



Debates

WEEKLY HANSARD

Legislative Assembly for the ACT

EIGHTH ASSEMBLY

24 SEPTEMBER 2015

www.hansard.act.gov.au

Thursday, 24 September 2015

Digital Canberra (Ministerial statement)	3469
Building (Loose-fill Asbestos Eradication) Legislation Amendment Bill 2015	3475
Crimes (Domestic and Family Violence) Legislation Amendment Bill 2015	3478
Lotteries (Approvals) Amendment Bill 2015	3483
Children and Young People Amendment Bill 2015 (No 3)	3484
Auslan interpreter	3488
Standing orders—amendment	3488
Administration and Procedure—Standing Committee	3490
Standing orders—matters of public importance	3491
Administration and Procedure—Standing Committee	3495
Public Accounts—Standing Committee	3495
Executive business—precedence	3498
Mental Health Bill 2015	3498
Victims of Crime (Victims Services Levy) Amendment Bill 2015	3507
Visitors	3508
Victims of Crime (Victims Services Levy) Amendment Bill 2015	3508
Questions without notice:	
Schools—autism	3510
Planning—Gungahlin	3511
Government—land purchase	3513
Environment—conservation	3513
Health—drug and alcohol programs	3514
Environment—weed management	3517
Aged persons—policies	3519
Business—support	3520
Paper	3523
Auditor-General's report No 4 of 2015—government response	3523
National ice task force—government response	3524
ACT Magistrates Court bail process—report	3525
Paper	3527
Electricity Feed-In (Renewable Energy Premium) Act 2008—review	3527
Aboriginal and Torres Strait Islander education—annual report 2014-15	3528
Planning, Environment and Territory and Municipal Services—	
Standing Committee	3530
Leave of absence	3533
Hospitals—cancer facilities (Matter of public importance)	3533
Adjournment:	
Belconnen RSL sub-branch	3544
Mulligans Flat woodland sanctuary	3545
Prostate Cancer Support Group	3546
Gungahlin—town centre	3547
National skipping championships	3548
Diamantina Scouts hall	3549
Rotary Club of Belconnen	3549
Schedule of amendments:	
Schedule 1: Mental Health Bill 2015	3551
Answers to questions:	
Municipal services—waste collections (Question No 448)	3555

Municipal services—waste collections (Question No 450)	3556
Schools—assaults (Question No 461)	3557
Municipal services—playgrounds (Question No 472)	3560
Office for Women—staff (Question No 480).....	3563
Office for Women—appropriations (Question No 481).....	3564
Health—mental health programs (Question No 484).....	3565
Community Services Directorate—multicultural portfolio (Question No 486).....	3570

Thursday, 24 September 2015

MADAM SPEAKER (Mrs Dunne) took the chair at 10 am and asked members to stand in silence and pray or reflect on their responsibilities to the people of the Australian Capital Territory.

Digital Canberra Ministerial statement

MR BARR (Molonglo—Chief Minister, Treasurer, Minister for Economic Development, Minister for Urban Renewal and Minister for Tourism and Events) (10.01): I present the following paper:

Digital Canberra—Ministerial statement, 24 September 2015.

For the information of members, I make the following ministerial statement on digital Canberra.

Canberra is a city full of early adopters of new technology, innovators and entrepreneurs. As a government, we have built on Canberrans' embrace of change by focusing on agility and innovation in response to digital disruption.

Research released last year and developed in consultation with industry and the community through our digital Canberra action plan outlines our road map for how we lead, inspire and collaborate in the digital services age—how we identify, test and implement ideas and solutions that take advantage of digital technology.

The digital Canberra action plan focuses on five key areas: smart city, enhancing our sense of place and access via free public wi-fi, digital arts, a vibrant CBD and digital spaces; the digital economy, accelerating our digital economy to strengthen the workforce, boost productivity, build ICT capacity and facilitate collaboration; connected community, with new ways of engaging with democracy and participating in civil society through social media, more flexible working arrangements and social inclusion; open government, unleashing the economic power of big data, transforming health and education services, and delivering information how people want it; and digital services, faster and more efficient digital services delivered to citizens as they live, work, learn and play, improving efficiency and creating a digital government.

The ACT government has already delivered significant benefits for Canberrans in these areas. We have completed the rollout of wireless networks to all ACT government high schools and colleges, becoming the first jurisdiction in Australia to do so. Through the installation of over 2,000 transmitters, students can access their school learning materials, assignments, emails and calendar whenever they are in school.

This wi-fi network, combined with the schools digital backpack, provides an Australia-leading platform that will enable ACT schools to take advantage of a new generation of digital education technologies that is emerging. That is especially relevant to the learning of languages, mathematics and science.

As everyone in the Assembly knows, I strongly support using digital technology to improve government services. Our new business unit, Access Canberra, is leading the way. Since the creation of Access Canberra last year we have made substantial progress in delivering better and more convenient services by increasing the provision of digital services. For the first time you can now renew a variety of licences online. Canberrans can nominate to receive rates and land tax notices electronically, make stamp duty payments, and even book and pay for ACTION charter buses online. Access Canberra has also begun consolidating several hundred web pages of information to make government information simple, intuitive and accessible. The days of complicated and inaccessible consumer information are on the way out.

Whilst Canberra is the most technologically aware and digitally connected city in Australia, it remains important that access to these technologies and the internet are widely and equitably available. The Canberra free wi-fi network, being built in partnership with iiNet, will be one of the largest high quality, free public networks in Australia. To give you a sense of what it provides, Madam Speaker, the service will deliver 250 megabytes per user per day, which equates to around an hour of video content, 50 photographs at five megabytes each or 50 songs at five megabytes each. Obviously, these are numbers which vary depending on the size and quality of the data being downloaded, but 250 megabytes per user per day, which is 7.5 gigabytes per month, is an exceptionally large bandwidth allocation being made freely available to all users of the Canberra free wi-fi.

Already the service is available in Canberra city. It will be in Dickson, Manuka and Belconnen by November this year. By June 2016, the build of the Canberra free wi-fi network will be complete and available in all of our city's major town centres.

During the development of the digital action plan, the community expressed a desire for the development of a digital smart parking service that will provide real-time information through smart phone apps and appropriate signage to guide drivers to available parking spaces. As a result, we have committed to a 12-month trial of smart parking technologies. To ensure the best technological outcome, we have engaged NICTA as a strategic adviser for the trial of smart parking. I am pleased to announce that the smart parking trial will be in Manuka. We aim to commence it early in 2016. This provides an ideal mix of on and off-street parking as well as paid and time limited parking. The intent is to maximise the effective use of parking spaces in Manuka through the use of technology for the benefit of those arriving by car, the benefit of the local community and, importantly also, the benefit of local business.

This is a practical and easy to adopt system that will make everyone's lives easier as they navigate to find a car park in one of our busier shopping areas. It will also increase the number of people willing and able to access businesses, which will lead directly to higher trading turnover. We will be consulting closely with the Manuka community, including residents and local traders, as we settle the parameters for the pilot trial to ensure the community is engaged and supportive.

High-speed broadband and digital connectedness are important for us as individuals but are even more important for our goal of diversifying our city's economy by

growing a range of 21st century industries. In the “Confident and business ready: building on our strengths” business development strategy, we recognised that the uptake of digital technology was one of the key drivers of innovation and entrepreneurship, and that the economic development objectives of the digital Canberra action plan would form an important part of our approach to innovation and entrepreneurship.

One of the ACT government’s most important relationships to support digital transformation of our economy is with NICTA. NICTA is making a strong contribution to Canberra’s innovation ecosystem by generating start-ups, by managing the e-government cluster and as a foundation member of the CBRA Innovation Network. NICTA is working closely with the Australian government’s Digital Transformation Office on several national projects, and the ACT’s Chief Digital Officer is in discussion with the DTO and NICTA on ways in which the ACT government can be a test bed for DTO applications. Already this is raising Canberra’s profile and credentials among multinational businesses to place more strategic research in our city. This opens opportunities for smart Canberra IT businesses and start-ups.

Our focus on maximising the use of digital technology is already reaping benefits. As I outlined in the Assembly last week, earlier this month the commonwealth government’s Office of the Chief Economist released the *Australian geography of innovative entrepreneurship* report. The report found:

... on a population-adjusted basis the ACT is the highest performing of all Australia’s States and Territories on both innovation and entrepreneurship.

I am particularly pleased with the data on new business entries. With 245 new businesses per 10,000 population, we are far ahead of the second-placed greater, Melbourne, with 149 business entries per 10,000 of population. This is a great endorsement of our strategy. People in Canberra are willing to take the first step towards establishing their own business at a rate far higher than the rest of the nation. As a government, we will continue to work to give them the tools to succeed in a global marketplace.

Our strategy also committed us to working with the higher education and research sectors to grow a number of capability areas with one common feature: the need to manage, interrogate and transfer large datasets. This ability will underpin the new industries of the knowledge economy.

In fact, software engineering to manipulate and interrogate data will be the advanced manufacturing industry of this century. This use of data holds big opportunities for Canberra. For example, the space innovation cluster brings together the strengths of the ANU and the University of New South Wales in Canberra. The space industry is much more than rockets, Apollo missions and astronauts. It includes the provision of data and services that we all take for granted: mobile phones, GPS services, weather reports, environmental monitoring, surveying, aviation and security, to name just a few. In 2013 the global space industry was estimated to be worth \$US314 billion.

Of particular interest is geospatial data. Over the last 30 years Geoscience Australia has acquired over 240,000 images of the Australian continent taken by NASA's Landsat satellites. These 240,000-plus images represent approximately one petabyte, a million gigabytes, of data. However, much of this data remained unused because traditional technology could not make use of this dataset. Geoscience Australia, in partnership with the national computational infrastructure at the ANU and the CSIRO, amongst others, has now released this data through the Australian Geoscience data cube. This imagery, covering 30 years of change in Australia's environment, is now available at a resolution of 25 square metres. It is the first time that an entire continent's geophysical data has been made available to researchers. All of this is occurring right here in Canberra.

Geoscience Australia, the CSIRO and the ANU are considering innovative ways for commercial companies to build products and services off the data cube technologies. Together with Airbus Defence and Space, they are currently considering the technical challenges for combining commercial data with public good data as part of the ACT multi-resolution data cube demonstrator project. But to achieve commercial outcomes, interested commercial partners need quick access to the data. Whilst universities and multinational companies may be able to purchase high speed internet at a significant cost, smaller companies are reliant on the existing broadband infrastructure and, therefore, critically, the rollout of the NBN. Simply, any changes to the NBN will affect Australia's ability to grow these types of knowledge-based industries.

Whilst the ACT government has been doing its bit to help our citizens and businesses transition to the new digital age, the federal government needs to snap out of its state of digital hesitation. The NBN rollout is absolutely critical. Australia's position, at around 40th in the world for broadband speed and quality, is something we should all be concerned about. After two years of delays and policy reviews, and now cost blowouts, the federal coalition's election promise of a fast, affordable and available NBN feels further away than ever.

I am writing to the new communications minister, Senator the Hon Mitch Fifield, to urge him to reinvigorate the rollout and capacity of the national broadband network. This is not simply a convenience or a luxury. Canberra's and Australia's health services, education, productivity and competitiveness all hinge on the successful rollout and use of the NBN. High speed broadband is the infrastructure of the 21st century, just as roads were the infrastructure of the 20th. I hope that Prime Minister Turnbull is indeed a 21st century infrastructure prime minister and puts high speed, high quality broadband back on the government's agenda. The ACT is ready and willing to make use of the NBN to its full capacity, to strengthen both our city and the nation.

I move:

That the Assembly take note of the paper.

MS FITZHARRIS (Molonglo) (10.15): I thank the Minister for Economic Development for his statement today on the progress towards a more digital Canberra. The ACT government's digital Canberra action plan aims to accelerate business

engagement with the digital economy and help businesses access new customers and markets. The action plan also seeks to grow our economy, engage with our citizens more openly and efficiently, allow government to be more open and transparent, and continue to meet the needs of our highly educated and connected community. Digital Canberra is a priority government initiative. It is a statement of Canberra's digital aspirations, principles and actions that reflect our innovative city and show we are ready to embrace the future and enable our community to connect, create and lead.

Yesterday we passed a motion in this place about the national broadband network and how it is a critical component of the ACT government's digital Canberra strategy to directly improve the productivity, connectivity and liveability of our city. We ask the ACT government to continue to invest in Canberra's future through digital Canberra.

That is why I am so pleased to speak after the statement delivered this morning by the Chief Minister, who again has shown he leads a government that has a vision for our city that has strong foundations in the technology of the future. We are undoubtedly a service economy here in the ACT, but we are also a knowledge-based economy and our government's digital approach will accelerate the development of a high growth digital economy that offers more opportunity to more people. It helps us to keep giving more people better health and education services and better use of data to improve people's lives.

One way we are adapting to new technology is through the trial of smart parking, as the Chief Minister announced this morning. Smart parking is all about delivering real-time information on parking availability to help guide motorists to available parking spaces. Information on parking availability is collected by sensors, which allows people to see where a free park might be on a smart phone app, for example, or intelligent real-time traffic signs. People can then be guided to an available parking space. Real-time information on parking congestion will be captured through in-ground sensors and relayed to the app and signs.

It is great to see the announcement today that the trial will commence early next year in Manuka. I really believe that this will be a practical solution to a problem that can be time consuming and stressful. Smart parking will also offer advantages to Manuka's retailers as improved turnover of parking spaces will give shoppers greater access and more convenience and efficiency. I look forward to watching this trial take place, and I am sure we will learn a lot from it.

Madam Speaker, I think this trial will highlight the practical benefits of a more digital Canberra for people as they go about their everyday lives. Digital Canberra does not need to be complicated; indeed, its very aim is to simplify our processes and make our lives easier.

Another great initiative is the CBRfree public wi-fi that is being rolled out across the city. This will be one of the largest high quality free public networks in Australia once fully operational, and allows people to use up to 250 megabytes per user per day—that is a pretty large bandwidth allocation—for free. CBRfree is already available in the city and will soon be available in Dickson, Belconnen and Manuka. In mid next year it will also be up and running in all the other town centres, including Gungahlin, which is very exciting.

These are just two areas of the digital Canberra action plan that I believe will be well received by the community as they are practical and efficient.

Another area I would like to talk about is Access Canberra. Established in December last year to support and connect the community with ACT government services, the new government shopfront in Winyu House in Gungahlin is incredible. It offers a terrific service. Everything can be done at the touch of a button or you can speak to someone who has the knowledge to point you in the right direction for whatever you need to do.

Access Canberra consolidates several hundred web pages of information to make government information much more simple, intuitive and accessible. It uses technology to reduce red tape by increasing the provision of online services, including payment of rates, licence renewals and a variety of other government transactions. Access Canberra demonstrates again some of the practical priorities of the digital Canberra action plan, particularly when it comes to the areas of digital services and open government, which, as the Chief Minister has mentioned, are two of the five key priority areas.

The ACT government has long recognised the importance of digital technology to the territory's economic growth and diversification. Accordingly, we have put in place a range of initiatives to maximise the many opportunities that will arise.

When it comes to our digital future, we must recognise that the NBN will also play a key role. The NBN is a significant contributor, the essential utility, that allows us to take advantage of all the opportunities of the digital economy. I fear there is a digital divide being created here in Canberra, though: as the Chief Minister said, many smaller companies and home-based businesses will be reliant on the full rollout of the NBN; it is fast becoming clear that only a federal Labor government will commit to a real NBN and get it rolled out here in Canberra.

The success of the CBR Innovation Network, which is fast becoming the go-to place for new digital entrepreneurs, is reinforcing Canberra's reputation as a sophisticated centre for ICT business creation and development. The network is now engaging with over 1,000 people and businesses per month on entrepreneurship and company development. The CBR Innovation Network is an open collaboration of innovators dedicated to developing a thriving and diverse innovation ecosystem within the ACT. It recognises that our city has the potential to position itself as a globally recognised hub of entrepreneurial success—a clever, connected and creative city that attracts companies, ideas and talent. This government recognises the importance of fostering innovation in this city.

I was thrilled to see the federal Labor leader, Bill Shorten, announce just today that Labor will commit \$5.5 million to create the option of a HECS-style loan for entrepreneurial university graduates who want to create their own start-ups. This will help grow Australia's pool of young entrepreneurs. It sounds like a great idea.

The ACT government has also been active in service reform. My Government and iConnect, along with Access Canberra, are major initiatives helping us build a digital by default government. My Government gives Canberrans the ability to engage directly with their local MLAs. Just recently, the ACT government's twitter cabinet was broadcast live on the new Periscope platform; it was a great thing to watch from home. I have been impressed to see this technology also pop up in our Gungahlin Community Council meetings and media events. And we almost had it live here in the chamber earlier this week.

As you can see, the NBN rollout is critical for these types of initiatives and must be a priority of any federal government. I look forward to seeing the new communications minister's response to the Chief Minister's letter about how he plans to build the capacity of the NBN across Canberra and the country.

Canberra's digital future is essential. I am proud to be part of a government that believes in new technology and is doing everything it can to grow our digital economy and give more opportunity to more people.

Motion agreed to.

Building (Loose-fill Asbestos Eradication) Legislation Amendment Bill 2015

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

Title read by Clerk.

MR BARR (Molonglo—Chief Minister, Treasurer, Minister for Economic Development, Minister for Urban Renewal and Minister for Tourism and Events) (10.24): I move:

That this bill be agreed to in principle.

On 28 October 2014 the ACT government announced the loose-fill asbestos insulation eradication scheme. The scheme was announced to provide an enduring solution to the Mr Fluffy legacy in the ACT community.

The scheme has two key components: the voluntary buyback program, where the affected property is purchased by the government; and the demolition program, where the affected property has the loose-fill asbestos removed and is then safely demolished and remediated. The blocks will then be resold to former home owners where the first right of refusal is preserved, otherwise they will be offered to other ACT government agencies or to the market at large.

The end of June 2015 marked the closure of the buyback program, where the government conducted a voluntary buyback of all houses in the territory affected by loose-fill asbestos insulation. This component of the scheme was a great success, with

988 offers being made to home owners. The scheme is now moving into the second component, the demolition program. The asbestos response task force announced the demolition schedule on 31 August 2015, which depicts the complex and challenging task that lies ahead for the government over a three-year period.

As such, today I present the Building (Loose-fill Asbestos Eradication) Legislation Amendment Bill 2015 which contains a number of amendments to facilitate the implementation of the demolition and resale components of the scheme.

This legislative reform package amends the Building Act 2004, the Building and Construction Industry Training Levy Act 1999, the Dangerous Substances (General) Regulation 2004, the Land Rent Act 2008 and the Planning and Development Act 2007. The amendments introduce some efficiencies in the regulatory oversight of the demolition phase of the scheme as well as providing affected home owners who cannot afford to purchase their remediated block with the option of land rent. The amendments achieve the overarching goal of the scheme in facilitating the removal of the Mr Fluffy legacy from the ACT.

The bill amends the Building Act 2004 to provide a streamlined process for the demolition by the territory of residential premises that contain or have contained loose-fill asbestos insulation. Under these amendments, affected residential premises that are to be demolished by the territory may be subject to a demolition order issued by the Construction Occupations Registrar. A demolition order authorises the territory to demolish the building without engaging a private certifier and without going through the full building approval process.

These amendments recognise that the demolition of premises contaminated by loose-fill asbestos insulation is specialist building work that has a number of significant controls outside the Building Act. Demolitions by the territory will be undertaken on a bulk scale with safety and compliance controls achieved through mechanisms including procurement and contract requirements and work health and safety regulation.

The quality and safety of the demolition work will also be maintained through the process of seeking a demolition order. A demolition order may only be issued if the Construction Occupations Registrar is satisfied that a building approval is not required. This will generally be where a demolition is relatively straightforward and does not require the additional oversight of a private certifier. In making this decision the registrar would be provided with a level of documentation that is broadly consistent with the building approval process. In addition, the registrar would need to be provided with evidence that relevant utilities have been consulted in relation to the planning and execution of the demolition.

Further to these amendments, the bill also makes an amendment to the Building and Construction Industry Training Levy Act 1999 as a consequence of the demolition orders provisions that are included in the Building Act. Project owners are normally liable to pay a training levy on construction work with the amount being calculated by reference to the value of work to be undertaken. However, if the Construction Occupations Registrar issues a demolition order for the work there will not be a

formal building approval. This amendment provides an alternate mechanism for working out the amount of the levy under the Building and Construction Industry Training Levy Act.

Alongside the various changes made to aspects of the demolition process the bill also amends the Land Rent Act 2008 to allow for the resale of a remediated block surrendered under the buyback program to a former home owner by way of a land rent lease. This will be offered where the former home owner has a first right of refusal and is eligible for land rent. These amendments are designed to assist home owners who cannot afford to purchase the lease as well as pay the cost of rebuilding their family home to return back to their community.

Currently, land rent is only available in greenfield estates. This bill makes a number of technical amendments to the Land Rent Act to allow the application of the land rent scheme in the very specific circumstances of a former Mr Fluffy home owner seeking to return to their former block. The bill also makes some more substantive amendments to the act to reflect the special nature of the newly available leases in established suburbs where land rent would not otherwise ever be available. The current land rent scheme allows a land rent lease to be sold to another person as a land rent lease, provided that the purchaser is eligible to participate in the scheme. The amendments to the Land Rent Act include a provision to restrict the transfer of a land rent lease that is granted under the first right of refusal. The amendments are intended to be a benefit that is only available to the specific former owner to enable them to rebuild on their land and return to their former neighbourhood.

A further aspect of the land rent scheme that will have a modified application where a land rent lease is granted to the former Mr Fluffy owner of the block is the amount paid to convert the lease from a land rent lease to a nominal rent lease—that is, a standard lease—under the Planning and Development Act 2007. The amount payable for such a lease variation is determined by the Planning and Land Authority by reference to a ministerial policy direction through a disallowable instrument under the Planning and Development Regulation 2008.

The current policy direction allows the lessee the option of calculating the amount that is payable for the lease variation on the basis of either average unimproved value or market value. Consistent with the objective of reselling land at market value after the remediation works are complete, the government intends to make a new disallowable instrument so that land rent leases granted to former owners of affected blocks must be converted to a standard lease at market value.

The bill also amends the Planning and Development Act 2007 in relation to development approval for the demolition of affected residential premises that are also heritage premises. The bill amends the act so that the automatic impact track assessment will not apply where the proposal is for demolition of affected residential premises. This is balanced with the requirement that the Heritage Council must have approved a statement of heritage effects under the Heritage Act 2004 in relation to the proposal. This is applicable only to the demolition of the building. Any proposal to rebuild in a heritage area would still need to go through the full planning approval process.

Lastly, the bill makes a minor amendment to the Dangerous Substances (General) Regulation 2004 to ensure that the oversight of the asbestos removal process in relation to affected residential premises is the responsibility of an asbestos removal business rather than the individual worker who actually carries out the work.

The amendments to legislation will have a positive social impact on the ACT community as it facilitates the second stage of the scheme through the activities of the demolition program. It eliminates duplicate processes, maximises revenue to the community and allows for the efficient demolition of affected properties, which is necessary for such a large scale demolition program. These amendments help the ACT community to move closer to eliminating the legacy left behind by Mr Fluffy.

The government will continue to work closely with all stakeholders affected by loose-fill asbestos. This bill reflects the essential changes required to provide an enduring solution to the Mr Fluffy legacy. I commend the bill to the Assembly.

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

Crimes (Domestic and Family Violence) Legislation Amendment Bill 2015

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

Title read by Clerk.

MR CORBELL (Molonglo—Deputy Chief Minister, Attorney-General, Minister for Health, Minister for the Environment and Minister for Capital Metro) (10.34): I move:

That this bill be agreed to in principle.

I am pleased to present the Crimes (Domestic and Family Violence) Legislation Amendment Bill 2015. Domestic and family violence affects one in six women, and one in 19 men, in Australia every year. Nearly one Australian woman is killed by her current or former partner every week. In the ACT we have recently had painful and confronting reminders of this statistic. The tragic circumstances of the deaths in the territory in 2015 are a stark demonstration of the fact that domestic and family violence does not discriminate. Domestic and family violence causes enduring damage to individuals and to our community as a whole. And it is for this reason the government's position will always be that domestic and family violence will not be tolerated in our city.

The bill I am introducing today makes a number of important amendments to better protect victims of domestic and family violence and to recognise the harm that this type of violence has on our community. The impetus for the reforms has come from ongoing engagement with a wide range of stakeholders as well as from the outcomes of the extraordinary meeting of the Domestic Violence Prevention Council on 2 April this year. That meeting provided for over 55 participants to have an open and honest conversation about how government and the community as a whole can strengthen and improve responses to domestic and family violence.

A broad range of stakeholders attended, including community experts, front-line workers, first responders and, importantly, people with lived experience of domestic violence. A number of ministers and other members of the Assembly attended. I am sure I speak for all members when I say it was a valuable experience.

I had the opportunity to speak to a woman who had lived through serious domestic violence. She spoke about her experiences of the ACT justice system and highlighted the significant problems that she faced when attempting to secure a domestic violence order. Her story demonstrated to me that although the task ahead of us is not easy, now more than ever it is vital that we maintain ongoing and strong commitment to supporting those who have experienced domestic and family violence.

While gender-based violence, including domestic violence, cannot be eliminated through laws alone, legal measures are an essential component of any response to it. Therefore this bill is being introduced to ensure that our legislative regime relating to domestic violence and family violence is streamlined and effective. Consistent with the government's recognition that addressing domestic and family violence takes a multifaceted strategy, the government will continue to progress a number of other non-legislative responses to addressing this problem.

For example, I recently tabled the government response to the Domestic Violence Prevention Council's *Report on domestic and family violence, including sexual assault, in the ACT*. The government will use the council's recommendations as the basis for ongoing change and continued improvement in responding to domestic and family violence.

In addition, government reforms and initiatives have been developed to align with the government's commitments outlined in the second implementation plan for the ACT's prevention of violence against women and children strategy 2011-17 which I launched with my colleague Minister Berry, as the Minister for Women, on 17 August this year. The second implementation plan provides a whole-of-government framework for addressing domestic and family violence and reflects our commitments under the national plan to reduce violence against women and children.

The policy objectives of the amendments in this bill are aimed at addressing a systemic, widespread and pervasive human rights violation experienced largely by women. More broadly, the purpose of these amendments is to protect the lives and safety of women and children where there is a risk posed to them because of violence. This purpose supports a number of rights outlined in our human rights law with a particular focus on upholding the right to protection from torture and cruel, inhuman or degrading treatment, protection of family and children, and the right to liberty and security of the person.

This bill provides a good example of the balance between the human rights of alleged perpetrators and the public interests in protecting an individual's right to safety within their home and in our community. The limitations on human rights in this bill are proportionate and justified because they are the least restrictive means available to achieve the purpose of protecting victims of domestic and family violence as well as the broader community.

The amendments proposed by this bill will amend section 28 of the Crimes Act to reflect that strangulation that does not cause unconsciousness is still an act that endangers health; amends the Evidence (Miscellaneous Provisions) Act 1991 to allow police records of interview to be admitted as evidence-in-chief for domestic violence offence proceedings; expands the special measures provisions so that they apply to breaches of domestic violence orders and other select offences; and makes a number of other consequential amendments as a result of the new evidence-in-chief provisions. The bill also amends the Domestic Violence and Protection Orders Act 2008 to create a new class of interim domestic violence order, or DVO, to allow a court to extend interim DVOs where there are current criminal charges unresolved before the court.

