MS STEPHEN-SMITH** (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Families and Minister for Health) (10.32): I move:

That this bill be agreed to in principle.

On Monday, 16 March 2020 a public health emergency was declared in the ACT in response to the significant public health risk to the Canberra community posed by COVID-19. Since then there have been 107 confirmed cases of COVID-19 in Canberra and, sadly, three deaths. The fact that there are currently no active cases in the territory is a testament to the work of the ACT community and Australians more broadly in responding to the pandemic.

During this public health emergency the Chief Health Officer, Dr Kerry Coleman, has acted swiftly to issue public health directions to protect our community and also to adjust those directions as it became safe to do so. The Chief Health Officer may make more directions in the coming months if it is necessary to further protect the ACT community from COVID-19.

There are robust and transparent processes surrounding the issuing of directions by the Chief Health Officer, and I have reported to the Assembly on the implementation of those directions on a regular basis to ensure the highest level of accountability and open government.

The government response to COVID-19 is underpinned by a strong evidence base informed by our own Chief Health Officer and her team in communicable disease control and the broader Public Health Emergency Coordination Centre, but also

advice from the Australian Health Protection Principal Committee and the Commonwealth Department of Health.

The strength of our community response has played a key role in keeping the number of confirmed cases relatively low, which, unfortunately, has not been the case in other parts of the world where there have been a significant number of infections and terrible loss of life.

Although the ACT has done a great job to flatten the curve, this pandemic is not over. New cases are still being diagnosed in Australia—particularly in New South Wales and Victoria—and we must remain vigilant in our physical distancing and also be ready to respond in the event that a resurgence of COVID-19 occurs in the ACT.

The government made urgent amendments to ACT legislation to ensure that we could respond in the way the community needed us to. Other states and territories have taken similar steps with their own legislation. This work is ongoing as governments adapt to the demands of the global pandemic.

Continuing this process of making necessary legislative changes, the Public Health Amendment Bill 2020 proposes a change to compensation arrangements under the Public Health Act 1997, hereafter “the act”. Section 122 of the act says an eligible person may apply to the Minister for Health for compensation in relation to any loss or damage suffered by a person as a result of anything done in the exercise of a function under part 7, which relates to emergency declarations.

This provision is clearly not appropriately tailored to a pandemic environment and the need for whole-of-community public health measures to be implemented to protect the community in these circumstances. The right to apply for compensation under section 122 has the potential to significantly divert assistance from the broader ACT community because of the necessarily broad scope of the directions made by the Chief Health Officer.

This bill is about making sure the government can continue to focus on getting government support to where it is most needed and has the most effect, rather than expending significant government resources in a way that is not fit for purpose in this environment.

The bill amends the act to provide that compensation will not be payable to an otherwise eligible person if the loss or damage is suffered as a result of anything done in the exercise of a function under part 7 of the act in relation to a COVID-19 declaration while the declaration was in force.

An exception is made in relation to anything done under a direction by the Chief Health Officer under section 120(1)(f) of the Public Health Act. This subsection relates to situations where the Chief Health Officer takes control of property or requires property to be at their disposal in relation to a declared public health emergency. This is to ensure that if the Chief Health Officer takes control of property under a COVID-19 emergency public health declaration, the right to apply for compensation under section 122 remains available for the owners of that property.

This element of the amendment is an important safeguard which responds to feedback from the opposition that sought to clarify whether compensation would be available to those whose property is used by the territory to support the Chief Health Officer's response to the COVID-19 public health emergency.

The amendment is taken to have commenced on 16 March 2020, when the public health emergency in relation to COVID-19 was declared. The amendment addresses a substantial and pressing concern to protect the ongoing financial viability and sustainability of the territory and to allow the ACT government to deliver essential services and address specific needs in the Canberra community.

Since the start of the COVID-19 public health emergency, the ACT government has provided significant financial support to the community to deal with the impacts of COVID-19, and these measures have so far seen the ACT government commit to investment of more than \$350 million. The commonwealth government has also provided significant financial support to individuals and businesses, including through JobSeeker and JobKeeper payments.

The financial support packages announced by the ACT government to date have funded initiatives targeted to help small businesses, such as waiving various licence fees, allowing an interest-free deferral of payroll tax and providing commercial rates relief and electricity rebates. The government has also introduced employment-related measures to keep the local economy moving and has extended financial support to the non-government sector and to individuals and families through the COVID-19 community support package.

It is prudent to ensure that the ACT government are able to continue to direct our support and resources to those in the community who need it, through our sizable fiscal stimulus and community support initiatives. The bill recognises that there is a need for support across the whole economy and community, including supporting those affected by the broader pandemic response, rather than only considering those impacts that are specifically related to the Chief Health Officer's directions.

Other jurisdictions have taken swift action to ensure sensible amendment of their compensation provisions. This bill is consistent with the approach taken in other jurisdictions such as Queensland, Tasmania and South Australia. Section 366 of Queensland's Public Health Act 2005 was amended to provide that a person is not entitled to be paid any compensation for loss or damage if a power was exercised in relation to the COVID-19 emergency.

In Tasmania, section 26 of the COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020 provides that the compensation provision in the Tasmanian public health legislation does not apply when loss or damage is suffered as a result of certain public health actions taken as a result of COVID-19.

In South Australia, section 103A was recently inserted into the South Australian Public Health Act 2011 to expressly provide that no liability attaches to the Crown in relation to any acts or omissions in connection with the exercise of functions under

the act or any failure to exercise or discharge a function under the act in relation to COVID-19.

The government has carefully considered this amendment and the human rights implications of the bill. This consideration is further detailed in the explanatory statement, as required.

This bill serves to protect and invest in our community in the fairest way possible in these unprecedented circumstances. Everyone in the ACT has been affected by COVID-19 in some way. As has been said many times, the scale of the pandemic and the response required to protect the community are unprecedented in the 30 years of self-government and have not been seen in our nation for a century.

This is a sensible and prudent amendment. Indeed, it would be reasonable to ask why the government did not propose it earlier. The reason for this is that officials were initially of the view that we may be able to address the risk to the territory's finances through administrative means. This is in line with the approach the government has taken throughout the pandemic that legislative changes would be kept to a minimum to enable public health to be protected and services to continue. However, that detailed work has concluded that the risk to the territory's fiscal position and to the government's capacity to respond appropriately to COVID-19 and the ongoing need for government services is simply too great without this amendment.

Given the extraordinary but necessary ACT government expenditure of more than \$350 million in economic stimulus to date, with more to come, I am confident that the community will see the sense in this amendment. I thank opposition members for their constructive engagement on the draft bill. Their feedback has improved the bill and I hope they will see fit to support it. I commend the bill to the Assembly.

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

## **Electricity Feed-in (Renewable Energy Premium) Amendment Bill 2020**

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

Electricity Feed-in (Renewable Energy Premium)—Findings of the Review and Audit of the Small and Medium Feed-in Tariff Scheme—ACT Government response, dated June 2020.

Title read by Clerk.

**MR RATTENBURY** (Kurrajong—Minister for Climate Change and Sustainability, Minister for Corrections and Justice Health, Minister for Justice, Consumer Affairs and Road Safety and Minister for Mental Health) (10.41): I move:

That this bill be agreed to in principle.

I am pleased to present the Electricity Feed-in (Renewable Energy Premium) Amendment Bill 2020 to the Assembly. This bill makes amendments to the Electricity Feed-in (Renewable Energy Premium) Act 2008, which established the ACT small and medium-scale feed-in tariff scheme.

The scheme allows for payments to be made to households and businesses that are generating renewable electricity and was open for applications between March 2009 and July 2011. Its objective was to encourage the uptake of renewable energy generators such as rooftop solar photovoltaic systems. The increased uptake helped drive solar PV prices down and make renewable generation accessible to more households and businesses across the ACT.

In 2018-19 there were 10,170 generators supported by the scheme, and collectively they generated 46,550 megawatt hours of clean electricity for the ACT. Under the act, Evoenergy, as the ACT electricity distributor, is required to provide data to the ACT government for the purposes of an annual report on the scheme. Evoenergy also uses the data to calculate the amount that is passed through to ACT electricity consumers. In 2018-19 the average weekly cost to a representative ACT household was 85 cents.

In January 2019 I requested an audit of Evoenergy's data to ensure the ongoing efficiency of reporting, and that the data being provided to the ACT government is accurate, reliable and timely. The results of the audit indicated scope for improvement to be made to Evoenergy's data collection and record-keeping systems, and for improvement in the information provided to the ACT government.

The amendments presented in this bill have been prepared to support these improvements by strengthening the legislative requirements for data collection and record keeping. A strong legislative response to the audit recommendations is needed to ensure that the small and medium-scale feed-in tariff scheme continues to retain the confidence of ACT energy consumers.

The amendments can be grouped into four key themes: assurance, reporting, penalty provisions and recovery of reasonable administration costs. These key themes provide a broad general framework for the legislative amendments. In addition to the information that Evoenergy and other reporting entities such as electricity retailers must provide to the ACT government each year, the amendments will enable the minister to request other information that is reasonably required to ensure the accuracy of the reported information.

This may, for example, include information about how data is recorded or information about internal systems that a reporting entity has in place to ensure data accuracy. This will provide assurance that reporting entities have robust processes in place to manage scheme data.

The amendments make clear that it is an offence for a reporting entity to fail to provide the required information. It will also be an offence for a reporting entity to provide information that is false or misleading, where the entity knows or is reckless about it being false or misleading. The maximum penalty for this offence is 30 penalty units.

The amendments will also enable the minister to require a reporting entity to undertake an audit of the information it has provided, if the minister reasonably believes the information is false, misleading or incomplete, or that there is a risk the information is false, misleading or incomplete. The amendments will clarify that if this audit is requested, it is an offence for the reporting entity to fail to undertake it. The maximum penalty for this offence is 400 penalty units.

These amendments make clear the importance of accurate scheme data and provide the ACT government with an ability to take strong action, if required, to ensure the reliability of the information being reported. This will provide the ACT community with assurance of the integrity of the small and medium-scale feed-in tariff scheme, and confidence that the scheme provides value to our community.

The amendments also allow Evoenergy to pass on its reasonable costs in administering the scheme, which is consistent with the approach taken for the ACT's large-scale feed-in tariff scheme. The bill requires the minister to approve a reasonable amount that may be passed through, to ensure that the costs are fair. The costs are then passed through to ACT electricity consumers by their retailer, via the consumer's electricity bills.

The ACT small and medium-scale feed-in tariff scheme has helped drive the uptake of renewable electricity generation for the ACT community over the past decade, enabling more consumers to access technology that empowers them to produce their own clean electricity. The amendments presented in the bill will ensure this scheme continues to provide value to the ACT community in years to come. Madam Speaker, I commend the bill to the Assembly.

Debate (on motion by Ms Lee) adjourned to the next sitting.

## **Justice and Community Safety—Standing Committee Scrutiny report 43**

**MRS JONES** (Murrumbidgee) (10.47): I present the following report:

Justice and Community Safety—Standing Committee (Legislative Scrutiny Role)—Scrutiny Report 43, dated 2 June 2020, together with a copy of the extracts of the relevant minutes of proceedings.

I seek leave to make a brief statement.

Leave granted.

**MRS JONES:** Scrutiny report No 43 contains the committee's comments on two bills, 40 pieces of subordinate legislation and two government responses. The report was circulated to members when the Assembly was not sitting. I commend the report to the Assembly.

## **Health, Ageing and Community Services—Standing Committee Report 10**

**MS CODY** (Murrumbidgee) (10.48): I present the following report:

Health, Ageing and Community Services—Standing Committee—Report 10—  
*Report on Inquiry into Maternity Services in the ACT*, dated 3 June 2020,  
together with a copy of the extracts of the relevant minutes of proceedings.

**MS CODY**: I move:

That the report be noted.

You will have to excuse me today; I am a bit one-armed.

**MADAM SPEAKER**: Take your time, Ms Cody.

**MS CODY**: Thank you.

**Mr Rattenbury**: Like a poker machine.

**MS CODY**: Madam Speaker, my colleagues are making me laugh. Is it not wonderful to be surrounded by such wonderful people? I am pleased to speak to the Standing Committee on Health, Ageing and Community Services report on the committee's inquiry into maternity services in the ACT.

At the time the committee announced its inquiry into maternity services in the ACT, the committee emphasised that pregnancy, childbirth and early parenting are an important and significant time for mothers, fathers and their families. It is vital that the services that support this significant time and the experiences that accompany pregnancy and childbirth should, in our community, be of the highest quality.

In its decision to inquire into maternity services, the committee acknowledged that there are a range of maternity care models available in the ACT. The committee also observed at that time that there was an increasing demand for continuous care across the maternity pathway as it concerns different care models, and was interested in hearing how these respective pathways were working as it concerns maternity services available within the ACT.

The committee received over 70 submissions to its inquiry. Submissions were received from seven key stakeholder groups, individuals, interest groups and organisations, professional associations, academics, policy and research institutes, union groups, government and civic-based stakeholders and private sector providers.

The majority of submissions to the inquiry were received from individuals. If the committee were to scale back this inquiry to first principles, at the heart of the issues

raised in evidence and which the committee has carefully and rigorously considered has been the effectiveness of the clinical governance of maternity services in the ACT.

Clinical governance is defined as:

... doing the right thing, at the right time, by the right person—the application of the best evidence to a patient’s problem, in the way the patient wishes, by an appropriately trained and resourced individual or team. But that’s not all—that individual or team must work within an organisation that is accountable for the actions of its staff, values its staff (appraises and develops them), minimises risks, and learns from good practice, and indeed mistakes.

That is a quote from “What is clinical governance?”

In seeking to respond to the many issues raised in evidence to this inquiry, the committee has been forward-looking in setting out its recommendations, using a framework that encompasses evidence relating to the overarching strategy for maternity services in the ACT, its governance framework and the system and service values of safety, respect, choice and access.

The committee has also been forward-looking in setting out its recommendations using an overarching ethos that maternity services and models of care should at all times be woman centred. Overwhelmingly, evidence received to this inquiry was of the view that maternity services and models of care should be woman centred. The benefits of woman-centred care for both women and care providers are well established.

The committee recognises the considerable efforts of people working on policy development and at the front line of the delivery of maternity services in the ACT. The committee also recognises that no area of healthcare delivery should be immune from critical examination at any time and it would be unrealistic to accept that the delivery of maternity services and care in the ACT is incapable of improvement.

The committee acknowledges the professional staff—doctors, nurses, allied health and other clinicians—who deliver maternity services in and across the maternity care continuum in the ACT and the vast array of non-clinical staff, including significant numbers of volunteers, who support the professionals in the delivery of these services. The committee also acknowledges that maternity services and care are delivered in the ACT 24 hours a day, seven days a week, 52 weeks a year, often under significant pressure and increasing demand.

On behalf of the committee, I wish to thank all those who have contributed to this inquiry by making submissions and/or appearing before it to give evidence. The committee recognises the significant commitment of time and resources, and for many the emotional heartache and distress, required to participate in an inquiry of this nature, and it is grateful that it was able to draw on a broad range of expertise and experience in its deliberations.

In its report the committee has based many of its recommendations on suggestions by inquiry participants. The committee has made 74 recommendations in relation to its

inquiry into maternity services in the ACT. I would normally take this time to call on some of those recommendations, but I think I will leave that up to other committee members to draw on.

Many participants to this inquiry shared deeply personal experiences in contemplating and preparing their contributions. The committee thanks these women, husbands and partners for their valuable and personal contributions. As chair, I would also like to thank my committee members—Mrs Dunne and Ms Le Couteur—for their time, their contributions and the collaborative way the committee has worked through some wide-ranging and challenging issues. Through these collaborative efforts we have been able to deliver a unanimous report. I would also like to thank former members of the committee who were part of this inquiry at its commencement: Mr Pettersson and Mrs Kikkert.

The committee also notes that the right to have access to quality, respectful, safe and equitable maternity services is not limited to Australia. The committee wishes to pay tribute to a prominent Australian who, sadly, passed away on 18 March 2020, Dr Catherine Hamlin AC, who made a lifetime commitment to improving women's access to quality, respectful, safe and equitable maternity services. Vale, Dr Catherine Hamlin AC, 24 January 1924 to 18 March 2020.

I would also like to pay particular thanks to our committee secretary, Dr Andréa Cullen. Andréa works tirelessly in the committee office and in enabling the committee to meet its time lines. She also had an extra special role during this inquiry by helping to support those women who may not have felt comfortable providing their evidence to the committee, who were struggling emotionally with sharing their stories of childbirth. So I deeply thank Dr Cullen for her assistance and for her ongoing support to the committee. Without her assistance it would certainly be a lot more difficult for the committee to do its job as well. I respect her continued assistance. I believe that other committee members would agree with me in saying those words to Dr Cullen, so I feel I can fully speak on behalf of the committee by saying that.

I commend the report to the Assembly and I look forward to hearing my colleagues speak.

**MS LE COUTEUR** (Murrumbidgee) (10.57): I want to thank even more the contributors to this report. It could not have happened without them—my fellow committee members past and, in particular, present and of course our wonderful committee secretary, Dr Andréa Cullen.

As you would expect of an inquiry of this nature, the submissions tended to be deeply personal and some of them were deeply painful. I thank everybody for their contribution. I note that, by the nature of what we were doing, we heard largely from people who felt they had a problem with the maternity system. I have to try to remember that there are actually thousands of babies born in Canberra and that the experiences for most mothers and babies will have been better than those of some of the people who talked to us.

This was a very collaborative inquiry, done by a small version of a mother's union. There was unanimous agreement about the content of the report and also unanimous agreement as to the number one recommendation, and that it should be the number one recommendation. It is:

The Committee recommends that the ACT Government ensure that the planning, design and delivery of maternity services in the ACT is woman- and baby-centred.

Basically if that happens then all the other recommendations effectively fall underneath it. Despite that, we did make 74 recommendations. I will highlight only a few, you will be glad to know.

One that I will highlight is the idea of trialling the implementation of a first 2,000 days program to address the needs of mothers and babies. This highlights the importance of the days from birth to year 5 for a baby's and then a young person's life. Such a program has been implemented in New South Wales. It includes support for babies and families who need it because of their specific circumstances, as well as for babies and families who have pre-existing vulnerabilities and disadvantage. It is to ensure that every baby gets a good start and that every mum is adequately supported to be part of that.

One set of recommendations, 56 to 61, all support the need to continue homebirthing as an ongoing option in the ACT. This is something that I and my Greens colleagues have been banging on about for many years. Giving birth is, while it is risky, a natural part of life. Homebirth has been happening for millennia and it is entirely possible to do it safely and in a way that supports the mother, the baby and the rest of the family very well.

I previously mentioned my thanks to the submitters. I would also like to mention, though, that, as is the nature of these sorts of inquiries, we did not hear from everybody. As well as not hearing from the people who had a good time, we did not hear particularly from disability organisations or from LGBTQI organisations, and I suspect that some of the mothers who could have been involved in those may have had some useful contributions. Unfortunately, it turned out that we did not have evidence from people where the child was born with intersex variation or a disability that led to things other than what they had expected.

The other big lack is that we did not get much evidence, or any, from mothers in lower income groups or vulnerable families. There was no submission from ACTCOSS or Winnunga, and I do not think there were submissions from any of the women's refuges. I think that this is a lack because we tended to get our submissions from a cohort who may not have had some of the problems that women who are in lower income or more vulnerable positions may have had.

We also did not get significant evidence from CALD mothers. I wonder how much of an issue it is if you are giving birth and your caregivers speak a different language from you. I assume it is really not a plus. It would have been good to hear more about

that and what can be done to support women and their families when they are giving birth with the caregivers in a different language.

There are 74 recommendations, including our most important one: that the planning, design and delivery of maternity services be woman and baby centred. I sincerely hope that the ACT government will implement at least a lot of them and that this will benefit birthing women, their babies and their families for many years to come.

**MRS DUNNE** (Ginninderra) (11.04): I would like to start by acknowledging the great work that has been done in this committee report. I think that people on the outside sometimes think that committee work is dull and does not have much going for it, but today we can sit back and say that this is a job of work of which the members and the committee secretariat involved can be really proud. The genesis of this inquiry was an overall air of concern that maternity services in the ACT were not as good as they could be. This was in the background of anonymous letters to the paper from staff talking about concerns in the hospital.

That was the genesis of it, but this committee looked to the future. There are 74 recommendations that, if implemented, would give us a maternity health service for mothers and babies which would put us at the forefront in the world. Recommendation 1 is essentially it. As Ms Le Couteur said, if you just did that, that is all you need. We could have got away with just one recommendation. That recommendation—that the plan and design and delivery of maternity services is woman and baby-centred—does, however, have many aspects to it.

Ms Le Couteur spoke about the cut-down mothers' club. In a way, Mr Pettersson dodged a bullet on this one. I think he would have found it extraordinarily uncomfortable to sit through some of the hearings that we held. There were days when everybody in the room was in tears. Of course, that is not a matter of surprise to my colleagues, but I did realise that I was not the only person blubbing uncontrollably at some of the evidence that we heard. It would have been awfully uncomfortable for Mr Pettersson, I am sure, having to hand the tissues around for the rest of us.

I do not want to make light of this. Some of the evidence we heard, as Ms Le Couteur and Ms Cody said, was very heartfelt. The experiences of the women and the members of their families were substantial and have an ongoing impact on their lives. Although for most of us birth is a natural part of our lives, for some people it is traumatic, and that trauma needs to be addressed so that the trauma is not ongoing. The hours of evidence, from a range of individuals and organisations who are intimately and passionately involved in the provision of maternity services, show what fantastic resources we have here in the ACT and how good our system could be with the application of a little innovation and, really, not all that much money.

We are not actually calling for vast amounts of money to be spent; it is about planning and application and integration. I think the most important thing, apart from recommendation 1—that services be woman and baby-centred—are recommendations 11 to 14, which relate to continuity of care. The thing that we heard most often was that the best maternity services were those that provide continuity of care and carer, so that the birthing mother has a strong relationship—a relationship of understanding—

with one principal individual, but also a team, and that that woman's choices are met, she is supported and she understands the potential for what can go right and what can go wrong so that decision-making is as seamless as possible.

The clear message is that the ACT in particular, and Australia in general, is not very good with continuity of care and that this may be a problem with our funding model and the Medicare contribution, which comes from the Commonwealth, and the state contribution through the hospital system. We may have to overcome some funding arrangements, but in this new era of the outbreak of love, which is the national cabinet, the COAG system may be better minded to deal with those systems. So recommendations 11 to 14, which relate to continuity of care, are very important indeed.

There are a number of recommendations that call for the public release of data on a regular basis; that we look to the accreditation of our public maternity services. The last recommendation, recommendation 74, calls for a residential unit for people in need of antenatal and postnatal depression services—one where it is appropriate to take a baby. We heard evidence that, yes, young mothers often end up in mental health facilities in the ACT with their babies but there is nowhere suitable to have a baby. And that adds to the trauma rather than addresses the trauma. There are very good models interstate for the provision of postnatal depression and antenatal depression services which cater for babies as well.

There is a recommendation that we establish a milk bank. Ms Cheyne owes me one! But one of the things that I want to draw to people's attention is a discussion in chapter 7, beginning on page 71, about the safety of vulnerable, marginalised and disadvantaged groups. Ms Le Couteur touched on it. In a sense, we lacked a lot of evidence in this space, and I was very surprised that we did not receive a submission from, say, Winnunga about Indigenous birthing issues and birthing in country and the like. But neither did we hear from disability groups and the like.

