



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

**HOUSE OF
REPRESENTATIVES**

STANDING COMMITTEE ON PETITIONS

Reference: Petitions presented up to 19 October 2009

WEDNESDAY, 25 NOVEMBER 2009

CANBERRA

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HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON PETITIONS

Wednesday, 25 November 2009

Members: Mrs Irwin (*Chair*), Mr Broadbent (*Deputy Chair*), Mr Adams, Mr Chester, Ms George, Mr Hawke, Mr Simpkins, Mr Craig Thomson and Ms Vamvakinou

Members in attendance: Mr Adams, Mr Broadbent, Mr Chester, Mrs Irwin and Ms Vamvakinou

Terms of reference for the inquiry:

To inquire into and report on:

Petitions presented up to 19 October 2009

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Committee met at 10.14 am

CHAIR (Mrs Irwin)—I declare open this public hearing of the House of Representatives Standing Committee on Petitions and welcome everyone in attendance. Under the House standing orders, the committee is able to examine matters relating to petitions as a way of complementing the ministerial response process. The committee conducts public hearings on issues raised in petitions. Today the committee has invited three departments to advise on issues raised in petitions. This morning we welcome representatives of the Department of Defence, the Department of Families, Housing, Community Services and Indigenous Affairs and the Department of Health and Ageing. The transcript of what is said today will be posted on the committee's website. If you would like further details about the meeting or the transcript, please ask any of the committee staff at the hearing.

[10.15 am]

EHLERS, Group Captain Henrik, Director Coordination, Air Force, Department of Defence

MANNS, Mr Brian, Manager, Unrecovered War Casualties, Army, Department of Defence

MULHALL, Brigadier David, Chief of Staff, Army Headquarters, Department of Defence

CHAIR—Welcome. Although the committee does not require you to speak under oath, you should understand that this meeting is a formal proceeding of the parliament. Giving false or misleading evidence is a serious matter and may be regarded as a contempt of the parliament. Do you have any opening statements that you would like to make or should we go straight to questions?

Brig. Mulhall—No, we are happy to go straight to questions.

CHAIR—We only have one petition before us today and that is the burial places from World War II. The Department of Defence responded to three petitions in one letter that you most probably have before you. One petition is regarding the sinking of the *Montevideo Maru* which, as we all know, lies outside Australian waters. The second is regarding the burial places of those still missing from World War II. The response given in the body of the letter focuses more on the sinking of the ship and does not provide a lot of background regarding the missing people from World War II hostilities. Could you give us a little more information about the concerns of the petitioners regarding those burial places in Papua New Guinea?

Brig. Mulhall—For the record, I will start by indicating that our actions are necessarily governed by Defence policy which is Defence Force Instruction (General) PERS 20-4 which deals with the recovery of human remains of Australian Defence Force members missing in action and believed dead. That was signed on 20 January this year so it is a very current policy. We find it both robust and appropriate to the way that we conduct business. In essence I will make a very short statement and I will hand across to Brian to get to the heart of your concerns. We in Defence will respond to the identification of ADF personnel. If there is circumstantial, strong, cogent evidence we will then provide a team to go and investigate and, if necessary, recover or otherwise inter those remains. I might hand across to Brian now.

Mr Manns—As a bit of a history lesson, if you like, from about 1943 until 1946 the Army had an extensive grouping of grave registration units that was responsible for identifying battlefield burials and the coordination and final outcome of placing all of our war dead into Commonwealth war graves cemeteries which are located throughout Papua New Guinea. They did as good a job as was possible, and all those remains that could be located were located. Our policy and procedures now are that we rely upon human remains being found and, along with those remains, some evidence that indicates they may be those of Australian servicemen. Should that occur then our response is to take an appropriately qualified team, including forensic people, to recover the remains, confirm their identity—in terms of nationality first and then, if possible, individuals—and then the appropriate interment in the closest Commonwealth war graves cemetery.

CHAIR—How many servicemen may lie in Papua New Guinea from World War II? Have you got any indication of that?

Mr Manns—From an Army perspective, we have not quite 400 deemed to be missing in action. Group Captain Ehlers can confirm this, but the Air Force have something like around about 360.

Group Capt. Ehlers—Three hundred and sixty two according to the Commonwealth War Graves Commission.

CHAIR—That is 362 from the Air Force.

Group Capt. Ehlers—Yes, in Papua New Guinea from World War II.

Mr Manns—And about 390 soldiers.

CHAIR—How have they been located?

Mr Manns—Locations rely almost invariably on local PNG citizens finding them. In fact, I am going to Port Moresby this week to bury three Australians that have been identified through our program. Invariably it is local individuals. In most of the smaller rural communities in Papua New Guinea now they have a subsistence style of living, and they move and establish new gardens. Once one garden peters out, they move and establish another garden and it is not unusual for them to find remains. One of the sets of remains that we have been working with in this last PNG group of cases was actually found by somebody digging a well. So a lot of the remains that are found nowadays, particularly of soldiers, are there because the original battlefield burial sites for whatever reason were obliterated. Our normal procedure was that at the end of a battle we would bury our dead and then the grave registration units would come through and recover them and place them into properly established cemeteries. But the sort of environment we have in PNG means that these things quickly become overgrown. If grave markers are lost then a six-figure grid reference on a map becomes a fairly large area of ground to try and find a grave in. Nowadays the remains are found and then we react accordingly.

CHAIR—Before I pass on to the other committee members, I am going to ask two questions in one. How do you identify that they are an Australian soldier? Is it through DNA? If you could give us a bit of background on it, that would be great. You just stated that you are going over to PNG to bury three Australian soldiers. Do their families want them to be brought back to Australia to be buried and what happens if that request is made by family members in Australia?

Mr Manns—In these instances the request was not made, but the policy is outside of Defence. It is actually Department of Veterans' Affairs policy. The Office of Australian War Graves, which is part of the Department of Veterans' Affairs, manages Commonwealth war cemeteries in the south-west Pacific area on behalf of the Commonwealth War Graves Commission. The Commonwealth War Graves Commission policy, agreed upon by the Australian government, is that up until 1966 war dead are buried in the closest Commonwealth war graves cemetery.

CHAIR—Okay.

Mr Manns—Your second question was on how we identify them. We use whatever means we have to. If I take a team anywhere in the world to respond to a notification, that team will include an archaeologist, a physical anthropologist, perhaps forensic dentists if necessary, and people that are skilled in historical research. We will use all of them. We will use the information gathered from forensic examinations and the examination of equipment that might be found with the remains. If possible, we will use DNA. We have used DNA just recently to determine ancestry in relation to some remains found in PNG. All of those things are tools that we have. We are burying three. We have been able to identify two, but we could not identify the third, so he will be buried as an unknown soldier.

CHAIR—You stated that those three will be buried over in PNG. Are there any family members that are aware of this?

Mr Manns—Yes.

CHAIR—Are they quite comfortable with their being buried over there where they fell?

Mr Manns—Yes. It has been my experience that most families are happy for their family members to be buried in a Commonwealth war graves cemetery. Invariably, that is because these men are now being buried—

CHAIR—They are being buried with their comrades.

Mr Manns—Yes.

Mr BROADBENT—Is that as a response to national grief? Is there still a response to a national grief over the loss of loved ones in the First and Second World Wars? You must come across this issue in a broad context.

Mr Manns—I have been doing this for three years now. I guess there is a degree of national—

Mr BROADBENT—I used the word ‘national’ specifically.

Mr Manns—I am not sure that grief is the right word, but there is certainly a national awareness of the possibility of our losing people and an awareness that over the years we have lost a lot of people. There has only been one war in our history where we have been able to recover everybody, and that is Vietnam. We only did that this year. ‘National grief’ is not a phrase that I would use but I think there is certainly a national awareness.

