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LEGISLATIVE ASSEMBLY

FOR THE

AUSTRALIAN CAPITAL TERRITORY

SIXTH ASSEMBLY

WEEKLY HANSARD

26 AUGUST

2005

Friday, 26 August 2005

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MR SPEAKER (Mr Berry) took the chair at 9.30 am and asked members to stand in silence and pray or reflect on their responsibilities to the people of the Australian Capital Territory.

Mental Health (Treatment and Care) Amendment Bill 2005

Debate resumed from 30 June 2005, on motion by **Mr Corbell**:

> That this bill be agreed to in principle.

MR SMYTH (Brindabella—Leader of the Opposition) (9.31): The purpose of this bill is the amend the Mental Health (Treatment and Care) Act in regard to the provision of involuntary treatment with electroconvulsive therapy, known as ECT. Currently, ECT is used in the ACT for both voluntary and involuntary patients to treat severe depression and mania. Involuntary use of ECT can only be done by an order of the Mental Health Tribunal and only if it is convinced that it is necessary to prevent the loss of life.

I understand from a briefing I received from the chief psychiatrist and officials that currently involuntary ECT is used about 30 times a year in the ACT. The Liberal opposition understands that there is some community disquiet about the use of ECT. A lot of this disquiet is generated by the rather grandly named Citizens Commission on Human Rights. The Citizens Commission on Human Right is, of course, an arm of the Church of Scientology, which has had a long dispute with the concept of psychiatric medicine.

Nonetheless, there is a fundamental question involved, which is: do we, as a society, wish to empower the state so that it can apply involuntary treatment? The answer at the moment is yes, and there is nothing in this bill that affects that fundamental question. I understand that Dr Foskey would like to have a more general debate about the efficacy of ECT, and the Liberal opposition would be interested in that debate. But, given that this bill does not change the fundamental philosophical issue, we have to ask: what does the bill do?

This bill changes the time periods that apply in the process. Under the current act, the tribunal meets three days after an application for treatment is made. If the bill is passed, the tribunal will be able to meet as soon as possible. At a briefing given by the chief psychiatrist and officers it was indicated that it was thought that this new power would be needed possibly up to three times a year. Given that the application of involuntary ECT is for emergencies only, it makes sense for the tribunal to be empowered to meet and make orders more quickly.

It is interesting that states such as New South Wales and Queensland do not have the time frames that we have in our act. As soon as their tribunal can meet, it can make orders. The other thing is that we need to understand that there will be at least three psychiatrists involved in this process. The treating psychiatrist and the chief psychiatrist have a role to play and, of course, there is a psychiatrist as well as a magistrate on the tribunal.

To reiterate, the fundamental concept of involuntary treatment is not being changed; just the time frames for the making of the orders. With this in mind, the Liberal opposition will support the bill.

DR FOSKEY (Molonglo) (9.34): Mr Speaker, I believe that there are a number of outstanding issues raised by this bill that warrant its referral to the Standing Committee on Health and Disability for further review. The first issue concerns the involvement of the public advocate.

Under the current provisions of sections 87 and 89 of the Mental Health Act, the public advocate is notified of any application to the Mental Health Tribunal for an involuntary treatment order, is advised when the hearing will occur and is entitled to hear and give evidence. As a matter of course, the public advocate undertakes to visit the person who is the subject of the application and may also speak with family members, carers and other key persons.

The role of the public advocate is to oversight involuntary detention and treatment, to speak to the person if the person is well enough, to discuss the person's rights and to explain what will happen next, including the processes of the Mental Health Tribunal, hearings, orders and legal representation. The public advocate will try to ascertain the capacity of the individual to participate in decisions regarding treatment, to gauge their understanding of the specific treatments under consideration and to establish whether they have preferences in relation to treatment options. The public advocate is then in a position to support and/or represent the interests of the individual in the application hearing.

The participation of the public advocate in tribunal hearings is a very important safeguard that ensures that the rights of the individual are asserted and have some protection. Whilst it is true that the relevant sections of the act will still apply to applications to administer emergency ECT treatment, there is a practical restraint on the involvement of the public advocate. The public advocate does not operate an after-hours service. There is no official mechanism for notifying the public advocate if an urgent tribunal hearing is to be held on a weekend and no guarantee that they will be available and able to participate in the hearing. The ACT Greens believe that not having the public advocate at the tribunal hearing is unacceptable. We would argue that it is imperative that a mechanism to guarantee the participation of the public advocate be developed prior to the amendments contained in this bill being adopted.

The second issue is that the ACT currently provides no mechanism by which an individual can ensure that their views on emergency treatment options are known to treating doctors and the Mental Health Tribunal if they experience a health crisis and become unable to communicate them at a time when it is deemed that they need emergency treatment. The legal status of advanced health directives or Ulysses agreements that would provide such a mechanism are currently uncertain and are under consideration as part of the review of the Powers of Attorney Act. However, I understand from parliamentary counsel that the next load of amendments to the Powers of Attorney Act do not include something which I note is occurring as part of action 27 of the ACT mental health strategy and action plan, which includes establishing advanced agreements as a routine component of care planning.

Yesterday, Mr Corbell tabled a progress report on the ACT mental health strategy and action plan for 2003-08. Page 3, under the heading "Advanced agreements", states:

> This initiative, which was highlighted in the ACT Mental Health Strategy and Action Plan 2003-2008 has completed its initial project phase and is in the process of being more widely implemented and assessed across Mental Health ACT.

It interests me that progress is occurring in that area, but the changes to the Powers of Attorney Act appear to be happening in parallel. I hope that there will be some connection soon.

Advanced agreements are really very important. They were highlighted by the Community Advocate in her farewell speech. That was in relation to another matter, but I think they have application here. They enable consumers when they are well, in consultation with their clinicians, their GPs, their carers and others if desired and as appropriate, to develop plans for how they would like to be cared for if and when they become unwell.

Such mechanisms are widely used in other jurisdictions, including Canada and New Zealand. If such a mechanism became available in the ACT it would, I have been assured, alleviate the anxiety of some individuals who feel vulnerable to changes in emergency health treatment provisions. Instead, we have a situation where a person with a mental health issue who is competent to make an informed decision about emergency treatment in advance decides to refuse ECT and nominates alternative treatments to be administered, but when they are admitted to hospital needing emergency treatment there is no mechanism by which their directives would be known and there is every risk that the decisions they have made in advance may be ignored or overruled.