However, the committee is also conducting an inquiry into access to information in the care and protection system. In those public hearings the committee heard quite startling and disturbing evidence about the removal of children from hospital into the care and protection system, and the lack of information about this. We heard that people who may be at risk of having children removed avoid the health system as much as possible. There was alarming information provided to the committee in another context. We believed that it was important that it overlapped with this inquiry, and the evidence from one inquiry was transported into this inquiry, as it covers the removal of children from mothers by child protection agencies after children are born. It is a matter of concern, and the witnesses who spoke to the committee about this were very concerned about the processes involved.

This is a very important piece of work. I believe that the implementation of these recommendations will provide us with a world-class maternity service which would cause others to look at us jealously. We owe it to the women who give birth in the ACT, and their babies, to have the best possible maternity service—a world-class maternity service—and this report is the blueprint for that world-class maternity

service. I would like to thank my colleagues, in particular Ms Cody and Ms Le Couteur, for their enthusiasm, passion and commitment. There were different areas that each of us was passionate about and committed to. I make no secret of the fact that I am not as passionate about homebirth as Ms Le Couteur. Although I recognise that it is what some people aim for, I am a little more comfortable with a more medicalised approach than that.

But there are many aspects of this report where people's experience, passion and commitment emerged. Overall, this is a very far-reaching report, and I want to pay tribute to Ms Cody and Ms Le Couteur, and also the work of the incomparable Dr Cullen, who made this disparate collection of recommendations into a coherent whole. I commend the report to the Assembly.

Question resolved in the affirmative.

### **COVID-19 pandemic response—Select Committee Interim report 2**

**MR COE** (Yerrabi—Leader of the Opposition) (11.15): I present the following report:

COVID-19 Pandemic Response—Select Committee—*Interim Report 2*, dated 28 May 2020, together with a copy of the extracts of the relevant minutes of proceedings.

I move:

That the report be noted.

As has already been seen by members of the Assembly, this interim report is another important step forward for the territory's response in dealing with COVID-19. The committee heard a considerable amount of evidence over a number of online hearings. The online hearings have proven to be quite effective and have given people an opportunity to be involved when they might not otherwise have been.

The report contains 15 recommendations, and I very much encourage all members to review those recommendations. Again, I would very much like to thank the committee secretary, all those in the committee office and those who technically made this possible.

Question resolved in the affirmative.

### **Justice and Community Safety—Standing Committee Statement by chair**

**MRS JONES** (Murrumbidgee) (11.17): Pursuant to standing order 246A, I wish to make a statement on behalf of the Standing Committee on Justice and Community Safety in its legislative scrutiny role. I have made two statements to the Assembly

recently regarding the effect on the committee's program of the changes to the Assembly's amended 2020 sitting program.

The committee draws the attention of the Assembly to a matter which impacts on the committee as a result of the new sitting pattern—the committee's meeting schedule. As the Assembly is aware, the scrutiny committee meets on the Tuesday before each sitting week and, where two consecutive weeks occur, on the Monday of the second sitting week.

As a result of the amendment to the Assembly's sitting pattern, the committee will now need to meet more frequently, with less time to prepare and consider its reports. The time allowed under the amended sitting schedule does not allow the committee's legal advisers adequate time to process, analyse and prepare a report on legislation referred to the committee. This limitation is particularly apparent in the Assembly's July and August sitting program.

Whilst the committee notes that the amended meeting pattern will be temporary, it emphasises that the program is not suitable for the long-term effectiveness of the scrutiny committee or the scrutiny process.

I seek leave to table a schedule of the committee's proposed meetings for the period from now until the end of August 2020.

Leave granted.

**MRS JONES:** I present the following paper:

Standing Committee on Justice and Community Safety (Legislative Scrutiny Role)—Revised meeting dates—Remainder of 2020.

## **Education, Employment and Youth Affairs—Standing Committee**

### **Statement by chair**

**MR PETTERSSON** (Yerrabi) (11.19): Pursuant to standing order 246A, I wish to make a statement on behalf of the Standing Committee on Education, Employment and Youth Affairs. In February 2020 I advised the Assembly that the committee had resolved to conduct an inquiry into youth mental health in the ACT. Since then, and notwithstanding difficulties in light of COVID-19 restrictions, the committee has received submissions from a broad range of interested stakeholders, from individuals with firsthand experience of youth mental illness and local community groups, to peak bodies and national organisations. In addition, the committee has held two virtual public hearings so far.

On behalf of the committee, I want to convey my sincere gratitude to the members of the public who so willingly came forward to share their personal stories with the committee. It is these moving accounts that assist the committee in getting to the heart of issues with the current system and identifying potential areas of improvement.

To enable more individuals and families to share their experiences of youth mental health challenges in the ACT, the committee has agreed to reopen the submission process until Friday, 19 June 2020. Depending on the response, there may be scope for a third public hearing to explore any additional evidence.

The committee commends the work of the Office of the Legislative Assembly, in particular the IT, broadcasting and Hansard teams, for pivoting quickly and enabling the committee to continue its business in a transparent manner. The participation of civil society is crucial to the committee's work. In fact, more than 100 people tuned in to the live stream of our first WebEx public hearing.

The committee notes the recent completion of the office for mental health and wellbeing's review of children and young people in the ACT and the Productivity Commission's inquiry into mental health taking place at the national level. As well as evidence from submissions and public hearings, the committee will draw on such complementary work in compiling its final report. The committee intends to table its report by the last sitting day in August 2020.

## **Waste—collection**

**MR RATTENBURY** (Kurrajong) (11.21): I move:

That this Assembly:

(1) notes that:

- (a) Canberra is a dynamic city with an increasing number of residential buildings in mixed-use areas, including in Braddon, Kingston, Dickson, and major town centres;
- (b) in July 2019, the Assembly passed a motion regarding noise levels in mixed-use centres, and the Entertainment Action Plan addressing that motion notes a need to consider the impacts of waste collection;
- (c) the *ACT Commercial Waste Industry Code of Practice* (the Code) outlines times for waste collection based on defined zones. The Code was last updated in 1998;
- (d) under the Code, waste collection for some mixed-use areas is able to occur at hours which could have a negative impact on residents' quiet enjoyment of their homes;
- (e) residents of mixed-use areas such as Braddon, Dickson, and Kingston should not be unfairly impacted by noise from waste collection that could be undertaken at more appropriate times;
- (f) adjusting the operating hours of commercial waste collection could help mitigate some of the disruption caused by commercial activities to residents of mixed-use areas;
- (g) ensuring that appropriate noise attenuation is required for residential buildings within entertainment zones would also help residents with these noise issues; and

- (h) it is essential to deliver outcomes under the Entertainment Action Plan to ensure a future for the night-time economy, noting that phase 1 reporting is due to the Assembly by 31 July 2020; and
- (2) calls on the ACT Government to:
  - (a) review and update the Code, including investigating changes to zones and hours of commercial waste collection to minimise adverse impacts on residents in mixed-use areas; and
  - (b) report back to the Assembly on proposed options for the Code before the start of caretaker 2020.

It may seem strange to be talking about noise at the moment because, of course, throughout our mixed use zones, things are fairly quiet as a result of the COVID-19 situation and the requirements for many venues to close as we take all necessary steps to minimise the impact of COVID-19. I think we can look forward to a time in the future when our nightlife returns and these areas become vibrant, energetic, full of people and full of lively venues again.

We have discussed entertainment precincts, order of occupancy and noise attenuation over many years and in many debates in the Assembly. Mr Parton raised it most recently, in July last year, and we know that the ACT government is working on an entertainment action plan to investigate options for balancing the needs of residents alongside ensuring and protecting the vibrant and vital ACT night-time economy.

My motion highlights a particular and specific issue impacting mixed use areas. Waste collection is just one issue for mixed use suburbs, and we think it is one in which we could make a relatively simple and straightforward improvement. The ACT commercial waste industry code of practice outlines times for waste collection based on defined zones. The code was last updated in 1998.

Given the changing landscapes of many Canberra suburbs, particularly with the ongoing development in our town and group centres, we think it is time for an update. As an example, the code of practice permits the commercial collection of waste from a town centre between 2 am and 10 pm. Parts of Braddon, including Mort Street, Lonsdale Street and Torrens Street, are considered to be part of Civic town centre. Twenty-two years ago, when the code was last updated, Braddon was, of course, a very different area, one filled with car yards and other light industrial businesses. Today there are many residential complexes in the area of Mort Street, Lonsdale Street and Torrens Street, with more and more people moving in every day. There are also more bars, restaurants and traffic.

These changes are welcome, but they have the potential to, and do, cause conflict. Residents of Braddon have let me know that the noise from waste collections disrupts the quiet enjoyment of their home and often their sleep. Live music, bar patrons and traffic noise aside, it is the glass clanking out of the hopper into the garbage truck which is particularly disruptive, and we believe it can be readily addressed.

Other suburban areas of the ACT, according to the code, have waste collection beginning from 7 am—noting, of course, that there are some special arrangements in

place at the moment during the COVID period, but that is the normal standard. While recognising that our garbage truck fleet cannot be in all places at the same time, we still think there would be a way that residents of our more lively precincts can be afforded similar status to those in quieter suburbs.

The entertainment action plan mentions waste collection in passing, in the context of events. By reviewing the ACT commercial waste industry code of practice, the ACT government can go further than the action plan on its work to address a source of conflict between residents and venues.

The Greens have a long history of bringing the cohesion between residential and entertainment spaces into the Assembly, and it is something we continue to raise. It needs to be kept on the agenda. Our hospitality and music industries have taken a heavy hit over recent months. We need to keep looking at ways to support them and keep their issues alive.

Although the work of the broader entertainment action plan is still being undertaken, and I look forward to hearing from Minister Gentleman about phase 1 of the plan when he reports back to the Assembly next month, we do not need to halt all work in this area until that plan is complete. We believe there can be small changes separately as the issues arise.

My colleague Ms Le Couteur noted when she spoke to Mr Parton's motion in July last year that we need to protect venues and protect residents. New apartments and hotels need to include decent noise insulation, and residents need to know before they move in what is likely to happen in their area. It is not just the noise from music; if you are in these sorts of areas it might be that at 4 am the garbage is being picked up. It is a small change, but I think that noise of a hopper being picked up, full of glass bottles, and dumped into a truck at 3 o'clock or 4 o'clock in the morning is something on which we can do a better job. I think it could make a big difference for residents in our town and group centres.

I have talked today specifically about Braddon, because that is where I receive constituent representation from, but I believe this issue impacts on a whole range of areas. I can think about the growth in apartments in Belconnen town centre, in Tuggeranong around the town centre, in Kingston and Manuka; I can even think of Jamison, where there are now apartments just across the road from the shopping centre. As the city is changing and evolving and more residents are living in these areas, which I think overall is a positive urban fabric outcome, we also need to adjust other measures.

I thank the members that we have spoken to for their consideration and their engagement with me and with my office on this motion. I commend the motion to the Assembly.

**MR STEEL** (Murrumbidgee—Minister for City Services, Minister for Multicultural Affairs, Minister for Recycling and Waste Reduction, Minister for Roads and Active Travel, Minister for Tertiary Education and Minister for Transport) (11.26): I thank Mr Rattenbury for bringing this motion to the Assembly today. The code of practice

which is the subject of Mr Rattenbury's motion was made in 1998, and that was a very different time for our city. In 1998 Canberra's population had just gone over 300,000 people and the average house price was just over \$155,000.

According to the 2001 census, 9.6 per cent of houses in Canberra were flats, units or apartment buildings, compared to 15 per cent in 2016. The areas outlined in the motion, as we know, have seen significant changes in the last 20 or so years, with a significant increase in the number of multi-unit developments in particular. In 2001, 64 per cent of dwellings in Braddon were flats, units or apartments, compared to 79 per cent in 2016. Kingston went from 78 per cent to 88 per cent, and Dickson from 10 per cent to 28 per cent.

The ACT is a growing and thriving community, the second fastest growing city in the country after Melbourne. The government knows that if we want to build a more sustainable city, we have to support a more compact and efficient city. More people living together in multi-unit and mixed use developments presents a range of benefits as well as challenges for our city, particularly in regard to waste management.

Some multi-unit developments in our city are similar in size to entire suburbs. Waste management in these MUDs poses unique challenges, such as ensuring adequate space for waste collection vehicles to enter. In foreshadowing Ms Lawder's proposed amendments to the motion, this was addressed through a recent review and amendment to the code with regard to the development of MUDs and waste management.

Future planning is also essential. Some MUDs built at the time that the code was last updated may have only had a bin chute for general waste, with limited options for recycling. Nowadays Canberrans are keen recyclers and want to do the right thing by separating their waste and recycling correctly. Added levels of complexity come into the equation when you have domestic waste collection services, provided by the government, and commercial waste collection services, undertaken by private businesses or strata management, happening in the same building through mixed use developments.

While Mr Rattenbury's motion outlines the importance of waste collections happening at an appropriate time in residential areas, I do wish to note that the government has temporarily allowed residential waste collections to commence from 5 am during the health emergency, compared to the usual time of 7 am. This has enabled a split shift arrangement to be put in place to ensure that drivers of garbage trucks minimise interactions with each other before and after their shifts.

I would like to take this opportunity to put on the record my thanks and the thanks of the government to SUEZ employees, who have started work much earlier than usual to help protect the community and still deliver essential waste services to households during the pandemic, including to multi-unit homes during the health emergency.

Looking at policy settings beyond the pandemic, the ACT government, through the EPA and the NOWaste team within Transport Canberra and City Services, will support a review of the code of practice by facilitating discussions with industry to

examine options to change operating hours, as well as ensuring appropriate noise mitigation options are included as part of the review. I look forward to reporting back on those options to the Assembly for its consideration, and I thank Mr Rattenbury for bringing this motion forward.

Again, in foreshadowing Ms Lawder's proposed amendments to Mr Rattenbury's motion, we have recently undertaken a review of waste management in multi-unit developments and, as a result of engaging with industry, I think we have come up with a code that will stand us in good stead for the future in managing waste in those properties. That includes mixed use residential and commercial properties as well.

**MS LAWDER (Brindabella) (11.31):** I would also like to thank Mr Rattenbury for bringing forward this motion today. I agree: Canberra is a diverse and vibrant place in which to live. That is largely due, and our thanks are due, to those businesses whose hard work and resilience have made this possible, especially in these difficult times when many of them are facing challenges regarding their continuity, given the COVID-19 pandemic. Many of them, or most of them, have shut, at least temporarily; sadly, some have shut in a permanent way. Our thoughts are with them. We thank them for everything they have done to this point and we look forward to getting back with them in the future.

In terms of noise, which appears to be the major thrust of Mr Rattenbury's motion, although there are various parts to it about planning, and entertainment and live music, I do sympathise with those residents who are affected. It is mostly in particular areas of Canberra, and it is no fun being woken up at 3 am by the noise of a whole lot of rubbish being dumped into a large garbage truck.

I note that noise complaints of all sorts, not just related to waste collection, usually are far and away the greatest volume of complaints to our Environment Protection Authority, year after year. In fact, in 2017-18 and 2018-19 noise complaints—again not specific to waste but noise generally—comprised 80 per cent of the complaints received by the EPA. That is a long-term trend.

It is difficult, when designing these mixed use and multi-use buildings, when developers, designers and architects have to adhere to quite rigorous design requirements relating to waste collection—for example, that there must be space for a quite large garbage truck to enter without having to do any three-point turns. I know that doing three-point turns may not be the easiest thing to do in a large truck, but these requirements do create complexity and cost in the design of these areas. Of course, the waste areas where garbage bins are—those big hoppers—are never the most attractive areas of a development. There is some work that we could do to improve this area.

We support the government's interest in improving the planning of better waste design. It is not in place yet and we would like to see that. But we acknowledge that the building industry themselves have a role to play and are already playing a role in this design area and, in fact, in noise attenuation. They are responsive to community needs and they are doing what they can within the constraints that are imposed upon them.

We have talked a little, and it is mentioned in passing in this motion, about live music and entertainment precincts. This has been an area of ongoing debate in this place. In fact, back before my time—it might have been in about 2009—there was an Assembly committee inquiry about live music, which talked quite a lot about noise and the coexistence of live music venues, residents and other businesses, and sometimes the tension between those. This has been a long-term issue. I know that Ms Le Couteur has raised this on many occasions.

We were waiting for some time for the government's report on the urban sounds discussion paper. It was originally consulted on and expected at the end of 2017. It was not actually delivered until more like the end of 2019, two years past the date when it was originally spruiked to be delivered. This has been an area where the government, including the Greens, have been at haste to go slowly. They have talked about it but they have not done much until this point. Forgive my cynicism for presuming that, because we are getting close to an election, it is time to demonstrate that we are working really hard to do something, which is to call for a review—not actually doing something but calling for a review via a motion.

We also saw, just yesterday, the Chief Minister spruiking the growth, development and vibrancy of Braddon and other areas—Dickson—and more money going to those areas, which is a very positive result for people in those areas. Generally speaking, on the one hand, you would expect that people want to live in those areas because of that vibrancy. On the other hand, people talk about the noise in those areas; so there is a bit of mixed messaging within the government.

I go back to the point that the major thrust of the “calls on” in Mr Rattenbury's motion today is about waste collection. As we have already heard, the ACT commercial waste industry code of practice is over 20 years old. In fact, it was a little blast from the past when I had a look at it and saw that the instrument was signed off by Brendan Smyth, as the Minister for Urban Services, in October 1998. Mr Smyth, while he was a long-serving member of this place, is no longer a member here.

The code lists the times when it is possible for waste operators to operate, and complaints can be taken by the EPA when they operate outside those agreed times. More recently we have seen the development, in places like town centres, of more residential and mixed use in our town centres. For example, where I am, in Tuggeranong, there are a lot more apartments in the town centre than there were back when this code of practice was signed off in 1998. It would be, I imagine, quite disturbing for residents in those areas to be woken up potentially at 3 am, 4 am or 5 am by garbage trucks. I know that some of my colleagues, especially in the inner city areas, like Ms Lee and Miss Candice Burch, have received complaints from their constituents about noise, and specifically about garbage collection at those times of night, and it is quite disturbing.

In general, we agree with the thrust of Mr Rattenbury's motion. It is time to review the code of practice and we are in favour of that. In the interest of improving Mr Rattenbury's motion just a little, I seek leave to move the amendments circulated in my name together.

Leave granted.

**MS LAWDER:** I move:

1. Omit paragraph (1)(g), substitute:

“(g) the building industry is actively working to reduce noise attenuation in new developments to better assist residents living in mixed-use areas;”.

2. Insert new paragraph (1)(i):

“(i) the ACT Government has rigid and cumbersome requirements for the design of rubbish collection areas which are difficult to comply with, lead to sub-optimal design outcomes and cause considerable delays in the approval process;”.

The amendments that I have circulated today replace the existing paragraph (1)(g) in order to recognise that the building industry is already doing some work in this area. They seek to insert a new paragraph (1)(i) relating to the current rigid and cumbersome requirements for the design of rubbish collection areas. I note Minister Steel’s earlier comments about the government having taken some of this on board, but it does not appear that this has currently been made into legislation. The point I am making here, with the addition of (1)(i), remains. It can cause delays in the approval process, it is quite rigid, and it is an area of a building—especially a mixed use building—that can be improved in amenity and appearance. I commend my amendments to the Assembly.

**MR STEEL** (Murrumbidgee—Minister for City Services, Minister for Multicultural Affairs, Minister for Recycling and Waste Reduction, Minister for Roads and Active Travel, Minister for Tertiary Education and Minister for Transport) (11.40) by leave: While I acknowledge proposed paragraph (1)(g) of the motion I am not supportive of the amendment, and the government will not be supporting it, particularly in relation to the addition of proposed (1)(i), which notes the current design of rubbish collection areas.

We went through an extensive process of working with industry to review the development control code, which provides for best practice in waste management for new multi-unit properties and mixed use developments. So when they are built now—not necessarily when they were built in 1998 but now—they have to have certain requirements in place. Those are rigid, but they are necessary in order to ensure the effective waste management within those buildings.

Depending on the site, that includes the amount of rubbish they produce; shared bins and waste recycling storage facilities; compacters for larger multi-unit properties; adequate space for recycling facilities; and waste chutes within a multi-unit development to make sure that waste can be separated to reduce the amount going to landfill and so that it can be collected appropriately by waste providers, whether that be government or commercial waste providers.

So this matter has been dealt with for new properties. It has been appropriately canvassed with industry and the development control standards have been updated.

I am not sure that this is necessarily relevant to the separate code that Mr Rattenbury has put forward today to look at reviewing and how we can reduce the noise associated with commercial waste collection.

**MR RATTENBURY** (Kurrajong) (11.42): I thank members for their contribution to the debate. This is a relatively straightforward motion in the sense that it seeks to address a very specific issue. There is a recognition that these are the sorts of questions we need to look at so that residents moving into these areas do not have to put up with the sorts of things we can fix, as the city changes.

In terms of the amendment brought forward by Ms Lawder, I will speak to the two parts to it separately, even though we vote on them together. I think there is an unfortunate typo in the first one. It references the building industry as actively working to reduce noise attenuation in new developments. Noise attenuation is actually the thing that stops the noise coming in, so I think it probably should say to reduce noise or to do noise attenuation work.

On the issue of the design of rubbish collection areas, Ms Lawder is right in that this issue has been kicking around for a long time. I have had many discussions with the property sector where they have talked about their frustration with this and they have asked whether there can be smaller garbage trucks et cetera.

I was pleased to hear the news from Minister Steel—which I have not kept up with, even though I know this issue has been kicking around for a while—of the significant work that has gone into working with industry to update that issue. It is a separate code, so I do not think it applies to the code we are discussing today. And in light of the comments from Minister Steel, we are not inclined to support the second half of that amendment either.

I thank members for their contribution and their support for the central premise here. This Assembly covers a broad range of issues, from discussing matters of national and international significance that impact on our city to dealing with some of the day-to-day things in our more local council function. This issue fits much more in that latter category, but in doing some work on this and asking for this review to be triggered we can make a positive and practical impact on the lives of people who live in some of these areas. I thank members for their support.

Question resolved in the negative.

Original question resolved in the affirmative.

### **Executive business—precedence**

*Ordered that executive business be called on.*

### **Planning and Environment Legislation Amendment Bill 2020**

Debate resumed from 7 May 2020, on motion by **Mr Gentleman**:

That this bill be agreed to in principle.

**MR PARTON** (Brindabella) (11.46): This bill is about tidying up administrative and definitional provisions for nine items of legislation, including administrative and ministerial powers in relation to various bodies of law. We all know it is essential for our government to be vigilant and diligent in maintaining effective legislation for the benefit of the community and so I understand the need to make sure our legislation is current and operating effectively. But I have to say that sometimes—and in this instance—I wonder why the government has left it until the very last months of this Assembly’s term to start cleaning up its statutes, particularly ones that are so necessary for the cost-effective running of the territory.

I can appreciate the need for adjustments to reflect experience gained from our recent series of crises. That is a legislative imperative and we have all come together and accepted that. But many of the amendments presented in this bill seem to be of the sort that could have had some housekeeping done on them quite some time ago.

I would presume, for argument’s sake, the need for a revised definition of a “beekeeper” to confine the occupation to European honey bees as being relevant and needed some time ago and, likewise, approving a code of practice for fertiliser labelling. I also would have thought the need for the construction occupations registrar to certify that gas safety inspectors have the right training and competencies would have been essential ever since we started using gas, but that is just me. Further examples are delegating the technical regulator’s functions under the Utilities (Technical Regulation) Act 2014 and defining the meaning of a waste facility and so on. You cannot help but feel that these important amendments have been ignored and neglected for far too long.

