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Official Committee Hansard

HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON AGEING

Reference: Long-term strategies to address the ageing of the Australian population over the next 40 years

WEDNESDAY, 18 JUNE 2003

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HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON AGEING

Wednesday, 18 June 2003

Members: Dr Southcott *(Chair)*, Ms Hall (*Deputy Chair*), Ms Corcoran, Ms Ellis, Ms Gambaro, Mr Hartsuyker, Mr Hunt, Mrs May, Mr Mossfield and Mr Tony Smith

Members in attendance: (Ms Corcoran, Ms Ellis, Ms Hall, Mrs May, Mr Mossfield, Dr Southcott)

Terms of reference for the inquiry:

Long-term strategies to address ageing of the Australian population over the next 40 years.

WITNESSES

Committee met at 9.47 a.m.

FOLEY, Ms Elizabeth, Director, Policy and Strategic Development, Royal College of Nursing Australia

MacKINLAY, Rev. Dr Elizabeth, Director, Centre for Ageing and Pastoral Studies, Royal College of Nursing Australia

CHAIR—I declare open this 10th public hearing of the House of Representatives Standing Committee on Ageing, as part of our inquiry into the long-term strategies for ageing. Today we will hear from the Royal College of Nursing. The committee has heard, from a number of witnesses in previous hearings, that access to and retention of a skilled work force is essential to providing appropriate community and residential care for an ageing population. The Royal College of Nursing will inform the committee of issues affecting the aged care work force, particularly challenges to rural and remote communities and opportunities for the development of alternative models of care. I will now proceed to formally call the witnesses.

I welcome the representatives from the Royal College of Nursing to today's public hearing. I remind you that the evidence that you give at this public hearing is considered to be part of the proceedings of parliament. I therefore remind you that any attempt to mislead the committee is a very serious matter and could amount to a contempt of parliament. The Royal College of Nursing has made a submission, submission No. 28, to the inquiry, and copies are available from the committee secretariat. Would you like to make an opening statement before I invite the committee to proceed to questions?

Ms Foley—Thank you. The Royal College of Nursing Australia is pleased to be able to provide assistance to the inquiry into the long-term strategies to address the ageing of the Australian population over the next 40 years. As stated in our submission of August 2002, our response focuses on health and nursing issues. Those in nursing form the largest group of health and aged care providers in the country across the range of settings from acute to community. It is, therefore, appropriate that the work of the inquiry give due consideration to strategies which will enhance the capacity of the nursing work force to deliver safe and competent care.

This encompasses issues such as, but not limited to, recruitment and retention, continuing professional development, valuing of clinical decision making, educational preparation, including postgraduate studies, health promotion, management of chronic illness, research, pay equity, promotion of the speciality of gerontological nursing, impact of geographical location on care practices, particularly those that are rural and remote and complexity of care outside of acute care facilities. Together with my colleague Dr MacKinlay, who is the college's expert witness, I will endeavour to expand on any of these issues to assist in your inquiry. Thank you.

CHAIR—Thank you very much. I might begin and ask you about undergraduate nursing courses and whether you think there is a sufficient exposure in undergraduate nursing courses to gerontological nursing and whether there are any changes that you might suggest?

Dr MacKinlay—Up until the end of last year I was a senior lecturer in nursing at the University of Canberra. Judging from my experience there and from my knowledge of what is happening in other schools of nursing, I believe there is not sufficient emphasis given to the

ageing process in undergraduate programs. It tends to be something which depends largely on the interests of the nurses that are developing programs in the individual institutions. So, where you have someone who has a real sense of the importance of our ageing society and the skills that are required, it is likely there will be a greater emphasis on that in the program. There are no standardised expectations in curriculums.

At the same time, it would seem that within undergraduate nursing programs, because of the expectations of skilling nurses in such a wide range of areas, it is probably difficult to give too much on ageing at that level and it probably would be as a postgraduate specialty that the skills and knowledge should be developed more effectively. However, to combat ageism, which is as much a factor for nursing students who come in as it is for the wider population, I believe it is very important that we have at least a basic level of preparation as part of undergraduate nursing programs for all nurses and that this should be consistent throughout the country.

