

The Senate

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Community Affairs  
Legislation Committee

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Additional estimates 2014-15

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# Membership of the Committee

## 44<sup>th</sup> Parliament

### Members

Senator Zed Seselja, Chair	LP, Australian Capital Territory
Senator Rachel Siewert, Deputy Chair	AG, Western Australia
Senator Carol Brown	ALP, Tasmania
Senator Nova Peris	ALP, Northern Territory
Senator Linda Reynolds	LP, Western Australia
Senator Dean Smith	LP, Western Australia

### Substitute Members

### Senators in attendance

Senator Zed Seselja (Chair), Senator Rachel Siewert (Deputy Chair), Senator Carol Brown, Senator Nova Peris, Senator Linda Reynolds, Senator Dean Smith, Senator Catryna Bilyk, Senator the Hon. Doug Cameron, Senator Richard Di Natale, Senator Sarah Hanson-Young, Senator David Leynhjelm, Senator Sue Lines, Senator Scott Ludlam, Senator John Madigan, Senator Claire Moore, Senator the Hon. Jan McLucas, Senator the Hon. Ian McDonald, Senator the Hon. Fiona Nash, Senator Marise Payne, Senator Helen Polley, Senator Anne Ruston, Senator Larissa Waters, Senator Penny Wright, Senator Nick Xenophon.



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# Chapter 1

## Introduction

1.1 On 12 February 2015 the Senate referred the following documents to the committee for examination and report in relation to its portfolios:

- Particulars of proposed additional expenditure in respect of the year ending on 30 June 2015 [Appropriation Bill (No. 3) 2014–2015].
- Particulars of certain proposed additional expenditure in respect of the year ending on 30 June 2015 [Appropriation Bill (No. 4) 2014–2015]; and
- Particulars of proposed additional expenditure in relation to the parliamentary departments in respect of the year ending on 30 June 2015 [Appropriation (Parliamentary Departments) Bill (No.2) 2014–15]<sup>1</sup>.

1.2 The committee is responsible for the examination of the following portfolios:

- Health;
- Social Services; and
- Human Services.

1.3 The committee is required to report to the Senate on its consideration of 2014–2015 additional estimates on Tuesday 17 March 2015.<sup>2</sup>

### Details of hearings

1.4 The committee considered the Portfolio Additional Estimates Statements (PAES) 2014–2015 for the Social Services portfolio, the Human Services portfolio, and the Health portfolio, at hearings from 25 February to 27 February 2015 (inclusive). The hearings were conducted in accordance with the agreed agenda outlined as follows:

- Wednesday 25 February 2015 — Health portfolio
- Thursday 26 February 2015 — Human Services and Social Services portfolio
- Friday 27 February 2015 — Social Services portfolio

1.5 The committee heard evidence from the following Senators:

- Senator the Hon Fiona Nash, Assistant Minister for Health (and representing the Minister for Health);
- Senator the Hon Marise Payne, Minister for Human Services;

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1 *Journals of the Senate*, No. 78, 12 February 2015, p. 2178.

2 *Journals of the Senate*, No. 76, 10 February 2015, p. 2117.

- Senator the Hon Mitch Fifield, Assistant Minister for Social Services (representing the Minister for Social Services); and
- Senator the Hon Concetta Fierravanti-Wells, Parliamentary Secretary to the Minister for Social Services (representing the Minister for Social Services).

1.6 Evidence was also provided by the following:

- Mr Martin Bowles PSM, Secretary of the Department of Health;
- Ms Kathryn Campbell, Secretary of the Department of Human Services;
- Mr Finn Pratt, Secretary of the Department of Social Services; and
- officers representing the departments and agencies covered by the estimates before the committee.

### **Questions on Notice**

1.7 In accordance with Standing Order 26, the date for submission to the committee of written answers to questions or additional information relating to the expenditure is 17 April 2015.

1.8 Answers to questions taken on notice and tabled documents relating to the committee's hearings will be tabled in the Senate. Answers to questions on notice and additional information may be accessed via the committee's website.