Today I will provide members with an overview of the proposed amendments and the policies that drive these reforms. Turning firstly to the issue of strangulation, the bill amends the acts that endanger health set out in section 28 of the Crimes Act to reflect that choking, suffocating or strangling another person can have serious impacts on a victim's long and short-term health. Non-fatal strangulation by a partner is one of the most important predictive risk factors for intimate partner homicide.

A study conducted in San Diego of 300 domestic violence cases concluded that despite strangulation leading to serious health issues only 15 per cent of strangulation victims had marks able to be photographed and 50 per cent of all victims had no visible markings at all. The United Nations Entity for Gender Equality and the Empowerment of Women publicly advocates legislative recognition of the impact of strangulation and states:

Many domestic violence victims have experienced some form of attempted strangulation, which has often been discounted as "choking". This form of abuse can have serious physical and psychological consequences, and is often a precursor to deadly violence.

For this reason, it is important that there is an appropriate offence to accurately reflect the harm caused to a person's health through strangulation. In the existing provision, in order to prove an offence the prosecution must prove beyond reasonable doubt that the strangulation was so severe that the victim lost consciousness or was rendered insensible. If a defendant instead applied pressure to a victim's throat to such an extent that they lost the ability to breathe but stayed conscious and in possession of all their faculties the charge would fail. The only alternative charge, when no marks are visible, is common assault which has a maximum penalty of two years imprisonment.

Therefore this amendment seeks to recognise the seriousness of strangulation by creating an offence with a lower threshold than endangering life. This reflects the evidence that strangulation is a tactic often used in family violence to threaten, intimidate or control a victim. The amendment will primarily support the human rights of a person who has experienced or may experience family violence and will affect the rights of a defendant in the criminal process.

This offence will also apply outside a domestic or family violence situation. While the risk of serious injury is substantially higher for strangulation that occurs in a domestic

or family violence setting there is nonetheless an impact on any person's health and wellbeing when they are strangled. For that reason, it is appropriate that the police have discretion to charge a person with the new offence when they are alleged to have strangled a stranger or to charge them with an assault or an assault occasioning actual bodily harm.

Turning to the provisions for new interim domestic violence orders, another important amendment proposed in the bill will provide courts with the ability to extend interim DVOs where there are current, related criminal charges. The extension of interim DVOs will offer protection for both applicants and respondents to a DVO when there is a DVO application made with related criminal charges involving both parties. This amendment to the Domestic Violence and Protection Orders Act will mean that a court may extend the interim DVO up to the time when related criminal charges are finalised.

Section 42C of the bill details what happens to a special interim order when charges are finalised. It provides that if the Magistrates Court finalises all charges they must also decide the application for the final DVO. If the Supreme Court finalises all charges it may either decide the application for the final order as if it were the Magistrates Court or notify the Magistrates Court that the final, related charge has been decided.

The purpose of this section is to provide the court with the ability to finalise the charges and, as the court that has heard all evidence relating to charges in the criminal proceeding, use its judicial discretion to impose a final DVO with relevant conditions. This section recognises that often related charges may be finalised in the Supreme Court and these provisions allow a judge to decide an application if they choose as if they were in the Magistrates Court.

A new note is to be inserted to confirm that the relevant test for deciding a DVO proceeding is that the magistrate has to be satisfied on the balance of probabilities. This is different to the standard required in criminal proceedings which is, of course, beyond reasonable doubt. Section 42C(3) outlines that if a judge does not wish to issue a final DVO they may use their discretion to give the Magistrates Court guidance about or a direction for suitable conditions that should be considered for inclusion in the final order. If that is the case the Magistrates Court must decide the application for the final order.

Section 42C(4) states that a decision to dismiss the DVO after criminal charges have been finalised may only be made after giving the parties an opportunity to be heard. If the parties are not sufficiently prepared to present arguments before the court on the DVO hearing the matter can be adjourned for a further hearing.

The bill also provides that a respondent to a special interim order may apply to the Magistrates Court for review of the order. The order can only be revoked if the court is satisfied that the special order is no longer necessary for the protection of the people it is meant to protect. The burden of proof in relation to all questions relevant to the making or amendment of an order is the balance of probabilities.

These amendments engage and support the rights of defendants in criminal proceedings where the person also has a DVO pending in relation to those proceedings. This right is supported because the respondent to the DVO, who has been charged with the criminal offence, is not required to test the evidence in relation to the criminal charges or to confess guilt through the hearing of the DVO proceeding. There are a number of safeguards contained in the bill to ensure the least restrictive measure available has been relied upon to ensure the rights of applicants and respondents are protected in domestic violence order proceedings.

Finally, turning to the amendments to evidence provisions, the bill makes a number of amendments to the Evidence (Miscellaneous Provisions) Act 1991. There are three main categories of amendments in this part of the bill. They will all contribute to the important work already completed through the ACT's sexual assault reform program.

The first deals with amendments to the definitions of serious violent offence and less serious violent offence to ensure sufficient protections for victims of crime who give evidence in criminal proceedings. The definition of less serious violent offence is amended to remove the offence of stalking and includes offences relating to breaching a domestic violence order and destroying or damaging property.

Including these new offences means that the special measures under division 4.2.2 will now apply to complainants who can demonstrate that there was a relevant relationship between the witness and the defendant. This is an important amendment which ensures that complainants of domestic and family violence are not subject to further victimisation during criminal proceedings for breaches of DVOs or damage to property offences.

The bill proposes to also include the offences of stalking, burglary and aggravated burglary under the definition of serious violent offence. People who have been subjected to these offences will now be able to give evidence and have the special measures under division 4.2.2 apply whether or not there was a relevant relationship.

Amendments also insert a new scheme allowing a police interview of the first complaint of domestic and family violence to be used in court as the complainant's primary evidence-in-chief. This evidence may be used in other proceedings where the evidence is relevant and appropriate submissions are made as to whether the evidence could be appropriate in the circumstances. The provisions do not expressly restrict the use of such evidence in other proceedings, instead allowing for the rules of evidence to apply.

This reform aims to reduce trauma to the victim caused by testifying in court and to improve the accuracy of the evidence as the statement will likely be taken shortly after a domestic violence incident has occurred. This protects families by ensuring that family violence incidents are recorded and addressed by the law where necessary.

The government acknowledges that this bill engages with the Human Rights Act in a number of ways. The bill engages and places limits on the rights to protection of family and children, freedom and movement, the right to liberty and security of

person and fair trial as well as rights in criminal processes. The bill supports a number of these rights as well as the right to protection from torture and cruel, inhuman and degrading treatment.

The bill's explanatory statement contains a comprehensive analysis of the human rights issues. I encourage all members to consider this document along with the bill.

In closing, the government acknowledges that the amendments in the bill engage and limit the human rights of a section of the ACT community, namely, family violence perpetrators. However, government believes that the limitations are proportionate and justified because they are the least restrictive means available to achieve the purpose and to protect the human rights of others, in this case women, children and their families. I commend the bill to the Assembly.

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

Lotteries (Approvals) Amendment Bill 2015

Ms Burch, pursuant to notice, presented the bill, its explanatory statement and a Human Rights Act compatibility statement.

Title read by Clerk.

MS BURCH (Brindabella—Minister for Education and Training, Minister for Police and Emergency Services, Minister for Disability, Minister for Racing and Gaming and Minister for the Arts) (10.52): I move:

That this bill be agreed to in principle.

Today I present the Lotteries (Approvals) Amendment Bill 2015. The bill amends the Lotteries Act 1964 and the Gambling and Racing Control (Code of Practice) Regulation 2002. The bill responds to community concerns about onerous approval requirements for the conduct of low risk lottery activities. A gaming activity's risk level is considered against its gambling harm, the potential for criminal activity and maintenance of consumer protection measures.

Research from ANU and the ACT Gambling and Racing Commission suggest gambling activities are lower risk if they are infrequent or one-off, of small prize value and include lottery products such as raffles, low value housie, bingo and trade promotions.

I do not shy away from the strong regulation of gambling risk. I recognise gaming activity can be a problem for some in our community. Without compromising the commission's strong regulatory oversight, this bill provides for more flexible risk-based regulation. The bill achieves this by removing administrative burden and financial impost associated with low risk lottery approvals.

The reforms I am introducing today cut red tape for businesses and organisations. Our schools, local charitable organisations and community groups do not need to be

burdened with additional government red tape. The bill's changes no longer require an application process, fee and compliance with the regulatory code provisions every time these organisations want to run a low value game of housie or a raffle.

The bill will provide further regulatory reform through modified powers for the commission to determine exemption thresholds for different lottery products. This allows for recognition of the level of risk associated with each product. Prior to commencement of the bill's provisions, a disallowable instrument identifying the commission's approval exemption threshold amounts will be notified.

Our community expects a fair go when participating in lotteries. If you buy a ticket, you must have an equal chance of winning. The bill retains the requirement to conduct a fair lottery, whether the commission's approval is required or not. Lotteries are still subject to the act's offence provision and, in addition, the commission's existing powers to undertake compliance activities and respond to complaints remain unchanged. This helps ensure consumer protection and integrity is maintained to the highest level.

The bill also proposes specific conditions to be applied for the conduct of exempt lotteries to ensure lottery subscribers are protected. In practice, the bill's conditions will not require any major changes to existing practices of low risk lottery operators, and under the existing code of practice all housie operators are required to comply with the strict regulatory provisions targeted at high risk gambling. Given that low prize value housie is considered low risk, compliance with the code's requirements will no longer be required.

The bill reaffirms that regulation of higher risk lotteries will still require the commission's approval and must comply with approval conditions. The government will work with businesses and organisations to provide information and support during the implementation of the changes introduced through this bill. As part of the government's commitment to red tape reduction, we will keep consulting with businesses and the community about ways to ease regulatory burden while still retaining the protections our community rightly expects.

Madam Speaker, I commend the bill to the Assembly.

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

Children and Young People Amendment Bill 2015 (No 3)

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—Minister for Planning, Minister for Roads and Parking, Minister for Workplace Safety and Industrial Relations, Minister for Children and Young People and Minister for Ageing) (10.57): I move:

That this bill be agreed to in principle.

As Minister for Children and Young People, I am pleased to table the Children and Young People Amendment Bill 2015 (No 3). In January this year the Chief Minister and I launched a step up for our kids—one step can make a lifetime of difference, the government's new five-year strategy to reform out of home care in the ACT.

The bill will give effect to important elements of this reform, in turn supporting better outcomes for children and young people in care. As is the case nationally, the ACT community is facing many challenges when it comes to providing out of home care services, and outcomes for young people who have been in care are generally poorer than the broader community, whether socially, in education or in employment.

We know that young people who exit the care system are less likely to be employed and are at greater risk of mental illness, drug and alcohol abuse and domestic violence. Most concerning, though, is that adults who have experienced out of home care are more likely to have children who are subjected to abuse, trauma and neglect.

Here in the ACT we want to step up for vulnerable children, young people and their families and a step up for our kids will transform our support for them. A step up for our kids creates an environment that goes further than before in delivering the right kind of support to children and young people and at the right time in their lives.

The aim of a step up for our kids is simple—to provide vulnerable children and young people with loving, safe homes and supports to lead productive lives. Whether this is reuniting children and young people with their birth parents or being placed with a new stable, loving family, we want the best outcomes to be realised for everyone.

The system will truly place the child or young person at the centre of the system. It is based on trauma-informed support that acknowledges the individual trauma experienced by a child or young person through abuse and neglect. A step up for our kids will see an additional \$16 million investment in the out of home care sector and is underpinned by the following four key domains: developing a therapeutic trauma-informed care system; strengthening high risk families; developing a continuum of care for children and young people; and strengthening accountability and ensuring a high functioning care system.

The amendments proposed in this bill will enable a range of changes required to deliver a system of care that gives vulnerable children and young people the most stable, productive lives possible. These include establishing stability in a family environment as early as possible, transferring full parental responsibility for a child to a carer as early as possible, ensuring quality of care for children and young people in foster and kinship care, simplifying the approval process for carers, supporting young people to transition into adulthood, sharing information about children and young people with the care team, maintaining a life story for children and young people in care, enhancing safeguards for children and young people in care, and establishing third-party oversight of the proposed amendments.

Through this bill we are supporting the overarching principles of a step up for our kids by promoting good outcomes for children and young people, simplified administrative

processes, and quicker decision making for carers, children and young people. We want to make sure that children are given every chance to stay with their families, and where that is not possible they have all the support they need to build new lives. We are putting in place a strong framework to support this by enabling placement stability as early as possible for children and young people.

The bill supports timely decision making about permanency and long-term arrangements for children and young people in care. We will reduce the amount of time that children must wait before long-term arrangements can be made. A child's emotional and brain development in the first two years of their lives can have a major bearing on how they progress throughout the rest of their lives. It is therefore appropriate that the long-term care arrangements of a baby under two years of age be considered after a year, given the potential lifelong impact.

In recognition of the particular vulnerabilities of children younger than two years old, I propose to change the period of time before long-term orders can be considered. The period of time will reduce from not longer than two years to one year. For children over the age of two years the period of time will remain at two years. I also propose to reduce the period of time that a child or young person is required to be in care and living with the carer who will be assuming full parental responsibility under an enduring parental responsibility order. The period of time will reduce from two years to one year or a total of one year in the previous two years.

It should be noted that under existing provisions of the Children and Young People Act, the Children's Court can already make long-term care orders in shorter time frames. These amendments recognise the importance of providing secure, loving relationships for children to lay the groundwork for healthy social, emotional and cognitive development. This is particularly important for very young children.

I should emphasise that these amendments do not mean that long-term arrangements will be automatically granted by the Children's Court after a minimum period of time a child or young person spends in care. This is particularly so in cases where individuals are actively engaged with supports and making progress. However, these amendments will facilitate timely decision making without undue delay about a child or young person's long-term care—either reunified with their birth parents or, when this is not possible, in an alternative loving family.

We understand that issues experienced by families in the care system are often complex. That is why we are commissioning a whole new suite of intensive in-home services to support parents—the strengthening high risk families domain, we call it. We will retain the flexibility to continue to work with families, where they are fully engaged in services, making progress towards successful family unification, and it is in the best interests of the child and young person. We are stepping up for foster carers and kinship carers, more so than ever before, with a more equitable system of support, better information and streamlined processes.

The bill will protect the integrity of carers and the out of home care system by requiring the authorisation of approved carers to be renewed at least every three years. This process will be tied to renewal of working with vulnerable people checks to

minimise inconvenience and further streamline administrative processes. We will also simplify the approval process for carers and enable delegation of this function to be approved to the care and protection organisations.

We know that young people who leave the care system generally have poorer life outcomes than other young people, so we are stepping up for these young people by extending access to the carer subsidy to 21 years of age, rather than 18 years, where appropriate. Improving outcomes is not only important for young people but also has a positive impact on the wider community. Downstream social and economic service benefits can be realised by providing better support for young people as they transition from care.

We have listened to agencies that told us they wanted less government involvement in their work with children and young people. We are providing agencies with greater autonomy in supporting children and young people than before. This bill will enable delegation of the responsibility to declare care teams and share information to be made by approved care and protection organisations.

We are putting in place additional safeguards to enhance the oversight of the out of home care system. In recognition of the increased role approved care and protection organisations will play under a step up for our kids, these organisations would be required to assist the Public Advocate when requested to do so by the Public Advocate. Psychologists will now be added to the list of mandated reporters under the Children and Young People Act as they can play an important role in the early detection of cases of suspected child abuse. This is in addition to an existing list of professionals that have contact with or provide services to children, young people and their families.

This bill will also enhance the functions of the Children and Youth Services Ministerial Advisory Council to allow it to be established from time to time with a specific strategic purpose and remit. This will ensure that a council is only stood up when there is a clearly identified requirement. The council will no longer consist of a representative membership but will be comprised of members with expertise as deemed appropriate for its purpose when it is established from time to time.

I propose to establish a statutory council immediately and its remit will be to monitor and report to me on the implementation of a step up for our kids. A small number of other minor and technical amendments are also included in this bill to improve the administration of the Children and Young People Act. These are detailed in the bill and its accompanying explanatory statement.

Through a step up for our kids we are addressing the major challenges faced by out of home care services, creating a more sustainable system and most importantly helping children and young people take a step up in their lives. This Children and Young People Amendment Bill 2015 (No 3) will give effect to this significant reform, improving outcomes for our community's most vulnerable children and young people and giving them a better opportunity to live full, happy and productive lives.

We have put together a way forward that recasts our support for vulnerable children, putting them at the centre of a quality out of home care system. We have listened to the voice of children and young people and we are building a system where they are not in out of home care—children and young people will just be home.

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

Auslan interpreter

MS LAWDER (Brindabella): I seek leave of the Assembly to allow an Auslan interpreter to be present on the floor of the chamber during the consideration of Assembly business notice No. 1.

Leave granted.

Standing orders—amendment

Standing order 210

MS LAWDER (Brindabella) (11.09): I move:

That standing order 210 be amended by inserting “or an accredited Auslan interpreter,” after “Member,”.

I am pleased to move this motion today to amend standing 210, which relates to strangers on the floor of the Assembly. Some members here today might recall the last instance when this was amended in 2008 to allow a nursing infant to be breastfed, which made the Assembly more family friendly. We have seen the benefits of that over time, including most recently for my colleague Mrs Jones and her baby, Maximus.

The motion today is to allow an accredited Auslan interpreter onto the floor of the Assembly if arranged by a member of the Legislative Assembly, without having to seek leave, as I have today. I believe that allowing interpreters onto the floor of the Assembly without the need to seek special permission would be an acknowledgement and recognition of accepted practice which would help to deliver communication access for people who are deaf. This is another example of walking the talk and providing access—not just talking about inclusion and access but actually doing something about it. This motion to change standing order 210 would take this from being a special privilege granted by the Assembly, or possibly denied, to something that can be taken for granted. Indeed, that is what communication access should be, something that is taken for granted.

Whether individual members of the Assembly choose to take up the option would be up to them. It may be for particular speeches and particular topics. For example, it might be especially appropriate for speeches relating to events of national or territory importance or when the Assembly is debating or talking about emergency situations or matters relating specifically to disability access such as the NDIS, which deaf people would have a particular interest in. Again, I stress that it would be up to the individual member to determine when they felt it was appropriate. This proposed

change to standing order 210 would merely facilitate that if and when a member decided they wanted to do so.

This week is International Week of the Deaf, so I thought it quite right and proper to bring this motion today. I expect that it will be passed with the unanimous support of all members of the Assembly. Members might also be aware that this year's Young Australian of the Year is a young, strong, proud deaf woman from Western Australia, Drisana Levitzke-Gray, who advocates strongly for the rights of deaf people, including access to their own language, which is Auslan, Australian sign language.

International Week of the Deaf is an initiative of the World Federation of the Deaf, and it was first launched in 1958 in Rome, Italy. Since then it has been celebrated annually by the global deaf community. It is held in the last week of September each year and is commemorated through various activities. It encourages the participation and involvement of stakeholders, including governments and government organisations, interpreters, families and disabled people's organisations. That is another reason why it will be appropriate to support this motion today to amend standing order 210.

It is my understanding that the government will move to adjourn the debate and the motion to amend will then go to the admin and procedures committee for discussion. If that is what happens I hope that the committee will see their way clear to support this motion. It is not a particularly detailed or complex amendment; it is just five words. I am a bit surprised that the motion may not go through today with the unanimous support of everyone in the Assembly to support communication access for people who are deaf.

The deaf community have a long history of being denied access to their own language. The ACT Legislative Assembly could take a leading role here by allowing and supporting this amendment today, which would allow interpreters onto the floor of the Assembly as a matter of course rather than it being seen as a privilege or a gift in the hands of or at the whim of members of the government. It does not make it mandatory. I stress that, Madam Speaker: it does not make it mandatory. It makes it possible without being a gift of members of the Assembly. I commend the motion to the Assembly.

DR BOURKE (Ginninderra) (11.15): I move:

That the debate be adjourned.

Question put.

The Assembly voted—

Ayes 7

Noes 6

Mr Barr
Ms Berry
Dr Bourke
Mr Corbell

Ms Fitzharris
Mr Gentleman
Mr Rattenbury

Mr Coe
Mrs Dunne
Mr Hanson
Ms Lawder

Mr Smyth
Mr Wall

Question so resolved in the affirmative.

Ordered that the resumption of the debate be made an order of the day for the next sitting.

Administration and Procedure—Standing Committee **Referral of standing order 210**

DR BOURKE (Ginninderra) (11.18), by leave: I move:

That the order of the day relating to the proposed amendment of standing order 210 be referred to the Standing Committee on Administration and Procedure for consideration.

MS LAWDER (Brindabella) (11.18): Obviously we will agree to this motion going to the admin and procedures committee. However, I am very disappointed that it could not be passed in the Assembly today. Should members of the committee seek any further information about communication access, I would be most happy to talk with them. I am disappointed that it has not gone through today. I would have thought it would have been reaffirming the commitment to people who are deaf and people with disability generally in the ACT to put the motion through today. I look forward to the response of the admin and procedures committee.

MR HANSON (Molonglo—Leader of the Opposition) (11.19): I echo the sentiment of Ms Lawder and congratulate her on what she has done here today. I think that it is a remarkable thing. She reminds us all the time about the importance of not just talking about equity, access and supporting people with disabilities in our community. As I have said before, she walks the talk, and I commend her for that.

I am disappointed that such a simple, clear motion amending standing orders could not be supported jointly by the Assembly today. This is not ambiguous. This is not complex. I would have thought that if we are to stand up for people with disabilities in our community then we should do so unequivocally. We should not need to procrastinate. We should not need to send this to a committee to deliberate. What is there to deliberate, Madam Speaker? This is cut and dried. May I say how very proud I am that on this side of the chamber, led in this case by Ms Lawder, we are unequivocal and that, through Ms Lawder, we are walking the talk.

I commend Ms Lawder for what she has done. I would like to say how very proud I am to lead a team with people like Ms Lawder, with her actions today, and Mrs Jones, who in this place was the first member to breastfeed. It is great to see this happening. It is great that we are standing up for people in our community. I say to those opposite that if this is going to go to the committee, I very strongly urge committee members to support this quickly and bring it back so that it is clear to everybody in our community that this is something that we support. I see no argument for not proceeding with what is a very noble change to our standing orders.

MR CORBELL (Molonglo—Deputy Chief Minister, Attorney-General, Minister for Health, Minister for the Environment and Minister for Capital Metro) (11.22): I think it is an entirely reasonable and straightforward process to ask the Standing Committee

on Administration and Procedure to look into this proposed rule change for the Assembly. It does not in any way reflect opposition or a reluctance to consider and adopt such a change, because such a change is a worthwhile one. It is simply the normal practice in this place that changes to standing orders are referred to the cross-party committee for deliberation and consideration and for report to this place—nothing more and nothing less than that. This is not a partisan issue. This is not an issue where there is some political point to be scored. It is simply a sensible process and one that I trust will be able to be resolved promptly so that this worthwhile and important matter can be considered by the Assembly.

MS BERRY (Ginninderra—Minister for Housing, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Community Services, Minister for Multicultural Affairs, Minister for Women and Minister assisting the Chief Minister on Social Inclusion and Equality) (11.23): I just wanted to say thank you for coming in today and sharing your culture and your language with us here in the ACT Legislative Assembly.

I confirm the comments made by the Deputy Chief Minister. As Minister assisting the Chief Minister on Inclusion and Equality, I think it is important for us to have a conversation here in the ACT about how we can work together to be a more inclusive and stronger community. I support the motion that this go to the admin and procedures committee for further conversation about how we can do things better.

Question resolved in the affirmative.

Standing orders—matters of public importance

MR RATTENBURY (Molonglo) (11.24): I move:

That the following standing orders be amended:

(1) Omit standing order 79, substitute:

“79. A Member may propose to the Speaker that a matter of public importance be submitted to the Assembly for discussion on a sitting day that occurs on a Tuesday. Written notice of the matter shall be given to the Speaker not less than 1½ hours before the time fixed for the meeting of the Assembly; if the Speaker determines that the matter is in order, it shall be submitted to the Assembly. If more than one matter is proposed for the same day, the Speaker shall determine by lot before the commencement of the sitting the matter to be submitted to the Assembly for discussion that day.”.

(2) Insert new standing order 79A:

“79A. Members of the public may write to the Speaker proposing matters of public importance to be discussed on sitting days that occur on a Thursday. Such proposals must be received by the Speaker by 11am on the Tuesday before the scheduled Thursday sitting. If the Speaker determines that the matter is in order, the Standing Committee on Administration and Procedure will consider at a meeting on a sitting

Tuesday matters that have been submitted to the Speaker in the 3 months prior to the meeting, and may choose one matter for discussion.”.

(3) Insert new standing order 69(ga):

“(ga) Matter of public importance (under standing order 79A)

Whole debate.45 minutes

Any member.10 minutes”.

The changes that I am proposing today to the standing orders would allow members of the public to nominate topics for one of the two MPI opportunities each week—that is, on a Thursday. The process allows for members of the public to nominate topics for discussion by submitting them to the Speaker. After the Speaker has determined that they are in order, as the Speaker does with other MPIs, they would go to the administration and procedure committee, which would select one for discussion in a particular sitting week. “In order” proposals could be debated for up to three months after they are submitted. This would help ensure that they maintain currency and would also give the committee a pool of ideas to draw on when setting the topic for any one week.

Why is this coming forward? The reason is that I am proposing this as a way to ensure that the ACT Assembly is genuinely reflecting the concerns of the community in the debates we have in the Assembly and providing another simple way for the community to hear the views of members of the Assembly.

I see this as a very positive and innovative engagement tool with our community—a way for them to be able to participate a bit more in the processes that take place in their Assembly. All members of this place talk about how important it is to engage with our community, but there are still very strong divisions between the community and their parliament, and in some ways it can be difficult for the community to feel as though the Assembly is a place they have any influence over.

We do have a petition process, and last term, in my period as Speaker, I was very pleased to move to having electronic petitions. That made that process more accessible to more members of the community. A lot of people found the paper thing, where we had to get it in a particular form, to be a little archaic. The electronic petition process leaps us forward towards modern expectations.

In the petition process, the community can table petitions and then the government is required to give a response. This can be a useful mechanism when calling on the government to do something or respond to something, but it is not necessarily a useful way to start a conversation about an issue. We may not have had much discussion up to that point in time or there may be something members of the Assembly have not given a great deal of thought to. The petition process can also be complicated, despite the provision for having e-petitions. Some groups do not find the formalities of that process very easy, and they have to wait a considerable time to get a response from the government by the time it wends its way through the various processes.

The petition process does not allow the community to hear from other members and other parties in the Assembly, although I note that this term some members from the Liberal Party in particular have started an informal practice, when they table a petition, of making a speech to go with it. Last term that was not something that happened. I think it is a reasonably sensible thing to do; otherwise, the petitions get tabled without a lot of context or insight into where they are coming from or why they arose in the first place. The fact that members have felt the need to start adding that step underlines perhaps the limitations on the petition process in that form.