I am pleased they are here, but I wonder just how much the delay in rectifying these has cost the Canberra taxpayer, has frustrated or bogged down our public service directorates and has annoyed the hell out of the average Canberran because of the confusion and ambiguities that these amendments now aim to fix. Once again, I say it is disappointing that many of these amendments have taken so long to be brought to the chamber but, given the practical and operational nature of the changes, this side of the chamber will not be opposing them.

**MS LE COUTEUR** (Murrumbidgee) (11.48): The bill, as my colleague noted, is minor and technical in nature. The Greens will be supporting the bill. As I have said before about many of these dull but worthy bills, the Greens are always happy to support legislative changes that assist the public service in their work and provide better service to the people of Canberra, as long as these changes are consistent with our environmental, social and economic values. We have read the bill and maybe did not get quite as much amusement out of it as Mr Parton has, but we believe it is consistent with those values and we are happy to support it.

**MR GENTLEMAN** (Brindabella—Manager of Government Business, Minister for Advanced Technology and Space Industries, Minister for the Environment and Heritage, Minister for Planning and Land Management, Minister for Police and Emergency Services and Minister for Urban Renewal) (11.49), in reply: I thank everybody for their contributions to the debate on this bill. I note Mr Parton’s

comments. I should point out that we make regular changes to these bills in an omnibus fashion to ensure that they are up to date. There is no indication that we are not up to date because of actions this government has not taken in the past. It is usually because there has been a national change to policy and procedures. Therefore, to stay in line with national codes and agreements we make changes to our legislation as well.

This bill is part of the government's regular program of omnibus amendments that make minor policy and technical amendments to the statute book. Omnibus bills are an effective means of keeping the ACT's legislation up to date and give the government the ability to respond quickly to changing circumstances, like those in the environment space where we look at native beekeeping as opposed to honey bee keepers. It is an opportunity for the government to respond quickly to those circumstances.

This bill contains minor policy and technical amendments to nine pieces of legislation, administered by Access Canberra, the Environment, Planning and Sustainable Development Directorate and the Transport Canberra and City Services area. I thank members for their contributions and commend the bill to the Assembly.

Bill agreed to in principle.

Leave granted to dispense with the detail stage.

Bill agreed to.

**Sitting suspended from 11.51 am to 2.00 pm.**

## **Questions without notice**

### **Business—COVID-19**

**MR COE:** My question is for the Chief Minister. In regard to COVID-19 restrictions in the hospitality sector, earlier this year, in March, you are quoted as saying:

We must also face the reality that, as a Territory within NSW, it would be impossible for the ACT to have different arrangements than those in our surrounding region.

You then went on to say:

I'd like Canberra people to spend money locally first.

Chief Minister, why have you now gone back on your word to keep in step with the arrangements in New South Wales that you committed to in March?

**MR BARR:** Firstly, I have not. There are, and have been and will continue to be, through this process, some differences between the ACT and New South Wales. For example, the ACT did not enforce stay-at-home measures, the ACT did not fine anyone for buying a kebab after going for a run, and the ACT did not fine anyone for

sitting in a park by themselves, like New South Wales did. The ACT currently allows 20 people to visit a home, where in New South Wales, unbelievably, it is still at five. You can have 50 people in a pub in New South Wales but you can only have five people over to your house. The ACT let people visit their mum on Mother's Day; New South Wales did not.

We have deviated from New South Wales on some measures, but throughout we have taken the advice of the Chief Health Officer. I would remind the Leader of the Opposition that he should read the legislation. The Chief Health Officer makes the public health determinations under the legislation. We have been listening to the advice of the Chief Health Officer throughout, and that is why we are in the good position that we are in now.

**MR COE:** Chief Minister, what is the rationale for allowing 20 people in a house and perhaps just 20 people in a pub of 400 square metres?

**MR BARR:** The ACT's requirements have a one person per four square metre rule.

**MR WALL:** Chief Minister, how many jobs in the territory have been sacrificed as a result of your decision not to open businesses in line with New South Wales and let Canberrans spend their money locally first?

**MR BARR:** None; and, importantly, the ACT's changes open a broader range of industries. You can go to the gym in the ACT; you can go to a personal fitness class. You can undertake a range of activities in the ACT that you still cannot in New South Wales. New South Wales inexplicably moved ahead of the national cabinet agreed position in relation to one industry sector. Why? Money talks, doesn't it?

**MADAM SPEAKER:** Ms Le Couteur.

*Mr Coe interjecting—*

**MADAM SPEAKER:** Mr Coe, give some respect to Ms Le Couteur. She is on the floor with a question without notice.

### **Planning—community access**

**MS LE COUTEUR:** My question is to the Minister for Transport and relates to reports that Geocon was given an approval to completely close a busy part of Cameron Avenue in Belconnen for months, despite the impact that this would have on the Belconnen community and adjacent land owners, including one who would have lost all access to their car park. Minister, are these reports true and, if so, why are large developers being allowed to run roughshod over the local community?

**MR STEEL:** They are not. We assess applications that are put forward from developers in relation to a range of different matters relating to traffic in particular and access to public space. I will take the details of Ms Le Couteur's question on notice and supply some further detail back to the Assembly.

**MS LE COUTEUR:** Minister, this development had pedestrian access on Cameron Avenue and Cohen Street closed for months. Of course we have seen the same situation on many sites across Canberra, including very close to the Assembly, causing substantial inconvenience in the community.

**MADAM SPEAKER:** To the question, Ms Le Couteur.

**MS LE COUTEUR:** Why are developers allowed to take over parts of public land in the ACT for long periods without providing pedestrians with a convenient way through, for example with hoarding like they do in other cities?

**MR STEEL:** Often it is a case-by-case issue. It depends where the developments occur. We understand that development can be disruptive, major developments of this kind in particular. Each of those solutions is worked through at a case-by-case level. I will come back to the Assembly with further detail about this specific case.

**MRS DUNNE:** Minister, why are you so un-briefed on this issue, given that it has had considerable media coverage?

**MR STEEL:** This is a very detailed and specific matter that Ms Le Couteur is referring to. That is why I have said that I will get back to the Assembly with the detail that she is clearly asking for.

### **Business—development**

**MS LEE:** My question is to the Chief Minister. Chief Minister, yesterday you told WIN News that you had consulted with key stakeholders regarding the upcoming Lonsdale Street development. However, Kel Watt from Braddon's United Retailers & Traders group stated that there had not been any consultation with businesses. Chief Minister, which stakeholders did you consult regarding the project?

**MR BARR:** The City Renewal Authority undertook the Braddon Place plan and Dickson Place plan consultations over a period of about six months. I am searching right now to get the report that outlines all of the organisations that were consulted during the development of the place plans, and I will happily provide that to Ms Lee. She can probably search them online, too, if she wants to.

**MS LEE:** Chief Minister, which individual businesses did you consult with regarding the project?

**MR BARR:** I am just looking now at the community engagement. There were trader workshops and door-to-door engagement, on-street engagements and the Hello Braddon! event. Community engagement received 312 responses in total. That included feedback from residents, businesses and workers, with inner city and interstate visitors also being captured. The trader engagement included 46 traders engaged across the course of the project.

**MADAM SPEAKER:** There is a point of order; the Chief Minister will resume his seat, please.

**Mrs Dunne:** Ms Lee’s question to the Chief Minister was: what individual businesses did you, that is, the Chief Minister, consult?

**MADAM SPEAKER:** There was an earlier question around community groups as well.

**Mrs Dunne:** On the point of order, the question was: whom did the Chief Minister consult? He needs to be directly relevant. If he wants to go on, after being directly relevant, to answer the question from the last—

**MADAM SPEAKER:** There is no point of order. The question was around community consultation. The subsequent question was around consultation the Chief Minister had. I cannot direct him how to answer. I believe he is relevant in letting this Assembly know what community groups were consulted and what community consultation was undertaken.

**Ms Lee:** On the point of order, can I clarify that the first question that I asked—the initial question—was also, “Chief Minister, which stakeholders did you consult regarding the project?”

**MR BARR:** The City Renewal Authority undertook the consultation. I did not personally undertake the consultation on the project. I do not know what the opposition thinks the responsibilities are for a minister, but I cannot personally consult on every single infrastructure project in the ACT. That is what the City Renewal Authority has undertaken over months, with hundreds and hundreds of people engaged. (*Time expired.*)

*Opposition member interjecting—*

**MADAM SPEAKER:** Mr Coe, that is enough interjections early in question time. Mr Wall, do you have a supplementary question?

**MR WALL:** Minister, why do you not engage with constituents in your electorate and stakeholders in your portfolio group? Are you simply too good to engage with them directly?

**MR BARR:** Seriously, that question is risible.

### **Municipal services—trees**

**MR MILLIGAN:** Madam Speaker, my question is to the Minister for City Services. Recently you announced a program to plant 4,000 trees across Canberra. Minister, why is only one of those trees being planted in Mitchell?

**MR STEEL:** I thank the member for his question and his acknowledgement of our government's commitment to planting more trees: 4,000, the biggest tree planting in one season this century. It is a fantastic achievement, and this was based on community feedback. We have been listening to the community about where they would like to see more trees being planted and we put out to the community a tool on the yoursay website for them to place a marker where they would like to see a new tree planted as part of our huge tree-planting program. I have personally gone and visited the Mitchell residents—

*Opposition members interjecting—*

**MADAM SPEAKER:** Members, I am finding it hard to hear Mr Steel respond to a question you had. If you asked it, I think you should be listening to the answer.

**MR STEEL:** I have personally gone and visited the Mitchell traders to talk with them about improvements to the Mitchell business district, including tree planting and their desire to see more pears planted in the Mitchell area. We are certainly keen to deliver on that, working closely with them, as we have around a number of projects, including improved footpaths in the area, as well. We look forward to continuing our tree-planting program, planting many trees around Canberra, and we will do that again in the spring.

*Opposition members interjecting—*

**MADAM SPEAKER:** We will go to your supplementary, Mr Milligan, and I ask people to then keep their comments and sniggering to themselves.

**MR MILLIGAN:** Minister, are you aware that last financial year your government received about \$4.5 million dollars in commercial rates from Mitchell businesses? Do you think one tree is a good reflection of this?

**MR STEEL:** All of the revenue that comes into government is spent on health and hospitals, education, schools, transport, and it is also spent on city maintenance. We continue to work on putting in place the largest tree-planting program that the ACT has seen this century, which is significant. We are continuing that work; it has not stopped. We are in the middle of the autumn program. We will head into the spring planting program later on this year. We are of course working closely with the Mitchell traders to deliver more plantings around the Mitchell business precinct, as well as in other parts of Canberra that have a lower tree canopy in particular and are more susceptible to the urban heat island effect as a result.

**MR COE:** Minister, how much more in rates do Mitchell businesses need to pay in order to get more than one tree, or at least a bit of respect from this government with regard to all that they contribute to the ACT?

**MR STEEL:** We are already delivering extra trees. I mentioned that we have already been working with the Mitchell traders to plant more pears around the Mitchell business precinct. We will continue to do that. This is just one season of planting; we

have many more to come. We have a program of over 20,000 trees that will be planted throughout Canberra, because our government has a commitment to increasing trees where there are not currently any, and also to retaining our existing tree canopy to make sure that we can reach our target of 30 per cent canopy cover across Canberra. It would be interesting to see if the Liberals support that target as well.

### **Mental health—acute care capacity**

**MRS JONES:** My question is to the Minister for Mental Health. Minister, on 27 May 2020 a media article published about mental health referred to a young person who had severe problems with depression and self-harm. That person presented to Calvary hospital but there was no mental healthcare team on duty. The young person was then taken to Canberra Hospital, but after waiting for several hours was advised that there was no mental health practitioner available, and that she would be better off going home. Minister, why was there no-one at either Canberra or Calvary hospitals that could help this young person when she most needed it?

**MR RATTENBURY:** I will take the details of Mrs Jones's question on notice, given that she asked a very specific question. What I can say is that in recent years there has been an expansion of the availability of specialist mental health teams. The consultation liaison staff who specifically perform that role are available for a greater number of hours each day, also now for a full seven days a week. So there has been expansion in those services. As I said I will seek the details of the specific case that Mrs Jones is interested in.

**MRS JONES:** Minister, why are emergency mental health teams not working at Calvary Public Hospital on a 24/7 basis?

**MR RATTENBURY:** We do seek to allocate staff to the busiest possible times. The experience is that there are particular periods of the day when those specialists are particularly needed. An example would be the launch of the PACER trial. That operates from 2 pm to midnight on the days that it is operating. The reason is that that is considered to be the time at which those services are most needed. So there is that allocation of resources. There are times of the day when there would be very few cases coming through, which is why there are not people around all the time.

**MRS DUNNE:** Minister, to what extent do staffing issues in the Canberra Hospital's adult mental health unit mean that patients who need urgent help do not always receive it in a timely manner?

**MR RATTENBURY:** The adult mental health unit has a complement of staffing to match the needs of the number of patients who are there. In recent times there has been some discussion—and I know Mrs Dunne is aware of this—in that we did have a number of locums but, due to significant recruiting efforts, there are now more permanent positions filled. I am very pleased about that. It is a credit to our recruitment teams because it is a competitive environment to get psychiatrists, particularly, and mental health staff generally. With respect to the general nature of Mrs Dunne's question, I can assure her that the unit is staffed as required.

## **Environment—feral horses**

**MRS JONES:** My question is to the Minister for the Environment and Heritage and I refer to feral horses in national parks near and across the ACT border. Is the ACT government concerned about the tripling of horse numbers being estimated in the northern Kosciuszko National Park over the last five years as revealed last year by the scientific survey of feral horses in the Australian Alps?

**MR GENTLEMAN:** I thank Mrs Jones for this very important question. Yes, we are incredibly concerned about the numbers of horses in Kosciuszko National Park. I was able to visit the park with NPA last year and had a look at the devastation they have caused to the upper catchment of the Murrumbidgee River which, of course, flows through the ACT as well.

We are very concerned about the numbers and the implications it could have for Namadgi National Park if, for example, there is a lessening of feed stock for those horses in that region and they seek to encroach into the ACT. We have had a feral horse management plan for the ACT in place for many years. It first began in 2004 and we have done a lot of work in removing horses from our national park and ensuring that they do not intrude again into the national park.

One of my strong concerns is that we have seen evidence of horse visits into the national park, and our parks rangers are keeping an eye on it.

**MRS JONES:** Minister, can you confirm what policies we have in place to prevent feral horses crossing from New South Wales into Namadgi and impacting, in particular, the ACT's drinking water catchment?

**MR GENTLEMAN:** Yes, we have the feral horse management plan for Namadgi National Park which has been successful in ensuring that we do not have feral horses in the park. It involves quite a bit of research work and quite a bit of on the ground work. The end result should feral horses intrude into the park would be, firstly, dealing with them and then the removal of the horses.

We know the damage they do; hooved animals do incredible damage to those very sensitive areas of our ecosystem across the top of the catchment. Whilst we are doing that work on feral horses we are also looking at other feral pests that occur in the national park. That is why the funding was so important to ensure that we deal with sambar deer and those sorts of feral pests as well.

**MS LEE:** Minister, what discussions have you had with the New South Wales government regarding this issue?

**MR GENTLEMAN:** I thank Ms Lee for her question. She joined me on that visit with the National Parks Association and I was pleased that she was able to see the evidence of the damage that the horses do in the area.

We have written many times to the New South Wales government, to both the environment minister and also to Mr Barilaro, who is the key proponent of the brumby legislation in New South Wales, and asked for them to review that legislation.

I have also written to the commonwealth environment minister on a number of occasions outlining our concerns regarding the feral horse encroachment into the ACT and providing to them evidence of damage that the horses have done in Kosciuszko National Park.

### **Canberra Hospital—air pollution**

**MRS DUNNE:** My question is to the Minister for Health. Minister, on 25 May this year, the media reported on the impact that smoke from the 2019-20 bushfires had on the Canberra Hospital. The story was drawn from internal documents from Canberra Health Services, obtained under freedom of information. Minister, why has the Labor-Greens government allowed the air-conditioning system to become so outdated that its settings were unable to be changed, or areas isolated, to meet special air-conditioning requirements, such as for the MRI and CT scanning machines, the path labs, and the sleep disorder unit?

**MS STEPHEN-SMITH:** I thank Mrs Dunne for the question. Obviously, the smoke event that was experienced over this past summer in the ACT was “unprecedented”. This word is now very overused in 2020, but it was indeed an unprecedented event. Our ongoing investment in upgrades at Canberra Hospital, which are an ongoing activity, was not aimed at how we manage for a completely unprecedented smoke event of this nature. Canberra Health Services, as has been detailed by Bernadette McDonald, managed very carefully through that process, stayed in close communication with staff, and consistently briefed staff, with the support of the respiratory team in Canberra Health Services, to ensure that staff really understood the potential impact of that smoke and that all of the impacts were managed, including the potential impacts on the MRI machines.

As I have said previously, I think, it was not only the smoke event but also extreme heat coinciding with that which meant that there was a limit to how much could be done to reduce the use of air conditioning in the hospital, because the air conditioning needed to keep running to address the extreme heat threat as well.

**MRS DUNNE:** Minister, why was it weeks before it was discovered that sterile stocks had been contaminated by smoke, and then days before infection control emailed units asking them to check their stocks, especially when, as you say, there was ongoing communication across the hospital?

**MS STEPHEN-SMITH:** I am assured that there was no threat to patient safety or staff safety as a result of this. The outside packaging of some of the stocks was found to have smoke particles. That was isolated; that stock was not used while it was in that condition. That matter was addressed.

**MRS JONES:** Minister, how many patients at Canberra Hospital were treated with these partly contaminated stocks?

**MS STEPHEN-SMITH:** My understanding is that none were. I think that is what Ms McDonald said in her interviews in relation to this matter when the story was first reported. If I am incorrect on that matter, I will come back to the Assembly. I do want to emphasise that Bernadette McDonald, the CEO of Canberra Health Services, was very clear, in her interviews in relation to this matter, that there was absolutely no risk to patient safety in relation to this matter. I reject any implication by the opposition that that was not the case.

### **Mental health—acute care capacity**

**MR WALL:** My question is to the Minister for Mental Health. Among many very worrying issues in relation to mental health in the ACT that have emerged during your time as minister—which include the adult mental health unit operating at or over capacity; being understaffed; the disturbing allegations reported by the ABC on 13 May this year; and the Human Rights Commission’s concern that the ACT’s mental health system is like a revolving door that endangers patients’ health—why would a mental health patient who had attempted suicide first be admitted to a general ward in the Canberra Hospital and then accommodated in the adult mental health unit for several weeks in a room without even a working lock? How is that an acceptable outcome?

**MR RATTENBURY:** There was quite a lot in Mr Wall’s question. Of course, with Mrs Dunne’s motion we will discuss a lot of that later this afternoon. In terms of the specific question, there was an error in the maintenance call related to that broken lock and Canberra Health Services has apologised to the patient involved. That lock should have been fixed sooner.

**MR WALL:** By way of another example, why would the ACT’s mental health system have by far the worst statistics in Australia for how patients feel about whether their condition had improved or not after being discharged from our adult mental health unit?

**MR RATTENBURY:** That is a challenging question. Firstly, we need to take on board the fact that that is people’s experience. We should not shy away from the fact that that is the feedback. Equally, we need to reflect on the circumstances in which some people are taken to the adult mental health unit. There are a significant number of people who are there on an emergency detention, which means that they have been taken there not of their free will. In that context people are not likely to want to be there and that will undoubtedly flavour, for some people, how they feel about their experience.

The other point to reflect on is that compared to other jurisdictions there is detailed analysis around the acuity of the beds involved. In other jurisdictions there are larger numbers of facilities that are private mental health hospitals, for example, with lower acuity patients who have less severe conditions. So this also goes to the data.

There is a long and detailed discussion behind this data, but I do not shy away from the fact—this is why we created a mental health portfolio—that we have

improvements to make. As we will discuss when Mrs Dunne brings her motion forward later, we have made a lot of improvements in recent years, but there is more work to do.

**MRS DUNNE:** Minister, this is another example from recent media reports: why would patients in the adult mental health unit not be given medication when they need it and according to the timetable of their need?

**MR RATTENBURY:** That is a very general observation from Mrs Dunne. Canberra Health Services has considerable care and protocols around the provision of medication. It will be a matter for doctors, clinicians, to make those calls about when somebody should have their medication. Without any specific concerns that I am aware of, my comment to Mrs Dunne is that medication timetables are determined by the clinicians and delivered by other supporting medical staff as directed.

### **Health—air pollution**

**MRS DUNNE:** My question is to the Minister for Health. On 30 March, you answered question on notice 2921 from me, advising:

It is not possible to determine whether an Emergency Department (ED) presentation is wholly or partly attributable to air quality in our data holding.

On 25 May, the ABC reported Canberra Health Services advising that there were 166 emergency department presentations related to bushfire smoke. Minister, did you mislead the Assembly in your response to my question on notice?

**MS STEPHEN-SMITH:** Could I just get Mrs Dunne to repeat the question—at least the dates that she referred to.

**MRS DUNNE:** On 30 March, you answered question on notice 2921 and on 25 May the ABC reported that 166 cases had presented in relation to bushfire smoke, whereas the answer to question 2921 said that you could not provide that information because the data did not allow it.

**MS STEPHEN-SMITH:** I will take the question on notice and come back to Mrs Dunne. There may be an issue around the two dates: between 30 March and providing further information to the journalist there may have been capacity to interrogate that data. I certainly would not mislead the Assembly in relation to that matter. It may also be a question of the wording, and I have had this experience in questions from the opposition before, where it is alleged that I have answered a question in one way and then said something else differently, and when I look at it, the two questions are actually completely different questions.

I will take that on notice and come back to Mrs Dunne with more information.

**MRS DUNNE:** When you come back with more information, can you reconcile the differences between the answer of 30 March and the information provided to the ABC for their story, published on 25 May?

**MS STEPHEN-SMITH:** I will absolutely do that.

**MRS JONES:** Minister, will you table the information that was provided to the ABC and published online on 25 May, by close of business today?

**MS STEPHEN-SMITH:** I thank Mrs Jones for the question. I will have to go and see what that information is and what form it is in. I do not know whether it came from my office or whether it came directly from Canberra Health Services, or whether that particular document contains any other information that it may not be appropriate to table.

*Opposition members interjecting—*

**MS STEPHEN-SMITH:** It probably does not, because it was provided to the ABC, but I will check. And if it is possible, I will indeed table it.

### **Health—public health directions**

**MR COE:** My question is to the Minister for Health. I refer to reports in the media on 4 June this year of concerns raised by the Human Rights Commission about public health emergency directions. The Human Rights Commission said:

Public health emergency directions are not subject to the usual human rights scrutiny requirements under the Human Rights Act. We are concerned that their implementation has also been largely lacking in transparency.

Minister, why has the implementation of public health emergency directions been lacking in transparency?

**MS STEPHEN-SMITH:** The short answer is that it absolutely has not. For the benefit of Mr Coe and the Assembly, the Chief Health Officer is required to consider the human rights implications of every direction that she signs and issues, and that is part of the formal process when she determines a direction and she actually formally considers that. An example of where that has come into play is when a flight arrived from Qatar—very soon after the initial decision was made through the commonwealth and national cabinet that new arrivals from overseas would need to be quarantined in a hotel or in an appropriate place for 14 days—we implemented that in the broad, in line with that decision. But the actual direction indicated that the Chief Health Officer would make an assessment for each person, within 48 hours, of whether they were able to sustain their quarantine at home. The reason—

**Mr Coe:** On a point of order, the question I specifically asked was not about what considerations the Chief Health Officer or the minister has made but was about transparency. Again, why has the implementation of public health emergency directions been lacking in transparency? That is the consideration. What transparency is there prior to actually making that determination?