Mr BROADBENT—There have not been so many generations since the First and Second World Wars, and other wars, that there would not, in my opinion, be an existing national grief. I am trying to get to the bottom of what the public drive is for you to do your work. What is it driven by? I know there are a lot of questions; are there a lot of inquiries to the three of you? Are there a growing number of inquiries? Are there reasons given for those inquiries? What is the cost of our overseas war graves program?

Obviously, you are using a lot of expertise to go in and do this on behalf of the nation, on behalf of your department and on behalf of the families. What is the bottom line and what is the drive? You say that you do not put it in the category of national grief, which I am leaning more towards. In the First World War particularly, and in the Second World War, we did not handle the loss very well. In fact, we inherited a stiff upper lip from the English, which I do not think has served us very well.

Grief was usually borne by the widow and the children rather than by the community. Country communities did take on that grief and look after those people, but many were left to fend for themselves under that program. This happened even through to the Vietnam War with the way some young men and women were treated when they returned.

I still have some lingering concerns about civilians who we do not look after—they served overseas but did not fit into the categories of any of the armed forces, but they still did their work. But that is another story. We can go into that another day. I am sorry to have gone on with this, but this issue is important to me.

CHAIR—Mr Manns, would you like to answer Mr Broadbent's very short question?

Mr Manns—Could you please paraphrase the question for me, Mr Broadbent?

Mr BROADBENT—What is the drive for the three of you? What is the drive coming from the public? How many are interested in the recovery of our war dead? What is the drive, where is the drive coming from, and has that increased recently because you recovered those people in Vietnam? Did people therefore say, 'They got them; they can get Uncle Bob too'?

Brig. Mulhall—I do not perceive that there has been a greater public interest in recent times. I think there has always been that interest, driven in particular by ex-service groups and families.

The drive is the national interest. There is this notion that we have lost these soldiers on operations. Your points about Vietnam and the way that we dealt with this in the First and Second World Wars are valid, but in many respects we see it as the right thing to do.

As people who wear the uniform, clearly it is a motivation of ours to try to do the best things that we can both by the nation and by the families. Therefore, we manage the expense as it becomes required for the task at hand. Certainly, we meet the policy requirements set down by government on where the remains might be interred. The remains of those killed in operations since 1966, if discovered, are returned to Australia, as we have just done in the case of the Vietnam MIAs that we found. But at the very heart of it, we just think it is the right thing to do.

Mr BROADBENT—Is there an alleviation of grief for those families that you have seen in your contact with them?

Mr Manns—Certainly. My limited contact with them tends to be at repatriation stage. Yes, there is great relief and, from a personally satisfying point of view, wonderful appreciation for the fact that Army has gone to the trouble.

Mr BROADBENT—And that is important.

Mr Manns—It certainly is important to them. For example, the sister of one of the three we are burying next Tuesday in Port Moresby has expressed her gratitude that Army persevered with the investigation until we were able to identify her brother. So there is certainly great appreciation and gratitude and a relief.

Mr BROADBENT—So there is a release for her?

Mr Manns—Yes, most definitely.

CHAIR—You were talking about the sister of the serviceman who is being buried in PNG. Is there any assistance given to family members if they want to go to PNG for that burial? They have decided that they want them buried beside their comrades in the War Graves, but sometimes they may like to go over there just to say their last goodbyes.

Mr Manns—In this particular case—and we take it on a case-by-case basis—we were able to find the sister of one of the identified men and the sons of the other identified men, and Army will take them to Bomana for the burial.

CHAIR—That is very good to hear.

Brig. Mulhall—Because we have direct descendants of the people who were killed and PNG is close, we were certainly able to assist in this case. Fromelles is a separate matter. Our capacity to be able to assist families in the Fromelles ceremonies next year is a different issue, which we are going to have judge on the merits.

CHAIR—How long did it take to find the families in Australia of these three servicemen?

Mr Manns—Not long. We got some help from the Department of Veterans' Affairs, but it did not take us too long at all. In most cases, there are quite often people like widows involved and they are in receipt of Department of Veterans' Affairs widows pensions and that sort of stuff. It is not always easy. A separate project that I am not involved in—the Fromelles project—is a huge challenge, but we are talking about a big generational gap with current descendants. We are talking nearly 100 years. So far, my work only takes me back as far as World War II, and it is usually not too hard to go back that far.

CHAIR—Congratulations on that.

Mr ADAMS—Is the *Montevideo Maru* an Australian ship?

Mr Manns—No, it is a Japanese ship.

Mr ADAMS—Do we have a register of ships that sank? Is there a register kept in Australia somewhere?

Mr Manns—Not to my knowledge. There would be in war diaries. I used the term 'war diaries' because that is an Army term, and I am Army. I am assuming that Navy, in the ship's log, would record it that 'a ship was sunk'.

Mr ADAMS—But we do not have a list that we know of in our historical records through our museum processes, memorials of something like that?

Brig. Mulhall—I would be happy to take that question on notice, given that we do not have expertise in the area.

Mr ADAMS—Maybe it is something that we should consider as a nation. We have it for historical wrecks, but I think it is in state waters. I remember being the minister for heritage in Tasmania many years ago and having a registrar of wrecks—and we have quite a lot of wrecks around Tasmanian waters—of the early sailing days.

Brig. Mulhall—There might well be, but unfortunately I cannot answer you question here.

Mr ADAMS—What about a register of bodies of people, of lost souls, that you may be looking for? Is there a register of that?

Brig. Mulhall—There is document called the Katakana roll, which we believe to be the most reliable record of who may have been on the *Montevideo Maru* when it was sunk. That document has been searched for for many years now. We believe that we may have found a copy of it, but right now we are in the process of trying to verify the authenticity of that document. That is being worked on actively and we hope to be able to give some advice in due course.

Mr ADAMS—In connection with World War II and the islands of New Britain and New Ireland—those areas where we think we have lost Australians—do we have a register of where we think they may be or has anything like a register of some sort been established?

Mr Manns—The knowledge we have about people missing in action from all of the south-west Pacific is very much dependent upon the records that are kept at the time and, whilst there is no list as such, there are archives and records and a whole raft of documents that are raised when someone is killed in action. As part of the process at the end of World War II in the south-west Pacific, we deployed grave registration units into all of those areas. They did as thorough a job as they could of responding to the information that had been recorded by units and then brought back to a central location. Whilst there is no central register, the information is centralised in records.

Mr ADAMS—If somebody in the local area has knowledge and puts that to the local authorities, does that come to us in any way? Do we put that into some list or register?

Mr Manns—Are you talking about knowledge of someone missing or about remains that have been found?

Mr ADAMS—Remains found or that sort of thing.

Mr Manns—If remains are found then it is my job, from the Army's perspective, to respond. If they have been found in an aeroplane then they will go the Air Force. If they are found buried in the ground, it is most likely to be a soldier. For example, I was in Rabaul in August this year responding to remains found. Those remains turned out to be Indian, but we responded immediately.

Mr ADAMS—I would just like to mention the conflict in Cyprus, where we play a role in keeping the peace. They have got a process where they are exhuming bodies from that conflict and they have got quite a lot of expertise that they have put together through a UN process. I am just mentioning that to you. I know we have got some pretty good knowledge these days of identification.

CHAIR—I would like to thank you very much for your attendance here today—

Mr BROADBENT—Can you come back again? I will organise a special petition so you have to come back!

CHAIR—The committee appreciates your assistance and, if there are any further questions, the secretariat will definitely contact you. Thank you very much and keep up the good work.

Mr BROADBENT—David, do you have a heritage office of your own?

Brig. Mulhall—We have the Army History Unit which is all about—

Mr BROADBENT—Are they hands on people?

