

Answers to questions

Environment—environmental management plan guidelines (Question No 578)

Ms Lawder asked the Minister for Transport and City Services, upon notice, on 11 February 2022 (*redirected to the Minister for Business and Better Regulation*):

- (1) Can the Minister confirm that if an Environmental Management Plan (EMP) does not specifically state monitoring to be undertaken, but is required in the overarching Environmental Authorisation, then not undertaking monitoring is acceptable, given that in his response to question on notice No 446, the Minister stated that no monitoring was undertaken as it was not required under the EMP.
- (2) Does the EMP provide evidence that the Environment Protection Authority overrode its previous authorisation and agreed to not undertake monitoring; if so, can the Minister provide the evidence.

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

- (1) The Director, Roads ACT, Transport Canberra and City Services Directorate (TCCSD) holds Environmental Authorisation No. 0654 for the extraction of more than 100 cubic metres of material from a waterway.

A condition of the Environmental Authorisation (EA) requires an Environment Management Plan (EMP) be prepared and approved by the Environment Protection Authority (EPA) prior to works being carried out for each site. The EMP does not separately specifically identify or state monitoring to be undertaken.

The EA is the overarching document and Section 18.1 of the EA states monitoring of water quality in the work area shall be undertaken during extraction of the material.

However, the work undertaken by TCCS required the pond to be drained while the extraction was taking place, with no outflow occurring during the works. Given monitoring under the EA applied to extraction while the pond was operating as normal, that is not drained, the monitoring requirements under the EA did not apply for the works undertaken. In summary, in the absence of surface water following the draining, surface water monitoring was not applicable.

- (2) In an email dated 29 April 2021 from an Environment Protection Officer to TCCSD, the officer required all works comply with the EMP and EA No 0654, in place for works in a waterway.

(A copy of the attachment is available at the Chamber Support Office).

Waste—management data (Question No 581)

Ms Lawder asked the Minister for Transport and City Services, upon notice, on 11 February 2022:

- (1) How many tonnes of waste was generated in the ACT in 2021.
- (2) Of this waste referred to in part (1), how many tonnes (a) ended up in landfill and (b) were resourced and recovered.
- (3) Of the ACT Greenhouse gas emissions for 2020-21, what percentage accounts to the waste sector.
- (4) What were the key sources of waste generated in the ACT in 2021.
- (5) For each source referred to in part (4), what percentage of (a) waste in the ACT accumulates to this source, (b) this source was recycled, (c) this source was organic waste, (d) this source was used for energy generation and (e) this source was sent to landfill.
- (6) What percentage of total waste in the ACT, in 2021, was from (a) packaging, (b) mattresses, (c) disposable nappies and feminine hygiene products and (d) clothing.

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

- (1) In the 2020-21 financial year, 1,022,485 tonnes of waste were generated in the ACT.
- (2) Of this waste referred to in part (1), (a) 256,370 tonnes ended up in landfill and (b) 766,115 tonnes were resourced and recovered.
- (3) According to the 2020-21 ACT Greenhouse Gas Emissions Inventory Report, the ACT's total net greenhouse gas emissions in 2020-21 were 1,685 kilotonnes* of carbon dioxide equivalent. Waste emissions amount to 10.2% or 172 kilotonnes of carbon dioxide equivalent.
- (4) The key sources of waste generated in the ACT in 2020-21 include construction and demolition waste, commercial and industrial waste, and household waste – including green waste.
- (5) ACT NoWaste does not collect this information for part (a), (b), (c) and (d).
(e) the below table shows the key sources that were sent to landfill.

Waste to landfill site in the ACT	2020-21 tonnes	Percentage of total waste
Construction and demolition waste	24,186	2%
Commercial and industrial waste	98,186	10%
Household waste	133,998	13%
Total waste to landfill key source	256,370	25%

Figures are estimates based on a combination of weighbridge data and composition audit data.

- (6) The ACT Government has limited information for the following waste categories:

- a. The ACT Government does not have this information readily available on packaging, as packaging can be anything from cardboard to soft plastics and some of these are collected by private businesses. For example, soft plastics are collected by Redcycle through Coles and Woolworths. Businesses that are not licensed under the *Waste Management and Resource Recovery Act 2016* do not have reporting obligations.
- b. Mattresses are processed under a contract with the ACT Government and amount to less than 1% of total waste, of that 75% of mattress components are recycled.
- c. The ACT Government does not have this information available, most of these items end up in landfill as they form part of standard red-lidded bin collection.

This information is not available. The ACT Government encourages people to donate their items in good condition to businesses and charities, this activity is not reported to ACT NoWaste. Any unusable items form part of the waste to landfill category.

Health—services for children (Question No 675)

Ms Castley asked the Minister for Health, upon notice, on 25 March 2022:

- (1) How many children are on waiting lists for an initial appointment for children's health services in the ACT.
- (2) For each service referred to in part (1), what is the median wait time for each, for the years (a) 2020-21 and (b) 2021-22, broken down by the children's ages and gender.
- (3) How many children have been added to wait lists each year for children's health services in the ACT since 2016, broken down by the children's ages and gender.
- (4) What is the median wait time for children to be removed from waiting lists in the ACT for each service since 2016.
- (5) What policies and actions have been taken by Canberra Health Services (CHS) and ACT Health since 2020 to improve median wait times and what success have they had?
- (6) Can the Minister provide a breakdown of the total spending for each policy and action and how much has currently been spent on each policy/action.
- (7) How many specialists for children's health services have been employed and/or have worked in hospitals by CHS and ACT Health since 2016.
- (8) Can the Minister provide information about the shortages of specialists for children's health services including in what areas the shortages are and the relevant figures.

Ms Stephen-Smith: The answer to the member's question is as follows:

1. In order to answer these questions, an assumption has been made that they refer to dedicated paediatric specialities with an ambulatory care waiting list. At 31 March 2022 there were 1790 paediatric patients aged 16 years or less on waiting lists for an initial appointment for a paediatric speciality.
2. The median wait time in days for the paediatric specialities within the Division of Women, Youth and Children and the paediatric speciality within the Division of Surgery are outlined in Table 1. It is not considered appropriate to break these figures down to individual age /gender groups, given the potential for identification where there are very small numbers of some age and gender combinations and the significant diversion of resources required.

Service	As at 30 June 2021	As at 31 March 2022
CYW	413	244
Paediatrics	246	259
Paediatric Surgery	271	196

3. Table 3 provides information about the number of paediatric patients added to an ambulatory care waiting list by financial year for a dedicated paediatric speciality. Due to the small number of children on some of the waiting lists it would not be appropriate to break these figures down to individual age and gender groups.

Specialty	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22*
Total	1370	1477	1759	1993	2106	1451

* to 31 March 2022

4. Table 4 provides information about the median waiting time in days for paediatric patients to be removed for initial appointment from any ambulatory care waiting list by speciality by financial year.

Specialty	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22*
Audiologist	N/A	49.5	176	N/A	N/A	N/A
Cardiology	N/A	N/A	N/A	N/A	353	128
CYW Child Medical Officer	97	113	138.5	92	N/A	N/A
CYW Paediatric Registrar	N/A	117.5	N/A	N/A	N/A	N/A
CYW Paediatrician	308	199.5	234.5	262.5	385	181
Dermatology	154.5	65	92	79	105.5	93.5
Ear, Nose and Throat	599.5	363	390.5	471	279	172
Endocrinology	214	126.5	63.5	183	29	108.5
Exercise Physiology	N/A	N/A	N/A	N/A	48	N/A
Gastroenterology	77	77	23	123.5	51	83.5
General Surgery	160	83.5	237	137	111	N/A
Gynaecology	111	66.5	115.5	171.5	283	132

Specialty	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22*
Head and Neck Surgery	N/A	97	N/A	N/A	N/A	N/A
Immunology	89	273	111	110.5	214	195
Neurology	220	46	147	173	133	179
Neurosurgery	65.5	14	291	121	82	N/A
Ophthalmology	88	90.5	117.5	319	414.5	1060.5
Oral-Maxillofacial Surgery	202	220	93	48.5	51	36
Orthopaedic Surgery	182	87	87	59	563	72.5
Paediatric Surgery	392	303	157	125.5	62	239
Paediatrics	60	63	83	113	102	146
Physiotherapy	177.5	357	68.5	1322	15	24
Plastic Surgery	71	52	59.5	95.5	81	90
Play Therapist	N/A	N/A	N/A	6	N/A	N/A
Psychology	85	20	N/A	N/A	N/A	N/A
Registered Nurse	301	N/A	N/A	N/A	N/A	N/A
Registrar	N/A	N/A	N/A	159.5	575	N/A
Respiratory	6	N/A	N/A	30	170	N/A
Rheumatology	N/A	102	191.5	216	47	81.5
Urology	131	N/A	133.5	77	N/A	72
Vascular	138.5	127	N/A	28.5	78.5	20

Note: N/A refers to zero patients seen. This may be because a service is new or has become part of another service.

*to 31 March 2022

5. The following actions are being undertaken to improve wait times:

- Actions to recover services impacted by the COVID-19 shutdown.
- Scheduling practices have been reviewed to optimise clinic times.
- Services are undertaking audits on wait lists.
- Implementation of telehealth appointments, with uptake of these appointments increasing.
- Health Pathways is being refreshed to support General Practitioners to manage their patient, ensure referrals are made at the appropriate stage and with all the required information.
- Establishment of nurse-led and allied health clinics to support medical specialist outpatient clinics which enables access to more timely screening to determine whether specialist review is required and for post-specialist follow up.
- The Digital Health Record which will be implemented later this year and is expected to make significant improvements in the management of services as a result.

- People and Culture have engaged a Talent Acquisition Specialist to support recruitment.
6. The ACT Government invested \$30 million in the public health system to support the recovery of services impacted by the COVID-19 shutdown, including funding for additional outpatient appointments. Other actions to reduce waitlists have been undertaken within existing resources.
 7. To collate the answer for this question, the scope of those reviewed and included was based on skill set of all Specialist, Senior Specialists and Visiting Medical Officers (VMOs) working within the Division of Women, Youth and Children (WYC).

Specialists are engaged at CHS as salaried staff and VMOs details provided in Table 5 below are reflective of staff paid or under contract as of 30 June each year.

	2016	2017	2018	2019	2020	2021
Total	46	58	80	90	100	110

NB: In order to collate the answer for this question, the scope of those reviewed and included was based on skill set of Obstetrician, Paediatrician (including Cardiology, Surgeon, Oncologists), Neonatologist, Geneticists, and Children's Plastic Surgeons. Also included in the collation were General Practitioners contracted and on staff to provide clinical services to children throughout the requested period.

8. All funded positions within paediatric services of WYC at Canberra Hospital are fully recruited with the exception of the following:
 - a. General Paediatrics by two senior medical officers. Both positions are being actively recruited to; and
 - b. Paediatric Rheumatology by one part time medical officer. WYC is working with the Division of Medicine to appoint to this position.

Alexander Maconochie Centre—mental health services (Question No 687)

Mrs Kikkert asked the Minister for Justice Health, upon notice, on 25 March 2022:

- (1) Why has the updated arrangement between the Justice and Community Safety Directorate and ACT Health not been sighted or signed by ACT Corrective Services (ACTCS).
- (2) If the updated arrangement has now been signed, what was the reason it was not sighted or signed by ACTCS at the time of the Auditor General's 2022 report into mental health services in the Alexander Maconochie Centre.
- (3) Did ACTCS have any concerns about signing this arrangement; if so, what were those concerns.
- (4) When did development of the service level agreement (SLA), under the updated arrangement, begin.
- (5) At what stage is the development of the SLA at now.

- (6) What has been the cause of the delay in development of the SLA.
- (7) Is there a draft version or a timeframe for delivery at this time.

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

1. The delivery of updated agreements has been impacted by resources being redirected to the management of the COVID-19 pandemic.
2. Work on an updated agreement between the Justice and Community Safety Directorate (JACS) and Canberra Health Services (CHS) is underway, and the new agreement will include a schedule on mental health services for detainees. JACS anticipates that the new agreement will be in place by the second half of 2022.
3. CHS and JACS is of the view that the 2017 *Arrangement between JACS and ACT Health for the delivery of health services for detainees* still provides the guiding principles for the relationship between JACS and CHS.
4. By way of background, the fifth recommendation in the ACT Auditor-General's report titled *Management of detainee mental health services in the Alexander Maconochie Centre (AMC)*, focuses on the development of a service level agreement (SLA) between CHS JACS. Considerations regarding the development of this SLA began during this audit process.
5. Both CHS and JACS, specifically ACT Corrective Services (ACTCS), currently partner to deliver the health services within the Alexander Maconochie Centre (AMC). Initial discussions have commenced on best way to formalise these arrangements, such as through an SLA.
6. There has not been a delay in the development of the SLA. Formalising the current arrangements is underway following recommendations made by the Auditor-General.
7. At present, a draft SLA has not been prepared. As previously stated, the process is in initial stages with discussions between CHS and ACTCS having commenced.

Mental Health Services—Dhulwa Mental Health Unit (Question No 699)

Ms Castley asked the Minister for Mental Health, upon notice, on 8 April 2022:

- (1) How many Dhulwa staff have been on WorkCover each year since the unit opened and can the Minister provide detail including staff occupation, reason for WorkCover, the length of leave, etc.
- (2) Further to the answer to a question taken on notice on 21 February 2022 (QToN No 11), can the Minister provide detail about the 'OV physical' incidents since 2019-20 including what happened in each incident, staff occupation, how was the staff member injured and what action was taken (eg, staff taken to hospital, staff treated at the scene, staff took leave).
- (3) How many Dhulwa staff have taken stress/mental health leave each year since the unit opened and in what roles were the staff (eg, mental health nurses, security).

- (4) How many staff complaints have there been each year since the unit opened, and can the Minister provide details of each complaint, staff occupation and what/if any action was taken.
- (5) What training do Dhulwa nurses receive to protect themselves from being physically attacked.
- (6) Can the Minister provide detail, for each year since the unit opened, about (a) how much time each year is allocated to each staff member for training, (b) how much has been spent on training, (c) what training has been offered and by whom and (d) how many staff have attended training programs.
- (7) How many nurses are meant to work each shift and on how many occasions, since 2019, has Dhulwa been short staffed.
- (8) Further to part (7), who is the leader for each shift and is that nurse also required to work with consumers.
- (9) Is there an Assistant Director of Nursing (ADON) or Director of Nursing (DON) on site at all times; if not, who is in charge.
- (10) Have any ADONs or DONs been physically attacked since Dhulwa opened; if so, what are the details of these attacks.
- (11) What extra training are ADONs and DONs required to attend.
- (12) Can the Minister provide details about what training ADONs and DONs have done since Dhulwa opened and what the cost was of that training.
- (13) What mental health support is provided to Dhulwa nurses.
- (14) Can the Minister provide details on how much funding has been allocated and spent on mental health support for nurses since the unit opened.
- (15) What is the accreditation process for Dhulwa and can the Minister provide details on this process.
- (16) Has there been an audit, or any review, of Dhulwa since it opened.
- (17) What safety issues have been raised by staff since Dhulwa opened and what was the response for each.
- (18) What has Dhulwa's budget been each year since it opened.
- (19) How much did it cost to build Dhulwa.
- (20) What has been the Dhulwa staff/nurse turnover since it opened.
- (21) How many Dhulwa nurses have sought and been offered counselling/psychological support each year since it opened, including details of each occasion.
- (22) Have any unfair dismissal claims been lodged by any Dhulwa staff; if so, can the Minister provide details of each claim.

- (23) Have Dhulwa nurses (a) had faeces thrown at them, (b) been sexually harassed or (c) threatened.
- (24) What is the total staff numbers at Dhulwa and can the Minister provide a breakdown of roles and permanent staff versus contract positions.
- (25) What has been the staff budget each year since the unit opened.
- (26) How often have security guards intervened in occupational violence and threatening situations for staff and can the Minister provide details of each situation.
- (27) What is the role of security guards and how many are employed for each shift.
- (28) Is it the job of security guards to protect Dhulwa staff/nurses.
- (29) Does Dhulwa have a resident doctor/psychiatrist; if so, can the Minister provide details.
- (30) What support staff does Dhulwa employ (eg, counsellors, psychologist, psychiatrists, OTs, music therapy, exercise therapy).
- (31) What programs have been offered to Dhulwa consumers since it opened including detail and cost (eg, cooking course, music program).

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

- 1) Data is available in relation to workers' compensation claims from 2018 onwards. 21 claims have been lodged by Dhulwa staff since 2018. All staff were Nurses.

Year	No. of workers' compensation claims submitted	Mechanism of injury	Combined total Lost time injury
2018	3	OV related injuries	99 weeks
2019	1	Physical injury	0 weeks
2020	5	Bullying/harassment, Falls OV related injuries	49 weeks
2021	6	Falls OV related injuries	9 weeks
2022 (up until 21/04/2022)	6	OV related injuries	9 weeks

- 2) For the period of 1 July 2019 to 13 April 2022, there has been a total of 312 physical incidents reported. As each incident does not involve an injury the information provided above in question one outlines the injuries because of physical incidents.
- 3) Stress and mental health leave is not a category of leave available to employees. Employees can take personal leave if they are unwell however Canberra Health Services (CHS) does not ask employees the nature of their illness.

- 4) Staff complaints can be raised in many ways, to many people and for a large number of reasons. CHS does not store centrally all types of complaints raised by employees.
- 5) The team at Dhulwa receive Occupational Violence (OV) Education. The new CHS OV Training includes four modules - Awareness, De-escalation, Protect and Restraint. The Protect Module is designed to provide a range of techniques to avoid harm from a physical attack.

A change management process is underway to transition staff from previous Violence Management Prevention (VMP) training which also provided evasion techniques for staff.

Approved Occupational Violence (OV) Training which includes training modules for (1) Situational Awareness (2) De-escalation, (3) Protect, and (4) Restraint.

Since new OV Training has commenced in February 2022, staff previously trained have received a one-day refresher program (including new protect and restraint techniques) and will continue regular team practice sessions using relevant clinical scenarios as part of a daily education plan. New staff commencing in 2022 attend a two-day OV Program with regular team practice sessions scheduled thereafter.

Each team member has been allocated three full days of OV training on commencement at Dhulwa, this is followed up with an annual refresher and practice sessions which forms part of a calendar of daily education.