As a society, we often find it difficult to accept that people can make and do make decisions that are contrary to medical advice or research. Nonetheless, we accept that it is their right to do so. Think of people who refuse treatment for life-threatening illnesses, of those who would refuse a blood transfusion on religious grounds, or of parents who choose not to have their children vaccinated against serious illnesses. These are controversial issues in our society. Nonetheless, we do allow those and we do show people respect for their decisions.

There is no reason why this begrudging respect for an individual's right to make such choices should not include people who may be at risk of periodic mental illness requiring mental treatment. If we make it easier for clinicians to get approval to administer treatment, it is imperative for us to make it easier for patients to provide advance directives regarding the treatment options they would accept or refuse if they were competent at the time.

At this point, I would like to highlight the fact that the use of ECT as an emergency involuntary treatment is not without controversy and is subject to very strict safeguards in other jurisdictions. The World Health Organisation has concluded that emergency mental health treatment should not include ECT and that ECT should be administered only after obtaining informed consent.

Mr Speaker, when I raised that with people from the health department, I felt that there was a rather dismissive approach to this world body, which we can assume is made up of some of the most expert people on these topics. While we may invoke our global institutions on one hand, I do not think we should dismiss them on the other when it does not suit us.

Guidance on the use of ECT published by the United Kingdom's National Institute of Clinical Excellence, kindly provided to my office by Mental Health ACT, says that ECT should be used only when the decision is based on a documented assessment of the risks and potential benefits and the individual has provided valid consent obtained without pressure or coercion. This guidance specifically refers to the use of advanced directives in cases where individuals are not able to give informed consent at the time treatment may be needed.

I believe that the bill before us today could be strengthened to ensure that there is a thorough and documented assessment of the risks and benefits of the treatment and that all possible steps are taken to provide an opportunity for the individual to make an informed decision. It is not enough that the Mental Health Tribunal determines that ECT is the most appropriate treatment in an emergency. The legislation should go further to establish that the treatment is consistent with the needs and preferences of the individual and based on a full assessment of their background.

The capacity of the Mental Health Tribunal to make these decisions, particularly in emergency situations, should not be overestimated. To quote Justice Crispin of the ACT Supreme Court:

> It should be noted that whilst the Tribunal is required to observe the rules of natural justice it is not bound by the rules of evidence, but may inform itself on any matter relevant to such a proceeding in such a matter as it thinks fit. It is perhaps inevitable that the Tribunal will frequently be called upon to determine issues without direct evidence of the details of the person's relevant history.

There are numerous examples of psychiatric treatment orders being overturned on appeal to the Supreme Court. It is not an infallible process and to cut short the period between application and hearing, reducing the time available for evidence to be gathered and advocates to be engaged, may have a significant impact on the quality of the decision that is made.

I acknowledge that an emergency ECT order is time limited and is also limited in relation to the number of treatments administered. However, the risk of significant side effects including, but not limited to, permanent memory loss is very real and, even if only one person is affected, it matters. This is not a numbers game: if we think only two people might be affected, we can accept it; but if we thought that 20 might be affected, we would not. No, that is not the way we should engage in this. It is our job to make decisions that respect individual wellbeing and human rights, particularly when people are in a situation where they are vulnerable.

The question for legislators is whether the safeguards in this bill are adequate and whether the facts of each case will be adequately explored. I cannot say that I am convinced. For this reason, I would like the bill to be referred to the Standing Committee

on Health and Disability and urge others to consider supporting this proposal, which I will put in the detail phase of this bill.

In closing, I would like to say that I have heard and listened to very strong arguments for and against this bill. Unlike most other MLAs, I am sure that I have been visited and talked to by lots of people who are very deeply concerned that the implications of this bill may mean that people will lose control over the way they are treated. Many of these arguments have implications well beyond the amendments that we are debating today.

In particular, I have heard considerable debate on the benefits and risks of ECT treatment. At one end of the spectrum there are those who argue that ECT is an inappropriate and ineffective form of treatment that should never be part of the suite of treatments offered to ACT mental health patients and at the other end of the spectrum there are those who argue that ECT is very effective but largely misunderstood and needs to be better promoted to become more acceptable.

This controversy is particularly virulent within the field of psychiatry and is not limited to those outside the professional ranks. I do not have expertise in psychiatric treatment. Consequently, I do not feel that I am in a position to determine the relative merits of this form of treatment. I also recognise that, while ECT is a highly controversial form of treatment, so are other forms of psychiatric treatment. People experiencing a severe psychotic episode are very vulnerable and the services provided to them can be particularly challenging.

How do we support people in a respectful and humane way when their decision-making capacity may be compromised and behaviour disturbed? How do we protect their safety and that of others while also building trust and providing choice? These are not easy questions, but this is an area of rapidly evolving practice. For example, I have heard that new models for providing intensive community-based support to people in acute need are proving highly effective as alternatives to hospital-based care.

I believe that there would be value in the Standing Committee on Health and Disability undertaking a broad-ranging inquiry into crisis care for people in the ACT with mental health issues. I see this as a constructive opportunity to examine the systemic issues of service mix, treatment options, decision-making process and mechanisms for strengthening consumer participation. I intend to write to the chair of the committee and request that such an inquiry be considered. I hope that there will be interest on both sides of the chamber.

We are not here today as experts on mental health and the appropriate treatment of people in emergencies, but we are here as representatives of the community and representatives of those people are very concerned about our decisions today. For that reason, I believe that we need to have more deliberation.

MR STANHOPE (Ginninderra—Chief Minister, Attorney-General, Minister for the Environment and Minister for Arts, Heritage and Indigenous Affairs) (9.49): I welcome the opportunity to speak in support of the Mental Health (Treatment and Care) Amendment Bill. This bill enables the provision of urgent and necessary treatment to people through and amendment to the current act.

As the Minister for Health has said, electroconvulsive therapy remains a controversial treatment. Nevertheless, electroconvulsive therapy is an effective treatment for episodes of severe depression and medication-resistant mania. It is not appropriate for a society to base its decisions about medical treatment on fear or innuendo. Treatment decisions should be made according to the best available evidence of clinical effectiveness. This is the standard our community applies to all medical treatments.

This bill will amend the Mental Health (Treatment and Care) Act 1994 to remove the three-day statutory time delay for authorising the administration of ECT on an emergency basis. The delay associated with this notification period has put the lives of a small number of patients at risk. These amendments will remove this limitation to enable the tribunal to make involuntary emergency ECT orders where such treatment is necessary to save a person's life.