Brig. Mulhall—Yes, they are. Brian has previously been the deputy head of that history unit.

Mr Manns—Seventeen museums.

Mr BROADBENT—As well!

[10.39 am]

BITMEAD, Ms Lucy, Branch Manager, Disaster Preparedness and Recovery Branch, Department of Families, Housing, Community Services and Indigenous Affairs

EMERSON, Ms Lee, Family Policy and Research Branch Manager, Department of Families, Housing, Community Services and Indigenous Affairs

HAMM, Ms Sue, Immediate Past Acting Branch Manager, Disaster Preparedness and Recovery Branch, Department of Families, Housing, Community Services and Indigenous Affairs

LEWIS, Mr Evan, Group Manager, Community Engagement and Development, Department of Families, Housing, Community Services and Indigenous Affairs

CHAIR—Welcome. Although the committee does not require you to speak under oath, you should understand that this meeting is a formal proceeding of the parliament. The giving of false or misleading evidence is a serious matter and may be regarded as a contempt of the parliament.

We have two petitions before us today. One is the disaster recovery payments for Coffs Harbour and environs and the other is with respect to the forgotten Australians. I am going to take one petition at a time instead of jumping back and forth. Do you want to make any opening statements or would you like us to go straight to questions?

Mr Lewis—We will make a general statement—

CHAIR—That would be on the Coffs Harbour petition?

Mr Lewis—That is right.

CHAIR—That is fine. If you would like to make your opening statement, that would be great.

Mr Lewis—It is just in a general nature to set the context. FaHCSIA's role in the disaster recovery area is about supporting states and territories with their efforts to assist individuals, families and communities recovering from disasters. FaHCSIA normally becomes involved with disaster recovery where a disaster event is particularly unusual or has had a particularly devastating effect on individuals and communities, warranting additional Commonwealth assistance. FaHCSIA assistance is provided in addition to that already provided by the relevant state or territory under the Natural Disaster Relief and Recovery Arrangements—the NDRRA. This is administered by the Emergency Management Australia area in the Attorney-General's Department. In supporting community recovery, FaHCSIA's recovery assistance packages complement the existing arrangements, services, benefits and other provisions delivered either through Centrelink, the NDRRA, the state government or the not-for-profit sector.

At the time of the March floods in the area of Coffs Harbour and environs, it was considered that the jointly funded Natural Disaster Relief and Recovery Arrangements went far enough, at that time, to assist with the relief and community recovery effort. The following assistance has

been provided for floods in the mid North Coast region of New South Wales this year. I can table that, if you would like. It is quite a long document.

CHAIR—That would be fine, if you could table that.

Mr Lewis—The general comment at the end of that is that communities are affected differently by disasters, and it is important to get local views to assist the assessment of the assistance that is appropriate. Minister Macklin and the Attorney-General, following approaches from community members and local council members, have been working with the mayors of Coffs Harbour and Bellingen shires to identify substantial gaps in assistance. Through this partnership, information was made available from a community impact survey that identified that some individuals and families were still suffering some hardship seven months on from the March and April floods. This highlighted the need for consideration of additional assistance to those affected communities. In light of that additional information, the government decided that it would announce a new form of financial assistance, quite different from the AGDRP—the Australian Government Disaster Recovery Payment—which takes the form of additional assistance of \$1,000 to a nominated homeowner who can demonstrate that on or after 29 September 2009 and, that as a direct result of the flooding in March and April of the same year, their homes still required repairs estimated to cost \$1,000 or over. This assistance is administered by Centrelink and is available until 18 December. People can lodge a claim via the internet or the phone line, and we urge people to lodge a claim early if they have any concerns, and then they will be considered. As at 23 November, 82 calls had been received to the hotline and 44 claims had been received. That is not a huge take-up rate.

The additional assistance is over and above the support that is continuing to be provided by the government under the Natural Disaster Relief and Recovery Arrangements. That includes some \$650,000 in personal hardship and distress grants—elements of the NDRRA—the general payments which were made available to communities in the March and April floods. An additional \$3.6 million was provided for in concessional loans to the same communities. I can provide you with a breakdown of the assistance available for each event in a fact sheet on the ex gratia assistance, which is the one we have just talked about, including the Centrelink handout, which encouraged people to lodge a claim.

At the time of the floods in March there was insufficient information to suggest that at that time the Australian Government Disaster Recovery Payment should be activated. The Australian Government Disaster Recovery Payment is an immediate payment. It is immediate at the time of the disaster and it is intended to assist with immediate issues. That is why the government has decided that it will make a separate, additional ex gratia payment of a different character to reflect the long-term sustained hardship for people in those places. It is actually quite a different payment. It has been characterised in some of the media as being the same thing and therefore not ‘fair’—the word Luke Hartsuyker has been using in the media. It is actually a different, specific payment and is an ex gratia, hardship payment made as a deliberate decision.

Mr ADAMS—That has always been the case?

Mr Lewis—It has always been the case. This is the first time ever that such a payment has been activated. It has been activated as a consequence of the petition and the approach by the

mayors, and the discussions between the Attorney-General and Minister Macklin to make an exceptional decision in this regard.

CHAIR—Do you feel that the petition helped? There were over 6,000 signatures to this petition.

Mr Lewis—I think the petition certainly helped the government make a decision around it and understand issues occurring on the ground. It is very difficult in a circumstance like this to have a black-and-white rule. Things unfold differently, as we saw with the fires and the successive floods that have occurred across the country. For example, with a cyclone across Port Hedland or Broome or near Groote Eylandt, we would watch it and until we have some data coming in—which we get from local people, councils and Centrelink—it is very hard to make a cut-and-dry decision. It is always going to be in post-hoc consideration; a decision that you would say is always going to be the same because the circumstances are different. Every single disaster has different circumstances.

Mr ADAMS—We have 88 applications at the moment—is that right?

Mr Lewis—88 calls—

CHAIR—Before we go on, have you finished your opening statement, Mr Lewis?

Mr Lewis—Yes.

Mr ADAMS—I just wanted to clarify the number of calls to the hotline.

Mr Lewis—82 calls and 44 applications.

Mr ADAMS—Where do people get the information about how to apply?

Mr Lewis—Centrelink, the hotline and advertising, and the councils will be promoting it.

Mr ADAMS—Through the local member as well?

Mr Lewis—Yes, the local member, and there has been radio interviews. We have the transcripts of the local radio interviews.

Mr ADAMS—It will be interesting to see how many apply.

CHAIR—Have you provided it to the community via letterboxes?

Mr Lewis—I do not know whether we have done letterboxing. The councils might have. I suspect they would have.

Ms Ham—Certainly FaHCSIA or Centrelink have not done any letterboxing.

CHAIR—Can you tell us more about the survey?

Mr Lewis—I can give it to you, if you like.

Mr BROADBENT—Do you mean we might be eligible?

Mr Lewis—I can give you the survey. It was undertaken by the mayors and was part of discussions undertaken between the Attorney-General and Minister Macklin.

CHAIR—It has been a long time coming, has it not? The floods were in March 2009 and I know the local member has been vocal within the parliament and also within the community that he represents. He presented that petition with over 6,000 signatures to the House. Why did it take so long?

Mr Lewis—Why was it so long in getting—

CHAIR—Compared to some payments that are given to other communities?

Mr Lewis—The circumstances at the time were considered by the Prime Minister and Minister Macklin and the Attorney and the decision was made at that time about the immediacy of the AGDRP. The NDRRA was activated. The personal hardship provisions of the NDRRA and all the other assistance—some \$4 million—to that area flowed immediately.

CHAIR—That is great.