- 6)
 - a) Within the first year of employment a staff member will complete approximately 40 hours of mandatory training delivered in a combination of e-learning and face to face facilitated training sessions. A number of these sessions require renewal annually to ensure currency of education. Subsequently Dhulwa staff have protected education hours each week to ensure ongoing mandatory training renewals are completed.

Staff are encouraged to speak to the Secure Mental Health Services (SMHS) education team with any requests for education that interests them so that this can be arranged to continually develop staff skills and to exceed the Australian Health Practitioner Regulation Agency (AHPRA) required 20 hours of continuing professional development.

The Secure Mental Health Services education team provides in-service education to staff on a wide variety of specialist mental health topics in addition to mandatory training and other sessions to meet the National Safety and Quality Health Service Standards.

- b) This data is unavailable.
- c) All CHS staff have access to the training available on HRIMS Learning system. Dhulwa team members have also provided a range of mental health in-services. Staff can also apply for external training and study leave.
- d) The Dhulwa team are required to complete CHS and mental health mandatory training requirements. Training requirements are different dependent on the classification of the team member e.g. administration, allied health, or nursing.

The main training system used at CHS is HRIMS Learning system and only reports on current staff. Training undertaken by staff may not necessarily have been completed while they were working at Dhulwa.

Training data is held in many different locations, dependant on the type of training, for example, mandatory training, in-services, external training and study leave.

- 7) Eight nurses per shift. Due to resourcing and the size of the report, CHS is unable to provide the number of times a shift has short staffed since 2019.
- 8) During business hours the Clinical Nurse Consultant (CNC) RN level 3.2 is responsible for the clinical operations of the unit.

There is a team leader for each ward who carries a patient load. After hours, the nurse in charge is a designated RN2 or senior RN1 who oversees the clinical operations.

Depending on the number of consumers admitted and the level of care required, they may have a small patient load.

- 9) The Assistant Director of Nursing (ADoN) works across both Dhulwa and Gawanggal Mental Health Unit and is located wherever needed (Dhulwa majority of the time).

The Director of Nursing (DoN) is operationally responsible for Dhulwa, Gawanggal, Adult Mental Health Unit, Mental Health Short Stay Unit, Ward 12B and the Adult Mental Health Rehabilitation Unit. The DoN splits their time across the units but will prioritise a unit if there is a clinical need. Typically, the DoN is on site at Dhulwa one day per week.

For further advice regarding who is in charge, please refer to Q8.

- 10) This data is unavailable.
- 11) ADONs and DONs complete the same mandatory training as all staff.
- 12) This data is unavailable.
- 13) All CHS staff including those working in Dhulwa, have access to mental health support from CHS' Employee Assistance Program (EAP) - Converge International which they can access directly. In March 2022, Converge provided critical incident support to staff in Dhulwa. As EAP is a confidential service, CHS do not receive identifying information, including how many staff accessed EAP support from Converge.

Other mental health support services available to staff include Nursing & Midwifery Support Service; Next Step – Beyond Blue Program; Access Mental Health Team; CHS' Workplace Resolution and Support Service. HOT debriefs are provided immediately following an incident, COLD debriefs within the following days of the incident. In addition, welfare checks may be performed by managers where required. CHS has mandated Family Violence – a Shared Understanding for Managers to support them in identifying possible risk factors in their staff and inform them of the resources available to staff who may be experiencing challenges.

- 14) CHS do not receive identifying information from services that provide mental health support to team members.
- 15) As Dhulwa is a CHS health care facility, it is included in the organisation wide accreditation process to ensure the service is meeting the requirements of the Australian Commission on Safety and Quality in Healthcare's National Standards.

During the organisation wide accreditation assessment week (27 June to 1 July 2022), ten assessors from the Australian Council on Healthcare Standards (ACHS) will attend various CHS facilities, including Dhulwa. During the assessment, the assessors will review existing policies and procedures, observe staff and consumer interactions, interact with a range of CHS staff and ask a range of questions related to process, improvement, consumer participation, monitoring, reporting and systems to determine how the National Standards are incorporated into practice. Assessors may also speak to patients/consumers and/or carers about their experience.

- 16) There have been three reviews since the unit opened:
- Independent External Review of Mental Health Inpatient Services within ACT Health (2018);
 - Secure Facility Act 2016 review (2020);,and
 - Human Rights Commission, Commission Initiated Consideration (2021).
- 17) Themes of the safety issues raised by staff are risk of occupational violence, concerns about the admission processes and infrastructure repairs. All safety issues are taken seriously by CHS and are responded to at the time they are raised.

18)

Year	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Net Operating Result	7,302,933.09	9,376,490.81	9,393,624.85	10,080,886.00	10,264,213.07

- 19) The total cost for the design and construction of the Dhulwa Mental Health Unit was \$45.7 million (GST exclusive).
- 20) The annual separation rate for nursing and other staff that have been employed at Dhulwa is detailed in the table below. The reported period is from the opening of Dhulwa in 2016, and data is based on all resignation and retirements, this includes permanent, temporary and casual staff each year during this period.

Typically, turnover rates are based on permanent employees only which needs to be taken into consideration when reviewing the annual data for benchmarking purposes. As all resignations and retirements have been included and considering the size of the unit, the average separation rate appears elevated. For transparency, all classifications have been shown to provide full staffing turn over.

The turnover rate for 2016 is not included as there were no separations. Data for the 2022 YTD has also been omitted as it is not a sufficient reporting period for reporting purposes.

Data used to calculate the turnover rate is based on Dhulwa headcount as at the end of each Financial Year.

Year	Nursing	All Staff
2017	23.3%	12.7%
2018	18.9%	12.2%
2019	17.8%	10.1%
2020	13.0%	8.0%
2021	12.5%	8.0%

- 21) CHS do not receive information from areas across the organisation about who seeks or is referred for counselling or psychological support. All CHS staff including those working in Dhulwa have access to EAP – provided by Converge International. Individual staff access this confidential service directly, without referral, for work or personal related issues, with anonymity. As such statistics for how many Dhulwa nurses have sought or been offered counselling/psychological support are not available.

In additional to EAP, critical incident support was provided by Converge to staff at Dhulwa in March 2022.

- 22) Unable to provide this detail as due to the small number, people may be able to be identified.
- 23) This behavioural is often seen in prison settings as a mark of protest. Mental state of consumers fluctuates along with level of insight into social propriety.
- Yes
 - Yes
 - Yes
- 24) Many of the staff on temporary/ casual contracts are not eligible for permanent positions due to visa requirements.

As of 30 March 2022, the Dhulwa workforce consists of 70 employees with a breakdown of classification groups and employment types listed in the table below. Note, this table does not include the management team, medical officers or security staff.

	Headcount				FTE			
	C	P	T	Total	C	P	T	Total
Administrative Officers	0	3	0	3	0	3	0	3
Health Assistants	0	3	2	5	0	3	1.47	4.47
Health Professional Officers	0	6	2	4	0	2.7	0.71	2.41
Nursing Staff	3	45	3	51	3.23	42.81	3	49.04
Senior Officers	0	1	0	1	0	1	0	1
Grand Total	3	58	7	64	3.23	51.51	5.18	59.92

- 25)

Year	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Labour	6,357,691.63	8,588,728.46	8,666,727.72	9,350,446.94	9,525,923.32
FTE	58.67	76.13	75.23	75.23	75.23

- 26) The team at Dhulwa work as a collegial team to de-escalate a situation before an incident happens. Data is not kept on how many times security guards assist the clinical team.
- 27) The staffing profile for security officers at the Dhulwa Mental Health Unit and their roles are outlined below, seven days a week.

Note: The exact timings of these shifts and the specific duties of these roles is not fully detailed, to protect operational security.

Role	Day Shift (12 hrs)	Night Shift (12 hrs)
Security Supervisor	1	1
Control Room Operator	1	1
Rover/Responder	1	1
Accommodation Officer	1	1
Reception Officer	1	0

- 28) Security officers are one facet of occupational violence minimisation and response. Security officers support the clinical Emergency Response Team in response to incidents. These are clinically led.

The primary role of a Security Officer is to cordon and contain incidents to allow clinical staff members to deal with a situation without interference by others. Security officers will provide protection for staff by applying control and restraint techniques where there is an unexpected or sudden outburst of violence.

- 29) Secure Mental Health Services is funded for three Consultant Psychiatrists and two Registrars.
- 30) Social Worker, Psychologist, Occupational Therapist, Art Therapist, Allied Health Assistants, and an Exercise Therapist.
- 31) Programs at Dhulwa include and not limited to social work groups, psychology, occupational interventions, art therapy, cooking groups, external community outing including cinema, bush walks, sports event attendance, local community access, music program, therapy dogs, hosting parties, inter-ward activities, speech pathology, self-help groups and mental health recovery groups.

Unable to provide a detailed cost of the programs at Dhulwa. The cost from the programs can vary from free to paying an organisation to provide the program with a charge up to \$500 per session.

Calvary Hospital—Clare Holland House (Question No 700)

Ms Castley asked the Minister for Health, upon notice, on 8 April 2022:

- (1) Has a new wing opened at Clare Holland House; if so, can the Minister provide details such as cost, how many beds, reason for new wing, etc; if not, (a) why has a new wing not opened, (b) when was the new wing due to open and (c) when will it open.
- (2) How many staff are/have been employed at Clare Holland House, each year for the last five years, including their roles and employment status (permanent or contract).

- (3) Can the Minister provide total staff numbers, each year for the last five years, including roles and employment status.
- (4) Is there a lack of staff at Clare Holland House; if so, what is the Minister doing to address this.
- (5) What staff training is provided at Clare Holland House.
- (6) Can the Minister provide information, for the last three years, about how many staff (including their roles) have (a) received training, (b) the nature of the training, (c) the provider and (d) cost.
- (7) Do staff receive specific palliative care training when they are employed and each year; if so, can the Minister provide details of the training.
- (8) What has been the staff turnover at Clare Holland over the last five years.
- (9) Can the Minister provide details, for each year over the past five years, about what counselling/support is offered to staff and how often has it been taken up, including cost.

Ms Stephen-Smith: The answer to the member's question is as follows:

- (1) The expansion of Clare Holland House (CHH) was officially opened on 25 June 2021.

The Clare Holland House Expansion project strengthened palliative care, with the ACT Health Directorate delivering a redesigned respite facility with an additional eight inpatient bedrooms, improved patient amenities and associated clinical and administrative support facilities.

The total project budget was \$6 million, which included \$4 million funded by the Commonwealth Government and \$2 million donated by the Snow Foundation via Calvary Health Care ACT (Calvary). To support this expansion the 2021-22 Budget included \$16.1 million over four years to progressively fund additional beds to meet growing demand and immediately expand home-based palliative care services.

- (2)

New staff recruited each year							
Employment Type	Role	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Casual	Allied	1					
	Nurse	12	5	2	14	7	2
	Admin	3	2			2	
	General	1					
Fixed Term	Allied		3				
	Nurse	3	2	2	1	2	6
	Medical	2	3	1	3	2	4

Permanent	Allied		1	2	2	1	
	Nurse	18	9	18	3		8
	Medical	3	1	2			1
	Admin		1	4	1		
	General	1	2	2			

(3)

Headcount							
Employment Type	Role	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Casual	Admin	4	6	4	3	5	5
	Allied	1	1	1	1	1	
	General		1			2	
	Nurse	13	13	14	24	21	19
Fixed Term	Admin				1	1	1
	Allied	1	1	1			
	Medical	3	5	4	8	5	7
	Nurse	1	2	8	3	8	18
Permanent	Admin	5	5	5	6	5	5
	Allied	3	5	4	6	6	4
	General	4	5	5	4	2	2
	Medical	4	5	5	5	4	7
	Nurse	53	49	48	52	51	59

- (4) Calvary Public Hospital Bruce (CPHB) run CHH with Calvary being responsible for the operations of both services under contract with the ACT Government. Calvary are therefore responsible for addressing any staffing shortages including recruitment of new staff.

Currently, 4.0 Full Time Equivalent (FTE) positions are vacant at CHH.

The vacant 4.0 FTE are being actively recruited to however some specialist disciplines may take longer to source suitable staff.

- (5) Each discipline group has a level of education based on the qualification that they hold.

CHH has a Palliative Care Educator on site full time. CHH also has a designated Palliative Care Educator for the Program of Experience in the Palliative Approach (PEPA) for the ACT Territory.

Education for multidisciplinary teams at Orientation to CHH:

- An overview of palliative care,
- Understanding of advanced care planning and the role of the Medical Orders for Life Prognosis (MOLST),
- Access to communication education including Information from Palliative Care Australia, Care Search and other respected palliative care sources,

- END of life standards,
- Orientation to advanced care planning/goals of care documentation,
- Caring at the end-of-life pathway,
- Syringe driver specifics,
- Online resources,
- Communication tools.

Ongoing education programs at CHH are multidisciplinary and staff receive access to:

- Palliative Care Outcomes Collaborative (PCOC) online,
- Monthly Palliative Education (PED) talks with topics aligned to specific clinical learnings,
- Basic Life Support Practicals,
- Manual Handling Practicals,
- Emergency/Fire Training Practicals,
- Weekly clinical education sessions,
- Twice monthly in service options with a ward focus (available across the service),
- End of Life Essentials modules,
- Workbooks from PEPA learning guides,
- Palliative Care Curriculum for Undergraduates (PCC4U), or
- In house workbooks focussed on specific nursing skills.

The CHH staff scholarship Education Fund is in place to support staff to attend and present at Palliative Care specific education including foundation Palliative Care and Bereavement courses. From 2017 to 2021, 18 staff accessed scholarship funding at a cost of \$19,321.70.

- (6) CHH is run by Calvary Public Hospital Bruce (CPHB) and is fully accredited under the National Safety and Quality Health Service (NSQHS) Standards. The NSQHS Accreditation team review the training provided to all staff and the standard was fully met by CHH.

The last accreditation report noted that - ‘Governance, multidisciplinary patient care, education and training and the physical environment and service provided in support of end-of-life care at CHH is outstanding’.

CHH nurses have access to postgraduate and professional development scholarship programs through the ACT Chief Nurse and Midwifery Office (CNMO), which are available to all public sector nurses and midwives who meet the criteria. CHH nurses have also been offered access to the ACT CNMO Clinical Supervision Program. CHH provides staff a range of training see full list above at Question (5). Staff numbers at Question 3.

This education is across several platforms including Face to face, E-learning, and WebEx.

Training providers include:

- Calvary National
- Program of Experience in a Palliative Approach (PEPA) workshops for mixed disciplines. Eighty (80) per cent of nursing and allied health staff would have attended a workshop in the past three years.

- PCOC
- End of Life Essentials
- PCC4U
- In house staff and educators
- Motor Neurone New South Wales
- Palliative Care resources
- Fire Emergency Response Safety Training (FERST) Training solutions

Due to the detailed nature and timeframe of the Member's questions Calvary Public Hospital Bruce have been unable to provide full detail by cost without a significant diversion of staff resources.

(7) Full training list provided above at (5).

(8)

Year	TOTAL
2016-17*	2
2017-18	10
2018-19	6
2019-20	10
2020-21	11
2021-22**	10

* Jan-June 2017

** As at 20 April 2022

(9) All staff at CHH have access to ongoing employee assistance programs and support. Due to the detailed nature and timeframe of the Members questions full details by staff and cost are unable to be provided by CPHB without a significant diversion of resources.

During the period 2017 to 2021 staff received access to the following programs:

- Pilot Wellness program started with coordinated Employee Assistance Program (EAP)
- External Supervision 3 x Allied Health and 1 x Pastoral care team
- Peer Supervision sessions ACT Palliative Care Psych-Social team
- CHH Multi-Disciplinary Clinical team have in house - 'Reflections with Mary' (Pastoral Care Team Leader)
- Clinical Supervisor training provided to 1 x staff member at CHH
- Registered Nurse Level 2 Clinical Supervision
- External Clinical supervision Specialised Palliative Aged care team
- Group Clinical Supervision sessions:
 - Administration team
 - Palliative Aged Care team
 - Hospice Nursing team
- Individual Clinical Supervision
- Peer Supervision sessions for the Pastoral care team
- External Clinical Supervision Specialised Palliative Aged Care team sessions

**Health—cardiac events
(Question No 701)**

Ms Castley asked the Minister for Health, upon notice, on 8 April 2022 (*redirected to the Chief Minister*):

- (1) How many Sudden Cardiac Arrests (SCAs) have there been in government schools each year since 2016.
- (2) How many fatalities have there been in government schools from a SCA since 2016.
- (3) Were there defibrillators at the schools where the fatalities occurred.
- (4) How many SCAs have recovered because of the use of a defibrillator since 2016.
- (5) How many SCAs have there been in government workplaces since 2016.
- (6) How many fatalities have there been in government workplaces from a SCA since 2016.
- (7) Were there defibrillators at the government workplace where the fatalities occurred.
- (8) How many SCAs have there been on ACT government transport since 2016.
- (9) How many fatalities have there been on ACT government transport from a SCA since 2016.
- (10) How many times have the Field Response Vans responded to a SCA on ACT government transport.
- (11) What is the average time the Field Response Vans take to get to a SCA on ACT government transport.

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

- 1, 2) The ACT Government workplace incident notification system records fewer than ten ACT Government employees having suffered cardiac events while on ACT Government school premises in the period since 2016. None of these are recorded as fatal incidents.

A cardiac event is an incident involving ischaemic heart disease, heart failure, myocarditis, pericarditis or rheumatic fever.

More specific data is not forthcoming, doing so may breach the privacy of the affected people.

- 3) There are no recorded incidents of fatalities because of SCAs at ACT Government schools.
- 4) This information is not held by ACT Government.

