

Senate Standing Committee on Foreign Affairs, Defence and Trade
Budget Estimates 2011–12; 31 May 2011
Answers to questions on notice from Department of Veterans' Affairs

Question 1

Outcome All: Program All

Topic: Funding

(Written Question on Notice)

Senator BIRMINGHAM asked:

Has the Department provided any funding to any of the following organisations in the current financial year or in any of the previous three financial years? If so, please detail when it was provided and for what purpose.

- a. Australian Conservation Foundation
- b. Australian Council of Trade Unions
- c. Australian Youth Climate Coalition
- d. Climate Action Network Australia
- e. The Climate Institute
- f. Environment Victoria
- g. GetUp!
- h. Greenpeace Australia Pacific
- i. World Wildlife Fund Australia

Answer

No.

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Question 2

Outcome All: Program All

Topic: Enhanced Efficiency Dividend

(Written Question on Notice)

Senator HUMPHRIES asked:

I refer the minister to the statement by the Minister for Finance, Sen Penny Wong, of 21 April 2011 entitled "Driving Efficiencies in Government". In this statement the minister says:

The Government has today also released the Review of the Measures of Agency Efficiency report. The central recommendation of the Review - to apply the efficiency dividend at portfolio level – will be adopted by the Government.

The Government acknowledges that some agencies have been concerned about the current efficiency dividend having an unequal effect on some agencies. Adopting this recommendation will provide portfolios with more flexibility in applying the efficiency dividend, including to smaller agencies.

I also refer the Minister to page 98 of the Portfolio Budget Statement for his portfolio, in which the effects of the "enhanced efficiency dividend" on the Australian War Memorial is described.

I ask the Minister:

1. Does the "enhanced efficiency dividend" referred to on page 98 describe the full increase of the efficiency dividend on the Australian War Memorial for the 2011/12 and 2012/13 financial years from 1% to 1½%?
2. If it does not, to what does it refer?
3. Does the Australian War Memorial qualify as one of the "smaller agencies" that the Minister for Finance refers to in her statement?
4. Does the Department of Veterans Affairs have the "flexibility" to apply a lower efficiency dividend to the Australian War Memorial than is described on page 98 of the PBS?
5. If so, why has the Department chosen not to apply a lower efficiency dividend to the Australian War Memorial?

Answer

1. Yes.
2. Not applicable.
3. Yes.
4. Yes.
5. A lower efficiency dividend for the Australian War Memorial would mean a higher efficiency dividend for the Department of Veterans' Affairs and/or smaller agencies in the portfolio. The Secretary decided to apply the efficiency dividend evenly.

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Question 3

Outcome 1: Program 1.2

Topic: Service Pensions and TPI

(FADT Hansard Proof 31 May 2011, p 118 & 119)

Senator RONALDSON asked:

Senator RONALDSON—Yes, indeed. Parliamentary Secretary, are you aware that under the Department of Broadband, Communications and the Digital Economy, with the set-top box subsidy to pensioners and vulnerable members of the community to assist in the switch over to digital television, there is an email doing the rounds—someone may well have a brief on this—suggesting that veterans receiving only a part service pension are not entitled even though they may be receiving a TPI pension?

Mr Campbell—I have seen the email, and they use the term 'WS'; I think they mean service pension. But the point being made in the email that I have seen is exactly the same as the one that Mr Luckhurst has just made: if you are not on a full rate of service pension or age pension then you are not eligible. That of course, was not a policy decision of this portfolio.

Senator RONALDSON—I fully appreciate that, and that is why my question was directed where it was. But many TPI pensioners rely solely on their TPI pension, don't they?

Mr Campbell—No, it would be a very unusual individual who would be living just on the TPI, because if you are—

Senator RONALDSON—No, there are some who rely almost solely on their TPI.

Mr Campbell—No, I would say no again, because under the service pension or the age pension—take those as your two basic pensions—the TPI is not means-tested or asset-tested for receipt of those pensions. So if you are a person who has qualifying service and you have a TPI and you have no income other than a TPI, you get a full service pension, and the same if you are an age pensioner.

Senator RONALDSON—Okay. They would in that situation. Could you just take it on notice anyway, Mr Luckhurst. If you want to respond formally to the email, I would be grateful for that.