Ms Foley— I would just like to add that the Royal College of Nursing Australia, you may or may not be aware, administers scholarships for the Commonwealth. There are a range of scholarships but one group is to do with aged care. As part of the implementation of those scholarships, we did a survey of all of the schools of nursing in Australia to ascertain if they had aged care as a component of their curriculum. We had, probably not surprisingly, a variety of responses. There were some people who said that they did have a component but did not give us that much evidence to that effect. The reason we wanted to find out this information was so that we could give that information to students—and perhaps they might be able to, given that the scholarships were for aged care and we were wanting them to show a commitment to going into aged care when they completed their programs, direct their attentions more to—

CHAIR—As their a division in the House, we will suspend the committee's hearings until we come back.

Proceedings suspended from 9.55 a.m. to 10.18 a.m.

CHAIR—We will reopen the committee, and my colleague will have to field questions, because there is now a quorum being called and I am on the quorum roster. We will reopen this public hearing, and I hand over to the deputy chair.

ACTING CHAIR—Thank you very much, Andrew.

Ms ELLIS—I will try and be as brief as I can. Thank you for being here and I apologise for the chaos that is reigning around the place. In your submission you talk quite a bit about training. You talk about the educational process that nurses go through but particularly about the training once they are on site, so to speak, in aged care. You have quite a bit to say, in a fairly critical way, about what is happening at the moment, particularly in the situation of a person's first placement into an aged care facility after qualification, in terms of ongoing training. Could you expand on that for me. I get the drift from what you are saying that there is a certain load that is then put on the employer in the first instance. I am wondering if you could expand on that and give me your views on how we could better do that. Is that a critique of the initial training in the first place?

Ms Foley—I will start off, because some of these issues are issues that we discussed in the national review of nursing in education, which was, of course, talking about education across all sectors, not just aged care. But aged care is a particular issue, I believe. To go back to that question we were asked before, I just wanted to say that the college certainly supports an improvement in the aged care component in undergraduate curriculums but also notes the comment that Dr MacKinlay made that gerontological nursing is a speciality in its own right and therefore you cannot take a great component of the undergraduate curriculum to deal with it. But it needs to be a thread through the undergraduate curriculum so that when people come out as registered nurses they have a thirst for and an interest in taking up gerontological nursing as a postgraduate qualification.

In terms of the first graduate year, this is an issue across all clinical placements across all health care facilities. If we just look at aged care in particular, the college's view is that, because of the increase in complexity of care in aged care facilities, there is a very great pressure on registered nurses working in aged care facilities now, which makes it difficult for them, in addition to their clinical and supervisory load of other staff—and unlicensed workers are part of that complexity—to also take on the supervisory and educational load of new graduates. This is not to say that the educational preparation that the undergraduates have had is not appropriate, but we believe that any undergraduate, having had their broad education in the university, then needs to have some kind of formal transition program once they come into the clinical area, and that applies to aged care as well.

Ms ELLIS—You were also saying in that, I think, that in their university training that continual thread that you were talking about of the introduction into that training of aged care and gerontological training as well is probably not sufficient enough nor consistent enough and ought to be improved in that general university training program.

Ms Foley—Yes, and that is certainly something that, as I say, we discovered in our survey of the schools of nursing in relation to the aged care scholarships that we administer—that the inclusion of an aged care component or a promotion of gerontological nursing is not consistent across all the university programs. That is what we would like to see. Certainly the Commonwealth is committed to that, and we believe that through the scholarship program that may actually be the impetus for schools of nursing to improve their aged care components so that they will then attract students that are scholarship recipients.

Ms ELLIS—You also make some comments about the aged care scholarship scheme to which you refer. I think I am right in saying that you have a view that the scholarship scheme for rural and remote nurses to undertake that tertiary study in gerontology should be promoted back into the metropolitan areas as well. Can you give us your reasons for your thoughts on that?

Dr MacKinlay—There is a lack of qualified people working in aged care, and I believe it is critical that we are able to recruit into aged care places, within the urban areas as well, people who will be able to perform effectively. While it is important to target rural and regional areas, we also have to realise that right on our doorsteps aged care institutions are finding it extremely difficult to attract people who are good at their work and have qualifications. Aged care is the Cinderella of health care. I have often had people come to me who, when I have asked them where in nursing they worked, have said, 'I only work in a nursing home.'

There is this perception that it is the kind of thing you do when you cannot go somewhere else. I had hoped that in our ageing society this might change, because most people are going to be looking after older people. We are getting fewer people attracted to nursing homes. The pay has some part in it, for a very practical reason, and I do not think we should perhaps go into that too much today except to say that it is an issue. But the complexity of conditions with which older people live—multiple health problems, chronic disease, issues of pain, suffering, vulnerability—mean they really need people who have got a special knowledge base, to be able to provide effective care. So we need to have ways in which we can attract people and then retain them in areas of aged care.

