



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

JOINT STANDING COMMITTEE ON MIGRATION

Reference: Migration treatment of disability

WEDNESDAY, 25 NOVEMBER 2009

CANBERRA

BY AUTHORITY OF THE PARLIAMENT

INTERNET

Hansard transcripts of public hearings are made available on the internet when authorised by the committee.

The internet address is:

<http://www.aph.gov.au/hansard>

To search the parliamentary database, go to:

<http://parlinfo.aph.gov.au>

JOINT STANDING
COMMITTEE ON MIGRATION
Wednesday, 25 November 2009

Members: Mr Danby (*Chair*), Mrs Vale (*Deputy Chair*), Senators Bilyk, Boyce, Hanson-Young and McEwen and Mrs D'Ath, Mr Georgiou, Dr Stone and Mr Zappia

Members in attendance: Senators Boyce and McEwen and Mr Danby, Mrs D'Ath, Dr Stone and Mr Zappia

Terms of reference for the inquiry:

To inquire into and report on:

Assessment of the health and community costs associated with a disability as part of the health test undertaken for the Australia visa processing.

The Committee shall:

- Report on the options to properly assess the economic and social contribution of people with a disability and their families seeking to migrate to Australia.
- Report on the impact on funding for, and availability of, community services for people with a disability moving to Australia either temporarily or permanently.
- Report on whether the balance between the economic and social benefits of the entry and stay of an individual with a disability, and the costs and use of services by that individual, should be a factor in a visa decision.
- Report on how the balance between costs and benefits might be determined and the appropriate criteria for making a decision based on that assessment.
- Report on a comparative analysis of similar migrant receiving countries.

WITNESSES

**BEDFORD, Ms Helen, Branch Manager, Disability and Carer Policy, Department of Families,
Housing, Community Services and Indigenous Affairs 2**

**DAVIES, Ms Frances, Group Manager, Disability and Carers, Department of Families, Housing,
Community Services and Indigenous Affairs 2**

**MOUFARRIGE, Mr Philip, Department of Families, Community Services and Indigenous
Affairs..... 2**

Committee met at 12.14 pm

CHAIR (Mr Danby)—I declare open this public hearing of the Joint Standing Committee on Migration and its inquiry into the migration treatment of disability in Australia. Today is the committee's third hearing of the inquiry, and I welcome officers from the Department of Families, Housing, Community Services and Indigenous Affairs. The committee notes figures released last week by the Australian Institute of Health and Welfare, which showed that around 2.3 million Australians will have a high level of disability by 2030, roughly the equivalent of the entire population of Western Australia in 2009. The Australian Institute of Health and Welfare also expects the demand for specialist disability services will, in real terms, grow by around seven per cent a year. This would indicate a doubling of costs by 2020. In the light of these figures and the very interesting issue that the committee is considering in this inquiry, we look forward to hearing from the department and its outlook on disability services in the future.

Although the committee does not require witnesses to give evidence under oath, I remind people that this hearing is a legal proceeding of the parliament and warrants the same respect as proceedings of the House itself.

[12.16 pm]

BEDFORD, Ms Helen, Branch Manager, Disability and Carer Policy, Department of Families, Housing, Community Services and Indigenous Affairs

DAVIES, Ms Frances, Group Manager, Disability and Carers, Department of Families, Housing, Community Services and Indigenous Affairs

MOUFARRIGE, Mr Philip, Department of Families, Community Services and Indigenous Affairs

CHAIR—Would you like to make an opening statement?

Ms Davies—We are really in your hands. We have given you a written submission. You have mentioned the AIHW report; we have brought along a hard copy, should you wish to have one. You are probably aware of the announcements by the Prime Minister on Monday night. Unless you want me to elaborate on those; otherwise we are quite happy to answer questions.

CHAIR—If you just give us a little overview, as you see it, of those developments, that would be helpful to people who are here for the public hearing.

Ms Davies—At the moment, our portfolio is responsible for disability services that occur in three areas: income support, mainly through the disability support pension, carer payment and carer allowance, although obviously a great number of people on the age pension have a disability. We also have a range of programs, which we have outlined in our submission, that are disability or carer specific. Of course, many of our other programs would also have people with disabilities participating in them. Our third, big area of coverage is through Commonwealth-state relations and the new National Disability Agreement where the Commonwealth has doubled funding. That agreement is worth, from memory, \$6 billion.