Answer

DVA Service Pension and Income Support Supplement recipients who receive their payment at maximum rate are eligible for the Digital Switchover Household Assistance Scheme.

A person receiving the Special (Totally and Permanently Incapacitated) Rate of disability pension must be in receipt of the maximum rate of Service Pension or the maximum rate of the Income Support Supplement to qualify.

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Question 4

Outcome 1: Program 1.4

Topic: Veterans' Advocacy Funding Cut

(Written Question on Notice)

Senator RONALDSON asked:

In 2007, Labor promised to increase funding for the Building Excellence in Support and Training (BEST) programme by \$8 million.

At the time, Labor said:

Labor believes that these programs are invaluable to the ex-service community. Well trained and supported ESOs and individuals contribute greatly to improving the operation of DVA – and they also provide a saving to government through their work.

In recognition of this fact, Labor will commit an additional \$8 million to support ex-service organisations to provide essential services for their members.

In 2011-12, the Government will slash \$4 million from the BEST programme, and \$4 million from Veteran and Community Grants, which assist with providing social and interactive events to veterans and to prevent isolation.

This is outrageous.

At the last election, Labor made no mention of cutting funding.

The Coalition, on the other hand, promised to increase BEST and TIP funding by \$2.5 million per year for the next three years – a total new investment of \$7.5 million.

At the time, the Coalition indicated this additional funding would assist with implementation of the recommendations of the Advocacy Funding Review which were, at the time, still secret.

The recommendations of this Review were made public after the election and in February this year the Government announced it had accepted all 45 recommendations.

Not one of the recommendations called for a cut in funding.

The review said that BEST funds were limited, and rather than cut funding, suggested that more needed to be done to work within current funding envelopes. It even suggested a means test of ex-service organisations to see whether the individual organisations could contribute more of their own financial resources to assist the local veteran community.

The Review did, however, recommend the establishment of veterans' support centres across Australia, with working models to be established in Queensland and regional New South Wales.

Again, when asked, the Government says it will not force organisations together.

But the cut in funding suggests otherwise. This is means testing and forced amalgamations by stealth.

How can the Government build these new centres whilst at the same time cutting \$4 million cut in BEST funding over the forward estimates?

Won't this severely jeopardise the work of the largely-volunteer ex-service organisations across Australia?

Minister, why has the Government slashed this funding, just months after accepting the recommendations of an internal Advocacy Funding Review which did not identify a need to cut funding, but rather suggested there may not be enough funding presently?

How do you justify yet another breach of trust with the veteran and ex-service community.

Answer

This question was asked of the Minister for Veterans' Affairs by Mr Stuart Robert MP, Member for Fadden, in the House of Representatives on Tuesday, 14 June 2011 – see pages 104 and 105 of *House of Representatives Votes and Proceedings Hansard* for the Minister's response.

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Question 5

Outcome 2: Program 2.1

Topic: PTSD Programs

(FADT Hansard Proof 31 May 2011, p 117)

Senator RONALDSON asked:

Senator RONALDSON—In the quality assurance of PTSD programs annual report, on page 1, the document says only nine of the 12 PTSD programs were active during the 2009-10 financial year. I want to know what are those programs, what do they do, how does a veteran access them, are they publicised, why were only nine of them active during that last financial year and if not, why not? Do you want to take that on notice?

Mr Campbell—Given the time and the question, I think we will take that on notice.

Answer

The Department of Veterans' Affairs (DVA) purchases evidence based PTSD group treatment programs (PTSD programs) from 12 contracted public and private hospital providers.

PTSD programs are mostly delivered on an outpatient basis, usually over a period of 10 to 12 weeks.

PTSD programs are required to deliver the following treatment components, in line with clinical quality requirements:

- psycho-educational, specifically related to the nature of PTSD, and the co-morbidities of depression, anxiety, substance abuse and anger management;
- symptom management with a focus on cognitive behavioural therapy interventions to improve treatment outcomes;
- trauma focus and graded in-vivo exposure therapy to specifically address traumatic memories and stressful situations;
- alcohol use and relapse prevention strategies;
- interpersonal skills, physical health and lifestyle issues; and
- individual psychotherapy with a minimum of eight sessions per program.