The MPI debate is a longer and more considered session than simply the tabling of and response to a petition, and it is certainly more considered than a media response. I think that the community would be appreciative of hearing a more considered discussion of issues that concern them rather than just having a two-sentence sound bite in the media or some other feedback like that.

In putting this forward, I am not necessarily suggesting there is anything wrong with the MPI process now. It is certainly not all bad. We have some interesting topics presented to this place by all members. However, we sometimes see a lot of repetition of topics or topics that are basically just reworded to address a topic that has previously been canvassed. There is also no doubt that the MPI process is used to run political agendas. You would expect that in this place, but topics that are contentious or something that a party wishes to highlight or perhaps even grandstand on do feature prominently in the list of MPIs that come forward.

In the lead-up to the election we might imagine that we will see more and more topics that align with what members have identified as being consistent with their election platforms—again, not in itself unexpected or a breach of the rules but a reflection of where things are likely to go. It does not mean it is not a matter of public importance.

We have this opportunity twice every sitting week. I see that as a great opportunity to hear directly from the community what they consider to be a matter of public importance. Hearing directly from the community is different from having something funnelled through a political lens of a party in the Assembly. In some discussions I had with some members about this, the view was put that private members' business was a way of bringing matters to the Assembly on behalf of the community because they reflected issues raised by constituents. That is true to an extent. However, of course, the nature of private members' business, and we experience this every Wednesday, is that when an issue comes up like that, it comes up with a political filter on it; it comes up with an agenda; it comes up framed in a way that seeks to often make the other side of politics deeply uncomfortable—rather than being a place where discussion is sought to find a way to a topic.

Even the motion we have just discussed on Auslan demonstrated that the seeking of some sort of political opportunity is very much part of the way Mr Hanson operates in this chamber, for example. The simple referral to a normal admin and procedure committee process for changes to standing orders somehow had a political filter put over it by Mr Hanson.

What kinds of topics could we imagine might come up and should come up under this sort of process? What might have come up if this mechanism had been open to the community in the last few months? Undoubtedly there might have been some topics that would make us feel uncomfortable, but also perhaps there would have been some issues that we have never given a thought to in our daily work because they have not made it into the *Canberra Times* or a constituent has not written to us, or perhaps has not written to all sides of the chamber, and members have not given the topic some thought.

Let us think about some of the recent topical issues that did not get brought forward as matters of public importance. We had the issue of the Manuka land swap and the Lyneham oval. Planning issues occasionally get a run. There is the Mr Fluffy issue. There is even the topic of Lyme disease, which a constituent has approached me about and which required me to do some research to understand it in more depth.

One of the great benefits of an MPI process is that it can put new and unaddressed topics on the agenda for debate. That can be the start of something, perhaps the start of a new focus for policy development. Historically, that is something the Greens have done in this place with a number of MPI topics over the years—topics that others in this place have found challenging, topics where at times people have even mocked the bringing forward of the very topic—that have now been taken up by government for policy development, such as natural burials, vulnerable road users and peak oil. Imagine the added benefits of stimulating our policy debate on issues from right across the community and how that might positively enable those issues to get an airing, enable those issues to be brought to the fore for members as we perhaps need to undertake some research to be able to participate in the discussion.

There is no doubt that there are topics that we find it challenging at times to discuss. They might get put on the backburner because of lack of time or because we just do not know enough about them and so they do not get canvassed in this place. The change that I am proposing through this motion is a change that would challenge us but would ultimately lead to this place becoming a more open and transparent venue for the whole community and the debate of their ideas.

It would not prevent members of this place putting forward MPIs on Tuesday of each sitting week, so a mechanism that has delivered and does deliver for the people of the ACT would continue. But it opens that process up in an innovative way to the genuine input of the community. We all talk about our desire to engage with the community, and we talk about the government needing to talk to and listen to the community. Part of that should be to encourage our community to engage in meaningful ways in our legislature.

I know, having been the Speaker for a term, that it can be challenging to get the community to engage with the community. Things such as the open day that we had at the weekend, the art tours that used to be run and all the community engagement events that are hosted by the Speaker and organised by the Office of the Legislative Assembly are important mechanisms for inviting and welcoming the public into our Assembly. We should continue to hold these important events and to welcome the

public here. My proposal today seeks to build on those initiatives in a way that brings the public further into the Assembly and even into the chamber itself. Each time we do that, we are saying to our community, “Yes, we represent you, and we also value your participation in our Assembly.”

I understand that this matter will also be referred to the administration and procedure committee. I am quite comfortable with that. I am happy for members to have some further discussion about this, given that there is evidently not the support to put it straight through today. As we discussed on the previous matter, it is quite common for the administration and procedure committee to have a look at these sorts of things.

I look forward to the discussion on this, and I commend my motion to the Assembly.

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

Administration and Procedure—Standing Committee Reference

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

That the order of the day in relation to proposed amendments to the standing orders relating to matters of public importance be referred to the Standing Committee on Administration and Procedure for inquiry and report.

Public Accounts—Standing Committee Report 15

MR SMYTH (Brindabella) (11.35): I present the following paper:

Public Accounts—Standing Committee—Report 15—*Review of Auditor-General’s Report No. 1 of 2013: Care and Protection System*, dated 24 September 2015, together with a copy of the extracts of the relevant minutes of proceedings.

I move:

That the report be noted.

Auditor-General’s report No 1 of 2013 on care and protection systems was presented to the Legislative Assembly on 7 March 2013. In accordance with the resolution of the appointment of the Standing Committee on Public Accounts the report was automatically referred to the committee for examination.

The committee has taken some time with this report. In response to a request from the committee, the government gave a submission on 12 June 2013 and at the time the responsible minister provided updates on the progress of implementation of recommendations in August 2014 and again in May 2015. Following receipt of those, the committee has finalised its report, and there are six recommendations.

This is a very important issue. The care and protection of young Canberrans is very important. I refer members to paragraph 2.5, where the audit report concluded:

Whether the Community Services Directorate is providing 'adequate and immediate support to children and young people deemed to be at high risk and vulnerable' was not able to be determined due to issues reported on in this audit. However, it is recognised that the Directorate has invested considerable resources since early 2012 into a change agenda, *Refreshing the Service Culture*, and has been successful in recruiting caseworkers from overseas to address local staff shortages. While having these caseworkers is fundamental for providing 'adequate and immediate support', given the issues identified, the Directorate's ability to provide 'adequate and immediate support' is at risk. The Public Advocate and the Children and Young People Commissioner (in the Human Rights Commission) are monitoring and overseeing the support services provided by the Community Services Directorate. However, their effectiveness and efficiency is restricted due particularly to a lack of clarity of terms in the legislation.

As a consequence of those comments and the subsequent communications we have had with the ministers, the committee has determined to table this report, and there are six recommendations.

The first recommendation says that the government in consultation with statutory office holders should review the current model for funding inquiries into systemic matters by statutory office-holders. This comes about because sometimes if you get a large inquiry these offices have small budgets and they sometimes cannot carry out their functions properly.

In a footnote in the report, part 8(d) of recommendation 8 suggested the directorate should identify:

... how funding, when needed, is provided to the Human Rights Commission to undertake major inquiries/investigations on 'systemic matters'.

The directorate responded by indicating that the Financial Management Act provides a clear framework for the appropriation of funds through the budget process. All funds for systemic inquiries have to go through a budget process, and of course that may take time. I refer to paragraph 3.10:

In the Committee's view this response avoids the substance of the recommendation. The Audit findings indicate not only that statutory office-holders in these areas are limited, by resources, in their capacity to inquire into systemic matters, but also that their reliance on the conventional budget bid process makes them reliant on the good grace of government for inquiries of any scale.

And it goes on to say:

For this reason the Committee considers that the Government position, stating that the status quo should prevail, is not an adequate response to the recommendation.

So I particularly look forward to the government's response to recommendation 1. Given that the auditor herself had said that there were problems with the terms used, particularly "consideration" and "systemic matters", it is quite clear that there needs to be changes to the act. Recommendation 2 goes to that:

The Committee recommends that the ACT Government introduce in the ACT Legislative Assembly—legislative amendments which, if passed, would provide reliable and constructive definitions for 'consideration' and 'systemic matters' ...

If we cannot agree on what it is we are looking at, that makes it very hard for the commissioners to do their jobs.

The third recommendation looks at the integrated management system that the government talk about in their correspondence. The committee had difficulty understanding whether the integrated management system was in fact a computer system or was a system of operation inside the department. Recommendation 3 says:

The Committee recommends that the ACT Government table in the ACT Legislative Assembly, within 90 days of the tabling of this report, a comprehensive description of the Integrated Management System, specifying to what extent it is an administrative, training and/or software system.

There are three further recommendations. One asks that on the first sitting day in 2016 the government update the Assembly on the progress and effectiveness of their implementation of the recommendations. Recommendation 5 suggests that the Auditor-General should conduct a performance audit of statutory office holders in the ACT within two years of the tabling of this report to see how the statutory officers are performing. And recommendation 6 recommends that government agencies and directorates should regularly monitor and review core governance elements to make sure that they are constantly being updated so that any shortcomings are promptly and appropriately addressed.

Question resolved in the affirmative.

Statement by chair

MR SMYTH (Brindabella) (11.43): Pursuant to standing order 246A I make a statement on behalf of the Standing Committee on Public Accounts relating to the committee's ongoing inquiry into the loose-fill asbestos insulation eradication scheme. The focus of this inquiry is the government's quarterly progress reports on the implementation of the scheme. The first quarterly report on the scheme was the former Chief Minister's ministerial statement on 30 October 2014.

The second quarterly report on the scheme was presented to the Legislative Assembly on 24 March 2015. This report concerns the period October to December 2014. The report provided an update on "the recent activity of the task force, including the progress of the buyback program". On 7 May this year the committee advised the Assembly that it believed there was merit in considering the second quarterly report in conjunction with the third quarterly report on the basis that further information will be available to assist it in its assessment of the performance parameters of the scheme.

The third quarterly report was tabled by the Chief Minister on 13 August this year. While providing some of the information that the committee was seeking, the committee believes it lacked clarity in relation to planning and budgetary matters, particularly the total amount spent by the government in purchasing the properties in the scheme.

The committee notes that planning matters remain under consideration by the Standing Committee on Planning, Environment and Territory and Municipal Services. The public accounts committee expects that the planning committee will have presented their report on draft variation to the territory plan No 343, residential blocks surrendered under the loose-fill asbestos insulation eradication scheme, to the Assembly before the fourth quarterly report is presented.

The committee expects the government to provide information in relation to the following matters in the fourth quarterly report:

- (a) The total number of homeowners who will stay in their properties between July 2016 and 2020.
- (b) Details regarding the final policy advice provided to homeowners on exercising their first right of refusal.
- (c) The total number of homeowners who have sought the first right of refusal.
- (d) The budget implications of implementing the Scheme now that purchases have been finalised.
- (e) The outcome of the Environment and Planning Directorate's consultation with the community about proposed amendments to the Territory Plan which will affect blocks in the RZ1 zones surrendered through the Buyback program.
- (f) New long-term health information provided to the Government.
- (g) The final demolition schedule.

Executive business—precedence

Ordered that executive business be called on.

Mental Health Bill 2015

Debate resumed from 4 June 2015, on motion by **Mr Corbell**:

That this bill be agreed to in principle.

MRS JONES (Molonglo) (11.45): I am pleased to stand today to speak to the detail of the Mental Health Bill 2015. It has been a long and slow process in getting to this point with the bill and it would be good to have a consolidated act. To my reading, the changes in this bill mainly go to the transfer of prisoners—sorry, I apologise; the

transfer of consumers—interstate and the emergency detention of people with a mental illness or disorder is also addressed. Electroconvulsive therapy and psychiatric surgery, though not used on a regular basis, are also dealt with. The regulation of private psychiatric facilities in the ACT is also dealt with, as is the transfer, treatment and care of those under other states' and territories' warrants and orders needing treatment and care in the ACT, allowing for prompt and expeditious transfer to their home jurisdiction or a jurisdiction they have a preference for. Updating the name of the bill reflects the modern approach to the idea that people should be able to recover from mental health issues.

It is no understatement to say that the area of mental health is extremely complex and that it is important to get the care and services as good as possible for those who are living with mental illness or disorder or for those who are caring for a loved one who is suffering with a mental illness or disorder.

I thank the minister for arranging a briefing for me yesterday in light of the 17 rather technical amendments that were added just the day before. It is important that we work to get the very best outcome for those in our community with a mental illness or a mental disorder. It is vital that we get the balance right between the rights of those needing care and ensuring that they have access to the very best care available and well-coordinated care. It is also important that we ensure that our legislation backs up those staff and clinicians who are caring for patients and ensures that they are well equipped and supported.

There are some key changes that I think are worth noting. Firstly, increasing the option for emergency detention from seven days to 11 days has been included because clinicians were finding that seven days was not long enough to stabilise some patients and they were having to apply to ACAT to seek longer term orders that were being used only for a few days and then rescinded. I hope that this change is necessary and not just about making life easier for clinicians; that it really is warranted. I am very concerned if patients are required to stay additional days when they do not need to. I guess on balance we just need to be mindful of placing additional restrictions on people's liberty—it is a very serious matter indeed. I am assured that this change should reduce the number of longer term orders being issued and I will be very interested to see how this pans out and if that is, indeed, the result.

The second area worth noting is the changes being made to the process around electroconvulsive therapy and psychiatric surgery. I am assured that this type of treatment has not been undertaken in the ACT—particularly, I believe, psychiatric surgery—for around 15 years. However, I am pleased that there are increased measures in place to ensure that a patient is able to give or deny consent, whether it be orally, in writing or by another mode of communication such as physical motioning. I understand that there are some emerging areas around new surgical techniques in this area, so this sort of treatment could become more common again. It is therefore valuable and necessary to have the legislation adequately address this area of human rights of patients being recommended for surgery, and I note that many of the last-minute technical amendments were around the permission structure for psychiatric surgery.

I have some general concerns about the culture of the way we treat those caring for patients with a mental illness or disorder. I am told that some clinicians operate under an assumption that they are not able to share health information. There is, perhaps, a cultural dislike or nervousness about sharing any information even with the patient's GP, and even when they are the nominated GP. The idea that all health information is not shared has often led to less than ideal care for those patients. In the same vein, it is a practical reality that in our city carers struggle to get the information that they need. I am told by many carers that they feel cut out of the information loop, that they end up frustrated, particularly when assisting their adult offspring to seek help for their mental illness or disorder and the family are not always able to properly be a part of the healing process or the caring team.

We have just seen a bill in this place about children which talks about people's official entry into the care team and the way that they get information. I think there needs to be a conversation in this place about how we might improve that. The complete help that carers can be, and indeed their ability to cope, is often compromised.

It is interesting to note the difference between a parent taking their adult child to the doctor or ED with a broken leg when they are included in what the treatment process will be and what follow-up might be required with a physio or some other allied health professional. They are openly told what medication or pain relief that patient will need and when they should return to have the cast removed. In the case of a parent attending as part of a care team of a patient in that case, no questions are asked.

Contrast that scenario with a parent who takes their adult child to a psychiatrist or the ED or who sits in the waiting room when their adult child is suffering with a mental illness or disorder. We talk a lot about de-stigmatising mental illness; however, it is essentially as though there is a continuing stigma where, in particular when it comes to a mental disorder, we would not want carers, parents and so on to know what is going on with their adult children as a preference. It is a problem that needs to be addressed.

At many times parents and carers are treated as unnecessary and are kept out of the information loop even if it is not a legislative matter, even if it is just by culture that that occurs. The clinicians are focused on guarding the human rights of the patient and not being accused of having shared inappropriate information. That is a good thing, but there needs to be more room to include parents and carers in what the next stage of care might be, what medication or treatments the patient may embark on or what the road to recovery or best management might look like even if the very specific details of that person cannot be shared.

I have heard so many exasperated elderly and exhausted parents tell me how frustrated and isolated they feel as they are not able to be part of the information loop or the team that is caring for their child. One mother shared with me that her son in his late 30s suffers from paranoid schizophrenia. The son lives at home with his parents now. He has spent some time living in his own house but he is back at what he sees as home. So they are his primary carers. They support him financially and ensure he has

a roof over his head and meals on the table. They buy his clothes and take him to medical appointments as needed. He has a house but because of his condition struggles to live there so he has moved back.

Yet when the son visits the psychiatrist they have no idea about any medication changes or what his future health care might look like. They just get to watch and wait as he may spiral into another episode that from time to time ends in hospitalisation. They send emails to their son's psychiatrist and to the GP to let clinicians know about how he is coping and any changes to his behaviour in order to help those clinicians make the best medical decisions for their son. However, they never know if such material has even been read.

It is a slow and painful grind and they have no idea if it is being useful at all. They also claim that there is no communication between the psychiatrist and the allocated GP, which I believe is clearly expected. However such miscommunication or lack of communication can end in fatality if it is not carefully addressed, because medications suggested by a GP may conflict with medications that have been administered or suggested by a psychiatrist and the patient may not be aware of how those medications interact. So, while I am really pleased that there are changes being made in this legislative space and we are updating things, I am concerned there is a cultural problem in the area of carers' information. I am very mindful that a cultural shift needs to take place.

The other general area I am deeply concerned about is the practical care of mixed clients in the yet to be completed secure mental health unit. I understand that this is not dealt with in this bill, and I wonder when it will be. It is unclear how forensic and non-forensic clients, as in detainees from the AMC and general members of the community, are going to coexist in the new facility, the secure mental health unit, and how the vulnerable will be protected.

We are yet to see a detailed plan on how male patients coming from the AMC will cohabit effectively alongside female patients from the broader community, for example; how vulnerable women will be managed; and how violent offenders may be managed. What will be the plan for dealing with prisoners who were unable to be housed together at the AMC but are now located together in an open plan facility such as the secure mental health unit? How will they be transferred safely?

The facility seems basically open plan, in two sections—one section for initial treatment and another section for preparation for re-release into the community or back to a facility. I do not see how these challenges will be overcome. I have real concerns about the human rights not just of prisoners but of those patients coming through the facility from the mainstream community. The plans that I have seen include the facility being divided into two areas, as I said—one for stabilisation and the other for preparing patients for discharge—and I am concerned that there are not enough options within the new planned facility for separation when required.

I am concerned about the safety and wellbeing of patients and of staff at this new facility. How supported will they be in managing a detainee or any patient suffering with violent psychosis? Will we see the problems with assaults on staff that we have

seen on a regular basis at the AMHU, the Adult Mental Health Unit, continue? Will we end up not using all the beds in the facility, as we have seen at the Adult Mental Health Unit, because we either have a shortage of qualified staff or staff are off on stress leave or recovering from an assault? I understand that we are 17 full-time equivalents short in mental health now.

There are so many areas of concern that need to be addressed with the upcoming facility. I am concerned that people will be harmed, staff will be off on stress leave, and patients may be harmed by each other. I understand that that is not covered in this bill, but I hope that before the ribbon cutting of the secure mental health unit we will see some detailed plans of how those sorts of cases will be managed.

In conclusion, having spoken with many community groups, most are very comfortable with this bill. Many have indicated that we have taken our time in getting to this stage of the Mental Health (Treatment and Care) Act passed a year ago, but there has been a great deal of work undertaken by very dedicated, policy-focused members of the department, who are in the chamber today, and with these bills and the changes that they have included we are moving into a mental health system more focused on recovery as far as possible and with the maximum number going on to lead the most stabilised and recovered lives as possible. This is an improvement.

In the efforts to get the best for mental health consumers, we must not fall into thinking that carers do not matter or that every single patient can live a completely stable life, because for some they will continue to need close support, often by exhausted, distressed and in many cases ageing parents who have for many years felt abandoned by a system which overemphasises privacy out of fear of prosecution. The culture must shift for the mental health of carers too.

We support this bill and thank all those involved in its detailed preparation.

MR RATTENBURY (Molonglo) (11.58): The ACT Greens will be supporting this bill before the Assembly today. I would once again like to indicate our support for the approach taken to date on the development and, most importantly, the consultation undertaken to arrive at this point.

The overall package of reforms to the Mental Health (Treatment and Care) Act, which this bill adds to and consolidates, has been almost epic in construction, and these works should be taken as an exemplar of how to engage with complex issues in the Assembly. The issue of mental health is of growing concern to many Australians, and policymakers and the community sector need to ensure there is regular and frequent engagement between the sectors to maintain the best approach.

The bill before us today in particular, and the accompanying explanatory statement and subsequent supplementary statement and amendments, could also be described as epic. The explanatory statement itself runs to 80 pages and offers the reader numerous citations and references, with almost as many footnotes as clauses.

I would like to note the time and effort that must have gone into the drafting of the bill and statements and acknowledge in particular the comprehensive review of human rights implications. Further, I appreciate the work of both scrutiny and the health

minister in response to scrutiny's report in clearing up a few matters and suggesting amendments.

At the risk of doing a disservice to the scope of the amendments before us, I will not speak to each clause and section. The issues have been well canvassed. The stakeholders have been well engaged, and I have not received any specific concerns with its contents from any of my constituents or from relevant stakeholders.

I note that the scrutiny committee raised a number of issues, which is to be expected on such a complex area of public policy, and the Minister for Health has responded. On these key points of difference the minister has provided substantive rationale for the bill's amendments.

I am advised that this bill, similar to the previous Mental Health (Treatment and Care) Act, has general broad support amongst community stakeholders and advocates, noting that much of what is before us today is about clarifying expressions of the act and ensuring that the relevant oversight functions are also clear.

For example, chapter 6, section 39, provides for increased reporting in regard to actions undertaken in relation to the use of force or assistance provided by authorised persons, be they police, ambulance, paramedics or doctors. For another example, section 41A will require that if the person who is referred by the court is detained at a facility under section 38, the person in charge of the facility must notify the court of the reasons for that detention.

The revised bill, since scrutiny, adds new clause 66(2) in the same vein to change the methods people can offer consent by adding to "either orally or in writing" the phrase "or by indicating in any other way". This is to make it clear that the person may indicate in any way that they refuse psychiatric surgery—it need not be a refusal conveyed through writing or speech. This clarification is important, because a person may physically resist or otherwise physically convey their opposition to participating in an activity.

As I said, there are too many examples to cite in today's debate of the bill. When we are debating such serious issues as those relating to use of electro-shock therapy for children and young people, involuntary mental health care orders and transfer of care arrangements between providers and jurisdictions, we need to in part rely on the experts and advocates that work in this challenging area to guide the legislation.

I am thankful we have the expertise to do so in oversight bodies such as the Human Rights Commission, the Health Services Commissioner, official visitors for mental health, the Public Advocate and the office of the Ombudsman, amongst others, standing ready to ensure that the rights of the patient and their carers are duly considered in the decision-making and treatment options available under this bill.

It will also require the ongoing monitoring of government officials, non-government service providers and statutory office holders to ensure that we in the ACT are keeping pace with what is a dynamic and challenging field of health. It is also essential that the Assembly be kept abreast of the changes and stand poised to respond with flexibility if the evidence requires it.

I will end with a note that legislation of this nature requires a strong and transparent implementation program, and that communication not just with peak bodies but with the broader community, and in particular affected health consumers and clients, will be essential. I look forward to an engaged ongoing dialogue with the community on the progress of the changes to be implemented as a result of this bill, and I commend the Health and Justice and Community Safety directorates on their openness and consultative approach.

MR CORBELL (Molonglo—Deputy Chief Minister, Attorney-General, Minister for Health, Minister for the Environment and Minister for Capital Metro) (12.03), in reply: I thank members for their contributions and support of this bill today.

Before I make some further comments, I present the revised explanatory statement to the bill. The statement makes some minor editorial and formatting corrections to the original one I tabled on 4 June this year with the Mental Health Bill 2015. As members have noted in their comments, I will be moving some minor and technical amendments to this bill during the detail stage. They are the result of recommendations made by the Standing Committee on Justice and Community Safety in its scrutiny of bills role.

The bill does see significant enhancements of our mental health law through new clauses and amendments of the Mental Health (Treatment and Care) Act 1994. It also provides for the consolidation into a single, contemporary statute of these new clauses and amended provisions and the clauses of the Mental Health (Treatment and Care) Amendment Act 2014. The resulting new legislation, the Mental Health Act 2015, will contain all the reforms that arose from the review of the current Mental Health (Treatment and Care) Act 1994 initiated by the government some time ago.

As members would recall, that review was led by an advisory committee comprised of a wide range of stakeholders, including people who have experienced mental illness or disorder, their carers, representatives from a range of public sector organisations that routinely serve people with mental illness or disorder and their carers, such as the Public Advocate's office, the Human Rights Commission, the ACAT, ACT Policing and the ACT Ambulance Service, as well as community sector mental health organisations and ACT Health health providers.

The committee thoroughly consulted the community and partner government directorates. As a result, two government bills were prepared based on the committee's advice. The first was the Mental Health (Treatment and Care) Amendment Bill, enacted by the Assembly last year; the second is the bill before us today.

The enactment of this bill, should it be adopted by the Assembly, would repeal the current act, transition the orders and processes already in train under that act into ones that operate validly under the new legislation, and bring the amendment act provisions together with the new act's amendments and new clauses.

Those amendments and new clauses provide for safeguarding people's liberties and welfare, in four scenarios. One is where they are subject to emergency detention because they are in the midst of a mental health crisis and at serious risk. Many of the bill's clauses would protect people's rights in this scenario, but chapter 6 of the bill specifically applies in this situation.

Another scenario governed by the bill is when people need to be transferred in or out of the ACT because they fall within one of the following four groups: people who are subject to warrants or orders of other Australian states and territories who need treatment, care and support in their home jurisdiction; people in other states and territories who need mental health treatment, care and support in the ACT; people subject to orders under ACT mental health law who are in another state or territory and need to be returned to the ACT; and people subject to orders who need treatment in a state or territory other than the ACT, because of the availability of specialist care not in their home jurisdiction or because their carer or significant others live there.

Many of the bill's clauses work to ensure the welfare of people who need to be transferred into or out of the ACT for their treatment. However, the provisions that exclusively address the interests of people being transferred are in chapter 15 of the bill.

The third scenario that is dealt with by this bill is the regulation of the private psychiatric facilities that deliver services to people in the ACT. Much of the bill is about ensuring that people with mental illness are treated with respect and dignity, but chapter 13 particularly regards the duties of the operators of private psychiatric facilities.

Finally, the fourth scenario, as members have mentioned, is when electroconvulsive therapy or psychiatric surgery is being considered as a treatment for people and when or how they receive it. Chapter 9 of the bill specifically addresses this scenario.

The scrutiny of bills committee recommended in its report on the bill that I respond to how it "considers that the Assembly would be assisted by advice from the minister as to the legislative history, if any, of the provisions concerning both electroconvulsive therapy and psychiatric surgery". I am pleased to outline a bit of the context around this matter for members this morning.

Electroconvulsive therapy and psychiatric surgery have been expressly addressed by legislation covering the ACT for a long period of time. The commonwealth Mental Health Ordinance 1962 and then the Mental Health Ordinance 1983 both regulated electroconvulsive therapy and psychiatric surgery through the incorporation of the then New South Wales Lunacy Act 1898, as amended by the New South Wales Lunacy (Amendment) Act 1952.