Ms ELLIS—You have said you do not necessarily want to talk about the pay issue today, and I respect that, but can we just talk generally about this issue because from our perspective it seems one of the most important things—not only the training in the first instance, which we have talked about already, but the retention and re-entry of people who have been trained in the past and maybe, for family reasons, have left the profession. I understand from some sources that there have been surveys done of the professionals and that pay is mentioned but it is not generally always the No. 1 issue. It is on their priority list but it is there along with a lot of other things. Are you in a position to give us your views on what we should actually be doing? You and I can both sit here and say, 'We need to do more,' but in your view what is it that has to be done? Is it working conditions, stress in the job, retraining, support, the role they are taking out, the application of their duties—should it be more or less? What is it that we need to do in a really concerted fashion to start to address this?

Ms Foley—That is a huge question.

Ms ELLIS—It is a huge question, but I think it is hugely important.

Dr MacKinlay—It is; it is critical. As I said before, aged care is the Cinderella of the nursing area. As well as that, it is increasingly casualised in the type of employment that is provided so that people often work part-time in those areas. It is not an attractive area for new graduates to go into. It is perceived to be an unattractive area—you would go there when you could not get into a good acute health care facility to do your graduate year. We do not have career pathways.

There is one aged care organisation that I am on the board of where we are looking to see how we can perhaps have graduate years in aged care—how we can introduce that—because we believe that the aged care industry ought to be looking after new graduates and helping to prepare them to be good practitioners in their field. But too often in the aged care facilities these days the RN working there does the medications and the dressings and is really on a very tight work schedule. I am not sure that there is an awful lot of job satisfaction in that at all. There is not time to connect effectively with these elderly people.

Often, communication is complex. There is such a high proportion of people in aged care institutions who have dementia—and I think we are all aware that it has been named as an epidemic now. We really need to be able to skill our people working in aged care to be able to even communicate effectively with people with dementia. There is a lot of new work research being done currently. I am working with a linkage grant at the moment on improving the quality of life for people who have dementia. We are doing spiritual reminiscence work within the nursing home environment. I think that, if we can bring some of those kinds of things into a

more holistic working environment for older people, we can improve the quality of life markedly for the people who are residents and for the people who care for them. The way we are doing it at the moment, there seems to be an emphasis purely on getting the people washed and fed and giving them their medications, and in some ways you are denying what it is to be a human being.

Ms ELLIS—Yes.

Dr MacKinlay—In addition, regarding career pathways we seem to have fewer registered nurses. Having talked about the complexity of needs of people who have multiple pathologies and are on polypharmacy, we end up looking after the physical needs only of these people, while their fears, anxieties and the other things that they are dealing with—

Ms ELLIS—Can I follow that up with a further extension of the discussion. Many of the peak groups and providers in the sector very clearly say that, given the change in the profile generally, across the board, of the person entering facility care today, as against a few years ago, they are now seeing themselves far more directed towards residents who need high levels of care—and palliative care is also coming into that in a very big way. That is basically the truth; that is what is happening. Given what you have said about the streaming into the training in the first place and the need to emphasise career paths, you would obviously agree that the high care need patients—because they become that virtually; they go from being a resident to almost a patient in that sense—will not have their palliative needs met, despite the best of intentions. Given the picture you have just drawn of how an RN survives on the job at the moment and knowing at the same time their wish to do the right thing, there seems to be an acceleration of need here, given that change in profile and the palliative requirements which now also need to be woven into the training and service delivery. Do you agree with that?

Dr MacKinlay—Absolutely.

Ms Foley—I can talk on palliative and aged care. About two or three years ago the Royal College of Nursing had a program on palliative care, and we were able to get Commonwealth funds to assist us in using that all around the country. We were targeting nurses in rural and remote areas in particular—it was a distance education program—because we saw the incredible benefit in nurses in those areas having palliative care knowledge so that people did not have to travel many miles from home. They are already dealing with the crisis of a medical condition, and then they have to travel from home and have the dislocation for the family, and so we wanted nurses in those areas to have those skills. Unfortunately, because funding was limited, we were only able to target a very small number, but we certainly demonstrated through that program the worth of people being able to do that. It is almost like palliative care education in place—like ageing in place. Nurses did not have to go away from their families or their places of work to do the program, and then the people they were looking after did not need to travel. So it was a dual benefit—a professional benefit and a benefit to the consumer of health care. So there are things that have happened that could be rolled out nationally again, if the funds were available to do it.