**MS STEPHEN-SMITH:** In terms of transparency, the opposition may not have noticed but the Chief Minister and I and the Chief health Officer have been doing press conferences pretty much every day for about six weeks, including on weekends, live, on line, on the ABC, on Facebook, where journalists were able to ask us any questions they wanted to about the implementation of the directions which are publicly available online, as Mr Rattenbury has indicated. I am happy to expand further in answer to a supplementary.

**MR COE:** Minister, in light of that view, why is it that you think that the Human Rights Commission got it so wrong?

**MS STEPHEN-SMITH:** I thank Mr Coe for the supplementary and I certainly would not put it in those words. But I would say that there is transparency and then there is sort of bureaucratic process through the Assembly and the Human Rights Commission. In terms of transparency, in addition to the press conferences, which have also been attended on occasion by the Chief Police Officer, who has been very happy to provide advice to the community about the oversight of the compliance arrangements in relation to the directions, which I know is another matter that the Human Rights Commission has raised, the Assembly itself has also established an inquiry into the COVID-19 response, which Mr Coe chairs and which provides another level of transparency. They can call the Chief Health Officer and the Chief Police Officer and me to any hearing of that inquiry that they wish, and that provides another level of transparency.

I have not had an opportunity to talk to the Human Rights Commission about what other processes they would like to see in terms of transparency. But this Legislative Assembly is sitting. That Legislative Assembly inquiry exists. We have been doing almost daily press conferences for two months where any journalist can ask us any question about the implementation of the directions which are publicly available online. I would be very happy to have a conversation with the Human Rights Commission about what additional processes they would like to see but I absolutely reject the proposal put forward that the implementation of our response to COVID-19 has been lacking in transparency. That is certainly not the feedback that we receive from the ACT public.

**MRS DUNNE:** Minister, how is it that you have not already consulted the Human Rights Commission, given that the commission has made a submission to the COVID committee and has given evidence to the COVID committee and has raised these concerns before the COVID committee as well as in the media?

**MS STEPHEN-SMITH:** Obviously they have made a submission to the COVID committee which is a form of transparency in relation to the implementation of the COVID-19 response. They have raised this general concern about transparency but from my recollection they have not made any specific recommendations about what additional—

**Mrs Dunne:** Yes they have.

**MS STEPHEN-SMITH:** I will re-read their submission, which I have actually read, and I am very happy to have a conversation with them about that. As far as I am aware—and I will go and check with my office again—they have not sought to meet with me and I have taken their submission to the inquiry as something that the Legislative Assembly committee, which Mr Coe chairs and Mrs Dunne sits on, will consider and will make recommendations to the Assembly on in the normal course of how a parliamentary committee inquiry works.

### **Sport—COVID-19**

**MR MILLIGAN:** My question is to the Minister for Sport and Recreation. Minister, despite the ACT business helpline advising that climbing gyms could open as long as they followed recommendations from Sport Climbing Australia and the Australian Institute of Sport, why now have local businesses like Canberra Indoor Rock Climbing in my electorate been told they can no longer open?

**MADAM SPEAKER:** The question was directed to Ms Berry, but will you take that, Ms Stephen-Smith?

**MS STEPHEN-SMITH:** I will take the question as Minister for Health, because I understand that there has been some correspondence between the rock-climbing centres and the office of the Chief Health Officer. Certainly, there has been some correspondence to my office in relation to that. My understanding is that there has been a conversation about whether the hand holds in the rock walls count as equipment. The view of the proprietors of the centres is that it would not be possible to clean those between each climb. Those conversations are probably ongoing, but I can come back to Mr Milligan with some further information in relation to that.

**MR MILLIGAN:** Minister, how do you expect sport and recreation businesses to continue to operate, considering you keep changing your mind?

**MADAM SPEAKER:** Ms Berry, will you respond to this question?

**MS BERRY:** I will in respect of sport in the ACT and our response to COVID-19 more generally as a sports community. Different sports will need to be treated differently on health advice, as has been the case with the rock-climbing gym.

*Mr Coe interjecting—*

**MADAM SPEAKER:** Mr Coe, I have asked you not to interject. Please don't.

**MS BERRY:** All the way along, there have been different sports that will need to be treated differently because of the nature of their business, and that is the fact of the matter. We are all working really hard to get through this COVID-19 health pandemic. Everybody is doing really well. We just need to be patient for a little bit longer, for our sports communities to be able to get back safely, so that we can all enjoy life and times without COVID-19 interfering every step of the way, which it will do if we are not careful and considerate about the way we respond moving forward.

**MS LEE:** Minister, did the government advise Canberra Indoor Rock Climbing that they could open?

**MS STEPHEN-SMITH:** My understanding—again, if I am not correct about this, because I have only just seen some of the correspondence in relation to this, I will come back to the Assembly—is that, as they are a sports facility, they can open with a maximum number of 20 people if they are able to meet the requirements about equipment sharing and the cleaning of equipment that is shared. My understanding is that the determination has been made that climbing-walls are to be considered, in this regard, shared equipment. So it is not that they cannot open; it is that they need to be able to meet those requirements.

### **ACT Emergency Services Agency—volunteer compensation**

**MR WALL:** My question is to the Minister for Police and Emergency Services. Minister, I refer to media reports on 28 May 2020 which revealed that ACT volunteer firefighters were still waiting to receive their compensation payments for income lost while fighting bushfires around Australia. You are quoted in the media as saying that the ACT government has started processing applications and volunteers should expect payments to arrive “very shortly”. Minister, have the volunteers now received their compensation payments?

**MR GENTLEMAN:** I thank Mr Wall for his question. It is an area where we were forthcoming, if you like, in writing to the Prime Minister after we heard that New South Wales volunteers were going to receive some payments for their time—those who fit the criteria that the commonwealth has set. We were successful in obtaining agreement from the commonwealth to fund those people across the ACT. What the commonwealth said was that each jurisdiction had to set up their own system of payments and claims for those payments and the whole process, so that is what we did.

We did it through an expression of interest process where we asked volunteers who fitted the criteria if they would put forward an expression of interest. We would then process those expressions of interest and make those payments where appropriate. That is going forward, as I mentioned, as Mr Wall mentioned, in the press conference. But I understand that volunteers have not yet received the payment. It should be due shortly, but at this stage the last briefing to me was that they had not received it. Originally there were 12 expressions of interest, and I think in the end six people had gone forward with a claim for the payment.

I should point out that the commonwealth gave us no time lines on how to set up the process. In the course of our work with our volunteers, they were given no time line, except that they should put their expression of interest in as soon as possible. The agency is dealing with it as best they can. They have not done this sort of work before. They will process those as soon as they can.

**MR WALL:** Minister, why is it taking an unacceptably long time for volunteers to receive their payments, and will you inform the Assembly when payments will start flowing to volunteer firefighters?

**MR GENTLEMAN:** I will ask the agency for an update and provide the Assembly with that. As soon as we can advise that the payments have been made, I will let the Assembly know.

**MRS JONES:** Minister, on what date did the ACT government first start processing these applications? Was it as early as January this year?

**MR GENTLEMAN:** No.

**Mr Barr:** Madam Speaker, I ask that all further questions be placed on the notice paper.

### **Supplementary answer to question without notice Planning—community access**

**MR STEEL:** Earlier, in question time, Ms Le Couteur asked me about the temporary traffic management plan regarding the Geocon development on Cameron Avenue in Belconnen. I have some further information to provide to the Assembly in relation to that matter.

A temporary traffic management plan for the closure of Cameron Avenue, adjacent to section 200 Belconnen, was required to deliver a considerable amount of off-site and upgrade works to Cameron Avenue, such as on-road cycling and footpath upgrades. The temporary traffic management plan was authorised by TCCS on 28 April, with a standard condition which stated that the principal contractor shall ensure that all directly affected businesses, residents and government agencies have been advised in writing regarding these works and the traffic management arrangements which will be required, including associated road closures. This letter shall include the principal contractor's details as a point of contact for any inquiries in relation to this project.

TCCS cannot be certain whether Geocon undertook the consultation as required. TCCS was then made aware by Geocon that the temporary traffic management plan had been implemented without the necessary development application approvals, at which point TCCS requested that the temporary traffic management plan be removed. The TTM was removed over the subsequent days.

### **Answer to question on notice Question No 2899**

**MRS DUNNE:** In accordance with standing order 118A, I would like an explanation from the Minister for Mental Health as to the lateness of a reply to question on notice 2899—the 30 days expired on 15 March—which relates to an agreed territory-wide model of mental health care.

**MR RATTENBURY:** I will need to provide a detailed explanation to Mrs Dunne. That has not come across my desk, that I am aware of, and I will need to find out why that answer has not come forth at this point in time. I apologise to Mrs Dunne for its lateness and I will endeavour to get her an answer as quickly as possible.

## Planning—Molonglo Valley

**MS LE COUTEUR** (Murrumbidgee) (2.45): Madam Speaker, I hope this is the right place, but tell me if I am wrong. There was a motion passed in the Assembly on 23 October last year and it required a final report about Molonglo to be delivered to the Assembly by the end of May. I note that it is now June, and I do not note the report. I am not sure how else I can bring this matter to the Assembly's attention.

**MADAM SPEAKER:** I think you raised it then. The relevant minister will come back at the next sitting, with either the report or an update on where that report may be, if necessary.

**MRS JONES** (Murrumbidgee) (2.46): Pertaining to Ms Le Couteur's question, can I move that the Assembly suspend standing orders so that we can hear from the minister why we have not heard back about Molonglo?

**MADAM SPEAKER:** I am not sure if the relevant minister is even in the chamber at the moment.

**MRS JONES:** The minister is Minister Gentleman.

**MADAM SPEAKER:** Do you have any information to add?

**MRS JONES:** No. I move:

That so much of the standing orders be suspended as would prevent Mr Gentleman (Minister for Planning and Land Management) from addressing the Assembly in relation to a resolution passed by the Assembly last year concerning planning and development for the Molonglo Valley.

Question put.

The Assembly voted—

Ayes 7

Noes 6

Mr Coe	Mr Milligan	Mr Barr	Mr Gentleman
Mrs Dunne	Mr Parton	Ms Berry	Ms Stephen-Smith
Mrs Jones	Mr Wall	Ms J Burch	
Ms Le Couteur		Ms Cheyne	

Question resolved in the negative, in accordance with standing order 272, as the motion had not been carried by an absolute majority of members.

**MR GENTLEMAN** (Brindabella—Manager of Government Business, Minister for Advanced Technology and Space Industries, Minister for the Environment and Heritage, Minister for Planning and Land Management, Minister for Police and Emergency Services and Minister for Urban Renewal) (2.50): If it would assist the

Assembly, I can advise that the report has been almost concluded. It just needs cabinet's sign-off and we will have it before the next sitting.

## Leave of absence

Motion (by **Mr Wall**) agreed to:

That leave of absence be granted to Miss C Burch for today's sitting due to illness.

## Supplementary answer to question without notice Health—air pollution

**MS STEPHEN-SMITH:** I am rising to provide some further information in relation to the question I was asked by Mrs Dunne about the difference between my response to question on notice 2921 and the information provided to the *Canberra Times*.

In response to a question from Mrs Dunne, which was:

(1) How many presentations to ACT emergency departments—  
plural—

during (a) December 2019, (b) January 2020 and (c) February 2020 were attributable: (i) wholly to poor air quality or (ii) partly to poor air quality.

My response was:

(1) It is not possible to determine whether an Emergency Department (ED) presentation is wholly or partly attributable to air quality in our data holding ...

The connection between an ED presentation and air quality can only be established on a case by case basis with review of patient's files by clinical experts. An extensive clinical review would need to be undertaken by the relevant medical experts to determine if these presentations were in fact, due to some sort of poor air quality.

Canberra Health Services has been actively recording presentations to the ED that were and are smoke related as stated by the patient since 20 December 2019. However, this information is volunteered by the patient and not diagnosed by a medical professional and therefore this measure can only be seen as a patient reported indicator rather than a clinical indicator.

The information that was then reported subsequently by the ABC was from an internal document that said 166 patients identified their presentation as:

... smoke related. However, it is not possible to determine without clinical review and analysis by experts if each presentation to the ED was clinically due to exposure to smoke.

That was not fully reported by the ABC. But I would say to Mrs Dunne that we did clearly tell her that Canberra Health Services had been actively recording presentations to the emergency department that were and are smoke related from 20 December, according to patient presentation. If she wanted that additional information she could have asked for it.

## Papers

**Madam Speaker** presented the following papers:

Standing order 191—Amendments to the:

Births, Deaths and Marriages Registration (Tissue Donor Acknowledgment) Amendment Bill 2020, dated 25 May 2020.

Crimes (Protection of Police, Firefighters and Paramedics) Amendment Bill 2019, dated 25 May 2020.

**Mr Gentleman** presented the following papers:

ACT Public Health Services—Cultural Review Implementation—Inaugural Annual Review, prepared by M Reid & Associates, dated May 2020.

Age Friendly City Plan 2020-2024—

Plan, dated June 2020.

Statement.

Overview, dated June 2020.

COVID-19 Emergency Response Act, pursuant to subsection 3(3)—COVID-19 Measures—Report No 1—Reporting period 8-30 April 2020, dated May 2020.

COVID-19 Pandemic Response—Select Committee—*Interim Report 1*—Government response, dated June 2020.

### **Subordinate legislation (including explanatory statements unless otherwise stated)**

Legislation Act, pursuant to section 64—

ACT Teacher Quality Institute Act and Financial Management Act—

ACT Teacher Quality Institute Board Appointment 2020 (No 2)—Disallowable Instrument DI2020-96 (LR, 18 May 2020).

ACT Teacher Quality Institute Board Appointment 2020 (No 3)—Disallowable Instrument DI2020-97 (LR, 18 May 2020).

ACT Teacher Quality Institute Board Appointment 2020 (No 4)—Disallowable Instrument DI2020-95 (LR, 18 May 2020).

Crimes (Sentence Administration) Act—

Crimes (Sentence Administration) (Sentence Administration Board) Appointment 2020 (No 1)—Disallowable Instrument DI2020-98 (LR, 13 May 2020).

Crimes (Sentence Administration) (Sentence Administration Board) Appointment 2020 (No 2)—Disallowable Instrument DI2020-99 (LR, 13 May 2020).

Crimes (Sentence Administration) (Sentence Administration Board) Appointment 2020 (No 3)—Disallowable Instrument DI2020-100 (LR, 13 May 2020).

Crimes (Sentence Administration) (Sentence Administration Board) Appointment 2020 (No 4)—Disallowable Instrument DI2020-101 (LR, 13 May 2020).

Crimes (Sentence Administration) (Sentence Administration Board) Appointment 2020 (No 5)—Disallowable Instrument DI2020-102 (LR, 13 May 2020).

Crimes (Sentence Administration) (Sentence Administration Board) Appointment 2020 (No 6)—Disallowable Instrument DI2020-103 (LR, 13 May 2020).

Crimes (Sentence Administration) (Sentence Administration Board) Appointment 2020 (No 7)—Disallowable Instrument DI2020-104 (LR, 13 May 2020).

Crimes (Sentence Administration) (Sentence Administration Board) Appointment 2020 (No 8)—Disallowable Instrument DI2020-105 (LR, 13 May 2020).

Crimes (Sentence Administration) (Sentence Administration Board) Appointment 2020 (No 9)—Disallowable Instrument DI2020-107 (LR, 13 May 2020).

Crimes (Sentence Administration) (Sentence Administration Board) Appointment 2020 (No 10)—Disallowable Instrument DI2020-108 (LR, 13 May 2020).

Crimes (Sentence Administration) (Sentence Administration Board) Appointment 2020 (No 11)—Disallowable Instrument DI2020-106 (LR, 13 May 2020).

Nature Conservation Act—Nature Conservation (Fees) Determination 2020 (No 1)—Disallowable Instrument DI2020-91 (LR, 14 May 2020).

Veterinary Practice Act—Veterinary Practice (Fees) Determination 2020 (No 2)—Disallowable Instrument DI2020-93 (LR, 14 May 2020).

## **Health—cultural review implementation**

**MR GENTLEMAN** (Brindabella—Manager of Government Business, Minister for Advanced Technology and Space Industries, Minister for the Environment and Heritage, Minister for Planning and Land Management, Minister for Police and Emergency Services and Minister for Urban Renewal) (2.54): Pursuant to standing order 211, I move:

That the Assembly take note of the following paper:

ACT Public Health Services—Cultural Review Implementation—Inaugural Annual Review, prepared by M Reid & Associates, dated May 2020.

**MS STEPHEN-SMITH** (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Families and Minister for Health) (2.54): Members will recall that in tabling the government response to the final report of the independent review into the workplace culture within the ACT public health services, known as the culture review, a commitment was made to provide members of the ACT Legislative Assembly with regular updates on progress made. To date, three biannual updates have been provided—in March and September 2019 and April 2020.

In my statement in April I noted that Mr Mick Reid, of Michael Reid and Associates, had been commissioned to undertake the first annual independent review of the implementation and impact of the culture review, in line with recommendation 19. This recommendation was that the culture review oversight group auspice, for the next three years, an annual independent and external review of the extent of the implementation of the recommendations of the review and consequent impact on cultural changes within ACT public health services.

The scope of the terms of reference of this inaugural review was considered and agreed by the culture review oversight group. The review was to examine and make findings and recommendations in relation to the following: record any changes or amendments to the recommendations of the independent review of a not insubstantial nature and the reasons for making such changes or amendments; the extent of the progress made with the culture review implementation process against the original plans outlined in the final report; the impact on the workforce culture of the changes introduced to date; and the effectiveness of the initiation and planning phase of the cultural review process undertaken, including what has worked well and why, and has there been any early impact, what has not worked well and why, and has there been any impact, what may, therefore, need to change or be improved, what has been learned so far, and how can these insights and experiences be leveraged to improve the process and outcomes/impact of the culture review implementation process.

Mr Reid was the chair of the independent panel that undertook the culture review and so was well placed to undertake the first annual review of its implementation. The culture review oversight group agreed that, as the implementation of the final report had only been in progress for 12 months at the time of commencing the inaugural review, the review would occur by a desktop review of the documentation produced as part of the culture review implementation process, and interviews with members of both the oversight group and the cultural review implementation steering group and other nominated key stakeholders. However, it was acknowledged that the second annual external review next year will require a more comprehensive review of the perspectives of cultural change from a broader base of staff, including members from the clinical and administrative areas, and members of the community.

The inaugural annual review addresses four areas. These are: assessment of the governance framework to oversight implementation; assessment of the progress on the recommendation to the review; review of the evidence of the impact on culture; and recommendations for the next phase of the implementation. In summary, Mr Reid found that, given the limited time frames since the commencement of implementation,

there has been pleasing progress. This was supported by most people interviewed and by early quantitative evidence. It was also noted that substantive cultural change takes time and that we are early in our journey of positive change. Mr Reid acknowledged the significant impact of both bushfires, through December 2019 and January 2020, and COVID-19 on the ACT public health system and, more broadly, on society. He noted that these factors had impacted the progression of some of the recommendations.

I will not go through all of Mr Reid's findings; however, I will briefly touch on the key overarching messages. I am pleased to say that there was agreement and acknowledgement by nearly all of those who were interviewed that, given the relatively short period of time since the commencement of implementation, progress to date has been generally effective. The governance framework has been found to be soundly based and generally well enunciated. Nevertheless, there is an opportunity to further consider the role of the oversight group and other governance structures to improve their operation. The report proposes a review of the terms of reference of the oversight group and clearer articulation of the relationship between the oversight group and the clinical leadership forum, the ACT health and wellbeing partnership board and the non-government organisation leadership group.

I look forward to working with the oversight group, the other forums and the three arms of our public health system to consider these findings. Mr Reid's assessment is that, on balance, there has been considerable progress in progressing the implementation of the recommendations. There were some minority views indicating some delay in progress and inconsistency in implementation of the recommendations that relate to the three arms of the ACT public health system. However, the overall view was that positive progress has occurred in the first year.

Mr Reid found that progress was particularly in evidence within each of the three health services on vision, values, altered workplace policies and human resource functions. However, some of the interagency and whole-of-system recommendations have not progressed at the same pace, and they will require increased focus over the next year. Mr Reid notes that significant cultural reform requires sustained effort over several years. He acknowledged that as this review has been undertaken relatively early in the cultural reform journey, substantial improvement at this time is unlikely. However, he reported that there were two areas across the three services that indicated early positive improvement. These are the focus areas on reported alleged clusters of poor culture and poor behaviour, and some quantitative evidence of health service improvement, as outlined in the ACT Health Directorate and Canberra Health Services results in their workplace culture surveys, both undertaken in November 2019.

Further, the report finds that virtually all members of the oversight group reported some evident improvement in overall culture, with less bullying and harassment across the three organisations, improved executive leadership of the leadership team, improved clinical engagement, and better human resource functions. Overall, Mr Reid has found that one year into the implementation of the final report's recommendations is too short a time frame to expect significant improvement in the ACT's public health services workplace culture. Notwithstanding this brief time frame, however, he also found that sustained focus on hotspots by the three service executives has been

commendable and, at CHS at least, some overall small gains in cultural metrics across the organisation are evident.

Findings to support the next phase of cultural review implementation include that the oversight group should sustain a continued focus on the implementation of the 20 recommendations of the review for at least the next year; the steering group should propose to the oversight group which of the recommendations should be implemented portfolio-wide in a common format; and the role of the cultural review implementation branch should pivot to be an increased resource for initiatives which are being implemented in CHS, Calvary and the ACT Health Directorate. A primary role, however, should continue to be to service the steering group and oversight group. Implementation of the approved communications and engagements strategy should be expedited, and an agreed portfolio-wide dashboard of monitoring measures should be developed and promulgated.

The report proposes that the oversight group convene a strategy workshop to consider the issues raised in this review. This will be discussed, along with the other findings of the review, at the next culture review oversight group meeting, later this month. I would like to take this opportunity to thank Mr Reid for undertaking the inaugural annual review. I would also like to thank everyone who took the time to participate in the review, despite the workload associated with responding to the COVID-19 pandemic. Finally, I thank everyone across the ACT public health system for their commitment to developing initiatives and approaches to support positive culture change, recognising that this will benefit the entire workforce of the three services, as well as patients and their families and carers.

Debate (on motion by **Mrs Dunne**) adjourned to the next sitting.

## **Government—COVID-19 plan**

**MR COE** (Yerrabi—Leader of the Opposition) (3.03): I move:

That this Assembly:

(1) notes that:

- (a) it is very important for the health and welfare of Canberrans that restrictions are eased in a safe way as soon as possible;
- (b) the Chief Minister said in March 2020 that it would be impossible for the ACT to have different Coronavirus restrictions to the rest of the region;
- (c) that despite this:
  - (i) the ACT Government kept ACT schools closed for longer than schools in all other Australian jurisdictions; and
  - (ii) the ACT was the last Australian jurisdiction to provide financial relief to businesses and households affected by COVID-19;
- (d) Canberrans' responsible behaviour has contributed to the ACT's relative success in dealing with COVID-19; and

- (e) there has been inconsistent and confusing messaging on what is permissible; and
- (2) calls on the ACT Government to support ACT households, community groups and businesses by:
  - (a) issuing direct advice about what is permissible;
  - (b) explaining the rationale for the staging outlined in the ACT Government's plan;
  - (c) explaining why the ACT is moving slower than NSW;
  - (d) providing the medical and health advice to support the decisions made for the easing of restrictions; and
  - (e) easing restrictions such that they are at least comparable with NSW, especially noting the Chief Minister's statement in March that the ACT and our region should be in step.