Of course, in 1989 the ACT became self-governing. In 1994 the Assembly repealed the Lunacy Act in its application in the ACT and enacted the Mental Health (Treatment and Care) Act 1994. From then until now, part 7 of that act provided for controlled administration of electroconvulsive therapy and psychiatric surgery.

Since the enactment of the 1994 act, electroconvulsive therapy provisions have been significantly reformed once. This was by way of the now repealed Mental Health (Treatment and Care) Amendment Act 2005, which came into force on 7 September that year. The psychiatric surgery provisions have not been amended since the 1994 act, but they would be by amendments to the bill that I am moving today.

The explanatory statement and the revised explanatory statement provide comprehensive evidence as to why the ACT statute book should continue to provide for contemporary electroconvulsive therapy and psychiatric surgery provisions. At the beginning of each statement the bill's controls on each of these treatments are enumerated and explained, including the mandatory processes for obtaining and documenting informed consent to these treatments, the express provisions on when a person is to be considered as unable to give that consent or to have withdrawn it, and the offence provisions for misuse of the treatments.

Both explanatory statements cite the up-to-date international and national expert consensuses and peer-reviewed medical research on the safety of modern day electroconvulsive therapy and its therapeutic efficacy for people with certain mental illnesses that are severe and have proven mostly or altogether unresponsive to other treatments such as counselling and medication. The explanatory statements also cite people's testimonies in their published autobiographies of how they found electroconvulsive therapy both safe and indeed life saving.

Similarly, both explanatory statements refer to the evidence regarding psychiatric surgery. This form of surgery is rarely performed in Australia. However, more recently, research and development are producing surgical techniques based on sophisticated functional imaging and models of psychiatric disorders. Research is demonstrating that these techniques are safe and that they effectively alleviate some people's symptoms in certain mental illnesses when all other treatments have failed.

As I have noted earlier, the enactment of this bill will complete the legislative reforms that the review advisory committee advised upon.

The former Minister for Health thanked the members of the review advisory committee in the debate on that bill, and I would like to express my thanks to them again. In particular, I thank Mr Steve Druitt. Mr Druitt was the ACT mental health act review project leader over the last four years until his retirement in late August this year. Mr Druitt's passion for and commitment to the voice of people with mental illness being respected has a legacy in the various mechanisms for the expression of that voice that the enactment of this bill enshrines. I wish him very well in his new ventures and thank him for the professional expertise and vocational commitment that he unwaveringly invested in this review and more broadly, over a long career, to mental health in our community. I commend the bill to the Assembly.

Question resolved in the affirmative.

Bill agreed to in principle.

Detail stage

Bill, by leave, taken as a whole.

MR CORBELL (Molonglo—Deputy Chief Minister, Attorney-General, Minister for Health, Minister for the Environment and Minister for Capital Metro) (12.13), by leave: I move amendments Nos 1 to 17 circulated in my name together [*see schedule 1 at page 3551*]. I present the supplementary explanatory statement to the government amendments.

This bill, as we have already noted, proposes significant enhancements to our mental health law. All but six of the proposed amendments are in response to comments on the bill that the Standing Committee on Justice and Community Safety made in its scrutiny report No 34 of 28 July this year.

The six proposed amendments that are not in response to that report are minor and technical. They are amendments 1 and 16, which would essentially provide for a new commencement date of 1 March 2016 for the Mental Health (Treatment and Care) Amendment Act 2014; amendments 13, 14 and 15, which correct words erroneously inserted into the bill; and amendment 17, which would supply a new definition of psychiatrist for the bill's proposed Mental Health Act 2015. I will not go through each of these amendments in any further detail. They are dealt with quite comprehensively in the supplementary explanatory statement. I commend the amendments to the Assembly.

MRS JONES (Molonglo) (12.15): I thank the minister for the amendments. The Canberra Liberals will be supporting them. They are, as he explained, detailed but fairly straightforward in nature. They are reasonable and in response to predominantly comments of the scrutiny committee. We will support the amendments.

Amendments agreed to.

Bill, as a whole, as amended, agreed to.

Bill, as amended, agreed to.

Victims of Crime (Victims Services Levy) Amendment Bill 2015

Debate resumed from 13 August 2015, on motion by **Mr Corbell**:

That this bill be agreed to in principle.

MR HANSON (Molonglo—Leader of the Opposition) (12.16): The opposition will be supporting the bill. We support the principle that an adult found guilty of an offence before the courts should make a contribution to support victims of crime. Supporting victims of crime is a fundamental feature of a fair and compassionate society. The United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power recognises the profound impact crime has on victims and calls on member states to provide assistance to victims of crime.

In this territory, anyone who is the victim of a crime is eligible for some support through the government agency Victim Support ACT. Victim Support ACT supports victims in a variety of ways. Victims of non-violent crimes are provided with up to two hours of support. Victims of violent crimes may also be entitled to more extensive levels of service depending on the impact the crime has had and the level of support they need. The support services available include information about wellbeing in the criminal justice system, in-house counselling or counselling in the community, support to protect the rights of a victim of crime, support to make an application to the financial assistance scheme, referrals to organisations that may be able to provide additional support and so on.

The bill before us provides increased funding from the offenders to help pay for some of those services and to make financial compensations. The current levy is modest and is imposed by the court. The bill in essence raises the victims of crime levy from \$30 to \$40. The levy is in addition to the penalties imposed for a particular offence. There are other minor parts of the bill that capture some missed offences. The level is appropriately imposed on traffic offences and, appropriately in my view, is not levied on parking offences. The increased levy will provide funding for the victims of crime financial assistance scheme. The government has already included the additional funds in its 2015-16 budget.

The scrutiny of bills committee reviewed the bill in report No 36 of 15 September and had no comment.

I note that this bill is supported by the Victims of Crime Commissioner. I am pleased to see that the passage of this bill will provide additional support for the important work of the commissioner.

In conclusion, we support this legislation. I commend the government and the Attorney-General for bringing this before the Assembly today.

Visitors

MR ASSISTANT SPEAKER (Dr Bourke): I welcome to the chamber the certificate III students from the adult migrant English program at Navitas college.

Victims of Crime (Victims Services Levy) Amendment Bill 2015

Debate resumed.

MR RATTENBURY (Molonglo) (12.19): This bill proposes to increase the victims services levy from \$30 to \$40 and I intend to support the bill today. There is nothing complicated or controversial in the actual bill itself. The question is simply whether the Assembly supports increasing this levy. I note that in 2013 the Assembly agreed to increase the victims of crime levy from \$10 to \$30, and I support increasing the levy by a further \$10.

The levy provides funds to the Victims of Crime Commissioner and to Victim Support ACT. The service assists victims of crime to cope and to access their rights and entitlements. These important services recognise the physical, emotional and financial hardship that victims of crime can face. I am happy to support initiatives that help them cope and get their lives back on track after they have been the victims of crime.

At that general level, the levy is an important funding source. It also serves the purpose of ensuring that those who commit crimes take responsibility for victims that suffer because of crimes. This is also reflected in the bill via the exceptions to the levy. Crimes that are essentially victimless are excluded from the scheme—such as parking offences. National heavy vehicle offences are also exempt as they are subject to a national agreement.

Beyond this general purpose, this particular increase has a specific purpose, and that is to fund costs of the new victims of crime financial assistance scheme. The revised scheme, which Minister Corbell announced earlier this year, is designed to be more accessible for victims. It is administered by the Victims of Crime Commissioner. It also changes the eligibility requirements for the scheme to allow access to more victims. One improvement is that victims of domestic and family violence are better recognised under the scheme and can receive emergency payments.

It is worth noting that even after this increase to the levy the ACT has one of the lowest levies of any jurisdiction. This is not an exorbitant fee. I am also aware that increases to particular fines are limited by a requirement that the levy not exceed the penalty unit amount by more than 20 per cent. Offenders who may not have the capacity to pay the fine have options to assist them, such as repayment plans.

Given the importance of the initiatives funded by the levy and the safeguards in place for people who might struggle to pay, I support this bill and the increase to the levy.

MR CORBELL (Molonglo—Deputy Chief Minister, Attorney-General, Minister for Health, Minister for the Environment and Minister for Capital Metro) (12.22), in reply: I thank members for their support of this bill today. I appreciate the comments of both Mr Hanson and Mr Rattenbury.

The bill increases the prescribed amount for the victims services levy under section 24(2) of the Victims of Crime Act 1994 from \$30 to \$40. The increase ensures that those who offend help take responsibility for assisting victims, through this modest levy. The increase to the levy made by the bill is, as Mr Hanson has noted, reflected in the 2015-16 budget and is projected to generate sufficient revenue to offset the administrative and transition costs of our new victims of crime financial assistance scheme.

The Victims of Crime Commissioner will administer the new scheme, which is designed to provide for more holistic case management and support victims of crime applying for financial assistance. The increased levy will cover the costs of additional staff for Victim Support ACT to implement the new scheme. The scheme will make

the process of accessing financial assistance easier, more timely and more predictable for victims of crime. It removes it from the court process and makes it a less intimidating process for victims who have already suffered, in many instances, much trauma. It will also expand the category of victims who can receive financial assistance. This is particularly important to me, as the previous scheme was very narrow in its application and saw many victims of crime miss out on receiving any reasonable assistance. A proportion of the revenue will be used for set-up costs of the new scheme and make provision for the costs of a future review of the scheme. The new scheme is expected to commence in the middle of next year.

Schedule 1 of the bill includes technical amendments made under the government's technical amendment program to correct oversights and consequential amendments to implement the original policy intent of not applying the victims services levy for parking offences or offences committed under the heavy vehicle national law. This is achieved by including these offences in the list of offences excluded from the levy in schedule 2 of the Victims of Crime Regulation 2000.

The amendments in this bill are due to commence in October. Pending any necessary administrative arrangements, they will take effect in that month.

The bill will, through a modest increase to the victims services levy, assist to make significant improvements to the scheme that provides financial support for victims of crime. I thank members for their support of the bill and I commend it to the Assembly once again.

Question resolved in the affirmative.

Bill agreed to in principle.

Leave granted to dispense with the detail stage.

Bill agreed to.

Sitting suspended from 12.25 to 2.30 pm.

Questions without notice

Schools—autism

MR HANSON: Madam Speaker, my question is to the minister for education. Minister, with regard to the boy in the cage inquiry, given that you have claimed that the boy in the cage inquiry was independent, how can you defend your office's involvement in deciding what parts of the key findings handout were published?

MS BURCH: I thank Mr Hanson for his question. The investigation was indeed independent. That report got passed to the delegate. The delegate made their decisions. That was the information which the director-general and I discussed. Clearly we discussed it. I kept on pushing the director-general to put out as much information as we could.

But one of the inclusions, just to satisfy those opposite, was that when we looked at the time line, which is in the public domain, one of the areas I insisted be included was to actually include the days as well as the dates so that people over there could understand that there was a weekend in between, so they could see that on the Thursday I got the delegate's advice and on the Friday we spoke to the directorate. I kept on saying, "As much information as possible has to go out." That information got released on Wednesday.

MADAM SPEAKER: Supplementary question, Mr Hanson.

MR HANSON: Minister, why should the community have any confidence in a document handed out to the media which was edited by your office?

MS BURCH: They should have every confidence. You are putting an implication there; this is turning into a personal witch-hunt on something that got independently investigated. Findings were made. A delegate made a decision. The director-general put out as much information as possible for the community. This is what it is. What you are saying is simply wrong.

MADAM SPEAKER: A supplementary question, Mr Coe.

MR COE: Minister, did the investigator and delegate see a copy of the handout document before it was released?

MS BURCH: It was based on the findings. It was based on the findings of the independent investigator and the delegate. I certainly did not show it to them. It is in the public domain now, and not one person involved in this—not one person—is saying the findings in the public domain are any different from the findings in the delegate's decision.

MADAM SPEAKER: A supplementary question, Mr Coe.

MR COE: Minister, was the final version of the key findings handout document produced by your office?

MS BURCH: No.

Planning—Gungahlin

MR COE: My question is to the Minister for Planning. Minister, the Gungahlin Community Council has listed the absence of a master plan as a major concern and one of the critical issues to be addressed in Gungahlin. In 2011, territory plan variation 300 made zoning changes to the territory plan and introduced a precinct code for the Gungahlin Town Centre. Minister, when will the government complete a master plan for the Gungahlin Town Centre?

MR GENTLEMAN: I thank Mr Coe for his interest in planning across the territory and particularly in Gungahlin. Of course the master planning process is an important process for planning across the territory. It is a strategic part of what we do in setting out future alignments for the territory.

At this time we have a series of master plans that are in place and are being rolled out. The Gungahlin master plan, of course, will be a future master plan for the territory. At this stage I have given some advice to the directorate to look at the master plan for Gungahlin. We will be working through that process in the not too distant future.

MADAM SPEAKER: A supplementary question, Mr Coe.

MR COE: Minister, what consultation has the government undertaken subsequent to the introduction of territory plan variation 300 with regard to Gungahlin?

MR GENTLEMAN: I thank Mr Coe for his supplementary. There has been some minimum consultation at this stage. I do not have the details from the directorate of the detailed consultation they have done at this stage but I am happy to take that on notice and come back to Mr Coe.

MADAM SPEAKER: A supplementary question, Mrs Jones.

MRS JONES: Minister, why is the government proceeding with light rail which will terminate in Gungahlin when there is no master plan for the town centre?

MR GENTLEMAN: The government made a decision to proceed with light rail before the last election, and that was part of the election process of course. The light rail master plan is being worked up through the directorate and will be available later this year.

It is important, of course, to take into account the needs of those in Gungahlin. At this stage, congestion is a major concern in Gungahlin and right through the light rail route to the city. So it is important that we take that into account. We know that the evidence provided by the Infrastructure Australia report shows that if we do nothing, in the not-too-distant future congestion will cost us around \$700 million a year.

MADAM SPEAKER: Supplementary question, Mrs Jones.

MRS JONES: Minister, when will the government complete a bus master plan for Gungahlin?

MR GENTLEMAN: The government is working through its integrated transport network. It is important, of course, that we include all aspects of transport into our planning system. That includes bus, light rail, active travel and, of course, opportunities for park and ride as well. We are working through the process of an integrated transport network. That will also include roadworks for Gungahlin, and we have announced some of those opportunities already.

Government—land purchase

MR SMYTH: Madam Speaker, my question is to the Chief Minister. Chief Minister, could you please advise the Assembly if the ACT government has purchased a block of land in the city next to the casino. If so, what are the details of the purchase?

MR BARR: My understanding is that the Land Development Agency, through its strategic acquisitions capability, has entered into negotiations. I am not certain yet as to whether those have been finalised; I will take that part of the question on notice.

MADAM SPEAKER: Supplementary question, Mr Smyth.

MR SMYTH: Did the government purchase a specified block or was the purchase a block that had to be subdivided? What plans does the government have for the land near the casino that it is in the process of purchasing?

MR BARR: The government makes strategic acquisitions of land from time to time for a variety of purposes.

MADAM SPEAKER: A supplementary question, Mr Coe.

MR COE: What is the block number of the acquired land?

MR BARR: I will take that question on notice.

MADAM SPEAKER: Supplementary question, Mr Coe.

MR COE: Chief Minister, what process was used to determine the value of the land?

MR BARR: The usual process is to seek independent valuations and negotiate with the parties who have ownership of said land.

Environment—conservation

MS LAWDER: My question is to the Chief Minister. Minister, the 2015-16 estimates committees recommended that the government establish a single nature conservation agency. The government only noted this recommendation. Under the Labor-Greens government parliamentary agreement, ACT Labor agreed to implement the merging of existing conservation services into a single nature conservation agency. Further, the Auditor-General's report on the Lower Cotter catchment made a high priority recommendation that the government develop Lower Cotter catchment management coordination and decision-making arrangements in consultation with, for example, Icon Water and Territory and Municipal Services. Minister, when will the government establish a single nature conservation agency as recommended by both the 2014-15 and 2015-16 estimates committees?

MR BARR: That question is of course seeking an announcement of government policy, which I will not be making in question time today.

MADAM SPEAKER: I am sorry, I do not think it is an announcement of government policy. I thought the government had already announced that it was doing it. I think Ms Lawder was asking you when you would be doing what you said you had already done. It is not out of order. A supplementary question, Ms Lawder.

MS LAWDER: Chief Minister, why has the government continued to ignore the recommendations of the estimates committees that, as a priority, the government establish a single nature conservation agency in order to better integrate policy, planning, research and management?

MR BARR: The government has responded to the estimates committee on more than one occasion.

MADAM SPEAKER: Supplementary question, Mr Smyth.

MR SMYTH: Minister, why have you been unable to persuade Minister Corbell and Minister Rattenbury to agree to establish a single nature conservation agency?

MR BARR: I reject the premise of the question.

MADAM SPEAKER: A supplementary question, Mr Smyth.

MR SMYTH: Chief Minister, why has the government not complied with its undertaking to establish a single nature conservation agency as set out in your parliamentary agreement with the Greens?

MR BARR: We have not.

MADAM SPEAKER: Before I call the next question, Dr Bourke, could I just make the point that members in this place do not determine whether a question is in order or out of order; the presiding officer does. If ministers do not quite like the question, they can answer it in any way they see fit within the standing orders, but it is not the role of ministers or any other member to say that a question is out of order. You can take a point of order on the subject, but the ruling is made by the presiding officer.

Health—drug and alcohol programs

DR BOURKE: My question is to the Minister for Health. Minister, can you update the Assembly on the extent of substance abuse in the ACT and the funding provided by the government to deal with this issue?

MR CORBELL: I thank Dr Bourke for his question. In 2010 the ACT had the third highest prevalence of recent illicit drug use of all Australian states and territories—17.9 per cent compared to a national figure of 17 per cent. Between 2010 and 2013 treatment episodes for amphetamine use as the primary drug increased from 196 to 496 occasions. We are facing some very significant challenges when it comes to the use of drugs like ice in the ACT. We know more people than ever before are also seeking treatment for these addictions.

Nationally over three years there has been a shift in use from the powdered form of methamphetamine to the purer crystal form—from 22 per cent to 50 per cent. The effects of crystal methamphetamine can be devastating, as we know, for those who use the drug, their friends and their families as well as the community as a whole. We know this drug can trigger very significant episodes of violence and psychotic behaviour which is highly unpredictable.

As part of the budget, therefore, the government has announced funding of an additional \$800,000, increasing our total funding for drug services to \$17.2 million for this financial year. From these additional funds a range of community organisations will be supported to improve their response, including the Alcohol, Tobacco and Other Drug Association, or ATODA as they are known, to increase capacity and assist services to ensure that interventions are made more accessible and relevant to those experiencing crystal methamphetamine use. Six non-government organisations who provide treatment and support will also receive approximately \$95,000 each to increase their capacity to treat patients and to reduce waiting time.

In addition, since 2014 we have funded a range of targeted health promotion programs, and this includes two grants totalling just over \$25,000 from the ACT's health promotion innovation fund to the Foundation for Alcohol Research and Education to help pregnant women get better and more timely advice around issues associated with alcohol use during pregnancy. There was \$5,000 to Lyneham High School to support its school drug education program for year 10 students, and nearly \$160,000, again to ATODA, for their community action against alcohol campaign, which is focused on reducing alcohol-related harm in our city. Of course, we are also continuing to commit funds for drug treatment and support services for the Indigenous community. The Ngunnawal bush healing farm, an alcohol and other drug residential rehabilitation facility for Aboriginal and Torres Strait Islander people, is now under development in the Tidbinbilla valley.

The smoking rate, of course, remains an issue of concern as well. Although we have a smoking rate lower than the national average, more work is still to be done. I am pleased the ACT has a relatively low smoking rate compared to other states and territories at 9.9 per cent of adults reporting daily smoking compared with a national figure of nearly 13 per cent. That is a good result, but clearly more work still needs to be done.

These are just part of the responses the government is undertaking to address substance abuse issues in our community. It is a complex and difficult area, but I am very pleased the government is making the investments it is and working with and supporting our community sector partners in this regard.

MADAM SPEAKER: Supplementary question, Dr Bourke.

DR BOURKE: Minister, can you please outline what action the government is taking to address drug and alcohol issues in the ACT, including the types of treatment services offered by ACT Health?

MR CORBELL: I thank Dr Bourke for his supplementary. Yes, approximately \$7½ million is invested across six key areas when it comes to drug and alcohol services and treatment provided by ACT Health. This includes consultation and liaison through the adult mental health unit and addressing drug issues there and addressing drug issues in surgical, medical, oncology and maternity wards. Priority for these services being given to those patients admitted to the emergency department through our mental health services and in our intensive care unit.

We also have medical services, which is made up of a team of addiction and psychiatric specialists who provide outpatient and inpatient services for patients with alcohol and other drug addictions. This is also a service providing advice to GPs in the community on these matters.

We have a strong focus on police and court drug diversion services, which includes diversion services for alcohol use amongst young people, illicit drug diversion and a court alcohol and drug assessment service. This is a very important program.

We have our opioid treatment services, a dedicated team of doctors, nurses, social workers and counsellors who are providing pharmacotherapy programs for opioid substitution treatment for clients with opioid addiction.

We have withdrawal services for clients withdrawing from the use of alcohol and other drugs, including a 10-bed inpatient ward for these clients. Also, counselling and treatment teams are providing services in a range of settings, including our wonderful community health centres, at the Alexander Maconochie Centre and at Bimberi youth centre. So these are just part of the government's response, working with our community, on these issues.

MADAM SPEAKER: A supplementary question, Ms Fitzharris.

MS FITZHARRIS: Minister, can you please outline the community services available to people with substance abuse problems?

MR CORBELL: I thank Ms Fitzharris for the supplementary. In addition to the programs provided by ACT Health, we have an important range of programs provided by people in the community sector, the not-for-profit sector, assisting people with alcohol and other drug problems. For example, Directions ACT provide an excellent range of services and programs for people affected by alcohol and other drug issues, their families and the wider community. They received from the ACT approximately \$3.3 million for information and education, counselling, support and case management, rehabilitation and withdrawal services, and they run a very important needle and syringe program.

We have the great work done by Karralika, which provides residential and community-based rehab services, which received \$2.3 million for support and case management and residential rehab. We have the work done by Toora Women, who support women with complex needs. They received approximately \$950,000 for information and education, counselling, support, case management and day rehab.

The Salvation Army received over a quarter of a million dollars for their Canberra recovery service residential rehab program. Ted Noffs, with a particular focus on treatment programs for young people with alcohol and drug problems, received \$1.4 million for residential withdrawal and rehabilitation.

Again, in Indigenous services, Gugan Gulwan Youth Aboriginal Corporation received nearly \$600,000 for information and education and support and case management in a culturally specific and appropriate way. There is the fantastic work of Winnunga Nimmityjah Aboriginal Health Service, which received nearly \$400,000 for information and education, counselling and support and case management.

These are just some of the not-for-profit providers we partner with to respond to the issues around alcohol and drugs in our city.

MADAM SPEAKER: A supplementary question, Mr Hanson.

MR HANSON: Minister, will you rule out decriminalising ice?

MR CORBELL: Yes. The government has no plans in relation to those matters.

Environment—weed management

MRS JONES: My question is to the Minister for Territory and Municipal Services. I refer to evidence by the conservation council during estimates about cuts to the weeds management program to just \$1.5 million. Minister, why has the ACT government made cuts to the weeds management program?

MR RATTENBURY: I do not entirely agree with the evidence given by the conservation council at this year's estimates hearing, for a couple of reasons. Firstly, it is down from recent, much higher levels of investment that had been a result of my agreement with the Labor Party to put extra funds in in recent years, and those funds were not available this year in that direct sense. However, there was also a significant additional investment this year in the lower Cotter catchment as a separate line item and a range of funds from that line item in the ACT budget will also be spent on weeds and pest plants and animals, which actually means that the amount quoted by the conservation council at the estimates hearings was not the full picture of what is being spent on weeds this year.

What I can say, though, is that the Parks and Conservation Service, which largely takes the lead on these issues, although they partner with City Services—there is a lot of integrated and crossover work there—continue to be very focused and we are making good progress on a range of weed issues across the city. Also, the government has this year, in the past 12 months or so, funded an additional full-time park ranger to support community parks groups. These groups, of course, do a lot of voluntary work in the community and also do a lot of work on weed management in our nature reserves.

So I think right across the board there is some very good and sustained work going on to control weeds in the ACT. But of course there is always more to do. I agree—and this was one of the comments from the conservation council—that consistent funding is important because weeds require effort year after year and certainly I will continue to advocate with my cabinet colleagues that we have a strong and sustained program to tackle weeds in the territory.

MADAM SPEAKER: Supplementary question, Mrs Jones.

MRS JONES: Thank you, minister. Why didn't the government consult with relevant groups such as the conservation council before making these cuts?

MR RATTENBURY: I have regular meetings with the conservation council and I discuss a range of things with them, but at the end of the day, the cabinet makes a decision on what will be in the budget and ultimately the conservation council is not part of those final decisions. Nonetheless, I will continue to consult with the conservation council and a range of other stakeholders. I regularly talk to key people from ParkCare groups across the city. I go to visit them at the sites. I have a pretty good insight into what is going on out there in the field. Of course, we will also continue to talk together to make sure we are getting the best possible outcomes with the money that is available.

MADAM SPEAKER: A supplementary question, Ms Lawder.

MS LAWDER: Minister, why has the government reduced funding for weeds management without a scientific basis for its decision?

MR RATTENBURY: I refer Ms Lawder to my original answer to Mrs Jones's first question.

MADAM SPEAKER: A supplementary question, Ms Lawder.

MS LAWDER: Minister, what impact will this reduction in weeds management projects have on ecosystems around the territory?

MR RATTENBURY: As I outlined in earlier answers, there is still a significant amount of weed control work going on across the ACT. The parks service has a strategic plan; they of course focus on the highest priority weeds, and there is a clear system for ranking weeds in terms of both their potential impact—the speed at which they might spread—and whether they are new to the ACT and more containable or whether it is a weed that has a further degree of spread across the city and is harder to contain. There is an ongoing ranking process. Weeds are a problem across the territory, and I am committed to continuing to work with the Parks and Conservation Service, volunteer groups around town and NGOs to make sure we have the best possible weeds strategy.

Aged persons—policies

MR WALL: My question is to the Minister for Ageing. Minister, recent research commissioned by the Property Council of Australia showed that the ACT rated poorly compared to other jurisdictions in regard to the effectiveness of retirement living policies. Minister, why are the ACT's retirement living policies rated so poorly in comparison to other states?

MR GENTLEMAN: I thank Mr Wall for his question and his interest in ageing across the territory. I have not seen the report that Mr Wall discussed this morning, but I can advise that we have had some roundtables regarding ageing in the ACT and transferring into ageing from an older workplace. Indeed, we have had some very interesting discussions on how strategically one would transfer to an older style of workforce. We had some wonderful discussions and information provided by the business chamber in the territory and a great deal of interest on how in the future we might be able to work people through a transition program, as they get a bit older, into an ageing workforce and therefore retirement afterwards.

I will certainly have a look at the report that Mr Wall has talked about.

MADAM SPEAKER: Supplementary question, Mr Wall.

MR WALL: Minister, why is Canberra not meeting the land demand for retirement living accommodation?

MR GENTLEMAN: I am not aware that we are not meeting the land demand. There is quite a bit of retirement building occurring at this time. In fact, even in my suburb there is a new retirement village being completed, and in the suburbs either side of me, retirement villages have been recently completed. I will certainly have a look at the amount of land available for older persons' accommodation and see whether we are meeting those targets.

