

**ESTIMATES COMMITTEE G**

Mrs J. M. Gamin (Chair)    Mrs W. M. Edmond  
 Ms A. M. Bligh            Ms J. C. Spence  
 Mr F. E. Carroll          Miss F. S. Simpson

**DEPARTMENT OF FAMILIES, YOUTH AND COMMUNITY CARE****IN ATTENDANCE**

Hon. K. R. Lingard, Minister for Families, Youth and Community Care  
 Mr N. Culbert, Acting Director-General  
 Mr G. Clarke, Director, Finance  
 Mr A. O'Brien, Acting Manager, Budget and Resource Branch  
 Mr D. Martin, Director, Families  
 Mr M. Francis, Director, Disabilities  
 Mr J. Wauchope, Program Director, Aboriginal and Torres Strait Islander Affairs  
 Ms G. Catalano, Program Director, Youth Program  
 Ms S. Casey, Manager, Community Funding and Support Branch  
 Mr N. Alford, Children's Commissioner

The Committee commenced at 9.02 a.m.

**The CHAIRMAN:** Good morning and welcome. I declare this meeting of Estimates Committee G open. The Committee will now examine the proposed expenditure contained in Appropriation Bill 1997 for the areas as set out in the Sessional Orders. The Committee will examine the organisational units in the following order: the Department of Families, Youth and Community Care, the Department of Health. I remind members of the Committee and the Minister that the time limit for questions is one minute and answers are to be no longer than three minutes. The time keeper will give a 15-second warning before the end of those time limits. With the agreement of the Chair, the questioner may consent to extra time for the answer. There will be a further bell at two minutes of extra time. Ministers may make a five-minute introductory statement.

The Sessional Orders require the Committee to allot at least half the time for questions to non-Government members. I ask departmental witnesses to identify themselves before they answer a question so that Hansard can record that information in the transcript. I inform the media that the Committee will allow filming for file footage purposes only during the introductory statements and changeover of Ministers. I declare the proposed expenditure for the Minister for Families, Youth and Community Care open for examination. The question before the Committee is—

"That the proposed expenditure be agreed to."

Minister, would you like to make a brief introductory statement?

**Mr LINGARD:** Yes, Madam Chairman. The 1997-98 budget of the Department of Families, Youth and Community Care is a highly responsible and well-targeted response in support of Queensland's families, young people and those with special needs. My department's budget of over \$534m represents an increase of almost 7.6% over the comparative budget for 1996-97. That 1996-97 budget also had an increase of 9%. I congratulate the staff of my department on their work over the last 12 months. This is a particularly challenging department where it is easy to become reactive rather than pro-active.

In particular, I want to thank my Director-General, Allan Male, and apologise for his absence today. When he took on the role, he advised me of his desire to represent Queensland at the International Conference of Rotary where another Queenslanders is being installed as International President of Rotary. Mr Male is dedicated to the work of Rotary and has a 100% attendance record over a period of 30 years. Mr Male's position would have been taken here today by Deputy Director-General Dr Peter Botsman, who was an extremely competent man. However, Dr Botsman passed away suddenly several weeks ago. His absence is still being felt within the department. I would hope that today we do not see a continuance of the personal attack on Mr Allan Male that we have recently witnessed in the Parliament. Mr Male has dedicated himself to the work of the Shaftesbury Centre and I have personally witnessed the direct contributions that Mr Male makes to that centre. Those are not details that the public or the Parliament needs to know; however, if members of the Committee wish to discuss them privately with Mr Male at a later date, I will make those arrangements.

In shaping the budget for the Department of Families, Youth and Community Care, I have followed a number of important guiding principles. There is increased involvement. We are promoting the independence of individuals in communities. We are strengthening partnership across Government and the community. We are outsourcing the provision of services where appropriate. We are giving recognition to and acceptance and understanding of the rights and responsibilities of individuals, families and communities. We are putting an emphasis on prevention and early intervention. There is more accountability and responsible risk management.

In reflecting those principles, there are a number of key elements in the budget that I want to highlight here. \$17.431m has been allocated over three years for the Moving Ahead post-school programs. \$14.8m has been allocated over three years for the closing of the Challinor Centre, and additional funds to support residents of the centre. There is a \$1m capital contribution over three years towards the cost of the new Queensland Guide Dogs Breeding and Training Centre. There is \$4.17m over three years to support Queensland families. There is \$13.2m over three years to assist

organisations funded by my department to address the salary costs associated with the SACS Award. There is \$7.6m over three years to assist young people's successful participation in society through prevention and early intervention programs. There is \$2m over three years for a whole-of-Government strategy to manage the water supply scheme in the northern peninsula area of Cape York.