Mr Lewis—This is an additional special payment that is made by government that has been formalised over the last five to six years. Successive governments have said, ‘Look, we need to do something. When there is an extraordinary circumstance we need to show that the national government is supporting the citizens.’ After several floods and fires some five or six years ago there was a review and a decision was made that there should be structure around a payment—it is called the Australian Government Disaster Recovery Payment—which has clear criteria. Those criteria are applied within a fairly tight time frame by the Prime Minister and Minister Macklin in making a decision. A decision is made, a determination is signed and then payment, in the exceptional case, is made on top of the NDRRA and personal hardship moneys that flow automatically through the relationship between the states and territories. On this occasion at that time there was insufficient evidence, within the compressed time frame that this payment is normally activated in—because it is an immediacy payment—to make a decision to activate that payment. Subsequent to that, what has happened is that it has taken longer for that community. There have been successive flooding events. I note that Luke Hartsuyker in his radio interview made the comment, and the local press made the comment—that Coffs Harbour is used to flooding. That is an interesting observation, because if you have a history of flooding in an environment like that there are some real issues that need to be considered in making decisions around personal responsibility, insurance arrangements and living arrangements. There are a whole lot of things in that space that this government and other governments have considered in relation to fire, flooding, cyclones—what do you do? There is no framework that will apply in every circumstance.

Mr ADAMS—There is the future of climate change and the issues surrounding that and the decision making of local government in planning for the issues in relation to flooding. Insurance

companies are pretty well aware of this and they are starting to get involved in what they think should be done.

CHAIR—That is the reason I asked you the question the way I worded it. A lot of people just listen to the radio, they do not look at the big picture, they do not know how many millions of dollars are poured in and the procedure to follow. It is going to be very helpful for people actually to sign this petition when they have a look at our website, look at the transcript and it will explain it to them.

Mr BROADBENT—This survey reads like bushfire reports that I have read over and over and over again. The government has gone out of its way to find ways to reduce the impact on people in regard to a natural disaster. You have described today that we not only have our normal Centrelink payments, the normal Centrelink interaction, but during a disaster we have a whole new group of people who have never dealt with Centrelink in their lives and who have never had that interaction. We are still living through the difficulty and horror of the bushfires across Victoria, the floods that you have described here and other disasters up and down the coast. Yet we are still having responses from you to say that there are still people who feel that they have not been properly cared for and require a payment of some sort. Is there any flying squad we could put in place to make sure that people do access the facilities that the federal, state and local governments give them?

Mr Lewis—I will harp back to Cyclone Larry. We were involved in that, obviously, as part of our processes, and as you may recall Centrelink set up the equivalent of a task force for that event. Cyclone Larry is probably an example of how you can do that sort of thing. I suppose the first comment is that states and territories under our national arrangements have the primary first response and carriage of what goes on in their state and territory in relation to these matters. They are usually very early in the piece. We have been working with the EMA and the states and territories. We have a disaster recovery subcommittee that is a joint recovery subcommittee with all states and territories which meets regularly. They set up very quickly in their states and territories disaster response teams which include firies, police, ambulance; you name it. There is sort of a series of events that occur when a disaster happens. There is the immediacy issue and there is dealing with the immediate situation, there is the recovery and then there is the ongoing, long-term recovery type situation.

Mr BROADBENT—Can I just put in a comment here, Evan, and say that the early recovery processes in Victoria were brilliant—federal, state and local. They were really, really good. For any of you that had any experience of what went on down there, you could not fault those people in the first few days and weeks. You have clearly identified what the real problem is. It is the ongoing issue 12 months or nine months down the track of how we are going to address ourselves to that we do not know. I am still dealing with people who were damaged in Ash Wednesday.

Mr Lewis—We are involved with the EMA and other agencies in viewing what we did in Victoria. I suppose the assurance I can give you is that there are many, many learnings from the Victorian experience that will be applied various in different ways across agencies to how we gear ourselves up and to how we respond both immediately and in the longer term to future events.

Mr BROADBENT—Evan, I know you have to go because the chair has just said that you are about to be thrown out.

CHAIR—Don't believe a word he is saying.

Mr Lewis—It is for the *Hansard*.

CHAIR—It is for the *Hansard*.

Mr BROADBENT—It is very important to me that we recognise federally the responsibility of state and local governments and how we support them, not that we are the great white hope to intervene afterwards. Our role has to remain as a support to what is happening at the local government levels; that is our role. I do not think the first recourse for everybody whose pump did not work should ring the Prime Minister.

Mr Lewis—I agree.

Mr BROADBENT—Our role has to be very clear. There should be some protocols put in place that you might like to consider to tell the world that this is the Commonwealth's responsibility, this is how it works. We support the states.

Mr Lewis—I am hoping the *Hansard*, as the chair has noted, does clarify some of that relationship. You are absolutely right, there is a framework that is in place and has been in place for years.

Mr BROADBENT—It is a good framework.

Mr Lewis—It is a good framework and it is working, certainly from our perspective, 99.9 per cent of the time. There are occasions where, post hoc, as with all sorts of things in life, you look back and think that you could have done that differently or we could do something now about a post hoc situation. That is the nature of existence. In this case we think that the systems and the arrangements that were put in place immediately with states and territories and with us worked in the main. The \$4 million that flowed straightaway in a range of areas plus the concessional benefits you have noted from Centrelink and other areas were pretty damn effective.

CHAIR—Deputy Chair, thank you for that statement. Thank you for supporting the deputy chair on that. It will definitely be in the *Hansard* and up on the website.

Mr BROADBENT—Say this; tell me more!

CHAIR—Before we go to the next department, we have one more petition before us, and that is the one about the forgotten Australians. As we know, the Prime Minister and the Deputy Leader of the Opposition, members of the government and members of the opposition made some beautiful, passionate speeches in parliament. I am watching the time and I do apologise. Do you want to make an opening statement or can we go straight to one or two questions?

Ms Emerson—I was only going to open with the same sorts of comments you have made about the apology that took place on 16 November, so please go ahead with questions.

CHAIR—Fine. Thank you very much. Has compensation in any shape or form been contemplated by the Commonwealth government in relation to the forgotten Australians?

Ms Emerson—Compensation is seen as an issue for the states concerned and the institutions involved to consider. Queensland, Western Australia and Tasmania have already implemented compensation schemes and some past care institutions have also made reparations to care leavers.

The government will continue to work with care leavers to ensure services are available to them in a way that responds to their particular needs, but the issue of reparations per se is seen as an issue for state and territory governments and the relevant care institutions.

CHAIR—I just need to clarify that. You stated that Queensland, Western Australia and Victoria—

Ms Emerson—No, Queensland, Western Australia and Tasmania. That is what I have in my notes.

CHAIR—Not Victoria at this stage?

Ms Emerson—No.

CHAIR—So it is Queensland, Western Australia and Tasmania with the compensation?

Ms Emerson—Yes.

CHAIR—What efforts are being made by the department to assist people who are in distress as a result of their time in care?

Ms Emerson—There are a number of support groups funded by the department, including the Care Leavers Australia Network—CLAN—and the Alliance for Forgotten Australians. The Child Migrant Trust is also supported by the department of immigration. Those groups provide very practical support to all care leavers and former child migrants. In addition, the Prime Minister announced in his speech some new initiatives that will be made available.

Mr BROADBENT—Could you outline those initiatives for us and perhaps the departmental response to the initiatives?

Ms Emerson—Certainly. The government will identify care leavers as a special needs group for aged-care purposes to ensure that aged-care providers are assisted to provide appropriate and responsive care.

Mr BROADBENT—Is there any detail on that yet?

Ms Emerson—There is some more detail if you would like me to go to it.

Mr BROADBENT—Do you want to do each one and then go to the detail or go right through them and then go to the detail?

CHAIR—How long would that take?