During 2009-10, PTSD group treatment programs were delivered by the following hospitals:

Private Hospitals

- Healthscope - The Geelong Clinic, (VIC);
- Toowong Private Hospital, (QLD);
- Ramsay Health Care - Greenslopes Private Hospital, (NSW);
- The Mater Health Services North Queensland, (QLD);
- St John of God Health Care North Richmond Private Hospital, (NSW);
- Northside Clinic, (NSW); and
- Ramsay Health Care – Hollywood Clinic, (WA).

Public Hospitals

- Repatriation General Hospital Daw Park, (SA); and
- Austin Health Heidelberg Repatriation Hospital Veterans Psychiatry Unit, (VIC).

The following three hospitals did not undertake PTSD programs during 2009-10 due to low levels of demand:

Private Hospitals

- Calvary Private Hospital – Hyson Green, (ACT); and
- Currumbin Clinic Palm Beach, (QLD).

Public Hospitals

- Austin Health, Heidelberg Repatriation Hospital, Older Veterans Psychiatry Unit, (VIC).

There are a number of pathways via which a veteran can access the programs. These include self referral and referral by a general practitioner or a psychiatrist. A psychiatrist attached to the PTSD program will assess the veteran's mental health condition and suitability to be admitted to the program. Not all veterans are clinically suitable to participate in a group treatment program and may require alternative mental health interventions.

DVA does not publicise individual clinical treatments, including PTSD programs. However, DVA works with health providers such as psychiatrists and general practitioners to increase awareness of treatment options for PTSD. General information about PTSD and the range of treatments available can also be found on the DVA website, DVA Factsheets or through VVCS – Veterans and Veterans Families Counselling Service.

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Question 6

Outcome 2: Program 2.3

Topic: Veterans' Pharmaceutical Reimbursement Scheme

(Written Question on Notice)

Senator RONALDSON asked:

Minister I note your Department's explanation for the major adjustment in the cost of your flawed Pharmaceutical Reimbursement Scheme.

This scheme is making up for Labor's broken 2007 election promise to relieve the 'burden on veterans of the cost of medications to treat their war caused disabilities'.

Labor's 2007 "Plan for Veterans' Affairs" went on to say "this will be a key objective to be addressed in our first term of Government".

Of course the veteran and ex-service community, and the Coalition, know that a solution was not delivered ahead of the last election.

Instead, Labor promised to deal with the issue if reelected in 2010. Their second-rate scheme leaves our more than 1,500 of our most disabled war veterans as well as war widows and orphans. Labor's scheme relies on a complex reimbursement of out of pocket expenses, which will not help those veterans on limited or fixed incomes deal with the rising prices of other items.

In contrast, the Coalition's scheme, which covered 87,000 disabled veterans, including all 27,000 TPI pensioners, delivered immediate relief for the disabled veteran once they had paid for 30 scripts.

The Department is still unclear about how the scheme will work, and the Parliament is yet to see legislation to enact Labor's second-rate scheme.

But I do have some concerns about the cost.

During a recent Senate Estimates hearing, your Department's Secretary told the Foreign Affairs, Defence and Trade committee that the rise in the cost of the scheme from \$18.2 million to \$30.1 million:

"It is not a blow out. It is a combination of two things. The costing in the government's election was over a shorter period than the budget costing and it was done on a cash basis, whereas the budget costing is done on a fiscal basis."

So, during the election, Labor chose to deliberately misrepresent the cost of their scheme. Why?

Why did they not cost the scheme during the election in the same way they claim the Coalition should have costed our military superannuation reform proposals?

Why is it one rule for you and one rule for us?

Answer

This question was asked of the Minister for Veterans' Affairs by Mr Stuart Robert MP, Member for Fadden, in the House of Representatives on Tuesday, 14 June 2011 – see page 105 of *House of Representatives Votes and Proceedings Hansard* for the Minister's response.

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Question 7 and 9

Outcome 2: Program 2.4

Topic: Mental Health Funding

(FADT Hansard Proof 31 May 2011, p 89 and 98)

Senator RONALDSON asked:

Page 89:

Senator RONALDSON—.....Mr Campbell, am I correct in saying that since 2009-10 the government has not increased or appropriated any new specific funding in the portfolio for the treatment of mental health amongst veterans and the ex-service community? I think there were two measures: in 2008-09 the commitment of the \$3.8 million for the nine strategic mental health initiatives, and then in 2010 the Dunt review with about \$9.4 million. Is that correct—two measures since that time?