Ms Bedford—\$5 billion.

Ms Davies—\$5 billion, sorry. Roughly, the Commonwealth funds are 30 per cent of the total and the remainder—the states—is 70 per cent. The growth in demand that the chair mentioned would largely reflect growth in demand for state and territory services. The announcements on Monday relate to the implementation of the National Disability Strategy, which was an election commitment of this government. The strategy elements that were announced on Monday night by the Prime Minister had two parts. One part was a broadening of COAG with respect to addressing disabilities. At the moment, we have a disability-specific agreement. The COAG arrangements ensure that the mainstream areas of COAG, such as health, housing, schools et cetera would address the needs of people with disabilities. That is quite an important issue.

The second part was the announcement by the Prime Minister of an inquiry by the Productivity Commission into the options for funding the service system. The growth in demand in real terms is seven per cent, as you remarked. Even though there has been a substantial increase in funding from the Commonwealth and from some of the states, the demand is

outstripping that increase. This feasibility study is looking into ways that Australia as a country could fund a service system and meet that shortfall.

CHAIR—Ms Bedford, would you like to add anything?

Ms Bedford—No.

Dr STONE—You make the point that there is a 10-year qualifying period for migrants before they can receive the DSP. If they come under family or general skilled migration categories, or even the 457 category, and they find they develop a debilitating illness in that 10 years or the pre-existing condition gets worse, what contingencies are there for them to become eligible for DSP within that 10-year period?

Ms Davies—So if they acquired some sort of condition—

Dr STONE—If they had a terrible accident and ended up quadriplegic or paraplegic—

Ms Davies—I have my expert behind me, but from memory if that occurred then I think he would be eligible for DSP.

Dr STONE—Is it that there is ministerial discretion, or is there some process—

Ms Davies—No, if the condition was acquired within that 10-year period you can be eligible for DSP.

Dr STONE—I see. So it is only a pre-existing condition which she came to Australia with as a holder of some sort of visa.

Ms Davies—Yes.

Dr STONE—Do refugees have the DSP 10-year period?

Ms Davies—No.

Dr STONE—Humanitarian refugees are immediately eligible for DSP?

Ms Davies—Yes.

Dr STONE—And that includes carer benefit?

Ms Davies—Yes.

Dr STONE—Can you give us some figures on the number of humanitarian refugees who move on to DSP in, say, the first five years.

Ms Davies—I would have to check. No, I do not have that. I only have numbers with me giving the country of birth. Can I take that on notice and try and get back to you this afternoon?

Dr STONE—That would be useful, thanks.

CHAIR—That is in the first five years?

Dr STONE—I think five years is probably the most sensible time.

CHAIR—Is that only to DSP?

Dr STONE—Yes, I am keen to see how many move on to DSP. We know about Newstart allowance and so on, but how many humanitarian refugees actually move on, either immediately or in the first five years, to disability support pensions? I am trying to get a sense of what sort of physical and intellectual disabilities—

Ms Davies—Okay. I will take it on notice. I am sure we can help with that.

Mrs D'ATH—This question follows on from Dr Stone's question. I note that, in relation to the disability support pension and the 10-year qualifying period, the qualifying period can be waived if the disability occurs while the person is in Australia as an Australian resident. So my question is: are there fixed criteria for that waiver and who gets to decide on the waiver?

Ms Davies—Who is the decision maker?

Mrs D'ATH—Yes.

Ms Davies—Centrelink guidelines would give them that discretion. If you like, I could get a copy of the Centrelink script. Would that be useful?

Mrs D'ATH—Yes, please. Also, under the strategy that has been undertaken—and now we have heard the most recent announcement about the Productivity Commission—can you tell me whether as part of that strategy, or as part of the ongoing general review process you talked about with the states on improving the delivery of disability services, the 10-year qualifying period has been reviewed? Have there been any recommendations to change the 10-year period?

Ms Davies—No. Our reviews to do with Commonwealth-State are their programs, not ours, because the income support payments are part of the Social Security Act and that is not under review.

Mrs D'ATH—So the National Disability Strategy did not touch on—

Ms Davies—Sorry, I misunderstood you. I will probably let Helen address that. In our submission we mentioned where a number of submissions had raised the issue, and I think the parliamentary secretary has been asked about that. I think his response was that he would be looking at it in terms of future policy development. But it is fair to say that at the moment we are not specifically addressing it.