I have pleasure in submitting those initiatives and the whole 1997-98 budget of my department to the Estimates Committee.

**The CHAIRMAN:** For the information of the Minister and the other departmental persons attending, we will now start the questions to the Minister in 20-minute segments. The first segment is to non-Government members. I invite non-Government members to commence the proceedings.

**Ms BLIGH:** I would like to start by congratulating the Minister on the number of staff that he has been able to have present at these hearings. I would also like to place on record my view that it is both disappointing and unacceptable that the Director-General, Allan Male, has chosen to take annual leave for personal reasons and is absent from these hearings. In my view his evasion of the scrutiny of the Parliament is a failure to accept his responsibility as the accountable officer for the department under the Financial Administration and Audit Act. It demonstrates scant regard for his role as a leader to the officers of his department. Minister, I believe that it would have been preferable if he had shown the dedication to his role as your Director-General that he is currently showing to Rotary.

Minister, can I direct you to Disability Services and refer you to the claim in Budget Paper No. 4 on page 17 that an extra \$18.7m has been allocated in the forthcoming financial year and ask how that figure has been arrived at?

**Mr LINGARD:** I refer to the point you made about Mr Allan Male. Mr Allan Male did approach me before he became Director-General. I did say at that time that he could take leave at this particular time to attend that very important conference in Glasgow. I take all responsibility for that. Of course, the death of Dr Peter Botsman has added to that concern as well. I will pass as many questions as I can to the program head, Mr Mark Francis, to answer that question.

**Mr FRANCIS:** First of all, can I seek some clarification of the page reference you mentioned?

**Ms BLIGH:** Budget Paper No. 4, page 12, dot point 2. Budget Paper No. 4 is the Budget in Brief.

**Mr FRANCIS:** The \$18.7m figure is a composite of the initiatives associated with the Moving Ahead post-school program, which is \$17.431m.

**Ms BLIGH:** This is an annual figure, so I am looking for the figure that makes up the \$18.7m in this year. That \$17m for Moving Ahead is over three years.

**Mr FRANCIS:** Sorry. It comprises \$6.358m associated with the Moving Ahead Program, \$1.9m

associated with Unmet Needs—that is a capital figure and a recurrent figure included in both of those—and additional funds for the move of people out of Challinor Centre, which is a figure of some \$6.7m.

**Ms BLIGH:** For Challinor?

**Mr FRANCIS:** Yes.

**Ms BLIGH:** Can I move that the time be extended for this answer given the confusion at the beginning?

**The CHAIRMAN:** Yes.

**Ms BLIGH:** I think you will find that that does not add up to \$18m.

**Mr FRANCIS:** Can I take that question and come back later to the Committee with the definitive answer?

**Ms BLIGH:** Yes, all right.

**The CHAIRMAN:** If I may interrupt, Ms Bligh, we actually have a specific format for questions on notice. If I could pass that down to you?

**Ms BLIGH:** No, he is not taking it on notice. He might be able to come back to me during these questions.

**The CHAIRMAN:** Yes, if that is okay.

**Ms BLIGH:** If you are unable to do that, I would be happy to take it on notice at the end of that time. Can I refer the Minister to Budget Paper No. 2 at page 206 which estimates an increase of \$6.8m in Commonwealth grants to the States under the Commonwealth/State Disability Agreement. I ask for the basis on which the estimate was made?

**Mr LINGARD:** I will hand that to the program director.

**Mr FRANCIS:** The \$6.8m figure is a composite of an estimate of the Commonwealth contribution to the SACS Award, which we estimate at \$6.6m, and additional funds through indexation.

**Ms BLIGH:** I have a copy of the relevant page of the Commonwealth Budget in which the Commonwealth estimates a total increase for all States in the Commonwealth/State Disability Agreement of \$6.3m. I am just a little confused. The Commonwealth Budget papers indicate that there will be a total increase in the Commonwealth/State Disability Agreement across all States of \$6.3m and yet the State Budget estimates that the allocation to Queensland would be \$6.8m. I am just wondering if you can help with that discrepancy.