Dr MacKinlay—Can I just follow on from that. I am mindful of the fact that we do have currently the ageing palliative care project that is being coordinated out of Edith Cowan University, and we have just been involved in some of that here. I think that is an excellent program and has the potential to do wonderful things in standardising education for all levels of

health workers in aged care. But I also want to make the point that we have to be able to have within the aged care organisations structures in place that will enable workers to carry out the things that they have been effectively trained for. I believe that that is important and that it has a lot to do with the numbers of staff who are employed. Funding is a basic issue there. I believe the philosophy that is behind providing the appropriate—

Ms ELLIS—Do you have a view on minimum staffing guidelines?

Ms Foley—There are certainly industrial and professional issues there.

Dr MacKinlay—Yes.

Ms ELLIS—I do not mean mandatory formulas; I mean normal staffing guidelines.

Ms Foley—In order to be able to provide safe care, there is a requirement that facilities have the appropriate numbers of staff in order to be able to provide that care. As a professional organisation, we are concerned that very often registered nurses and enrolled nurses are placed in a position where they do not have appropriate skilled staff. I mentioned before the issue of unlicensed workers working in aged care. This creates an additional burden for registered staff who are trying to provide safe and competent care but at the same time are needing to supervise staff that are not necessarily trained in the area.

Dr MacKinlay—Of course, where we are having ageing in place issues arise importantly in that area of staffing. Ageing in place, as I understand it, is progressing at different rates across different parts of Australia, but where it is progressing rapidly we find that we do not have staff with the appropriate mix of qualifications to look after people with, again, complex healthcare needs who may be now in a hostel where maybe we just have unqualified people. We are running into problems with that, and I know in some instances, because we have the ageing in place guidelines, people are very reluctant to be moved from a hostel to another institution for aged care, and in fact the families can be very distressed when people within the organisation say, 'We do not have the skills, we cannot care for you here, you will have to go somewhere else.' There are issues there about quality of care. Again, to emphasise how important it is that we do not have unqualified people providing care that—

CHAIR—Could I ask you about what the college sees as the role of nurses in health promotion and in healthy ageing?

Dr MacKinlay—I think it is a critical part of the whole of the role of the nurse. I feel that perhaps in the submission we have not drawn that out quite as much as it ought to have been. There seemed to be so much else. But part of the nurse's role is certainly to maximise the wellbeing of older people; it is part of holistic nursing care. If we are only to look after the physical care of people when they are ill, that is not enough. This is going to become increasingly important. Certainly from the college's perspective the ability of a nurse to be able to promote health and maximise wellbeing is very much as important as being able to provide for the illness needs of older people. I believe that from the college's point of view nurses are in an ideal position to be able to provide appropriate care in later life because, indeed, ageing is not a disease. We need to look beyond a biomedical model, and nurses can do that, to bring a much more holistic model to bear.

Ms Foley—In terms of your strategies for ageing of the population over the next 40 years, health promotion is probably one of the key issues around which strategies should be developed. One of our members said to me the other day, 'People do not know what they do not know,' and nurses can be in a position to be able to assist people to take on board appropriate and healthy lifestyles in terms of their nutrition, exercise patterns and a whole range of issues that are going to assist them to be able to have a better quality of life. They tell us that we are all going to have a longer span of life, and nurses can assist people to have a better quality of life in those later years.

CHAIR— Thank you. The committee has heard some evidence that some Certificate III qualified staff lack skills in dealing with aged people, leading to a training burden for their first employer. Does the college have a view on the kind of training that needs to be incorporated at the Certificate III level?

Dr MacKinlay—In a focus group that we attended recently on the palliative care and ageing program, we were looking at the contents of Certificate III and it seemed that that certificate is packed with content. There is only so much you can put into the Certificate III level. It seems to me that the Certificate III would be what we would hope would be an entry level, a minimum level that you would expect anybody who was providing resident care would have. But it is certainly not sufficient.

CHAIR—Yes.