The medical literature indicates that ECT can be the most effective treatment in cases of severe depression, especially those that do not respond to other treatments. That said, there is no question that any form of involuntary treatment is a serious matter and raises very significant human rights concerns. Members of the Assembly can be confident that this bill has gone through a rigorous process to ensure that it is fully compliant with the Human Rights Act. It has benefited from the valuable input of the human rights commissioner, who was consulted throughout its development. All of the commissioner's concerns were met in finalising the bill.

An extensive public consultation process was held to ensure that stakeholder consensus could be reached as far as possible and, because of the public interest generated by the bill, I requested my department to take the unusual step of providing a detailed statement of reasons, which was tabled in support of the compatibility statement under the Human Rights Act.

Mr Speaker, significant changes were made to the original bill to ensure that the limitations on rights were strictly proportionate. The membership of the Mental Health Tribunal was expanded from just the presidential member to a full, three-member tribunal; the lower threshold criterion of irreparable harm was removed, so that the emergency treatment can only be made where it is necessary to save the life of a person; a second doctor's opinion is required prior to seeking an application; the administration of ECT must be recorded as either voluntary or involuntary; the public advocate must be informed prior to an emergency ECT decision being made; the number of emergency ECT treatments is capped at three in accordance with international standards; and there is a blanket prohibition on emergency ECT treatment for people under 16 years of age because of lack of data supporting the safety and need of this form of treatment in minors. The safeguards contained in the amended bill set an exceptionally high standard or threshold for the provision of ECT in emergency situations.

Today, we see yet again the Human Rights Act at work, providing a standard to hold our behaviour up against and to measure our decisions against. This bill is an excellent example of how the Human Rights Act can help legislators work out human rights issues in a spirit of cooperation between stakeholders. It demonstrates the value of the human rights dialogue that is taking place in the ACT.

Bills such as this one give me confidence that the dialogue about human rights is developing in a way that improves our capacity to respect, protect and promote human rights. Human rights are now at the heart of our policy-making processes and compatibility is the new litmus test. I believe this piece of legislation meets the test and I commend it to the Assembly.

MR CORBELL (Molonglo—Minister for Health and Minister for Planning) (9.53), in reply: Mr Speaker, I would like to start by responding to a number of the matters that Dr Foskey raised this morning in her comments in the in-principal stage. Dr Foskey raised two issues of particular concern to her. The first was in relation to the role of the public advocate in being present at, and being advised of, an emergency tribunal hearing for an emergency ECT order.

It is worth reiterating for members that the provisions of section 94 of the Mental Health (Treatment and Care) Act still apply in this regard, and there is a requirement under that section that the Community Advocate must be given written notice of the proceedings. That is an ongoing requirement in relation to the role and the participation of the Community Advocate. They must be advised and they have every opportunity to attend because they have been formally advised.

In relation to the role of advanced agreements, Mental Health ACT has been in the process for the past 12 months of exploring and actually undertaking the use of advanced agreements. There has been mixed success so far, because this is a very new area of practice, but it is something which I and ACT Health are committed to continuing to pursue, because it does provide consumers with a greater level of engagement, particularly if they encounter episodes of serious illness where they would not otherwise be in a position to communicate their concerns, their requests and their desires about the type of treatment that should be made available to them.

Again, it is worth highlighting the matters that must be taken into account. Section 26 of the Mental Health (Treatment and Care) Act makes provision on what sorts of matters the tribunal must take into account when deciding whether to make any particular type of order, including an emergency order, for ECT. The second item in that section, paragraph (b), provides that the views and the wishes of the person, so far as they can be found out, must be taken into account by the tribunal. So the tribunal does have an obligation to seek to establish the views of the person in relation to any proposed treatment order.

Clearly, if the existence of an advanced agreement is known to the tribunal, and if the person is an ongoing client of mental health services you would anticipate that it would be known, the tribunal must take those matters into account. Advanced agreements are a mechanism which we will continue to develop in the ACT, but the tribunal must have regard to the views of the person about whom it is meeting to make a decision about an emergency order, in this case an emergency ECT order. That is already in place in legislation.

I thank the opposition for its support of this bill. It is an important piece of legislation. We are the only jurisdiction in the country that denies timely ECT treatment for those whose lives may be at risk if the treatment is not available. We have an unacceptable

level of delay between when an order may be sought and when it may be heard and determined. That has the potential to put people's lives at risk. This is not a straightforward issue from the government's perspective; it is a complex issue. It is one that involves balancing a range of rights and responsibilities. But I think it would be negligent of this place and of the government if we were not in a position to make provision for emergency treatment in the very restricted and very selective circumstances which the Attorney-General outlined this morning in his speech in support of the bill.

For that reason, the government believes that we should move to further debate and pass this legislation today. It will be an important provision for emergency mental health care for people whose lives otherwise would be potentially at serious risk; indeed, people who would be in a life-threatening situation which is covered by the provisions of the legislation. The government will not be supporting the proposal by Dr Foskey to refer this matter to the standing committee on health.

These issues have been very well canvassed in the community and I know that all members of this place have paid very close attention to the provisions of this bill. They have spoken widely with people who have strong views, both for and against, and I know also that ACT Health has held a very comprehensive series of briefings for all members who have expressed interest in this legislation so that any issues of detail have been able to be clarified and discussed extensively.

I am disappointed that, if this was the approach Dr Foskey felt was appropriate, it was not raised earlier. Indeed, this is the first I was aware of it. Nevertheless, I think the debate has been comprehensive since this bill was presented, both in the broader community and here within the Assembly and, whilst there is always controversy around the subject, that should not preclude us from making a decision about what we believe is the appropriate way forward in providing emergency care for those whose lives otherwise would be threatened if this type of care were not available. So I commend the bill to the Assembly.

Question resolved in the affirmative.

Bill agreed to in principle.

Reference to committee

DR FOSKEY (Molonglo) (10.00): Pursuant to standing order 174, I move:

> That the Mental Health (Treatment and Care) Amendment Bill 2005 be referred to the Standing Committee on Health and Disability for inquiry and report.

Despite Mr Corbell's assurance that the government will not support my motion, I have moved it because I do not believe that belief is good enough, and that is what Mr Corbell invokes here. We may believe we are doing the right thing, but this matter is so important that we need to go to hard evidence. That is why I am seeking to refer it to a venue where that evidence can be sought, listened to, considered and reported upon. Then the Assembly will have the advantage of that evidence in making a decision.