**Mr FRANCIS:** The estimate that we put together, and which is included in the Budget papers, predated the Commonwealth Budget. As I indicated, it was an estimate based on the predicted allocation for the SACS Award and indexation, and minor other matters such as superannuation payments and so on. The Commonwealth Budget paper that you refer to came out post the development of these Estimates.

**Ms BLIGH:** I think that the Federal Budget was actually issued a fortnight before the State Budget. So regardless of the fact that it was out for two weeks, you are saying now that the estimate that

appears at page 206 of Budget Paper No. 2 is actually in error?

**Mr LINGARD:** You must also remember that the CSDA is still about to be finalised. In fact, we are still coming to an agreement on CSDA. The first option that we received was that we receive a 6% efficiency dividend cut. Of course, that efficiency dividend cut was to give us a cut of \$1.66m. Subsequent offers were to be \$5.9m through all States, of which we were to get 18.3%. If you calculate 18.3% of \$5.9m, it comes to \$0.6m. Therefore, there was to be a loss of \$600,000. In subsequent agreements the Commonwealth offered us \$804,000 to overcome that \$600,000. We have now signed an agreement only in the last week—we have not signed the agreement—and the agreement will find that we will now benefit by \$204,000. In all fairness to the program manager, those agreements have been done only in the last week.

**Ms BLIGH:** Can I just clarify, though, that there is in fact a reduction in the estimate at page 206 of Budget Paper No. 2 as a result of the Federal Budget allocation?

**Mr LINGARD:** There is to be a reduction as they initially proposed it. That was the reduction that we disagreed with and refused to sign. It was that agreement that we went back and renegotiated. In that agreement, they wanted a five-year contract. Obviously, we have agreed to only a one-year contract with a gain of \$204,000. We are not happy with that particular program, either, but it would have been impossible, when we were doing our budget, to have envisaged exactly what the finalised budget from the Federal Government would be.

**Ms BLIGH:** I accept that, Minister. However, I ask—and I am happy for you to take it on notice—if you could provide the revised estimates of receipts in the table on page 206 to the Commonwealth/State Disability Agreement funds?

**Mr LINGARD:** The revised estimate will be that originally we were to receive a loss of \$600,000.

**Ms BLIGH:** No, Minister.

**Mr LINGARD:** We have now been offered \$804,000, or an increase of \$204,000. So that increase must then be placed on our budget.

**Ms BLIGH:** Minister, the Budget papers record an estimated increase in Commonwealth/State Disability Agreement funds of \$6.8m. I am happy to accept that there might be an error in that and that the error occurred for reasonable reasons. I am asking if you could provide what is now the revised estimate in that table.

**Mr LINGARD:** Can I go back to my department people in accounts?

**Mr O'BRIEN:** The estimate was done prior to the Commonwealth release of the Budget. We had some discussions with Treasury at the time that the Commonwealth Budget came down, and for us to revise the figure would in fact indicate that we would accept the Commonwealth cut and we were by no means accepting that cut. So we decided to go with the original figure and to continue negotiations on the Commonwealth/State Disability Agreement.

**Ms BLIGH:** Are you able now to provide the accurate figure?

**Mr O'BRIEN:** We can provide a figure at a point in time, remembering that the Commonwealth can amend receipts that come to the department throughout a financial year.

**Ms BLIGH:** Given that you have signed the agreement now—

**Mr LINGARD:** No, we have not signed the agreement. The agreement has been presented to us but the signatures have not been finalised.

**Ms BLIGH:** Sorry, Minister. I thought you said earlier in the proceedings that you had signed it.

**Mr LINGARD:** No. I might have said that but I corrected myself.

**Ms BLIGH:** Okay.

**Mr LINGARD:** Even now, there is not a complete finalisation of the whole thing.

**Ms BLIGH:** So we are publishing inaccurate figures in the State Budget papers as a negotiating tool for the Commonwealth; is that the case?

**Mr LINGARD:** No, we are not publishing incorrect figures; we are publishing the figures as they were at that time. You must appreciate that there have been continued negotiations.

**Ms BLIGH:** But which your financial adviser has just advised were known to be wrong when they were published.

**Mr LINGARD:** They are obviously estimates and you cannot provide anything else. I have given you the outline of exactly what has happened. It was only last Friday that the meeting with the Minister was held.