### **Hansard transcripts**

1.9 The committee discussed many of the expenditure proposals and information contained in the PAES. These discussions are detailed in the committee's *Hansard* transcripts of 25 February 2015 to 27 February 2015 (inclusive), copies of which will be tabled in the Senate. *Hansard* transcripts of the estimates proceedings are also accessible on the committee's website at [http://www.aph.gov.au/senate\\_ca](http://www.aph.gov.au/senate_ca).

1.10 References to the Hansard transcript are to the proof Hansard; page numbers may vary between the proof and the official Hansard transcript.

### **Changes in the PAES**

#### ***Health Portfolio***

1.11 The government has abolished the following agencies and transferred their essential functions below to the Department of Health:

- General Practice Education and Training;
- Health Workforce Australia; and
- Australian National Preventative Health Agency.<sup>3</sup>

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***Social Services portfolio (including Human Services)***

1.12 Additional functions relating to child care policy and programmes and coordination of early childhood development policy were transferred under the Administrative Arrangements Order of 23 December 2014 to the Social Services portfolio from the former Department of Education.<sup>4</sup>

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4 Portfolio Additional Estimates Statements 2014–15, *Social Services Portfolio*, p. 3.



# Chapter 2

## Health Portfolio

### Department of Health

2.1 This chapter outlines key issues discussed during the 2014–2015 additional estimates hearings for the Health portfolio.

2.2 The committee heard evidence from the Department of Health (department) on Wednesday 25 February 2015. Areas of the portfolio and agencies were called in the following order:

- Whole of Portfolio/Corporate Matters
- Acute Care
- Independent Hospital Pricing Authority
- Primary Health Care
- National Mental Health Commission
- Medicare Locals
- GP Superclinics
- Access to Medical and Dental Services
- Private Health
- Private Health Insurance Ombudsman (PHIO)
- Access to Pharmaceutical Services
- Health System Capacity and Quality
- Australian Organ and Tissue Donation and Transplantation Authority
- Therapeutic Goods Administration
- National Industrial Chemicals Notification and Assessment Scheme (NICNAS)
- Healthcare Workforce Capacity
- Population Health
- Food Standards Australia New Zealand (FSANZ)
- National Health and Medical Research Council
- Sport and Recreation
- Australian Sports Commission (ASC)
- Australian Sports Anti-Doping Authority (ASADA)

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### ***Whole of Portfolio/Corporate Matters***

2.3 The committee began by discussing Australia's response to the Ebola outbreak. The committee heard that the World Health Organisation (WHO) has an emergency committee on Ebola of which the Chief Medical Officer, Professor Chris Baggoley, is a member.<sup>1</sup> The Ebola committee is charged to provide advice to the Director-General of the WHO as to whether there is still a public health emergency of international concern, which the committee unanimously agreed was still the case.<sup>2</sup>

2.4 The department advised the committee that as of 17 February 2015, 135 patients had been admitted to the Aspen treatment facility since it opened, with 83 patients being discharged and 44 patients who had died.<sup>3</sup> The department outlined that all three West African countries—Sierra Leone, Liberia and Guinea—have committed to move to zero cases, but challenges of ongoing issues of community attitudes, traditional practices and trust should not be underestimated.<sup>4</sup>

### ***Outcome 4 Acute Care***

2.5 The committee discussed the shared funding arrangements between the Commonwealth and each state and territory as set out in the National Health Reform Agreement in regards to hospital cuts.<sup>5</sup> In regards to a question on cuts to various hospital districts in New South Wales, the committee was informed that:

...in any discussion of cuts, we cannot possibly have visibility of the budget agreed between a state or territory department of health and their local hospital networks. That is a matter for them.<sup>6</sup>

### ***Outcome 5 Primary Health Care***

2.6 The National Mental Health Commission (NMHC) discussed the quality of data they had received for the review of mental health programs and services.<sup>7</sup> Mr David Butt, NMHC Chief Executive Officer, explained that 'if you not only look at mental health but health more broadly, there is significant variation at a local level in terms of access, scope of services, outcomes and cost'<sup>8</sup>. In terms of the review providing an accurate picture of mental health services and programs in the country, Mr Butt explained that:

...it provides a very good analysis, particularly of what the Commonwealth is doing. Again, in all of these areas, there is a lack of the type of data that is required to drill down about what is happening locally and how you bring

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1 *Proof Estimates Hansard*, 25 February 2015, p. 9.