The Canberra Liberals stand here as advocates for Canberra families, Canberra businesses and all those that are doing it tough in the ACT as a result of decisions taken to help manage COVID-19 in Canberra. Those decisions have had a devastating impact on the livelihoods of thousands of Canberrans. Every day we are hearing the stories of businesses that have collapsed, people who are unemployed, and families whose lives have been turned upside down. We owe it to all those people to make sure we are doing everything we possibly can to safely reopen our economy such that things can get as close to normal for them as possible.

Just yesterday I visited the George Harcourt Inn at Gold Creek. That business is one of hundreds or even thousands in the ACT that is struggling with onerous restrictions on its operation. Earlier today, in question time, we heard that a household can have 20 people in it, yet a pub is also restricted to that number. It just does not stack up. The rules regarding enclosed spaces are vague and have left a considerable amount of uncertainty and lack of confidence amongst many people whose lives and livelihoods have been rocked as a result of these decisions.

The ACT has done relatively well, especially compared to New South Wales and numerous other jurisdictions in Australia. Canberrans have been responsible; Canberrans have done the right thing. As a result of that hard work, the heavy lifting and being conscientious, one of the benefits should be that Canberrans are trusted and that we back them in. Instead we have a government that come at it from a totally different perspective. They do not trust Canberrans. They do not trust Canberra's businesses to do the right thing.

We have this absurd situation where New South Wales is going faster than the ACT, despite the fact that the ACT is in a better position with regard to COVID-19. There are many costs with being a small jurisdiction, but one of the benefits should be that we are nimble and are able to have a response that is very much suited to Canberra. Instead, we have had a lazy approach from the government that has not given confidence, has not given guidelines, has not given rules to people and has made it so difficult.

At the announcement of what is an enclosed space there were more questions than answers and there are still considerable vagaries about what an enclosed space is. So many people are left in the dark about what it actually means. Some venues can have 50 people in for a while but then an hour later have to go back to only 20. That is the lie of the land at the moment. You can have 50 people and then you go to 20, perhaps even in the same room. These are absurd rules that we have in the ACT at the moment; there is just no rationale.

Why is it that the clubs in New South Wales are allowed to be open but here in the ACT they are not? Why is it that ATMs are okay but a gaming machine is not? Why is it that a TAB in Queanbeyan is fair game but here in the ACT it is not?

This government is not supporting jobs; it is not supporting employees; and it is not supporting Canberra's families, so many of whom are doing it tough. We know thousands of people are unemployed, with thousands more underemployed. So many people have either lost everything or are on the cusp of losing everything.

This government does not take an evidence-based approach, and we saw that in regard to the school saga. We saw that on the first day, when the Chief Minister and the education minister were at odds. We saw the complete lack of clarity for days and then weeks, both on the ramping up of restrictions and also on the easing of restrictions in the education space.

It is not fair to people that have risked everything to go into business to pull out the rug from underneath them. Why did the Chief Minister say in March that we had to be aligned with New South Wales and then quickly abandon or retreat from that position?

Canberrans have been responsible. Canberrans have done the right thing. Canberrans can be trusted. Therefore, the ACT is in a position to move faster than New South Wales, not slower. I note that the Human Rights Commission has provided a report which is critical of the ACT government and their determinations, and that is why paragraph (2) in my motion today is so important. Yes, there should be direct advice, but we also want to know the rationale for the determinations they are making. What is the evidence supporting their decisions? Why is the ACT moving slower than New South Wales? What medical and health advice has this government received? Are they just hanging their hat on the advice from the national cabinet? If so, how is it that New South Wales and the ACT have different rules?

We owe it to all Canberrans to get this right. Every single day matters to people that are leveraged up, hundreds of thousands of dollars in debt, accruing interest, paying rent and paying wage bills. Despite the fact that for many people the federal government has been of great assistance, many are still paying hefty wage bills throughout this process. Every single day matters. To just say, "Oh, it's only a fortnight away. It's just 10 days away. Hang in there," does not cut it for someone whose entire life savings have been erased over the last month.

We owe it to everyone in Canberra to at least give them the respect of telling them why decisions have been taken. I do not think it is too much to ask that we have direct advice, direct guidance, and the rationale and explanation as to why New South Wales is going faster than we are. We want to see the medical and health advice which supports the decisions that have been taken. We owe it to every person and small business in the ACT to get this right, and the Canberra Liberals will keep advocating for them.

**MR BARR** (Kurrajong—Chief Minister, Treasurer, Minister for Social Inclusion and Equality, Minister for Tourism and Special Events and Minister for Trade, Industry and Investment) (3.13): I move:

Omit all text after paragraph (1)(a), substitute:

- “(b) the COVID-19 restrictions were first established, and the staged easing of restrictions considered and implemented in the ACT, in accordance with the expert health advice of the Australian Health Protection Principal Committee and the framework agreed by National Cabinet;
- (c) the pandemic is not over, and the ACT Government continues to take action to manage the impact of COVID-19 on the ACT community and economy, reflecting the Public Health Directions set by the Chief Health Officer to keep Canberrans safe;
- (d) the clear health advice for the ACT is that gradually easing restrictions is the best way to safely manage increased social and economic activity, while minimising the risk of a second COVID-19 outbreak;
- (e) throughout the course of the pandemic, the implementation and easing of restrictions in the ACT have been tailored to meet this jurisdiction’s particular circumstances, including:
  - (i) the ACT did not implement many of the more severe and restrictive steps brought in in other jurisdictions, such as enforcing and fining people for not complying with ‘stay at home’ orders, sitting alone, going for walks in public parks or having a driving lesson; and
  - (ii) the ACT announced and implemented a staged return to face-to-face school learning ahead of Victoria and Tasmania, and with a clearer process than New South Wales’ initial ‘one day a week’ approach;
- (f) the ongoing economic survival measures released by the ACT Government focus on tax cuts, fee relief, regulatory reduction and public investment to support jobs, and local businesses and households to reduce their costs, while ensuring Canberra was fully prepared to handle the health impacts of a major COVID-19 outbreak;
- (g) further economic stimulus will be provided through stamp duty concessions to eventual owner occupiers who purchase single residential blocks or off-the-plan apartments and townhouses until 30 June 2021;
- (h) the ACT is ahead of NSW in easing restrictions in many sectors, while retaining restrictions on some activities that inherently carry more risk of transmission; and
- (i) it is the ongoing responsibility of all persons in positions of authority in the community, such as Members of the Legislative Assembly, to provide

accurate information and factual advice regarding COVID-19, and that wilfully misrepresenting or withholding information is reckless and dangerous;

- (2) thanks the Canberra community for their responsible behaviour and for working with the authorities, which has directly contributed to the ACT's success in managing the COVID-19 pandemic and to keeping family, friends, workmates and neighbours safe; and
- (3) notes the ACT Government and Chief Health Officer will continue to provide regular updates to the community through all available and appropriate means, including regular media briefings, online, telephone, direct in-person contact to assist in compliance and safety, and regular distribution of information to all households.”.

Canberra is in the strong position that we are in because we acted early, because we listened to expert advice and because we put in place evidence-based public health measures. It is for these reasons that we have effectively suppressed the spread of the virus.

In Australia in the last week there have been 89 new cases. There are still people in hospital, there are still people in intensive care and there are still people on ventilators. There will be new cases each and every day as we move forward. The risks associated with the spread of the virus are going to increase from this point as restrictions ease.

The consistent advice of the AHPPC, the pre-eminent body of public health experts in this nation, has been to have a gradual easing of restrictions. This was endorsed by the national cabinet, comprising the Prime Minister and the leaders of all states and territories, and a national plan was put forward. The ACT has worked within that national plan. On one issue, New South Wales has not. That issue relates to, apparently, the only matter that concerns the Leader of the Opposition.

The motion that the Leader of the Opposition put forward contains numerous factual errors which show a concerning lack of awareness about the situation. This pandemic is not over. We have a responsibility to reopen activities responsibly and safely without compromising the hard work of this community. In this, it remains fundamental that we continue to listen to the advice of health experts, not paid lobbyists or opposition politicians looking to pick a fight to get themselves in the news. We follow the advice of health experts as we reopen our economy and our society, to avoid future waves of this virus and being forced to return to more stringent restrictions, as has been the case in other cities and other countries.

In relation to the ACT's approach, it has differed from New South Wales's in many ways. The ACT did not follow New South Wales's stay at home directions. The ACT did not fine people for sitting alone in public parks or for buying a kebab after going for a run, like New South Wales did. The ACT government and the ACT rules allowed people to see their mum on Mother's Day when New South Wales did not.

Some of the matters that Mr Coe outlined concerns about, about a venue being able to have 50 people for a funeral and 20 for a wedding, are exactly the same as in New South Wales. New South Wales has not reopened gyms and indoor fitness centres and

is not as advanced as the ACT on community sport matters. Although this is not a race, there are many areas of society and the economy where the ACT has moved ahead of New South Wales—all of which are conveniently overlooked by Mr Coe because his only point of reference, apparently, is pubs and clubs, as if they are the only things in society and as if they are the only things by which you would measure your response in terms of easing restrictions.

How is it that New South Wales would not allow even Mrs Jones's extended family to go and visit, if she were to visit somewhere in New South Wales? She has a family larger than five; you cannot do that in New South Wales still. It is the same with Mrs Dunne or, indeed, anyone who has a large family: a maximum of five in New South Wales. You can all go down to the pub and play the pokies—that is fine—but in New South Wales you cannot visit another person's home. You could not go and visit your mum or your grandparents. How is that? How did New South Wales get to that position? Of course, jurisdictions are sovereign and they can make their own determinations, but let us be clear here: it is New South Wales that has deviated from the agreed national approach for one industry sector. Why? Why did they do that, I wonder? I think we know. Those industry associations have been very clear about their lobbying and their efforts—a shift of the New South Wales government on that position.

In New South Wales the health minister writes the public health directions. Under ACT law that we passed in this place, it is our Chief Health Officer. So we rely on expert advice and we will not be bought off or lobbied to amend public health directions. It is not how it works in the ACT; nor should it ever work like that. It just should not. I am confident that the overwhelming majority of Canberrans would agree that it should not be which industries lobby harder that would influence public health directions. Seriously, it is an appalling suggestion that it is lobbying that leads to a change in public health directions. That is appalling.

Mr Coe's motion contains numerous factual errors. He might not have paid attention, but students are still not back at school in Victoria and Tasmania. There is one big error immediately—

**Mr Coe:** And some colleges in the ACT, you will find, as well.

**MADAM SPEAKER:** Mr Coe!

**MR BARR:** The ACT was not the last jurisdiction to implement economic support measures. Again, that is another factual error in Mr Coe's presentation.

**Mr Coe:** What about Dickson College?

**MADAM SPEAKER:** Mr Coe, I am going to warn you next time.

**MR BARR:** The ACT's recovery plan, in terms of both our public health response and our economic response, is informed by sound public health advice and sound economic advice. We continue to provide clear and up-to-date information to the community through regular media briefings, through online resources, through

telephone resources and through direct communication with households and businesses.

What we are going to see over the coming month, with travel restrictions easing, is a significant risk of the virus spreading from Sydney and Melbourne, where it is predominantly now—they have most of the new cases—out to other parts of the state of New South Wales and, potentially, to the ACT. So the best public health advice remains that a gradual easing of restrictions is the best way to manage the risks of increased activity in our community without compromising all of the hard work that has been put in place across this community to stop the spread of the virus.

I want to take the opportunity this afternoon to again assure Canberrans that this government will make decisions in accordance with the advice of the ACT Chief Health Officer and the guidelines set in place by the AHPPC and endorsed by the national cabinet. We will take appropriate public health control measures to keep Canberrans safe, as we have done throughout this pandemic. We will not take reckless, immature and irresponsible decisions based on the lobbying of industry associations or pointscoreing efforts from the Leader of the Opposition. We simply will not. We owe it to the vulnerable in this community not to cave in to that sort of lobbying and that sort of political pot shot, seeking to create a fight for the sake of it. That is what we are witnessing.

The Leader of the Opposition is not the only politician in the world trying this on at the moment. We are watching with horror what is happening in the United States. The Leader of the Opposition—

*Members interjecting—*

**MADAM SPEAKER:** Members!

**MR BARR:** throughout this process has sought to pick political fights for no reason at all, other than to get himself in the media. This is another example of that.

Six and a half million people around the world have been infected by this virus. Nearly the population of this city have died. This is a serious global pandemic. It requires mature, sensible decision-making that is based on the best public health advice. That is exactly the approach that we have adopted and that we will continue to adopt.

I commend this amendment to the Assembly.

**MS LE COUTEUR** (Murrumbidgee) (3.23): It is good to have yet another opportunity to talk in the Assembly about the COVID crisis. I must admit that I think that the COVID committee is doing an incredibly good job; it was one of our better ideas.

I think we need to take this one quite seriously. We have had 107 cases in the ACT and three deaths; there have been 102 deaths in Australia. The figure that is probably more alarming, having just looked at it in the *Sydney Morning Herald* today, is that

over the last seven days in Australia there have been 90 new cases. That does not mean much in itself, except that it represents 38.5 per cent more than there were over the previous seven days. In other words, while the numbers are still very low, the relaxing of restrictions that has happened in different amounts all over Australia has, it would seem, led to an increase in cases, which highlights why we have to take this thing very carefully.

I am very pleased that the Chief Minister and the Leader of the Opposition agree on the first point in Mr Coe's motion, which states that "it is very important for the health and welfare of Canberrans that restrictions are eased in a safe way as soon as possible". I am sure that we all absolutely agree on this. What we are having here is a discussion about the best way of going about it.

I also note that this situation is incredibly confusing. I do not think many of us here, six months ago, would have felt that we were experts in pandemics, how they spread and epidemiology. I certainly was not; and I do not think any of us here would claim that. There would be probably only half a dozen or a dozen people in the ACT who could possibly claim that. We are all finding it incredibly confusing. Every single government in the world, whether you like them or not, is having to make decisions based on insufficient information about what is the right decision. Some of them, clearly, are following health advice more than others. I think that our government here in the ACT has followed it pretty well.

I possibly did understand, but I do not know that I want to understand, the Chief Minister's remarks about America and dog whistling. If they meant what they appeared to mean, they were very inaccurate, unkind and unfair.

If you look at Mr Coe's motion, in general, it is going in the right direction, but it probably does not have accurate information in all of it. Clearly, it is confusing as to when each jurisdiction's schools went back. Clearly, we have not been the last, from all points of view. I would, however, agree with point (1)(d)—that Canberrans' responsible behaviour has contributed to the ACT's relative success in dealing with COVID-19. I would have to very much agree with (1)(e)—that there has been inconsistent and confusing messaging on what is permissible. But I would point out that that has been only to a very small extent anything to do with the ACT government.

We have been hearing advice from our national government which has often, but not always, been in alignment with what other parts of Australia are doing, and we have been hearing advice from international governments. We have had a deluge of advice. A lot of it has lined up—social distancing and washing your hands. Those have lined up, but the details, once you get past that, have not lined up. And, yes, it is confusing. There will be PhD theses done on this in a few years time which will hopefully work out what was the best way of doing it. Until then every government—everyone—is trying to work it out with the best information that is available to them at the time.

The Greens will be supporting Mr Barr's amendment to Mr Coe's motion. We think that Mr Barr, with the benefit of a team of public servants to look at what is going on, probably has the facts more correct, because it is not straightforward. Also, with

respect to Mr Coe's call in (2)(e), "easing restrictions such that they are at least comparable with NSW, especially noting the Chief Minister's statement in March that the ACT and our region should be in step", we do not agree with that. It appears that New South Wales has, in some instances, gone well past the nationally agreed ideas as to what we should do in terms of restriction easing. I am happier with sticking with the health advice rather than New South Wales's ambition. Hopefully, New South Wales have not been too reckless in their advice. If we take a little bit longer, that is probably the best thing to do.

In saying that, I also bear in mind the very strong evidence that the COVID-19 committee received from a number of businesses that, if they reopen their business, that is great, but if they have to close it for a second time, that will basically be it. To reopen will take all of their financial reserves, and they cannot afford a second closing and a failure.

We have to be very aware that the health advice is that we cannot be confident that this is over yet. There may yet be a second wave. We need to proceed with all reasonable caution so that we are not in a second wave. We need to be confident that when we start reopening it is sustainable, and that people do not lose their livelihoods because they were optimistic and thought that things were sorted when things were not sorted and we have to have restrictions again.

I thank Mr Coe for this motion because it is really important. There are balances to be made. The Greens and I will be supporting Mr Barr's amendment, while recognising that we are all basically on the same page with respect to point (1)(a), in that we are concerned about the health and welfare of Canberrans.

**MR PARTON (Brindabella) (3.31):** There are a lot of things in here that we disagree on, but one that we would agree on is that it is the job of the opposition to scrutinise government policy. That is why we are here; it is why they pay us. Often, in periods of emergency and periods of crisis, we will stand in lock step alongside the government for the sake of unity. I think that is a sensible thing to do and, by and large, for many weeks and on just about every issue, we have done that during this crisis. I would note that it was something that we also did during the bushfire crisis earlier in the year. But there does come a time when we cannot continue to be silent on some matters and when it would be a dereliction of our duty to remain silent. With regard to the reopening of the economy, that time has certainly come.

As the shadow minister for gaming and racing, I must point out that I am speaking here in my portfolio area. I am not the shadow minister for sport and rec; I am not the shadow minister for small business. I am not talking about those areas. I am talking about the area within my portfolio space. I have watched with much frustration as the COVID restrictions have been ever so slowly eased in that sector, despite them moving much faster over the border. I do not think anyone can argue about that. Indeed, I think we all agree that that is the case just over the border in Queanbeyan.

From my perspective this is about jobs. It is about the livelihoods of people. Many of them are low-paid workers. Many of them have not been eligible for JobKeeper and, in many instances, they have not even been eligible for JobSeeker. This is about their

livelihoods; it is about the viability of clubs and it is also about the ongoing viability of many of the small businesses that are associated with and service them. As Mr Coe pointed out, for many of those businesses, just saying, “Wait for another two, three, four or five weeks,” means that is it. It is curtains; it is over; it is done.

It is easy to arrive at a conclusion that the Chief Minister is picking winners in this space. It is very easy, sitting on the sidelines, to arrive at a conclusion that the Chief Minister is deciding which businesses succeed and which ones fail. We all know that the Chief Minister has a disdain for clubs. We know that. It is abundantly clear that he looks down his nose at anyone who enjoys having a punt. He does not have a bet. He does not do it, so why would anyone else do it? Why would anyone else do it?

In the last week we have had proof of this disdain because Mr Barr stated very clearly to the media that there were many better ways to spend your time and money than on the poker machines. Sitting at poker machines was not one of the chief’s acceptable pastimes. I wonder if there is a list of pastimes that are acceptable to the Chief Minister, and I reckon there probably is. I am just thinking out loud: probably on a whiteboard somewhere upstairs in this building there is a list of pastimes that are acceptable to the Chief Minister. Pastimes that are acceptable to the Chief Minister: drinking craft beer—tick. That would be there. Going to funky music festivals: tick. That would be on it. Drinking coffee at funky cafes: tick. That would be on it, particularly if it is a completely vegan soy latte. That would be a double tick.

I am not sure if barbecuing a steak would be on the list. It might have been on the list once, but things have changed a little in that space and barbecuing a steak is probably falling down the list a little these days. I am tipping that going to the Black Opal race day—

**Mr Barr:** A point of order.

**MADAM ASSISTANT SPEAKER (Ms Cody):** Mr Barr, on a point of order.

**Mr Barr:** As interesting as Mr Parton’s observations and fantasies are about what I may or may not enjoy, none of which are accurate, it is not in any way related to the motion that is before the Assembly.

**MR PARTON:** On the point of order, I would argue that it is extremely relevant, based on the comments that Mr Barr has made in the media about what is a worthwhile way to spend your money. It is extremely relevant.

**MADAM ASSISTANT SPEAKER:** On the point of order, I agree with Mr Barr that your speech, Mr Parton, is not relevant to the motion we are debating. If you could be more relevant, it would be much appreciated.

**MR PARTON:** Right.

**MADAM ASSISTANT SPEAKER:** Would you like to continue?

**MR PARTON:** I will have a crack at continuing.

**MADAM ASSISTANT SPEAKER:** Thank you.

**MR PARTON:** When it comes to those who are considering what is to reopen and what is not—whoever they may be—I believe going to the Black Opal race day would not be on the list of pastimes that would be acceptable. I have not seen that list, but I think most people in the horseracing industry would share my fear that going to the races is probably not considered by those in that position to be an acceptable pastime. Certainly, anyone who was once a follower of greyhound racing is extremely aware—

**MADAM ASSISTANT SPEAKER:** Mr Parton, I asked you to keep your speech to what has been called for in the motion or what is relevant to the amendment that has been circulated. I am not sure that horseracing or greyhound racing were part of either the original motion or the amendment. Mr Coe?

**Mr Coe:** On a point of order, Madam Assistant Speaker, paragraphs (2)(a) and (b) of the original motion clearly canvass this very issue. Therefore, I argue that Mr Parton is absolutely relevant.

**MADAM ASSISTANT SPEAKER:** I believe it says “permissible”. It does not say—

**Mr Coe:** It says, “about what is permissible”.

**MADAM ASSISTANT SPEAKER:** But Mr Parton has not used the word “permissible”. He has spoken about what the Chief Minister believes is “relevant”. They were his words.

**Mrs Dunne:** On the point of order, Madam Assistant Speaker, after you asked Mr Parton to be relevant to the motion, he went back and said words to this effect—this is not verbatim—“Thinking about those things that would be permissible, I think going to the Black Opal races would be”—

**MADAM ASSISTANT SPEAKER:** I believe it was “relevant”, but I am happy for Mr Parton to continue and remain permissible or relevant to the motion. Mr Parton.

**MR PARTON:** This city does not need a Chief Minister who insists on lecturing us on what we should or should not be doing in our spare time. We need a leader who is not so elitist and who empathises with ordinary, everyday Canberrans. By the way, I am assuming that smoking the weed is on the acceptable list because if we have legislated in that space—

**Mr Barr:** Point of order, Madam Assistant Speaker, the member has spent his entire speech both misrepresenting me and deliberately speaking outside of the terms of the debate before us. For the benefit of Mr Parton, in the quote he has referred to, I said it is always up to individuals to decide what they do with their time and:

If you want to go to Queanbeyan and lose money on a poker machine, go for it.

Do not misrepresent me, Mr Parton, in the way that you have.

**Mrs Dunne:** A point of order, Madam Assistant Speaker. This is not a point of order; this is a debate. If the Chief Minister thinks he has been misrepresented, there is a process in standing orders to cover that.

**MADAM ASSISTANT SPEAKER:** I believe the Chief Minister raised the issue that he was being misrepresented, Mrs Dunne.

**Mrs Dunne:** Yes, and he raised it as a point of order.

**MADAM ASSISTANT SPEAKER:** Correct.

**Mrs Dunne:** It is not permissible to raise being misrepresented as a point of order. Stop the clock so that Mr Parton can continue to speak.