**Ms BLIGH:** So I take it that I can ask on notice for a revised figure for the table in Budget Paper No. 2. You may not be able to provide it in 24 hours, but you will provide some more accurate—

**Mr LINGARD:** We will give it to you by the end of this meeting, based on what we believe the signing will indicate.

**Ms BLIGH:** I refer you to a claim in your Budget highlights publication and to a figure stated earlier by your program director that an extra \$1.9m has been allocated to address the unmet needs of people with a disability and also to the table of estimated outputs for the Disability Program, which shows no growth in service provision to disabled people. Where does the \$1.9m allocation appear in the Ministerial Program Statements and what do you anticipate it being spent on?

**Mr LINGARD:** The \$1.9m is an amount of money allocated over a period of three years which caters for priority needs in regional areas. That is exactly what it will be for: priority needs in regional areas. It is not to cover all the unmet needs of those people who receive money under the Unmet Needs Campaign. I have often said that there will be a massive increase in the amount of money for Unmet Needs this year. Over three years, there will be \$36.047m to address the unmet needs of and to support people with disabilities. Over three years, \$17.431m will be allocated to the Moving Ahead

Program, which deals with post-school services. In addition to the \$1.9m that you are referring to, over a period of three years a total of \$55m will be allocated. In addition, \$172m allocated throughout the department includes \$57m in grants for community services in accommodation, respite and community access; \$68.5m for the base funding for accommodation, respite and therapy services; \$7.1m to set up 54 people who are leaving Challinor and Basil Stafford; \$4.3m to move people from the Maryborough disabled ward and to continue the Leslie Wilson Home and the W. R. Black Home; \$2.8m for post-school services for people with severe disability; \$2.195m to help support families; and \$1.8m to upgrade the facilities at Basil Stafford. As well as that, I can identify \$114m from the Departments of Public Works and Housing, Education, Health and Transport for people with disabilities. The total comes to well over \$300m. Last year's figure was \$263.9m. In addition, there are recurrent programs of the Queensland University and money coming through at the Federal level. Last year, \$263.9m was provided across departments. This year, well over \$300m is provided across department funding. That is a significant increase. To answer the question, \$1.9m is the specific money set aside for priority needs in regional areas.

**Ms BLIGH:** Referring to page 17 of the Ministerial Program Statements, given that you say that in the coming year you will spend \$1.9m that you did not spend last year on meeting priority needs in regional areas, I am a little confused. For example, in the outputs table the number of people with disabilities that you estimate will be supported is exactly the same next year as this year; the number of people referred for support will increase by only nine; the number of people in Government accommodation support services with individual plans will be exactly the same; and the total number of clients serviced will, you anticipate, be exactly the same. Therefore, if you are spending \$1.9m on currently unmet and unserved needs, why is that not reflected in the output table? Where will it be reflected?

**Mr LINGARD:** Because you continue to refer to the \$1.9m as being for the overall requests for unmet—

**Ms BLIGH:** That is not what I am saying.

**Mr LINGARD:** I am telling you that the \$1.9m is set aside for priority needs in regional areas. That does not take into account all of the other increases. I will ask the program head to answer.

**Mr FRANCIS:** The figures in the outputs table reflect generally the activity through the department. The \$1.9m in funding that the honourable member is referring to will be supplied to regions and spent through the non-Government sector. Therefore, the increased output, as it were, is not reflected in these tables.

**Ms BLIGH:** So these tables do not reflect outputs picked up by the non-Government sector?

**Mr FRANCIS:** They do not reflect client outputs of non-Government funded organisations;

they reflect the outputs of the department in working with non-Government organisations.

**Ms BLIGH:** So the \$1.9m will be administered through non-Government organisations?

**Mr FRANCIS:** It will be available to regions and, obviously because it is for priority needs, we are predicting that the actual allocations at any given time will be dictated by the needs of individuals presenting, but at this point we are predicting that it will be through non-Government organisations.

**Ms BLIGH:** I understand that the \$1.9m is actually an allocation over three years. How much does that break down to per region?

**Mr FRANCIS:** We have not made a regional allocation of it, but there is \$500,000 in each of the three years on a recurrent basis and \$400,000 in capital.