Mr Campbell—In terms of budget measures, yes. But of course there is a lot of expenditure under those measures and under health expenditure generally.

Senator RONALDSON—Were there any new health measures, then, since 2008-09?

Mr Campbell—In the 2009-10 budget, the major new health initiative was what is called the Coordinated Veterans Care Program, which rolled out from 1 May. I think that is the major one, but I would ask Mr Rochow to go back to our budget documentation to see if there are any others.

Senator RONALDSON—I think I might have said 2008-09; I meant 2009-10.

Mr Campbell: Yes, and the one I talked about was the major one in the budget for 2009-10.

Mr Rochow—Unfortunately I do not have the numbers with me for the year in question that you have indicated, but one of the major initiatives was the Dunt review. There was money allocated for case managers and the like for that particular budget measure, which was specifically directed at mental health. I am happy to take on notice that particular question in terms of any other measures.

Senator RONALDSON—I have got a number of questions in relation to the Dunt review, which I will probably end up putting on notice now, Mr Rochow, but if you or one of your fellow officers have got something else there then I am happy to hear it now.

Mr Rochow—No, I do not have those available with me here tonight, but I am happy to take that on notice.

Page 98:

Senator RONALDSON—Indeed, the suicide prevention funding 2009-10 goes through until 2012-13, is that right, and as you say the mental health workers funding has now finished. You are going to take on notice where that February trial has been funded from. So to answer my very first question, there has been nothing since the 2009-10 budget in relation to that mental health area?

Answer

No additional funding has been provided for specific new measures since the 2009-10 Budget in relation to mental health. Currently DVA spends about \$160 million per annum on mental health.

The February trial was funded from the 2008-09 Budget measure “Mental Health – support to the Australian Defence Force members and veterans”. This funding is ongoing.

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Question 8

Outcome 2: Program 2.5

Topic: VVCS Co-location, Lismore

(FADT Hansard Proof 31 May 2011, p 93)

Senator Ronaldson asked:

Senator Ronaldson—When was the corporate outsourcing done? Was there a contractor engaged in that?

Ms Dotta—No, I do not have that information available; I will need to take that on notice. We were required to advise the owner by 31 March, and we contacted the real estate agents in the lead-up to that.

Senator RONALDSON—When?

Ms Dotta—I would have to take the actual dates on notice and come back to you.

Answer

Property Dynamics was contracted on 8 March 2011. The final report was provided on 16 March 2011.

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Question 10

Outcome 2: Program 2.7

Topic: Notations of Client Records

(FADT Hansard Proof 31 May 2011, p 99 & 100)

Senator RONALDSON asked:

Ms Bell—No, that is not correct. Sorry, Senator, if I was not making myself clear. This protocol was in development for some time. By the time the protocol was endorsed, case coordinators had been introduced. So there are elements of this protocol that are still highly relevant and guide people in a number of ways that they conduct administration. Specifically for clients at risk of self-harm or threatening harm to others there is a new referral mechanism which has superseded. That does not mean that there are not notations on the system and the notation that would appear now with case coordination is in case coordination. They would refer a person who is viewing the system to the fact that the client has been referred to case coordination. I think earlier you asked me the question of what would be the sort of notation that you would see on the system; that would be the sort of notation you would see on the system.

Senator RONALDSON—Can you just take this on notice because I, quite frankly, do not have the time, and nor have you, to go through the full answer. I cannot see, at a quick glance, any reference there to case coordinators taking over the effective role or superseding the details of the protocol. If it is there, I apologise. I do not think it is. If you could take that on notice and indicate to me where that would appear, or where it does appear, given that I think it was a very significant lengthy question with a very significant answer and it was not there. So can I just be absolutely clear: is there any ongoing notation on DVA files under the protocol system of people assessing whether a client is at risk?

Answer

Only staff in two areas in the Department make notations on systems that may be viewed by staff in relation to clients who may be at risk of self-harm. The two areas are the Client Liaison Unit (CLU) and Case Co-ordination. The notations are created once a case is referred to and/or accepted by either of these areas. However, as set out below, these notations do not include client specific details. It is important to note, however, that acceptance into the CLU or Case Co-ordination may occur for a variety of reasons and a notation of itself does not necessarily indicate a history or issues with self-harm – notations would be made for reasons other than self-harm.