Mrs D'ATH—There was not a specific recommendation going to the 10-year qualifying period that you are aware of?

Ms Davies—Not so far.

Ms Bedford—No. Migration issues did come up through the consultation process around the National Disability Strategy, and some of the areas proposed included a review of the Migration Act so that it is no longer exempt from the provisions of the Disability Discrimination Act, but not specifically around the 10-year rule. But certainly it has been raised with the parliamentary secretary.

Mrs D'ATH—My next question is asking for an opinion, so you may or may not be in a position to answer this. Based on the information you have provided to the committee on the various qualifying periods for different support—both financial and other services—to people with disabilities or to carers of people with disabilities, if this committee in its findings was to alter the disqualification and allow individuals with disabilities into this country on permanent visas, do you believe the current qualifying periods are adequate or that they should be reviewed? If those who are not refugees were able to get visas in the future despite the child, or the person themselves, having a disability, do you believe that the current qualifying periods, if these entitlements were extended to them, would be adequate?

Ms Davies—That is really a question for government. I will say it is a matter of fact that Australia's income support system does have a failsafe special benefit under which many of those people would qualify for the special benefit and, in some of our programs, they do.

Mrs D'ATH—I have one last question—

CHAIR—It does not have to be the last one because, for the information of our witnesses, a number of senators who were here have been called away by the red bell. I and others might also ask more formal questions in order to give them an opportunity to return.

Mrs D'ATH—In the submission that you provided to the committee you outlined the funding that goes into this sector. I note that in your submission you make reference to the focus of FaHCSIA working with the states to reform and to improve the delivery of services and I am pleased to see it extends to increasing the social, economic and cultural participation of people with disabilities. Submissions have been put to this committee that the criteria is too strict and that it just looks at the costs of looking after someone with a disability as opposed to the benefits that that person would bring not only economically but also culturally and socially to our community if granted a visa. Has FaHCSIA done any analysis on that side of it, considering you are trying to put a value to that and that is what you are looking at with the states?

Ms Davies—Not specifically. What we do is look at it from the individual's social, cultural and economic participation. The way we look at it is that, in the sorts of programs that we fund, the return on investment is our driver. Obviously it is an important part of social policy, but the return on investment drives it. Our focus is on making sure that we have the best system possible. It is difficult when you have rationed programs. Our reforms are looking at making those programs better so that, if you get the investment in early intervention, the return is that the person is more likely to finish education or training and be able to participate and gain employment. We try to look at the returns. For example, from the Institute of Health and Welfare's report and the demand for growth of seven per cent, lots of states when they are modelling their expenditure look at what sort of return from investments they are getting from

their services compared with if they invested that same bucket of money differently, like having early intervention, single-entry points, better articulated services and whatever. If that were the case, how many more people would get it and how much better would the return be? That is the sort of modelling and research that we do rather than looking at particular groups like refugees or migrants.

Mrs D'ATH—Do you believe the modelling you just talked about and the assessment that you undertake in weighing up the benefits from this can be used? That is what this committee is grappling with right now: moving away from the fixed view of what it is going to cost and how to look at the social benefits.

Ms Davies—Yes, I understand. From the Commonwealth's point of view on income support, that is relatively straightforward because you know someone on DSP gets about \$14,000 per annum, and if someone comes to Australia and is going to live for 20, 30 or 40 years you can cost that. For the states it is much more difficult, and I was talking about state services. The sort of modelling I talked about is a recent innovation, because we have the imperatives of a growing and ageing population, more people with disabilities and a decline in the number of informal carers. The states are being forced to look at the service system and how they can do better. That modelling is early, but it does happen to some degree. It is sort of like a net cost model, isn't it? It is like you have outlays but, if you do it differently, what is the net position?

CHAIR—I apologise for the fact that a couple of senators left. Mr Zappia has joined us. In the meantime, I just wanted to ask a few questions. FaHCSIA has an oversight perspective of all disability and disability-related community services in Australia. Can you comment on where the most critical need is? Are there particular types of services most under strain and do these relate to particular types of disability?

Ms Bedford—We do not have a broader whole-of-disability policy across the whole Australian government. We have a role around the National Disability Agreement and the payments area, just to clarify that. The whole disability service system that the states and territories administer has been described as a crisis-driven system. It is a rationed approach, as Ms Davies has said. We are working towards a more person-centred, early intervention approach with states and territories.