**Ms BLIGH:** Would I be able to get a regional breakdown?

**Mr FRANCIS:** Yes.

**Ms BLIGH:** Thank you. Minister, I refer you to a motion that you moved in the Parliament on 29 April 1997 regarding the Basil Stafford Centre. The motion that you moved committed the Government to making Budget provision in 1997-98 for, first, the same full range of accommodation choices for residents of Basil Stafford as those available to residents of the Challinor Centre and, second, the funding of an independent project to support the participation of family members of the residents of the centre in the process of implementing this choice. Minister, why did you move this motion and recommend its adoption by the Parliament when there does not appear to be a single dollar allocated for those purposes in this Budget?

**Mr LINGARD:** The motion that I moved in the Parliament was that we would give choice to all people in Basil Stafford and, therefore, that would allow for all people in Basil Stafford to have had complete choice by December 1998. Those people who wish to have accommodation in the community will have accommodation choices by that period; those who wish to remain in centre-based care will also have that choice. The motion that I moved is that by December 1998 we are committed to making sure that the people of Basil Stafford can exercise their choice.

**Ms BLIGH:** So you are confirming that there is no money in this budget, but you anticipate that money will be provided in the 1998-99 Budget?

**Mr LINGARD:** I am not confirming anything so far as the Budget is concerned. I am referring to the motion in the House which stated that we would commit our actions to ensuring that that choice was available to the people of Basil Stafford by December 1998.

**Ms BLIGH:** In that case, is there any money in this budget for people wishing to move out in this financial year?

**Mr LINGARD:** There will be enough money in the coming budgets to ensure that the motion that I put through this House—

**Ms BLIGH:** In this budget?

**Mr LINGARD:** There will be enough money to ensure that the motion that I moved in the House can be agreed to and carried out.

**Ms BLIGH:** Is any money in the 1997-98 budget set aside for any person currently living in Basil Stafford to relocate in the financial year 1997-98?

**Mr LINGARD:** If I can provide quality care for people and have enough support facilities for those people, money will be provided for those persons who can be provided with that quality care.

**Ms BLIGH:** Where does that allocation appear in the budget?

**Mr LINGARD:** The allocation refers to all of the Unmet Needs money that is there. Money is available for the movement of people from Challinor, but I have always said that it did not have to include only the people from Challinor.

**Ms BLIGH:** So the references in the Budget papers to an allocation of money to relocate Challinor residents, even though it does not say it, also refers to money for the relocation of Basil Stafford residents?

**Mr LINGARD:** I think it was always agreed that we were not just going to say to the people of Challinor, "You are the only ones who can move out." I think we all agreed that that would be completely unfair.

**Ms BLIGH:** Does the allocation of \$5.458m this financial year for the Moving Ahead Program include the \$1m in the capital works table for Moving Ahead and does it include the previous allocation of \$2.5m for post-school options?

**Mr LINGARD:** I will ask the program head to answer.

**Mr FRANCIS:** The allocation of \$5.458m includes a \$1m capital figure for the post-school services Moving Ahead Program. However, it does not include the \$2.5m previously allocated for that purpose.

**Ms BLIGH:** It is in addition to the current pilot program?

**Mr FRANCIS:** It is in addition.

**The CHAIRMAN:** The time for non-Government questions has expired. Minister, in response to a previous question you referred to the Challinor Centre and the Basil Stafford Centre. In view of the criticism levelled at the previous Government's decision to close Challinor and Basil Stafford and the relocation of people residing in the centres, what strategies have been initiated to involve family members of residents in the process of choosing the best option for long-term accommodation and support arrangements?

**Mr LINGARD:** I will ask my Acting Director-General, Mr Culbert, to answer the question.

**Mr CULBERT:** As you have just mentioned, this is relevant to previous questions. Since the announcement of the closure of Challinor and Basil Stafford by the previous Government several years ago, a total of some 50 people have been relocated

from those centres. They have moved to a range of community-based support options throughout Queensland, with the majority living in the Brisbane area. Since that process was the subject of a lot of criticism, as the Minister already mentioned, the current Government decided to give families a choice in these matters, in conjunction with each family member.

A major emphasis is placed on families, who in many instances have been the only people other than paid staff interested in the welfare of residents, being involved in and being a part of any move to relocate people from where they have lived for a number of years. The relocation of people with intellectual disabilities from centre-based support to the community must include well planned and implemented support arrangements which will ensure the provision of quality care. The choice process has resulted in the present retention of the Basil Stafford Centre as an accommodation option for people with intellectual disabilities and in the provision of centre-based options for people leaving the Challinor Centre.