A staff member who looks at a client record where a notation has been made would see a 'pop up' box appear with the following message: 'Important information exists for this client. Do you wish to view this information? Yes/No'. If they clicked on 'yes', the following messages would appear depending on the client circumstances:

- (a) In the event that a client has been accepted into CLU and CLU is monitoring the client's interaction with business areas:

'A courtesy copy of all communications with this client should be referred to 'Client Liaison Unit' outlook mailbox. CLU Ext 36015.'

(b) Where a client has been accepted into CLU and CLU are actively managing the client as the Single Point of Contact for the Department:

‘ALL COMMUNICATIONS BY CLU. All communications with this client are to be conducted by Client Liaison Unit staff. Please refer the call or the contact to: CLU Ext 36015.’

(c) Where a client has been accepted as a case co-ordinated client and they are the Single Point of Contact in the Department:

‘Case Co-ordination Client - please refer all enquiries and telephone calls to case Co-ordination {insert name and extension number}.’

(d) Where a client has been referred to case co-ordination by a business area but the referral has been declined:

‘{insert date} case co-ordination referral declined. Please re-refer if there is a change in client circumstances.’

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Question 11

Outcome 2: Program 2.7

Topic: Staff Training – Annotation of Client Records

(FADT Hansard Proof 31 May 2011, p 100)

Senator RONALDSON asked:

Senator RONALDSON—What training is there for staff in relation to what annotations they should be making on a file if they are concerned? If there is no training then please just say there is no training and then I can move on to my next question.

Ms Bell—I guess what I am saying, Senator, is that I cannot answer that. I will have to take that on notice.

Answer

Procedures for creating notations on systems are set out in the Client Liaison Unit and Case Co-ordination Policy and Procedures Manuals. New staff undertake a comprehensive training program which includes how to add client details and 'pop-up' notations to systems.

Staff across the Department undertook location-based face to face Security Awareness Training between 14 October 2010 and 15 February 2011 which included a module on security/critical incidents and reinforced how to report them. These training sessions have been complemented by the revision of the Department's Critical Incident Response Guidelines, which were approved and promulgated in February 2011.

In May 2011, the Security team designed, printed and distributed a desk-top reference card titled 'Critical Security Incident Reference' which instructs staff how to deal with critical incidents.

Where any staff member is concerned about the welfare of a client and whether or not they may be at risk of self-harm, escalation procedures are clear as to the expected action and recording that should be undertaken.

- a. if client states intent (reason and strong desire) and the threat is imminent (about to happen now), the staff member should:
 - notify their immediate supervisor / or other senior officer if not available
 - call the police (000)
 - contact DVA security / complete a security incident report
- b. if the threat is not imminent:
 - notify their immediate supervisor / or other senior officer if not available
 - complete a security incident report

Staff within the Security Team are formally trained in security practices and risk management. The senior staff who manage critical security incidents hold, or are in the process of attaining, qualifications at Diploma level. Incident reports are maintained.

More generally, departmental staff have undertaken a range of training on how to manage clients at risk of self-harm which are detailed below:

(i) **Managing Challenging Behaviours:** A half day in-house program that strengthens DVA staff's capacity to identify and appropriately manage our client group who may have mental health problems. The training is facilitated by staff from the VVCS - Veterans and Veterans Families Counselling Service. A desktop guide is also made available which provides a quick reference on communication strategies.

(ii) **Applied Suicide Intervention Skills Training (ASIST):** A two day workshop that aims to assist participants to recognise when someone may be at risk of suicide and link them to further help. Delivered under contract arrangements by an external provider.

(iii) **SafeTalk:** A three hour workshop which aims to raise staff awareness of clients who may be at risk of harm to themselves or others. Delivered under contract arrangements by an external provider.

(iv) **Understanding Military Culture and Mental Health:** A two hour session run in-house which gives insight into military experiences, including training and deployment, and the effect this may have on mental health.