Ms Foley—As a professional organisation, obviously we are incredibly concerned with ongoing maintenance of competence and lifelong learning concepts. Whilst we certainly promote a minimum standard of Certificate III for personal care assistants, a minimum bachelor's degree for nurses and TAFE education for enrolled nurses, we believe that it is incredibly important that all healthcare workers engage in continuing professional development. That is just as important in aged care as in every other area—possibly more important because, as Liz mentioned before, often aged care is seen as not necessarily a specialty care area but just somewhere that people go to work because they cannot find work elsewhere. The college's view is very much that it is a specialty area and that people require special knowledge in order to be able to work in those areas, at whatever level they are working. It is pleasing to see that there are more programs available—in-service programs, short courses, et cetera, for people now than, say, five or ten years ago, but there is still a great need for a flexibility of program arrangements to be developed for people to engage in. I think one of the strategies should be a great awareness-raising promotion, advertising campaign or whatever, to encourage people to see—whether it be in community aged care facilities or wherever—that there is a very real need to engage in ongoing professional development.

Dr MacKinlay—If I could just take that a little further too, we have been focusing a lot on residential care so far this morning and, to take up that point about qualification of people who are working in the community, there needs very importantly to be preparation in aged care for community health nurses too; I think that perhaps needs to be more intentional. We have, again, the increasing number of community aged care packages which are available these days. In some instances there are registered nurses who are working—and I must say usually taking a drop in their income to do that because they love to do it—and they are employed as managers or under some other title but not as registered nurses. Yet due to their qualifications—because they are

nurses—they are invaluable in those community aged care packages and providing for those. But in that area often a lot of people who are employed and going into the homes and helping to support people who are isolated at home and elderly have, again, no training of any sort, and that is a very casual workforce. We did an evaluation for one of the providers of aged care packages and found that some of the workers in that field found it very difficult even servicing loans or just living. You did not know what kind of income you were on from one week to the next and your work could disappear.

Also, in that evaluation that we did, isolation at home was a very big factor. Although I had hoped that these community aged care packages could bring more of the needs of the person together, to be delivered by one particular person, a number of the people who we interviewed believed that they were very alone. They did not see the aged care packages as providing anything other than their material needs—help with the shopping, say, or with the housework or the shower or something. They were still very lonely, and we still need to come to terms with how we deal with these issues. I believe there is a lot of research that still needs to be done in these areas and we really need to think creatively about how we might, in our ageing society, develop new ways of thinking that are going to make us a much more friendly and inclusive society right across the lifecycle.

Ms Foley—And a compassionate society.

Dr MacKinlay—Yes, very appropriate. I mentioned the gerontology aged care nurse practitioners. That is another area that I believe could be a very important one.

Ms HALL—That is something I was going to ask about.

Dr MacKinlay—Yes.

Ms HALL—The perceived role that you see for nurse practitioners in the area of gerontology. I know it is happening in the UK.

Dr MacKinlay—Yes.

Ms HALL—I am interested in how you see that linking with that community based provision of aged care services.

Dr MacKinlay—I believe that it is a very important way for us to go in the future. Again, it is looking at ageing as a process and not a disease necessarily. But also nurse practitioner work in gerontology seems to me to be a natural, in that that person can do appropriate assessments and help guide the person to the best ways of achieving quality of life for themselves within the community. Also I envisage this kind of nurse practitioner as being able to function within aged care institutions as well as providing a higher level of care. I do not see them as mini-doctors but as expert nurses, properly qualified in ageing, education and health promotion and being able to provide holistic care. They would have a better idea of what the possibilities for a particular person are and would be able to pick up adequately on drug interactions perhaps and all sorts of things that perhaps someone with lesser qualifications would not be able to pick up—depression in ageing, for example. Being able to identify that early can make a tremendous difference to the quality of life that a person may have. I see that as a very important development in the future.

Of course, that has implications for education. The University of Canberra has just recently developed programs at master's level in this area, after the pilot programs that we have done here in the ACT. We did not have one in gerontology in our pilot program for nurse practitioners, but it seems the obvious way to go.

Ms Foley—Definitely.

Ms HALL—Given what you have said about ageism and given some of the other issues you have raised, what is the Royal College of Nursing doing to address ageism? What is it doing to attract and promote nurses working in the area of ageing? What research is the college involved in and what research does it think needs to be done? Has the Royal College of Nursing got any ideas that relate to ongoing support and training for nurses working in the area of ageing?

CHAIR—There is a quorum, so I must leave.

ACTING CHAIR—I put so many things in one question.

Ms Foley—I have the research so perhaps I will deal with that first. The Royal College of Nursing Australia is a largely self-funded organisation and therefore finds it difficult to have the funds to do research itself. What we do do though is promote—

ACTING CHAIR—Do you ever apply for research grants?