- 5, 6) The ACT Government workplace incident notification system records 27 people having suffered cardiac events while on ACT Government premises since 2015-16 (excluding medical facilities). None of the incidents were immediately identified as having resulted in fatality.
 - 7) There are no recorded incidents of fatalities because of SCAs at ACT Government workplaces since 2016.
 - 8, 9) There are no recorded incidents of fatalities because of SCAs on ACT Government transport since 2016 (excluding ambulances).
 - 10) Nil. Transport Canberra Field Response Vans have not responded to any SCA's on ACT Government Transport.
 - 11) See response to Question 10.
-

Planning—community consultation (Question No 725)

Ms Castley asked the Minister for Planning and Land Management, upon notice, on 8 April 2022:

- (1) What community consultation has the Government done for the site at blocks 12 and 13, section 132, Casey and what feedback/comments has the Minister received.
- (2) What business consultation has the Government done for the site and what feedback/comments has the Minister received.
- (3) Is more consultation planned for the site; if so, can the Minister provide details of the further consultation that is planned.
- (4) What has been the total cost to date of consultations, including details of costs and how much will be spent on any further planned consultation.
- (5) Has the Minister met with Casey residents and/or the Gungahlin Community Council about the site.
- (6) Has any feedback about consultation been made public; if so, can the Minister provide links to where that can be found.
- (7) Is the Environment, Planning and Sustainable Development Directorate (EPSDD) considering 100 dwellings and 24,000 square metres of commercial space on this site, as reported in a RiotACT article of 4 October 2021; if so, can the Minister provide details and reasons for this.
- (8) Can the Minister describe the status of this arrangement eg, is public consultation occurring, is there a scoping study, are tenders being prepared, etc.
- (9) What other arrangements is EPSDD considering.
- (10) Has the Minister or EPSDD decided on an outcome; if so, what is the outcome.

- (11) When will a decision be made for the site.
- (12) Can the Minister provide a breakdown of the number of staff and their classification that are working or have worked on planning policy for the site.
- (13) Is SGS Economics conducting a report, as stated in the RiotACT article of 4 October 2021; if so, (a) how much were they paid, (b) what tasks were they given and (c) can the Minister provide a copy of the report.

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

- (1) Government has undertaken the following consultation with community:

In the first half of 2021 SGS Economics and Planning on behalf of EPSDD held discussions with the following community organisations:

- Gungahlin Arts officer
- Gungahlin Community Council
- Communities@Work Gungahlin
- Barnardos.

These discussions were followed up on the YourSay Community Conversations website with engagement activities that were open from Tuesday 15 June 2021 to Monday 19 July 2021. These activities consulted Gungahlin community members on what community and recreation facilities might be missing in their area, and what facilities they might need in the future. Almost 300 individual pieces of feedback were received through the YourSay engagement activities which included 258 submissions to the survey, and 39 submissions to the mapping activity.

The most contemporaneous feedback is consolidated and contained within the Community survey listening report and the Community and Recreational Facilities Assessment – Gungahlin District (Assessment) (Links provided in response to Q6).

- (2) Government has not undertaken specific consultation with business at this time.
- (3) Yes. The Assessment will form the basis of further conversations with the community going forward. This will include engagement with a community panel, currently being established.
- (4) Consultation on the Casey sites has been part of broader consultation activities for the Gungahlin District. It is not possible to cost the Casey sites consultation in isolation.
- (5) Yes. I most recently attended a Gungahlin Community Council (GCC) meeting on 13 October 2021. I also met with representatives of the Gungahlin Community Council on 31 March 2022 where I advised that Government has not made a decision in relation to the outcomes expected on the sites beyond what is currently contemplated in the Indicative Land Release Program (ILRP).
- (6) Yes. Information can be found at the following links:
 - a. [Community and Recreational Facilities Assessment—Gungahlin District](#);
 - b. Community survey 'listening report':
<https://yoursayconversations.act.gov.au/gungahlin-community-facilities>.

- (7) The dwelling yield of 100 dwellings and 24,000m² of commercial for the sites is identified in the ILRP. In addition, the ILRP states: A Community and Recreation Facilities Needs Assessment for the Gungahlin district will provide the basis for community engagement on future community facilities in the district, such as the proposal for a community centre in the Gungahlin town centre and the provision of community and recreation facilities on a commercial release in Casey. The Territory Plan's Commercial Zone 1 (Core) zoning for the sites allows for a wide range of uses including residential, commercial and community facilities. The sites have not been released. There are no development proposals or tenders associated with development on the sites at this time.
 - (8) The land has not been released. The recent Assessment, Community survey listening report and engagement with the community panel will inform next steps in relation to the sites.
 - (9) Government will consider uses of the sites that provide the best outcome for the Casey and Gungahlin community.
 - (10) No. Not beyond what is currently indicated in the ILRP and noting that the ILRP is indicative in nature and subject to change.
 - (11) Timing of a decision on land uses has not been determined at this time.
 - (12) No. I understand this is not the project approach EPSDD has applied.
 - (13) Yes.
 - a. \$68,607;
 - b. The contract is available on the ACT Government Contract Register.
 - c. See response to Q6.
-

Taxation—land tax (Question No 728)

Ms Clay asked the Treasurer, upon notice, on 8 April 2022:

- (1) How many dwellings are currently paying land tax in the ACT.
- (2) How many dwellings does the Government estimate may owe land tax but are not currently registered to pay it.
- (3) How does the ACT Government investigate whether a property should be paying land tax but currently is not.
- (4) What is the mean and median nominal yearly land tax payable for a dwelling in the ACT.
- (5) How many land tax exemptions were granted in the last 12 months and can a breakdown by category of exemption be provided.
- (6) When land tax is collected on properties, is the reason land tax is payable (eg, vacant, rented etc) collected; if so, could a table breaking down amount of dwellings by reason they are required to pay land tax be provided.

- (7) When is land tax payable on residential units once a development is unit titled, in the instance where there are units still unsold by the developer and untenanted.

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

- (1) and (4) The number of properties paying land tax fluctuates throughout the year as properties may change hands, or transition in and out of rental arrangements. The data on the number of dwellings currently paying land tax can therefore vary from quarter to quarter.

The data for the 2021-22 year is not yet available. In 2020-21, there were 52,389 properties subject to land tax in at least one quarter. The average number of properties subject to land tax per quarter in 2020-21 was 47,003.

The mean and median land tax amounts payable for properties in the ACT in 2020-21 are approximately \$2,875 and \$2,560, respectively.

- (2) and (3) Land tax applies to all residential properties that are not occupied as an owner's principal place of residence. Most land tax liability is self-assessed, whereby owners notify the ACT Revenue Office that a property they own is liable for land tax.

The ACT Revenue Office does not estimate the number of dwellings that may owe land tax but are not registered to pay it. However, the ACT Revenue Office does have an active compliance program that detects land tax liabilities.

The ACT Revenue Office has regard to rental information such as rental bonds, rental income or rent roll data, as well as utilities and car registration data to support its investigations and assessments of land tax.

- (5) Land tax exemptions are self-assessed. The ACT Revenue Office does not collect comprehensive data on the total number of properties with an exemption.
- (6) The reason land tax is payable is not collected.
- (7) Land tax applies to an unsold and untenanted property in a unit titled development two quarters from the time the Certificate of Occupancy is issued.

Housing—short-term rentals (Question No 730)

Ms Clay asked the Attorney-General, upon notice, on 8 April 2022 (*redirected to the Treasurer*):

- (1) How many whole dwellings are currently being used as short-term rental accommodation (eg, Airbnb) in the ACT.
- (2) How many rental bonds are currently lodged with the ACT Revenue Office.
- (3) How many dwellings does the Government estimate should have rental bonds lodged which do not currently.
- (4) How does the ACT Government investigate whether a property should have lodged a rental bond but has not.

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

- (1) There is no Government data on short-term rental accommodation in the ACT. Short stays are private, contractual arrangements between an owner or short-term rental provider and tenant.
- (2) As at 22 April 2022, 43,900 rental bonds have been lodged with the ACT Revenue Office.
- (3) & (4)

Lessors and agents are not required by law to take a bond from a tenant, however, if they do receive a bond, they are required to lodge it with the ACT Revenue Office. Receipts are issued to all parties involved. The Government has no way of identifying whether a rental bond should have been lodged. Tenants who have paid a bond but who have not received a receipt should contact Rental Bonds, ACT Revenue Office.

ACT Health and Canberra Health Services—funding (Question No 738)

Ms Castley asked the Minister for Health, upon notice, on 8 April 2022:

- (1) Can the Minister provide a list of all ACT Government run health services, including (a) how much funding the service received in 2020-21 and the forward estimates to 2024-25, (b) a link to a website or information about the service and (c) how many staff work at each service including their job title, employment type and workload.
- (2) Can the Minister provide a list of all health services that have been discontinued by the ACT Government since 2016, including (a) how many staff worked at these services, (b) the type of service eg, inpatient, outpatient, recovery, screening etc, (c) total funding each program received and (d) why the service has been discontinued and how long it operated.
- (3) Can the Minister provide a list of all health services which are not run by the ACT Government but receive ACT Government funding, including (a) how much funding each service receives, (b) the type of service eg, inpatient, outpatient, recovery, screening etc and (c) how long the service has been operating and contract details.
- (4) Can the Minister provide a breakdown of all staff who work in a health capacity for ACT Health and Canberra Health Services (eg, staff who provide direct health services such as doctors and nurses, not mental health staff and not administration/human resources/communications staff, etc), including job title, employment type, salary and work description.

Ms Stephen-Smith: The answer to the member's question is as follows:

- (1) Information in response to this question relates to Canberra Health Services, which delivers most ACT Government run health services. The ACT Health Directorate directly delivers a range of public health services and services at the Ngunnawal Bush Healing Farm.
 - (a) Please refer to Budget Paper C. Many services are not funded at the service unit level.

https://www.treasury.act.gov.au/__data/assets/pdf_file/0004/1698934/2020-21-Budget-Statements-C.pdf

- (b) A list of services can be found via the following link:
<https://www.canberrahealthservices.act.gov.au/services-and-clinics>.
- (c) Information about the number of people and employment type has been provided below per Division at Canberra Health Services (as at 30 March 2022) as the level of data granularity required to answer this question is not currently available.

Workload is a complex measure that is not reported to the level of detail asked for in the question. In any case, it would be an unreasonable diversion of resources to provide the amount of detail requested for each of almost 8,000 staff. Roles and responsibilities for relevant staff that work across the health services in the ACT are outlined in Enterprise Agreements that can be accessed via the following link:
<https://www.cmtedd.act.gov.au/employment-framework/for-employees/agreements>

Division	Casual	Permanent	Temporary
Allied Health	13	154	65
Cancer & Ambulatory Service	129	572	205
Chief Operating Officer	27	31	10
Finance & Business Intelligence	4	162	17
Infrastructure & Health Support Services	39	295	40
Medical Services	38	559	285
Medicine	16	871	329
Mental health, Justice Health & Alcohol & Drug Services	21	704	134
Nursing & Midwifery & Patient Support Services	171	275	31
Office of CEO	98	41	20
Office of Deputy CEO		44	7
People & Culture	1	80	7
Quality Safety Innovation & Improvement	0	40	0
Rehabilitation, Aged & Community Services	7	448	81
Surgery	1	839	227
Uni of Canberra Hospital	30	256	70
Women, Youth & Children	30	672	131
Grand Total	625	6043	1,659

- (2) Service changes occur as part of the expansion and continuous improvement of health services provision or where re-direction of services is required to respond to community need. These changes do not result in a reduction in workforce. The headcount for the health service is detailed below by FY:

Financial Year	Total Headcount
2016-17	7,043
2017-18	7,606
2018-19*	7,377
2019-20	7,597
2020-21	7,921

*Please note that in October 2018, ACTHD and CHS separated to become two different directorates and HC at this time was split.

A list of each service change to the level of data granularity requested is not currently available and would be an unreasonable diversion of resources to provide the amount of detail requested. Recent examples of service changes include:

- The Inner-North Walk-in Centre has been closed temporarily and staff redirected to COVID, this has resulted in no job losses.
- The Chronic Diseases Unit has redirected staff to support the Acute Medical Unit, this has resulted in no job losses.

Information about funding can be found in the ACT Government Budget Papers as per the above link. Many services are not funded at the service unit level.

Information about service changes may also be found in the Annual Reports for CHS and the ACT Health Directorate.

- (3) (a) Please refer to Attachment A for a list of all health services which are not run by the ACT Government but are funded by ACTHD.

In addition, the funding and provision of services at Calvary Public Hospital Bruce (CPHB) is governed by the legal contract known as the Calvary Network Agreement (CNA), which came into effect in February 2012, superseding prior arrangements. The CNA establishes Calvary Health Care ACT Ltd (Calvary) as a service provider of the ACT Local Hospital Network (ACT LHN) for the services it provides at CPHB.

The CNA sets out the requirements for annual Performance Plans between the Directorate and Calvary and for the financial year 2021-22 CPHB received \$261 million in funding.

CPHB have been in operation providing health services in the ACT since May 1979 when an agreement between the Commonwealth Government and Corporation of the Little Company of Mary was reached in October 1971 to construct and operate a public hospital.

- (b) CPHB is a fully accredited general public hospital and a teaching hospital. CPHB operates several outpatient clinics and other services, including:

- cancer services
- cardiology
- critical care
- maternity
- voluntary inpatient mental health services

- stroke services
- Hospital in the Home.

(c) See response provided to question 3(a).

- (4) ACT Health data on staff who provide direct health services is not currently available and would require an unreasonable diversion of resources to create in response to this question.

CHS is unable to report on staff who provide direct health services, the numbers outlined below are classification groups paid as of 30 March 2022. The Division of Mental Health, Justice Health and Alcohol and Drug Services has been omitted as have corporate divisions with the exception of the CEO's office where some COVID related health care staff reside in the structure.

As previously mentioned, CHS does not have a reporting indicator that defines frontline clinical or non clinical roles undertaken by a clinician. CHS does not report by job title, rather classification group which has been included below. Salary ranges for these can be accessed through the enterprise agreements.

	Casual	Permanent	Temporary
Dental	0	15	1
Health Assistants	1	72	15
Health Professional Officers	27	748	164
Medical Officers	5	329	639
Nursing and Midwifery Staff	282	2,689	484
Professional Officers	0	2	4
Technical Officers	35	119	19

(A copy of the attachment is available at the Chamber Support Office).

ACT Health and Canberra Health Services—complaints (Question No 741)

Ms Castley asked the Minister for Health, upon notice, on 8 April 2022:

- (1) How can Canberrans make complaints about staff and/or services at our public hospitals and what mechanisms exist to make complaints (eg, in person at hospital, Access Canberra, a telephone hotline, etc).
- (2) How many complaints have there been to ACT Health and Canberra Health Services since 2016.
- (3) Can the Minister provide a breakdown of the types of complaints and how the complaints were made.

- (4) How many of these complaints (a) were resolved or escalated and (b) remain unresolved or still under investigation.
- (5) How many complaints are yet to be dealt with.
- (6) Can the Minister provide information and numbers about who is making complaints (eg, patients/consumers, carers, health staff, management).
- (7) How many complaints have resulted in legal action since 2016.
- (8) How many of those complaints that have resulted in legal action have involved legal action against the ACT Government and can the Minister provide details and costs incurred to the Government.
- (9) How long does it take to investigate a complaint on average including details by type of complaint.
- (10) What is the procedure for managing, investigating and following up with Canberrans who lodge a health complaint.
- (11) How many staff work/have worked for complaints platforms across the health system since 2016.
- (12) How many of the complaints, which have been resolved since 2016, are/have been later reopened or escalated and why.

Ms Stephen-Smith: The answer to the member's question is as follows:

- 1) Feedback can be provided to Canberra Health Services (CHS) in several ways, these include:
 - Speaking with a CHS team member.
 - Completing a Consumer and Carer Feedback Form and placing the form in one of the feedback blue boxes available across CHS facilities, or place in the Australia Post.
 - Sending an email to healthfeedback@act.gov.au.
 - Completing the online form on the CHS Internet site:
<https://www.canberrahealthservices.act.gov.au/forms/i-want-to-provide-feedback-about-a-public-health-service>.
 - Completing the feedback form via the ACT Health App.
 - Calling the CHS Consumer Feedback and Engagement Team on 5124 5932.

Feedback about services provided by Calvary Public Hospital Bruce can be provided in several ways, these include:

- In-person to Calvary staff whilst admitted or attending outpatient services.
- Completing a "Patient Feedback" form available throughout the hospital.
- Completing the online form on the Calvary website:
<https://www.calvarycare.org.au/contact/feedback/>
- Emailing Calvary's Consumer Feedback team at feedback@calvary-act.com.au
- Calling Calvary's Consumer Feedback team on (02) 6264 7260.

Feedback about all health services can also be provided to the ACT Human Rights Commission on (02) 6205 2222 or by completing their online form at <https://hrc.act.gov.au/complaints/>

Feedback can also be provided by writing to the Minister for Health, the Minister for Mental Health, or another Member of the Legislative Assembly.

- 2) For the period of 1 January 2016 – 28 February 2022 there have been 10,941 complaints made to CHS and its predecessor services within then ACT Health. This total includes complaints received via the Ministerial and Human Rights Commission processes.

The ACT Health Directorate (ACTHD) provides strategic leadership, policy and planning advice, and oversight of the public health system. ACTHD commissions and manages contracts for the delivery of public hospital services but does not directly provide any public hospital services. All feedback received by ACTHD in relation to the provision of public hospital services is referred to the relevant service provider for response.

- 3) The top 5 themes of complaints received from 1 January 2016 – 28 February 2022 were: conduct (27%), information/communication/education (22%), access (19%), quality and safety (16%), and facilities/resources (7%).

The top 5 modes that complaints were received for the period of 1 January 2016 – 28 February 2022 was via: feedback form (30%), online form (24%), telephone (15%), email (11%) and Ministerial (11%).

- 4) 23 complaints remain open from the period of 1 January 2016 – 28 February 2022. The remainder have been managed and closed.
- 5) All 23 open complaints are currently being investigated by CHS.
- 6) Many complaints are anonymous and CHS systems do not collect data differentiating between types of complainants.
- 7) Since 2016, 47 claims were received that originated as complaints. Ten of the 47 claims relate to incidents occurring prior to 2016.
- 8) The below table provides detail on the costs incurred by the ACT Government on the claims identified in question 7 to the extent possible, whilst maintaining the privacy of personal information relating to the complaints. The Territory is represented in all matters by the ACT Government Solicitor (ACTGS) and the costs of representation and compensation are met from existing ACTGS resourcing and through the Territory's insurance arrangements with the ACT Insurance Authority (ACTIA).