Too often we do not care about things until somehow or other it touches our personal lives. That is so true. I do not know how many people here have had experience of mental illness in their family or in other ways that gives them some insight into the insecurities that these people feel, the sense of having other people in control of their life. That is at the heart, I believe, of the fear that people have about this bill. I am not going to go into all the arguments about ECT and so on. As I said, I am not an expert. But what I do know is that there are a number of issues that need to be explored.

Involuntary administration of ECT is just one way of dealing with people with a mental health crisis. There are a lot of other ways that we have not even considered today. These matters need to be put before a committee. I have many concerns about the crisis teams, their response times and the appropriateness of their response. There is a lack of access to the PSU. There are a lot of other models for dealing with people in crisis that we are not even considering here. The need for a time-out facility comes up over and over again. We need to consider involuntary administration of ECT within the gamut of myths that exist in this area.

I do not believe that Mr Corbell adequately addressed my concerns. We know that the public advocate will be involved, but we still wonder how the public advocate can be involved on weekends and public holidays. We all know these are the times when crises are most likely to occur and when services are least available.

I will be looking into advanced agreements. I was very interested to see that there is a project under way. But I feel that we should be actively encouraging people to make these advanced agreements, not just inquiring if they have. How many people, especially people with a mental illness, are so organised that they have arranged all these things? Have they written a will? Have they assigned power of attorney? People need help. We are talking about people with the most chaotic of lives. I was glad to see yesterday the passing of a bill that recognises a power of attorney established in another state. There are people coming into the ACT from elsewhere. That is good. That means we can listen to them and treat them. Often that is a characteristic of people with a mental illness, that they are actually quite well known to service providers in several places. We have to look at how we can make sure that those service providers have all the information. There are a lot of issues there, but we need to explore them.

Finally, Mr Corbell criticised me for not mentioning this earlier on. I believe that we started discussions on this a couple of days ago, although perhaps not with you, Mr Corbell.

Mr Corbell: I am the responsible minister. So you have not told me.

DR FOSKEY: I discussed this with the chair of the committee. We have been searching for the best way to deal with this bill. We have been taking expert advice. We have listened respectfully to health department officials and to the chief psychiatrist. We understand the issues that you are trying to address. We are just not sure that this bill is going to address them. Therefore I commend my motion to you.

MS MacDONALD (Brindabella) (10.05): I would like to say at the outset that, as chair of the health and disability committee, I do not support this bill being referred to the

committee. There are a number of reasons for that. I appreciate the concerns that Dr Foskey has raised, and certainly Dr Foskey's office did raise these with me on Wednesday of this week. This bill has been on the notice paper for a reasonable amount of time. For Dr Foskey's staff to come to my office on Wednesday did not really allow sufficient time to address her concerns. I suggest that, if they had approached my office or approached the minister's office earlier, these concerns could have quite properly been addressed.

Dr Foskey raised a wide range of issues regarding ECT and mental health treatment generally. These are concerns within the community that actually deals with people with mental health issues. Quite a bit of discussion goes on, not just about ECT, but also about appropriate treatment for people with mental health issues, full stop. The fact is we do not have the answers to questions about the most appropriate means of treating people with mental health issues. Medical science does not have the answers to those questions. As a result, many studies are being done into mental illness around the world.

I do not support this bill being referred to the committee because Dr Foskey is talking about a very wide-ranging inquiry, not an inquiry that is narrowly focused on the issue of ECT. She has raised a number of issues that would open up what I would consider a Pandora's box of mental health treatment generally, and specifically would bring a whole lot of people out of the woodwork submitting that we should not have ECT in the first place.

This is not an issue on which I have had no thoughts. I do have a disposition in this regard. My mother is manic-depressive and underwent ECT many years ago. I do not think it was the appropriate treatment for her. She does not believe it was the appropriate treatment for her, and my father eventually came to that opinion as well. It is my understanding that the psychiatric community now believes that it is inappropriate to treat people with manic depression or bipolar disorder with ECT, but that there are a number of psychiatrists who believe that the use of ECT is very beneficial for those people who have schizophrenia. I could be wrong about that, though, because I have not looked into this closely. I am also aware that there are a number of people out there, a number of families, who have lost loved ones and there have been arguments put forward that, if they had actually undergone ECT, those people may still be around.

I thought it was imperative, as chair of the committee to which Dr Foskey is seeking to refer this bill, to say that I do not support the motion. The type of inquiry that Dr Foskey is talking about is a very wide-ranging inquiry. If Dr Foskey wants the health and disability committee to look into mental health treatment options altogether, that is an issue that she should come and speak to the committee about as a separate issue. I do not believe that it should be tied in with this bill.

MR CORBELL (Molonglo—Minister for Health and Minister for Planning) (10.11): Dr Foskey's reasoning for proposing to refer this bill to committee is, I have to say, pretty woolly. This bill is not about the efficacy or otherwise of ECT. This bill is not about the adequacy or otherwise of mental health services generally in the ACT. This bill is about whether or not ECT can be applied for through an emergency order process. That is what this bill is about.

If Dr Foskey has concerns about the efficacy of ECT or if she has concerns about the adequacy of mental services more generally in the territory, there are ways and means for her to raise those matters, both in this place and in the committees of this place, and the government will engage in that discussion quite openly and fully. The provision of mental health services is a contentious and difficult area in our community. Views are strongly held on a whole range of issues.

But that is not what this bill is about. This bill is about whether or not we should provide for emergency ECT treatment. This is a treatment that already exists. This is a treatment that is already used in the mental health system. There is already provision for emergency treatment in legislation. This bill is about saying that emergency treatment should not have to wait three days. That is what this bill is fundamentally about.

There have been recent coronial inquests into deaths of mental health clients and one of those coronial inquests has raised the absence of timely emergency ECT treatment as a matter of serious concern. This view has been supported by the parents of the individual who, tragically, was the subject of that coronial inquiry.

This is not, as Dr Foskey says, a matter of us making a judgement based on belief. I did not say that. I did not say this is about believing versus hard evidence. I said this is about making a judgement as legislators as to whether or not we believe it is appropriate for emergency orders to be made available for ECT treatment in a period of time shorter than that which is currently available, which is three days. That is what this is about.