2 *Proof Estimates Hansard*, 25 February 2015, p. 9.

3 *Proof Estimates Hansard*, 25 February 2015, p. 26.

4 *Proof Estimates Hansard*, 25 February 2015, p. 7.

5 *Proof Estimates Hansard*, 25 February 2015, p. 17.

6 *Proof Estimates Hansard*, 25 February 2015, pp. 17–18.

7 *Proof Estimates Hansard*, 25 February 2015, p. 42.

8 *Proof Estimates Hansard*, 25 February 2015, p. 42.

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together data on what the Commonwealth is funding with data on what the states are doing and what the private sector is doing. It is not a complete picture of what is occurring across the country but it is I think the most comprehensive picture that has been done.<sup>9</sup>

### ***Outcome 3 Access to Medical and Dental Services***

2.7 The department discussed with the committee the Medical Treatment Overseas Program. The committee heard that for the program, a patient makes an application with the support from their local specialist, with the application then evaluated against four criteria.<sup>10</sup> They go to:

...whether there is proven evidence that the treatment overseas provides benefit and that that treatment, or a suitable alternative, is not available in Australia.<sup>11</sup>

The department used the example of a certain technology called a proton beam, which is not available in Australia but for which there is good evidence that in 'certain rare tumours, it provides a benefit that is well in excess of locally available treatments'<sup>12</sup>.

### ***Outcome 6 Private Health***

2.8 Under this outcome, the committee discussed with the Private Health Insurance Ombudsman (PHIO) the intended merger with the Commonwealth Ombudsman.<sup>13</sup> The committee heard that legislation is currently in Parliament to facilitate the change of the functions of the PHIO to the Commonwealth Ombudsman, with no intention of the proposed legislation to increase the powers of the PHIO. Mr David McGregor, Private Health Insurance Ombudsman, explained that the intention is that the change will have 'as little impact on consumers or the industry as possible'<sup>14</sup>. The PHIO will continue to produce publications, including their quarterly and annual reports and State of the Health Funds Report, and individual health fund report cards will continue to appear on the website.<sup>15</sup>

### ***Outcome 2 Access to Pharmaceutical Services***

2.9 The committee sought an update on the Pharmaceutical Benefits Advisory Committee's recommendation that Zostavax be listed on the National Immunisation Program to prevent shingles and post-herpetic neuralgia.<sup>16</sup> The department explained that medicines for the National Immunisation Program go through a different process than listing an item on the Pharmaceutical Benefits Scheme. As the National

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9 *Proof Estimates Hansard*, 25 February 2015, p. 43.

10 *Proof Estimates Hansard*, 25 February 2015, p. 72.

11 *Proof Estimates Hansard*, 25 February 2015, p. 72.

12 *Proof Estimates Hansard*, 25 February 2015, p. 72.

13 *Proof Estimates Hansard*, 25 February 2015, p. 76.

14 *Proof Estimates Hansard*, 25 February 2015, p. 78.

15 *Proof Estimates Hansard*, 25 February 2015, p. 79.

16 *Proof Estimates Hansard*, 25 February 2015, p. 84.

Immunisation Program is administered through the states and territories, the medicine goes through a tender evaluation process. The process requires liaison with the states and territory governments as to how programs would be best administered, for example in schools, early childhood or in the elderly community.<sup>17</sup>

### ***Outcome 7 Health System Capacity and Quality***

2.10 The committee discussed with the Therapeutic Goods Administration (TGA) what the process is for a recall in Australia and internationally. The committee heard that 'almost all recalls in Australia and globally are voluntary recalls', usually initiated by the sponsor.<sup>18</sup> Once the TGA is advised of what the issue is, they look at the assessment of the issue and after negotiations, agree with the level, depth and extent of the recall. The final delegation is with the TGA and if no agreement can be met, the TGA can use their mandatory recall power.<sup>19</sup>

2.11 The TGA outlined that they are notified of overseas recalls through the local sponsor who is obliged to inform the TGA of overseas recalls.<sup>20</sup> The TGA will do their own risk assessment to determine whether they need to do the same level of recall in Australia, considering factors such as what the local impact would be, what 'the local distribution arrangements are and whether or not the same product [or] batch in being supplied in Australia'<sup>21</sup>.