Category of claim	Number of claims	Costs incurred by Government
Medical Negligence	42	\$6,069,045.46
Negligence (other than Medical Negligence)	5	\$828,844.84

- 9) For the period of 1 January 2016 – 28 February 2022, the average number of days to close a complaint was 20.59 days. The National Key Performance Indicator for the closure of complaints is 35 calendar days (excluding Ministerials and Human Rights Commission responses).

- 10) Please refer to the Consumer Feedback Policy and Procedure which is available on the CHS website: <http://www.canberrahealthservices.act.gov.au/about-us/policies-and-guidelines>

Complaints about public hospital services received by ACTHD are currently referred on to the relevant public hospital service provider for management in accordance with their policies and procedures.

- 11) The CHS Consumer Feedback and Engagement Team has 4 Full-time Equivalent team members. Complaints management and responses to complaints is also the responsibility of the executive support team, clinicians and administrative team members across CHS.

Coordination and management of consumer feedback relating to public hospital services (e.g., referring to service provider for response) is managed by the relevant ACTHD business unit as part of the normal course of administrative business.

- 12) The CHS Feedback Module IT system is unable to report on reopened complaints.

Youth—programs (Question No 748)

Mrs Kikkert asked the Minister for Families and Community Services, upon notice, on 8 April 2022:

- (1) In relation to the Pilot of the Head Start program, raised in the Minister's progress update on the implementation of the ACT Children and Young People's Commitment 2015-2025, dated 6 April 2022, (a) when did the pilot of this program begin, and when is it expected to end, (b) what are the intended/desired outcomes, and how will these outcomes be assessed, (c) how many students are currently engaged in the program, (d) how were these students chosen and/or identified, (e) how many full-time equivalent staffing positions are currently being funded as part of this pilot and (f) what are the responsibilities of these staff.
- (2) In relation to the ACT Job Trainer program, raised in the Minister's progress update on the implementation of the ACT Children and Young People's Commitment 2015-2025, dated 6 April 2022, (a) when will the extension of the ACT Job Trainer program end, (b) what has been the actual demand, given the program provides 2,500 training places, (c) if demand has exceeded supply, is there any kind of waiting list; if so, how long is it, and (d) if demand has not matched supply, what steps has the ACT Government taken to promote this program.

Ms Stephen-Smith: The answer to the member's question is as follows:

- 1a) The 2021-22 ACT Budget committed funding for the Head Start Pilot Program over three years from 2021-22 until 2023-24. Head Start places will be available to students from term 2 in 2022.
- 1b) The aim of the Head Start Pilot program is to provide increased Australian School-based Apprenticeship (ASbA) opportunities across ACT public schools and local industry, with a focus on needed skills for industries and dedicated support for students and employers. Up to 50 Head Start students and their employers will be supported by a dedicated team in the Education Support Office.

The Directorate is developing a detailed evaluation plan to assess the outcomes of the pilot, including both formative and summative evaluation stages and ongoing consultation with schools throughout the program.

- 1c) The Head Start Pilot program is on track to have its first students engaged in the program in term 2 of 2022, with the full complement of 50 students under the pilot to commence by the end of the 2022 school year.
- 1d) Head Start places will be advertised to all students in ACT public high schools and colleges. Students will be selected for a Head Start position via an Expression of Interest (EOI) process. As part of the EOI process, the Head Start team will consider a student's interests and identified career pathways they would like to explore, as well as the student's readiness for the program. The Head Start team will work together with students and their family and school to ensure that the Head Start pathway and chosen qualification, industry and employer is the right fit.
- 1e) The Head Start team includes five full-time equivalent positions funded as part of the pilot.

1f) Industry Coordinator (Fulltime)

- Identify and consult with employers in skills needs industries
- Increase student access to work placements with industry – both work experience and school-based apprenticeship and traineeship opportunities
- Assist employers that have not engaged school-based apprentices and trainees before to understand their obligations when employing a young person still at school
- Work with the Head Start Career Coach and employers to find the 'best match' for both students and employers
- Support employers to understand how to integrate school-based apprenticeships and traineeships into their workforce development model – creating a positive impact on recruitment and long-term workforce, productivity and workplace culture.

Career Coach (Fulltime)

- Increase student access to career education, and enable students across all ACT Public Schools to have equal access to Head Start positions
- Work with individual students and the Head Start Social Worker to understand the 'best match' between students and employers
- Work with schools (particularly high schools) to understand the personalised pathway needs of students that express interest in Head Start, including negotiation of a tailored school timetable
- Provide ongoing support to Head Start students throughout program to enable each student to establish their career goals and get the most out of their Head Start experience
- In collaboration with the Head Start Industry Co-ordinator, work with employers to support successful implementation of each student's Head Start Pathway Plan.

Social Worker (Fulltime)

- Work with students and their families, employers and schools to identify the wrap-around support services each student needs to maximise success in their Head Start placement

- Assist students to access support services that will enable them to remain engaged and successfully complete their Head Start placement.

ASbA Liaison and Project Support Officer (Trainee – 0.8)

- Raise awareness of the benefits of ASbAs through the delivery of information sessions to high schools
- Present to high school and college students on the benefits of a vocational education and training pathway
- Provide administration support to the Head Start team
- Provide peer support for Head Start participants

Assistant Director – Programs and Projects (2 x 0.6)

- Project development and implementation, ensuring systems and services work reliably and securely with a focus on continuous improvement
- Develop and maintain collaborative relationships with key government partners, schools, employers, registered training organisations and Apprenticeship Network Providers
- Perform research and analysis work including the preparation of reports and briefs on relevant program activities and/or project milestones
- Co-ordinate procurement activities and perform contract management duties.

- 2a) Enrolments under the JobTrainer extension and expansion (JobTrainer 2.0) close on 31 December 2022, with programs continuing throughout 2023-2024.
- 2b) At 21 April 2022, there have been 1,788 enrolments in JobTrainer 2.0. courses. These courses comprise both full qualifications and short courses. Further places will be made available in the second half of 2022. The final number of places funded through JobTrainer 2.0 will depend on student demand and the uptake of higher-cost full qualifications and lower-cost short courses.
- 2c) Waiting lists for specific courses may be held by individual registered training organisations (RTOs) approved to enrol students in JobTrainer courses.
- 2d) The Australian Government MySkills, ACT Government JobTrainer and Skills Canberra websites are updated regularly to promote JobTrainer courses and the RTOs delivering them. The ACT also implemented a JobTrainer promotional campaign that includes social media and radio advertising.

**Women—build-to-rent-to-buy housing initiative
(Question No 753)**

Mrs Kikkert asked the Minister for Housing and Suburban Development, upon notice, on 8 April 2022:

- (1) What is the current status of the development of a Build-to-Rent-to-Buy women's housing initiative in Ginninderry.
- (2) What potential sites in Ginninderry have been identified to date.
- (3) What funding models have been considered so far.

- (4) When is the pilot expected to commence.
- (5) How long will the pilot be in operation.
- (6) How many participants are expected.
- (7) How will participants be chosen for the pilot.
- (8) How can at-risk and vulnerable women in the ACT apply to participate in the pilot.
- (9) What eligibility criteria have been considered for this initiative, eg, age range, determinants for at-risk and vulnerability, income threshold, disability etc.
- (10) What other housing initiatives are available across the ACT for at-risk and vulnerable women.
- (11) Are there any Build-to-Rent-to-Buy schemes currently available in the ACT; if so, can the Minister provide details on these schemes.

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

- (1) Discussions are ongoing between the Ginninderry Joint Venture, Community Housing Canberra (CHC) and the National Housing Finance and Investment Corporation (NHFIC).
- (2) Project planning is still ongoing and while some sites in Ginninderry have been identified for preliminary modelling the site is yet to be confirmed.
- (3) Project planning is still ongoing and the funding models are yet to be determined. Consideration is being given to a range of funding options including equity arrangements and through NHFIC.
- (4) Project planning is still ongoing and the commencement date is yet to be determined.
- (5) Project planning is still ongoing and the length of the pilot is yet to be determined.
- (6) Project planning is still ongoing and the number of participants is yet to be determined.
- (7) Project planning is still ongoing and the method to select participants is yet to be determined.
- (8) Project planning is still ongoing and the method to select participants and how they can apply, including at-risk and vulnerable women, is yet to be determined.
- (9) Project planning is still ongoing and the eligibility criteria for participants is yet to be determined.
- (10) There are a range of social housing initiatives for at-risk and vulnerable women across the ACT. These include Housing ACT providing public housing with around 12,000 properties spread across most suburbs, this

provides long-term rental for those on low to moderate incomes. In addition, there are a number of Community Housing Providers also offering housing and services. OneLink is the central information and access point for a range of human services including housing, homelessness and child, youth and family services in the Australian Capital Territory. OneLink can talk to community members about housing options, including emergency accommodation, public housing, community housing, private rental and other options, and about what assistance might be available.

- (11) I am not aware of any Build-to-Rent-to-Buy schemes currently operating in the ACT.

Dhulwa Mental Health Unit—safety (Question No 761)

Ms Castley asked the Minister for Mental Health, upon notice, on 6 May 2022:

- (1) Does Dhulwa Secure Mental Health Unit (Dhulwa) or the Directorate/Canberra Health Services (CHS) keep information about Australian Federal Police (AFP) staff/ACT Policing visiting Dhulwa; if not, why not; if so, how often have AFP staff visited Dhulwa since it opened including details for the reason for each visit and outcome.
- (2) Does Dhulwa or the Directorate/CHS keep information about staff registering complaints to the AFP; if not, why not; if so, how many complaints have been made to the AFP including the reason for the complaint and the outcome.
- (3) What action have AFP staff taken in relation to Dhulwa.
- (4) Have security arrangements/processes changed since Dhulwa opened; if so, how have they changed.
- (5) Have security arrangements/processes been reviewed since Dhulwa opened; if so, can the Minister provide details on (a) what type of review/s, (b) by whom, (c) what were the results of the review/s and (d) any action arising from the review/s.
- (6) How many security officers are employed at Dhulwa and how many are rostered for each shift.
- (7) Do security officers patrol the facility or remain at the front entrance.
- (8) Have security staff made any complaints about working at Dhulwa since it opened.
- (9) What is the process for security staff to make complaints including details on the (a) number of complaints, (b) nature of complaints and (c) how it was handled/responded to.
- (10) Have any security staff been assaulted (physically/verbally) since Dhulwa opened; if so, can the Minister provide relevant details on these assaults.
- (11) What type of specific training are security staff required to have before they are employed at Dhulwa.

- (12) How often is training required to be updated/refreshed.
- (13) Can the Minister provide details about what training security staff have received and if any training has not been delivered, why not.
- (14) What is the annual cost of employing Dhulwa security staff for each year that Dhulwa has been open.
- (15) Can the Minister provide details about any investigation and what/if any subsequent action was taken by Dhulwa/CHS/the Directorate, following the ABC report of 6 April 2022 that in 2018 several nurses reported being punched in the face and kicked in the head during multiple assaults by a patient and that ACT Policing investigated.

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

1. The Mental Health Act 2015 mandates the provision of least restrictive care. Dhulwa is a sub acute unit, a secure hospital facility and not a correctional facility. While there can be complex and challenging consumers, the model of care within Dhulwa is designed to be recovery focused and therapeutic, not punitive, or disciplinary. Police attendance at Dhulwa is not specifically recorded by Canberra Health Services (CHS), however a visitors' book is maintained by Dhulwa administration team members. To 18 May 2022, ACT Policing attended Dhulwa on 27 occasions since it opened in July 2017. For privacy and operational reasons, ACT Policing is not in a position, to share information regarding specific reasons for attendance in response to incidents at Dhulwa.
2. No. Teams are encouraged to make a complaint to police but are not obligated.
3. ACT Policing advise that when responding to any incident in the community, ACT Policing always takes the appropriate action directly relevant to the nature of that incident. For privacy and operational reasons, ACT Policing is not in a position to share information regarding specific police actions in response to incidents at Dhulwa.
4. Yes. Incidents are reviewed, both formally and informally, and risk mitigations are put in place where appropriate. Security officers are rotated between Dhulwa and other sites as part of a strategy to minimise complacency and mental fatigue, and as a continuity arrangement to provide appropriately skilled team members if there are shortages because of the public health emergency. At the request of the Mental Health, Justice Health and Alcohol & Drug Services Executive Director in October 2018, a security officer was permanently placed in the Lomandra nursing station to accompany clinical team members on the ward if there was a risk of occupational violence. Prior to this arrangement, security officers did not enter clinical areas unless a duress alarm was activated.
5. There has been no external reviews of security arrangements, however internal governance documents continue to be updated where gaps and improvements are identified.
6. A mixed-model approach to staffing was commenced in July 2019 across all of Canberra Health Services. The Security Supervisor and Security Control Room operator are directly employed by CHS. The remainder of guarding at the facility are contracted through a security labour company. There are five security officers during the day, and four security officers during the night, who work 12-hour shifts.

7. Security officers work primarily at the entry to the facility and are responsible for scanning and entry procedures, control room functions, and patrolling the perimeter fence, carparks and non treatment areas of the facility. The security officer assigned to the Lomandra nursing station may be asked to accompany clinical staff on the ward if there is a risk of occupational violence.
8. Yes.
9. Depending on the nature of the complaint, contracted security officers can make a complaint to their company or, for minor matters, to the site supervisor. Direct employees can make a complaint to their manager or, for more serious matters, through one of the ratified CHS or public service complaint mechanisms.
- Numerous emails from one former contracted security officer;
 - The complaint focused on perceived mistreatment of contracted security officers by management, favouritism towards employed officers, bullying and unfair work practices, response to violence and aggression incidents and several minor operational issues;
 - An internal preliminary assessment was conducted by a senior-grade officer and found that claims made directly against employees personally were unfounded. The complainant was provided with explanations and detail related to many of their grievances, however the complainant had chosen not to accept these, nor to take any initiative to make improvements on their own benefit. The assessment found that appropriate measures had been put in place to many of the complainant's concerns.
10. Yes. There was a total of 32 incidents reported by security members since the opening of the facility. These are summarised in the below table. Details of the eight serious and moderate incidents involving physical assault are outlined below.

Injury category	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Serious injury received	0	0	0	1	1	1
Moderate injury received	0	0	0	3	1	0
Minor injury received	0	0	0	1	6	1
No injury, hazardous situation	0	0	0	4	16	2
Total	0	0	0	9	24	4

- In January 2022, a Security Supervisor fell and struck his head on a concrete retaining wall while trying to restrain two consumers who were assaulting each other. The supervisor momentarily lost consciousness and was taken to Canberra Hospital for assessment.
- In December 2019, two Security Officers were attempting to restrain a violent consumer. The Doctor directed them to release the consumer and the consumer immediately continued assaulting team members. Both security officers received punches and kicks to their body and received minor injuries requiring first aid treatment.
- In August 2020, two Security Supervisors were assaulted by the same consumer on separate occasions. During the process of restraining the consumer each time, one supervisor sustained a fractured cheek bone with severe bleeding and one supervisor sustained a black eye.

- d. During the 2019-20 financial year, two Security Supervisors and one contracted security officer received knee injuries requiring rehabilitation. These occurred from the same consumer, on separate occasions. When they attempted restraint, the consumer used their body weight to drop to the floor each time causing the restraint team to fall to the floor.
11. All security officers must complete their Certificate II in Security Operations, at a minimum, and possess an ACT Security Licence with appropriate sub-classes. CHS provides a training and induction program which consists of:
- a. An initial online induction course;
 - b. A three-day familiarisation and core competency induction at Canberra Hospital with an experienced mentor;
 - c. An e-learning package consisting of topics including: Security officer role and functions, fire and emergency, child protection, hand hygiene, family violence, speaking up for safety, and working with Aboriginal and Torres Strait Islander patients and clients, Work Health and Safety Fundamentals, workplace Behaviours and Personal Safety and conflict Awareness modules;
 - d. A two-day Occupational Violence Training control and restraint program;
 - e. A Dhulwa-specific site orientation and familiarisation of baggage x-ray scanning, metal detection, building management systems, biometric systems and registration, and control room operations;
 - f. Security Supervisors receive additional training in supervisory responsibilities, such as Riskman reporting, managing workplace behaviours, resolving workplace issues, underperformance training, diversity and inclusion principles, conflict handling and personal safety, as well as searching, handcuffing and baton use for escorts of correctional patients outside of the facility;
 - g. At the opening of the facility, all security officers received in-depth training on communication skills, de-escalation techniques, response to incidents, and training on legislation and policies.
12. Security contractors are required to complete fire and emergency training and hand hygiene awareness annually. Directly employed security members are required to complete fire and emergency training, hand hygiene awareness, and e-learning programs for security officer role and functions, handcuff and baton use, and searching each year. Directly employed security members also must complete their Certificate III in Security Operations within the first 12 months of their employment. CHS invested \$150k in training security officers prior to opening the facility and has continued to invest \$120k since its opening on providing training in occupational violence minimisation to security officers.
13. All security officers are currently scheduled to complete a one-day transition course to train them in the new CHS Occupational Violence Training package. Security supervisors are scheduled to undertake one day of further practical training in baton and handcuffs application in Q4 of 2021-22.
14. A table of costs are outlined below. The figure for 2016-17 financial year reflects \$150k of costs associated with training of security officers prior to opening the facility. An additional 24/7 security officer was added to the staffing complement in October 2018, thus an increase in the 2018-19 financial year. The figure for 2021-22 financial year is inclusive up to end of April 2022.

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Annual staffing cost	\$1.27m	\$1.87m	\$2.47m	\$2.51m	\$2.56m	\$2.01m*

15. CHS has an organisational priority to ensure team members are safe at work and take the safety concerns of teams very seriously. At team meetings in all mental health inpatient units, the Director of Nursing has outlined the OV strategies in place, what opportunities and supports are available, and how these can be utilised.