MADAM SPEAKER: A supplementary question, Mr Coe.

MR COE: Minister, what is the government doing to increase land availability for retirement villages?

MR GENTLEMAN: We have a planned land release program through the LDA, government agencies and the Economic Development Directorate. We work with that directorate and inside government to ensure that there is appropriate land available for older persons accommodation across the territory.

MADAM SPEAKER: Supplementary question, Mr Coe.

MR COE: Minister, will the shortfall in retirement living options prevent people from downsizing and ultimately mean higher aged-care costs?

MR GENTLEMAN: I thank Mr Coe for his supplementary. No, I do not believe it will. I think there is opportunity for people to retire in place. We are certainly investigating many options for people to downsize. We are giving them incentive. We are reducing costs to transfer into older persons accommodation and into smaller-size accommodation and giving the option to change their housing within the suburbs they are living in at the moment so that there is the opportunity for ageing in place.

Business—support

MS FITZHARRIS: My question is to the Chief Minister and Minister for Economic Development. Minister, can you detail what the ACT government is doing to help local businesses expand into new international markets?

Members interjecting—

MADAM SPEAKER: I have not even had a chance to call the Chief Minister yet and you have started interjecting. Just wait for it. The Chief Minister, Mr Barr.

MR BARR: Thank you Madam Speaker.

Members interjecting—

MR BARR: And on cue here come the interjections. I am very pleased to be able to advise the Assembly that the government supports local businesses to expand into new international markets through a number of avenues. Through our partnership with the Canberra Business Chamber we have developed a comprehensive range of initiatives designed to support companies to grow their export capability and performance. This approach is laid out in the government's business development strategy, which includes an export workshop series designed to give emerging exporters the skills and knowledge they need to access international markets.

I am pleased to advise the Assembly that I will be leading a trade mission to the United States early next month. The trade mission program, which is run in conjunction with the Canberra Business Chamber, will also include a trade mission to Singapore in November 2015 and, as I have previously announced in this place, China in April 2016. The trade mission program is also supported by mission-focused workshops designed to give exporters the skills they need to operate most effectively in these markets.

The US trade mission commences in early October and will support 19 ACT businesses. The ACT government and the Canberra Business Chamber are working closely to deliver a detailed program in San Francisco, Silicon Valley and Austin, Texas. The government, through Invest Canberra, has been working closely with US-based partners to deliver a program which will provide each of the ACT businesses with a bespoke program to make new connections in the US and to expand their businesses as well as a range of business matching opportunities which will potentially provide direct customers in the US.

The government, through Invest Canberra, also supports local businesses to expand into new international markets by providing trade connect funding. This funding enables ACT businesses to apply for up to 50 per cent of their activity-based trade development expenditure within certain caps. In the 2014-15 fiscal year we provided 25 development grants totalling approximately \$200,000 in funding to ACT businesses.

Ms Fitzharris asked about the range of programs that the ACT government provides, and it would be remiss of me not to mention the ACT Chief Minister's export awards which are another example of the ACT government supporting local businesses to expand into new markets, again delivered in partnership with the Canberra Business Chamber. The awards' key objectives are to highlight and celebrate the achievements of our ACT exporters, to promote the territory as an exporting region and to provide the opportunity for ACT exporters to display their success to a national and international audience.

The government also supports the successful application by the Business Chamber to deliver the Australian government's tradestart program. This is a network which is effectively an extension of AusTrade's own offices and is delivered in partnership with state, territory and local governments, industry associations and chambers of commerce. The prime objective of the tradestart network is to assist small and medium-sized exporters to achieve long-term success in international markets.

MADAM SPEAKER: A supplementary question, Ms Fitzharris.

MS FITZHARRIS: Minister, what are some of the outcomes you expect to achieve during your upcoming trade mission?

MR BARR: Nineteen Canberra based businesses are participating in an extensive program in San Francisco and San Jose, and a further 13 will be travelling on to Austin. The businesses are from our ICT and renewable energy sectors. The sector-specific programs in both cities will focus on building networks, demonstrating technologies, gaining insights into US industry best practice, exploring opportunities to access the US market and exploring opportunities for investment. We will also have elements of equity attraction and commercialisation of innovation.

The program includes targeted business matching events, investor interactions and opportunities to boost entrepreneurial capability, capacity and pathways. This will support start ups and innovative ACT companies to grow and access international markets and supply chains.

It is important to note that our support for ACT exporters who travel on trade missions does not stop when they get back from the trade mission. Invest Canberra continues to work with each exporter to support them to continue to develop their networks in the US and where possible support them to maintain a positive and productive relationship with their network in the United States. I am anticipating that the trade missions to the US with our local ACT exporters will become a regular activity in the years to come, particularly when the ACT has such a strong and positive message around innovation and entrepreneurship.

MADAM SPEAKER: Supplementary question, Dr Bourke.

DR BOURKE: Minister, can you provide examples of Canberra businesses who have successfully tapped into the US market?

MR BARR: Three particular examples that I would like to highlight this afternoon include Seeing Machines, QuintessenceLabs and Aspen Medical. Seeing Machines develops smart camera-based technologies for detecting driver fatigue and distraction behind the wheel. They were recently awarded BRW's most innovative product and medium-sized business award in 2015. They have a research and development facility in Mountain View, California working closely with their Canberra operations. Seeing Machine's US-based customers include global companies such as Caterpillar and Boeing. Seeing Machines technology is currently used in semi-autonomous vehicles in large mining applications.

QuintessenceLabs is a global leader in its field. It provides innovative solutions in cybersecurity, one of the fastest growing opportunities and, of course, one of the biggest challenges in the online and mobile world. The company has an operating subsidiary operating from San Jose in California. QuintessenceLabs Inc has major opportunities in the US and has successfully engaged in partnerships and sales to the defence sector, US federal agencies and numerous US enterprises. Pleasingly, in June 2015 the Westpac Banking Corporation, the lead investor in capital raising for QuintessenceLabs, became an 11 per cent owner of the company and became the company's highest profile customer.

Aspen Medical is, of course, well known to all of us here. It is a well-known Canberra business and a national export award winner. It has a team of over 2,200 people and operates across Australasia, the Pacific Rim, the Middle East, the UK, Canada and the United States. Today the company has customers in the government, defence, mining and resources, oil and gas, and humanitarian sectors. It is looking to expand its operations in Texas and has a presence in San Antonio. *(Time expired.)*

MADAM SPEAKER: A supplementary question, Dr Bourke.

DR BOURKE: Minister, why is it important to support businesses expanding into overseas markets?

MADAM SPEAKER: I am sorry. I missed the beginning of that question, Dr Bourke. Could you repeat it, please?

DR BOURKE: Why is it important to support businesses expanding into overseas markets?

MR BARR: Exporting, of course, opens new markets, contributes to business expansion, spreads risks, reduces dependence on local markets and, to put it simply, in a small economy like ours—

Opposition members interjecting—

MADAM SPEAKER: Order!

MR BARR: Thank you, Madam Speaker. To put it simply, exporting assists our Canberra businesses to grow and to become more profitable. Exporting exposes businesses to new ideas, management practices, marketing techniques and ways of competing that they would not experience if they were constrained to their home markets. It also considerably improves their ability to compete within the domestic market.

Exporting accelerates innovation, it creates wealth and jobs, and it supports business investment in future growth areas. I wish all of our exporters all the best on this trade mission and look forward to working with them.

I ask that all further questions be placed on the notice paper.

Paper

Madam Speaker presented the following paper:

Committee Reports—Schedule of Government Responses—Eighth Assembly, as at 23 September 2015, including outstanding Government responses in Seventh Assembly.

Auditor-General's report No 4 of 2015—government response Paper and statement by minister

MR BARR (Molonglo—Chief Minister, Treasurer, Minister for Economic Development, Minister for Urban Renewal and Minister for Tourism and Events): I present the following paper:

Auditor-General's Act, pursuant to subsection 17(6)—Auditor-General's Report No 4/2015—ACT Government support to the University of Canberra for affordable student accommodation—Government response.

I ask leave to make a statement in relation to the paper.

Leave granted.

MR BARR: I thank Assembly members for the leave. The Auditor-General's performance audit report No 4 of 2015, *ACT government support to the University of Canberra for affordable student accommodation*, was tabled here in the Assembly on 12 June 2015. The audit found that government administrative and decision-making processes associated with the provision of financial and other support to the University of Canberra have been implemented effectively. The government response agrees to two recommendations, agrees in principle to two recommendations and notes one recommendation made in the audit report.

Recommendation 1 is supported in principle as it is considered that the provision of a credit rating for the University of Canberra is only one of many tools available to the ACT government to conduct a risk assessment process. Any future assessment would be dependent on the University of Canberra's future financial plans. Recommendation 2, which seeks the performance review of the provision of student accommodation, is also agreed in principle. Whilst the review is supported, it is considered premature to undertake it when much of the accommodation has either only recently been provided or has not been constructed yet. Recommendation 5 is proposed to be noted as the future use of Arscott House is a matter to be determined by the University of Canberra rather than the government.

The government is committed to supporting the growth of our tertiary and research sector, in particular to assist the University of Canberra to pursue sustainable growth. However, the national rental affordability scheme has been discontinued by the commonwealth government, and there are no plans at present for the ACT to assist expanding UC's student accommodation through similar contributions of finance or buildings or land.

Increasing the supply of affordable rental accommodation is important to improve housing affordability, and supporting growth in higher education is important for our city's economic development. The government's assistance provided to date supports both of these objectives.

So I have tabled the government's response to the Auditor-General's report on ACT government support for the University of Canberra for affordable student accommodation.

National ice task force—government response

Paper and statement by minister

MR BARR (Molonglo—Chief Minister, Treasurer, Minister for Economic Development, Minister for Urban Renewal and Minister for Tourism and Events): I present the following paper:

National Ice Taskforce, dated September 2015, pursuant to the resolution of the Assembly of 6 May 2015 concerning crystal methamphetamine use.

I ask leave to make a statement in relation to the paper.

Leave granted.

MR BARR: On 6 May 2015 the Legislative Assembly resolved to call upon the ACT government to provide by the end of the September sitting period an update to the Assembly on the national ice task force interim report and implications for the ACT. I welcome the opportunity to update members on the progress made towards the establishment of a national ice action strategy. In July the government held a consultation forum on ice use, with over 40 key community and government representatives, to talk about ice prevention issues. The government of the ACT is working with the national ice task force along with other states and territories to develop a national strategy to tackle the growing national problem.

The national ice action strategy will focus on improving support in law enforcement, prevention, early intervention, treatment and support, front-line workers, local community, and research and data. COAG will consider the final version of the national strategy at its scheduled meeting in November. The ACT government is also developing a new alcohol and other drugs strategy that will frame our ongoing response to ice. I commend the update on the national ice task force and the ACT government consultation forum summary that I have tabled this afternoon.

ACT Magistrates Court bail process—report Paper and statements by ministers

MR CORBELL (Molonglo—Deputy Chief Minister, Attorney-General, Minister for Health, Minister for the Environment and Minister for Capital Metro): For the information of members, I present the following paper:

ACT Magistrates Court bail process—Report of the internal review, dated 18 September 2015, prepared by Philip Kellow, Principal Registrar, ACT Law Courts and Tribunal.

I ask leave to make a statement in relation to the paper.

Leave granted.

MR CORBELL: I present a report of the internal review into the Magistrates Court bail process. On 4 September I announced an internal review in response to the release on bail of Mr Scott Alan Insull from the ACT Magistrates Court prior to the precondition of his granted bail being met. I requested a review be completed within two weeks. The review was undertaken by the Principal Registrar of the ACT Law Courts and Tribunal. The Minister for Justice and I received a copy of the review from the Chief Magistrate on 18 September this year.

Under the terms of reference, the review examined and made recommendations around the administrative processes that led to the release of Mr Insull on court bail before certain preconditions for that bail had been satisfied. The review examined the arrangements for the custody of persons charged with a criminal offence and before the court in relation to whether they should be granted bail and the administrative processes involved where a court makes an order granting bail subject to the giving of an undertaking or security, making a deposit or satisfying a precondition.

The process adopted for the review included careful review of key documents and interviews with staff involved in the bail process on the day of the incident. The purpose of the interviews was to obtain information about the processes that staff follow in their role and how those processes operated in Mr Insull's matter. The documents, interviews and other information were used to summarise the bail and custody process and to plot a time line of the events leading to Mr Insull's premature release on bail.

Mr Insull was released pursuant to a grant of conditional bail in circumstances where a precondition of that grant had not been satisfied. Mr Insull's release was the result of a number of departures from the usual administrative processes, a misunderstanding as to the order made and incorrect assumptions about whether the magistrate's order had immediate effect.

The recommendations made by the review are targeted at strengthening the administrative processes for bail hearings in the ACT and ensuring people fully understand their roles and responsibilities within that process. The review also highlights the need for a review, an update of written policies, procedures and training manuals for the main administrative officers involved in a bail process to ensure officers fully understand all custody arrangements under the Corrections Management Act 2007 and the Crimes (Sentence Administration) Act 2005.

The government agrees with all of the recommendations in this report. The ACT Magistrates Court has a work plan in place to implement the recommendations from the review. Work has already commenced on updating relevant policies, procedures and training manuals. It is expected that the implementation will be completed by December 2015.

ACT Corrective Services are already undertaking work to more broadly update their policies and procedures. The recommendations from the review and resultant changes to the court policies, procedures and training documents will be considered as part of that work.

Finally, the review also highlights the value of the new integrated case management system to be implemented in our law courts and tribunals. The ICMS will provide an electronic bench sheet and electronic bail order template which will help ensure magistrates' orders are clearly recorded.

I commend the review to the Assembly.

MR RATTENBURY (Molonglo—Minister for Territory and Municipal Services, Minister for Justice, Minister for Sport and Recreation and Minister assisting the Chief Minister on Transport Reform), by leave: Firstly as the Minister for Justice, including ACT Corrective Services, I support the Corrective Services-related recommendations of the review. I reassure the community that the ACT government is fully committed to addressing domestic and family violence and that this incident was completely unacceptable to me and to the government.

I note the review found that the defendant at the centre of this matter did not escape custody, rather that there were departures from the usual administrative process and a misunderstanding as to the order made by the court, and this resulted in Mr Insull being released without the precondition being met. A response across the various functions of the Justice and Community Safety Directorate is necessary, and the review of findings and recommendations support that.

ACT Corrective Services takes very seriously its roles and responsibilities for ensuring the safe custody of persons in lawful custody, and lessons have been learnt from this matter. The review has highlighted the need for a review of policies, procedures and training packages within both the court and ACT Corrective Services, with two recommendations relating directly to ACT Corrective Services.

ACT Corrective Services is committed to continuous improvement of its operation. Indeed, ACT Corrective Services is already undertaking a review of all its policies and procedures made under the Corrections Management Act. The recommendations of the review, as well as the changes to court policies and procedures, will be considered as part of that work. While this incident has been deeply concerning to the ACT government, the review recommendations will provide a platform to improve processes regarding the administration of bail as well as emphasise the need for all officers to fully understand their role within court proceedings.

I recognise the seriousness of the incident and in that context I thank all parties involved in the review for the speed with which it has been completed. I hope the quick process will go some way to assuring the community of the commitment by this government and the Justice and Community Safety Directorate to ensuring the safety of the community.

Paper

Mr Corbell presented the following paper:

Civil Law (Wrongs) Act, pursuant to subsection 4.56(3), Schedule 4—
Professional Standards Councils—Annual Report 2014-15.

Electricity Feed-In (Renewable Energy Premium) Act 2008— review

Paper and statement by minister

MR CORBELL (Molonglo—Deputy Chief Minister, Attorney-General, Minister for Health, Minister for the Environment and Minister for Capital Metro): For the information of members, I present the following paper:

Electricity Feed-in (Renewable Energy Premium) Act, pursuant to
subsection 13(3)—*Electricity Feed-in (Renewable Energy Premium) Act 2008—
Review—Revised*, dated August 2015.

I ask leave to make a brief statement in relation to the paper.

Leave granted.

MR CORBELL: On Tuesday I tabled the review of the Electricity Feed-in (Renewable Energy Premium) Act 2008 as required under section 13 of the act. This is the act under which the ACT's rooftop solar feed-in tariff scheme operates.

I am tabling a revised copy of the review today to correct a minor technical error that has been identified since the document's tabling. The review I tabled earlier this week contained a chart on page 14 showing the cumulative storage capacity of feed-in tariff and non-feed-in tariff supported rooftop solar generators in the ACT by financial year. The chart was incorrectly labelled. The data represented the calendar year, not the financial year. This meant that the chart contained incomplete data for 2014-15 and incorrectly depicted a flattening of growth for that year. The error has now been corrected and the chart now reflects the data for the financial years. The growth rate of non-FIT supported solar from 2013-14 to 2014-15 was in fact 12 per cent, with approximately two megawatts of new capacity installed in that period.

I would like to emphasise that this minor correction in no way impacts on the overall findings of the review. I commend the document to the Assembly.

Aboriginal and Torres Strait Islander education—annual report 2014-15

Paper and statement by minister

MS BURCH (Brindabella—Minister for Education and Training, Minister for Police and Emergency Services, Minister for Disability, Minister for Racing and Gaming and Minister for the Arts): For the information of members, I present the following paper:

Aboriginal and Torres Strait Islander Education, pursuant to the resolution of the Assembly of 24 May 2000 concerning Indigenous education, as amended 16 February 2006—Annual report 2014-15.

I ask leave to make a statement in relation to the paper.

Leave granted.

MS BURCH: I am pleased to present the Aboriginal and Torres Strait Islander education 2014-15 report today. Every child deserves access to high quality education regardless of their background, culture or location. The ACT government wants every Aboriginal and Torres Strait Islander student to have confidence that they can achieve and that their future is one of opportunity. We all want students to believe “I can achieve, I am confident and my future is exciting”.

While there is much to celebrate, the government acknowledges there is more work that can always be done to close the education gap between non-Indigenous students and their Aboriginal and Torres Strait Islander classmates.

The report presented today details achievements and progress against the priorities of ETD's “Education capital: leading the nation” strategic plan for 2014-17 and the 2015 action plan. The directorate has implemented a suite of programs and strategies to provide additional support and assistance to Aboriginal and Torres Strait Islander students. These include broad-based strategies such as personalised learning plans, flexible learning options, pathway planning to encourage students to think about employment pathways, and career development. Other programs such as Koori preschool and the aspirations programs are specific to Aboriginal and Torres Strait Islander students and families.

This year's report highlights a number of achievements, including an increase of 95 Aboriginal and Torres Strait Islander students since 2014, bringing the total number of Aboriginal students in ACT public schools to 1,663; and a higher proportion of Aboriginal and Torres Strait Islander students achieving at or above the NAPLAN national minimum standard for both reading and numeracy in years 3, 5, 7 and 9 compared to the national average. There were 83 students enrolled in year 12 or mature age programs in 2014, a significant increase of 51 per cent from 2013. Of these students, 59 per cent graduated with a year 12 certificate; of those that did not achieve a year 12 certificate, seven have continued their education through 2015.

In 2014, 79 ACT public schools had personalised learning plans in place for the majority of Aboriginal and Torres Strait Islander students. These plans take a variety of forms, but fundamental to any successful learning goals or learning strategies is a student's sense of ownership. This sense of ownership is developed through conversations and effective relationships between students, parents, families and teachers.

Currently there are approximately 170 students involved in the student aspirations programs from year 5 to year 12; this is an increase from 2013. Last year students involved in the student aspirations program participated in activities such as an excursion to the Academy of Interactive Entertainment; a visit to both Wagga and Dubbo Charles Sturt University campuses; a hospitality excursion to the Abbey restaurant and CIT; and UC 4 yourself, an opportunity for students to get a taste of study and life at the University of Canberra.

In December last year the first student aspiration year 5 and 6 leadership day was held at Birrigai. Twenty-one students from ACT public primary schools attended and participated in cultural activities run by Thunderstone Aboriginal Cultural and Land Management Services.

The scholarship program for senior secondary students interested in careers in teaching commenced in 2009, and in 2013 the program was extended to include students interested in pursuing a career in health. In 2013 and 2014 panels comprising representatives from the directorate, principals and academics awarded 11 teaching and three health scholarships worth \$5,000 to students for commencement in the 2014 and 2015 school years. The 2014 recipients were given a number of leadership opportunities, including assisting with the facilitation of the 2014 years 5 and 6 leadership day at Birrigai.

The Mura achievement awards were introduced last year and acknowledge Aboriginal and Torres Strait Islander students who demonstrate one or more of the following: an excellent attendance record; strong commitment or greatly improved engagement in their learning; good academic progress; and active involvement in the school community and extracurricular activities. Schools nominate students in years 4 to 6, and successful students receive a small bursary to cover educational costs. Bursaries range from \$180 for year 4 recipients to \$600 to year 10 recipients. Last year there were 62 Mura achievement award recipients; 24 were from ACT public schools.

Last year eight school leaders completed the strong smarter leadership program in Queensland; a further nine completed the program through the University of Canberra partnership in October last year and seven more in February this year.

Between June 2012 and September 2014 Aboriginal and Torres Strait Islander staff numbers within the directorate grew from 40 to 65, an increase of 62 per cent. A significant increase in the Aboriginal and Torres Strait Islander staff was in teaching staff, including school teachers.

The commitment of this government to improving education outcomes for Aboriginal and Torres Strait Islander students remains strong, focused and optimistic for the future. It is supported by the signing of the Aboriginal and Torres Strait Islander agreement for 2015-18, which commits the ACT to increase our year 12 student completion rates. This report shows that we are on track for more success, but there is always more to do for this community. I commend the report to the Assembly.

Planning, Environment and Territory and Municipal Services— Standing Committee

Paper and statement by minister

MR RATTENBURY (Molonglo—Minister for Territory and Municipal Services, Minister for Justice, Minister for Sport and Recreation and Minister assisting the Chief Minister on Transport Reform): For the information of members, I present the following paper:

Planning, Environment and Territory and Municipal Services—Standing Committee—Report 5—*Inquiry into Vulnerable Road Users*—Recommendation 25—Cycle Separation Trial Report 2015.

I seek leave to make a statement in relation to the paper.

Leave granted.

MR RATTENBURY: Today I table the results of the cycling separation trial which was conducted by TAMS at five sites in Canberra over a 12-month period. The cycling separation trial was undertaken to determine if an increase in safety was achieved by the use of some form of separation device in locations where on-road cycle lanes run adjacent to busy traffic lanes. The hope was to achieve improved driver awareness of the adjacent cycle lane and reduce the likelihood of vehicles entering the bike lane.

Recommendation 25 from the inquiry into vulnerable road users was that the government table the evaluation of the road separators trial. I am happy to be able to do that today.

The goal is to improve safety for cyclists and in doing so to also increase the opportunities for people to cycle in their everyday travels around the city. It is important to acknowledge that for every person who chooses to ride a bike or walk as

part of their journey, there is one less vehicle on the road. The co-beneficial outcome over time is that those who are unable to make the choice to participate in active travel will benefit from a less congestive road network. Increased use of sustainable transport modes is beneficial for everyone in both the short and long terms.

Planners and designers from across the globe are constantly battling with the challenge of making active travel more attractive and safe. This is particularly important when attempting to encourage those undecided or unconvinced members of the community who are in a position to make the choice to walk or ride but have not yet done so. There are some key contributing factors which are taken into account when making a decision to change from driving a motor vehicle to walking or cycling, these being safety, convenience and comfort.

National and international jurisdictions have utilised a range of different measures in an attempt to provide some improved separation for on-road bike lanes. Melbourne has adopted a device known as a tram separator, which was originally used to inform drivers of an adjacent tramline. The city now uses it to delineate bike lanes in busy locations and alongside bike lanes at busy intersections. Barcelona, Spain has adopted a recycled rubber device known as the armadillo to reclaim road space for cyclists. Both the tram separator and the armadillo are raised plastic units like speed humps that are fixed to the road pavement.

The tram separator device was included in the Canberra trial following consultation with a range of stakeholders, including cyclists and professional drivers. It was preferred over the armadillo because it was believed to be less of a hazard to both cyclists and motorists. The tram separator was trialled in a specific location on Athllon Drive in Tuggeranong where there were numerous reports of vehicles using the bike lane on an approach to a roundabout.

The use of audio-tactile line markings, sometimes referred to as Vibraline markings, would have been experienced by drivers travelling on the Federal Highway to Sydney. They create a vibration if the driver starts to stray out of their lane and drives onto the markings. The device is used in both Sydney and Melbourne to reinforce the separation between bike lanes and vehicles. It is a less visual and physical barrier and also has a lower level of impact if a vehicle drives on it. The tactile line marking treatment was used on sections of higher volume roads, including Vernon Circle, London Circuit and the Barton Highway.

The third and final device trialled is known as a riley kerb, which is a low profile rubber kerb with reflective delineators along one side to increase visibility at night. Somewhere between the tram separator and tactile line marking in terms of the physical impact, the riley kerb comes in short lengths of 1.2 metres, which makes it ideal for use on corners or kerbs. This device was trialled at the intersection of Fairbairn Avenue and Pialligo Avenue near the Canberra Airport, a location where over 2,500 vehicles turn left every day and a lot of these are large or heavy vehicles.

To assess the effectiveness of each of the devices in increasing driver awareness of the bike lanes, ultimately by keeping cars out of the bike lanes, TAMS undertook observational surveys on a monthly basis. During three of these site inspections,

TAMS collected quantitative data to allow for the analysis of driver behaviours with each of the treatments. The data classified vehicles which accepted the device and corrected their path to avoid the bike lanes and those who rejected the device and continued to drive through the bike lane.

The clear message from the observational records is that in all cases where separation devices were installed there was an initial reduction in the number of vehicles entering the bike lanes. It is also clear that over the duration of the trial the number of vehicles that accepted the device and corrected their trajectory reduced slightly. This probably represents drivers who are regular users of the network and consider the impact of the devices acceptable to cross.

It was also observed that driver behaviours were significantly different when a cyclist was present in the bike lane in the vicinity of the devices. As you would hope and expect, drivers were less likely to enter the bike lane when a cyclist was using it.

In addition to the analysis of the behaviour of vehicles, it is important for Roads ACT to understand how the devices perform with respect to durability and reflectivity. Regular inspections of the quality and performance of the products were undertaken and the report identifies where the performance of the devices was acceptable for use elsewhere on the network. From the observations of the sites included in this trial, it could be said that installing cycle separation devices at known potential conflict points would create a safer environment for cyclists to ride on, based upon the observations of driver behaviour.

While the quantitative data suggests that motorists are less likely to enter the on-road cycle lanes, it is important to gauge and assess the opinions of the user groups. The NRMA and ACTION buses were generally supportive of the separators, provided adequate lane widths for vehicles were maintained.

The view of cyclists, however, was not as supportive. It really does go without saying that they are perhaps the key stakeholders in this discussion. In their comments, Pedal Power were of the view that the devices were limited to a warning function, reinforcing a psychological incentive for people in vehicles to stay out of the cycle lane. While this is obviously a positive, their overall view was that the devices created a new hazard for cyclists and that therefore the devices were not appropriate for use on standard on-road lanes in the territory.