The Department of Families, Youth and Community Care has spent considerable time consulting with the families of people leaving Challinor in order to ascertain their views on the preferred support arrangements for their family. That has resulted in about 40 families indicating that they felt their family member's interests would be best served by that person continuing to live in a centre-based support arrangement. This Government is not building more large institutions to replace the Challinor Centre; rather, it is looking for non-Government agencies to construct and manage these facilities and it will be ensuring that they are of a manageable size, located near family connections, designed to take account of support needs of the residents leaving Challinor and managed in an accountable manner.

A range of safeguards will be in place to protect the interests of residents and families, and all are assured of an ongoing capacity to be involved in these centres, particularly the families. Families should not be faced with concerns about the future options for their family member if they believe that the person will not adequately manage in the community setting. Rather, they should be offered quality care of their choice. Whatever options are planned for a person with an intellectual disability leaving one of these centres, the Government believes strongly that alternative services should be well planned and resourced to meet the needs of that person.

There is no point in relocating people from centres unless there is certainty about alternative service delivery and a capacity to adequately meet the needs of each person with an intellectual disability. Over the past 12 to 18 months, a total of 16 people have relocated from Basil Stafford to the community through housing options—and this is relevant to the previous question—with the final group of clients having relocated recently.

**Mr CARROLL:** There was widespread concern among community organisations about how they

might meet the extra salaries when the Social and Community Services Award increases came into effect. Can you outline the department's response to that change in the Federal award? I am particularly interested to know what financial supplementation has been made available and also what practices have been put in place to allow affected organisations to cope with the new award.

**Mr LINGARD:** I have spoken about the SACS Award on many occasions in the Parliament and elsewhere. I am very much aware of the concerns expressed by many affected community organisations. My department, with the cooperation of the Honourable the Treasurer, has responded to the SACS Award in several positive ways. Firstly, I was able to secure some funding in the current financial year on a non-recurrent basis to address the phasing-in costs of the award. Initially, we made an early advance of grant funds prior to last Christmas to assist affected organisations. That was followed up with non-recurrent grants to a wide range of groups during the 1996-97 year.

In the State Budget for 1997-98, we have announced the provision of \$13.2m over three years for community services affected by the SACS Award and which are funded from my department. That represents a major boost to community organisations throughout Queensland. The funding will commence from the start of the 1997-98 financial year. I note that the State Government is not a respondent to the SACS Award, which was brought down by the Federal Industrial Relations Commission in June 1996. Nonetheless, we recognise the strain that this award has placed on the already stretched resources of community groups, and our initiative will subsidise delivery costs to ensure that the services we fund operate as efficiently as possible and deliver real benefits to Queenslanders in need.

The funding will assist the viability of these important services. This initiative is a clear example of my department's commitment to working with communities to create a caring society. We have also been liaising very closely with the Commonwealth Government to ensure that it meets its fair share of the increased costs of the SACS Award. This is specifically the case in the Disability Program and also in the Supported Accommodation Assistance Program. I am pleased to say that the Commonwealth has recognised its obligations to provide funding towards the SACS Award.

Another initiative that I have put in place to assist with addressing the impact of the SACS Award is to ensure that departmental requirements in respect of grant funds become more flexible. I have asked departmental staff to exercise maximum flexibility within the bounds of good accountability to work with affected services in meeting the requirements of the SACS Award. For example, we will be flexible in negotiating the movement of grants between salaries and operating budgets. We will negotiate on hours of operation and we will allow an appropriate portion of our grant to be used to meet legitimate redundancy payments under the award, if that is necessary.

I have spoken of the need for funding to be directed towards achieving agreed outputs rather than remaining focused on inputs. We want to ensure that grants are used to achieve positive benefits for people in need. I have also written to affected organisations on at least two occasions to keep them informed of our response to this issue. In doing so, I have sought their cooperation to develop innovative and efficient practices in delivering quality community services. I am sure that community services will take up this challenge.

**Miss SIMPSON:** What is happening with respect to the transfer of care providers from the department into the non-Government sector?