These include:

- Reinvigorating the Safewards methodology;
- Dynamic ISBAR (Introduction, Situation, Background, Assessment, Recommendations/ Read back) has been introduced. This tool is used to assess risk and develop a plan before approaching or undertaking any planned intervention with a consumer that could trigger agitation or aggression towards team members;
- Safety Huddles– these occurs in collaboration with the multidisciplinary team after every clinical handover (shift change) to briefly discuss any safety incidents that have occurred over the last 24-hours and potential issues that may pose a risk to team members or consumers throughout out the shift and any team members;
- A senior nurse has been appointed to focus on OV across MHJHADS. The clinician has been assigned to Dhulwa for three months to support training, education, reporting, governance, coaching, mentoring and the development and implementation of new strategies to reduce OV;
- The introduction of scenario-based training to provide clinical teams and security the opportunity to practice OV response techniques. This is expected to support and improve team member confidence to lead and coordinate effective response to OV incidents;
- Senior management have been working on weekends to provide leadership, encouragement, and additional support for team members;
- The Clinical Nurse Educator position has recently been appointed to structure and facilitate team education programs and reinvigorate the use of the Safewards model in Dhulwa.

All nursing team members at Dhulwa have been given the opportunity to work across different mental health inpatient units across CHS. Redeployment can be temporary or long-term and remains available to team members. There are several benefits of Dhulwa nursing staff working across different units, these include:

- a break away from a forensic environment;
- teamwork and engagement with colleagues in different work environments and with different skillsets;
- opportunity to further develop skills and experience in delivering mental health services to a broad range of consumers;
- exposure to demonstrated OV training principles and de-escalation techniques in practice in different units; and
- return to their usual work environment and discuss ideas or key learnings.

Capital Linen Service—financial data (Question No 762)

Ms Lee asked the Minister for Transport and City Services, upon notice, on 6 May 2022:

Can the Minister provide financial statements for Capital Linen Service for the financial years 2018-19 to present, including (a) operating statement, (b) balance sheet, (c) cash flow statement, (d) statement of changes in equity, (e) statement of income and expenses on behalf of the Territory, (f) statement of assets and liabilities on behalf of the Territory and (g) details of any capital expenditure.

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

Capital Linen Service's financial statements are consolidated at the Directorate level, as a result the statements provided at [Attachment A](#) are the Operating Statement and Balance Sheet for the periods requested.

Further material financial information is contained within Transport Canberra and City Services financial statements and notes, published in the corresponding annual reports.

(A copy of the attachment is available at the Chamber Support Office).

Government—debt (Question No 763)

Ms Lee asked the Treasurer, upon notice, on 6 May 2022:

Can the Treasurer advise, in relation to all ACT Government borrowings broken down by tranche the (a) amount borrowed, (b) strike date, (c) expiry date, (d) interest rate and (e) debt type (interest only, principal and interest, or other).

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

Information about ACT Government borrowings is provided on pages 302-304 of the 2021-22 Budget Outlook and pages 90-92 of the 2021-22 Budget Review.

The details of all current outstanding ACT Government borrowings are set out below:

Series	Tranche	Type ¹	Face Value Issued (\$m)	Issue Yield (%)	Coupon (%)	Issue Date	Maturity Date
ACT002	ACT001	IAB	300	2.400	na	12.06.2008	12.06.2048
	ACT002	IAB	120	3.920		03.06.2009	
ACT003	ACT001	CIB	250	3.700	3.50	17.06.2010	17.06.2030
ACT008	ACT001	MTN	500	4.200	4.00	22.05.2014	22.05.2024
ACT010	ACT001	MTN	525	2.645	2.50	23.05.2016	21.05.2026
ACT011	ACT001	MTN	550	3.235	3.00	18.04.2018	18.04.2028
ACT012	ACT001	MTN	675	2.360	2.25	22.05.2019	22.05.2029
	ACT002	MTN	225	1.785		17.04.2020	
ACT013	ACT001	MTN	1,000	1.160	1.25	13.08.2019	22.05.2025

Series	Tranche	Type ¹	Face Value Issued (\$m)	Issue Yield (%)	Coupon Rate (%)	Issue Date	Maturity Date
ACT014	ACT001	MTN	1,000	1.845	1.75	23.10.2019	23.10.2031
ACT015	ACT001	MTN	1,100	0.860	1.00	17.04.2020	17.04.2023
ACT016	ACT001	MTN	1,000	1.790	1.75	17.05.2021	17.05.2030
ACT017	ACT001	MTN	1,250	2.575	2.50	15.02.2022	22.10.2032

¹ Type

- Indexed Annuity Bond ('IAB'). Annuity payments are made quarterly, comprising both interest and principal payments. Both the interest and principal repayments are adjusted for movements in the Consumer Price Index (CPI). The bond is fully repaid by maturity.
- Capital Indexed Bond ('CIB'). The capital value of the security is adjusted for movements in the CPI. Interest is paid quarterly at the fixed coupon rate on the adjusted capital value. The adjusted capital value is fully repaid at maturity.
- Medium Term Note ('MTN'). Interest payments are made semi-annually at the fixed coupon rate over the life of the bond. The capital face value is fully repaid at maturity.

Planning—housing choices (Question No 764)

Ms Lee asked the Minister for Planning and Land Management, upon notice, on 6 May 2022:

Is household formation factored into the residential supply and demand modelling; if so, can the Minister briefly describe how; if not, why not.

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

Yes. The *Residential Supply and Demand Model* considers the household formation such as people's living arrangements by dwelling type, household type and family type. This data is based on the Australian Bureau of Statistics' 2016 Census and forward data in its *Household and Family Projections publication*. This information is an input to inform the average persons per dwelling calculations during the development of the Indicative Land Release Program.

State Emergency Services—health and safety (Question No 766)

Mr Milligan asked the Minister for Police and Emergency Services, upon notice, on 6 May 2022:

- (1) What are the work health and safety standards for State Emergency Service (SES) vehicles.
- (2) What is the minimum level of equipment for ensuring the safety of volunteers that is required to be carried by the vehicles.
- (3) What is the minimum level of equipment for ensuring the safety and health of those at the scene being responded to.

- (4) Does each vehicle carry the same level of equipment.
- (5) Does the minimum level of equipment meet with the work health and safety standards.
- (6) Do automated external defibrillators (AEDs) form part of the minimum level of equipment for each vehicle; if not, (a) how many vehicles are equipped with AEDs and (b) how often are these vehicles deployed.
- (7) How often are AEDs used in emergency situations where SES vehicles attend.
- (8) Is there spare stock of AEDs available for use in all vehicles.

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

- (1) All ACT State Emergency Service (ACTSES) vehicles are designed and maintained to meet operational and legislative requirements. This includes the requirements contained in the Australian Design Rules, Road Transport Act 1999, and Work Health and Safety Act 2011.
- (2) The minimum level of equipment for ensuring the safety of volunteers and those at an incident is a fire extinguisher (1kg and 4.5kg), First Aid Kit, an automated external defibrillator (AED), fire blanket, eFlare kit, P2 dust masks, C5 ear plugs, traffic cones, compliant day/night high visibility vests and a carton of water 600ml bottles.

Since the COVID-19 pandemic all vehicles have also maintained a stock of masks, hand sanitiser, spray disinfectant and alcohol wipes for cleaning and personnel hygiene.

- (3) The ACTSES utilises their vehicles as a mobile work platform, containing necessary equipment to complete temporary repairs deemed appropriate for each Request For Assistance (RFA), while ensuring the safety of those at the scene, including the public and/or crew members.

If an RFA is deemed too hazardous or places the public and/or crew members at risk, Team Leaders are authorised to inform the ACT Emergency Services Agency (ESA) Communications Centre and the resident that ACTSES is unable to assist, and further advice is provided to contact a subject matter expert, for example, utility providers, arborists, asbestos removalists, and building maintenance contractors.

- (4) The ACTSES fleet consists of different types of vehicles depending on the nature of the incident they are attending. All ACTSES vehicles carry a minimum level of equipment for ensuring safety, as outlined in question (2). In addition, each type of vehicle carries the specific equipment required to perform their specific operational tasks.
 - (5) Yes, as outlined in question (1).
 - (6) Yes, as outlined in question (2).
 - (7) AEDs have been in ACTSES vehicles since 2018. To date, there have been no reports of an AED being used in an emergency situation, where the ACTSES has attended.
 - (8) Yes.
-

**Transport Canberra—bus stops
(Question No 769)**

Ms Castley asked the Minister for Transport and City Services, upon notice, on 6 May 2022:

- (1) Can the Minister provide a breakdown of what buses stop at (a) Canberra Hospital, (b) each walk-in centre, for example, Dickson, Belconnen, Tuggeranong, Weston Creek and Gungahlin, (c) University of Canberra Hospital, (d) Centenary Hospital for Women and Children, (e) Canberra Region Cancer Centre and (f) Calvary Public Hospital.
- (2) Can the Minister provide a breakdown of (a) the first and last stop of the buses, (b) what times buses are scheduled to arrive and (c) any other public transport that stops, at the buildings listed in part (1).

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

- (1) and (2)

Refer to Attachment A for a breakdown of bus routes passing each location including indicative off peak weekday frequency. The information provided is a guide to available public transport services. For information on specific times please refer the Transport Canberra Website www.transport.act.gov.au

(Copies of the attachments are available at the Chamber Support Office).

**Municipal services—Fix My Street
(Question No 770)**

Ms Castley asked the Minister for Transport and City Services, upon notice, on 6 May 2022:

- (1) Can the Minister provide a breakdown, by each Yerrabi suburb, of how many Fix My Street requests have been lodged for (a) 2016-17, (b) 2017-18, (c) 2018-19, (d) 2019-20, (e) 2020-21 and (f) 2021-22.
- (2) Can the Minister provide a breakdown of the requests referred to in part (1) by categories in Fix My Street.

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

- (1) The ACT Government does not collect or collate data on the basis of electorates. When considering the available data in the context of suburbs located within the Yerrabi electorate, a total of 29,388 Fix My Street requests have been lodged in these suburbs since 2016. These have been broken down in the table below.

Data is not provided for Evatt, Lawson and McKellar beyond 2018-19 as these suburbs were removed from the Yerrabi electorate in 2019.

Data is not provided for Taylor prior to 2017-18 as this suburb was only created in 2016.

Where there is no data in a particular category for a particular suburb, this means there were no Fix My Street requests in that category for the relevant time period.

(2) See categories in the table overleaf.

FMS Service Requests By Suburb	Fin. Yrs						Grand Total
	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	
AMAROO							
Place Management	35	13	17	10	33	120	228
Regulatory Activities	70	39	57	60	40	27	293
Roads Management	45	31	44	80	89	105	394
Streetlights	155	191	102	39	21	44	552
Tree Management	106	113	115	111	118	144	707
AMAROO Total	411	387	335	300	301	440	2,174
BONNER							
Place Management	61	33	19	21	33	108	275
Regulatory Activities	88	69	60	60	51	66	394
Roads Management	24	15	16	38	84	51	228
Streetlights	69	62	60	58	13	84	346
Tree Management	24	22	35	44	43	73	241
BONNER Total	266	201	190	221	224	382	1,484
CASEY							
Place Management	73	21	41	23	50	131	339
Regulatory Activities	90	50	100	103	83	59	485
Roads Management	28	21	26	69	171	92	407
Streetlights	31	58	37	32	14	73	245
Tree Management	38	35	36	57	54	49	269
CASEY Total	260	185	240	284	372	404	1,745
CRACE							
Place Management	34	28	9	9	18	87	185
Regulatory Activities	105	40	47	62	49	25	328
Roads Management	31	18	15	29	35	42	170
Streetlights	11	33	50	6	7	41	148
Tree Management	35	41	35	53	35	48	247
CRACE Total	216	160	156	159	144	243	1,078
EVATT							
Place Management	23	15	12				50
Regulatory Activities	47	45	41				133
Roads Management	49	25	34				108
Streetlights	33	37	79				149
Tree Management	192	124	135				451
EVATT Total	344	246	301				891
FORDE							
Place Management	66	36	13	20	19	73	227
Regulatory Activities	50	37	34	38	35	22	216
Roads Management	31	20	15	40	80	79	265
Streetlights	42	59	71	30	4	23	229
Tree Management	64	69	62	70	58	47	370
FORDE Total	253	221	195	198	196	244	1,307
FRANKLIN							
Place Management	19	20	10	17	28	121	215
Regulatory Activities	109	98	105	67	77	134	590
Roads Management	23	24	40	45	62	51	245
Streetlights	48	71	68	29	10	30	256
Tree Management	55	61	54	49	45	69	333
FRANKLIN Total	254	274	277	207	222	405	1,639

FMS Service Requests By Suburb	Fin. Yrs						Grand Total
	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	
GIRALANG							
Place Management	30	14	15	9	15	84	167
Regulatory Activities	42	29	45	33	17	12	178
Roads Management	48	27	21	45	45	53	239
Streetlights	30	51	84	29	7	16	217
Tree Management	86	55	54	67	64	83	409
GIRALANG Total	236	176	219	183	148	248	1,210
GUNGAHLIN							
Place Management	71	34	30	43	67	322	567
Regulatory Activities	203	122	132	141	141	104	843
Roads Management	111	95	87	173	244	253	963
Streetlights	110	167	94	52	14	50	487
Tree Management	72	110	74	97	77	113	543
GUNGAHLIN Total	567	528	417	506	543	842	3,403
HALL							
Place Management	11	3		1	6	12	33
Regulatory Activities	12	5	5	28	3	3	56
Roads Management	24	10	12	23	13	17	99
Streetlights		8	3	3	0	2	16
Tree Management	19	12	13	17	22	16	99
HALL Total	66	38	33	72	44	50	303
HARRISON							
Place Management	48	22	9	15	43	217	354
Regulatory Activities	114	93	100	102	89	56	554
Roads Management	48	38	39	88	112	73	398
Streetlights	93	146	106	42	8	59	454
Tree Management	53	55	78	67	88	99	440
HARRISON Total	356	354	332	314	340	504	2,200
JACKA							
Place Management	5	0	1	0	5	12	23
Regulatory Activities	10	9	7	4	1	6	37
Roads Management	3	1	1	3	10	6	24
Streetlights	2		3	3	3	5	16
Tree Management	4	1	2	2	4	1	14
JACKA Total	24	11	14	12	23	30	114
KALEEN							
Place Management	45	21	37	22	36	148	309
Regulatory Activities	100	75	91	67	28	28	389
Roads Management	79	69	68	126	112	156	610
Streetlights	114	164	68	68	16	70	500
Tree Management	242	212	213	194	229	213	1,303
KALEEN Total	580	541	477	477	421	615	3,111
LAWSON							
Place Management	6	10	14				30
Regulatory Activities	23	36	67				126
Roads Management	12	8	5				25
Streetlights	4	21	1				26
Tree Management	9	11	12				32
LAWSON Total	54	86	99				239
MCKELLAR							
Place Management	15	4	11				30
Regulatory Activities	17	12	29				58
Roads Management	20	14	20				54
Streetlights	42	40	106				188
Tree Management	71	63	62				196
MCKELLAR Total	165	133	228				526

FMS Service Requests By Suburb	Fin. Yrs							
	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Grand Total	
MONCRIEFF								
Place Management		21	23	18	18		80	
Regulatory Activities	19	47	62	99	48		275	
Roads Management	8	11	16	43	20		98	
Streetlights	12	37	21	7	0	11	88	
Tree Management	10	25	21	36	11	19	122	
MONCRIEFF Total	49	141	143	203	97	30	663	
NGUNNAWAL								
Place Management	76	29	57	7	21	3	193	
Regulatory Activities	152	98	116	96	70	2	534	
Roads Management	63	34	68	120	104	4	393	
Streetlights	204	199	157	69	9	65	703	
Tree Management	162	166	123	187	180	189	1,007	
NGUNNAWAL Total	657	526	521	479	384	263	2,830	
NICHOLLS								
Place Management	69	45	33	26	27	4	204	
Regulatory Activities	66	49	49	47	38	2	251	
Roads Management	96	45	75	88	104	2	410	
Streetlights	122	202	172	52	10	61	619	
Tree Management	149	152	152	119	130	196	898	
NICHOLLS Total	502	493	481	332	309	265	2,382	
PALMERSTON								
Place Management	38	14	14	14	16	8	104	
Regulatory Activities	61	41	55	52	35	0	244	
Roads Management	25	15	24	58	69	1	192	
Streetlights	136	95	72	16	15	13	347	
Tree Management	119	123	122	76	115	110	665	
PALMERSTON Total	379	288	287	216	250	132	1,552	
TAYLOR								
Place Management		0	1	14	10	0	25	
Regulatory Activities		0	8	64	52	0	124	
Roads Management		0	5	19	15	0	39	
Streetlights		1	5	13	9	16	44	
Tree Management		0	0	4	9	11	24	
TAYLOR Total		1	19	114	95	27	256	
THROSBY								
Place Management		1	1	11	17	2	32	
Regulatory Activities	2	6	6	58	43	1	116	
Roads Management			1	14	15		30	
Streetlights		1	14	4	2	5	26	
Tree Management		3	3	21	30	20	77	
THROSBY Total	2	11	25	108	107	28	281	
Grand Total	5,641	5,001	4,989	4,385	4,220	5,152	29,388	

Taxation—commercial property rates (Question No 773)

Ms Castley asked the Treasurer, upon notice, on 6 May 2022:

- (1) What was the number of businesses in each suburb in Yerrabi, each year since 2016.
- (2) What was the breakdown by suburb of average commercial rates in the electorate of Yerrabi, each year since 2016.
- (3) What was the breakdown by suburb for median land tax in Mitchell, each year since 2016.

- (4) Can the Minister list all charges and the total revenue received by the ACT Revenue office from (a) businesses and (b) residents, each year since 2016.
- (5) What is the breakdown of the charges listed in part (4) for each suburb in Yerrabi, each year since 2016.
- (6) What information was used to determine the forward estimates for (a) general tax, (b) duties, (c) gambling taxes and (d) other taxes (Budget Outlook 2021-22, page 240).