In light of this feedback and in discussions with TAMS, the conclusion that has been drawn from this trial is that the devices can be suitable in specific locations or for specific problems. For example, Roads ACT are considering the use of devices at known hot spots such as near intersections along Northbourne Avenue, as was identified in the recent cycling crash statistics report. However, there will not be a general rollout of the devices across the ACT. Use of the devices will be a matter for ongoing consultation with key stakeholders through fora such as the bicycle users group.

Cycling in Canberra continues to grow as an attractive and healthy means of commuting and recreation. It is important to continue to provide safe cycling routes

and environments for cyclists. The ACT government will continue to look at measures to improve the overall safety of the road network, including the use of devices to warn or advise users of a risk or hazard. I will continue to advocate more generally for greater priority to be given to sustainable transport modes, including cyclists. The recent establishment of the government's active travel office is one avenue through which this will occur.

Leave of absence

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

That leave of absence for today be granted to Mr Doszpot for health reasons.

Hospitals—cancer facilities

Discussion of matter of public importance

MR ASSISTANT SPEAKER (Dr Bourke): The Speaker has received letters from Dr Bourke, Mr Doszpot, Ms Fitzharris, Mr Hanson, Mrs Jones, Ms Lawder, Mr Smyth and Mr Wall proposing that matters of public importance be submitted to the Assembly. In accordance with standing order 79 the Speaker has determined that the matter determined by Ms Fitzharris be submitted to the Assembly, namely:

The importance of having modern cancer facilities for the Canberra region.

MS FITZHARRIS (Molonglo) (3.38): I am very pleased to speak to this matter of public importance today on the importance of modern cancer facilities in the Canberra region. There would be few families in Canberra untouched by cancer. In 2015 it is estimated that 126,800 new cases of cancer will be diagnosed nationwide and there are up to 1,500 new cases each year among ACT residents. In the ACT the most common cancers for 2005 to 2009 in men were prostate cancer, colorectal cancer, melanoma of the skin and lung cancer. And for women over the same period the most common cancers were breast cancer, colorectal cancer, melanoma of the skin and also lung cancer. Sadly, around 500 Canberrans will die of cancer this year and an estimated 46,500 people will die across Australia.

Australians benefit from a high life expectancy. However, it is expected that the incidence of cancer will generally increase with age. It is estimated that the risk of an individual being diagnosed with cancer by their 85th birthday will be one in two for men, and one in three for women.

Despite a decline in cancer deaths and an increase in survival over time, cancer is still the second most common cause of death in Australia after cardiovascular disease. It is these statistics that make it essential that we as a government not only provide first-class infrastructure to deliver cancer treatment and care for patients but also encourage preventative measures, contribute to research and, where it is, sadly, required, provide appropriate palliative care.

The Canberra Region Cancer Centre is a project of the health infrastructure program. It was officially opened by the then Minister for Health, Katy Gallagher, on 6 August 2014, with clinical services commencing on 18 August 2014.

The Canberra Region Cancer Centre is a world-class healthcare facility that brings together cancer treatment and related services in one purpose-built facility. The centre accommodates medical oncology including chemotherapy, clinical haematology and immunology, and specialist ambulatory services including outpatient clinics and day therapy. The service provides a comprehensive range of screening, assessment, diagnostic, treatment and palliative care services to the metropolitan population of the ACT and patients within the surrounding region of New South Wales. The service is not limited to providing cancer care, encompassing the departments of haematology and immunology as well as medical oncology, radiation oncology and the services of BreastScreen ACT.

Duffy House is the facility that provides accommodation for interstate cancer services patients and their carers. It was opened on 10 September 2012 and is less than 10 kilometres from Canberra Hospital. Duffy offers a relaxed environment in a quiet suburban street away from the hustle and bustle of a busy hospital campus.

In New South Wales outpatient services are delivered through outreach clinics in Goulburn, Young, Moruya, Cooma and Bega. The clinics are staffed by fully qualified oncology nurses who can administer chemotherapy and provide support to patients undergoing treatments. Telehealth consultations with the oncologists are also available in some clinics.

The Capital Region Cancer Service, CRCS, was formed in 2004 as part of a dedicated cancer service to the population of the ACT and surrounding New South Wales region.

Dealing with the practical and emotional impact of cancer is virtually as important as physical care, and in the ACT it is supported by social workers and psychologists. These professionals provide information, access to entitlements, practical support and counselling to assist cancer patients, their families and carers experiencing distress, depression or anxiety. This service is available through the consultation and treatment of a cancer diagnosis and discharge from hospital and includes support in the adjustment to or management of the condition or any re-occurrence. Support is also available for grief and loss with respect to changes in health status and cancer-related bereavement or death. Patients, their families and carers can be seen at CRCC or in the community.

Other important services include cancer nurse care coordinators who provide a pivotal link in support, education and coordination for patients moving between services and across community sectors. Dieticians supply individual nutritional advice and general information on diet and cancer. Physiotherapists work to help keep patients moving. Services include assessments and programs, mobility retraining and fall prevention strategies. And speech therapists work with the patients who in particular have had head and neck cancers.

Childhood and adolescent cancer is uncommon and treatment is complex, and young adults also tend to have relatively uncommon cancers and require complex care. A sufficient case load does not exist in Canberra for a high quality paediatric cancer service locally, so children with cancer—that is, children aged 14 or younger—are referred to Sydney for their primary treatment so that they can get the best possible care.

For adolescents and young adults, some care is provided by the adult cancer service in certain clinical circumstances, often in collaboration with a service in Sydney. The best outcome for these patients and their families requires close cooperation with the large centres in Sydney and occasionally in Melbourne, and with the Canberra Hospital. That being said, some supportive care and maintenance-type treatment for children with cancer is provided by the generalist paediatric physicians based at Canberra Hospital.

In my time as an MLA I have had the privilege of meeting two inspiring families from the Gungahlin region who have each lost a child to brain cancer. Recently I have been working with them to look at options to make the lives of those living through the trauma of a child with cancer more manageable through specialist support.

Just last Saturday I attended the sixth annual Benny Wills gala dinner. Benny Wills was four years old when he died of diffuse pontine glioma, an inoperable brain stem tumour with a prognosis of just 12 months to live. DPG is a 100 per cent fatal disease, amongst the worst in the class of brain cancers amongst children, a terrible fact within the awful fact that brain cancer is the biggest killer of Australia's children.

Benny's mum and dad, Imogen and Dave, set up a foundation in his name to raise money for research into this rare but very deadly form of cancer. Through the significant contributions raised through events such as their annual dinner and with additional funding in the form of a grant from the Royal Australasian College of Physicians, the head researcher on the project, Dr David Ziegler, has been able to hire a full-time and highly qualified research assistant. The money has also enabled them to purchase all the culture materials required to successfully grow DIPG neurospheres in the laboratory. The small team have successfully grown DIPG neurospheres and are in the process of testing the effects of thousands of drugs on cells, with some promising signs of success. I wish them every success in finding a cure.

Young adults with more common problems such as germ cell tumours and haematological malignancy are usually treated solely by the Canberra-based service at Canberra Hospital. The Division of Cancer, Ambulatory and Community Health Support employs an adolescent and young adult nurse care coordinator who provides a key point of linkage for adolescents receiving primary treatment in Sydney. Since February 2014 this coordinator has received 40 new referrals for patients receiving treatment in Canberra as well as those returning from Sydney.

Paediatric palliative care is predominantly provided through Clare Holland House by a paediatric multidisciplinary team. The Canberra Hospital palliative care team will provide a consultation service for neonates and children when they are within Canberra Hospital, in collaboration with specialists. Adolescent patients receive palliative care within Canberra Hospital through the CACHS team and are referred to Clare Holland House for community and hospice support. Health professionals and families largely agree, though, that palliative care is best provided close to or at home.

As part of this government's commitment towards research and improving treatments for cancer patients, funding was provided to the Australian National University to assist in the establishment of a centenary chair in cancer research. Professor Ross

Hannon has been appointed to this important role and is now working in collaboration with the clinicians of the Cancer Centre and has submitted a research grant in collaboration with clinicians from the Canberra Region Cancer Centre. Professor Hannon's appointment will build research capacity in the health system and give researchers access to clinical expertise and settings.

Cancer comes in over 100 different forms and touches all demographics in our community. Whilst many cancers are unavoidable, prevention and early detection can play a significant role in improving survival rates. The World Health Organisation tells us that at least one-third of all cancer cases are preventable. Prevention is vital and is one of the Minister for Health's key priorities. By making lifestyle changes such as eating a healthy diet, regularly exercising, limiting alcohol intake and refraining from smoking, many lifestyle-related conditions can be prevented.

Tobacco use is the single greatest avoidable risk factor for cancer mortality worldwide, and about 70 per cent of the lung cancer burden can be attributed to smoking alone. There is a link between obesity and many types of cancer, such as oesophagus, colorectal, breast, endometrium and kidney. Regular physical activity and the maintenance of a healthy body weight, along with a healthy diet, will considerably reduce cancer risk.

The risk of cancer also increases with the amount of alcohol consumed. Alcohol use is a risk factor for many cancer types, including cancer of the oral cavity, pharynx, larynx, oesophagus, liver, colorectum and breast. Also, in Australia we are particularly susceptible to exposure from UV radiation, in particular solar radiation. Radiation is carcinogenic to humans, causing all major types of skin cancer, such as basal cell carcinoma, squamous cell carcinoma and melanoma.

The ACT government are investing in health promotion and prevention services to reduce the increasing burden of chronic disease and related, more costly healthcare impacts. We are also investing in campaigns to reduce smoking during pregnancy, which is designed to have a direct health benefit to the mother and their newborns, by reducing low weight at birth and subsequent neonatal care costs. Other specific programs supported by our recent budget include healthier work, ride or walk to school, kids at play, it's your move, fresh tastes, smoking cessation and an interactive web-based data platform. The programs support the ACT government priority to invest in preventive health services to promote physical and emotional wellbeing, prevent disease across the ACT community and support the government's zero growth target.

Early intervention is also invaluable. If detected in the early stages, cancer can be treated successfully. Examples where early detection and intervention have been successful in reducing mortality rates include breast cancer and skin cancer. The lesson for all of us is to be vigilant about our own health and that of our friends and family. Encouraging those we love to undergo recommended screening tests such as pap smears and prostate checks, and not ignoring persistent coughs, changeable moles and lumps, will go a long way to reducing rates of cancer deaths. Unfortunately, despite our best efforts cancer will still occur and it is important that we have the health facilities and other supports available for those suffering this all too common disease.

The ACT government has made a significant investment in cancer health care through the Canberra Region Cancer Centre and allied services and through investment in research at the ANU. The 2014 Australian Institute of Health and Welfare report documented that Australian cancer survival rates are among the best in the world. In 2007 to 2011 the five-year relative survival rate was 67 per cent for all cancers combined, a significant increase from 46 per cent in 1982 to 1987. We all look forward to the day when cancer is a predominantly curable disease.

MR HANSON (Molonglo—Leader of the Opposition) (3.51): I thank Ms Fitzharris for raising this very important issue of cancer and cancer infrastructure. It is a matter, sadly, that has the ability to touch and affect all of us, and there is no doubt that the specific wording of the discussion, “the importance of having modern cancer facilities for the Canberra region”, is something that we can all agree on in the Assembly today.

Cancer is a diverse group of diseases, each with its own specific risk factors, progression, treatment and prognosis. The most recent estimate of the total number of new cancers diagnosed in Australia annually is 120,710. The estimated five most commonly diagnosed cancers are prostate, bowel, breast, melanoma of the skin, and lung. As an aside, it is great to see that the Speaker hosted the Prostate Cancer Support Group last night. A number of members attended, including members of the Labor Party and the Liberal Party together.

In Australia there were 22,844 deaths due to cancer in 2010, and the five most common cancer causes of death were lung, bowel, prostate, breast and pancreas. In 2010 the risk for males dying from cancer before their 85th birthday was one in four. For females, the risk was one in six.

When we look at our health services it is critical that we understand the importance and the impact of cancers and their treatment in our hospital services. In Australia in 2010-11 there were 880,432 cancer-related hospitalisations. The five cancers with the highest number of hospitalisations were the non-melanoma skin cancer, prostate, bowel, breast and non-Hodgkin’s lymphoma. The trends are both sobering and to an extent encouraging. There are many continuing sad trends, but there is also some good news. In the next decade it is expected that the number of Australians who will die from cancers will continue to increase, but the rate of deaths will continue to decrease.

Deaths from all cancers decreased from 199 deaths per 100,000 persons in 1968 to 167 per 100,000 in 2012. Between 1994 and 2012 the mortality rate from all cancers combined decreased significantly, by 2.6 deaths per 100,000 persons every year. This decreasing trend is predicted to continue, with an estimated 56,000 deaths from all cancers combined projected for 2025. The decreasing death rate is because of, in part, well-funded health services with sufficient resources and capacity, and as a result more lives are being saved every year. We have better screening, better early interventions, better treatments and better care.

Between 2013 and 2025 the mortality rate for all cancers combined is predicted to decrease for males and for females. Sadly, however, at the same time the number of deaths from all cancers combined is predicted to increase for males and females.

The reason I have outlined this data in such detail is that it highlights the absolutely critical need for us to continue to invest in and expand health services in Canberra to treat cancer. The reality is in the next 10 years in the ACT we will have an increasing number of cancer patients to treat. In the next 10 years in the ACT, with appropriate diagnosis management and treatment options, increasing proportions of patients will continue to survive cancer.

In Canberra we need to continue to invest in better screening, better early interventions, better treatments and better care. We need to invest in the capacity of our hospitals and ensure that lives are not ever put at risk merely because there are simply not enough treatment spaces or hospital beds, screening facilities or early interventions.

I am delighted that we now have the Canberra Region Cancer Centre. I think it is excellent, and it provides a very good service to cancer sufferers throughout the ACT and region. The work done by the medical, allied health and administrative team at that centre is amongst the best in the nation. In the centre, Canberrans are lucky to have such committed and compassionate staff. The level of care is of the highest quality, and the staff of the centre deserve our highest praise for the challenging and sometimes heartbreaking work that they do day in, day out.

However, as is always the case, more investment is needed to provide more services to deal with the expected growth in patient numbers and embrace new treatments. More treatment is needed, and more investment is needed to free up the currently overcrowded Canberra Hospital and meet projected needs for cancer and other patients. As Ms Fitzharris alluded to, at the moment for paediatric and some more specialised cancers people do have to travel interstate to receive treatment, and I am sure all of us are aware of individuals who have had to travel interstate for treatment. I know that that is absolutely heartbreaking and is really difficult in particular for parents of children who have to travel to Sydney to receive treatment.

The balance between making sure that there is access to the very best treatment, which can only be achieved sometimes with the economies of scale available in Sydney and Melbourne, and the need to have services that are easily accessible to people here in Canberra is a complex issue.

Screening services are another important element of our infrastructure. Prevention work is something that we need to see increased where we can, but I think there is more that we can do to support screening services and sometimes the screening statistics we see are somewhat disappointing.

As I indicated, we are very keen to support the matter of public importance that Ms Fitzharris has proposed, but we do know that we are in a situation where budgets are tight, where priorities need to be decided, where tough decisions are going to be made both within the health system and also in terms of government expenditure. Certainly what I would say is that we as a Liberal government, if we do get elected in 2016, would see that health services, cancer services, would be an absolute priority. We do not want to see blowouts and delays in infrastructure. We do not want to see people having to wait for treatments longer than they should.

As an example, a close family member is currently undergoing tests, which look good, for cancer. Hopefully it is not an issue. But they were told that the waiting time to see a specialist was in the order of two months. I think you can appreciate that when you have a scare, when there are signs, and then you are told that you are not going to be able to see a specialist for about two months that is not good on a number of levels in terms of treatment, the psychological impact on patients and so on.

So there is more that we can do. I recognise and acknowledge the good work that has been done but I do think, as always, there is more that we can do and I would express our support for this important issue. What I would say is that in the years ahead difficult decisions will need to be made and priorities will need to be assessed. Again, I say that the Canberra Liberals' priorities remain very much in this space and we will not be distracted by funding priorities that I would suggest have a lower importance.

MR CORBELL (Molonglo—Deputy Chief Minister, Attorney-General, Minister for Health, Minister for the Environment and Minister for Capital Metro) (4.01): I thank Ms Fitzharris for bringing this matter of public importance to the Assembly this afternoon. Many of us are touched by cancer, whether we have experienced it ourselves or have family members, friends or colleagues who have been diagnosed. In fact there are over 120,000 cases diagnosed in Australia every year—but that is only a number. Every diagnosis is a person and they have their own story, their own battle, their own treatment, their own prognosis and their own support network who are impacted by that diagnosis. Cancer remains the leading cause of death in the ACT at 29 per cent of all deaths, closely followed by cardiovascular disease at 28 per cent and then a range of respiratory conditions. We know that once someone has been diagnosed with cancer the provision of appropriate care and access to support is essential and that is why the government remains committed to providing access to cancer care including through the world-class facility at the Canberra Region Cancer Centre.

It is now just over one year since this new facility opened its doors to the people of our city and our region. The centre was part of the former Rudd Labor government's \$2 billion investment to build a world-class cancer care system in Australia. That plan focused on promoting research and improving cancer outcomes for patients. The ACT service has been designed to serve not just our local Canberra community but the broader region. It was announced as part of the \$560 million commitment to build a networked best practice regional cancer centre and associated accommodation facility. The ACT committed more than \$20 million as part of this project. The centre has over 5,000 square metres of floor space across five levels and in the last 12 months the Canberra Region Cancer Centre has provided over 30,000 occasions of service for cancer patients. In the 2014-15 financial year Canberra Hospital cancer services provided a total of nearly 72,000 outpatient occasions of service. To give an example of the range of services that have been provided in those numbers, there have been more than 18,000 occasions of services for medical oncology, more than 37,000 occasions of services for radiation oncology, more than 12,000 occasions of services for haematology and just over 3,000 occasions of services for immunology treatments.

Delivering the clinical and supportive care for cancer patients at the Canberra Hospital inclusive of the centre is the 430 strong workforce made up of oncologists, radiologists, nurses, support staff, technicians and volunteers. I commend the staff and the volunteers on a successful first year for the Canberra Region Cancer Centre and the services they provide within it. I commend their commitment to making this new facility operational to facilitate the healthcare of Canberrans. Their dedication has seen the centre integrate services, research and teaching programs within a dedicated building to facilitate and drive improved cancer treatment for Canberrans and people in surrounding New South Wales.

The centre has brought together a full range of services including assessment, diagnostics and treatment to enable collaborative care including chemotherapy and radiation therapy as well as haematology and immunology services. It also has incorporated an ACT pathology collection centre, a pharmacy, a patient and family lounge and a patient information centre with access to online information and other resources. This is an environment designed to support a collaborative model of care. Co-locating all these services under one roof creates a more consistent patient experience.

With the move into the Canberra Region Cancer Centre the implementation of a rapid assessment clinic has been further developed in a dedicated area on level 4 and this is helping patients having current treatment or within three months of the completion of their treatment to be reviewed, assessed and, if required, treated by an oncology nurse and doctor. Initial review of the rapid assessment clinic model has found that total time for review, rate of hospital admission and length of stay after admission are being significantly cut shorter and that is a good thing compared to when patients were required to present to the emergency department.

The rapid assessment unit has been complemented by the availability of a 24-hour dedicated telephone triage number for current and recent patients of the centre. A shared model of care for early breast cancer has also commenced at the Canberra Region Cancer Centre with a new nurse-led clinic and preparation of end-of-treatment summaries to assist in follow-up care. A melanoma clinic has also commenced to assist in the multidisciplinary care of patients, especially now that there are many new treatment options including immune therapies and targeted agents available for this condition.

With the appointment of new specialists within haematology the waitlist has been reduced from six months to triage category time frames, and the ability to continue to refine and improve the multidisciplinary approach to lymphoma care and clinics continues. A volunteer program is also now in operation and extends engagement and support for people accessing the centre and in our cancer wards. Volunteers are engaged to assist with patient comfort measures, provide support and company and to assist with way-finding around the centre.

The location of this centre has enabled the radiation oncology service, which is a vital component of integrated care for many cancer patients, to be connected to and part of the centre. Radiation oncology is committed to ensuring treatment for radiation

therapy patients is commenced within national wait time standards. In the last full financial year the department achieved at or above targets for emergency patients, palliative patients and curative treatment patients.

The radiation oncology major equipment procurement project has supported expansion of radiation therapy services to meet ongoing increases in demand for cancer treatment. This expansion project was funded through both the ACT budget and the commonwealth and has enabled the purchase of a second computerised tomography simulator which was clinically operational in October 2011; a fourth linear accelerator with stereotactic capability which was clinically operational in January 2012; a replacement linear accelerator, operational in May 2012; and the upgrade of the ARIA oncology information system. The radiation oncology department has undertaken a number of clinical projects to assess and make improvements for the services provided, and the project for the rapid access clinic for palliative care patients was a finalist in the ACT allied health excellence awards last year.

The palliative radiotherapy rapid access clinic is a multidisciplinary radiotherapy clinic for bone and brain metastases patients. The clinic was established in 2013 to improve access for those palliative patients requiring urgent symptom relief. It also aimed to increase the coordination of palliative services provided and reduce the need to attend for radiation oncology. In addition to these important services, the Canberra Hospital Foundation and other initiatives like dry July have also helped improve the patient experience through their sourcing of donations to purchase 40 recliner chairs for oncology patients, a new blanket warmer, a scalp cooling system, an apheresis dry-cleaning machine and much, much more. Artworks have also been gifted to the centre to help create beautiful and uplifting spaces for patients, carers and families.

I can also advise that in November last year eight new cancer inpatient beds came online, and these beds provide additional capacity for oncology and haematology patients with a total of 44 beds within Canberra Hospital for the ongoing care of the oncology/haematology patient group.

A few months ago I visited the centre to mark its first birthday and I met a patient called Peter, a 41-year-old man receiving treatment in the centre. He told me his story of cancer and about the treatment he was receiving. I was delighted to know that he felt that the care he was receiving at the centre was outstanding. This centre has been established for hundreds of patients like Peter and their families and I am very pleased that it is a quality of service that patients themselves recognise as incredibly important and effective. I thank Ms Fitzharris for bringing this matter of public importance to the Assembly this afternoon.

MR RATTENBURY (Molonglo) (4.10): As we all know, the territory's health system, just like every other jurisdiction, is under increasing pressure. Just today the Australian Institute of Health and Welfare released the health expenditure report for 2013-14. Total expenditure on health was estimated at \$154.6 billion in 2013-14, up by 3.1 per cent on 2012-13 in real terms. Growth in expenditure per person was \$6,639, which was \$94 more in real terms than in 2012-13. To put that into some context, that equates to roughly 10 per cent of our national overall gross domestic product.

The report also highlights that over the second half of the decade, the commonwealth government's share of total health spending fell from 43.8 per cent in 2008-09 to 41.2 per cent in 2013-14, while the state and territory and local government share has remained fairly stable since 2009-10, at around 26.6 per cent, the value seen in 2013-14. I think that is a context for discussing the issue that Ms Fitzharris has put up today as a matter of public importance, which is the importance of modern cancer treatment facilities for the Canberra region. We can see that health is a massive source of expenditure for Australian governments at both a federal and a state level.

Unfortunately, we are seeing a growth in some cancers that are afflicting the community. The Cancer Council of Australia website shows that, at current rates, it is expected that one in two Australian men and one in three Australian women will be diagnosed with cancer by the age of 85, and an estimated 128,000 new cases of cancer will be diagnosed in Australia this year alone.

We are also hearing more about the potential causes. The American Society of Clinical Oncology point to growing research evidence that suggests that being overweight or obese increases one's risk of developing many types of cancer and can also complicate treatment and worsen outcomes after a cancer diagnosis. Obesity, they say, is quickly overtaking tobacco as the leading preventable cause of cancer.

As many as 84,000 cancer diagnoses each year in the USA are attributed to obesity, and obesity or excess weight contributes to up to one in five cancer-related deaths. You can read out all of those statistics, background facts and research but, as members have touched on today, the reality of cancer is that it is a very personal affair and it is a matter that ripples through families, communities and workplaces. Each of us in this place undoubtedly would have many stories to tell either of being personally touched by cancer or of friends, families of friends or workmates who have been affected. I think that also demonstrates why cancer-related charities are so successful in their efforts to raise funds and fund research to help tackle the disease in the many forms that it comes in.

We know that there are incredible advances in modern medicine happening every day around the world, in both diagnostics and treatment options, and the field of oncology, or of cancer treatment, is certainly no different. As the leading cause of death in Australia and one of the more prevalent illnesses, it is no wonder that we devote so much time and resources into researching these new technologies and treatment. We are seeing advances in combination therapy, new immunotherapies and evidence-based changes to the national cervical screening program, which, together with HPV vaccination, are anticipated to reduce the number of cervical cancers by at least an additional 15 per cent.

As the health minister has just said, we recently celebrated the first-year anniversary of the opening of the Canberra Region Cancer Centre, which has been described as a world-class healthcare facility that brings together cancer treatment and related services in one purpose-built facility.

It is also worth noting, as the MPI touches on, that we in the ACT, on a range of matters, must consider our role as the heart of the broader capital region, which can be considered to include from Berridale to Yass, Batemans Bay and the far South Coast. We very much are a regional hub. Mr Hanson spoke of the need for some people to travel, and this is a challenge for us. Do we seek to provide all the services here in the ACT, mindful of our role in the region, or is it best for us to perhaps cover some areas but recognise that some of the less common diseases in particular are better treated in somewhere like Sydney where a specialist might be able to cover an area that is a little more unique? When someone is affected by cancer they are probably not really interested in all of these policy discussions. They are interested in the immediate issues that face them and their families. I mentioned before the way it ripples through the community.

I think about charities like Ronald McDonald House—I went to a charity ball earlier this year—where they provide the accommodation to support the families who are coming to support the patients. I think about how important that is. A number of people spoke that night and said they came from rural and regional areas. They talked about the support they received in just getting accommodation in Canberra. We have seen a group seeking support through Lifecycle raising funds to build support accommodation for leukaemia sufferers here in the ACT. Again, it is great work from a whole lot of people. They have been very quick in reaching their fundraising goals. I congratulate them on that. It will be an excellent service.

In that context, and given legislation that I have proposed in this place, I want to reflect on the issue of the medical use of cannabis. When talking about that ripple effect and the way it goes through families, something that has come to my attention—which I would urge members of this place to continue to consider—is this: how might we assist people who are suffering from cancer who want to access this treatment and how do we deal with some of the difficult issues that raises?

Of course we all know of Dan Haslam and his mother Lucy, who recently featured in a significant article in the *Canberra Times*, and the stories of how families have sought to assist loved ones to access what is currently an illegal substance. This highlights the fact that when talking about cancer it is not just about the hospital end of the treatment; there are all the other aspects of it as well. I certainly think that that discussion has a long way to go. Of course, it is not suitable for everybody, but what does seem to be clear is that numerous patients find beneficial outcomes from being able to access that substance when they are suffering, particularly through chemotherapy.

I thank Ms Fitzharris for bringing this matter of public importance on today. It is good to reflect on cancer and how it impacts on our community in terms of both the necessity of having good treatment facilities and the way that it ripples through the community. So many people are affected by it, but so many people are working to assist those who are suffering and those who are affected by this disease.