Ms Emerson—There are three major initiatives that I will mention.

CHAIR—Will three or four minutes be enough?

Ms Emerson—Yes.

CHAIR—Fantastic. Thank you.

Ms Emerson—The second initiative is the government's provision of a national find and connect service, which involves getting a national database Australia-wide. There will be a coordinated family tracing and support service to assist care leavers to locate records across different states and help reunite family members and provide support to those people.

The government will also continue support to the advocacy organisations I mentioned, so those groups can continue to work on the issues and concerns of the forgotten Australians and former child migrants. The Department of Health and Ageing will obviously implement the improving aged-care for care leavers measure.

The aged sector was singled out in the consultations, as people are very concerned about their future aged-care needs. So as a matter of priority the government will identify care leavers as a special needs group for aged-care purposes by amending the aged care principles 1997. This will ensure that the needs of care leavers are considered by the Department of Health and Ageing in the planning and allocation of aged-care places.

Mr BROADBENT—There is no special consideration of funding for the individual there. That is more a departmental response.

Ms Emerson—That is about taking into account care leavers as a special group and a priority in the allocation of places. In addition to that, the government is also going to commit funds to the development and distribution of educational materials to assist providers and carers in the aged care-sector to recognise those special needs.

CHAIR—Can you give it to us in dollar terms? What sort of money are we looking at?

Ms Emerson—I probably cannot really talk about that at this stage.

Mr BROADBENT—That is all right.

CHAIR—Fair enough.

Ms Emerson—That last measure will include practical information and also helping to provide access to appropriate counselling and support services—getting the needs recognised and making an appropriate response to them.

Mr BROADBENT—But there is no dollar figure that has been put around any of those things yet?

Ms Emerson—Not specifically around that one yet. The National Find and Connect Service has been developed within my department. As I said, that is Australia wide, providing a family tracing and support service for care leavers. Another very important issue is that, at the moment, there are quite a large number of resources around and it can be quite difficult to work your way through, not necessarily to complete and, if you live in another state—

Mr BROADBENT—There is a show on television, and they do it really easily every week.

Ms Emerson—Yes, all we need is one of those! As you know, there are a very large number of care leavers. Many of them will probably benefit from this sort of service, making it very accessible. That is actually under development; we have already started—

Mr BROADBENT—Is there an international side of that?

Ms Emerson—The international side is really done through the Child Migrants Trust work. It focuses a lot on those overseas connections and people who were part of the migration program.

Mr BROADBENT—Going back to 1990, my experience of the one particular person whom I had to deal with in my office was that they found eight brothers and two sisters overseas. This was remarkable, really, from the point of view of an individual being here.

Ms Emerson—That is actually a pretty amazing story.

Mr BROADBENT—He was there the other day at Parliament House for the apology. He is from Coffs Harbour and he was worried about the rain.

Ms Emerson—The assistance that has been planned is to get an Australia-wide database but, obviously, the support for people to locate relatives and families will not stop at the boundaries of the country. The database will be—

Mr BROADBENT—Why do we need to do it? Why do we need to get into that area as well when the third organisation you mentioned were doing that?

Ms Emerson—The idea of starting this service is not to duplicate what has already been done, but actually to bring it together so that people can get to the right place. If, in fact, it is a service that is already being very well and adequately provided by an agency, it would just be a matter of connecting to that particular service provider. So if the Child Migrants Trust already has the skills, resources and whatever to connect people to overseas relations and whatever, that is exactly what would happen. It is not duplicative, but provides a single service which does get that national coverage and to find the gaps where it currently is a poorer service. At the moment, the available services vary quite a lot across states and territories, so there is some attempt to encourage various existing services to improve and link in more effectively.

CHAIR—Is there a particular age group who are the forgotten Australians? The reason I ask this—and I am going to give my age away now—is that I was born in 1951, and I have vivid memories of Lynwood Hall girls home, which was not very far from the family home. I remember that I sometimes wanted to go over there and play, but we were not allowed to go over to the home. My parents would have allowed a group of us to go there, but they said that no

outsiders were allowed to come into the home. Just out of curiosity, with my memories, what age group are we looking at?

Ms Emerson—There was a tremendous age range, because as care leavers—

CHAIR—From 60 on?

Ms Emerson—No, from quite younger than 60, actually. People were still institutionalised—

CHAIR—I am saying up to 60.

Ms Emerson—No, there would be 80- or 90-year-olds. There was somebody recently who was 100.

Mr BROADBENT—But they are very young too, some of them—

Ms Emerson—But some of them were very young.

Mr BROADBENT—because this continued until—

CHAIR—1968, was it?

Ms Emerson—It was very late.

Mr BROADBENT—I thought it was 1970.

Ms Emerson—There is a bit of a debate, but maybe some forms of institutionalisation, which is seen as part of this group's experience, went even further, towards the end of the 1900s. We try not to define it too tightly, but line it up with the Senate report's description of care leavers, which really takes in the whole of the 1900s.

Mr BROADBENT—In this whole process there were—and I do not want to call them Australian kids—people who were born here who ended up in those institutions. Do they get the same support as someone who had an international experience?

Ms Emerson—For the purposes of the government's response—

Mr BROADBENT—No?

Ms Emerson—We are looking at all of that group and by far the largest group is, in fact, children who were probably Australian born and not the child migrants. They are the much greater group. The suite of supports that have been designed, the way the stories are being told and how the history projects are being built are around that entire group.

Mr BROADBENT—But those three organisations which got such tremendous publicity—and I read David Hill's book a couple of years ago—mostly concentrate on the child migrant?

Ms Emerson—No, they do not. The Child Migrants Trust definitely has a very strong focus on that. Obviously, that is their main focus. But CLAN and AFA are in fact much broader and deeper—

Mr BROADBENT—So you do not feel that we have left out that other group because we have not publicly talked about them as much as an institutionalised child?

Ms Emerson—From my reading, the press coverage, the Prime Minister's and the Leader of the Opposition's speeches clearly saw both groups and addressed very specifically their unique and shared experiences. I think that they felt well recognised on the day. There may be other groups outside of that broad group who have some other issues. The feedback that we have had is that the groups addressed by the Senate reports felt heard. It has been very positive feedback, actually.

CHAIR—Thank you for your attendance here today. We definitely appreciate your assistance. If we have any further questions from committee members or the secretariat, we will get in contact with you.

Mr BROADBENT—And we look forward to your return next year.

Ms Emerson—Thank you.

[11.11 am]

CULLEN, Professor David John, Assistant Secretary, Policy and Evaluation Branch, Ageing and Aged Care Division, Department of Health and Ageing

ECCLES, Mr Richard, Acting Deputy Secretary, Department of Health and Ageing

PODESTA, Ms Lesley, First Assistant Secretary, Department of Health and Ageing

CHAIR—Welcome. Although the committee does not require you to speak under oath, you should understand that this meeting is a formal proceeding of the parliament. Giving false or misleading evidence is a serious matter and may be regarded as a contempt of the parliament. We have three petitions before us today: Medicare funding for dental treatment; residential and community aged care; and change of rural status for Gawler in South Australia. We will take one petition at a time. Do you want to make an opening statement or would you feel more comfortable going straight to questions?

Mr Eccles—Let's go straight to questions, if that is okay.

Ms Podesta—If possible, could we deal with residential and community aged care first, because we also have to go to JCPAA?

Mr BROADBENT—And that is a very important committee.

CHAIR—That is fine. We will deal with the petition on residential and community aged care first. Can you tell the committee if there is an unmet demand in the aged-care sector in Australia? If there is, what is the shortfall in terms of beds, people and financial assistance?