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

- (1) Information on business counts by suburb is available from the ABS in the *Counts of Australian Businesses, including Entries and Exits* publication.
<https://www.abs.gov.au/statistics/economy/business-indicators/counts-australian-businesses-including-entries-and-exits/latest-release>
- (2) The breakdown by suburb of average commercial rates in the electorate of Yerrabi since 2016:

SUBURBS	2016/17 (\$)	2017/18 (\$)	2018/19 (\$)	2019/20 (\$)	2020/21 (\$)	2021/22 (\$)
Amaroo	115,677	92,075	103,099	62,162	78,257	75,878
Bonner	45,734	47,788	49,176	50,503	52,088	52,913
Casey	71,977	72,265	75,966	44,540	46,022	47,727
Crace	52,935	21,763	23,022	24,311	24,872	26,639
Forde	6,474	6,836	7,414	7,662	7,709	8,505
Franklin	53,325	18,726	9,063	9,042	8,958	9,554
Giralang	18,889	24,478	36,231	37,255	38,129	51,495
Gungahlin	35,288	39,307	38,848	41,337	42,318	39,018
Hall	22,817	27,386	21,518	22,179	24,837	22,948
Harrison	4,110	4,349	6,115	11,256	13,096	14,093
Jacka	N/A	N/A	N/A	N/A	N/A	N/A
Kaleen	18,290	19,177	18,969	19,576	20,032	20,231
Moncrieff	95,741	25,465	52,474	53,853	3,548	N/A
Ngunnawal	16,647	17,496	18,015	20,371	20,058	20,559
Nicholls	28,169	33,299	38,046	25,383	25,673	25,571
Palmerston	7,095	7,488	7,723	8,051	7,925	8,097
Taylor	N/A	N/A	318,190	141,328	153,899	159,925
Throsby	128,902	219,290	166,800	119,146	168,696	72,645

Notes:

- The suburbs tabled comprise of the entire district of Gungahlin and includes the suburbs of Amaroo, Bonner, Casey, Crace, Forde, Franklin, Gungahlin, Harrison, Jacka, Moncrieff, Ngunnawal, Nicholls, Palmerston, Taylor, Throsby, the Belconnen district suburbs of Giralang and Kaleen, and the Township of Hall. The current boundaries of the Yerrabi electorate have been used, historic movement of boundary lines have not been considered.
- The commercial rates values tabled are net of rebates and includes the Fire Emergency Services Levy.
- The values are current to 10 May 2022.
- N/A denotes no commercial properties exist in the suburb in the specified time periods.

- (3) Land tax only applies to residential properties. There have not been residential properties in the suburb of Mitchell since 2016.
 - (4) + (5) Revenue is recorded by tax line. Information about the revenue received for tax lines is reported in regular Treasury publications, refer <https://www.treasury.act.gov.au/publications>.
 - (6) The Budget Outlook 2021-22, pages 241 to 255 provides detailed information on forward estimates. <https://www.treasury.act.gov.au/budget/budget-2021-22/budget-papers>.
-

ACT Health—nurses and midwives (Question No 775)

Ms Castley asked the Minister for Health, upon notice, on 6 May 2022:

- (1) In relation to freedom of information documents for the Canberra Health Services Nursing and Midwifery Workforce Plan 2022-2023, Attachment D – Consultation process and contributors, page 34, that stated “focus groups were held throughout the first half of 2021... 7% of the workforce attended these sessions”, (a) how many, (b) when (including time) and (c) where were the focus groups held.
- (2) What is the breakdown of the job titles and number of staff who attended the focus groups.
- (3) What was the total cost of the focus groups.
- (4) Who ran the focus groups and how was that decided, including details of cost (if any) if the job was outsourced.
- (5) Was an invitation sent to all staff and how much notice was given.
- (6) What alternatives/solutions were offered to staff who could not attend the focus groups.
- (7) Was feedback sought by the directorate about the focus groups; if so, what feedback was received about the focus groups.

Ms Stephen-Smith: The answer to the member’s question is as follows:

1. Thirty-six (36) focus groups were conducted at various locations on the Canberra Hospital campus, Alexander Maconochie Centre, Walk in Centres and via WEBEX. These sessions ran from Tuesday 6 April to Tuesday 12 October 2021. Times for sessions included 9am, 10am, 12:30pm, 1:30pm, 2:30pm, 3:30pm and 8:30pm.
2. This information was not collected in the focus groups to ensure staff confidentiality. Staff in attendance covered the entire spectrum of the professions from Assistants in Nursing through to Executive staff.
3. Nil. Focus groups were conducted onsite and facilitated by Workforce Strategy and Planning Staff.

4. The Executive Director, Nursing and Midwifery and Executive Group Manager, People and Culture approved Workforce Strategy and Planning staff to conduct and facilitate the focus group sessions due to their previous experience and training undertaking such tasks. Development of the plan was not completed by external sources.
 5. A communications plan was developed and approved. Communications were delivered through internal communications including the CEO Bulletin, the main Intranet page, DONS and ADONs meetings, flyers in tea rooms and an Eventbrite link. Communications commenced on 31 May 2021 and concluded in October 2021.
 6. All nursing staff were sent a link to an online survey they could complete. Workforce Planning staff also undertook individual meetings with staff as requested and conducted online focus group sessions.
 7. The ACT Health Directorate was engaged throughout various stages of the workforce plan development. Within CHS, the CEO and Executive Director, Nursing and Midwifery were advised of progress of focus groups throughout the consultation period via regular catchups.
-

Schools—school psychologists (Question No 776)

Ms Castley asked the Minister for Education and Youth Affairs, upon notice, on 6 May 2022:

- (1) How many ACT government schools are there.
- (2) How many school psychologists are employed by the Education Directorate, broken down by (a) full-time, (b) part-time and (c) casual, etc.
- (3) Does every government school have a full-time school psychologist; if not, how often is a school psychologist at the school.
- (4) Can the Minister provide a list of all schools which have school psychologist and whether they are at the school five days a week, two days, etc.
- (5) Can the Minister provide a list of schools that do not have a school psychologist.
- (6) Are there more school psychologists employed in high schools and colleges than primary schools; if so, how many and how often are school psychologists at high schools and colleges compared to primary schools.
- (7) What is the role of the school psychologist.
- (8) Are school psychologists required to submit reports with the Education Directorate about their work and the nature of the student issues they deal with; if so, can the Minister provide details for the last two years.
- (9) Has the number of school psychologists changed over the last five years; if so, can the Minister provide details.

- (10) What is the waiting time for a student to see a school psychologist, or is this information not kept, and is there a waiting list.
- (11) How many times, on average, will a school counsellor see a student/child.
- (12) What are the five most common reasons for students to see a school psychologist.
- (13) Can the Minister provide a breakdown of psychologists and their qualifications.
- (14) Has there been a review of the school psychologist program over the last six years; if so, can the Minister provide details of any review.
- (15) What is the total cost of the school psychologist program and can the Minister provide the cost over the last five years.
- (16) Are there plans to review, change or expand the school psychologist program.
- (17) How much directorate staff are employed to work on the school psychologist program and what are their roles and salaries.

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

- (1) There are 90 public schools in the ACT.
- (2) The Education Directorate employees fully registered psychologists in the school psychology service. In 2022, ACT public schools are supported by a total of 83.0 full-time equivalent (FTE) psychologists.
 - 64.0 FTE school psychologists (including two COVID-19 Response fund temporary positions)
 - 14.0 FTE senior psychologists
 - 1.0 FTE Director of School Psychology, Clinical Practice
 - 1.0 FTE Senior Director of Clinical Practice
 - 3.0 FTE psychologists in the Child Development Service, Community Services Directorate

Approximately 41.3% work full time and 58.7% work part time. This includes one staff member on a part time temporary contract. There are no staff on casual employment arrangements.

- (3) All ACT public school students have access to a school psychologist. The amount of time each school is allocated a school psychologist is determined through data modelling, completed every three years. All attempts are made to ensure schools have a school psychologist placed in their school for their allocated time and changes in staff are minimised during a three-year rotation.

The average time a school psychologist is allocated to an ACT school is 2-3 days per week, with a range of 1 – 5 days per week determined according to data modelling.

- (4) All ACT public school students have access to a school psychologist. Senior psychologists work with the schools to facilitate services from the centralised psychology teams ensuring all schools have access to a psychology service.

- (5) All ACT public schools have access to a psychologist. At any time, school psychologist vacancies, either anticipated or unforeseen, can arise due to staffing changes. Recruitment to cover vacancies is undertaken regularly to minimise disruption to services in schools.
- (6) The number of days a school psychologist is allocated to a school varies and is not solely determined by the sector. In addition to primary schools, school psychologists are also allocated to early childhood schools, specialist schools and centralised teams. High schools will have between 2 – 4 days per week of psychology allocation and the majority of colleges 3 – 5 days per week.
- (7) School psychologists can provide direct support or interventions to students, consult with teachers and families, or work alongside other members of the student services team (school youth health nurse, school social worker, youth worker) to assist students to thrive in their school environment. School psychologists may also work with the school executive team on school-wide practices and procedures, as well as collaborate with community providers to co-ordinate services for students. The key aspects of a psychologist's work in schools include the following:
- Undertake psychological evaluations, including individual student cognitive assessments
 - Assist with Individual Learning Plans
 - Provide psychological intervention individually or in groups. This may include a referral to a community provider for long term support
 - Facilitate workshops and training for parents or teachers
 - Act as a liaison to community services (paediatricians, allied health professionals) to provide information on a student's progress or to obtain additional information for evaluations.
 - Offer grief counselling in the event of a tragedy affecting the school community
- The responsibilities of this professional group may vary from school to school and may even change periodically based on student/staff needs.
- (8) School psychologists do not submit reports regarding their work.
- (9) There has been a significant investment by the ACT Government in increasing the psychology work force in schools.
- The 2016-17 election commitment was to increase 20.0 FTE of psychologists in schools incrementally over 4 years. This was successfully achieved.
 - In 2019-2020 four temporary positions (4.0 FTE) and one (1.0 FTE) administrative officer received ongoing funding.
 - In 2022 there was an investment of a temporary increase of two (2.0 FTE) psychology positions to assist with the increased need for mental health supports resulting from the COVID-19 pandemic.
- (10) Each school psychologist triages referrals based on the individual needs of the student and circumstances. The wait time to see a school psychologist, therefore, varies from school to school.

- (11) The Directorate does not employ School Counsellors in ACT Public Schools.
- (12) The reasons to see a school psychologist varies across schools and settings. Obtaining common reasons for referral risks generalising the range of issues supported through psychology services.
- (13) A psychologist is legally required to be registered with the Psychology Board of Australia (PsyBA) which operates under the Australian Health Practitioners Regulation Agency (AHPRA). For further information refer to <https://www.psychologyboard.gov.au/>

To register and maintain registration psychologists must:

- Have their formal, accredited qualifications assessed by AHPRA
- Adhere to the APS Code of Ethics - professional conduct
- Meet Continuing Professional Development requirements (CPD)
- Be available for a formal audit process of their CPD and professional practice

ACT Education has a highly qualified and experienced workforce with many psychologists holding either a Master or Doctorate qualification.

- (14) An internal review of the ACT Education School Psychology Service (SPS) was undertaken in 2018. The review coincided with the government commitment of 20 additional psychologists in schools.

The Minister was briefed in December 2018 and approved the revised model of service which commenced in 2019.

- (15) This table provides the costs of the School Psychology Service over the past 5 years.

School Psychologist Program	2017-18 Actual \$'m	2018-19 Actual \$'m	2019-20 Actual \$'m	2020-21 Actual \$'m	2021-22 Forecast \$'m	Total (5 Years) \$'m
Employee Expenses (including oncosts)	8.08	8.65	9.47	10.23	10.49	46.92
Non-Employee Expenses	0.36	0.51	0.49	0.45	0.52	2.33
Total Expenses	8.45	9.15	9.95	10.68	11.01	49.25

The School Psychologist Program is estimated to have cost \$49.25m for the five-years to 30 June 2022.

- (16) A formal review of the school psychology service was undertaken in 2018. This led to changes in the service delivery model which was implemented from 2019. The school psychology service continually reviews its services and supports, making changes as required to meet current need. An example of this is the delivery of a telehealth service in response to COVID 19.
- (17) The Education Directorate employees five Education Support Officers to coordinate the School Psychology Program:

- 2.0 FTE Assistant Directors (SOG C), \$113,397 - \$122,062
- 1.0 FTE Business Coordinator (ASO6), \$90,099 - \$108,430
- 1.0 FTE Administration Officer (ASO4), \$75,239 - \$81,466
- 1.0 FTE Telehealth Admin Officer (ASO4), \$75,239 - \$81,466 temporary position to 30 June 2022.

Gold Creek Homestead—development (Question No 777)

Ms Castley asked the Minister for Planning and Land Management, upon notice, on 6 May 2022 (*redirected to the Minister for Housing and Suburban Development*):

- (1) Can the Minister provide an update of Gold Creek Homestead.
- (2) What work has been completed at the homestead.
- (3) How much has been spent so far on the homestead.
- (4) How many staff in the directorate are working on this planning variation.
- (5) Will there be a public announcement when planning is complete; if so, can the Minister provide details on this announcement.
- (6) What is the estimated (a) start date of construction and (b) completion of the project.
- (7) Have any Canberrans sought information about the homestead or provided feedback to your office or directorate; if so, what has been the feedback.

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

- (1) Lendlease was announced as the successful tenderer for the purchase of the site in March 2021 and have exchanged on the Contract for the Sale of the Land which includes the Concept Delivery Deed (CDD). Suburban Land Agency (SLA) is currently managing the CDD.
- (2) Repairs and maintenance on the property and surrounds are undertaken regularly and as necessary. Recent works undertaken at the homestead from 1 January 2018 to 30 April 2022 include grounds maintenance, gutter cleaning, plumbing, security (includes patrols, monitoring, and call outs) and electrical maintenance.

Gold Creek Homestead is not a heritage listed place however, Lendlease have proposed to retain and incorporate the buildings within their new development. Design for the restoration of the original Homestead and adjoining slab hut back to its 1860's form has progressed. Lendlease have submitted their Development Application for the Gold Creek Precinct to Environment, Planning and Sustainable Development Directorate (EPSDD). EPSDD are currently undertaking completeness check.

- (3) From 1 January 2018 to 30 April 2022, a total of \$83,375.30 (excl GST) was spent on repairs and maintenance on the homestead and surrounds.

- (4) None. Gold Creek Homestead land release is not subject to a Territory Plan Variation.
 - (5) Public announcement is likely once Development Application has been approved.
 - (6) Construction commencement is subject to Development Application approval timing. Works on site are anticipated to commence in late 2022 with completion by late 2024.
 - (7) In 2019, SLA undertook extensive community engagement prior to land being released to the market. SLA facilitated and supported the Community Panel in their deliberations and creation of the Gold Creek Homestead Community & Stakeholder panel's Precinct Development Brief, available on the SLA website, which formed part of the design based tender process that followed.
-

Environment—pest management (Question No 778)

Ms Castley asked the Minister for the Environment, upon notice, on 6 May 2022:

- (1) What methods does the Government use to monitor the population of mice in the ACT.
- (2) Can the Minister provide a breakdown of the estimated mice population for the ACT.
- (3) What research or assessments has been done into the environmental impacts of mice on ACT flora, fauna, farmland, and waterways and can the Minister provide a breakdown and link to the reports for each.
- (4) If reports or assessments have not been completed on flora, fauna, farmland, and waterways, why not, and will the Government produce a report or assessment given the population is increasing.
- (5) What is the threshold that Environment, Planning and Sustainable Development Directorate (EPSDD) use to determine whether a mice population needs managing and what research was used to determine the threshold.
- (6) What research has the Government completed on the health impacts of mice in the ACT.
- (7) What programs are the Government developing to control the increasing mice population.
- (8) Is the directorate aware of increasing populations of mice in Throsby.
- (9) How much do the programs, referred to in part (7) cost and can the Minister provide a breakdown for each government action.
- (10) Can the Minister provide a breakdown of specific locations where EPSDD have identified as a priority to reduce mice populations.
- (11) Has the Government managed mice populations in the past; if so, when.

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

- (1) Expert advice is that plague numbers of mice infestation is more likely to occur in the rural grain growing areas in Central and Western New South Wales (NSW) where they are close to ample food sources. The ACT Government continues to monitor the situation regarding mice in NSW and continues to work closely with our interstate colleagues in various government departments and local government areas in the broader Canberra region.
- (2) The ACT Government does not have an estimate of the mice population for the ACT.
- (3) There are no known mice populations in the ACT near the industry standard for a plague of 3,000 per hectare (3.3 per square metre). Research or assessments on the environmental impacts of mice on the ACT environment is not considered a priority use of resources at this stage.
- (4) Compared to known impacts of other invasive and overabundant species on the ACT environment, mice impacts are not considered a priority and as such no research is planned in the immediate future.
- (5) The ACT Government investigates when there is environmental concern and determines the likely cause and recommends mitigation strategies to suit. The Government does not monitor populations for the purpose of reducing population numbers alone.
- (6) The Government is not aware of any ACT-led research occurring in regard to the impact of mice on people's health within the ACT. The passing of diseases from feral mice and other rodents to humans is well known. Information on the health risks posed by rodents can be found on the ACT Health website:
<https://www.health.act.gov.au/about-our-health-system/population-health/fact-sheets>.
- (7) The ACT Government has established a cross agency working group to work with our interstate colleagues to assess the risk to the ACT community and monitor any potential abnormal increase in mouse numbers.
- (8) The ACT Government is aware of isolated reports of increasing populations of mice in Throsby. These isolated reports are not to the levels considered plague populations. This increase in numbers is likely due to good food supply and seeking shelter in the colder months.
- (9) Current programs are conducted as part of "business as usual" and costings are not available.
- (10) There are no specific locations identified.
- (11) No.

Roads—safety
(Question No 779)

Ms Castley asked the Minister for Transport and City Services, upon notice, on 6 May 2022:

- (1) How does the Minister's directorate determine if infrastructure is required to control speeding on a street.
- (2) How does the directorate determine if speed limits need changing on a street to reduce speeding.
- (3) Has the Minister's office or directorate received any complaints or feedback about Bettong Avenue, Throsby; if so, what action has been taken by the Minister's office or directorate; if not, would the Minister consider lowering the speed limit or installing infrastructure to stop speeding in this area.