### ***Outcome 8 Healthcare Workforce Capacity***

2.12 The department discussed with the committee the role of the Specialist Training Programme. The program operates under funding agreements the department has with 12 medical specialist colleges to allow particular types of specialists to gain experience towards their qualification as a fellow of a medical specialist college.<sup>22</sup>

In the last few rounds, the objectives of the program have been 'to expand training capacity by providing training posts in non-traditional settings such as private hospitals and community based practices and in rural and regional areas as well'<sup>23</sup>. There have been priority rounds to target specialities that are in greater shortage such as 'training for Aboriginal and Torres Strait Islander doctors and also posts where services can be provided to Aboriginal and Torres Strait Islander people'<sup>24</sup>.

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17 *Proof Estimates Hansard*, 25 February 2015, p. 84.

18 *Proof Estimates Hansard*, 25 February 2015, p. 92.

19 *Proof Estimates Hansard*, 25 February 2015, p. 92.

20 *Proof Estimates Hansard*, 25 February 2015, p. 93.

21 *Proof Estimates Hansard*, 25 February 2015, p. 93.

22 *Proof Estimates Hansard*, 25 February 2015, p. 114.

23 *Proof Estimates Hansard*, 25 February 2015, p. 114.

24 *Proof Estimates Hansard*, 25 February 2015, p. 114.

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### ***Outcome 1 Population Health***

2.13 The committee discussed with Food Standards Australia New Zealand (FSANZ) frozen berries in relation to the recent hepatitis A outbreak. FSANZ explained the risk level classification process, with frozen berries in general being classified as low-risk, with the exception of the suspected product to be the cause being classified as a medium risk to public health.<sup>25</sup> Mr Steve McCutcheon, Chief Executive Officer of FSANZ, explained to the committee that:

There is an international test for hepatitis A. You can use it, but it is very limited in its ability to detect the virus in food. It is very different to, say, testing for chemicals or contaminants, where the technology can take you down to very low levels of detection. In the case of microbial contaminants, particularly viruses, the technology is not able to do that.<sup>26</sup>

He further explained that they did not know what the source of the hepatitis A was, but 'epidemiological evidence points towards the frozen berries'<sup>27</sup>.

2.14 As at 25 February 2015, there were eighteen cases of hepatitis A in Australia. Professor Baggoley explained that after the 50 day incubation period, they would not expect to see more cases.<sup>28</sup> In regards to a question if the department was confident everyone had thrown the product away, Professor Baggoley outlined that whilst that cannot be known, there was widespread media and discussion about the recall and they would not have been able to gain any more publicity about the issue.<sup>29</sup>

### ***Outcome 10 Sports and Recreation***

2.15 The committee discussed with the Australian Sports Commission (ASC) the transition from the Active After-School Communities program to Sporting Schools.<sup>30</sup> The ASC stated 'there is a transition phase for the first six months of this year', with the commission working with '12 sports to pilot the Sporting Schools operation in a number of...primary schools [and] a select number of secondary schools'<sup>31</sup>. The commission intends to expand the number of sports available in the program to 35 as from 1 July 2015.<sup>32</sup>

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25 *Proof Estimates Hansard*, 25 February 2015, p. 116.

26 *Proof Estimates Hansard*, 25 February 2015, p. 117.

27 *Proof Estimates Hansard*, 25 February 2015, p. 117.

28 *Proof Estimates Hansard*, 25 February 2015, p. 122.

29 *Proof Estimates Hansard*, 25 February 2015, p. 122.

30 *Proof Estimates Hansard*, 25 February 2015, p. 135.

31 *Proof Estimates Hansard*, 25 February 2015, p. 135.

32 *Proof Estimates Hansard*, 25 February 2015, p. 135.