**MADAM ASSISTANT SPEAKER:** Stop the clock, please.

**MRS DUNNE:** The Chief Minister has not raised a point of order. He has claimed to be misrepresented—

**MADAM ASSISTANT SPEAKER:** He has raised a point of order that he was misrepresented.

**MRS DUNNE:** The standing orders allow him to address that after Mr Parton has spoken, not during Mr Parton's speech.

**MADAM ASSISTANT SPEAKER:** Thank you, Mrs Dunne; I have heard what you are saying. Mr Barr also raised the fact that Mr Parton has not been relevant throughout the speech and that he was misrepresented. There were two points to Mr Barr's point of order. I have also drawn to the attention of Mr Parton that he should be more relevant and address the motion and/or the amendment. Mr Parton has chosen to go off on three separate occasions now. Mr Parton, could you firstly withdraw your comment misrepresenting Mr Barr and—

**Mrs Dunne:** No, he does not have to. Mr Barr has not substantiated that, so he does not have to withdraw it.

**Mr Barr:** I will do that as a separate process afterwards.

**MADAM ASSISTANT SPEAKER:** Thank you. Mr Parton, will you please stay relevant to the motion and/or the amendment.

**MS CHEYNE:** Point of order.

**MADAM ASSISTANT SPEAKER:** Ms Cheyne, a point of order.

**Ms Cheyne:** Thank you, Madam Assistant Speaker. I draw your attention to standing order 202(e), which states that if a member persistently and wilfully disregards the authority of the chair, they may be so named.

**MADAM ASSISTANT SPEAKER:** Yes, and I was just about to warn Mr Parton that if he continued—

**Ms Cheyne:** I did note, Madam Assistant Speaker, that you have said on three occasions that Mr Parton has been disregarding your authority.

**MADAM ASSISTANT SPEAKER:** Thank you. Mr Rattenbury, on the point of order?

**Mr Rattenbury:** Yes, on the point of order, Madam Assistant Speaker. The Greens' view is that, whilst we do not agree with Mr Parton's comments, we consider them to be within the scope of the debate. He is making a point about what activities may or may not be permitted. I think he is misguided in his point in that he is ignoring the medical advice but, nonetheless, we think that he is within the scope of the debate.

**MADAM ASSISTANT SPEAKER:** Thank you, Mr Rattenbury. Mr Parton, I ask you to continue your speech and please remain relevant.

**MR PARTON:** I certainly will, Madam Assistant Speaker. Just in response to Mr Barr's assertion that I misrepresented him—

**MADAM ASSISTANT SPEAKER:** I think we will be covering that after your speech, Mr Parton.

**MR PARTON:** All right, I can do that.

**MADAM ASSISTANT SPEAKER:** Please restart the clock.

**MR PARTON:** Thank you, Madam Assistant Speaker, and thank you for your patience. If the Chief Minister is unable to provide us with the clear written advice that he received from the Chief Medical Officer which led him to making these rather strange captain's calls, we can only assume that he is picking winners on the basis of his personal preferences, whether I am allowed to go there or not, but that is the whole point of what I am saying.

I look forward to the tabling of that health advice and to us moving closer to the sensible guidelines established by New South Wales, particularly given that the Chief Minister stated in March that in these particular spaces in the hospitality sector it would be impossible—impossible—for us to do otherwise.

**MR BARR** (Kurrajong—Chief Minister, Treasurer, Minister for Social Inclusion and Equality, Minister for Tourism and Special Events and Minister for Trade, Industry and Investment): Under standing order 46, I have been misrepresented by Mr Parton.

**MADAM ASSISTANT SPEAKER:** You are claiming under standing order 46 that you have been misrepresented by Mr Parton?

**MR BARR:** I have.

**MADAM ASSISTANT SPEAKER:** Mr Barr.

**MR BARR:** The quotes that Mr Parton has attributed to me both misrepresent grievously what I said and imply that I would seek to control what people do in their spare time. I made it very clear that it is always up to individuals what they do with their own time and that, if they want to go to Queanbeyan to lose money on a poker machine, go for it. All I did was point out that if you play the poker machines, the odds are that you will lose money. And that is a fact, because they only return 87 per cent.

Further, I completely reject the assertion that I have a list on a whiteboard in my office. Seriously! There is no such list and the suggestion that I would have one is offensive. It seriously is. This is not student politics. You know a little better than that, Mr Parton. Grow up, please!

**MS STEPHEN-SMITH** (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Families and Minister for Health) (3.46): I think it is telling that the shadow health minister, the shadow assistant health minister, the shadow minister for sport and recreation—none of them are speaking in this debate. Instead, we have Mr Coe, who, of course, moved the motion, and Mr Parton, who made it very clear that he was speaking in his portfolio of gaming, racing or whatever its actual formal title is.

Even more astonishing is Mr Parton's assertion that it is the ACT Labor government who are playing favourites in regard to the public health directions when the main criticism of the public health directions, as they have been issued for step 2.1 of stage 2 of the ACT recovery plan, appears to be that they actually are too comprehensive; that we have chosen a risk approach that actually enables people to play a bit of indoor sport, as well as enabling people to go to a restaurant or a pub. As Mr Barr has pointed out in his contribution, this is not the case in New South Wales.

I would draw Mr Coe's attention to something that he said in this chamber on 7 May 2020:

We firmly believe that you need to follow the health advice when it comes to dealing with the pandemic. We firmly believe that the health advisers, the doctors and all the experts should be informing the policy.

But apparently that does not apply when your preferred industry has a different view to that of the public health advisers. I am not just talking about our own Chief Health Officer, of course, as Mr Barr has clearly indicated; I am talking about the Australian Health Protection Principal Committee, which laid out a three-step framework that was supported and agreed by national cabinet and with which the ACT's stage 2.1, easing of restrictions, is absolutely in line.

Mr Coe asked us to provide some further information about what factors were considered in relation to that. I refer him to my ministerial statement that I gave this morning. I also made similar points when we announced the easing of restrictions in radio interviews. This is about assessing cumulative risk. Dr Coleman has been really clear about that.

As I said this morning, the cumulative risks that need to be assessed when we are looking at easing the restrictions include the size of gatherings; the interaction of social networks where a crossover between multiple social networks creates a larger risk than interaction within a single social network; indoor versus outdoor environments; the number of contact surfaces and the likelihood of many people sharing equipment or touching the same surface; compliance with isolation and quarantine for cases and contacts, which people have of course been really, really good at complying with; the risks associated with increased travel and people movement; the readiness of businesses and undertakings to operate in a COVID-safe manner, which of course I also commend ACT businesses for being really sincere about and for working very hard in that regard; and the disease-balanced epidemiology and modelling. We have actually been clear about how you assess this cumulative risk, and it is cumulatively a risk that has to be assessed.

I have not spoken to the New South Wales health minister; so I am working on the basis of how this health advice works. New South Wales has gone further than the AHPPC framework in relation to hospitality venues. That is probably why they have not gone as far on other matters such as indoor sport, tattoo parlours and massage parlours, community centres, which still cannot open except under very limited circumstances, such as, as Mr Barr said, people being able to visit one another in their own homes, because actually it is all about cumulative risk. We made a very deliberate decision, a decision tailored to this community, that we would in fact go with the rule of 20 and that we would go with that across a range of sectors, including gyms and indoor sport.

Mr Coe made the assertion that it has all been confusing, that there has not been enough advice and that everyone is confused. I would say that the main people sowing confusion are, in fact, those opposite. I commend the health protection service and Access Canberra for the really hard work that they have done in continuing to provide advice, in responding to questions as quickly as possible.

I refer Mr Coe to the now updated definition of an indoor space, which is on the FAQs on the COVID-19 website. Almost as soon as these were announced, there was a definition of indoor space on the FAQs. Mr Coe could have looked it up. He probably did not bother. An indoor space means “an area, room, or premises that is or are substantially enclosed by a roof and walls, regardless of whether the roof or walls, or any part of them, are permanent or temporary or open or closed”. That has now been clarified to add, “substantially enclosed by a roof and walls of solid construction and stretching from floor to ceiling”. That did have to be clarified because some people have interpreted walls as curtains. I would not interpret a curtain as a wall. But some people have. That has now been clarified.

Every single jurisdiction has had to come up with definitions, has shared definitions. Every jurisdiction has made definitions. And in every jurisdiction people have asked questions and those questions have been answered. I absolutely commend Access Canberra, the health protection service and the economic development part of the Chief Minister's directorate for the work that they have done with industry to answer those questions and to ensure that the advice is as clear as it can be for Canberra businesses.

On the one hand, Mr Coe has said he wants us to take a tailored approach that will suit the ACT. That is exactly what we have done. We have taken a comprehensive approach across a range of industries and sectors that enable lots of people in the ACT to start doing the things that they appreciate and enjoy. On the other hand, he just wants us to follow the New South Wales government and whatever influenced the New South Wales government's position. In New South Wales you can play the pokies but you cannot play squash. We did not think it was a reasonable approach that you could play the pokies but you could not play squash.

I have been talking to constituents. I have also been talking to people in the community. I spoke to someone recently who was wondering why her two daughters, who are ranked squash players, could not go and play squash with one another. Now they can in the ACT. They could not do that in Queanbeyan.

**Mr Coe:** Did they lobby?

**MS STEPHEN-SMITH:** They did not influence the decision, but this was their experience. And I am relaying their experience to the Assembly.

As the Chief Minister has said, the numerous factual errors in Mr Coe's motion and the way that he speaks really indicate that he is either ill informed, has not bothered to inform himself or he is just engaging in post-truth politics, which we know is a favourite pastime of conservative oppositions and, indeed, sometimes conservative governments.

**Mrs Dunne:** On a point of order, the accusation that Mr Coe is indulging in post-truth politics is an accusation that he lied and it should be withdrawn.

**MADAM ASSISTANT SPEAKER (Ms Cody):** Sorry, Mrs Dunne, could you repeat what you said?

**Mrs Dunne:** I would like the accusation that Mr Coe indulges in post-truth politics to be considered an accusation of lying and require the minister to withdraw it.

**Ms Cheyne:** On the point of order, Wikipedia defines post-truth politics as:

... a political culture in which debate is framed largely by appeals to emotion disconnected from the details of policy, and by the repeated assertion of talking points to which factual rebuttals are ignored.

It sounds to me like it was the engagement of post-truth politics.

**Mr Barr:** Madam Assistant Speaker, it would be helpful to note that in past times Speakers have taken the opportunity to reflect on a particular set of words and then come back to the Assembly and provide guidance. That may be appropriate in this context, taking into account the definition that Ms Cheyne has provided the chamber.

**MADAM ASSISTANT SPEAKER:** I would like to review the *Hansard* because what I think Ms Stephen-Smith said and what was heard could be two different interpretations. At this stage I will review *Hansard* and come back to the Assembly. I am not prepared to rule on that right this second. I believe that some clarification will need to be had about at what level “untruths” were used. Ms Stephen-Smith.

**MS STEPHEN-SMITH:** I think Ms Cheyne really described the kind of political debate that Mr Coe is engaging in very well. It is a bit unfortunate for Mr Coe that he lacks the larger than life personality and the chutzpah to really get into this form of politics. Fundamentally, he is probably too decent a person to really engage in this kind of fact-free debate, to really engage in a debate where you just completely ignore the facts and say whatever you feel like. He has not really got the chutzpah of a Donald Trump or a Boris Johnson about him. Good luck to Mr Coe, playing this kind of politics!

We will continue to follow the health advice, as we have done the whole way through the response to the COVID-19 pandemic. I think it has served us well. That is certainly the feedback that I get from the Canberra community. And I am absolutely supporting the amendment moved by the Chief Minister.

**MR COE** (Yerrabi—Leader of the Opposition) (3.57): In closing, as entertaining as it was to hear the health minister get deeper and deeper into the mess that she created—she may talk about post-truth—what was not post-truth was when I had someone call me up on my mobile in tears a week after I visited, contemplating that he was about to end his life because his business was gone. His business of years and years and years was gone. That was real. They may talk about post-truth; they may talk about a straw man argument. I am talking about people’s lives here.

Nine thousand people are unemployed; thousands are underemployed. People are losing their houses left, right and centre and all this government can do is use workshopped focus group lines to try and defend the indefensible. It is bad. And they are wrong. Minister Stephen-Smith was wrong. She is wrong now and I am sure she will be wrong again when she uses expressions like “post-truth politics” to try and dodge dealing with the real issues here.

I think it is pretty damning, I think it is disrespectful to the thousands of people that are doing it tough in this city right now, to be dismissed, and to say that people who are in pubs, restaurants, cafes and so many other businesses should just put up with it is absolutely wrong. It is reprehensible. The Canberra Liberals will keep standing up for all these people. We will stand up for the people that they employ. We will stand up for Canberra families. We will stand up for the people that this Labor Party has

forgotten. We owe it to them. We owe it to them to make sure their voice is heard because this vindictive government is not listening.

Question resolved in the affirmative.

Original question, as amended, resolved in the affirmative.

## **Mental health—acute care capacity**

**MRS DUNNE** (Ginninderra) (4.00): I move:

That this Assembly:

(1) notes:

- (a) the importance of government providing a public mental health system that is efficient, timely, effective and safe for patients and staff; and
- (b) Mr Rattenbury MLA has been the Minister for Mental Health for almost four years and conditions for staff and patients have deteriorated over that time;

(2) further notes:

- (a) the Adult Mental Health Unit (AMHU) at the Canberra Hospital has been operating at and above capacity for at least 2017-18 and 2018-19;
- (b) funding of four additional beds in the AMHU in 2019-20 is providing little, if any, relief to capacity problems;
- (c) the average waiting time for admission to the AMHU was 16.2 hours in 2018-19, 140 percent higher than the average of 6.7 hours over the previous five years;
- (d) data released by the Australian Institute of Health Welfare shows that, in 2017-18, only 43 percent of mental health presentations to ACT emergency departments were seen on time, compared to the national average of 67 percent, and represents the worst performance measure in Australia;
- (e) the number of people waiting in emergency departments to be admitted to the AMHU increased by 140 percent in 2018-19;
- (f) the Australasian College for Emergency Medicine says that mental health patients in emergency departments take longer to treat than other patients;
- (g) increasing mental health presentations and wait times put additional pressure on overall emergency department performance;
- (h) in the years 2012 to 2017, there was an annual average of 29 assaults on mental health staff, with 109 assaults in 2018, an increase of 274 percent;
- (i) since 2008-09, data in the 2020 Productivity Commission Report on Government Services (ROGS) shows a significantly increasing trend of patients with mental health issues who return for further treatment within 28 days of discharge;
- (j) the ROGS found that, in 2017-18:

- (i) 10 percent of acute adult mental health patients discharged from hospital reported a significant deterioration in their condition, the highest proportion in Australia;
  - (ii) almost 49 percent reported no significant change, the highest proportion in Australia by a significant margin; and
  - (iii) 41 percent reported significant improvement, the lowest proportion in Australia by a significant margin;
  - (k) the draft Productivity Commission Report into mental health shows that the ACT has no mental health beds specifically for young people; and
  - (l) the ACT Human Rights Commission has raised concerns about a “revolving door” in the adult mental health system;
- (3) refers the matter to the ACT Human Rights Commission for inquiry and report with reference to the following terms:
- (a) the provision of mental health services to adults;
  - (b) the provision of mental health services to children and young people;
  - (c) the provision of mental health services to Aboriginal and Torres Strait Islander peoples;
  - (d) recent reports and studies that relate to the provision of mental health services in the ACT;
  - (e) admission and discharges to The Canberra Hospital and Calvary Hospital mental health units;
  - (f) capacity of the health system facilities;
  - (g) treatment of patients with mental health issues in ACT emergency departments;
  - (h) linkages that the mental health system has to other health services, including alcohol and drug rehabilitation services;
  - (i) the way in which patient management is undertaken between agencies, including ACT Health, Corrections Health, Community Services Directorate and the Ngunnawal Bush Healing Farm;
  - (j) models of care for mental health facilities and compliance with the relevant models of care;
  - (k) waiting times for acute mental health facilities;
  - (l) patient and staff safety issues;
  - (m) staff culture in the mental health system; and
  - (n) any other related issues; and
- (4) calls on the ACT Human Rights Commission to present to the ACT Legislative Assembly:
- (a) a preliminary report by the last sitting day in August; and
  - (b) a final report by the end of the first sitting week in February 2021.

Mental health is one of the major problem areas in our healthcare system. There are several statistics as part of this motion that show the problems that we are facing in

mental health. These statistics have not been dreamed up by me; they come from the Productivity Commission reports, questions on notice, annual reports, ministerial briefs and other sources. They show a system that is struggling to cope with demand and that is not performing well when compared to other states and territories. In Victoria, for instance, the Andrews government has initiated a royal commission to investigate the mental health system in that state. It recognised that the current system is failing Victorians who have mental illness, and that change was needed.

But even with a royal commission on foot, it is clear from the Productivity Commission RoGS data that Victoria has a better performing mental health system than does the ACT. I note, and I am particularly pleased to see, that the education, employment and youth affairs committee is inquiring into youth mental health. For the most part because of that, I will reserve any comment that I have to make about youth mental health until a later day, but I note that ACT Labor's 2016 promise to build an adolescent mental health unit by 2019 remains unfulfilled.

I noticed, in passing, a comment in the media today that it will be another 18 months before we see that facility. I want to go beyond the statistics and look at the human side of the problems with mental health. Each statistic in reports represents a person who has needed help after a serious incident such as attempted suicide or self-harm, or someone who suffers from a myriad of diagnosed and undiagnosed mental health issues. Every statistic also represents partners, parents and children, friends and relatives, workmates and teachers who have loved someone who is suffering.

On 29 April this year, I wrote to Mr Rattenbury after receiving a complaint from a constituent about mental health services. Among the constituent's many concerns was that he waited for three days in the adult mental health unit to see a psychiatrist. In Mr Rattenbury's reply to me, on 18 May, he said:

The adult mental health unit is a dynamic clinical environment and is often impacted by high clinical demand. While the team at the AMHU work hard to prevent this directly impacting the experiences of patients, it may result in a perceived delay in psychiatric consultation.

I repeat, Mr Rattenbury said that there was a "perceived delay" in psychiatric consultation.

My constituent did not perceive that he did not see a psychiatrist for three days; my constituent failed to be able to see a psychiatrist for three days. That is not a perception; that is a reality. Mr Rattenbury seems to be the person struggling to distinguish perceptions from reality. To see a constituent's complaint dismissed in such a way is, quite frankly, infuriating. It is quite stunning that someone who is supposed to be as empathetic and as switched on and concerned about mental health as Mr Rattenbury says he is dismisses a constituent's complaint because that person is a mental health patient. Saying that the patient perceived that he did not see a psychiatrist is disgusting and insulting.

We know that the adult mental health unit is often in high demand. For the past few years, the adult mental health unit has been running at well over 100 per cent capacity,

and at times it is at 105 per cent capacity, while the target for the hospital is 90 per cent occupancy, and that is at the top of the range. The adult mental health unit simply does not have enough beds to cater for the demand. Although the minister says we have enough staff, I am concerned about whether we have enough staff. This pressure continues, even after four additional beds were commissioned in this financial year's budget. Given that its clientele are often suicidal or likely to harm themselves or others, the adult mental health unit needs more staff than most of the other areas in the hospital per patient. We need an inquiry to determine whether our mental health system has enough resources to meet community needs. The incoming minister's brief prepared for Minister Stephen-Smith shows that there are 339 people who waited for a day or more in the ACT emergency department as of May 2019. This compares to 144 in the previous year, so there has been 139 per cent blowout in this one statistic.

Canberra Health Services advised the Minister for Health, in the incoming minister's brief, that the average bed block minutes remains significantly higher than for non-mental health patients. It said:

This is once again reflective of the capacity constraints of the adult mental health unit, and is also reflected in the number of mental health patients whose length of stay in the emergency department is greater than 24 hours.

That was in 2019. In October 2018 the Australasian College for Emergency Medicine hosted a national health and emergency department summit. I had wished to go to that but it was a sitting day and I could not. My senior adviser attended in my stead, as did many ACT government representatives. Following the summit, delegates issued a unanimously approved communique which identified seven key principles. Principle 5 states:

No one should stay longer than 24 hours in the emergency department, particularly those most vulnerable members of the community.

It is also worth quoting key principle 6:

More work needs to be done to build and sustain a functioning, integrated, mental health system that supports the prevention, early intervention and better management of mental health crises. There is not enough capacity in either hospitals or the community.

Key principle 7 identifies people living with mental health conditions, their advocates, healthcare providers and governments as having an important role in addressing what the communique described as "a crisis". It is interesting to note that the Royal Australian and New Zealand College of Psychiatrists has described the ACT mental health system in the same terms—as a system in crisis.

The problem with the mental health system is not self-contained. It is causing problems in our health system as a whole. This does not mean that these problems are due to staff. Our mental health staff do a very difficult job. Being a mental health nurse or a mental health practitioner of any sort is an exacting job that most of us would not take on. They do a difficult job, facing a high risk of assault and the

unrelenting pressure of having high demands of patients. Problems are due to a lack of resources and the way the system operates.

On this latter score, the ACT's mental health system is so complex and unnavigable that some patients, and families of patients, simply give up and go interstate for treatment. Mr Rattenbury keeps talking about making the system less complex. Indeed, in an answer to a question on notice about this, Mr Rattenbury went to considerable lengths to try and convince me that he was working on it. I have to say, given the answer, that I am not surprised that patients and their families find the ACT's mental health system so unnavigable. Even Mr Rattenbury's answer to my question was pretty much unnavigable.

In May this year, the deputy New South Wales coroner, Harriet Grahame, delivered a report into the 2018 death of an Indigenous man, Jonathon Hogan, in a Junee prison. Coroner Grahame did not have jurisdiction to examine Mr Hogan's dealings with the ACT mental health system or justice system. Mr Hogan was taken to the Canberra Hospital mental health unit in July 2017 for assessment after self-harming in custody. He escaped from the Canberra Hospital and fled to New South Wales, where he was jailed and ultimately died.

Early last year, Mr Hogan's father, Matthew, wrote to several ministers, including Mr Rattenbury, asking for an inquiry. On 4 April 2018, Mr Hogan was quoted in the *Canberra Times* as follows:

My purpose in writing ... is to ask you to institute an independent inquiry within the portfolio areas of the ACT for which you are responsible. I ask this in the hope that the tragic fate suffered by my son will not be repeated.

The letter quoted continues:

These issues go to the nature, quality and effectiveness of services in the ACT ... Not just for people such as my son who are in touch with the criminal justice system, but to people with multiple issues such as those with which Jonathon lived, including major mental health problems, a history of self-harm and extremely problematic alcohol and drug use.

A spokesman for the ACT government said that an inquiry would be held. If the ACT government has held this inquiry, as Mr Hogan asked for, the results have not been made available publicly.

This is one of the many issues that my call today for the Human Rights Commission to investigate could cover. The ACT Human Rights Commission has previously found that there is a revolving door in our mental health system.

The Productivity Commission RoGS found that, in 2017-18, 10 per cent of acute mental health patients were discharged feeling significantly worse than when they entered the system; 49 per cent of patients who were discharged from acute mental health services in the ACT felt that they had not improved. There is a significant increase in the number of patients who return in less than 28 days to the ACT's mental health system. These figures show a consistent failing in the mental health

system. They are the sorts of figures that, in other jurisdictions such as Victoria, have led to the authorities saying that perhaps they need to have a closer look at their mental health system.

In the past, I have been contacted by constituents or representatives of constituents who have been discharged into homelessness, which Mr Rattenbury says does not happen. I raised these concerns in the 2017-18 annual report hearings. Ms Le Couteur raised concerns during the same hearings about people with mental health concerns being released to Safe Shelter, which, as you know, Mr Assistant Speaker, is just about the same as being released into homelessness.