Ms Podesta—I will commence with a short opening statement and then we will be happy to give other information. The petition focused in particular on the issue of funding, so I would first like to talk a little bit about the funding. There is a record \$44 billion in direct financial support for aged and community care—care for older Australians. Funding to support the aged-care needs of older Australians has increased substantially over recent years to \$9.9 billion in 2009-10, which is an increase of more than nine per cent from 2008-09. This year residential aged care providers will receive on average an increase in funding per resident of about 6.5 per cent, which is around three times the rate of inflation. Over the next four years residential aged care providers will receive on average \$66,200 per year for each older person in their care, with nearly \$45,000 of this provided by the Commonwealth.

CHAIR—Okay. David, do you want to add to that?

Prof. Cullen—Successive governments have addressed the issue of the need for aged care through what are called the aged-care planning ratios, the needs based planning arrangements. These ratios set out a target provision level, which is currently 113 places for every 1,000 people aged over 70. Within that target provision there is a set of balance ratios—there should be 88 residential places for every 25 community places and a balance of high and low care. The department each year releases aged-care places across Australia in order to meet those targets. Those targets are due to be met in 2011. The ANAO in its most recent support on the planning

arrangements has found that the department is on track to meet the target of delivering that number of places by 2011.

CHAIR—Can you give us an indication of the waiting times for aged care in Australia. Is this deemed to be acceptable by Australian and international standards? I know from my electorate—as, I am sure, do other committee members—that we can have people waiting months and months to get into an aged-care facility. Do you have those figures before you?

Prof. Cullen—The department does not have an accurate measure of waiting time. The department does measure the time between when a person receives their approval for aged care from an aged care assessment team and when they enter an aged-care service. Again, this is only a proxy measure because many people get an aged care assessment before they are ready to enter an aged-care service. So they are not technically waiting as soon as they have that assessment, they are looking around to find a service that might suit them. It is also the case that people may well get an aged-care assessment and choose to stay at home and receive HACC services—which we do not capture within our dataset—and then later enter care.

The average entry period—which is the term we use to describe that number—has remained reasonably constant over the last several years. It is also important not just to look at the average but to look at the types of admissions. For example, the proportion of people who enter within two days of getting an ACAT assessment has remained at about 12 per cent since we have been measuring it.

CHAIR—How long have you been measuring it?

Prof. Cullen—We have data on that for about 10 years.

Ms Podesta—That is particularly important, because it indicates some degree of urgency within the person's circumstances. There has not been any significant variation in that for some time.

CHAIR—I want to go directly to the petition. The last dot point is:

- develop a new capital funding system that allows sufficient funds to be raised to cover realistic future building needs.
- Do you want to comment on that?

Prof. Cullen—There is already significant building activity being undertaken in the aged-care industry. There are providers who make a significant return on the investment under current funding arrangements. To put it another way, it is not immediately clear that there is a significant deficiency within the current capital funding system for efficient providers.

However, the government has been reforming the capital funding system over the last few years. In particular, it is significantly increasing the level of the accommodation charge that high-care residents can be asked to pay. Over the next 2½ years, that will go from \$26.88 to \$32.38 per day. At the same time, the government is significantly increasing the level of the accommodation supplement that it pays in respect of residents who cannot afford to pay.

So the structure of the funding system is essentially sound. There is increased funding in the pipeline already written into the policy parameters of the government and the current funding arrangements are supporting a significant amount of building activity around the country.

CHAIR—My final question, before I hand over to the deputy chair, is again about a dot point in the petition. It states:

quality and timely care of recipients of residential and community care is only possible if providers have access to appropriately skilled and motivated staff ...

What are the skills? The reason I am asking this is that I am hearing, from a number of the nursing homes that I have visited, not only within the state of New South Wales but throughout Australia—this was in the last parliament, when I was Deputy Chair of the House Standing Committee on Family and Community Affairs—that people are concerned about the skills of the people who are working there. They were stating that some of the workers were unskilled because of the wages that were being offered. What are the views of the department on that dot point that I just read out?

Ms Podesta—It is the responsibility of the approved provider to meet the Aged Care Standards. As part of the Aged Care Standards, the providers are independently reviewed by the Aged Care Standards and Accreditation Agency and they have a responsibility to have the appropriate mix of skilled staff to meet the care needs of their residents. Approved providers are provided with sufficient funding by the Australian government to ensure that they are able to hire and retain staff and it is their responsibility as the employer to ensure that they meet the needs of the people that they have admitted to their facility and to ensure that they have appropriate people rostered to be able to meet their needs over a 24-hour period.

Prof. Cullen—The government does have a number of programs in place which are aimed at increasing the skills of the workforce, both scholarship programs for nurses and a large number of places for vocational education training. The two censuses that we have run of the aged-care workforce—last year and five years prior to that—show that there has been a significant increase in the number of aged-care workers who have a certificate III or higher.

Mr BROADBENT—Among the strongest lobbies in the aged-care sector are the public and private providers. I use the term ‘public provider’ for community providers. My interest, however—whilst the petition is important here—has been directed at Alzheimer’s home and community care packages. What did they say to me the other day? They said, ‘We need more packages.’ I am taking advantage of you being here, Richard; I am sorry. They want more packages and respite. Respite comes up every time. The disability sector also wants more packages and, again, respite.

It is a tricky one, particularly with Alzheimer’s, because the person caring for the Alzheimer’s sufferer in the home is often worried about the type of care—whether the respite will involve coming into the residence or going to another place—because of the often very difficult situation with the person being cared for. How do we as a department assess where we are going to direct our outlays and assets in the future?

Ms Podesta—We have a very robust planning framework in aged care. There has been an ongoing growth in the number of packages, specifically dementia-specific community based packages. Each year as part of the annual aged-care approvals round a number of packages are made available. Every state and territory has an aged-care planning advisory committee and they make recommendations to the department about where they believe the highest need is and they recommend distribution of those places. They are advertised nationally and we receive a significant number of applications for those places. We allocate the places accordingly and there has been an ongoing growth in that program. We recognise that consumers have a strong demand for community aged-care packages. We also recognise that there is an increasing sophistication and willingness by aged-care providers and community based providers to provide those services.

Mr BROADBENT—Is there any research being done into the individual managing their own allocation? I have not framed that question very well, I am sorry.

Ms Podesta—We understand what you mean. Do you mean consumer directed?

Prof. Cullen—What we would call consumer directed care.

Mr BROADBENT—Yes, thank you, David.

Prof. Cullen—The Ageing Consultative Committee, which is the minister's chief advisory committee, was asked by the minister to develop some options around consumer directed care. They developed a policy paper, which has gone to the minister, which she has approved. She has asked us to look at running through the innovative pool—which is a thing we run every year—a rather large-scale pilot of consumer directed care in both the community packages sector and in the national respite for carers sector. One of the groups which has been identified in that trial is people with dementia. That will be one of the groups that will be trialling to see how to manage it.

Mr BROADBENT—How do you work through the accountability?

Prof. Cullen—We are working through it; we have not worked through it yet. Suffice to say, the provider will retain responsibility for quality. The model that we are looking at is a budget holding model so the provider will hold the budget. They will offer a menu of options to the care recipient. The care recipient will choose from the menu.

Mr BROADBENT—So you have not gone right down the track yet.

Ms Podesta—There has been an innovation, so a form of it has been tested with one of the large service providers, and that service provider made a presentation at the Ageing Consultative Committee to a number of other providers and consumer groups who were very interested in hearing how they had managed operationally and what some of the initial outcomes were for the trial.

Mr BROADBENT—That is a lot of money them though, isn't it? Sorry to get off the track here but it is very important.

Ms Podesta—They sought to trial this approach.

Prof. Cullen—In a sense it is no loss. They use the subsidy we provide them to employ staff. Now what is happening is that they are employing staff that the care recipient chooses, to do what the care recipient wants them to do.