# Chapter 3

## Human Services Portfolio

### Department of Human Services

3.1 This chapter contains key issues discussed during the 2014–2015 additional estimates hearings for the Human Services portfolio.

3.2 The committee heard evidence from the Department of Human Services (department) on Thursday 26 February 2015. Areas of the portfolio and agencies were called in the following order:

- Australian Hearing
- Whole of Department—Corporate Matters

### *Australian Hearing*

3.3 Senator Cameron asked officials from Australian Hearing if they were confident that if Australian Hearing was to stay in public ownership, they 'could compete effectively for [National Disability Insurance Scheme (NDIS)] funds that are available to NDIS recipients [with] hearing problems'<sup>1</sup>. Australian Hearing responded that they are already in the competitive voucher services market, which is 70 per cent of their current income.<sup>2</sup> They compete with 230 to 240 other service providers and hold approximately 30 per cent of the voucher market.<sup>3</sup> Mr Bill Davidson, Managing Director of Australian Hearing, said:

...we are in a highly competitive arena in the voucher services market. We are confident that we can extend that if we have to into any other market opportunities.<sup>4</sup>

### *Department of Human Services*

3.4 Senator Cameron asked the department questions about the implementation of measures to cease Centrelink payments to persons who are identified as foreign fighters. Particular reference was made to the legislative framework within which the department operates since the passing of the *Counter-Terrorism Legislation Amendment (Foreign Fighters) Bill 2014*.<sup>5</sup>

3.5 The committee heard evidence regarding telephone wait times for Centrelink. When asked why some customers were received the engaged tone when calling Centrelink, the department responded:

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1 *Proof Estimates Hansard*, 26 February 2015, p. 9.

2 *Proof Estimates Hansard*, 26 February 2015, p. 9.

3 *Proof Estimates Hansard*, 26 February 2015, p. 9.

4 *Proof Estimates Hansard*, 26 February 2015, p. 10.

5 *Proof Estimates Hansard*, 26 February 2015, p. 10-11. 21-24

Every so often what happens is that we have to protect our infrastructure. We get surges of demand. So that the whole system does not crash, we have to make sure that there is a limited amount of people who can enter into those queues so that we can answer them in a reasonable time.<sup>6</sup>

3.6 Evidence was provided on the state of the department's information and communications technology—the Integrated Social Infrastructure System—and the viability of maintaining the current system.<sup>7</sup> The committee heard evidence on the challenges facing the department from increased complexity in the ICT systems as well as the costs of maintaining the systems.<sup>8</sup> Clarification was sought on the benefits for developing a new system versus making changes to the current system.<sup>9</sup>

3.7 The committee discussed the joint Medicare-NDIS office in Charlestown, Newcastle. The department informed the committee that the facility is working very well and is 'a good approach to joint servicing'.<sup>10</sup>

3.8 The committee heard what the response and role of the department was in regards to natural disasters, focusing on the two recent cyclones. The department had deployed staff into recovery centres in Yeppoon and Rockhampton, and had activated their phone lines, with staff working non-stop in Geelong.<sup>11</sup> Those staff took phone calls immediately upon activation.<sup>12</sup> The department then 'put up [their] online claim and established the parameters to make the disaster recovery payment for the Australian government to those individuals and families affected'<sup>13</sup>. The committee heard that as of the night on 25 February 2015, the department had 'processed 1 430 disaster recovery payments to the sum of \$1.86 million'<sup>14</sup>.

3.9 The committee heard that the department has a disaster relief manual that allows for staff to be mobilised quickly and be available around the clock.<sup>15</sup> The department stated it has good contact with key partner agencies, such as the Attorney-General's Department, who provide detailed information about causes and activation.<sup>16</sup> With this information, the department is then able to quickly organise

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6 *Proof Estimates Hansard*, 26 February 2015, p. 16.

7 *Proof Estimates Hansard*, 26 February 2015, p. 19-20, 31-35.

8 *Proof Estimates Hansard*, 26 February 2015, p. 19-20.

9 *Proof Estimates Hansard*, 26 February 2015, p. 31-32.