No, we are not psychiatrists. There are no psychiatrists in this chamber. There are no doctors in this chamber. But we legislate a whole range of things where we are not the experts. We rely on the advice of officials, of officers of the administration. We rely on the views of those outside the territory administration, stakeholders, people who use the system, people who are subject to the system, and so on.

This is about making a judgement about what we believe is in the public interest. I strongly believe that it is in the public interest that we have provision for emergency ECT treatment in a way that is far more timely than is currently allowed for under the legislation, in very limited and restricted circumstances, and with all the safeguards that are set out in the bill and in the existing legislation. For that reason, the government does not support this referral to the committee.

DR FOSKEY (Molonglo) (10.14), in reply: I am glad that we have given this issue the respect of more than a perfunctory discussion in the house. I think it deserves that.

In response to issues raised by Ms MacDonald, if we are not going to have a broad-ranging inquiry, why not a narrow inquiry? Why not look at those issues that I raised in my speech that I do not believe have been dealt with that the officials are going to have to go away and deal with? How do we access the public advocate over weekends? How can we promote advanced agreements and make sure that as many people as possible have them? We could have that inquiry. Mr Corbell insists that the bill is in the public interest. We have to try to weigh up the public interest versus the private individual's interest. Today we are probably arguing that the individual's interest is in the public interest.

Finally, I want to respond to the accusation that has been made several times, which I think is a fairly weak one—

MR SPEAKER: Order! I have to raise a point of order here. Dr Foskey, it is disorderly to have promptings from the gallery by advisers.

DR FOSKEY: It was not a prompt. I sent Mr Manson away to get the exact date of the briefing that we had from the chief psychiatrist. This is our major reason for not being able to act as quickly as other members would have liked. After trying for quite a while, for several weeks, we were able to secure a meeting with the chief psychiatrist and representatives of the department of health on 12 August. As members know, we started sitting on 15 August. I do not know what other offices are like, but mine was a very chaotic place from that time on.

I apologise that we were not able to present this material in a timely fashion. We did our best. I close the debate by saying that I believe that the Greens have offered the most responsible approach. It is, of course, up to other members to make their own decisions.

Question put:

That **Dr Foskey's** motion be agreed to.

The Assembly voted—

Ayes 1	Noes 14	
Dr Foskey	Mr Berry	Ms Porter
	Mrs Burke	Mr Pratt
	Mr Corbell	Mr Quinlan
	Mrs Dunne	Mr Seselja
	Ms Gallagher	Mr Smyth
	Mr Gentleman	Mr Stanhope
	Ms MacDonald	Mr Stefaniak

Question so resolved in the negative.

Motion negatived.

Leave granted to dispense with the detail stage.

Question put:

That this bill be agreed to.

The Assembly voted—

Ayes 14		Noes 1
Mr Berry	Ms Porter	Dr Foskey
Mrs Burke	Mr Pratt	
Mr Corbell	Mr Quinlan	
Mrs Dunne	Mr Seselja	
Ms Gallagher	Mr Smyth	
Mr Gentleman	Mr Stanhope	
Ms MacDonald	Mr Stefaniak	

Question so resolved in the affirmative.

Bill agreed to.

Land (Planning and Environment) Amendment Bill 2005

Debate resumed from 23 June 2005, on motion by **Mr Corbell**:

That this bill be agreed to in principle.

MR SESELJA (Molonglo) (10.23): The opposition will be supporting this fairly simple bill. The purpose of the amendment is to provide for a statutory definition of "concessional lease". We are told that that is a critical first step to clarifying and simplifying the administration of concessional leases.

I have had a briefing from officers of ACTPLA and I would like to put on record my thanks for their time in providing that briefing. I asked them some questions about the necessity of it, about whether it could cause any confusion by defining something that has not been clearly defined in primary legislation up to now. They have assured me that they do not see any issues with that and that this will be a good step in simplifying the way concessional leases work. To that end I take their assurances on board. We are happy to support the bill.

DR FOSKEY (Molonglo) (10.24): I think all the Liberals have lost the bet now anyway, so I am going to give a speech. I will be supporting this bill, which introduces a definition of "concessional lease" into the Land (Planning and Environment) Act. I would like to raise a few points of concern and would appreciate some response at the conclusion of the debate. Firstly, I am aware that the concessional leases review was concluded around July last year and that the government has had the review report for more than a year. Given that this bill is the only outcome from that review to date, no-one could say that we are rushing this process. We are now waiting, I understand, for the government's response to that review, including a number of policy decisions. It might be a sign of open government process to make that final review document publicly available as well.

As we are all aware, a more significant planning system reform project has been launched which, in terms of scale of potential impact, dwarfs this analysis of concessional leases. Already my perceptions of that system review and the feedback I am getting from a range of professional and community sources is that the project is particularly opaque and complex and that much of the work, of which planning system

reform is simply the visible arm, is already happening. It is an iceberg approach to planning reform.

In that context, many of the more subtle issues around identification and future management of concessional leases may not get the detailed attention they need. This is compounded by the fact that the concessional leases review discussion paper did not include detailed documentation about the prospective scope of lease reform such as processes, categories, rents or rates. Such a detailed discussion would be of great interest to many sectors, organisations and lessees in the ACT community, and they could have provided a plethora of expert advice.

Given that, I wonder whether we might not be better off rolling this whole next stage of concessional lease reform into the larger project. If that is not to happen, then I would ask the government for reassurance that proposed policy and legislative changes flowing on from this bill are released and promoted widely, and in good time, to allow us all here to make informed decisions.

With regard to those as yet unresolved issues I would like to take this opportunity, before we pass this definitional bill, to flag the questions around the identification of individual concessional leases. An example of this is the car park block adjacent to the Street Theatre in City West, which was just sold to the ANU for $970,000, on the basis that it is to be used to construct student accommodation. On that basis, my office has been advised, the lease was sold at market value and so will not be classed as concessional. If the land were to be used for unit titled accommodation or for commercial and retail space, the market value would of course be significantly higher.

There are, however, some unresolved issues. In the first instance, the proposed accommodation will be marketed, essentially to overseas students, at 75 per cent of market rent. Such an arrangement does not ensure that the accommodation is affordable for students generally, nor does it set a benchmark for affordable accommodation for students and other low-income earners. This raises questions about the social benefit the ACT government is extracting in exchange for the relatively inexpensive sale.

The second concern is that of the future status of land use controls in the ACT. This building is limited to accommodation suitable to students, with some associated community and retail activities on the ground floor. Under current arrangements if that use were to be varied the ANU would need to pay a betterment tax.