Mr BROADBENT—So it is a sort of fractured proposal. It is not full.

Prof. Cullen—It is not a cash out proposal which has been done in some countries. The committee decided it definitely did not want to go into cash out.

CHAIR—I am mindful of the time because we have to vacate this room at 10 to 12. We have two more petitions that we need to discuss, and I will put the last question to Mr Chester.

Mr CHESTER—I missed the start so I may be repeating something you have already discussed. In terms of the mix of low and high care we talked about these community based packages and the fact that a lot of people have a preference to stay home longer. I am finding in Gippsland where my electorate is that people are presenting later with more complex needs. What modelling do we do to make sure we have that mix right between high and low care? Is that reasonably close to what I was trying to say?

Prof. Cullen—We do monitor that closely. The ratios, which I spoke about earlier, which are the planning arrangements policy set by government have been changed. When the ratios were first introduced in 1985, for example, there were 100 places for every 1,000 people and, of those, 60 were for low-care people and 40 were for high-care people. We now have 113 of which 48 are for high care, so there has been a significant increase in the level of high care. I suppose we should also say here that the government has announced that it intends to commission the Productivity Commission to undertake a substantial inquiry into aged care. I would expect that the issue of the planning ratio would be a significant part of that inquiry.

Ms Podesta—Very briefly, the financing arrangements in aged care are very much linked to the acuity and needs of the resident. Whilst there is an initial assessment undertaken to check for eligibility, the amount of money that is provided to the aged care provider for the care is linked, as part of the aged care funding instrument, to the level of acuity. As a rule of thumb, the higher the needs of the resident, the higher the income coming from the Australian government to the provider.

Mr CHESTER—Will the Productivity Commission report look at the viability of the providers trying to provide the higher standard of beds that are expected by people in terms of the amenity and also the higher level of care? Does the Productivity Commission report on that as well?

Prof. Cullen—The government has not released the terms of reference, but the Prime Minister has indicated that it will be a very wide-ranging inquiry into aged care.

Mr BROADBENT—What did you say the total outlays where?

Ms Podesta—Over the next four years it will be \$44 billion.

Mr BROADBENT—Forty-four thousand million dollars?

Prof. Cullen—That is correct.

Mr BROADBENT—That is a lot of money.

CHAIR—Thank you very much.

Ms Podesta—Thank you for letting us go ahead. We appreciate it.

CHAIR—That is our early Christmas present to you!

[11.31 am]

HANCOCK, Mrs Veronica, Assistant Secretary, Hospitals Development Indemnity and Dental Branch, Acute Care Division, Department of Health and Ageing

CHAIR—We are going to go to another petition that is before us today—that is, Medicare funding for dental treatment. I am just wondering if you could tell the committee about access to dental health care by older Australians and those who live in rural and regional Australia. I would also like to know what the waiting time would be in those areas.

Mrs Hancock—There are two avenues for access to dental treatment, either the public sector or the private sector. The majority of dental services are presently provided by the private sector, and that is across Australia, be it rural, remote or metropolitan. In terms of public sector dental services, those are presently provided by the states and territories. There are also a number of Commonwealth programs which subsidise access to dental treatment. That includes the Medicare Teen Dental Plan, which is for teenagers and not for older people, the Medicare chronic disease dental scheme, which is available to people with chronic disease regardless of age and geographic location, and some other Medicare items relating to specific types of specialised dental care.

CHAIR—The minister's letter details a number of targeted schemes to improve the dental health of particular groups of people within the community. I am wondering whether there are groups within the community that may be missed by these interventions?

Mrs Hancock—Obviously the teen dental plan is only for teenagers aged 12 to 17 and that is the only group that is eligible for that plan. The Medicare chronic disease dental items are available to people who meet the chronic disease requirements regardless of age.

CHAIR—Mr Broadbent, do you have a question?

Mr BROADBENT—No, not today.

CHAIR—You look after your teeth do you? That is good to hear.

Mr BROADBENT—I am not very good at it.

CHAIR—That will probably be in the *Hansard*. You can tell it is our last committee meeting until 3 February next year. I will ask one more question. What is the estimated cost of Australians not having acceptable dental health—that is, the opportunity cost of dental health care? Do you have a cost figure on that?

Mr Eccles—We have not done any studies into that. I am not aware of whether or not there have been independent academic studies done, but that is something we can take on notice and, if we can find that information, we will refer it to you.

CHAIR—That would be good, if you could that. A final question, I promise you: can you tell the committee the extent to which poor dental health contributes to other health conditions that weigh heavily on the public purse in Australia?

Mr Eccles—Certainly the medical information and medical evidence does show that there is quite some link between certain conditions and poor oral health. That is one of the reasons that the chronic disease dental scheme was put in place, because people with chronic disease often do have a co-morbidity with poor oral health. A range of literature shows links between poor oral hygiene and heart health, for example. Do you have anything further to add, Mrs Hancock?

Mrs Hancock—No, I do not have any particular data.

Mr Eccles—Again, that is something we could look into and provide you with reference to some of the health literature because it certainly has been the focus of some study.

CHAIR—That would be appreciated because, as you know, we have a website and the principal petitioner and the people who signed the petition would like to follow what the ministerial response was and what the department said. That would be very helpful and I am sure they will be happy with what you have stated to us today.

Mr Eccles—We will liaise with some of our medical officers back in the office who would be able to answer the question far more eloquently than I can; they are more informed.

CHAIR—Thank you for that. Thank you for coming before the committee today. Our last petition refers to the change of rural status of Gawler in South Australia.

[11.37 am]

ANDREATTA, Mr Lou, Principal Adviser, Office of Rural Health, Primary and Ambulatory Care Division, Department of Health and Ageing

BENNETT, Mrs Jan, First Assistant Secretary, Primary and Ambulatory Care Division, Department of Health and Ageing

DENNIS, Mr David, Assistant Secretary, Workforce Distribution Branch, Office of Rural Health, Primary and Ambulatory Care Division, Department of Health and Ageing

CHAIR—Welcome. Regarding the petition on the change of rural status of Gawler, South Australia, I have noted that in the minister's response he had discussions with local doctors regarding transitional arrangements pursuant to the introduction of the new system, including grants to assist with the transition. Could you tell us a bit more about those discussions and what the outcome has been?

Mrs Bennett—There were a variety of meetings preceding the meeting with Minister Snowdon and the local doctors, including broader meetings with the whole of the doctor community and others. As a result of that first meeting, the Gawler community presented their transition plan. It had a number of areas where they wanted to see some action. Some of them were things where, frankly, they had a misinterpretation of the impact of the changes and there were areas where they thought they would be unnecessarily disadvantaged that were not in fact right. A good example of that was their belief that they would not be eligible for any after-hours grants. This is not the case.

CHAIR—Are they fully aware of that now?

Mrs Bennett—They are. We have written to them a number of times and following their meeting with Minister Snowdon he also wrote to clarify that they were eligible to apply for those grants. They originally declined to apply but have now, on 30 October, put in an application for funding under the after-hours program. That application is currently being assessed, but they certainly do meet the eligibility criteria broadly. So I think that has been now clarified.

They thought they were not eligible for the after-hours grant, but also there is a link between the after-hours program that the Commonwealth funds and their capacity to deliver services to accident and emergency under another arrangement funded by the South Australian government. So they felt that if they could not get the after-hours grants that their accident and emergency arrangements and support would also fall down. So in clarifying the first we have been able, hopefully, to clarify the second misunderstanding.

There were other areas where they felt that they would no longer be eligible for district of workforce status because of the change to ASGC-RA. That too is not right and I think they now understand that is not the case. District of workforce status is a metric that is separately developed and they will be eligible whenever they meet the criteria for district of workforce shortage.