10 *Proof Estimates Hansard*, 26 February 2015, p. 36.

11 *Proof Estimates Hansard*, 26 February 2015, p. 38.

12 *Proof Estimates Hansard*, 26 February 2015, p. 38.

13 *Proof Estimates Hansard*, 26 February 2015, p. 38.

14 *Proof Estimates Hansard*, 26 February 2015, p. 38.

15 *Proof Estimates Hansard*, 26 February 2015, p. 39.

16 *Proof Estimates Hansard*, 26 February 2015, p. 39.

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teams in Canberra to 'build the online claims, build the work-flows, get the material put on the website and make sure the whole thing runs as smoothly as possible'<sup>17</sup>.

3.10 The committee heard evidence about the current status of the negotiation process for the department's enterprise agreement. Clarification was sought on the extent to which individual staff might influence the proposed workforce profile ratio target.<sup>18</sup>

3.11 Questions were asked on the disability support pension (DSP) review process. The committee heard that the new review process has three stages: the first is to assess base eligibility, such as residency; the second is a job capacity assessment of a person's level of impairment against impairment tables; and the third is a medical examination performed by a government-contracted doctor.<sup>19</sup> The department stated that the DSP review process has 'a rejection rate of about 60 per cent' and that the purpose of these three stages was to use 'the resources in the most efficient and effective way'.<sup>20</sup>

3.12 Questions were also asked about child support<sup>21</sup>, benefit overpayments<sup>22</sup> and job service providers<sup>23</sup>.

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17 *Proof Estimates Hansard*, 26 February 2015, p. 39.

18 *Proof Estimates Hansard*, 26 February 2015, p. 41.

19 *Proof Estimates Hansard*, 26 February 2015, p. 43.

20 *Proof Estimates Hansard*, 26 February 2015, p. 43.

21 *Proof Estimates Hansard*, 26 February 2015, p. 25-29.

22 *Proof Estimates Hansard*, 26 February 2015, p. 30-31.

23 *Proof Estimates Hansard*, 26 February 2015, p. 29-30.



# Chapter 4

## Social Services Portfolio

### Department of Social Services

4.1 This chapter outlines key issues discussed during the 2014–2015 additional estimates hearings for the Social Services Portfolio.

4.2 The committee heard evidence from the Department of Social Services (department) on Thursday 26 and Friday 27 February 2015. Areas of the portfolio were called in the following order:

- Cross Outcomes/Corporate Matters/Grant Programs
- Housing
- Ageing and Aged Care
- Aged Care Quality Agency
- Disability and Carers
- National Disability Insurance Agency
- Families and Communities
- Social Security

### *Cross Outcomes/Corporate Matters/Grant Programs*

4.3 Proceedings commenced with discussion on the department's grants processing and grants purchasing. As part of ongoing consideration of the grants process, the department explained the term and level of funding offered under each activity that was a part of the 2014 grants process.<sup>1</sup> The department tabled information at the hearing relating to grants including, executed new grants as at 26 February 2015, the profile of applications received for the open funding rounds and the outcomes of funding rounds undertaken in 2014.<sup>2</sup> The department undertook to take several questions on notice relating to the grants program.

4.4 The committee followed up from discussions from the previous Budget Estimates about the new accommodation of the department in Tuggeranong.<sup>3</sup> The department has signed the agreement for the arrangements for the new building. In regards to parking at the new building, the committee was told that the developers will build a service road at the back of the property with 200 car parking spaces.<sup>4</sup> This will

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1 *Proof Estimates Hansard*, 26 February 2015, pp. 48-51.

2 Social Services Portfolio, Tabled documents and additional information, accessed 17 March 2015:  
[http://www.aph.gov.au/Parliamentary\\_Business/Senate\\_Estimates/clacctte/estimates/add1415/Social%20Services/index](http://www.aph.gov.au/Parliamentary_Business/Senate_Estimates/clacctte/estimates/add1415/Social%20Services/index)

3 *Proof Estimates Hansard*, 26 February 2015, p. 71.