Mrs Dunne: Mr Speaker, I wish to raise a point of order—relevance. Lengthy discussion about student accommodation at the University of Canberra, which is not a concessional lease and has nothing to do with the concessional lease provisions of this bill.

MR SPEAKER: Remain relevant, Dr Foskey.

DR FOSKEY: It is the Australian National University. Some of these requirements might change once the planning reform project has been concluded. There is real interest in the development industry in broad brush planning controls without the contestable detail of the current system. In that context I am using this speech to ask the Chief Minister's Department to make available to the Assembly, and to release to the public,

the restrictions on the sale of this property the ACT government has negotiated with the ANU.

Mr Corbell: Mr Speaker, I wish to raise a point of order. Dr Foskey ignores your request to remain relevant. She is continuing to refer to a development which is not a concessional lease and has no relationship whatsoever with the bill we are debating this morning. I would ask you to draw her to order.

MR SPEAKER: Dr Foskey, I have already called on you to remain relevant to the bill being debated. If you are not prepared to do so, you might resume your seat.

DR FOSKEY: I hope that that will be the case for everyone. The future debate, which will be effected by the bill before us, is a broad ranging one. It is interesting that people would like to close these things down, but these things have quite broad implications.

MR SPEAKER: I do not know whether you are referring to me or not, but there are standing orders which require speakers in debates to remain relevant. That is all I was drawing your attention to. There was no move by me to close the debate down.

DR FOSKEY: I was not implying that there was, Mr Speaker. The future debate to be effected by the bill before us will be based on the question as to whether credit should be given for the level of community service provided by the holder of a concessional lease and if that lessee could be considered to have repaid the amount of the concession in kind over a period of time on the one hand, and what ongoing stake in concessional leases the community has on the other. I support the bill and its proposed definition of "concessional leases". I looked forward to the government response to the concessional leases review so we can get on to the real debate.

MR CORBELL (Molonglo—Minister for Health and Minister for Planning) (10.31), in reply: I thank members for their support—I think. This bill, as members have rightly identified, is a small but not insignificant amendment to clarify the provisions of concessional leases here in the ACT. The purpose of this bill is to address the fact that, apart from one reference in the Land (Planning and Environment) Act regulations with regard to the valuation of leases sold for less than market value, there is no reference in any territory legislation to the term "concessional lease", even though the term is well understood in the broader community and in this place.

For that reason the government has decided to legislate to make clear that there is such a lease available within the territory and that it needs to be administered in a particular way. Formalising the definition of concessional lease is an important step in establishing such a regime. Dr Foskey, in her speech this morning on this bill, has raised issues about the government's response to the review of concessional leasing in the ACT that I commissioned about two years ago.

That review of concessional leasing is under active consideration by the government at this time. I can assure Dr Foskey and other members that the reason the government is proceeding in the timeframe it has in relation to this review is that it has been decided that the issues relating to the administration of concessional leases are very much tied up with issues to do with the overall administration of the leasehold in the ACT and, given that those matters are subject to the planning system reform project, which has recently

finished its public consultation process, these matters should be dealt with concurrently. The government therefore is considering its response to the broader areas of planning system reform and to the recommendations of the concessional lease review as a single package. It will be announcing its response on both of those matters concurrently.

The provision of concessional leases is a matter that attracts controversy in the community from time to time, particularly when the holder of a concessional lease seeks to pay out that concession and convert to a more commercial or for-profit use of the land. The government wants to put a robust framework around that matter. Our response to the concessional lease review will outline what we believe is the way forward for consideration by this place. I thank members for their support and look forward to the ongoing debate on reforming the leasehold administration in the territory in the coming months.

Question resolved in the affirmative.

Bill agreed to in principle.

Leave granted to dispense with the detail stage.

Bill agreed to.

Adjournment

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

> That the Assembly do now adjourn.

Mr Frank Scarrabelotti
Paediatrics

MRS DUNNE (Ginninderra) (10.35): I would like to touch on two things. One is that, on 4 August this year, Australia reached a milestone and that was with the 108th birthday of my great-uncle, Frank Scarrabelotti, who is now supposed to be Australia's oldest man. Frank Scarrabelotti is the son of Italian immigrants who arrived here in 1880. He was born in Bungawalbin, near Coraki, in 1896. To this day he lives in his own home with his wife of 52 years, tends his own garden and has the best roses in Bangalow.

Frank still eats oats and bacon and eggs for breakfast every morning. He puts his good health down to the four f's. With food, everything has to be fresh; he has meat three times a day; and, in addition to that, he has his family; his friends and his faith. Frank was one of the original trustees for building St Kevin's Catholic Church in Bangalow in the 1920s and still attends mass there every Sunday. I recall a story my father told when Uncle Frank had his 100th birthday. He attempted to line up a photograph of him getting out of the car to go into mass to celebrate his 100th birthday but, while he was lining up, Frank ran up the stairs because it was raining and he did not want to get wet! To this day he still tends his garden and is surrounded by a loving family. I think it is a great milestone not only for my family but also for Australia. Happy 108th birthday, Frank.

On a more serious note and closer to home, I want to pay tribute to the essential services provided by parents in the paediatric wards in Canberra hospitals and elsewhere. Members have been very indulgent to me this week because I have a son in hospital. My experience of the paediatrics ward in Canberra Hospital over 20-odd years has always been a very good one. The thing that has always struck me is that parents supplement the very overstretched resources in paediatric wards. Kids are always high maintenance and, when they are sick, they are even more so. Parents are essential to the smooth running of the paediatric wards. In saying that, I want to highlight the conditions in which the parents exist in the paediatric ward. Things have improved but, when I first spent time in paediatric wards 20-odd years ago, you got a reasonably comfy armchair to sleep in—sitting up—overnight. We now get fold-out beds.

That is a vast improvement but that is basically where the comforts stop at the moment. There are some parents who literally cannot leave their children's bedside because they have toddlers who are very distressed by their circumstances. It came to my attention that the lady attending to the child next to my son had not eaten for most of the day because she could not leave. For those parents who stay overnight there is no breakfast provided. There is a place to make tea and coffee and they said, "Sometimes there's cereal there," but it is not there as a general rule. I think this is a small price the hospital could pay for the great services provided by parents.