Finally, the data that I state in my motion is from past years. I understand that with the events from this year—namely, the bushfire, COVID-19 and the prospect of recession—there has been a significant increase in presentation to the adult mental health unit. In hearings last week, the COVID committee heard firsthand from the minister and officials about the pressure that we are experiencing in the COVID period.

In our mental health system, the myriad of reports and the myriad of issues that have arisen—deaths, discharge into inappropriate facilities, the heart-wrenching reports that we have seen run by the ABC recently, and issues that have been raised in the education inquiry into youth mental health—show a system that is in crisis. The psychiatrists tell us that there is a crisis. The College for Emergency Medicine tells us that there is a crisis.

My motion today tries to find a way out of this. We can talk about it or we can do something about it. We can address the crisis. We can stop the revolving door. We can drill down, find answers, look to the future and fix barriers in our mental health system that confront some of the most vulnerable people in our community.

An amendment has been circulated. I thank Mr Rattenbury for the courtesy of circulating it early and drawing it to my attention. The Liberal opposition will not be able to support the amendment because it completely guts the motion and takes away the principal thrust of the motion, which is to establish a Human Rights Commission inquiry into our mental health system.

I call on the government to recognise that they have a problem, to recognise that this is a crisis, to stop making excuses, to support the motion, and to have the Human Rights Commission inquire into this most important part of our life.

**MR RATTENBURY** (Kurrajong—Minister for Climate Change and Sustainability, Minister for Corrections and Justice Health, Minister for Justice, Consumer Affairs and Road Safety and Minister for Mental Health) (4.15): I rise to speak in response to the motion brought forward by Mrs Dunne. There are a number of issues in Mrs Dunne's motion which, I believe, need to be clarified. I will shed some light on the many reviews and improvements that have been underway to improve our mental health system.

I would like to start by acknowledging all the consumers and carers in our community. I particularly thank those that regularly contribute their time in giving feedback to the government to help guide service delivery improvement and enhancement.

I by no means wish to stand here today and suggest everything is perfect; I never have sought to do that. I have been steadfast and determined to deliver on the promises of the government to improve mental health services for Canberrans. In fact, it was my former colleague Greens member Amanda Bresnan who, in 2008, drew out a lot of issues and challenges in the mental health system and instigated many important reforms in this space.

I am concerned that Mrs Dunne has underpinned the premise of her motion on the mechanics of the adult mental health unit. I must remind Mrs Dunne and all members of the chamber that the adult mental health unit is just one single component of the entire mental health system and that focusing so directly on it would be doing a disservice to improving the broader mental health system.

In my ministerial statement on mental health late last year, I advised the Assembly of the following regarding waiting times, sometimes referred to as bed block, as has been discussed today. At the time, I said to members that in 2018-19 there had been a 137 per cent increase in mental health presentations to Canberra Hospital emergency department since 2014-15, but that, despite this, there had been data that showed that since 2014-15 there had been a 42.7 per cent decrease in waiting times for people with a mental illness and a 36.9 per cent decrease in waiting times for people with a serious mental illness. I think this demonstrates the determination to improve the patient experience and journey when attending the Canberra Hospital, particularly in the context of that extraordinary increase in numbers of presentations, which really underlines the enormity of the improvements that have been made in that space.

It is true that RoGS data shows that for adults discharged from acute mental health care the ACT has a below average proportion of people who report improvement in their condition. This data is calculated through the completion of the self-reported health of the nation outcome scales, HoNOS, which records the health and social functioning of people with mental illness at admission and discharge.

While this indicator in RoGS compares the rates of improvement or deterioration during admission, it does not include information on the relative severity of these admissions. Consequently, care should be taken when interpreting these figures and comparing averages between jurisdictions, as it would be expected that people who are admitted with more severe mental illness would be expected to show a lower rate of improvement than those with less severe mental illness.

It is also important to note that other jurisdictions have a greater number of private inpatient beds and transitional beds, which often means lower acuity and greater insight into illness. A further contributing factor is that the ACT has a higher proportion of acute beds, and thus there is also a higher proportion of admissions that are of an involuntary nature or status.

In the ACT there are greater options for community care to help manage mental health without resorting to inpatient admissions, where possible. Importantly, the RoGS data also shows that the ACT has, for over 10 years, had a consistently higher than national average of community mental health follow-up for people in the first seven days after discharge from hospital.

In relation to the concern from the Human Rights Commission about the revolving door in our adult mental health system, I believe this was not intended to be an all-encompassing term for the adult mental health unit in particular but was intended to reflect some of the more complex cases and the need to better provide individuals with whole-of-system wraparound supports in order to keep them well and out of hospital.

This highlights that across all areas of human services there needs to be a collective effort to help people maintain the best possible life. It can sometimes take repeated efforts to get the supports that a person needs right. We welcome the Human Rights Commission advocacy in these circumstances. I believe they bring valuable insights to the table.

The Productivity Commission undertook a significant inquiry into the economic and social impacts of mental health in 2018, and a draft report was released in late 2019. A key message was how the wider social and economic circumstances of people's lives impact on their mental health. These determinants include factors such as housing, employment, education and transport.

This is exactly the approach that the ACT government want to take when we plan for the future of mental health services. We know that clinical and acute services are not the only driver in providing good mental health services, and this was a key driver in establishing the office for mental health and wellbeing. This aim is reflected in the territory-wide vision of mental health and wellbeing developed by the office in close consultation with the community and other key stakeholders.

The office's vision is for a kind, connected and informed community working together to promote and protect the mental health and wellbeing of all. I am pleased to say that it is not only ACT health initiatives that are embracing this holistic approach to mental health and its determinants. It is also a fundamental part of the reasoning behind the wellbeing indicators that were announced by the Chief Minister on Canberra Day this year.

The evidence-based preferred outcome for a person experiencing mental illness is to avoid hospital admission and provide treatment in the community. We have worked tirelessly to facilitate this by providing more treatment options out of inpatient settings. The adult community mode of care endorsed in 2017 is designed to achieve a set approach to care with the aim of avoiding hospital admission whenever possible. It is aimed to support the recovery choices of an individual, considering mental health care from a more holistic perspective.

The community program offers a range of services, including the assertive community outreach service, which works with people with complex needs to support them in the community, which is where they are most comfortable. The home assessment and acute response team, the HAART, offers intensive support for people in their homes and can visit people up to twice per day, either to avoid an acute admission or to support early discharge following an admission. The ACT government also provided \$720,000 in funding to extend the HAART in the recent COVID-19 mental health support package, to increase diversionary pathways from hospitals.

The recent support package also provides funding to establish two safe haven cafes in the ACT. These cafes are a new initiative for the territory, aimed to provide a safe alternative to the emergency department. They will be modelled on the safe haven cafe at St Vincent's Hospital in Melbourne and the Dial House model from the UK. It will provide another treatment option when awaiting assessment at the emergency department or if a person just needs some additional mental health support. A fantastic part of this initiative is that they are peer led, which adds an additional layer to treatment and support options.

In 2018 an independent external review of mental health inpatient services within the ACT was undertaken. This was an extremely comprehensive review undertaken by external consultants. All recommendations of this review were endorsed and implemented except for one, relating to closed-circuit television, on which community consultation is being undertaken because there are really diverse views in the community about whether CCTV is appropriate in the adult mental health unit.

Earlier this year the office of mental health and wellbeing launched its review of children and young people in the ACT. This review demonstrated true collaboration with the community sector and was a partnership with Mental Illness Education ACT, MIEACT. This included significant consultation with the community. We heard the voices of over 800 Canberrans. The office is actively working across government and the community sector to implement the three recommendations from the review.

The government's commitment to youth mental health services is also evidenced through the expansion of the size and range of services at the Centenary Hospital for Women and Children, including the planning of a dedicated inpatient adolescent mental health unit and day service. I note Mrs Dunne's comments about the timing of that. It has taken longer than I would have liked, but there was a significant pause in the project while consultation was undertaken on the model of care. I am personally of the view that I would rather there be a little more time going into the planning process, and getting agreement amongst both our stakeholders and our clinicians on an appropriate model of care, than hurrying to build something that we end up regretting later because we think we did not get the model right.

Clinical and community services do currently have culturally sensitive capability to provide mental health support to the Aboriginal and Torres Strait Islander community. I want to reflect on this area because it is raised in the motion. However, the office for mental health and wellbeing has identified that the system would be enhanced by a culturally appropriate program. The office has been undertaking consultation on

delivery of this service with key Aboriginal and Torres Strait Islander organisations, elders and the elected body. In the recent mental health support package, I announced that \$250,000 would be allocated to the provision of an Aboriginal and Torres Strait Islander mental health program. Once the needs analysis has been completed, it will be released for tender. I look forward to this important program commencing.

Mr Assistant Speaker, as you can see, much of what Mrs Dunne is calling for is already underway through various mechanisms.

We know how important the patient journey is when engaging with the public health system, and improvements must always be made. Canberra Health Services has introduced several strategies over the last year to assist with reducing waiting times in the emergency department and in increasing capacity across the entire system by establishing a territory-wide patient flow coordinator role, which provides increased visibility of bed capacity, including at Calvary Public Hospital Bruce, and supports a proactive approach to increasing the movement of patients.

In terms of reviewing the capacity of health system facilities, there is a territory-wide mental health management committee, which was established in May 2019. The priorities of this committee include obtaining better clarity of data on bed usage, infrastructure to support patient flow and need across the whole of the territory, clarification of governance mechanisms, and the establishment of shared training and education for staff to ensure consistency of care across the services. This committee reviews and forecasts mental health needs across the territory to identify necessary improvements.

I will touch briefly on the request for a review of models of care. The models of care, which—in conjunction with the policy and procedures—provide guidance on the provision of clinical care and patient safety, are reviewed through a review and audit of clinical practice. All work undertaken as part of the clinical governance of Canberra Health Services is reported back into the governance system to ensure ongoing improvement.

When it comes to patient and staff safety issues, as my amendment outlines, the adult mental health unit has seen a 32 per cent reduction in reported occupational violence in the period November 2019 to January 2020 compared to the same quarter in 2018-19. This is a significant improvement.

The CHS occupational violence strategy outlines the commitment to the provision of a safe and healthy working environment. Reducing occupational violence is a high priority for Canberra Health Services, with a primary focus on prevention. Further, the safe wards program is being trialled in the ACT's public mental health services, which is highly effective in reducing and containing conflict and in increasing a sense of safety and mutual support for staff and patients. The model is focused on supporting staff to identify and understand the triggers for conflict so that staff are able to improve care by being able to intervene early to, essentially, reduce conflict, violence, containment and restraint.

I am sure members can appreciate that, through the many mechanisms I have touched on for reducing occupational violence, Canberra Health Services and the ACT Health Directorate consider that staff and patient safety are paramount to health service delivery.

I have been able to touch very briefly today on a number of matters that are contained in Mrs Dunne's motion. As members who have read it will know, it is a long motion and there are many areas in which, frankly, I could talk about those topics for quite some hours, because there is a lot of detail in them and I think they are important issues to contemplate. As I have sought to convey today, and as I have been quite open about on previous occasions, we know that there are areas in the mental health system that need improvement.

What I have intended to do in my amendment, as I knew I would not be able to speak about all of the matters today, is outline and respond to as many as possible of Mrs Dunne's points. So I have outlined the extensive number of reviews that have taken place in just the past three years. Mrs Dunne used the phrase "we can talk about it or we can do something about it". Given the number of reviews we have had, we do not need another review. We do not need more talk about it; we need to do something about it.

As my amendment outlines, and as the points I have made today outline, we are doing something about it. We have brought a range of innovations and improvements into the ACT mental health system in the time that I have been minister. The ACT government created a dedicated mental health portfolio in order to ensure a greater focus on mental health care in this territory. We have brought more resources into mental health in recent years, each budget adding more money, more capacity and more capability in our community service partners.

I could talk about it much more; I am out of time. I move:

Omit all text after "That this Assembly", substitute:

"(1) notes:

- (a) the importance of the ACT Government providing a public mental health system that is efficient, timely, effective and safe for patients and staff;
- (b) the Labor/Greens Parliamentary Agreement for the 9<sup>th</sup> Legislative Assembly provided for the establishment of an Office for Mental Health to oversee mental health services; and
- (c) that the ACT Government created the ACT's first Mental Health portfolio in 2016 to provide greater attention to mental health service delivery and this has been achieved;

(2) further notes that:

- (a) as the ACT grows, we are seeing higher demands for mental health services—from early intervention and prevention measures through to emergency and intensive support;

- (b) the ACT Government has continuously invested in improvements to mental health services to ensure better integration of hospital-based and community services;
  - (c) the ACT's *Mental Health Act 2015*, which came into effect in 2016, is regarded as nation-leading;
  - (d) the Minister for Mental Health established the Office for Mental Health and Wellbeing, whose 2019 co-designed work plan is intended to help achieve better integration of services;
  - (e) since 2016, the Mental Health Short Stay Unit, Dhulwa Mental Health Unit, the Extended Care Unit, and the Adult Mental Health Rehabilitation Unit in-patient facilities have opened, providing greater options for mental health treatment in the ACT;
  - (f) since 2016, the ACT Government has committed and secured funding for a new Southside Community Step Up Step Down facility, a new model of joint emergency services mental health response—Police, Ambulance and Clinical Early Response, five new supported accommodation facilities, the Adolescent Mental Health Unit, and an eating disorders centre;
  - (g) in 2018, the Home Assessment and Acute Response Team commenced to provide intensive support for people in their homes to either avoid an acute admission or to support early discharge following an admission and, in 2019, the Child and Adolescent Mental Health Services (CAMHS) Assertive Mobile Outreach Services provided assessment and treatment for adolescents aged 13-18 with moderate to severe mental illness;
  - (h) in 2018, the CAMHS Consultation and Liaison Service at The Canberra Hospital paediatric adolescent ward and the CAMHS Hospital Liaison Team in the Emergency Department were expanded to provide services seven days per week;
  - (i) there has been significant investment in community sector services which complement the public health services system;
  - (j) by 2018-19, there had been a 137 percent increase in mental health presentations to The Canberra Hospital Emergency Department since 2014-15 but, despite this, there has been a 42.7 percent decrease in waiting times for people with a mental illness and a 36.9 percent decrease in waiting times for people with a serious mental illness;
  - (k) the Adult Mental Health Unit has seen a 32 percent reduction in the number of reported occupational violence staff incidents between November 2019 and January 2020 when compared with the same quarter in 2018-19; and
  - (l) the Safewards program is being trialled in ACT public mental health which is highly effective in reducing and containing conflict and increasing a sense of safety and mutual support for staff and patients;
- (3) refers to reviews undertaken or underway in the mental health portfolio just in this Assembly term, including:
- (a) 2017—Review of Mental Health Service at Alexander Maconochie Centre;

- (b) 2017—the Auditor-General’s Audit into Mental Health Services—Transition from Acute Care to community;
  - (c) 2017—Human Rights Commission initiated—Provision of Forensic Mental Health Services within the Alexander Maconochie Centre;
  - (d) 2018—Independent External Review of Mental Health Inpatient Services within ACT Health;
  - (e) 2019—Independent review of the workplace culture within ACT public health services;
  - (f) 2020—the Office for Mental Health and Wellbeing’s Review of Children and Young People in the ACT;
  - (g) 2020—the Office for Mental Health and Wellbeing’s Older Person’s Mental Health Review which is currently underway; and
  - (h) 2020—Standing Committee on Education, Employment and Youth Affairs’ inquiry into youth mental health, which is currently underway;
- (4) acknowledges that the Human Rights Commission’s Health Services Commissioner plays an important role in handling complaints about the provision of health services in the ACT and supporting improvements in the provision of health services; and
- (5) notes that the Government will continue to:
- (a) work with the Federal Government and Capital Health Network to improve mental health services across the Territory;
  - (b) deliver on agreed recommendations of the abovementioned reviews;
  - (c) improve consumer experience with the mental health system;
  - (d) build clinical and community mental health service capacity; and
  - (e) build an integrated mental health system.”.

I commend this amendment to the Assembly. It outlines, in much more detail than I have been able to cover today, a range of improvements that are being made and the clear intent of the government that we will continue to improve the mental health system in the ACT for the benefit of some of the most vulnerable people in our community.

**MR MILLIGAN (Yerrabi) (4.31):** I would like to thank my colleague Mrs Dunne for her tireless work in the health and mental health portfolios. She has certainly put much time and effort into holding this government to account; she has done so because she is passionate and because she cares. She is passionate about giving Canberrans access to the best support that they desperately need, and calls on the government to deliver what the community needs.

Sadly, this government are out of touch and are more interested in pet projects and smoke and mirrors than the challenges facing people in our community. They talk a big game on special days or give out glossy reports, but when it comes down to it, they do not seem to trust Indigenous people.

I am not even sure that they understand the true meaning of and the concept behind self-determination. They do not listen to Indigenous people or invest in a way that reflects this concept. They try to tell them what is best for their lives and they try to deliver mainstream solutions that have been proven not to work.

Today I want to speak about the particular challenges facing Aboriginal and Torres Strait Islander peoples of the ACT when it comes to mental health and the failures of this government, and in particular this minister, when it comes to supporting good mental health and providing culturally appropriate solutions.

I do not want to spend too much time dwelling on statistics, as I think we in this place understand how bad things are here in the ACT. But they help to set the scene and demonstrate the failures of this government, so I will address a few of the key areas in order to give a background to this debate.

Mental health statistics show that Indigenous Australians are much more likely to suffer from depression or dementia than non-Indigenous Australians. Overall, Indigenous Australians experience consistently poorer health outcomes for their entire lives than non-Indigenous Australians. They experience poorer social and emotional wellbeing outcomes than non-Indigenous Australians. More than 30 per cent of Aboriginal people experience some sort of psychological distress. The figure for non-Indigenous Australians is 20 per cent.

This distress is often multilayered and can be linked to many factors. Suicide rates among Aboriginal and Torres Strait Islander people continue to highlight the life expectancy gap between Indigenous and non-Indigenous Australians. The Australian Bureau of Statistics data reveals that the Indigenous suicide rate is twice that of the broader community.

Importantly, Indigenous Australians do not necessarily experience mental health issues such as suicide for the same reasons as non-Indigenous Australians. It makes sense that Indigenous people require culturally appropriate services—services like the Winnunga Nimmityjah Aboriginal Health and Community Services provide, with groups like their wellbeing group and men’s and women’s groups. These are so important to bring people together and to get people talking about mental health and wellbeing. Winnunga try to treat the whole person rather than just bandaiding the obviously broken bits and pieces, but they want to do so much more.

Of course, there is the amazing support given by Gugan Gulwan to families, parents and young people. They focus on reconnecting community to culture and to each other. Again, if Gugan only had the facilities and the support needed, they could meet the demand and grow their services to meet the needs of their people.

This government’s programs need to take a long-term view rather than quick start-and-stop programs. They need to stop providing narrow-focused and inadequate mental health services. It makes sense that providing mental health outcomes will have a flow-on effect to other areas, including reducing high incarceration and substance abuse rates.

This brings me to the long and frustrating saga of the Ngunnawal Bush Healing Farm. This facility is a wasted opportunity—a missed chance to really invest in a culturally appropriate place for Indigenous people, a place to heal, recover, connect and get their lives back on track. After more than a decade of false starts and broken promises, the facility was fast-tracked; \$12 million was spent on building it and \$2 million a year on running it. And what does it deliver? Very narrow programs not linked to other service providers or to the justice system. There is no case management support or encouraging people into healthy pathways and lives. Instead, it is run by ACT Health on their terms, not by Indigenous people for their community. It is run on an ad hoc basis and not in a holistic way. The land and farm are not adequately managed. Again, it is not living up to the potential to connect people to country.

I am frustrated at this government and at the various ministers involved over the years. If you think I am frustrated, you should talk to the local Aboriginal and Torres Strait Islander community about how they feel. After almost 20 years of this government, how can things be so bad here in the ACT? This long-serving government cannot break out of the same tired, old thinking. As a result, Canberrans have been left with some of the worst performing health services in the nation. Even before the coronavirus, taxes were at record highs, services were at record lows and there was \$4 billion in debt. Canberra deserves better, and for Indigenous Canberrans the stakes are even higher.

I am pleased to support this motion from my colleague, and I thank her for continuing to raise the health and wellbeing of our community in this place. I hope that this review will provide some practical insights into how to address what I admit is a complex situation, providing it gets up in this chamber today.

To be honest, I believe that the first and most important step to address this issue for our Indigenous community and Canberra as a whole is to vote out this tired and out-of-touch government. Come October, I know we are ready to tackle the problems facing Canberrans with fresh eyes and a new vision.

**MS STEPHEN-SMITH** (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Families and Minister for Health) (4.38): I rise very briefly to support Minister Rattenbury’s amendment to Mrs Dunne’s motion. The amendment lays out very clearly the investments that have been made by the government, particularly since 2016, and the work that is underway in this space, as well as the many reviews and inquiries that have been completed and that are currently underway in this space.

Unfortunately, I missed hearing most of Minister Rattenbury’s contribution to the debate, but I am sure he also spoke about the very important role that the Human Rights Commission already plays as an oversight body in this space, and particularly the important role of the health services commissioner, who plays a critical oversight role not only in mental health but in health more broadly. It is one that we certainly welcome and embrace, as the party who introduced the Human Rights Act and have a very clear commitment to human rights.

However, we cannot support Mrs Dunne's motion, for many reasons, one of which is in terms of the referral of an inquiry to the Human Rights Commission. I am not sure, process-wise, that it is really appropriate. I also do not think that it is feasible to expect the Human Rights Commission to undertake the very extensive terms of reference that Mrs Dunne has listed in her motion in the time frame that she has provided.

The education, employment and youth affairs committee just today have extended their reporting period, I understand, and certainly their submission taking, on their inquiry into youth mental health. That is a clear indication that these are complex issues. If another proper inquiry was to be undertaken, it would require some extensive consultation on the part of the Human Rights Commission.

When the Human Rights Commission conducted their commission-initiated investigation, their own initiated investigation into Bimberi, in some ways that was a much narrower investigation, with fewer people to interview and probably fewer issues to consider. We again welcomed that inquiry. It was a really important inquiry into Bimberi Youth Justice Centre and the allegations that had been raised. No evidence was found to support most of them. You would not know that, from listening to the opposition. That inquiry took 18 months or more.

These are difficult matters—Mrs Dunne is right and the opposition is right. I think you made the point in one of your earlier contributions, Mr Assistant Speaker Parton, that it is the role of the opposition to hold the government to account. We certainly do not shy away from that. We also recognise absolutely—I heard a little bit of Minister Rattenbury's contribution—that there is a growing demand for mental health services. We have been working very hard, as Minister Rattenbury's amendment indicates, on taking a range of measures and making a range of investments to address that demand. Do we need to do more? Absolutely, we need to do more.

That is why, as Minister for Health, I have made it very clear to both the ACT Health Directorate and Canberra Health Services, as well as in my conversations with Minister Rattenbury, that mental health is also a high priority for me. It is absolutely critical that our investment in the health system is focused in this area. It is also important, as the minister with responsibility for alcohol and other drugs policies and services, that we integrate our systems across mental health and drugs and alcohol because we know that the extent of comorbidity in these spaces is significant. We need to ensure that our services are integrated and can support people who have comorbid conditions. That stretches beyond mental health and drugs and alcohol. It is a key driver of the work that we do within the ACT government and the work that we do across governments, through the COAG Health Council, in terms of trying to develop policies that will deliver a more integrated system.