I commend the many community organisations for their considerable effort in raising funds and providing support groups. I also commend the many medical professionals

who work so hard to support people and who are making such significant advances in terms of medical science. I like to think that we will come to see a time when more and more cancers are treatable and more and more people are surviving them. We have certainly seen it in some areas where awareness and treatment have come so far as to mean that most people can survive these days. As the statistics we have all cited today show, we have a long way to go. I trust that we will continue to make progress for the benefit of all in our community.

Discussion concluded.

Adjournment

Motion by **Ms Burch** proposed:

That the Assembly do now adjourn.

Belconnen RSL sub-branch

MR COE (Ginninderra) (4.20): I rise this afternoon to talk about the Belconnen sub-branch of the RSL. On Tuesday, 25 August I had the pleasure of attending the dedication of a plaque commemorating World War I enlistees from the Belconnen region. The plaque is a joint venture between the RSL and both the ACT and commonwealth governments. The plaque was dedicated on the day by Senator Zed Seselja, with Dr Andrew Leigh MP in attendance. The plaque is placed in the Ellen Clark Park, Weetangera, on the ACT heritage trail. This site is also where the old Weetangera school was located, which 11 of the 18 World War I servicemen from the Belconnen region attended.

One of the stories told on the day was about John Webb, known as Jack, who was born and raised in Weetangera. Branded as a larrikin, Jack was a barman at the Royal Hotel in Queanbeyan and played rugby for the Red and Blacks of Queanbeyan. In January 1916 Jack enlisted and served with the 55th Battalion, 14th Brigade of the 5th Division. Jack was known as a “snowie”, a man who enlisted after joining the men from the Snowy River march from Delegate to Goulburn, which passed through Queanbeyan.

On 2 April 1917 John Webb was killed by machine gun fire after an attack on the village of Doignies in France. In this Anzac centenary year it is important that we are able to remember all those who fought and died for our values and freedoms, particularly those who lived in our region. This is why plaques such as these are so valuable and why they are an important community resource.

It was an honour to attend the plaque dedication, and I thank all those who were involved in the ceremony. In particular, I note the work of the Belconnen sub-branch president, Air Vice Marshal Mac Weller, RAAF (Ret'd); the secretary of the branch, Mr Dennis Wilkes; and the treasurer of the branch, Mr Doug Brown. I know that Mr Bill Hyland also served as the project manager for the plaque dedication. He did a wonderful job, and I congratulated him on the day.

I also pay special tribute to the staff and students at Weetangera Primary School, who hosted the event and were also involved in giving a very warm and welcoming reception to all the attendees. Also deserving of thanks is Mr Peter Eveille, who provided the ode on the day, as well as Mrs Catherine Savage, who did a wonderful job playing the bugle. As I have just said, students from Weetangera Primary School were in attendance and laid wreaths on the day. I know that the sub-branch is very grateful for the assistance of Mr James Barrett, the principal of Weetangera Primary School, who kindly accommodated the plaque dedication ceremony inside the school when rain prevented the dedication occurring outside.

I again thank the Belconnen RSL sub-branch for the plaque dedication and all they do supporting veterans in our community. I encourage all members to take the time to visit the plaque. For more information on the Belconnen RSL sub-branch, I encourage members to get in touch with the sub-branch at www.actrsl.org.au/sub-branch.htm.

Mulligans Flat woodland sanctuary

MS LAWDER (Brindabella) (4.23): I would like to talk this afternoon about a tour I went on recently of Mulligans Flat woodlands where I went to see the bettongs. The bettong is a small marsupial which had been virtually extinct on mainland Australia. On 11 September I went with a group of people on a guided twilight walking tour of Mulligans Flat, which is open to community members. You can book on the website if you would like to have a look firsthand at the bettongs. It takes about two hours for a guided tour where you spotlight for native animals and try and catch a glimpse of them. There are bettongs and also nocturnal animals in their natural habitat.

The bettong was one of the first 10 mammals under the federal threatened species strategy that the federal Minister for the Environment, Mr Greg Hunt MP, identified for priority action to win the battle against extinction. The eastern bettong is a woodland-dwelling rabbit sized kangaroo. A unique characteristic of the bettong is its ability to carry its nesting materials using its tail. Bettongs build densely woven nests from dry grasses and bark under fallen timber or among small bushes and tussocks. By night they roam widely in search of food, such as native truffles and other tubers. Unfortunately, foxes, land clearing, livestock grazing and the introduction of rabbits drove them almost to extinction and until recently they were only found in Tasmania.

In 2011, 23 bettongs were brought to the Tidbinbilla nature reserve to begin a captive breeding program. The first of the Tidbinbilla bettongs were released into the Mulligans Flat reserve in autumn 2012. The breeding appears to be going quite well and the numbers are increasing. The fencing around Mulligans Flat reserve keeps out predators and regular monitoring of the colony takes place with the ANU and a group of committed volunteers and friends.

Gregory Andrews, who was appointed the federal Threatened Species Commissioner, has outlined that the bettong is one of the mammals that are the focus of the national threatened species strategy action plan 2015-16, with 20 mammals in total for the 2020 plan. The Capital Woodland and Wetlands Conservation Trust was established to ensure the Mulligans Flat woodland sanctuary and the Jerrabomberra wetlands

nature reserve are sustainably managed to provide rich and diverse environments for current and future generations. If you visit Mulligans Flat you will see the work they are doing there.

I thank Alison Russel-French, the chair of the trust. I also take this opportunity to thank Jason Cummings, Kate Grarock and David Shorthouse of the Capital Woodland and Wetlands Conservation Trust for taking the time to take this group through a twilight tour of the reserve and provide their comprehensive knowledge to us. What it has done for the people that took in that tour, especially the children, is really instil in them knowledge about threatened species and the way in which we can help endangered animals. The children were really excited to see not just the bettongs but also sugar gliders, possums, kangaroos and wallabies and lizards. They listened to the frogs and tried to distinguish the various types of frogs that they could hear. For the children it was a really exciting time. I think it will make them really good advocates for the environment into the future.

Prostate Cancer Support Group

MRS DUNNE (Ginninderra) (4.27): Yesterday evening, as part of the Speaker's program of receptions for Canberra's community organisations, I hosted a function for the Prostate Cancer Support Group—ACT Region. This organisation has an important role in supporting men with prostate cancer and their partners. It is also active in promoting awareness of prostate cancer in the community. Each year 20,000 men in Australia are diagnosed with prostate cancer and 3,300 of them die from it. Prostate cancer usually develops without immediately noticeable symptoms. The good news is that in many cases treatment of prostate cancer can result in long-term remission or cure, especially if detected early.

Early detection is helped if men have regular prostate checks, which is a simple procedure conducted by their local GP. However, this procedure is often feared by men, either because of its invasive nature or because the results may not be what they had hoped. But as the Prime Minister, Mr Turnbull, has recently said, men should "man up" and not put off the terrifying snap of rubber gloves—I think most women are all too familiar with that sound and got over it long ago.

Even if symptoms of prostate cancer are detected later, there are treatments which can control its advance to more serious conditions. When a man is diagnosed with prostate cancer, it normally comes as a shock to him and his family, and this is where the Prostate Cancer Support Group comes in. It holds informal meetings on the third Wednesday of each month with a guest speaker and plenty of people who can offer support. After the meetings, members can talk over a cup of tea or coffee and a slice of cake.

I thank Graham Erickson and his wife Robyn, Aiden Moore, Juris Jakoviks, Roger Allnut, Geoff Dorward, Peter Donellan, Mark Jardine and David Le Porte for attending the event last night. I particularly want to thank the Assembly's education officer, Neal Baudinette, who welcomed the group and hosted them on a tour of the building, including a short time in the chamber, during which I had the pleasure of formally acknowledging the group in the Assembly. I also thank the members who attended: Mr Hanson, Mr Coe, Ms Lawder, Mr Wall and Mr Gentleman. Holding this

event at the end of private members' day seemed to have been very successful. It gave our guests an opportunity to see the Assembly in action and also to meet a number of members, perhaps more than would otherwise be possible at other times.

The feedback I get from visitors to the Assembly for these occasions is excellent. Many say that they have never visited the Assembly before and are surprised by its facilities, its interesting artworks and its pleasant amenity. They especially enjoy the opportunity to talk with members in an informal setting. I intend to host such receptions in future and will look to do so on evenings of private members' day in sitting periods. I will encourage members to put these in their diaries as standard engagements, and I will continue to communicate with members about upcoming events where we host members of the community in the Legislative Assembly. I encourage members to take the opportunity to meet informally with their constituents in a very pleasant environment.

Gungahlin—town centre

MS FITZHARRIS (Molonglo) (4.30): I rise to give the Assembly an update on progress so far with my survey on Hibberson Street in the Gungahlin town centre. One month ago I launched a survey to see what people think of Hibberson Street, and whether it should be closed to traffic or changed in some way. Hibberson Street is the heart of Gungahlin village. It is the centre for shopping events and a place to meet friends, grab a coffee and have something to eat. Gungahlin will continue to grow by thousands of people each year and we need to ensure that the town centre remains vibrant and welcoming.

So far more than 600 people have filled in the survey to have their say on the future of Hibberson Street and what the ACT government can do to make the Gungahlin town centre more vibrant. So far 75 per cent of respondents believe Hibberson Street should be permanently closed to traffic, or at least be a place that puts pedestrians first. Half of the respondents said they would be more likely to head into Gungahlin town centre if Hibberson Street was closed to traffic. When given a choice about what should happen on Hibberson Street more specifically, 50 per cent of people said the best solution would be to permanently close it to traffic. Turning the street into a shared zone similar to that in Bunda Street in Civic was the second-most popular option. Three-quarters of people do not believe there will be any adverse impact on local shops if the road is closed to cars.

I was also pleased to read some of the comments from respondents. For example, Jake from Forde said, "This is a great idea. It would be great for business because it might actually be nice to sit in the cafes without having to breathe car exhaust." Pat from Bonner pointed out that one issue might be that cars can provide passive surveillance, making the centre feel safer, particularly at night. There were many views in between.

Respondents also expressed a number of issues to take into account, and I will certainly continue to talk with the community and with local business about the future of Hibberson Street. The feedback has been great and shows that we have a very engaged community who love to have their say on local issues. It also highlights to me that Gungahlin residents want a main street which is vibrant and a reason for people to travel into the town centre.

There will be a lot of development going on in the town centre over the next few months and years. A new Bunnings nearby, apartments, cinema and restaurants are soon to pop up. Light rail will also significantly change the town centre in a positive way. So, I am glad so many Gungahlin residents are taking an interest in the future of our region. If anyone is having trouble imagining what closing the street could look like, Hibberson Street between Gozzard Street and Gungahlin Place West will be closed temporarily from 13 October to 8 December to allow for the construction of an underground car park at the Marketplace. This will be a chance to road test the closure and see what impact it has on access and the atmosphere of the town centre.

Madam Assistant Speaker, the survey is still open and I urge everyone, including those in the Assembly and with an interest in Gungahlin, to fill it out.

National skipping championships

MR RATTENBURY (Molonglo) (4.33): I rise today to speak about the National skipping championships which were held at the Australian Institute of Sport between Saturday 19 and Monday 21 September, attracting 245 skippers from around the country.

Australia is one of 40 countries who actively participate in the sport of rope skipping, and Skipping Australia is the national body representing skippers in one of the country's newest and burgeoning sports. Competitive skipping events include speed and freestyle events for individuals, pairs and teams; speed; as well as the double dutch events, where two ropes are used. It is a sport that combines a number of skills, with strength and endurance needed for speed events, and flexibility and rhythm for freestyle events. Canberra's own Jazzy Jumpers Skipping Club co-hosted the competition with Skipping Australia and brought 45 local competitors to the event.

Jazzy Jumpers is an Amaroo-based club and is led by two coaches, Nicole Brown and Lisa Buchanan—Nicole being a multiple former world skipping champion. Jazzy Jumpers competes regularly in state and national titles and has also sent teams to the Amateur Athletics Union, Junior Olympics USA, and world youth tournaments. They also perform at local events such as the Australia Day celebrations, school fetes, Heart Foundation events and Raiders games.

The competitors competed in a number of events over the weekend showcasing different skipping skills such as speed—how fast you can skip in a specified time; freestyle, where routines are choreographed to music; and double dutch, where two ropes are spun for both speed and freestyle events. All of these events are undertaken by individuals and teams of four or two.

By all accounts, it was a great weekend with well in excess of 1,500 spectators for the three days. The level of competition was high and the results were close with many age divisions having only a small percentage of a point differentiating between first and third places. The Canberra Jazzy Jumpers had a successful meet with some competitors taking out their overall age division and some individuals and teams qualifying for the world championships next year in Sweden.

I mention a few of our local athletes who have been successful. World individual qualifiers included Kira Muir, 15-plus age group; and Carl Bradbury, Gemma Steele, Hannah Bucklar and Kayley Simpson were all successful. Team world qualifiers were Hannah Bucklar, Kayley Simpson, Hayley Turner and Ella Winstanley. The overall age winners from the ACT were: Lucy Ovington in the under-7 age group and Kayley Simpson in the 13 years age group. Kira Muir won 15-plus and Ashleigh Rankin and Ella Cools were the 11 to 13-year-old pairs champions.

Jazzy Jumpers also entered a team in the group routine category in which a group of 10 skippers showcase a routine encompassing all skills choreographed to upbeat music. The routine goes for five to seven minutes and is one of the most highly anticipated events of the competition for the fun and light-hearted nature it brings. Jazzy Jumpers earned a silver medal for their performance this year.

I thank Belinda Winstanley from the Jazzy Jumpers for inviting me to attend the event, which, unfortunately, I was not able to attend, and for the opportunity to learn more about the sport. I think what this highlights is—this is something I am very keen on as the Minister for Sport and Recreation—that there are so many possible activities out there to get involved in. Sport does not need to be all about being in an elite pathway or being in one of the recognised sports; there are many sport and recreation activities for members of the community to be involved in. The sport of rope jumping is probably one that not many people know about as an active sport; they think of it as something that they do at the gym as a bit of a warm-up activity. But it highlights that we are lucky enough to live in a city where there are a range of activities to get involved in.

I encourage members of the community, no matter their age or their apparent sporting ability, to get out there and give things a go. Try some new things. Maybe rope jumping is the sport for you. If not, I would still encourage people to get out there and give something else a go.

Diamantina Scouts hall Rotary Club of Belconnen

DR BOURKE (Ginninderra) (4.38): I rise tonight to tell the uplifting story of Kaleen's Diamantina Scouts and the Rotary Club of Belconnen. Scouting in Canberra is very strong and diverse, giving our youth the chance to grow through new challenges, new friends, taking responsibility for themselves and exploring their own abilities and interests. Like many Canberra parents, I had the pleasure of having a young scout in the family and of serving as a volunteer office-holder. Last week I attended the official opening of the new Diamantina Scout hall in Kaleen. On that beautiful spring day it was festive and spirits were high. Yet five years ago vandals burnt down the old Diamantina hall, destroying it—and much of the troop's memorabilia was also destroyed. Dispiriting as it was, to make matters worse, asbestos in the old ex-RAAF hut meant the costs of demolition and rebuild were more than the insurance covered.

However, scouts are resilient. Thanks to the Diamantina's own fundraising efforts and donations from Scouts ACT, the community, businesses and the Rotary Club of Belconnen, they have finally been able to complete a fantastic new purpose-built hall. I should also add that Kaleen high generously provided an interim space for the Diamantina's gatherings.

The president of the Scout Association of Australia ACT Branch recently wrote to me to say how grateful they are for the support provided by the Rotary Club of Belconnen. It was the Rotary Club of Belconnen's donation of \$25,000 that enabled the rebuilding of the Diamantina Scout hall to begin. I, too, am a great fan of the works that Rotary does in our community. The Rotary Club of Belconnen has been serving the community since 1971, caring for the aged, youth and those in need. Members come from many different vocations and share an interest in community projects.

Their book, *Rotary International: the first forty years—a history of the Rotary Club of Belconnen ACT Incorporated*, details many of their achievements. The club's major source of fundraising has been the Sunday trash and treasure markets at Jamison car park since 1974. On their first day there were 26 stalls selling a range of goods from second-hand clothes and pottery to sheep manure. It was the brainchild of the club's president, Ron Morrison. Ten years later he told the *Canberra Times* of that first Sunday, 'It had been a rainy day, highlighted by the young girl who fell into a pile of sheep manure' and according to the club bulletin it "was a howling success".

There were 2,000 people that first day. Now the market averages 4,000 and continues to be an important part of the social fabric of Belconnen. To date the market has raised around \$5 million. The club was instrumental in promoting the need for a skateboard park in Belconnen in the late 1980s and funding it. There was no skate park then on the north side and the south side skate park was considered too crowded and too far away. Some bus drivers were reluctant to allow skateboards on their buses. A 1989 *Canberra Times* article says a group of skaters alleged that a bus driver deliberately ran over a \$300 board and told them that if they ever caught his bus with those things again "he'd make sure he ran over all of them".

In 1990 the first Belconnen skate park on Emu Bank was born and a sign was erected to recognise the Rotary Club of Belconnen's involvement. In 2011, after an upgrade, the park re-opened retaining the infamous 10-foot iconic keyhole bowl. It is the largest and best skate park in Australia. Unfortunately the original sign was lost and I was recently involved in supporting the club's call for a new sign to recognise their past role. I am pleased to say that the ACT government has recently agreed to meet the costs of a new sign.

Scouting and Rotary are at the very heart of what is good about our community in Canberra. I look forward to our continued involvement and hearing more about their future projects and accomplishments.

Question resolved in the affirmative.

The Assembly adjourned at 4.43pm until Tuesday, 27 October 2015, at 10 am.

Schedule of amendments

Schedule 1

Mental Health Bill 2015

Amendments moved by the Minister for Health

1

Clause 2

Page 2, line 4—

substitute

2

Commencement

- (1) This Act (other than schedule 2, part 2.1A) commences immediately after the commencement of the *Mental Health (Treatment and Care) Amendment Act 2014*, section 3.

Note The naming and commencement provisions automatically commence on the notification day (see Legislation Act, s 75 (1)).

- (2) Schedule 2, part 2.1A commences on the day after this Act's notification day.

2

Clause 39 (1) (f), proposed new examples

Page 8, line 26—

insert

Examples—par (f)

- 1 the person was subject to threats of violence from another person
- 2 a package of white powder fell out of the person's pocket
- 3 the person was in an agitated state and hit their head against the side of the transport vehicle

Note An example is part of the Act, is not exhaustive and may extend, but does not limit, the meaning of the provision in which it appears (see Legislation Act, s 126 and s 132).

3

Clause 41A (2), proposed new note

Page 9, line 26—

insert

Note If a form is approved under s 146A for this provision, the form must be used.

4

Proposed new clause 61 (1A)

Page 30, line 19—

insert

- (1A) The doctor must be a psychiatrist.

5

Proposed new clause 61 (2) (aa)

Page 30, line 21—

insert

- (aa) if the consent is in an advance consent direction—a copy of the advance consent direction; or

6

Proposed new clause 62 (2A)**Page 32, line 5—***insert*

(2A) The committee must—

- (a) ensure that the people told of the application under subsection (2) (a) are given an opportunity to make an oral or written submission to the committee; and
- (b) consider any submissions received.

7

Clause 65 (1)**Page 33, line 6—***omit clause 65 (1), substitute*

- (1) This section applies if a psychiatrist proposes to perform psychiatric surgery on a person but the person does not have decision-making capacity to consent or an advance consent direction consenting to the surgery.
- (1A) The psychiatrist may apply to the Supreme Court for an order consenting to the performance of psychiatric surgery on the person.

Note The order is needed for an application for the chief psychiatrist's approval for performance of the surgery (see s 61 (2) (b)).

8

Clause 65 (2)**Page 33, line 8—***after*

if satisfied

insert

on reasonable grounds

9

Clause 65 (2) (b)**Page 33, line 10—***omit clause 65 (2) (b), substitute*

- (b) the person—
 - (i) does not have decision-making capacity to consent to the surgery; and
 - (ii) does not have an advance consent direction consenting to the surgery; and
 - (iii) has not refused to consent to the surgery (in an advance consent direction or otherwise); and

10

Clause 66 (2)**Page 33, line 26—***omit*

, either orally or in writing,

substitute

, orally or in writing or by indicating in any other way,

11

Schedule 2, division 2.1.1

Proposed new amendment 2.2A

Page 87, line 10—

*insert***[2.2A] Section 27 (3)***after*

therapy

insert

or psychiatric surgery

12

Schedule 2, division 2.1.1

Proposed new amendment 2.3A

Page 88, line 6—

*insert***[2.3A] New section 27 (4A)***insert*

(4A) An advance consent direction that includes advance consent for psychiatric surgery must be—

- (a) in writing; and
- (b) signed by the person in the presence of 2 witnesses who are not treating health professionals for the person, and by each witness in the presence of the other witness and the person; and
- (c) signed by the representative of the person's treating team in the presence of 2 witnesses who are not treating health professionals for the person, and by each witness in the presence of the other witness and the representative.

Note If a form is approved under s 146A for this provision, the form must be used.

13

Schedule 2, division 2.1.1

Proposed new amendment 2.22A

Page 92, line 24—

*insert***[2.22A] Section 48ZJ (3)***omit*

psychiatric

14

Schedule 2, division 2.1.1

Proposed new amendment 2.23A

Page 93, line 5—

*insert***[2.23A] Section 48ZM (4)***omit*

chief psychiatrist

substitute

care coordinator

15

Schedule 2, division 2.1.1

Proposed new amendment 2.24A

Page 93, line 8—

*insert***[2.24A] Section 48ZN (5)***omit*

chief psychiatrist

substitute

care coordinator

16

Schedule 2, proposed new part 2.1A

Page 99, line 12—

*insert***Part 2.1A****Mental Health (Treatment and
Care) Amendment Act 2014****[2.48A] Section 2***substitute***2****Commencement**

This Act commences on 1 March 2016.

Note The naming and commencement provisions automatically commence on the notification day (see Legislation Act, s 75 (1)).

17

Dictionary, definition of *psychiatrist*

Page 120, line 3—

*omit the definition, substitute****psychiatrist*** means a doctor who—

- (a) is registered under the *Health Practitioner Regulation National Law (ACT)* to practise in the specialty of psychiatry; or
 - (b) holds limited registration under that Law to practise in the specialty of psychiatry.
-

Answers to questions

Municipal services—waste collections (Question No 448)

Mr Coe asked the Minister for Territory and Municipal Services, upon notice, on 4 August 2015:

- (1) How many free bulky waste collections have been undertaken each year since the commencement of the trial service in April 2011.
- (2) How many bulky waste collections have been undertaken each year since April 2011 and what revenue has been received by the ACT Government for these.
- (3) What is the total expenditure of ACT Government funds on the service each year.
- (4) What is the average length of time between booking the service and actual pick up.

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

- (1) The number of free bulky waste collections undertaken each year since April 2011 is as follows:

2010-11:	385 services April – June
2011-12:	2,103 services
2012-13:	2,599 services
2013-14:	3,375 services
2014-15:	3,363 services

- (2) In addition to the 11,825 free bulky waste collections since April 2011, a further 12 collections were made from, and paid for by, residents not entitled to a free collection.

The Territory has not received any revenue as a result of the services provided by the bulky waste contractor.

- (3) Total expenditure on the service is as follows:

Budget Allocation (\$,000)	2010-11	2011-12	2012-13	2013-14	2014-15
Initial Funding 2010-11	400	600	0		
Rollover of unspent funding	(245)	245	0		
Rollover of unspent funding	0	(630)	630		
Rollover of unspent funding	0	0	(180)	180	
New budget funding 2013-14	0	0	0	235	
New budget funding 2014-15					400
Bulky Waste Trial Expenditure	155	215	450	415	399

- (4) The average time between booking the service and pick up is between one and two weeks.

Municipal services—waste collections (Question No 450)

Mr Coe asked the Minister for Territory and Municipal Services, upon notice, on 4 August 2015:

- (1) What was the 2014-2015 annual cost of collection for residential recycling bins and what is this cost of collection per household.
- (2) What was the 2014-2015 annual cost of collection for residential garbage bins and what is this cost of collection per household.
- (3) How many households in the ACT receive weekly and fortnightly waste collection.
- (4) In 2014-2015 (a) how many applications were received to upgrade to a 240 litre garbage bin, (b) how many of these applications were approved and (c) what was the total cost of these upgrades.
- (5) In 2014-2015 how many applications were received for a new set of bins for a new house.
- (6) In 2014-2015 how many lost or stolen 240 litre recycling bins were replaced and what was the total cost of these replacements.
- (7) In 2014-2015 how many lost or stolen 140 litre garbage bins were replaced and what was the total cost of these replacements.

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

Note: in relation to Questions (1) to (3) single unit development data only has been provided.

(1)	2014-2015 cost – residential recycling bins collection:	\$3,402,804
	- per residential house:	Approx \$26
(2)	2014-2015 cost – residential garbage bins collection:	\$6,387,404
	- per residential house:	Approx \$49
(3)	Households receiving weekly waste and recycling collection at June 2015	128,653
(4)	Upgrades to 240 litre garbage bins in 2014-2015:	
	i. requests received for an upgrade;	99
	ii. requests approved; and	99
	iii. total cost	\$4,682
(5)	2014-2015 – applications received for new sets of bins for new houses. This includes additional service applications	2,257
(6)	2014-2015 – lost or stolen 240 litre recycling bins:	
	i. replaced	698
	ii. total cost of replacements (purchase and delivery)	\$33,015

- | | | |
|-----|--|----------|
| (7) | 2014-2015 – lost or stolen 140 litre garbage bins: | |
| i. | replaced | 1,326 |
| ii. | total cost of replacements (purchase and delivery) | \$59,802 |

Schools—assaults
(Question No 461)

Mr Doszpot asked the Minister for Education and Training, upon notice, on 5 August 2015:

- (1) How many public school teachers and school assistants, by gender and school, have recorded incidents of being assaulted in the course of their employment for each of the years (a) 2012, (b) 2013, (c) 2014, and (d) 2015 to date.
- (2) How many of these assaults were made known through the (a) Accident Incident Reports recording system, (b) Riskman recording system and (c) MAZE recording system.
- (3) How many of these assaults were reported to the police.
- (4) What remedial actions were taken in each instance by the Education and Training Directorate to investigate, address and mitigate the repetition of these assaults.
- (5) How many public schools are not recording assaults on teachers and school assistants.

Ms Burch: The answer to the member's question is as follows:

- (1) The records of being assaulted by a person or persons, predominantly relate to students hitting teachers and school assistants. The definition of "assault" is when contact is deemed to be intentional.
 - 'Teachers' – refers to teachers and school leaders
 - 'Admin' – refers to administrative staff and school assistants

The detailed analysis by teacher and school assistants, by gender and school network for each year is outlined below. School level data has not been provided as the low number of incidents at individual schools will lead to identifying individuals.