CHAIR—When do you think they will meet the criteria?

Mrs Bennett—It just depends.

CHAIR—You have just stated ‘whenever’.

Mrs Bennett—Yes. It is a measure based on national average supply of GPs and it is computed quarterly. Depending on how you compare with the national average at the time, you either are or are not eligible. So their capacity to be eligible for that is not changed by the ASGC-RA. It is probably worth saying that Gawler always was, until October 2007, classified under the previous system as a capital city. It was until October 2007 RRAMA 1. It is 40 k’s from Adelaide. It was a decision of previous Health Minister Abbott in October 2007 to reclassify Gawler to be RRAMA 4, which is a rural district. So there was a one-off reclassification. The introduction of ASGC-RA is obviously a move to a national system. The purpose of the change is to update from the very outdated 1991 based RRAMA population figures, to which many programs were previously linked. You would appreciate there have been a lot of population movements since 1991, so it is fair to say ASGC-RA was felt to be overdue. It goes back to the evidence and to the formal classification system, in line with the evidence. It is a system maintained by the ABS, so it is independent but based on, obviously, the most recent and up-to-date census figures. In applying that new system nationally to the latest data, Gawler found itself back where it started, which is back to being considered a metropolitan area.

CHAIR—Will the application of ASGC-RA result in any loss of medical services in the area?

Mrs Bennett—We do not think it will. We have looked closely at the various programs that are linked to ASGC-RA, and we have come up with absolute maximum potential of three doctors on a rural training program. However, we actually do not think that there will be any loss—

CHAIR—So you feel there will not be any loss of training.

Mrs Bennett—No. While Gawler will not be eligible for that rural pathway, they will be eligible to get registrars under the general training pathway. One of the other measures that the government has introduced at this time substantially increases the number of doctors under training. The number of doctors on the general pathway will substantially increase around the same time, so we think that their capacity to attract doctors under the general pathway will more than compensate for their theoretical, potential loss of three people on the training pathway. That does not mean that we actually think they will lose any medical practitioners. The one program where we think there is a notional loss is that rural training pathway, but we think it will be completely compensated for.

Mr BROADBENT—I feel for these people. They are fighting the fight that everybody is fighting right across Australia. They are no different to anybody else. It is much easier for a doctor to work in the surrounds of Adelaide with all the facilities there, rather than going to Gawler. This is being run out right across the country though.

Mrs Bennett—It is.

Mr BROADBENT—This is happening in Gippsland. I think it is called getGP.

Mrs Bennett—I do not know, but there are obviously shortages across pockets around—

Mr BROADBENT—I am not talking about shortages. You have made this change right across Australia. The department has been waiting for a change of government for a long time, in my opinion, to make this change. It is a difficult change. There have been changes in Victoria, which I have been very close to. I take it that exactly the same application of policy has gone right across the nation, including Gawler. Therefore, have you monitored whether you have had the same effect in Gawler as you have had in Gippsland or in other parts of South Australia, Queensland or New South Wales? Have you changed all the regions?

Mrs Bennett—That is a complex question. Essentially, the changes will be rolled out across Australia. We are saying that most of it does not kick in until July next year. There has been no loss of anyone anywhere because the changes are complex in terms of getting Medicare systems changed.

CHAIR—So we should have an indication in July 2010?

Mrs Bennett—No, that is when it begins to rollout. We then have to ensure that no individual doctor anywhere in the country will lose money. There are grandparenting arrangements to be put in place for three years. The impact overall on Australia will be that 500 additional communities become eligible for incentives. The overall impact is substantial in terms of the positive side. ASGC-RA has five categories and most programs in category 2 to 5 will be eligible and that increases the number of areas that are eligible for most things in the change. We estimate that over 2,400 individual doctors will become eligible for the first time for a range of incentives and 500 communities. There are, as far as we can see, only three communities in Australia that potentially will be losers. But as I said, any losers are grandparented anyway—that is, Gawler and Sunshine Coast; sorry, two communities, not three.

Mr BROADBENT—How far is Gawler from Adelaide?

Mrs Bennett—40 kilometres.

Mr BROADBENT—It is outer metropolitan?

Mrs Bennett—As its classification now is part of the urban area, it is eligible for outer metropolitan incentive programs. As you would imagine, the Sunshine Coast has had substantial population change since 1991.

Mr BROADBENT—They would get the positives from the workforce participation exercise because they are outer Adelaide?

Mrs Bennett—They get anything that an outer metropolitan area is eligible for.

Mr CHESTER—You referred to 2,400 doctors and 500 communities. Where are they located? Are they outer metropolitan or inner regional?

Mrs Bennett—They are essentially inner regional. What used to be the case is most programs under RRMA were eligible in RRMA 3 to 7. There is not a precise match between the RA and the RRMA boundaries, but essentially the RA 2, which is just outside metropolitan—the regional towns—become eligible for many things for the first time.

Mr CHESTER—The grandparenting arrangements have calmed a few people down, but concerns have been expressed in regional communities that in future it will be more difficult for them to attract skilled health professionals if they are competing with, say, an outer suburban area that may be 100 kilometres down the road. They are concerned about being able to get people to move that far.

Mrs Bennett—Yes, people are concerned but, essentially, in the new program the incentives will be structured around ensuring that the more remote areas get the bigger incentives. There is clear government policy to acknowledge that the biggest gaps and the most disadvantage, despite people having their own personal concerns, are in the most remote areas. Incentives are structured to really address the most severe shortages that exist.

Mr CHESTER—And the remoteness criteria relates to physical distance from the metropolitan area?

Mrs Bennett—It is slightly more complicated—and this is where it gets a bit hard for me.

Mr Dennis—I think that is a good summation. The further from the metropolitan centre you are, the more remote you are deemed to be, and the greater the road distance to goods and services really defines individual remoteness. As Mrs Bennett said, the greater that distance the greater will be the reward in the incentive programs.

Mr BROADBENT—Have we made the whole of Tasmania remote yet, David?

Mr Dennis—The remoteness that is naturally in Tasmania has been recognised, including that Hobart has been made a regional centre and eligible for the first time.

Mr BROADBENT—Because they are not attracting the professionals?

Mr Dennis—That is correct.

Mrs Bennett—Whereas in the previous system they were just classified as a capital city and not eligible. Similarly Darwin, which used to have a lot of problems, was ineligible for a lot of this support because it was a capital city.

Mr BROADBENT—So the government has been generous in this change of policy?

Mrs Bennett—That would be my assessment.

Mr CHESTER—I have one question. You referred earlier to the Gawler situation and the previous minister exercising some level of discretion. Under the new arrangements, is there any opportunity for ministerial discretion or is it strictly lines on a map decide whether you are in or out?

Mrs Bennett—The government has been absolutely clear that it has no intention of exercising the one-offs. Frankly, Gawler was not the only one. Over the years there were all sorts of one-off arrangements that had been made. So we not only had the base of RRMA being outdated but also all sorts of weird and wonderful personal arrangements. Certainly the minister has, I think, been very clear to date that they do not wish to move beyond having in place a system which is based on evidence. RA, unlike RRMA, is updated by the ABS every census, so it should remain current—and they intend to stick with that.

CHAIR—Thank you very much for your attendance today. The committee appreciates your assistance. If we have any further questions from the committee, the secretariat will contact you. I thank everyone for their participation. The commitment of government departments to the work of the committee and thus to the work of the House is much appreciated. I would also like to place on the record my thanks to our wonderful team, our secretariat, and to Hansard.

Resolved (on motion by **Mr Chester**):

That this committee authorises publication, including publication on the parliamentary database, of the transcript of the evidence given before it at public hearing this day.

Committee adjourned at 11.52 am