That goes to the point that Mr Milligan made, a really good point about Winnunga Nimmityjah Aboriginal Health and Community Services treating the whole person. It would be wonderful—and I know Minister Fitzharris made this point at Winnunga's birthday party last year—if our whole health service took the approach of treating the whole person, body and mind. That would be great. That is what we aim to achieve. We will have to get there a step at a time. We are not starting from a perfect situation. We are experiencing changes in the demand for services over time.

Mr Milligan also made the point that Aboriginal and Torres Strait Islander people are more likely to experience mental health challenges and are probably less likely to get treatment as well. With the focus on mental health, and the focus on culturally safe services, I know that Minister Rattenbury touched on that, particularly in response to the COVID-19 response. I also wrote to Minister Hunt earlier this year, in relation to the mental health commitment that had been made around the bushfires, to encourage and ensure that culturally appropriate services would be available for Aboriginal and Torres Strait Islander people who had been affected by the fires earlier this year, particularly recognising that so many Yuin people from the South Coast had come to the ACT and were in need of support.

Whenever there is trauma like that, whether it is bushfires or COVID-19, for Aboriginal and Torres Strait Islander people particularly, who have that experience of intergenerational trauma, that is a compounding factor. It is absolutely critical that services that have that cultural understanding, that have that deep understanding of the impact of intergenerational trauma, are available for them.

I thank Mrs Dunne for bringing the issue to the Assembly. Obviously, we are not supporting her path forward on this. We need to be really clear about our commitment, the amount of investment that we have made and the amount of focus that we will continue to put on our response to mental health in the community. We take these issues very seriously. I think that Mr Rattenbury's amendment well outlines the detail of that.

**MRS DUNNE** (Ginninderra) (4.46): It will come as no surprise that the Canberra Liberals will not be supporting this amendment. The main thrust of this motion is set out in part (3) which calls on the Assembly to refer to the Human Rights Commission for inquiry and report certain matters. Mr Rattenbury went to great pains to say, "We can't just concentrate on the adult mental health unit. That's just an aspect of the mental health system." Yes, we agree that that is a point. However, this is not a proposed inquiry into the adult mental health system.

I had better make it very clear. I did not read it out because I thought that as grown-up, long-experienced legislators we would have read the terms of reference set out in part (3) of the motion, but we ask for a Human Rights Commission inquiry in the following terms:

- (a) the provision of mental health services to adults;
- (b) the provision of mental health services to children and young people;
- (c) the provision of mental health services to Aboriginal and Torres Strait Islander peoples;
- (d) recent reports and studies that relate to the provision of mental health services in the ACT—

and Mr Rattenbury has been so kind as to list many of those reports and studies in his amendment—

- (e) admission and discharges to The Canberra Hospital and Calvary Hospital mental health units;
- (f) capacity of the health system facilities;
- (g) treatment of patients with mental health issues in ACT emergency departments;
- (h) linkages that the mental health system has to other health services including alcohol and drug rehabilitation services;
- (i) the way in which patient management is undertaken between agencies including ACT Health, Corrections Health, Community Services Directorate and the Ngunnawal Bush Healing Farm;
- (j) models of care for mental health facilities and compliance with the relevant models of care;
- (k) waiting times for acute mental health facilities;
- (l) patient and staff safety issues;
- (m) staff culture in the mental health system; and
- (n) any other related issues ...

A broad-ranging inquiry is proposed and does not relate simply to the acute mental health system. I am flabbergasted at the approach of Mr Rattenbury. I know Mr Rattenbury has to protect his patch. It is the Greens things. When Ms Bresnan was here she was very passionate about mental health and suicide prevention, in particular, and the Greens have long taken the view that they are the torchbearers for mental health.

However, the experiment of having a separate mental health minister and essentially Canberra Health Services and ACT Health having to answer to two ministers has not worked. It is a complicated system anyhow and having to report to two ministers, depending on where they are and what the issues are, is a fundamental failure and a fundamental breakdown in the system. It has not served the people of the ACT well.

Mr Rattenbury can say, “We’re doing fantastic things and we’re spending a lot of money on it.” The figures do not lie. While Mr Rattenbury has been the Minister for Mental Health he has overseen a decline a mental health, a decline in patient safety, a decline in staff safety. Quite frankly, there have been a number of occasions where Mr Rattenbury has been completely blindsided by how complex and difficult the mental health system is to manage. He has not been up to speed and not been agile enough to even address the issues of staff safety.

A number of times in this place we have been palmed off with “waiting for reports to come out” or strategies to be launched and the like. Strategies and reports that Mr Rattenbury is waiting for do not protect staff on a day-to-day basis from assault in very high risk areas.

We saw it today: there is a failure of management that a patient could be at such high risk and not have the lock on his door appropriately fixed. That went on for an

extended period and that was explained away by a failure in the system of ordering a new lock or ordering a repair for a new lock. Those sorts of things should not go on for weeks. If you order a repair to a new lock in the mental health unit today and it has not happened tomorrow, the system should elevate it so that someone says, “We really need this lock fixed.”

It is a symptom of everything that is wrong. They were prepared to let a lock go unrepaired for weeks and nobody in the system escalated it. We would never have known about that, except that some brave person said, “Enough is enough.” The system is just not good enough, and all the backslapping and reworking of this motion do not take away from the fact that there are people in this town who are not getting the service they need from the mental health system. There are children in this town whose parents are taking them interstate because there is no-one and nowhere for them to go.

The minister has come into this place and said, “Oh, yes, I’m really very sorry that it’s taken so long to build the acute adolescent mental health system. We put a stop on it so that we could consult again.” What about the kids who self-harm? What about the kids who suicide? What about the kids who are inappropriately housed in the adult mental health unit or in a general ward?

Let’s talk about the people who are inappropriately housed in general wards. The person who bravely went to the ABC was suicidal. He was put in a general ward. This is not appropriate. We heard it the other day in the COVID committee, “Oh, well, if the AMHU is full, we put people in general wards.” That is not good enough. The hospital is already under pressure. We heard evidence recently that it is at 90 per cent capacity, and more even, during the COVID crisis.

We cannot be putting mental health patients in general wards, because people who should be in medical wards should be in those wards. Every time we do that, you displace somebody else and you house somebody inappropriately. This is why we need an inquiry.

The Minister for Health said, “Oh, well, we can’t ask the Human Rights Commission to do this. It would be too difficult and I’m not really sure how we would do it.” It was fine back in 2011 to refer to the Human Rights Commission a thorough inquiry of Bimberi, which came up with more than 100 recommendations—maybe 200; I cannot remember now. It was fine then, at the drop of a hat, to transfer an inquiry to the Human Rights Commission. Since then, the Human Rights Commission have taken an interest in Bimberi and have done their own self-referred inquiry into other aspects of Bimberi.

It is not unprecedented for this Assembly to refer matters to the Human Rights Commission. In fact, it was the idea of the Greens that it should happen, in the case of an inquiry into Bimberi. It is an appropriate place for us to go. If the minister wants to quibble about the time frame, I am happy to have that discussion. But the minister has not come up with a more expansive time frame. If the government were serious about it, that is what they would do.

This is an important issue about the lives and safety of mental health patients, the staff who look after them and their families, who are distressed beyond belief and who find themselves as pawns in the process. They are sick of taking their loved ones to hospital and having them sent home untreated. They are tired of not getting answers. They and the distressed staff know we need an inquiry, just as we know we need an inquiry.

Question put:

That the amendment be agreed to.

The Assembly voted—

Ayes 7		Noes 6	
Ms Berry	Ms Orr	Mrs Dunne	Mr Parton
Ms J Burch	Mr Rattenbury	Mr Hanson	Mr Wall
Ms Cheyne	Ms Stephen-Smith	Ms Lawder	
Mr Gentleman		Mr Milligan	

Question resolved in the affirmative.

Original question, as amended, resolved in the affirmative.

### **Supplementary answer to question on notice ACT Emergency Services Agency—volunteer compensation**

**MR GENTLEMAN** (Brindabella—Manager of Government Business, Minister for Advanced Technology and Space Industries, Minister for the Environment and Heritage, Minister for Planning and Land Management, Minister for Police and Emergency Services and Minister for Urban Renewal) (5.00): I seek leave of the Assembly to provide a quick update on the firefighters financial support program that was raised in question time today.

Leave granted.

**MR GENTLEMAN:** Thank you, Assembly members. In response to earlier questions on the volunteer firefighters financial support program from Mrs Jones and Mr Wall, and the questions I took on notice, I have sought updated advice from the ESA and I am advising the following: a total of eight applications have been received. I believe the last two were received after inquiries from the media last week. Of those applications, the ESA understands six volunteers have already received the payment and the other two have been approved and the funds will be received very shortly. Funds are provided via Shared Services, and the ESA is following this up. To date, the ESA have not received any other applications for approval.

When the federal government first announced the volunteer firefighter payments scheme in January, it was available only to New South Wales Rural Fire Service members. The hard work of the ACT government and the ESA ensured that this

payment was also made available to ACT members. It should be remembered that when this was first announced, in January, volunteers and staff were assisting in the suppression of bushfires for the next month, and the bushfire season did not officially end till 31 March this year.

As I explained in my previous response, the ESA developed and tested a system to process volunteer firefighter support payments that incorporates the use of an online expression of interest form by the potential applicants and to inform them of the commonwealth criteria. ACT RFS, via emails to all members, Facebook posts and RFS video updates, continue to update all volunteers on the progress and steps they are required to take regarding the support program. ESA has ensured that all eligible volunteers are aware of the opportunity to apply for the payment via the ESA website, cross-government and public information spaces, service-specific newsletters and internal ESA communication channels.

Once again, I thank all of our volunteers, the staff of the ESA and the commissioner for the amazing work they continue to do to keep Canberrans safe.

## Adjournment

Motion (by **Ms Stephen-Smith**) proposed:

That the Assembly do now adjourn.

## Personal explanation

**MR PARTON** (Brindabella) (5.02): I want to speak briefly regarding a motion that was debated in this chamber earlier today and some of the fireworks around it. Madam Speaker, during his speech on Mr Coe's motion, Mr Barr went off on a tangent and, I think, attempted to link Mr Coe's motion and Mr Coe generally to news events currently unfolding in the United States. I know that Ms Le Couteur did not really understand what he was saying, and I certainly did not understand. It was completely irrelevant to the debate. I find it extremely ironic that Mr Barr then rose with a point of order suggesting that what I was saying was irrelevant to the debate.

Mr Barr suggested that I had misrepresented him. I said in the chamber that Mr Barr stated very clearly to the media that there were many better ways to spend your time and money than on poker machines. Mr Barr suggests that that was a misrepresentation, but I have the *Canberra Times* story in front of me. It says:

... it's not a great way to spend your time.

Always up to individuals what they do with their time but there are many other better forms of entertainment than putting money into a poker machine.

I would suggest that someone who has made a statement that says that there are many better ways of entertainment than putting your money into a poker machine has mentally, in his or her head, done an assessment of pastimes, to some extent, and ranked them and put poker machines down at the bottom.

I do not believe that it was a misrepresentation. Mr Barr said that he found my suggestion of a list of pastimes offensive. I would think that every unemployed club staff member would find Mr Barr's media statement on what they do for a job, and his being so dismissive about it, to be offensive.

### **Children and young people—parental contact**

**MRS KIKKERT** (Ginninderra) (5.05): Above all else, I am a wife and a mother. Last night I sat down with my daughter and went through her most recent test. I am glad she is safe and that I have the joy of seeing her every single day, along with my other four children.

When a mother cannot see their child, I hurt as a mother. When I hear of injustice towards a mother, I hurt. When I hear a voice in the wilderness, of a mother screaming to see her child, I hurt as a mother. When a mother's grief and plea to see her child is ignored, I hurt as a mother and, as a willing body, voice and representative of the community, I become her voice in this Legislative Assembly.

With this in mind, let me state that there is a hidden injustice in the government's own administration. Since 2004 there have been 11 reviews into the ACT child protection service. Most of these reviews have been completed; some are currently underway. Over 16 years, there have been 11 reviews into CYPS. People are tired of seeing these reviews. Nothing has changed. Minister Rachel Stephen-Smith is too weak to take any real action. As a consequence, injustice lives and breathes inside them while children and families are suffering in our community. I am standing up today and telling them enough is enough. The injustice inside CYPS needs to stop. The minister needs to step up and do something, rather than providing lip-service.

A case of a parent willing and ready to see their child is the latest I have seen of this injustice. I have seen court orders that state that there should be contact between child and mother at least once per month. Since last July the child has not seen her mother. The mother emailed for contact, with a few suggestions of contact at the mall or playground. These were rejected as a place of contact. I thought decisions were based on the best interests of the child. When CYPS suggested a place for contact, the mother was told she could not bring her parents. This government stopped responding to the parent's emails with suggestions of contact and no longer offered any contact with her child. "Forget about the court order," they think.

I have on record that the child wants to see the parent. It took an innocent child to say, "I want to see my mum," for CYPS to re-establish the contact between mother and child. A phone call happened, due to COVID-19, between child and mother. A phone call that was meant to be for 30 minutes only lasted for four minutes, after they hung up on the child when the mother told her she was trying to see her. Are you kidding me? This is appalling and an experience that engenders distrust in the innocent child. For the minister to allow it to happen is damaging this child's mental wellbeing. The minister is too weak. We do not need a minister being picky on who to save and who not to save. You do not get to choose if and when a mother sees her child. No, no, no.

After many emails from the mother seeking access, an email was sent to the mother saying, “If and when you make contact with your child.” They wanted to silence her for speaking up. You do not get to choose even when the court order orders you to make arrangements for supervised contact between child and mother. Your email does not overrule a court order. Obey the law. You are not above the law. You do not punish a mother for fighting to see her child. You do not have the right to keep that child away from her parent after she asks to see her. This is injustice.

In the clear, broad light of building a mother and child relationship that is bound by a court order, this is a clear violation of protecting the child and the order. When injustice is happening in our world today and there are riots on injustice, we just have to sniff out the injustice that is so close to us, in this Labor government’s treatment of families and children. *(Time expired.)*

### **Business—COVID-19**

**MR GUPTA** (Yerrabi) (5.10): Before I begin, I acknowledge the great work that the Minister for Health, Rachel Stephen-Smith, has been doing. It has been acknowledged in the *CityNews* and other places too. I commend all Canberrans for their resilience during these unprecedented times. This strength and community spirit has allowed us to fare so well against COVID-19. We are not out of the woods yet, but I certainly hope that our excellent track record continues.

Businesses in the ACT have faced some unique challenges over the last few months, with many still recovering from the similarly unprecedented bushfire season. I am proud to be part of the government that has responded so quickly and efficiently to the needs of all Canberrans in this crisis. The JobSeeker and JobKeeper payments were a good start to supporting our community in these trying times, and these initiatives were followed by multiple stimulus measures for Canberrans.

Today I want to talk about the measures we have introduced to support the businesses in Canberra. We have provided exemptions from commercial rates payments for businesses affected by COVID-19, as well as developing a system to provide rental relief to commercial tenants.

We have also provided utilities rebates to both residents and businesses, with eligible small businesses automatically receiving a \$750 rebate on their June or July electricity bills, eligible hotels being able to apply for a rebate on fixed water rates, and eligible hospitality businesses being able to apply for a \$1,000 electricity rebate. We have also waived a number of taxes and fees associated with running a business, increasing our support for small businesses in the wake of the bushfires over summer. The government today announced a stamp duty concession as part of Canberra’s recovery plan, with the goal of encouraging residential property construction and thereby further supporting the local construction industry.

As well as financial support, the ACT government has developed a number of avenues that have allowed businesses in Canberra to access personalised assistance in navigating both the crisis and the available support for businesses and for ACT

employees. This is truly a reflection of a government recognising the importance of the people who work so hard for its economic growth.

However, as always, policy is only part of the complete picture. Today I would like to highlight the excellent work the Canberra Business Chamber has been doing throughout this crisis, and the overlapping but equally important work it has done in supporting businesses affected by the bushfires.

The Canberra Business Chamber has been a pivotal part of the business community in Canberra, providing support and advice for businesses throughout the territory, and advocating on their behalf to advance the interests of businesses across Canberra. Recently, however, the Canberra Business Chamber has become more important than ever. While it is important to provide support for businesses in this time of economic uncertainty, it is equally important that businesses are aware of what support is available. (*Quorum formed.*) To this end, the Canberra Business Chamber has been at the forefront in providing constant support and information to businesses for the past few months, giving updates as new supports become available, as well as reminders of already existing measures.

In addition to government policy, the Canberra Business Chamber has hosted several webinars designed to help small businesses in Canberra come out of the COVID-19 crisis as strongly as possible, including Q&As with relevant policy experts to help business owners navigate stimulus support, new working arrangements and new ways of delivering goods and services. I myself had the opportunity to attend one of these webinars last month, and I found the experience to be extremely informative, as well as highly enjoyable.

The Canberra Business Chamber has been conducting workshops with a long-term vision, teaching businesses how they can continue to run stable and profitable businesses as our immediate crisis situation begins to stabilise. This proactive approach is, in my view, very commendable.

Recently, I also met the members of the Indian and Chinese business communities and I even had the pleasure of being joined, at different times, by the Chief Minister and Minister Steel. We were able to discuss both the immediate and the long-term concerns of these communities and what steps they were taking to ensure they could continue to operate both now and in future. (*Extension of time granted.*)

In conclusion, I believe that Canberra is very lucky to have such a vibrant local business community. I am proud to have been part of the sustained efforts through the struggle brought about by COVID-19 and the bushfires. It is more important than ever to support our wonderful businesses. I hope that our economy continues to recover and strengthen and that Canberra as a whole continues to show the resilience that it has done to date.

### **Legislative Assembly—internship**

**MS CHEYNE** (Ginninderra) (5.19): This week marked the conclusion of ANU student Miriam Downey's internship in my office. Miriam is the third intern I have

welcomed from the ANU internship program since I was elected. As will come as no surprise, this time was a most unusual experience.

Miriam started in late February. By the time the Assembly next had a sitting day, we were sitting on Thursday only and otherwise all working from home. So, regrettably, Miriam has had a much more pared-back internship than we would otherwise have loved to give her. But that is not to say that Miriam herself has not made the most of it.

This week Miriam handed in a comprehensive essay on women in politics titled “Do women best represent women?” Given that Mrs Jones was interviewed for it, I thought she would be interested in knowing all about it.

Fittingly, Miriam’s case study was on the first majority female parliament in Australia: of course, our very own. Miriam conducted a literature review of barriers to women entering politics and staying in politics, as well as the theories of critical mass—that women are more likely to make a substantive difference once there is a 30 per cent representation in parliament—and the politics of presence: that it is the individual and their passions and experiences that gets issues on the agenda. Whatever theory you subscribe to, this quote sums it up neatly: “Even though women politicians advocate for more than just women’s issues, and are not elected for this sole purpose, they are still women’s primary representatives.”

Miriam’s case study investigated what led to a female majority parliament being achieved in the ACT, as well as what specific measures women members have championed in removing barriers to women’s participation, including in the chamber itself, and the actions women have taken to propose and support legislation that specifically benefits women.

My thanks go especially to Minister Berry, Mrs Dunne, Mrs Jones and the Clerk for their generosity in making the time to be interviewed and being so candid in doing so, as well as to former member Annette Ellis for providing plenty of background. Madam Speaker, your own paper that you published in 2018 was drawn from heavily.

The essay’s strength lies in the collective experiences of members in this place being shared and recorded. I commend Miriam for having done so in a very meaningful way. I do not think it will surprise many people here that Miriam found that women in the ACT parliament have made a genuine difference in political participation in parliament and in matters that affect women, like safety and support, and that women in this parliament have done so as individual actors as well as as a result of having an increasing number of women represented in each term, at least in our more modern history. However, it is women who are willing to use their position to act for women who make the greatest difference to policy outcomes.

There is more to do in terms of leadership positions, such as the make-up of cabinet, and in terms of culture. But that does not take away from how much has been achieved in the parliament.

Miriam’s essay concludes by recommending that more women being elected will help to address women’s disadvantage overall in society. Our own example here in the

ACT helps to determine how exactly to do this. First, the barriers to women's participation in politics must be removed so that parliament is a more attractive workplace for women. This includes introducing family friendly working hours, maternity leave and breastfeeding facilities. Second, political parties must preselect more women. Third, women and men should be provided educational material on the benefits of electing women representatives. Finally, women must access leadership and senior portfolio positions in order to maximise their influence on policy outcomes for women—because women best represent women.

Again, this was not quite the internship that Miriam or I anticipated, but I commend her flexibility and commitment to the task and the rigour with which she has approached it.

### **Mr George Floyd Aboriginals and Torres Strait Islanders—Reconciliation Week**

**MS STEPHEN-SMITH** (Kurrajong—Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Children, Youth and Families and Minister for Health) (5.24): I was going to rise in the adjournment debate this week to speak about Reconciliation Week, but with the events that are going on around the world, particularly in the United States—and now we are seeing protests in Australia as well—I want to touch briefly on the tragic death of George Floyd and the black lives matter movement. As members would be aware, I spent more than four years living in Washington DC and so it is a shock to see what is going on there at the moment. It is heartbreaking what is happening in the US right now.

George Floyd's death was heartbreaking for his family and a tragedy for the community—killed for an alleged fake \$20 note. It is symbolic of so much that African Americans have experienced over so long, but it is not surprising that the black lives matter movement is also coming to Australia and is in Australia and that people are out on the streets here, during and after Reconciliation Week. Aboriginal people are the most incarcerated people on earth, and this is a matter that we should all take incredibly seriously and rededicate ourselves to addressing in any way that we can.

The Uluru statement from the heart called for truth telling, and the truth is that more than 400 Aboriginal and Torres Strait Islander people have died in custody since the Royal Commission into Aboriginal Deaths in Custody in 1991. Tragically, this includes, of course, Canberrans. The unimaginable trauma felt by individuals and the wider community only adds to the cultural load experienced by Aboriginal and Torres Strait Islander peoples. This trauma impacts all aspects of people's lives—employment, education, health and wellbeing and, of course, as we discussed earlier in the debate, mental health.

Some have tried to brush away this anguish and anger felt by Aboriginal and Torres Strait Islander people by saying that we should not import things that are happening overseas here to Australia, but the reason that people are on the streets is that this is a true experience and we do indeed, particularly in Reconciliation Week but all the time, need to speak the truth, not only of our history but of our present day.

The timing of all these events, and others such as the impact of COVID-19, which is, again, disproportionate for Aboriginal and Torres Strait Islander people, and the unnecessary destruction of Juukan Gorge in Western Australia has resulted in a challenging Reconciliation Week for many. But there have been positives. Hundreds, thousands, of Canberrans still marked Reconciliation Day with pledge cards, sharing culture and learning and stories and histories on ABC Canberra. People got down to Lake Burley Griffin—as I did, and I know that the shadow minister did as well—to see the National Carillon lit up with local Ngunnawal art and language, with the hands from ANTaR that really symbolise reconciliation.

I speak tonight with a heavy heart, a heavy heart at what is going on in what I have considered my second home in Washington DC and a heavy heart when I think about how much work we still have to do here to achieve true truth telling and true reconciliation in our nation. We have a lot of work ahead of us, and the ACT government and the labour movement are resolutely committed to advancing the Uluru statement from the heart—voice, treaty and truth. We have a lot of work ahead of us, but what we know from this week is that Canberrans are with us on that journey. We are in this together, and Canberrans consistently demonstrate that we want to be part of the journey of reconciliation. For that, I thank them.

Question resolved in the affirmative.

**The Assembly adjourned at 5.29 pm until Tuesday, 18 June 2020, at 10 am.**