An increasing number of requests for services we have been asked to look at specifically are around supported accommodation, respite or respite-type services, and putting in services to support the family. Sometimes we talk about respite-type effects. It could be a child going to soccer or scouts. It is not tagged as respite but it has that respite-type effect that would give families a bit of a break and also support the person with disability to do something worthwhile during that time. Those are the sorts of services that we often hear people really need and are struggling to gain access to.

CHAIR—Do they relate to a particular type of disability?

Ms Bedford—Some intellectual disability, some people with very high support needs, and younger people that might end up in nursing homes if there is no other supported accommodation for them. Sometimes people with diseases like multiple sclerosis or who have had a traumatic injury such as car accident end up with very high support needs. They need more

24-hour care and we look at what sort of accommodation and care can be provided for those people.

CHAIR—I suppose it is a bit sensitive and I take your point that you are not the Commonwealth agency responsible for all disabilities, but do you have a feeling on what state's disability services are rather better? I will not ask you to give the places that are worse but can you give us those that are better?

Ms Davies—I think our state and territory colleagues would kill us.

CHAIR—If you said anything?

Ms Bedford—All states are trying to move to more individualised, person-centred approaches. Some have led the way with that. Western Australia has been going down a more person-centred approach with individualised funding.

CHAIR—Have they just started that or are the other states already doing that?

Ms Bedford—Most states have been doing it in some form for a while. From our view, Western Australia certainly seems to have moved their whole service system in that direction. Victoria has been doing a lot of work in that area as well. I would not say that one state is better than the other but I would say that there are differences in momentum around different service types in different states.

It is worth mentioning to the committee that when people do get individual funding—respite is often one of the measures of need when you hear the press comment—the states are telling us that these people are more interested in in-home support or respite-type services when they have a choice of buying services themselves.

Ms Davies—I would add that a couple of states have significantly increased funding to their services. For example, this year the New South Wales budget increase was something like 12 per cent. So there is a momentum and it is fair to say that there is a lot of good collaboration and working together on some quite important reforms that are happening with the national disability agreement.

CHAIR—Under your MOU with the department of immigration, the department of health provides advice on the costs and availability of Commonwealth funded health care. Can you advise us about these state and territory funded services? The funding arrangements, do the state services respond in a satisfactory way? What is your relationship with them as far as this funding goes?

Ms Bedford—I do not think we have an MOU. The department of health has it.

CHAIR—Yes.

Ms Davies—Our arrangements with the department of immigration are much more informal than the health departments. We do meet, but we do not have an MOU.

CHAIR—Okay. Are there arrangements for FaHCSIA to provide advice to immigration on the cost and availability of disability and carer services?

Ms Davies—Mr Moufarrige might correct me, but I understand that our international area does meet with immigration but that there is no formal agenda. It would depend on what particular interests there are. I do not think that one has been discussed, not in recent times anyway.

Mr ZAPPIA—I have been reading your submission and you might be able to clarify something for me, although I do not know which of our presenters can do that. It says in your submission:

Refugees and former refugees are exempt from all waiting periods for social security pensions and benefits ... and therefore have immediate access.

Is that at the point that they are determined to be refugees? What is your definition of when a person is a refugee—that is, at what point do you make that judgement? It is certainly not at the point that they reach Australia and they are put into a detention centre.

Ms Davies—I think that relates to people coming in under the humanitarian refugee program. If you are here for that reason, you are exempt from waiting periods. Is that correct?

Mr Mourarrige—Yes, Immigration determines the status and once their status has been determined—

Mr ZAPPIA—So Immigration determines the status, and once their status has been determined they would notify you?

Ms Davies—They would go to Centrelink and they would be immediately eligible.

CHAIR—Before you continue, I have to tell you something formally. Because of the coalition leadership spill, we do not have an official quorum and, therefore, I have to draw your attention to the fact that we are continuing this as an informal session and not as testimony. Please continue with your answers.

Mr ZAPPIA—Thank you. I am just trying to clarify that because there has been all kinds of allegations or comments made about when people are entitled to things and just what they are entitled to. So I want to get it absolutely clear that they are not entitled to any payments until the department of immigration give you advice that they are considered a refugee, and from that point on they would then be entitled to the benefits outlined in this policy.