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Question 12

Outcome 2: Program 2.7

Topic: Protocol for Managing the Provision of Advice to Clients at Risk of Self Harm
(FADT Hansard Proof 31 May 2011, p 105)

Senator RONALDSON asked:

Mr Campbell—I will make a comment and then I will undertake to come back to the committee in writing. The comment I will make is that I think the paragraph you have read from, and you have read it very accurately, is ambiguous to say the least, and I think therefore it is very unhelpful. The point that I think is being made there—

Mr Campbell—.....So I ask you to let me go away and make sure my interpretation of this—and I do acknowledge that it is not that well written—is correct. Then I will come back to the committee. But I can assure you that my position as secretary is that people in the department do not just ring the VVCS about a client because of a phone call. They should not and I do not think they currently do that, but I would like to take that away and come back to you.

Mr Campbell—As I said, I will take this away because I am not happy when I read that sentence. I will take it away and I will come back to the committee. But what I will not countenance, which is information going from the department to the VVCS, is something that I do not think any of my staff countenance. I will give an undertaking to you and the committee that I will go away and examine this and clarify it, and I will come back to the committee.

Answer

The Department maintains a clear separation in the transfer of information between itself and the VVCS in accordance with Information Privacy Principle 11, unless an exception in that Principle applies. The exceptions that are relevant are:

- where the individual concerned has consented to the disclosure – IPP 11(1)(b);
- where the Department or VVCS believes on reasonable grounds that disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or of another person – IPP 11(1)(c); or
- where the disclosure is required or authorised by or under law – IPP 11(1)(d)).

The Department applies the following principles where a client is identified as being at risk of self harm:

- a. Where on reasonable grounds, it is considered that a person is at imminent risk of harm to themselves or others:
 - DVA or VVCS staff should call the police and/or ambulance to provide the necessary immediate assistance;
 - Documentation to support the disclosure of personal information should be completed with advice from the Business Integrity & Legal Services Group and the Security Section; and

- After the initial response has been actioned, case conferencing should be arranged with the relevant DVA business areas.
- b. Where on reasonable grounds, it is considered that the person is not at imminent risk of harm to themselves or others, then case conferencing should be arranged with the relevant DVA business areas. VVCS will not be part of this process, unless there is express client authority.

The *Protocol* was based on the assumption that client consent had been given for the case conference and that staff understood this aspect - it is therefore ambiguous. The *Protocol* is currently being re-drafted and will articulate more clearly when information can be shared between DVA and VVCS based on the above principles. The thrust of the revisions will highlight:

- There is to be no sharing of information (including case conferencing) between DVA or VVCS unless one of the exceptions applies;
- VVCS and DVA client files must continue to be maintained and stored separately; and
- Where a person is considered at imminent risk of harm to themselves or others then critical incident procedures are to be followed.

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Question 13

Outcome 3: Program 3.1

Topic: Kokoda Memorial Walk

(FADT Hansard Proof 31 May 2011, p 121)

Senator RONALDSON asked:

Part 1:

Senator RONALDSON—In relation to the Rotary Kokoda memorial wall and walk, under the act I think the minister may consult persons or bodies that the minister thinks it is appropriate to consult. Is that right?

Mr Evans—Yes, that is correct.

Senator RONALDSON—Did the minister undertake any consultations in relation to this request?

Mr Evans—The minister considered a brief that was provided by me and responded to that.

Senator RONALDSON—Yes, okay, but did the minister consult a person or body? I am presuming that you do not fit into that part of the act—that it is someone outside, exterior to that. So was there any consultation undertaken?

Mr Evans—I am not in a position to answer that question, Senator. To the best of my knowledge the minister responded to the brief that I put forward.

Senator RONALDSON—Surely you can say whether there was consultation or not.

Mr Evans—I would say that if I knew whether there was, but as I do not, I cannot.

Senator RONALDSON—Will you take it on notice for me?

Mr Evans—Yes.

Part 2:

Senator RONALDSON—Has the minister visited the memorial?

Mr Evans—I cannot answer that.

Senator RONALDSON—Can you take it on notice?

Mr Evans—Yes, I can.

Answer

Part 1:

There is a provision under section 8 of the *Military Memorials of National Significance Act 2008* that gives the Minister a discretion, if he considers it appropriate to do so, to consult a third party in relation to the decision in question.