4 *Proof Estimates Hansard*, 26 February 2015, p. 71.

be in addition to car parking available underneath the new building and existing non-affected car parking outside the existing property.<sup>5</sup>

#### ***Outcome 4 Housing***

4.5 Senator McLucas asked the department how they calculate the amount allocated to Commonwealth Rent Assistance for private rentals beyond the current fiscal year.<sup>6</sup> The department responded that Commonwealth Rent Assistance is not a primary payment, and that the payment is calculated by considering the individuals eligibility and access to a number of other payments including the aged pension, disability support pension, carer payment and other payments.<sup>7</sup> In terms of a forecast, the department looks at what growth has been in the previous year, finding that over recent years the Commonwealth rent assistance has been exceeding those estimates.<sup>8</sup>

4.6 In response to a question about the work being done to respond to the increasing number of people who are living in rental stress, the department outlined that they monitor closely people's ability to pay their rent or their mortgage or to get a home loan in the first place.<sup>9</sup>

#### ***Outcome 3 Ageing and Aged Care***

4.7 The department provided an overview for the committee on the establishment of the national severe behaviour response teams regarding dementia behavioural problems.<sup>10</sup> The teams will have clinical experts who can provide advice and intervention for those displaying extreme levels of behavioural difficulties. The department explained that while the dementia behaviour management advisory services play a valuable role in the system now, they are directed at more general low level behaviours that might be experienced in residential care.<sup>11</sup>

4.8 The severe behaviour teams will be able to respond on request to a provider who is having difficulty caring for someone who has very extreme behaviour.<sup>12</sup> The committee heard that the team would come into the home and 'work with the particular facility and resident to put in place strategies to manage the behaviours causing concern'<sup>13</sup>.

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5 *Proof Estimates Hansard*, 26 February 2015, p. 71.

6 *Proof Estimates Hansard*, 26 February 2015, p. 77.

7 *Proof Estimates Hansard*, 26 February 2015, p. 77.

8 *Proof Estimates Hansard*, 26 February 2015, p. 77.

9 *Proof Estimates Hansard*, 26 February 2015, p. 77.

10 *Proof Estimates Hansard*, 26 February 2015, p. 85.

11 *Proof Estimates Hansard*, 26 February 2015, p. 85.

12 *Proof Estimates Hansard*, 26 February 2015, p. 86.

13 *Proof Estimates Hansard*, 26 February 2015, p. 86.

4.9 The committee discussed the aged care service improvements and healthy ageing grants program. The committee heard that funding for the program was part of the grants round, with funding focused on service delivery.<sup>14</sup>

4.10 The committee heard evidence from the Aged Care Quality Agency regarding the Kepnock Grove Retirement Centre.<sup>15</sup> The committee heard that the agency is currently conducting a review audit at the home prior to making a decision about the home's ongoing accreditation.<sup>16</sup>

### ***Outcome 5 Disability and Carers***

4.11 The committee discussed with the National Disability Insurance Agency (NDIA) people who have cognitive impairments who are caught up in the justice system.<sup>17</sup> Mr David Bowen, Chief Executive Officer of the NDIA, outlined that in the Hunter trial site the NDIA works with custodial facilities 'when a person is being discharged back into the region [so] that preliminary work can happen around their eligibility [for the NDIS] and what supports can be provided'<sup>18</sup>.

4.12 The NDIA outlined that identifying people as they are coming out of the justice system tends to be on an individual basis. The NDIA is advised by the relevant authority of the discharge arrangements, after which the NDIA arranges to meet with the person and assess their eligibility.<sup>19</sup> The NDIA is unable to determine the eligibility until the person is actually physically located in the trial site, but is able to complete all the preparatory work so 'when they are there, the supports can be quickly put in place'<sup>20</sup>.

### ***Outcome 2 Families and Communities***

4.13 The committee heard evidence from the department on increasing the involvement of Aboriginal and Torres Strait Islander women in advocacy and policy development in regards to violence against women.<sup>21</sup> The department explained that:

...[w]e have certainly taken the attitude in the development of the national plan and in the ongoing running and operation of the national plan that involving women is a huge benefit to developing projects and deliverables that really work. We would fully support the engagement of Indigenous women in projects and work.<sup>22</sup>

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14 *Proof Estimates Hansard*, 26 February 2015, p. 90.