Ms Bedford—My understanding is that once they have a visa then they are entitled to the payments.

Ms Davies—To no waiting periods, that is right.

Mr Mourarrige—In relation to immigration determining visa type. If they were eligible for a refugee visa and they were granted one—

Mr ZAPPIA—Philip, I am trying to clarify which types of visa categories would make a person eligible for payment.

Mr Moufarrige—I will probably take that one on notice. The visa issued by Immigration would determine the person's eligibility for particular types of payments. There are a number of refugee/humanitarian type visas that are issued by Immigration, and those would then determine a person's eligibility for social security payments. They would come into a Centrelink office and their visa type would be recorded. That would then allow them eligibility for certain payments. Usually humanitarian/refugee visas allow a person to be entitled to the same social security benefits as a permanent resident.

Mr ZAPPIA—The dilemma is that we have a whole range of different kinds of visas that are issued, although you may not be expected to know what they all are.

Mr Moufarrige—There are literally hundreds of visas. There is a system in place that recognises certain visa types with social security eligibility. We can find that out.

CHAIR—I have a related question. I understand that when visa applicants are assessed by medical officers the threshold for significant cost community services is \$21,000. The threshold is currently being calculated on an average per capita health and community service cost for the minimum of five years plus a 20 per cent loading. That is in DIAC's submission on page 9. They are reviewing the threshold; has FaHCSIA been consulted about the formulation of this new threshold?

Ms Davies—No. I think that is health costs, not costs for disability.

CHAIR—Have you got any observations on the formula itself, particularly in relation to the assessment of community services provided to people with disability and to carers?

Ms Davies—We will take that on notice.

CHAIR—Could you provide us any data on the present number of recipients of DSP and those receiving carer payments? Dr Stone has you doing it in five years, but I would like to know about the present.

Ms Davies—I have with me disability support pension fact sheets. What sort of breakdown are you interested in?

CHAIR—What kind of breakdown have you got?

Ms Davies—I can give you the description of what the payment is, the eligibility conditions, how much we have spent, the rates, performance indicators, numbers, age break-up, gender, primary medical conditions, earnings, time on payment—

CHAIR—Is there any reason why we could not accept that as a document?

Ms Davies—I do not think so.

Ms Bedford—We also have a breakdown of recipients by country of birth, but it does not give migration status. That might be helpful.

Mrs D'ATH—What data do you have on the number of refugees with a disability or their carers who are in receipt of services?

Ms Davies—I do not know whether we have that, but I can find out.

Mrs D'ATH—If you could, that would be useful.

CHAIR—Do you have another question?

Mrs D'ATH—That was it. If you have any other data, not just on refugees but any other categories of visa holders who are not citizens—that is, they are residents but not citizens—

Ms Davies—They would probably be on special benefit. I can probably give you visa status by special benefit. The numbers are small. I do not have them with me, but I think we have them.

Mrs D'ATH—Thank you. It would be useful if you could provide that to the committee.

Ms Bedford—We have another piece of data here. We have the National Disability Agreement now—it used to be the Commonwealth state/territory disability agreement—and we have the minimum data set data for 2007-08, if that is helpful. It breaks down to country of birth rather than immigration status or whatever. It will give you some numbers that might be helpful.

Mrs D'ATH—I guess my concern about using data like that is that, although they may not have been born in Australia, they may have resided here for the past 30 or 40 years.

Ms Bedford—That is exactly right.

Mrs D'ATH—What we are looking for is those who are new migrants to the country who have not obtained citizenship yet and are subject to these qualifying periods. We would be grateful for any additional data on that.

Ms Bedford—Earlier, I said that the 10-year rule was not in the submissions for the national disability strategy. I am a bit uncomfortable about that without going back to check the nine submissions. Perhaps I could come back on notice with that. When I think of the submissions that were there, it was probably mentioned, so we will go back and give you a summary of those submissions and what the migration issues were. Perhaps that would be helpful.

Mrs D'ATH—They would be very useful, plus any recommendations that may have touched on that.

Ms Bedford—So my apologies.

CHAIR—I do not know whether FaHCSIA often gets questions about futurology, but I wonder what the impact of us growing to 35 million people is going to be on trends in service

delivery. Are there trends within that 35 million, in our demographic, our health and our lifestyles, that you think will change—the kinds of services that will be demanded or the way service is delivered? I know that is a big question and it asks you to be more oracles than officials.