Network	2012		2013		2014		2015	
	Female	Male	Female	Male	Female	Male	Female	Male
Belconnen Network								
Teacher	20	-	23	7	19	-	20	-
Admin	10	-	11	6	27	-	16	-
Total	30	17	34	13	46	8	36	-
North/Gungahlin Network								
Teacher	48	7	57	-	53	-	27	-
Admin	37	6	47	-	53	-	23	-
Total	85	13	104	9	106	9	50	-

South/Weston Network								
Teacher	39	-	22	-	36	5	34	-
Admin	20	-	15	-	25	11	13	-
Total	59	11	37	10	61	16	47	9
Tuggeranong Network								
Teacher	34	-	43	-	63	5	20	-
Admin	21	-	32	-	47	7	7	-
Total	55	5	75	6	110	12	27	-
Total	229	46	250	38	323	45	160	16
Percentage of incidents compared to number of employees	4%	0.8%	4.3%	0.7%	5.4%	0.7%	2.7%	0.3%

Instances where numbers are less than 5 have been excluded and replaced with '-'. At least individuals be identified
Average headcount per year used:- 2012: 5699; 2013: 5747; 2014: 5923; 2015: 5921

- (2) The number of incidents recorded in AIR system and RiskMan system are unknown as the historical data was consolidated and migrated into RiskMan.
- (a) AIR was used prior to 4 May 2015
 - (b) RiskMan has been used from 4 May 2015
 - (c) Maze is not used for the purpose of recording staff accidents and incidents
- (3) Whilst reporting on Police involvement is not mandatory when completing an accident/incident report for work health and safety purposes, data retrieved notes that nine incident reports (out of 1294) within the table below included the word 'Police'. This is less than 0.7% of incidents reported to Police.

The following table displays records from the RiskMan incident reporting system where an injury was reported at school level that resulted out of a violent act.

	2012	2013	2014	2015	TOTAL
Incidents involving assault/physical violence	309	306	391	257	1263
Incidents involving verbal assault	15	8	6	2	31
All incidents involving physical/verbal violence	324	314	397	259	1294
Percentage of incidents compared to number of employees	5.7%	5.5%	6.7%	4.4%	

Notifiable incidents are required to be reported immediately to WorkSafe ACT and followed up within 48 hours by a written report.

Supervisors are required to immediately report and isolate the scene until advice is received from WorkSafe ACT regarding investigation. Supervisor's follow up on the health and wellbeing of staff/students and investigate all other accident/incidents to ensure staff safety and minimise the risk of any re-occurrence.

The Directorate's injury management team provide advice to employees which can include recommendations to seek psychological support through Mental Health Management Plans, by the employee's General Practitioner. There is also additional support from Chief Minister, Treasury & Economic Development Directorate (CMTEDD) and Employee Assistance Programs.

There are a number of supports in place that Central Office provides to ensure a healthy and safe workplace for all employees. These include:

- Team Teach, which is a targeted training program established in 1997. The training provides positive strategies (including physical restraint) to respond to and manage challenging behaviours. The strategies aim to minimise risk and reduce restraint
- referrals to Employee Assistance Programs
- injury management advice and support in conjunction with CMTEDD
- injury management follow up with injured employees
- Student Wellbeing branch implement management plans to assist schools with student behaviour
- health and safety advice- behaviour response, risk assessments, follow up and review
- communicating and consulting through employee committees and networks, to raise awareness of types of injuries occurring as well as how to reduce or avoid injuries
- encourage timely reporting with reminders to all employees and through regular committee and network meetings.

- (4) The Education and Training Directorate meets its obligations, as set out in the *Work Health and Safety Act 2011*, to protect all persons from risk to their health and safety in the workplace. This obligation is carried out by the provision of information, training, instruction and supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out as part of the conduct of the business or undertaking.

Frameworks, policies and procedures, specifically relating to student behaviour including the *National Safe Schools Framework* and Directorate *Providing Safe Schools P-12 policy* have supported the continued efforts to meet the Directorate's obligations under the WHS Act.

The Education and Training Directorate have developed systems and processes to support the needs of employees and students in responding to incidents relating to assault by a person or persons.

Regular incident data is reported to Director's on a monthly basis. This reporting shows trends of injuries and allows the Directorate to provide appropriate strategies to respond and reduce.

Some of these include:

- Network Student Engagement Team (NSET) – an early support mechanism to case manage behavioural support to students while supporting the school to manage the student by:
 - developing behaviour management plans
 - conducting risk assessments
 - providing training for staff, e.g.: TeamTeach (training to manage agitated/aggressive students)
 - working with the family and/or student to address underlying issues
 - going into the class to model strategies
 - making referral to external agencies (to address family issues)
 - developing flexible learning options to address student engagement

- Health, Safety and Wellbeing section have implemented a Work, Health and Safety Risk Register. A component of this addresses student behaviour. Schools use this Risk Register to identify and mitigate risks at their site.
- Schools review assaults by:
 - collecting statements from observers and the participants
 - leaders reviewing information and developing plans to address the difficulties
 - providing support to those affected by the assault.

(5) It is expected that every incident is reported.

Municipal services—playgrounds (Question No 472)

Mrs Jones asked the Minister for Territory and Municipal Services, upon notice, on 6 August 2015:

- (1) Which playgrounds in the ACT are scheduled for upgrades and when are these upgrades due to be completed.
- (2) What features of the playgrounds will be upgraded and what is the budget for each of these upgrades.
- (3) Are any playgrounds scheduled to be closed; if so, what is the location of these playgrounds.

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

- (1) The playground upgrades scheduled for 2015-16 are:
 - Point Hut Pond District Park in Gordon;
 - Minor upgrades to components at multiple playgrounds listed in the tabled below, and
 - Pat Rubly Park in Cook.

Work on these projects is expected to be completed this financial year.

Minor Component Upgrades – Playground List			
Belconnen		Inner North	
Belconnen	Western Foreshores District Park	Ainslie	Agnew Street
	John Knight Memorial Park		Rutherford Crescent
	Diddams Close	Campbell	White Crescent
	Pigdon Place	Downer	Tardent Street
	Totterdell Street		Fenton Street

Bruce	Mugglestone Place	Hackett	Bragg Street
	Mackellar Crescent	Lyneham	Von Guerard Crescent
Dunlop	Archdall Street		Cossington Smith Crescent
Evatt	Jacobs Street		De Burgh Street
Florey	Kesteven Street	Reid	Geerilong Gardens
	Hewlett Circuit	Turner	Condamine Street
	Boswell Crescent	Watson	Simpson Street
	Tattersall Crescent	Gungahlin	
Flynn	Blackwell Circuit	Bonner	Pearl Gibbs Circuit
Giralang	Rigel Place	Casey	John Crawford Crescent
Kaleen	Darby Street	Gungahlin	Adlard Place
Latham	Florey Drive	Ngunnawal	Bargang Crescent
	Macrossan Crescent	Nicholls	Metcalf Street
Macquarie	Allman Circuit	Palmerston	Bimberi Crescent
	Erskine Street		Spec Place
Melba	Flower Place		Weddin Circuit
Scullin	Duigan Street		
Inner South		Woden Weston	
Deakin	Bedford Street	Chapman	Perry Drive
	Hannah Place	Curtin	Macalister Crescent
Griffith	Wells Gardens		Farnell Place
	Flinders Way	Hughes	McNicoll Street
	Light Street	Lyons	Tooms Place
	Stokes Street	O'Malley	Culgoa Circuit
	Throsby Lance	Phillip	Mansfield Place
Narrabundah	Carnegie Crescent	Stirling	Bunbury Street
	Sprent Street	Torrens	Horrocks Street
Red Hill	Golden Grove	Waramanga	Yanda Street
	Astrolabe Street	Weston	Dillon Close
Yarralumla	Weston Park		
Tuggeranong			
Banks	Menzies Court	Isabella Plains	Findon Place
	Pockett Avenue		Keverston Circuit

Bonython	Marquet Retreat		Yabtree Place
	Hussey Cove	Kambah	Kambah District Park
Calwell	Samuel Close		Allchin Circuit
	Were Street		Attiwell Circuit
	Casey Crescent		Brimage Place
Chisholm	Meeson Street		Coghill Close
	Alston Street		Rounsevell Street
	Dalyell Street	Macarthur	Merriman Street
	Kirkcaldie Circuit	Monash	Cockcroft Avenue
	Proctor Street		Clive Steele Avenue
Conder	Cremone Place		Victor Place
	Dixson Crescent		William Hudson Crescent
Fadden	McPhail Place	Oxley	Cuthbertson Street
	Bertram Street	Richardson	Vidal Place
Gordon	Point Hut Pond District Park		Chauncy Crescent
	Evan Place		Clift Crescent
	Knoke Place	Theodore	Louis Loder Street
Gowrie	Weathers Place		Lawrence Wackett Crescent
Greenway	Anketell Street		Scantlebury Crescent
	Florence Taylor Street		Dyett Circuit
		Wanniassa	Bussau Close

(2) Features of the playgrounds to be upgraded are:

- Point Hut District Park - replacement of the double flying fox with a new piece of play equipment. The actual features of the new equipment are subject to community consultation which is underway. The budget allocation for the replacement is \$300 000;
- Minor Component Upgrades – bark softfall top ups, removing rigid bars on scramble nets, increasing fall zones, replacing swing chains and hammerlock shackles, addressing gaps in handrails, replacing of bolts and edging. The budget allocation for these works is \$200,000;
- Pat Rubly Park – works will extend the playground site to accommodate a new swing. It is estimated that the cost of the swing will range from \$7,500 to \$10,000 for which the local community are raising funds. To date the community have raised over \$5,000 for the swing. The cost for the extension works is estimated will be \$15,000 to \$20,000.

(3) Currently no playgrounds are scheduled to be closed.

**Office for Women—staff
(Question No 480)**

Mrs Jones asked the Minister for Women, upon notice, on 6 August 2015:

- (1) How many Full Time Equivalent (FTE) staff have worked in the Office for Women each year for the last five years.
- (2) What has been the staffing cost for each year (a) over the past 5 years and (b) in the forward estimates.

Ms Berry: The answer to the member's question is as follows:

- (1) As detailed in **Attachment A**, the Community Participation Group operates as one combined team. In 2015-16 there is a total budgeted FTE of 44 staff covered by the Output Class and this number is budgeted for in the forward estimates.
- (2)
 - a) The table in **Attachment A** shows an indicative allocation for the Office for Women that is a notional total of the amounts covered under their program area within the broader Community Participation Group. It includes predominantly salaries and wages, some grants and a small amount of administration expenditure.
 - b) Changes in staffing levels will reflect, in part the changes in content and function of the Group with an example of this change provided in **Attachment A** regarding community facilities and the impact on the Group budget.

Attachment A

COMMUNITY PARTICIPATION: OUTPUT CLASS 3

The Community Participation Group brings together a number of functions under one umbrella. The Group includes the functions Community Recovery, Youth Engagement, Office for Ageing, Office for Women and the Office for Multicultural Affairs. Within the same Output 3.1 is the Office for Aboriginal and Torres Strait Islander Affairs, the Community Development Grant Scheme and previously Community Facilities.

The Community Participation Group has changed over the last few years based on organisational needs, but has also aligned with a general theme of optimising community participation and community engagement. As outlined during the Estimates Hearings the resources are largely pooled and this is found to be an effective use of resources given that the policy work and engagement activities can be episodic.

For this reason the figures provided for the Community Participation subunits are notional because staff in each area of the Community Participation Group work across other program areas on an as needs basis. Therefore these numbers are difficult to compare across the years.

For example the most significant movement in resourcing over the last few years has been the transfer of community facilities properties to CMTEDD and the movement of the community recovery function into the Community Participation Output Class. Greater detail regarding activities of this Output Class is provided in the CSD Annual Report.

Output 3.1 Community Participation	2013-14 \$m	2014-15 \$m	2015-16 \$m	Comments
Community Development	10.13	11.60	12.10	Community Development Grants \$10.52m Community Sector Reform \$0.48m Better Services Framework \$1.10m
Community Facilities	5.13	5.20	0.61	Transfer properties to CMTEDD
Community recovery			0.29	formerly part of Corporate
Youth Engagement			0.38	formerly part of Office for Children, Youth and Family Support
Office for Ageing	1.10	0.90	0.68	
Office for Women	1.40	1.10	1.20	
Office for Multicultural Affairs	3.31	4.20	3.81	
Office for ATSIA	2.40	2.20	2.45	*newly established unit
Overheads	0.11	0.11	0.11	
Community Participation	8.32	8.51	8.92	
Total	23.58	25.31	21.63	

Office for Women—appropriations (Question No 481)

Mrs Jones asked the Minister for Women, upon notice, on 6 August 2015:

- (1) What is the total budget for the Women's portfolio (a) for each year over the past 15 years and (b) for each year in the forward estimates.
- (2) What has been the total annual budget for the Office for Women each year for the last 5 years.
- (3) What is the funding source for appropriation for the Office of Women in the forward estimates.

Ms Berry: The answer to the member's question is as follows:

- (1) As outlined during the Estimates Hearing process, the budget for the Community Participation Group is not disaggregated as the emphasis is to get the team to work across the various policy and engagement areas to obtain greater effectiveness. Further detail is provided in **Attachment A**.

The advice of the Community Services Directorate is that the precise information sought is not in an easily retrievable form, and that to collect and assemble the information sought solely for the purpose of answering the question would be a major task, requiring a considerable diversion of resources.

However, reference can be made to prior years Hansard, Annual Reports and Budget Papers to gather some of the requested information.

- (2) Refer to **Attachment A** for notional breakdowns of the Office for Women within the Community Participation Group Budget for three years.
- (3) The funding for the Community Participation Output comes from Government Payments for Outputs via the budget and appropriation process.

Attachment A

COMMUNITY PARTICIPATION: OUTPUT CLASS 3

The Community Participation Group brings together a number of functions under one umbrella. The Group includes the functions Community Recovery, Youth Engagement, Office for Ageing, Office for Women and the Office for Multicultural Affairs. Within the same Output 3.1 is the Office for Aboriginal and Torres Strait Islander Affairs, the Community Development Grant Scheme and previously Community Facilities.

The Community Participation Group has changed over the last few years based on organisational needs, but has also aligned with a general theme of optimising community participation and community engagement. As outlined during the Estimates Hearings the resources are largely pooled and this is found to be an effective use of resources given that the policy work and engagement activities can be episodic.

For this reason the figures provided for the Community Participation subunits are notional because staff in each area of the Community Participation Group work across other program areas on an as needs basis. Therefore these numbers are difficult to compare across the years.

For example the most significant movement in resourcing over the last few years has been the transfer of community facilities properties to CMTEDD and the movement of the community recovery function into the Community Participation Output Class. Greater detail regarding activities of this Output Class is provided in the CSD Annual Report.

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Office for Multicultural Affairs	3.31	4.20	3.81	
Office for ATSIA	2.40	2.20	2.45	*newly established unit
Overheads	0.11	0.11	0.11	
Community Participation	8.32	8.51	8.92	
Total	23.58	25.31	21.63	

Health—mental health programs (Question No 484)

Mrs Jones asked the Minister for Health, upon notice, on 11 August 2015:

- (1) What is the total budget for the mental health portfolio (a) for each year over the past 15 years and (b) for each year in the forward estimates.
- (2) What mental health programs are run in the ACT and what is the cost of each program for each year over the forward estimates.

- (3) How many Full Time Equivalent (FTE) staff are projected to work in each mental health program each year over the forward estimates.

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

- (1) (a) Actual Mental Health expenses for the past 14 years and the budget for 2015-16 is at **Attachment A**.

(b) ACT Health does not budget at this level across the forward estimates.

- (2) ACT Health does not budget to program level across the forward estimates. A list of programs/services is provided at **Attachment B**, along with the 2015-16 budgeted expenses and FTE.

A number of Commonwealth funded mental health programs operate in the ACT. Funding information for these national programs is unable to be quantified by the ACT.

Funding level reductions to some of the community sector organisations are attributable to programs transitioning to the National Disability Insurance Scheme (NDIS). These ACT Government funds for mental health consumers with a psychosocial disability remain available to these people through the new mechanism of the NDIS.

- (3) Refer to **Attachment B**.

Attachment A

Mental Health Expenses

	\$
2001-02	27,435,000
2002-03	34,704,000
2003-04	40,555,000
2004-05	45,593,700
2005-06	48,570,700
2006-07	52,661,100
2007-08	60,362,000
2008-09	71,532,800
2009-10	76,032,200
2010-11	82,611,100
2011-12	97,244,309
2012-13	103,718,397
2013-14	112,869,952
2014-15	121,843,987
2015-16	133,332,170

Note: these expenses include both direct mental health expenses and overheads. Overheads include infrastructure costs, Office of the Director-General, information technology, human resources and finance activities.

Attachment B

Mental Health Programs/Services

	2015-16	
	\$	FTE
Canberra Hospital & Health Services		
Provision of medical treatment and care and support within the mental health programs across the Division.	14,460,210	69.9
Executive and program management that provide leadership of the mental health programs across the Division.	7,501,013	13.0
Adult Mental Health Services, including:	20,751,959	183.7
· The Mental Health Assessment Unit		
· Adult Mental Health Unit		
· Adult Community Mental Health teams		
ACT Wide Mental Health Services, including:	17,102,620	138.3
· The Crisis Assessment and Treatment Team (CATT)		
· Older Persons Mental Health Community team		
· Brian Hennessy Rehabilitation Centre		
· Mental Health Service for People with Intellectual Disabilities		
Child and Adolescent Mental Health Services, including:	6,539,157	55.6
· The Perinateal Mental Health Team		
· Eating Disorder Program		
· The Early Intervention Team		
· The Cottage		
· CAMHS Community Teams		
Justice Health Services, including:	3,699,644	28.8
· Forensic Mental Health Services		
Clinical leadership for the nursing staff within the mental health programs across the division.	1,062,622	6.9
Calvary Public Hospital		
Ward 2N	5,984,449	29.2
Older Patient Mental Health Unit	3,722,028	24.6
Non Government Organisations (refer Attachment 1 for list of organisations)	17,039,600	

Note: These are direct costs.

Attachment 1

**ACT Government Health Directorate Funded/Contracted
Mental Health Community Organisations and Programs**

Community Organisations	Service description / programs
ACT Mental Health Consumers Network	<ul style="list-style-type: none"> Provision of a mental health consumer representative, education and advocacy group. Mental Health Consumer “peak”.
ADACAS	<ul style="list-style-type: none"> Provision of a mental health individual consumer advocacy.
A Gender Agenda - AGA	<ul style="list-style-type: none"> Provision of a sex and gender diverse mental health promotion and support program.
Anglicare	<ul style="list-style-type: none"> Brokerage of individual funding arrangements for individuals suffering from mental illness with complex support needs.
ANU – Centre for Mental Health Research	<ul style="list-style-type: none"> Provision of a Mental Health Consumer Research Unit.

Mental Health Foundation of the ACT	<ul style="list-style-type: none"> • Provision of a community mental health information and referral service. • Provision of short term accommodation support for individuals with mental illness. • Provision of long term supported accommodation, outreach services and respite type programs for individuals with mental illness. • Provision of a mental health psychosocial rehabilitation centre - Mental Health Consumer Space -Rainbow Room. • Housing and Accommodation Support/Recovery Initiative provider (HASI/HARI).
Mental Health Community Coalition of the ACT	<ul style="list-style-type: none"> • Provision of a mental health community sector representation, education, development and advocacy. Mental Health Community Sector “peak”
Barnardos Australia	<ul style="list-style-type: none"> • Provision of respite care for children of parents with a mental illness and for children with a mental illness through school holiday camps and programs, and daily respite programs.
Belconnen Community Service	<ul style="list-style-type: none"> • Provision mental health resiliency training and support, and referral for “at risk” youth and their families - “Bungee” program. • Provision of mental health psychosocial recreational (arts and leisure programs) and support programs for individuals with mental illness.
Brindabella Women’s Group	<ul style="list-style-type: none"> • Mental Health Promotion self help support group targeting mothers in the early infant period
Canberra Institute of Technology (CIT)	<ul style="list-style-type: none"> • Provision of a Mental Health Consumer Training Program scholarship scheme
Majura Women’s Group	<ul style="list-style-type: none"> • Mental Health Promotion self help support group targeting mothers in the early infant period.
Carers ACT	<ul style="list-style-type: none"> • Provision of a mental health carers representative, education and advocacy groups. • Provision of mental health carer training and support groups. • Provision of mental health carer peer support targeted at inpatient facilities.
Community Organisations	Service description / programs
CatholicCare	<ul style="list-style-type: none"> • Provision of long-term, medium level care needs, supported accommodation and outreach. Provision of high level fully supported youth special care accommodation and outreach support. • Provision of step-down respite accommodation for individuals with mental illness. • Provision of long-term medium to high level, care needs, supported accommodation for dual diagnosis consumers – the “Lodge”. • Provision of the Youth 24 hour step up/down supported accommodation and outreach program (13 –17 year olds).
Community Connections	<ul style="list-style-type: none"> • Brokerage of individual funding arrangements for individuals suffering from mental illness with complex support needs.
Companion House	<ul style="list-style-type: none"> • Provision of counselling and/or advocacy for the refugee survivors of trauma and torture and/or mental illness. • Provision Primary (general) Health Care Services.
GROW	<ul style="list-style-type: none"> • Provision of medium-long term, rehabilitation supported accommodation for individuals suffering from mental illness. • Provision of self-help groups providing support for individuals suffering from mental illness

INANNA	<ul style="list-style-type: none"> • Provision of self-help groups providing support for women suffering from mental illness as a result of previous and/or current domestic abuse, including alcohol and drug issues. • Provision of long term outreach supported accommodation (3 beds) for women suffering from mental illness. • Provision of short to medium term respite type crisis accommodation (8 beds) for women suffering from mental illness. • Brokerage of individual funding arrangements for individuals suffering from mental illness with complex support needs. • Housing and Accommodation Support/Recovery Initiative provider (HASI/HARI).
Marymead Child & Family Centre	<ul style="list-style-type: none"> • Provision of a Promotion, Prevention and Early Intervention program to support “attachment” in high risk families – <i>Circle of Security Family</i> early intervention and wellbeing promotion program.
Mental Illness Fellowship of Victoria	<ul style="list-style-type: none"> • Provision of the Adult 24 hour step up/down supported accommodation and outreach program • Provision of the Young Persons 24 hour step up/down supported accommodation and outreach program (18 –25 year old). • Provision of vocational training and rehabilitation services for individuals with mental illness, through not-for-profit businesses • Provision of an adult “sub-acute” Step Up/Step Down 12 hours daily, 7 days/weeks intensive outreach support which targets forensic consumer in particular those exiting Alexander Maconochie prison • Housing and Accommodation Support/Recovery Initiative provider (HASI/HARI).
Community Organisations	Service description / programs
Mental Illness Education ACT (MIEACT)	<ul style="list-style-type: none"> • Provision of information and education about mental illness and the maintenance of mental health, targeted to students of secondary schools, colleges, and youth groups/agencies.
OzHelp Foundation	<ul style="list-style-type: none"> • Provision of information about mental illness, alcohol and drug issues, maintenance of mental health, and early intervention of mental illness targeted to building industry workers and apprentices. • Provision of mental health counselling and crisis management to building industry workers and apprentices. • Provision of a community suicide prevention education and information program.
Post & Antenatal Depression Support & Information (PANDSI)	<ul style="list-style-type: none"> • Provision of self-help groups providing support for women and their families suffering from ante and/or postnatal mental illness. • Provision of an education and information service for ante and/or postnatal mental illness.
DUO ACT	<ul style="list-style-type: none"> • Provision of respite care for individuals with mental illness and/or for the carers of individuals with mental illness. Includes children and adolescents. Specifically targeted at families.
Relationships Australia	<ul style="list-style-type: none"> • Provision of a counselling service to reduce the emotional impact of going through coronial processes for bereaved members of the ACT community to reduce the impact of vicarious trauma on family members, friends and the community at large.
Richmond Fellowship	<ul style="list-style-type: none"> • Provision of long-term medium and high level care needs, supported accommodation and outreach for individuals suffering from mental illness. • Housing and Accommodation Support/Recovery Initiative provider (HASI/HARI).

St Vincent DePaul – Samaritan Supported Accommodation Program & Compeer Program	<ul style="list-style-type: none"> • Provision of long term supported accommodation for adult males suffering from mental illness which targets forensic consumer in particular those exiting Alexander Maconochie prison, and long-term comorbidity consumers. • Housing and Accommodation Support/Recovery Initiative provider (HASI/HARI). • Provision of a mental health psychosocial recreational/rehabilitation program through the use of volunteers – “Compeer “.
Social Ventures Australia ACT Social Enterprise Hub	<ul style="list-style-type: none"> • Provision, through community and commercial partnership, of a social enterprise hub.
Volunteering ACT Connections Volunteers	<ul style="list-style-type: none"> • Provision of a mental health psychosocial recreational/rehabilitation program through the use of mainstream volunteers
Woden Community Service	<ul style="list-style-type: none"> • Provision of an adult “sub-acute” Step Up/Step Down 12 hours daily, 7 days/weeks intensive outreach support.
Winnunga Aboriginal & Torres Islander Health Service.	<ul style="list-style-type: none"> • Provision of a community mental health liaison officer.
Gugan Gulwan Aboriginal Health Service.	<ul style="list-style-type: none"> • Provision of an early intervention youth outreach program to support early identification, treatment and advice to at risk Aboriginal and Torres Strait Islander young people experiencing mental ill health and emotional well being problems.
Community Organisations	Service description / programs
Women’s Centre for Health Matters	<ul style="list-style-type: none"> • Provision of secretariat and a regular forum for women’s around mental health issues
Housing Assistance Recovery Initiative	<ul style="list-style-type: none"> • Provision of intensive support for people with mental health issues to participate more fully in the community, maintain successful tenancies, improve their quality of life and assist in their recovery from mental illness.

Community Services Directorate—multicultural portfolio (Question No 486)

Mrs Jones asked the Minister for Multicultural Affairs, upon notice, on 11 August 2015:

- (1) What is the total budget for the Multicultural portfolio (a) for each year over the past 15 years and (b) for each year in the forward estimates.
- (2) How many Full Time Equivalent (FTE) staff have worked in the Multicultural portfolio (a) for each year over the past 15 years and (b) what are the projections for FTE staff for each year in the forward estimates.

Ms Berry: The answer to the member’s question is as follows:

- (1) As outlined during the Estimates Hearing process, the budget for the Community Participation Group is not disaggregated as the emphasis is to get the team to work across the various policy and engagement areas to obtain greater effectiveness. Further detail is provided in **Attachment A**.

The advice of the Community Services Directorate is that the precise information sought is not in an easily retrievable form, and that to collect and assemble the information sought solely for the purpose of answering the question would be a major task, requiring a considerable diversion of resources.

However, reference can be made to prior years Hansard, Annual Reports and Budget papers to gather some of the requested information.

- (2) As detailed in **Attachment A**, the Community Participation Group operates as one combined team. In 2015-16 there is a total budgeted FTE of 44 staff covered by the Output Class and this number is budgeted for in the forward estimates.

Attachment A

COMMUNITY PARTICIPATION: OUTPUT CLASS 3

The Community Participation Group brings together a number of functions under one umbrella. The Group includes the functions Community Recovery, Youth Engagement, Office for Ageing, Office for Women and the Office for Multicultural Affairs. Within the same Output 3.1 is the Office for Aboriginal and Torres Strait Islander Affairs, the Community Development Grant Scheme and previously Community Facilities.

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