I also ask the minister to look into why the Ronald McDonald family room, set aside and established in about February this year, has been closed since 28 June. It is the only place where parents can go and chill out if their children are asleep, where there is a comfortable place to put their feet up. There is not very much room in a two-bed ward with a fold-out bed and a couple of armchairs! I think the minister needs to address why this very small facility that makes life a little easier for parents who are there for several days at a time—sometimes up to a fortnight, in cases where children have extensive treatment—has been closed. They are spending hours and hours and often night after night there. There should be more facilities available to parents. I am not raising this on my own behalf. I have not been sleeping there most nights. My son does not require that level of attention, but I have been asked by parents there to raise this in the Assembly because the level of service is not good enough for the service they provide.

Homeless people

MS MacDONALD (Brindabella) (10.39): On Tuesday morning I officially launched the "great sock giveaway" for the Canberra Emergency Accommodation Service. My husband asked, "Why socks? What is this about? Why are you giving socks away?" I believe the idea for the giveaway came from a staff member, when she passed a homeless man who was holding a sign with different articles he was hoping people could donate to him, one of those being socks.

The staff member took socks to the man and discussed with him the difficulty homeless people face in relation to foot care. Something many of us take for granted is being able to put on a clean, dry pair of socks to keep our feet warm and comfortable. For some of those in our community, however, this is a luxury. According to the *Needs analysis for homelessness in the ACT* report there are anywhere from 120 to 315 people in the ACT sleeping rough each night. The socks will help provide some relief against the elements

and, importantly, provide the contact details of CEAS, or the Canberra Emergency Accommodation Service, to the people who need them the most.

The CEAS service is an integral part of the Canberra community. The service allows people in need to call a single telephone number to receive information and gain access to emergency accommodation provided by a range of shelters across Canberra. It is a simple idea but one that has helped those in need of accommodation greatly. CEAS is a partnership between Lifeline Canberra and Anglicare. Lifeline's CEAS crisis line provides 24-hour, seven day a week counselling, referrals and support to homeless people or those facing homelessness. Anglicare operates the CEAS fund, which assists homeless people with accommodation and case management.

I wanted to raise that with the Assembly and say that I think this is a great idea. There was much mirth, especially when Amanda Tobler did a photo for the *Canberra Times* holding up a couple of pairs of socks next to her head, showing off the number. I understand there are now discussions in place about a CEAS scarf and a CEAS hat. There are CEAS key rings. If anybody wants one of those they gave me a stack of them when I walked out. I have more than I can use; that is for sure. I think this is a great initiative, if a novel concept. I commend the work Lifeline and Anglicare do through the CEAS service and wish them the best of luck. They have printed 600 socks, which will be going out to a number of shelters. I am sure they will come in for great use. You never know: they might end up printing another lot.

Ambulance service
Racial tolerance

MR PRATT (Brindabella) (10.43): I rise to talk on a couple of matters. Firstly, there is a very interesting story—and it may be something that needs to be taken note of quickly by all of us here in the Assembly—about the ambulance service. I notice they are concerned that the two operators they have operating in the ambulance operations centre are now feeling the strain. I see there is a call from the TWU and members of the service to have something done to relieve the pressure they are clearly operating under.

As we know, the operators who run the call centre often have to give advice and almost administer, virtually if you like, medical advice over the phone. So clearly the operators at these call centres need to be seasoned and experienced ambulance officers who have been there and done that on the ground, not simply telephone operators. The concern is that people being trained in the five-week course available may not necessarily be that skilled and have the breadth of experience to be able to do that competently. So there is concern being expressed by the service about that. I would ask the minister to have a listen to their concerns. It could be that the minister and the ambulance service have a good grip on this and it may not be the concern that we see expressed in the paper. But when I see a couple of ambulance officers expressing a concern, and the TWU doing that on their behalf, then I believe it is a serious matter that needs to be examined.

They say, for example, that in 1994-95 there were 13,739 call-outs for the ambulance service. In 2003-04 that had expanded to 27,000; that is 10 per cent per year over a nine-year period. The disturbing thing is that the number of operators running the call centre has only ever been two. So their strength has remained static and I think that is a matter of concern. I was pleased to see that the ambulance service is going to try and

increase that to three operators, but there will be three operators only between the hours of 7 am and 11 pm, what they consider to be the 86 per cent peak period. I see the TWU again expressing concern that that will not be sufficient. On behalf of my old comrades in the TWU, I would ask the minister to have a listen to their concerns and see what can be done.

There is another point I would like to refer to. Yesterday there were a couple of points made in the tolerance and respect MPI which I think are worthy of note and comment. Dr Foskey raised a very interesting point. She said that many of her mother's generation remain intolerant to the Japanese. She was rather concerned about that. I would simply like to comment that my dad was fairly tolerant of the Japanese after World War II—and he fought against them at Milne Bay and on the Kokoda Trail. You can understand why members of that generation are bitter.

I would simply like to ask Dr Foskey if she would be a bit more sympathetic to the views of that generation and remember that, while they might be a little bitter and perhaps a little intolerant now, their views were formed against very hard, harsh circumstances and some fairly terrible memories. I think that, when we review Australian history, we need to remember often the comments and views made and held by people in the context of that historical timeframe. We do not often do that. Too often when people rewrite history they do not remember those sorts of circumstances. Unfortunately, it is a view we see on the left of politics when things are rewritten and previous generations are criticized, when perhaps we should have a lot more sympathy for the conditions they were operating under at the time.

The other thing Dr Foskey said is that going to war is terrorism. I would disagree vehemently with that. The free Iraqi army, at the moment fighting the Ba'athist insurgency, are fighting and combating a group of terrorists. Are they terrorists because they are going to war against these people, or is it more likely that the Ba'athist terrorists who are deliberately blowing up women and children are indeed the true terrorists? Let us not blur the edges on these issues.

Centre for inclusive schooling

MRS BURKE (Molonglo) (10.48): I would like to bring to members' attention an interesting project that has come up lately called the centre for inclusive schooling, which comes out of Western Australia. I rise to talk about this today in light of what I believe is an alternative approach to addressing the many needs of young people in our community with a range and varying degree of disabilities.

I consider this to be a very practical approach. The school was formerly known as the district service centre for disabilities and learning difficulties. I think the new title of centre for inclusive schooling is great. The word "inclusive" has been used in this place somewhat this week, and I understand the Chief Minister has the pet project of the community inclusion board and fund. I think I have been consistent in saying, as have my colleagues, with regard to the some $8.5 million that we see spent on a range of things—and I am not knocking any of those organisations or the money that has gone to them—that this seems to be a holistic approach for young people.