The Minister did not consult with any third parties as it was not considered necessary in reaching a decision under section 4 of the *Military Memorials of National Significance Act 2008*. The information contained in the application for a declaration under the Act was sufficiently detailed for the decision to be made as required under section 4.

Part 2:

No.

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Question 14

Outcome 3: Program 3.2

Topic: Centenary of ANZAC Commemoration

(Written Question on Notice)

Senator RONALDSON asked:

Minister, finally I draw your attention to the Government's less than admirable record in the area of commemorations.

Under this Government, the Australian War Memorial was forced to consider closing one day per week to save money because you had cut their funding by 20 per cent.

It was only after considerable pressure from the community, and the Coalition, that you were dragged kicking and screaming to address this sorry state of affairs.

The Coalition welcomes the Government's commitment of an additional \$8 million per year for the Australian War Memorial. Although there remains doubt about the Government's commitment to the redevelopment of the World War One galleries, given only \$1.7 million has been committed for feasibility study.

The Government must guarantee that this work will be completed well ahead of the ANZAC Centenary in 2015.

Minister, on 21 October last year the Prime Minister wrote to you about the funding crisis at the Australian War Memorial and instructed you to bring forward a Cabinet submission on the funding options.

I note that her letter did not call for a funding review.

Nevertheless, the Prime Minister also instructed you to:

"Detail suggestions for the Centenary of ANZAC and other important WW1 anniversaries"

This year's Budget, however, remains silent on any proposals for commemoration.

On 26 March this year, you and the Prime Minister received the Report of the National Commission on the Commemoration of the Centenary of the ANZAC Landing. At the time, the Prime Minister indicated she would form an ANZAC Centenary Advisory Board

"to progress the work of the commission and provide strategic advice on the planning and implementation of ANZAC Centenary events and initiatives."

Yet this Board is yet to be appointed, well at least to be publicly announced.

So not only is there no money for the ANZAC Centenary commemorations, but, since late March, nothing further has happened to progress the commemorative agenda.

This is deeply troubling for the wider Australian community.

Just last week, the Coalition heard how the Shrine of Remembrance in Melbourne needs to know in six months whether there will be Commonwealth assistance for refurbishment of the Shrine ahead of the ANZAC Centenary.

The Shrine is, of course, one of three Military Memorials of National Significance.

Similarly, the community of Albany needs certainty about funding for their proposed ANZAC Interpretive Centre – a Centre which, I note, received strong endorsement from the National Commission.

Minister, you say that you will make an announcement in the third quarter of this year. But why has it taken you so long, especially given the Prime Minister asked you to do this last October?

Answer

This question was asked of the Minister for Veterans' Affairs by Mr Stuart Robert MP, Member for Fadden, in the House of Representatives on Tuesday, 14 June 2011 – see pages 105 and 106 of *House of Representatives Votes and Proceedings Hansard* for the Minister's response.

Senate Standing Committee on Foreign Affairs, Defence and Trade
Budget Estimates 2011–12; 31 May 2011
Answers to questions on notice from Department of Veterans' Affairs

Question 15

Outcome 1: Australian War Memorial
Topic: Volume Three of the Official History
(Written Question on Notice)

Senator TROOD asked:

1. At the Additional Senate Estimates hearings in February 2011, the issue of a possible rewrite of volume three of the official history was raised. Has any progress been made to the possible funding of such a rewrite?
2. According to an article in the *Canberra Times* (27 April 2011) “Mr Ekins said revising or withdrawing an official history would end a tradition of independence that dated back to the work of Charles Bean after World War 1.” Is this view shared by the War Memorial in relation to the possible rewriting of the third volume of the official history?
3. What assurances can the War Memorial offer to the Vietnam Veterans Federation that their concerns regarding the content of the third volume of the official history will be addressed?

Answer

1. No decision has been taken to fund any rewrite.
2. The Memorial's position is that the independence of official historians is paramount and the Memorial seeks to ensure that independence while providing appropriate support and resources to complete the work.
3. The Memorial cannot offer any assurances to the Vietnam Veterans' Federation that their concerns regarding the content of the third volume of the official history will be addressed. The Australian War Memorial is not the appropriate organisation to undertake such a study into the effects of Agent Orange on the health of those who served in Vietnam. The Memorial does not have the requisite expertise to undertake such a study.