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

- (1) Roads ACT considers traffic volume, speed data, the seven-year crash history of the road and the percentage of heavy vehicles using the route to determine if traffic calming infrastructure is required. In addition, a preliminary investigation takes into account surrounding land use such as the presence of shops or schools. The results are compared with other similar streets across Canberra to determine the priority for detailed investigation.
- (2) Roads ACT does not determine if speed limits need changing to reduce speeding. Speeding and other anti-social driving behaviour ('hoon' behaviour) are best addressed by enforcement by ACT Policing. Such behaviour should be reported to ACT Policing on 131 444 or to Crime Stoppers on 1800 333 000.
- (3) Roads ACT has received community feedback about speeding on Bettong Avenue together with requests to reduce the speed limit in the area. The road was inspected on three separate occasions. Visibility and pedestrian movements were observed with no major issues identified. Speed surveys and crash history do not indicate a major safety issue, with average travel speeds of 47.4km/h and no injury crashes in the last seven years. A speed limit reduction to 40km/h was implemented around the local school earlier this year. No further speed limit reductions or traffic calming are planned for Bettong Avenue at this time.

Health—elective surgery cancellations (Question No 780)

Ms Castley asked the Minister for Health, upon notice, on 6 May 2022:

- (1) How many elective surgeries in our public hospitals booked for a certain day do not happen on that day and can the Minister provide numbers for the last five years for each hospital.
- (2) When do those elective surgeries happen and can the Minister provide figures about if those surgeries go ahead the next day, after two days, etc.
- (3) How many elective surgeries, on average, are booked each day and can the Minister provide the figures for each public hospital.
- (4) Are all patients told to return the next day if elective surgery is cancelled and can the Minister explain the process including who is asked to return the next day and, if not, are the other patients who miss out given another day for their elective surgery.

Ms Stephen-Smith: The answer to the member's question is as follows:

- 1 The level of data granularity required to answer this question is not currently available. Accordingly, to provide a response to this question would be an unreasonable diversion of resources.
2. The level of data granularity required to answer this question is not currently available. Accordingly, to provide a response to this question would be an unreasonable diversion of resources.
3. The average number of elective surgeries booked for completion each day that elective surgery is performed at both Canberra Health Services and Calvary Public Hospital Bruce is approximately 30 each.
4. When a patient is cancelled a note is made of that in their elective surgery listing. The patient is then rescheduled based on normal surgical listing parameters, which include the frequency of these lists, surgeon, anaesthetist, bed availability and competing priority of other patients.

Municipal services—street-sweeping (Question No 781)

Ms Lawder asked the Minister for Transport and City Services, upon notice, on 6 May 2022:

- (1) How many street sweeping machines does the ACT Government have in its fleet.
- (2) How many of these machines does the ACT Government (a) own and (b) lease.
- (3) Of those leased, when do the leases finish.
- (4) Is any of the street sweeping activities contracted; if so, what types of street sweeping activities are contracted.
- (5) How much was spent on street sweeping for the financial years of (a) 2017-2018, (b) 2018-2019, (c) 2019-2020 and (d) 2020-2021.
- (6) How much does a street sweeping machine cost to purchase.

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

- (1) Roads ACT has five vehicles. City Presentation have two vehicles that can be classified as street sweepers however, these vehicles support amenity cleaning programs and not the street sweeping program.
- (2) All of the above vehicles are leased.
- (3) Street sweeping vehicles are typically leased for five-year terms. The lease for the current street sweeping vehicles will expire at the end of 2023. The two vehicles involved in amenity cleaning will expire in 2022 and 2024.

- (4) TCCS do not contract any street sweeping services.
 - (5) Please see below street sweeping spend for the requested financial years for Roads ACT. The sweepers at City Presentation form part of the amenity cleaning program and their operational cost is not itemised.
(Exclusive of GST)
 - a) Approximately \$1.8m spent
 - b) Approximately \$1.4m spent
 - c) Approximately \$1.9m spent
 - d) Approximately \$2.8m spent
 - (6) As these vehicles are leased, TCCS does not hold current information on the purchase price of street sweeper machines.
-

**Transport—active travel
(Question No 782)**

Ms Clay asked the Minister for Transport and City Services, upon notice, on 6 May 2022:

- (1) Could the Minister detail how Transport Canberra and City Services determined that the proportion of the projects of (a) Monaro Highway Upgrade - \$16,000,000, (b) Schools for our growing city — Kenny High School \$1,968,000, (c) Northbourne Avenue Pavement - Part 2 \$84,000, (d) Northbourne Avenue Pavement - Part 3 \$75,000 and (e) Mawson Stormwater and Placemaking Improvements – Construction \$300,000, were considered active travel expenditure.
- (2) Which parts of these projects enable or are for the purpose of active travel.
- (3) Do the projects involve separated walking and cycling paths or other targeted active travel infrastructure; if not, what infrastructure specifically do they include.

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

- (1)
 - a) The proportion of the Monaro Highway Upgrade expenditure expected to be spent on active travel infrastructure was estimated based on the design completed at the time the estimates were made. It relies on an indicative proportion of the works that will contribute to active travel outcomes based on prior experience with similar projects.
 - b) A construction cost estimate was prepared as part of the final design for the East Gungahlin High School supporting road infrastructure project (Schools for our growing city — Kenny High School).
 - c) Due to the nature of this project being rehabilitation of an existing asset, a proportion of the works value equivalent to the proportion of the road which accommodates on road cycle lanes was used to calculate this investment.

- d) Due to the nature of this project being rehabilitation of an existing asset, a proportion of the works value equivalent to the proportion of the road which accommodates the on-road cycle lanes was used to calculate this investment.
- e) A construction cost estimate was prepared as part of the final design for the Mawson stormwater and place making improvements project.

(2)

- a) The Monaro Highway Upgrade project will have sealed shoulders that can accommodate on road cycling from the northern extent of the project north of David Warren Road to the southern extent of the project south of Isabella Drive. The existing on road cycle lanes on Lanyon Drive will be retained, new 3-metre sealed shoulders will be provided on the new southbound overpass over Lanyon Drive and on the associated ramps, and 1-metre wide sealed shoulders will be provided on David Warren Road.
- b) The active travel components of the East Gungahlin High School supporting road infrastructure project are 3-metre-wide and 4-metre-wide shared paths in the verges of Well Station Drive. These paths cross the road via the new signalised intersections at the Kings Canyon Street and Albatross Crescent (west) intersections. A 3-metre-wide shared path is also being constructed along the new road which is an extension to the south of Albatross Crescent (west). These shared paths will be used by cyclists and pedestrians, including students attending the new Kenny High School. In addition to this on-road cycle lanes which are 2m wide are being provided along Well Station Drive.
- c) The rehabilitation of Northbourne Avenue pavement included the rehabilitation of the on-road cycle lanes.
- d) The rehabilitation of Northbourne Avenue pavement included the rehabilitation of the on-road cycle lanes.
- e) The active travel elements of the Mawson stormwater and place making improvements project are shared paths between the Mawson District Playing Fields and the southern side of the Mawson Shopping Centre for use by cyclists and pedestrians.

(3)

All the projects aside from the East Gungahlin High School supporting road infrastructure and the Mawson Stormwater and place making improvements provide for on road cycling infrastructure as part of the works, with design being in accordance with both Austroads and ACT Government standards. The East Gungahlin High School supporting road infrastructure and the Mawson Stormwater and place making improvements provide for separated paths to move cyclists away from the road. These projects will also allow for walkers to use these separated paths. The East Gungahlin High School supporting road infrastructure also provides for new signalised pedestrian crossings at both Kings Canyon/Well Station intersection and Albatross/Well Station intersection.

**Planning—western edge
(Question No 784)**

Ms Clay asked the Minister for Planning and Land Management, upon notice, on 6 May 2022:

- (1) In relation to the Western Edge Investigation Area, can the Minister provide the lease purpose clauses for the recently purchased leases of (a) Blocks 418, 435, 439, 440, 441, 456, 476 Stromlo and (b) Blocks 1600, 1582 and part block 1601 Belconnen.
- (2) Given that section 99 of the *Planning and Development Act 2007* defines “strategic environmental assessment” as “a comprehensive environmental assessment, suited to proposals in relation to major policy matters rather than individual development proposals”, will a strategic environmental assessment be produced for the Western Edge Investigation Area; if not, why not.

Mr Gentleman: The answer to the member’s question is as follows:

- (1) The leases are publicly available documents, that can be obtained through the ACT Land Titles Office.
- (2) At this stage of investigations, it is premature to indicate a statutory approval pathway, as no decisions have been made about potential land use change in the Western Edge Investigation Area. The need for a strategic environmental assessment will be determined based on ongoing and further studies.

**West Macgregor—odour control units
(Question No 785)**

Mrs Kikkert asked the Chief Minister, upon notice, on 6 May 2022 (*redirected to the Treasurer*):

- (1) How high, in metres, were the ventilation stacks for the odour control units (OCUs) in West Macgregor when they were first constructed;
- (2) To what height, in metres, were the ventilation stacks for these OCUs then raised, and when did this happen.
- (3) On what basis were the ventilation stacks for the OCUs in West Macgregor raised, including relevant data such as, for example, measured levels of hydrogen sulphide that contributed to this decision.
- (4) What is considered an acceptable level of hydrogen sulphide leaving these ventilation stacks.
- (5) How is the level of hydrogen sulphide that leaves these stacks monitored, and how frequently is this monitoring conducted.
- (6) Did the Chief Minister, in a letter dated 30 June 2020, mention that Icon Water would investigate odour concerns in relation to the OCUs in West Macgregor; if so, when was this investigation completed, and what were the outcomes.

- (7) How many West Macgregor residents were consulted as part of the investigation referred to in part (6).
- (8) Can the Chief Minister provide a summary of hydrogen sulphide levels as measured at the OCU ventilation stacks in West Macgregor from when they were gifted to Icon Water in 2010 until now.
- (9) How frequently are the filters in an OCU cleaned and/or replaced.

Mr Barr: I have sought Icon Water's advice and the answers to the Member's questions are as follows:

- 1 Please refer to QON 3 to the Standing Committee on Public Accounts, which was provided on 7 April 2022. The height of the stacks (approximately 20m) was determined through a detailed investigation and design process to meet the performance requirements of the facility.
2. None of the West Macgregor Odour Control Unit Vent stacks have been raised since their installation and commissioning.
3. As per 2 above.
4. While hydrogen sulphide is often used as a proxy for odourous emissions it is not a measurement of odour itself. Icon Water is required to comply with concentration levels specified in the South Australian 2016 Environment Protection (Air Quality) Policy, as stipulated by the ACT Environmental Protection Authority (EPA). The policy states performance levels for both odour and other emissions. The design and performance of ventilation assets to meet these requirements is confirmed through computer modelling (which is site specific and influenced according to factors such as location, facility size, distance from sensitive receptors, terrain and meteorological conditions) and then managed over time through monitoring and operational controls. Because of the above factors, acceptable odour performance can be achieved with a range of hydrogen sulphide emissions from a ventilation asset dependent on climatic and meteorological conditions.
5. Hydrogen Sulphide is recorded at each of the West Macgregor OCU's using permanent H2S monitoring on the vent outlets.
6. For the response to this question regarding investigations undertaken, please refer to the response to QON 10 which was provided to the Standing Committee on Public Accounts on 3 March 2022.
7. For the response to this question regarding consultations undertaken in an investigation, please refer to the above response and the responses to QON 10 which was provided to the Standing Committee on Public Accounts on 3 March 2022, and QON 3, which was provided to Ms Kikkert MLA on 7 April 2022.
8. The median outlet hydrogen sulphide concentrations at each facility and overall are shown below in Table 1. These values can be variable over time and as advised in QON3, performance against regulatory standards is impacted by a number of other factors. Hence a value recorded at the outlet does not represent the odour or hydrogen sulphide concentration at ground level.

Table 1: Median H2S values in parts per million (ppm)

Period	West Mac 1	West Mac 2	West Mac 3	All sites
2011	0.17	0.12	0.26	0.17
2012	0.14	0.04	0.00	0.06
2013	0.22	0.00	0.04	0.05
2014	0.04	0.00	0.04	0.03
2015	0.12	0.02	0.00	0.04
2016	0.13	0.00	0.00	0.00
2017	0.24	0.04	0.02	0.08
2018	0.19	0.04	0.04	0.06
2019	0.27	0.00	0.02	0.05
2020	0.20	0.00	0.01	0.04
2021	0.32	0.01	0.00	0.03
2022	0.18	0.03	0.00	0.02
2011 to 2022	0.18	0.01	0.01	0.05

9. The basis for replacement of filter media is determined by a unit's performance. Measuring gas concentration indicates the proportion of odourous gas removed as the gases pass through the *media* (media refers to the carbon filter which removes odour). When the media reaches a saturation point, removal effectiveness declines, and the media is replaced.

There are three units in the area. Since 2011, the carbon filters have been changed nine times at one of the units (due to it taking the majority of load) and two times for the second unit. The third unit has not been changed as it has not reached its saturation point due to very low H2S inflow.

Belconnen trunk sewer upgrade—odour control units (Question No 786)

Mrs Kikkert asked the Chief Minister, upon notice, on 6 May 2022 (*redirected to the Treasurer*):

- (1) On what basis was it determined that the ventilation stacks, for the new odour control units (OCUs) associated with the Belconnen Trunk Sewer Upgrade, should be 14 metres in height.
- (2) What is the maximum possible height for an OCU's ventilation stack.
- (3) Is it possible that the ventilation stacks for the planned OCUs could be raised if necessary.

- (4) Was the public ever informed, as part of the community consultation in relation to the Belconnen Trunk Sewer Upgrade, that OCUs may release hydrogen sulphide into the air and/or cause nuisance odours; if not, why not?
- (5) What is the elevation above sea level for the top of each odour control unit (OCU) ventilation stack planned as part of the Belconnen Trunk Sewer Upgrade.
- (6) Were prevailing winds considered in any way in relation to the location or height of these OCU ventilation stacks; if so, in what way; if not, why not.

Mr Barr: I have sought Icon Water's advice and the answer to the Member's questions are as follows:

- (1) Stack heights for the four Odour Control Units (OCUs) have been determined following the completion of air quality assessments which have included dispersion modelling.
 - North Latham: Details are provided in the Environmental Impact Statement (EIS) document, section 11. The EIS assumed a stack height of 24 m (table 11.7). This has been refined through the detailed design process (and verified with dispersion modelling) with a revised stack height of 15 m.
 - Latham, Florey and Evatt: Details are provided within their respective Air Quality Impact Assessments which were submitted with the Development Applications (DA). The assessment has assumed a stack height of 14 m (table 5.1). The detailed design has resulted in the stack height at Florey being slightly increased to 15 m. The other two sites remain at 14 m.
 - (2) Stack height is determined by air quality assessment and odour dispersion modelling. This determination also accounts for a variety of other factors including sensitive receiver locations, topography and local climatic conditions. The stack heights for the Belconnen trunk sewer project are as per the above.
 - (3) Technically, the ventilation stacks could be replaced with a larger unit. However, this action is not foreseeable given the dispersion modelling verifies that system performance is well within the compliance criteria.
 - (4) Information on the OCU function of filtering gases was included in consultation activities. Fact sheets created for this purpose are available on the Icon Water website at (iconwater.com.au/bts). This information was included in community newsletters (delivered to homes in the area and emailed to members of the community who requested to be informed of updates). The topic is also covered in the FAQs available on the website. Furthermore, the developments have been subject to statutory planning approval processes including public notification.
 - (5) The elevation above sea level for each ventilation stack is provided below:
 - i. North Latham: 574.98 meters
 - ii. Latham: 574.696 meters
 - iii. Florey: 584.90 meters
 - iv. Evatt: 589.604 meters
 - (6) Yes, refer response to question 2 above. Please refer to the respective air quality assessment submitted with the EIS/DA's.
-

**Sentence Administration Board—offenders at large
(Question No 787)**

Mrs Kikkert asked the Attorney-General, upon notice, on 6 May 2022:

- (1) Given that during annual reports hearings in February 2022, the chair of the Sentencing Administration Board (SAB) informed the committee that there were seven offenders who were at large, one had been at large at that time for 514 days, what offences was that offender found guilty of and are they still at large.
- (2) What offences were the other six offenders found guilty of and how long have each been at large for at this time.
- (3) What are the new offences that three of these offenders have committed, given the chair of the SAB told the committee that they have committed new offences.
- (4) Are any of these at large offenders currently under a custodial sentence.
- (5) What rules and procedures will the at large offenders be subject to once they have been apprehended.

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

1. The offender who had been at large for 514 days on 18 February 2022, had been found guilty of and was subject to sentence for, Knowingly Concerned Burglary and Knowingly Concerned Theft x2. As at 9 May 2022, the offender remains at large and has been at large for a total of 594 days. Please note the offenders at large discussed during the 18 February 2022 hearings relate only to those who participated remotely in a Sentence Administration Board (SAB) hearing, had their community corrections order cancelled and a warrant subsequently issued for their return or induction to custody.
2. Upon a further review of the data, the SAB makes a correction, that one of the six other offenders at large had their warrant of imprisonment executed at the time of reporting on 18 February 2022. In the case of this offender, the SAB issued a warrant for imprisonment on 30 September 2021, and it was executed on 23 October 2021. The offender was at large for a total of 23 days.

The answer to the question for the other five offenders is as follows. They were found guilty and subject to sentence for:

- Make Demand with Threat to Endanger Health and Joint Commission Aggravated Robbery. This offender was at large for a total of 246 days before the warrant for imprisonment was executed on 20 February 2022.
- Fail to Appear after Bail Undertaking, Fail to Stop Motor Vehicle for Police, Drive while Disqualified and Drive Motor Vehicle with Alcohol in Blood or Breath. This offender is still at large, being a total of 326 days as at 9 May 2022.
- Damage Property Over \$1000 in Value. This offender is still at large, being a total of 300 days as at 9 May 2022.
- Assault Occasioning Actual Bodily Harm and Theft. This offender was at large for a total of 51 days before the warrant for imprisonment was executed on 10 March 2022.

- Robbery with Actual Violence Armed/In Company/Wounded/Use Personal Violence and Contravene Family Violence Order. This offender is still at large, being a total of 98 days as at 9 May 2022.
3. Upon a further review of the data, the SAB makes a correction, that one of the offenders at time of the 18 February 2022 hearings, their warrant for imprisonment had been executed. One offender who was at large at time of the 18 February 2022 hearings, was subject to a parole order and he was charged in NSW with the following additional offences:
- Enter Dwelling with intent to steal
 - Larceny
 - Custody of a knife in public place
 - Steal property in dwelling-house
 - Destroy/damage property

This offender has since had their parole order cancelled and is in custody at the Alexander Maconochie Centre (AMC). The following two offenders who were at large on 18 February 2022 were charged for Assault Occasioning actual Bodily Harm and Stalk/Intimidate Intend Fear Physical Harm (Personal) and Enter Enclosed Land. The commission of these offences occurred in NSW.