15 *Proof Estimates Hansard*, 26 February 2015, p. 91.

16 *Proof Estimates Hansard*, 26 February 2015, p. 92.

17 *Proof Estimates Hansard*, 26 February 2015, p. 93.

18 *Proof Estimates Hansard*, 26 February 2015, p. 94.

19 *Proof Estimates Hansard*, 26 February 2015, p. 94.

20 *Proof Estimates Hansard*, 26 February 2015, p. 94.

21 *Proof Estimates Hansard*, 26 February 2015, p. 114.

22 *Proof Estimates Hansard*, 26 February 2015, p. 115.

4.14 The department also has responsibility for the involvement of women from culturally and linguistically diverse backgrounds, which has seen the department holding discussions across Australia to find out what their views are.<sup>23</sup>

4.15 The committee heard evidence about the trends in the costs of child care and the Productivity Commission's report on child care and early childhood learning. Questions were asked about the recommendations made by the Productivity Commission in its report—some of these focussed on how the proposed changes may impact on children at risk and if the department has done any modelling on the cost of nannies.<sup>24</sup>

4.16 When asked about the recommendation that child care subsidies for children at risk move from 100 per cent of the actual cost to the benchmark price and who will pay the difference the department said:

I do not know that the productivity [commission] makes a recommendation on who should pay that difference. I think they are suggesting the government subsidy should be the full cost of the benchmark price. It is open to interpretation whether the individual is expected to pay the difference or to shop around for care that is provided within the benchmark price. It is not clear.<sup>25</sup>

### ***Outcome 1 Social Security***

4.17 Under this outcome the committee heard evidence from the department about the process by which a person can have their payments cancelled under the Counter-Terrorism Legislation Amendment (Foreign Fighters) Bill 2014.<sup>26</sup> The committee heard that 'it is the Attorney-General who has that decision-making power about whether or not to issue a notice requiring cancellation of a person's payment'.<sup>27</sup> The Attorney-General issues that notice to the Minister for Social Services who then provides notice to the secretaries of the Department of Social Services and Department of Human Services (DHS). The Secretary of DHS, who is the delegate, will then cancel payments.<sup>28</sup>

## **Senator Zed Seselja**

### **Chair**

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23 *Proof Estimates Hansard*, 26 February 2015, p. 115.

24 *Proof Estimates Hansard*, 26 February 2015, p. 18-21, 23-24, 31.

25 *Proof Estimates Hansard*, 27 February 2015, p. 31.

26 *Proof Estimates Hansard*, 26 February 2015, p. 131.

27 *Proof Estimates Hansard*, 26 February 2015, p. 131.

28 *Proof Estimates Hansard*, 26 February 2015, p. 131.

# Appendix 1

## Departments, companies and agencies that appeared before the Committee<sup>1</sup>

### Social Services Portfolio

- Department of Social Services (DSS)
- Aged Care Quality Agency
- National Disability Insurance Agency (NDIA)

### Health Portfolio

- Department of Health (DoH)
- Australian Organ and Tissue Donation and Transplantation Authority
- Australian Sports Anti-Doping Authority (ASADA)
- Australian Sports Commission (ASC)
- Food Standards Australia New Zealand (FSANZ)
- Independent Hospital Pricing Authority
- National Blood Authority
- National Health and Medical Research Council (NHMRC)
- National Industrial Chemicals Notification and Assessment Scheme (NICNAS)
- National Mental Health Commission
- Private Health Insurance Ombudsman
- Therapeutic Goods Administration

### Human Services Portfolio

- Department of Human Services (DHS)
- Australian Hearing

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1 This document has been prepared based on the Department of Finance's *Flipchart of Commonwealth entities and companies* under the *Public Governance, Performance and Accountability Act 2013* as at 13 March 2015, [http://www.finance.gov.au/sites/default/files/pgpa\\_flipchart.pdf?v=1](http://www.finance.gov.au/sites/default/files/pgpa_flipchart.pdf?v=1)



# Appendix 2

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