Ms Foley—Not in aged care. However, because we have a lot of members, such as Dr MacKinlay, who are experts in aged care, we assist and support them in their applications for research projects. I cannot list them now, but there have been many instances over recent years where we have supported—through letter of support, references, whatever—our members who are experts in the area, and we see that as probably more important than taking the research on board ourselves. These people are out in the clinical area. Some of them are chairs—

ACTING CHAIR—Do you make recommendations on directions that you see as appropriate for research?

Ms Foley—Yes, we do. There are many forums through which we do that. The college is represented on national and state committees, and through that we are able to influence research that should be done in aged care areas. Our executive director sits on the Aged Care Workforce Committee, which is a Commonwealth committee. Recently, we were invited to suggest areas in which research should be done in aged care, and the particular area we chose then was nutrition. Dr MacKinlay may wish to speak on this too.

ACTING CHAIR—You might like to submit something to us in writing on that question.

Ms Foley—Okay.

ACTING CHAIR—We have just been advised that we must be out of here by 11 o'clock.

Ms Foley—Okay.

ACTING CHAIR—So I think probably the important thing for us to do—

Ms Foley—Can I just ask you what the rest of the questions were too?

ACTING CHAIR—Yes: research; attract and promote; support and training; and ageism.

Ms Foley—Yes. In fact, I can send you a discussion paper that we put out a little while back now on ageism, but that was certainly because of our concern about ageism in the community. I believe that is going to be a very important part of your strategy—to be able to educate the community and break down those barriers of ageism. Ageism is very strong, and it is in the profession as well as the community in general.

ACTING CHAIR—I agree, and I would be very interested in that. I want to ask one more question—and I think it is not appropriate that maybe I ask you to answer it now because I know my colleague, Ann Corcoran, has got some questions written down there. Looking at training for nurses, what does the Royal College of Nursing believes needs to be done generally across the board with nurses working in public and private health, in dealing with older people and people who are presenting at accident and emergency departments. That is quite a big area. If you could submit something to that effect in writing, I would appreciate that.

Ms CORCORAN—I will just ask one question. I have got a daughter who is a nurse. She is now a nurse educator. She is doing her masters. I should know more about what she is doing, but I do not. But she has made the comment over time that she sees some sort of barrier in the heads of nurses themselves—a reluctance or a resistance to taking on even a course that lasts half an hour in the course of their day, and certainly a resistance to doing further education, which does not necessarily have to be the big formal degrees or postgraduate status but just in-house training or whatever. It seems to me from our discussion before that there is a great need for this sort of almost on-the-job stuff. I am wondering if you have made the same observations she has and, if you do think she might be right—

Ms Foley—Yes, as a professional organisation—

ACTING CHAIR—In two minutes, what do we do about it?

Ms Foley—There is a whole culture, and a very big part of our role as a college is trying to change the culture of nursing so that the people within nursing see that ongoing professional development is not a luxury or an option; it is a must.

Dr MacKinlay—It is essential.

Ms Foley—It is absolutely essential.

Ms CORCORAN—So long as there are some bars there to people—

Ms Foley—Yes, there are some bars. I just want to say, before we go on to the bars, that what is happening in our favour, to help our cause, I guess, by promoting the fact that nurses must engage in ongoing professional development, is the fact that many of the state registration boards are looking to, at least at this stage, random audits of registered and enrolled nurses, to be

able to demonstrate what activities they are engaging in, to show that they are maintaining their competence. That is a first step. It is a pity that things often have to happen in that kind of a way. Hopefully, that will start to change the culture, but certainly one of our very primary roles is to turn that culture around.

Ms CORCORAN—I am just wondering about these bars.

Ms HALL—I am sorry. There is a division in the House, and we will have to go.

CHAIR—Do you have any other questions that you want to ask?

Ms CORCORAN—No.

Ms HALL—If you would like to add to what Ann said, maybe you could put something in writing.

CHAIR—This is fairly unusual for a Wednesday morning. I wish to thank the witnesses who have appeared before the committee today. Before concluding today's hearing, we have a resolution to be considered

Resolved (on motion by **Ms Hall**, seconded by **Ms Corcoran**):

That, pursuant to the power conferred by section 2(2) of the Parliamentary Papers Act 1908, this committee authorises publication of the evidence given before it at public hearing this day.

Committee adjourned at 10.57 a.m.