If we can get people young enough, we can change some of those things or add to them in the particular area of education and the range of learning difficulties, for example, that we know some of these people have. I think that money would have gone an awfully long way. When government members say that the opposition are bereft of ideas, I would have to say that is simply not true. More often than not I try to come forward with a positive and practical solution; I do not have to bag and carp for the sake of it. While I have every respect for the people on the community inclusion board and fund, I simply believe that we could have spent this money much better.

For example, the centre in Western Australia combines a range of services including visiting teachers, students with disabilities; support officer, learning difficulties team; school of the air support officer, learning difficulties team; visiting teacher, autism intervention team; support officer, speech and language team; visiting teacher, assistive technology team; and specialised resources, equipment and assistive technology via a resource library and production unit. The sum of $8.5 million is a lot of money. I do not know that we really investigated fully, with the many plans that are out there, the options we have to spend that amount of money, to come up with a range of approaches such as we see here, to make a real difference in peoples' lives at a young age. I think we should consider all options and all opportunities. We need to investigate further.

When we look at inclusion, are we sometimes setting people up for exclusion rather than inclusion? People have to compete for this money but many are disappointed. Many do get the money; I understand that, but we are seeing a truckload of people applying for this money. I think somebody in this place—and I am not sure I wholly agree with it but in part I do—said it is like competitive misery. People are going to miss out. We need something like this centre, that would be able to cover and cater for a large number of people. I make the suggestion to the government that perhaps they look at things like this for the future. It is certainly something that I and the Liberal opposition will be looking at.

Question resolved in the affirmative.

The Assembly adjourned at 10.52 am until Tuesday, 20 September 2005, at 10.30 am.

Answers to questions

Aboriginal artefacts
(Question No 461)

Mrs Burke asked the Minister for Arts, Heritage and Indigenous Affairs, upon notice, on 16 August 2005:

(1) What process is followed in relation to the discovery and subsequent removal of Aboriginal artefacts in the ACT;

(2) What happens to such artefacts after their removal.

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

- Aboriginal places and objects in the ACT are administered in accordance with procedures established by the *Heritage Act 2004* (the Act).
- Sections 51 to 53 of the Act set out processes for reporting the discovery of Aboriginal places and objects, and assessing their heritage significance.
- When sites that contain Aboriginal artefacts are discovered they are reported to the Heritage Council.
- Depending on the nature of the report (i.e. whether made by a person professionally trained to recognise artefacts) staff from the Heritage Unit may undertake a site visit to check the details of the discovery. If confirmed, the site is entered into the Heritage Unit's database of site locations and the consultative process of significance assessment commences.
- Artefacts may only be removed from sites in controlled circumstances, with the agreement of the Heritage Council and Aboriginal community organisations.
- The preferred option for site management is to leave materials *in situ*. However there are circumstances where removal of artefacts is considered prudent. For example where artefacts may be easily recognised and vulnerable to souveniring their removal might be recommended. Artefacts may also be removed to avoid development related impacts. Sometimes they are removed temporarily and returned to a site when a development has been completed. Sometimes they are moved from their find location to elsewhere within their wider site area to avoid impacts.
- If artefacts are removed permanently they are stored on behalf of the Heritage Council, pending establishment of the ACT Keeping Place.

Housing—indigenous
(Question No 463)

Mrs Burke asked the Minister for Disability, Housing and Community Services, upon notice, on 16 August 2005:

(1) What recommended options for the proposal to construct an Indigenous Boarding House have been approved;

(2) How much of the $3.2 funding rolled over into the 2005-06 financial year will now be allocated to the construction of an Indigenous Boarding House.

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

(1) *Breaking the Cycle – The ACT Homelessness Strategy* launched in April 2004 recommended the establishment of a hostel style accommodation for Aboriginal and Torres Strait Islanders. In response to this, $3.2m of the funding provided in the 2003-2004 3rd Appropriation was identified for the provision of a hostel styled accommodation service for Aboriginal and Torres Strait Islanders. Jalinari Associates have been engaged by Housing ACT to consult with stakeholders, including the indigenous community to identify the likely level of demand and target groups and to recommend the most appropriate service model.

(2) The total amount of the $3.2m provided under the 2003-2004 3rd Appropriation has been earmarked for the provision of the Indigenous Boarding House.

Dragway
(Question No 527)

Mr Stefaniak asked the Chief Minister, upon notice, on 24 August 2005:

(1) What has been delivered for the $12 000 capital expenditure on the ACT Dragway as at the end of the March 2004-05 Quarter;

(2) How is it possible for the forecast expenditure in 2004-05 for the ACT Dragway to be $7 000 when $12 000 had already been expended as at the end of the March Quarter;

(3) Is this an error in the report or is there another explanation for this amount;

(4) What was the total amount of expenditure on this project as at the end of the 2004-05 financial year;

(5) Why has less than 1% of the budget allocated towards this project been spent;

(6) What is the delay with this project;

(7) What is the expected completion date of this project.

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

(1) The $12,000 capital expenditure was spent on reports relating to the dragway, including a noise assessment (approximately $6,500) and a valuation of improvements (approximately $4500).

(2) The total capital expenditure for the Dragway for the 2004-05 financial year was $12,000. The $7,000 figure was a reporting error.

(3) See answer to Question 2.

(4) See answer to Question 2.

(5) The Government, through my Department, and assisted by the Dragway Advisory Committee, is completing feasibility assessments for establishing a Dragway on Block 51, Majura. The principal issues bearing on its feasibility include cost, noise impacts and cultural heritage impacts. If the feasibility assessment indicates that there is a reasonable prospect that a Dragway can be constructed and operate on Block 51 Majura in accordance with all applicable planning and environment laws, then the Government will support and fund the preparation of a detailed proposal for a Dragway on that site. The detailed proposal would be prepared for formal lodgement and assessment under planning and environmental legislation and seek relevant development and environmental approvals to enable construction and use of the facility. The greater majority of capital funding is available for the construction of the dragway.

(6) As I said in the Assembly on 7 April 2005, in answer to a similar question from the Member, I don't think it is fair to say that there are delays with this project. Given the significant planning and environmental issues associated with a project of this type, and the important public interest, pre-construction assessments and planning are being undertaken fully and in the appropriate manner to ensure that government funding is most effectively used.

(7) I would expect this project to be completed within 12 months of it receiving all of the approvals required under the Territory's planning and environmental laws.