4. All of the offenders were subject to a form of custodial sentence, but were serving their sentence in the community under various sentencing options. Three offenders originally reported as being at large were serving their sentence by way of Intensive Corrections Order (ICO) in the community, and the other two offenders were subject to a parole order, serving the rest of their sentence in the community. While offenders are subject to serving their sentence in the community, they may have these revoked for breaches and are liable to serve the remainder of their sentence in the AMC.
5. Offenders who have their community based sentence order cancelled are liable to serve the remainder of their sentence in custody. However, they may apply for and be granted a new parole order, or have their ICO reinstated. In considering whether they should be released back into the community, the SAB considers previous orders which have been cancelled due to non-compliance, failure to comply with a warrant for imprisonment and the commission of new offences while in the community, if any.

Schools—Mental Illness Education ACT programs (Question No 788)

Mrs Kikkert asked the Minister for Education and Youth Affairs, upon notice, on 6 May 2022:

- (1) How much government funding has been granted to Mental Illness Education ACT (MIEACT) to implement programs in schools, for each year since funding was first granted.
- (2) Can the Minister list all schools that are currently running MIEACT programs, detailing the name of the program/s being run, program duration and frequency per year.

- (3) Can the Minister list all schools that have run MIEACT programs in the past but no longer run these programs, detailing the name of the program/s and when they were run.
- (4) For those schools no longer running MIEACT programs, what were the reasons for no longer running the programs.
- (5) Has the ACT Government received any requests from other schools for the MIEACT program to be implemented; if so, how many and were they primary, high schools or colleges.

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

- (1) The ACT Government has had a longstanding partnership with MIEACT to provide funding for mental health promotion and illness prevention programs in schools.

This partnership has included ACT Government funding for mental health education programs, through contracted agreements and grant payments including Health Promotion Grants and COVID-19 Support Packages. This ACT Government funding is allocated for mental health education across school-based and adult programs. The breakdown of this funding between the different programs is determined by MIEACT according to current demand.

From 2019/20, funding has also been provided to MIEACT for the delivery of the Youth Aware of Mental Health (YAM) program, which is an evidence-based program delivered to year 9 students in high schools across the ACT to promote mental health and address suicidal behaviour in young people. While the YAM program is managed by the ACT Health Directorate, the funding for it has been provided through a Commonwealth Government grant.

Given the length of the partnership between MIEACT and the ACT Government, a large number of documents are currently archived in line with the Territory Records Act 2002. As such, the review of currently available records shows that the ACT Government has provided the funding as set out in the table below, to MIEACT over the years.

Financial Year	MIEACT funding – ACT Government Funding (\$)	MIEACT funding (Youth Aware of Mental Health) – Commonwealth Funding (\$)
2002/2003	85,000.00	
2003/2004	87,000.00	
2004/2005	89,000.00	
2005/2006	175,871.00	
2006/2007	231,241.00	
2007/2008	239,913.00	
2008/2009	277,978.80	
2009/2010	360,107.00	
2010/2011	371,990.30	
2011/2012	384,638.10	
2012/2013	395,787.70	
2013/2014	542,368.70	
2014/2015	558,132.30	

Financial Year	MIEACT funding – ACT Government Funding (\$)	MIEACT funding (Youth Aware of Mental Health) – Commonwealth Funding (\$)
2015/2016	578,004.85	
2016/2017	651,353.60	
2017/2018	679,149.31	
2018/2019	708,333.27	
2019/2020	829,484.93	330,000.00
2020/2021	862,189.75	421,845.60
2021/2022	870,877.85	302,500.00

- (2) ACT schools have autonomy to select which providers to engage with to support the wellbeing needs of their student population. Schools may have individual arrangements with MIEACT. This data is not collected centrally.
- (3) Schools engage directly with MIEACT when deciding what programs meet the needs of their students. The Education Directorate does not collect data on participation numbers for each of the programs run through MIEACT.
- (4) Due to Covid-19 disruptions many schools have rescheduled wellbeing programs offered to students. The Directorate does not collect data on individual school participation for programs run through MIEACT.
- (5) ACT schools have autonomy to select which providers to engage with to support the needs of their student population and work with them directly to deliver programs. This information is not gathered centrally.

ACT Policing—domestic and family violence data (Question No 789)

Mrs Kikkert asked the Minister for Police and Emergency Services, upon notice, on 6 May 2022:

In relation to domestic and family violence offences and reports, what has been the total number, for each of the past five years, of reported or otherwise known to ACT Policing, (a) assaults, (b) sexual assault, (c) assaults committed in the context of domestic/family violence, (d) assaults committed in the context of domestic/family violence resulting in grievous bodily harm, (e) assaults committed in the context of domestic/family violence resulting in death, (f) sexual assault committed in the context of domestic/family violence, (g) intimate partner violence, (h) assaults against children committed in the context of domestic/family violence, (i) assaults committed in the context of domestic/family violence involving someone who identifies as lesbian, gay, bisexual, transgender, intersex or questioning, (j) assaults committed in the context of domestic/family violence involving someone who identifies as culturally and linguistically diverse, (k) assaults committed in the context of domestic/family violence involving someone who identifies as Aboriginal or Torres Strait Islander, (l) assaults committed in the context of domestic/family violence against women and (m) assaults committed in the context of domestic/family violence against men.

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

ACT Policing is committed to protecting the safety of the community and will continue to work with the relevant Government agencies and non-government partners to ensure a collaborative approach to supporting victim survivors of family violence.

ACT Policing treats all reports of assault seriously and invests every available effort in providing a safe community for ACT residents.

ACT Policing undertakes education and prevention strategies and works with community organisations to educate the community on personal safety, which includes measures to mitigate the risk of becoming a victim of crime.

This financial year to date (1 July 2021 to 31 March 2022) there were 2,573 family violence related incidents, including 937 family violence related assaults, reported to ACT Policing.

Pertinent to each element of the Question on Notice, the data provided below is differentiated on the basis of being descriptive of either the number of victims reported or the number of offences committed.

2021 statistics relating to victims of assault figures, have yet to be formally released by the Australian Bureau of Statistics.

(a) *victims* of assault

2016	2017	2018	2019	2020
2,327	2,364	2,343	2,399	2,215

SOURCE: Table 9 - *Victims, Selected offences by states and territories, 1993–2020*; Australian Bureau of Statistics.

(b) *victims* of sexual assault

2016	2017	2018	2019	2020
272	266	278	327	289

SOURCE: Table 9 - *Victims, Selected offences by states and territories, 1993–2020*; Australian Bureau of Statistics.

(c) *victims* of assault committed in the context of domestic/family violence

2016	2017	2018	2019	2020
734	760	685	760	721

SOURCE: Table 20 - *Victims of assault, Relationship of offender to victim by sex and age at report, Selected states and territories(a)(b), 2014–2020*; Australian Bureau of Statistics.

(d) assault *offences* committed in the context of domestic/family violence resulting in grievous bodily harm

2016	2017	2018	2019	2020
39	41	74	58	58

SOURCE: PROMIS as of May 13th, 2022.

(e) assault *offences* committed in the context of domestic/family violence resulting in death

	2016	2017	2018	2019	2020
Murder	1	0	2	0	1
Attempted Murder	1	0	0	0	0
Conspiracy to Murder	0	0	0	0	1
Manslaughter (excl. Death by driving)	0	0	0	1	0

SOURCE: PROMIS as of May 13th, 2022.

(f) *victims* of sexual assault committed in the context of domestic/family violence

2016	2017	2018	2019	2020
64	40	41	72	45

SOURCE: Table 21 Victims of sexual assault, Relationship to offender by sex and age at report, Selected states and territories 2014–2020; Australian Bureau of Statistics.

(g) *offences* where victim relationship is “FAMILY - PARTNER, SPOUSE, ETC” (intimate partner violence)

	2016	2017	2018	2019	2020	2021
Homicide offences	1	0	0	0	0	1
Assault offences	560	597	522	586	485	524
Sexual assault offences	20	25	21	29	26	29

SOURCE: PROMIS as of May 16th, 2022.

(h) assault of *victims* (children) committed in the context of domestic/family violence

Female	2016	2017	2018	2019	2020
0-9 years	20	21	21	13	21
10-14 years	20	31	26	19	20
15-19 years	49	61	39	46	44

Male	2016	2017	2018	2019	2020
0-9 years	18	24	22	33	18
10-14 years	22	28	19	18	25
15-19 years	34	21	10	19	34

SOURCE: Table 20 Victims of assault, Relationship of offender to victim by sex and age at report, Selected states and territories(a)(b), 2014–2020; Australian Bureau of Statistics.

(i) assaults committed in the context of domestic/family violence involving someone who identifies as lesbian, gay, bisexual, transgender, intersex or questioning

(j) assaults committed in the context of domestic/family violence involving someone who identifies as culturally and linguistically diverse

(k) assaults committed in the context of domestic/family violence involving someone who identifies as Aboriginal or Torres Strait Islander

In relation to questions i, j, and k, ACT Policing’s data does not drill down to specify whether a person identifies as any of part the above categories.

It is at the discretion of the person/s involved as to whether they provide this information to police.

(l) assault *victims* (women) in the context of domestic/family violence against women and;

(m) assault *victims* (men) in the context of domestic/family violence against men.

	2016	2017	2018	2019	2020
Females*	514	533	470	544	470
Males*	222	224	205	217	242

* Includes all age groups

SOURCE: Table 20 Victims of assault, Relationship of offender to victim by sex and age at report, Selected states and territories(a)(b), 2014–2020; Australian Bureau of Statistics.

Ginninderra electorate—public art (Question No 790)

Mrs Kikkert asked the Minister for the Arts, upon notice, on 6 May 2022 (*redirected to the Minister for Transport and City Services*):

- (1) How many public spaces, such as graffiti walls, in the Ginninderra electorate area are available for artists to place art on.
- (2) Can business owners who lease commercial space from the Government request for public art to be placed on their exterior, public facing walls.
- (3) What scope is there for artists to request permission from the Government to place art on public infrastructure such as odour control units and underpasses.
- (4) What criteria does art have to meet to be placed on the public art list.
- (5) Are there any murals in the Ginninderra electorate area on the public art list.

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

- (1) There are currently 30 legal graffiti practice sites across Canberra of which eight sites are located in the Ginninderra Electorate.
- (2) Yes. However, this is subject to approval by ACT Property Group on a case-by-case basis for any buildings they own. An applicant should contact the asset owner to discuss.
- (3) An applicant should contact the asset owner to discuss. For assets owned by Transport Canberra and City Services there is a link on the City Services website where community groups can nominate a wall to be painted.
- (4) The ACT Government's Public Art Collection is managed by artsACT and comprises 117 artworks. Most of the artworks in the collection are sculptures located in city and town centres. For public artworks to be included in the ACT Government's collection,

they are required to meet a number of criteria including excellence in arts practice, use of robust materials and safety in design requirements. Detailed information about how to donate an artwork to the ACT Government public art collection and what criteria must be met is available online in the ACT Government Public Art Guidelines https://www.arts.act.gov.au/__data/assets/pdf_file/0007/751642/2015publicartguide.pdf

- (5) The ACT Government's Public Art Collection does not include murals, street art and legal graffiti which are defined in the ACT Government Public Art Guidelines as, 'temporary and community art on ACT Government Land'. Community artworks and murals are usually intended to be removed, replaced, or refreshed at some stage, with consideration of the artwork's relevance to its site as well its ongoing condition.

Umbagong District Park—bridges (Question No 792)

Mrs Kikkert asked the Minister for Transport and City Services, upon notice, on 6 May 2022:

- (1) Why are there no fences blocking people from using the Umbagong footbridges, if the bridges were closed due to being unsafe.
- (2) If there were ever fences, why are they no longer there.
- (3) If the fences were moved without permission, how many times have government officials had to replace the fences.
- (4) Why is car access to the small cul-de-sac at the corner of Dalley Crescent and Macrossan Crescent in Latham, blocked.
- (5) Was it ever accessible by cars; if so, when was it blocked off.

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

- (1) Access to the Umbagong footbridges has been blocked a number of times using different methods. Unfortunately, the fences are continually vandalised or removed without permission. Signage advising of the closure of the footbridges has been installed on a number of occasions and this has also been continuously vandalised or removed without permission. Roads ACT is progressing the installation of temporary surveillance cameras for the three bridges to stop the vandalism of the fences and signs, in addition to providing more robust barriers to prevent access to the bridges.
- (2) Refer to response above.
- (3) The fences have been replaced twice to date.
- (4) The access is blocked off due to antisocial behaviour and illegal dumping.
- (5) Yes. Records are not held reflecting the date of closure.

**West Macgregor—bus routes
(Question No 793)**

Mrs Kikkert asked the Minister for Transport and City Services, upon notice, on 6 May 2022:

- (1) Was the concrete slab with yellow tactile paving opposite 212 Macfarlane Burnett Avenue, intended to be a bus stop; if so, (a) was a bus route ever assigned to this stop and when and (b) when did the bus route cease; if not, (a) why not and (b) what is/was its purpose.
- (2) Was there ever a plan to have a bus route pass along the northern (north of Constance Stone Street) stretch of Macfarlane Burnett Avenue in West Macgregor.

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

- (1) The original planning for the suburb did allow for bus stops north of Constance Stone Street.
 - (a) The current network does not include a route that uses Macfarlane Burnett Avenue.
 - (b) The current configuration of Constance Stone and Northern McFarland Burnett Avenue allows for on-street parking. This arrangement currently restricts the ability to operate buses through this area. Restrictions to parking on one side of the street would be needed to facilitate a future bus route.
- (2) The planning for the suburb allows for a bus route and some bus stop infrastructure was installed however the current bus network does not use this street.

**Domestic and family violence services—referral data
(Question No 794)**

Mrs Kikkert asked the Minister for Families and Community Services, upon notice, on 6 May 2022 (*redirected to the Minister for Homelessness and Housing Services*):

- (1) In relation to the domestic and family violence data collected by OneLink, what referral data is collected by OneLink.
- (2) Can the Minister provide a list of services relevant to domestic and family violence support that OneLink is able to refer clients to.
- (3) What has been the total number, for each of the past five years, of clients referred for services in relation to support for domestic and family violence.
- (4) How many clients were referred to support for (a) crisis accommodation, (b) housing, (c) counselling, (d) homelessness services, (e) health services, (f) financial aid, (g) legal aid, (h) employment services, (i) education services and (j) childcare services.
- (5) How many clients, for each of the past five years, have been identified as (a) mothers, (b) fathers, (c) male, (d) female, (e) lesbian, gay, bisexual, transgender, intersex or

questioning, (f) culturally and linguistically diverse and (g) Aboriginal or Torres Strait Islander.

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

Question 1

OneLink collects two types of referral data, which are:

- Number of support periods in which clients who identified a need for Domestic and Family Violence (DFV) related support have been referred to a DFV service; and
- Number of clients experiencing DFV who were referred and successfully connected to services.

Question 2

OneLink refers clients experiencing DFV to both specialist DFV services and generalist services. Specialist services include Domestic Violence Crisis Service (DVCS), YWCA, Beryl Women Inc., Doris Women's Refuge, CatholicCare, Toora Women Inc., Salvation Army. Generalist services include, but are not limited to counselling, health services, financial aid, legal aid, employment services, education services and childcare services.

Question 3

From January 2017 to March 2022, OneLink has **successfully connected** approximately 704 clients experiencing domestic and family violence with accommodation and 1276 clients with other relevant support services.

People with DV	Accommodation	Support
Jan to Jun 2017	77	77
Jul 2017-Jun 2018	131	257
Jul 2018-Jun 2019	89	195
Jul 2019-Jun 2020	158	267
Jul 2020-Jun 2021	141	328
Jul 2021-Mar 2022	108	152
Total	704	1276

Question 4

To provide a breakdown for each of the categories over the five years would be a significant diversion of frontline resources.

Over the period from 2017 to 2021, a total of 2120 clients experiencing DFV were **referred** by OneLink to different services including accommodation, tenancy support, counselling, family and child support, disability support, financial support, mental health services, youth support, and other specialist services. Of these, top referral numbers include:

- 680 referred to assistance with access to independent housing
- 657 referred to short-term accommodation
- 224 referred to family support
- 132 referred to tenancy support
- 91 referred to transitional accommodation

Question 5

To provide a breakdown for each of the categories over the five years would be a significant diversion of frontline resources. Total numbers, however, can be provided; please refer to table below:

Number of DFV clients (2017 to 2021)	
Individuals	783
Families	1392
Men	203
Women	1983
LGBTI	*
People from Aboriginal and Torres Straits Islander background	415
People from Cultural and Linguistically Diverse background	435

**The OneLink database, Specialist Homelessness Information Platform (SHIP) does not currently provide for specific LGBTI data collection, allowing for only 'other'. SHIP is a platform managed and maintained by the Commonwealth through the Australian Institute of Health and Welfare (AIHW).*

***Figures in above table are not mutually exclusive (e.g., a man may also be counted as an individual).*

****SHIP does not currently specifically collect data on "mothers" and "fathers"*

Domestic and family violence services—client data (Question No 795)

Mrs Kikkert asked the Minister for the Prevention of Domestic and Family Violence, upon notice, on 6 May 2022:

- (1) In relation to domestic and family violence data collected by the Domestic Violence Crisis Service, what has been the total number of clients supported, each year for the past five years.
- (2) How many clients, for each of the past five years, have been identified as (a) mothers, (b) fathers, (c) male, (d) female, (e) lesbian, gay, bisexual, transgender, intersex or questioning, (f) culturally and linguistically diverse and (g) Aboriginal or Torres Strait Islander.
- (3) How many children have been supported in each of the past five years.

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

- (1)-(3) The ACT Government receives reporting by funded program, not at the aggregate level requested. Aggregate data is available publicly through the Domestic Violence Crisis Service's annual reports for 2020-21, 2019-20, 2018-19, 2017-18 and 2016-17. Requesting additional data beyond what is publicly reported or collected through standard program reporting places an additional burden on community sector organisations.
-