Ms Davies—The sorts of issues that our department thinks about, because we are one of the biggest spending departments in the Commonwealth, include the effect on outlays, because of an ageing population and, for us, the growth in the number of people with disabilities and the declining number of people who are informal carers—

CHAIR—Sorry—the decline in the number of people who are informal carers?

Ms Davies—Yes. That is a very big issue for Australia and for planning, because of the increased pressure on services like respite and accommodation. Therefore, population growth could be a good thing or a bad thing. If it were to address the issue of the fact that we have an ageing population, it could be seen as a good thing because we will have such huge workforce issues in the community services area. Apart from that sort of planning and the impact on our service provision, I do not know that we have had a portfolio view of the 35 million population, but the issues would not change; it would be a question of quantum.

CHAIR—What are the reasons for the decline in the number of informal carers?

Ms Davies—Partly, it is a cohort effect. Mostly it is women who are carers and they are of an age where their education attainment was not that high and women were not expected to necessarily be in the workforce, so it is taken as a given that you stay home and look after your family. Post-war and since the sixties and seventies, women are much more highly educated and have a much stronger labour force attachment. Family formation is smaller. We are having fewer children. With fewer siblings, there are fewer people to look after family members. There are issues like that, aren't there?

Ms Bedford—Yes.

Ms Davies—Those are the main issues.

CHAIR—What is the effect on that of baby boomers moving into the older age categories?

Ms Davies—There is an increase in demand for carers because people with disabilities can be aged as well as below the age pension age. Also, there is a decline in the number of people in the workforce. It has a quite significant impact, both in that it gives you an increased number of clients and also you have a reduced number of people in the population who can do either informal or formal care, because you have fewer people.

CHAIR—Will one of the effects be that you will have, counter to what you suggested, an increase in the number of post-work, older informal carers? They may not be lifelong traditional mothers at home or someone like that; they might be someone who has retired from work and, due to family circumstances, has to do that.

Ms Davies—It is really a question for Health because they are responsible for aged care. From our portfolio's point of view there is an increase in demand for services. The division between whether it is provided by a family or informally, or through formal service provision in the Health area, is not something that we can really talk about in any detail.

CHAIR—Have you made any input to Immigration about changing categories of immigrants vis-a-vis skills given this increasing need for formal carers?

Ms Bedford—Not in my area.

Ms Davies—I will check, but I do not think so.

CHAIR—People have often expressed to me concerns about not being able to get permission to have carers from other countries come to Australia to care for their elderly relatives. That is partially based on the fact that, although these people might be qualified, they do not satisfy skill categories that we identify. The Australian population seems to want them. Obviously they have to advertise to see if there is an alternative, but what happens is that they advertise and are not successful, and in the meantime they lose a dedicated carer who has been looking after someone. This is particularly true for people moving back to Australia from Europe, the United States or wherever. I have noticed that phenomenon.

Mr Moufarrige—We are consulted by Immigration in terms of the general migration intake each year, because there is an obvious impact on social security. We cost that, but we are not party to the discussions around the types and the groups of specific skilled or unskilled migrants that come in. We come in at a later stage in consultations around costing the impact that Immigration has decided through their policy purview around what is best for Australia.

CHAIR—You realise they do vary it by altering the points. One skill might get more points at a certain point of time. Apparently we need fewer hairdressers and other people, following our experiences with some of the educational institutions, if that is how you can describe them, in Victoria—I can say that even though it is not under parliamentary privilege. Some of our Indian students in particular have had very disappointing experiences at some of these colleges. It is an area that I think needs to be looked at where there are skills shortages. The parliament ought to think about making suggestions to the Minister for Immigration and Citizenship. FaHCSIA might want to make representations to Immigration as well, if you perceive there is a necessity for people. I am not suggesting that there be any lowering of the kind of care that we expect in Australia, but if there are shortages and training programs are not providing a sufficient number of people it is an area that might need to be looked at.

I do not think the senators are going to return. You have come on a particularly mad day. I am sure you are experienced with parliament not being a predictable beast, but it is particularly wild today. Thank you very much for your presentations and for all of the additional documentation. If you could come back to us about the issues that we raised with you, the secretariat will incorporate them in the inquiry. Thank you very much.

Subcommittee adjourned at 12.55 pm