**Mr CULBERT:** In June 1996 the Minister announced a review of the current model of service delivery in the area of shared family care. This review recommended the transfer of responsibility for the provision of these services to the community sector. The Government allocated \$3.3m over three years for this initiative, with \$800,000 being allocated for the 1996-97 financial year. The review of shared family care is being undertaken by the department and a report with a number of recommendations was presented in July 1996 to the Minister. I will summarise some of those recommendations.

It referred to the transfer of care providers from area offices in a staged manner. That would assist some of the department's resource and practice issues and would also address concerns that care providers may have about proposed transfer arrangements. Further recommendations included: that existing practice standards be updated; that protocols and grievance procedures between area offices and shared family care services be established; that joint training arrangements and workshops be undertaken between departmental staff care providers and care providers from community agencies; and that a system be established to link funding to the performance of community-based services.

In response to those recommendations, four shared family care services and six departmental officers representing rural and urban communities were selected to pilot the transfer of care providers to the community sector. An implementation policy was formed to ensure the smooth transition of these arrangements so that no-one was affected adversely. To date, a number of the report's recommendations have been implemented. A draft protocols document incorporating practice standards and grievance procedures, for example, has been distributed to staff, shared family care services and representatives from peak organisations for comment. It is anticipated that a final version of that document would be available by the end of the financial year or some short time after that. Joint training arrangements with care providers and staff have commenced. A discussion paper on performance benchmarks has also been distributed to relevant stakeholders for comment.

No care providers with short to long-term placements of indigenous children will be transferred under these arrangements. Statewide consultation will occur in that regard. Six existing Aboriginal and

Islander child-care agencies have been enhanced with funding to consider this transfer arrangement. Each of the remaining non-indigenous shared family care services will also be enhanced by \$138,000 in the not-too-distant future. Currently, preparations are under way for the first stage of the pilot transfer to begin. This will involve the transfer of responsibility for current active care providers from the department to other shared family care services.

**The CHAIRMAN:** On a different topic, can you provide the Committee with information setting out the history of the Aborigines Welfare Fund, the compulsory savings account and the legislative and policy framework in which they operated?

**Mr LINGARD:** The history of the Aborigines Welfare Fund is a complex issue. The Aboriginals Protection and Restriction of the Sale of Opium Act 1897 established a general fund for the welfare of Aboriginal people. It was also used for the maintenance of settlement management and maintenance accounts and the Government sponsored bank system under which a percentage of Aboriginals' wages was banked on their behalf by the Protector. This enabled the Government to disburse funds for the benefit of Aborigines living on settlements and in general employment. The term "the Aboriginal Welfare Fund" was created in the 1945 regulations and continued under the 1966 regulations and under the regulations of 1972. Various titles such as Aborigines Provident Fund, the Welfare Fund and Aborigines Welfare Fund have been in use since 1919 to describe these funds. The amended regulations of 1919 confirmed the establishment of a welfare fund whereby Aboriginal people and those of Aboriginal descent not on settlements contributed to a general fund for Aboriginal welfare.

The Aborigines Welfare Fund was established formally by legislation in 1943. It evolved from a series of Aboriginal accounts established by Government in 1894 to control the financial affairs of Aboriginal people. It was intended to be a self income generating account. Welfare fund moneys came from statutory and compulsory contributions from the wages of Aboriginal people, surplus interest from saving accounts and investments made with funds from Aboriginal savings, institutional child endowment, unclaimed money of deceased and missing Aborigines, some rent on houses on settlements, income from the sale of produce from Aboriginal reserves and some payments made from consolidated revenue. Legislative provisions relating to the purpose of the fund always have been broad. The department administered the fund as part of governmental functions. Moneys were used for food, housing, medical expenses, funding economic enterprises such as retail stores, livestock and farming on reserves and subsidising losses from those activities, providing training initiatives in communities and elsewhere, conduct of activities with a welfare aspect and also the Queensland Aboriginal Creations. In November 1992, all operating accounts were removed from the fund. Since November 1990, interest has been paid on the yearly balance and no moneys have been paid out of the fund. We believe the current balance is \$6.7m.

**Mr CARROLL:** I would like to move to a different topic of post-school options, which is of particular interest to a group in my electorate of Mansfield. Have you been successful in identifying appropriate post-school services for the first 106 young people to be considered eligible for the Moving Ahead Program, and have you involved parents in the decision-making process?

**Mr LINGARD:** I will ask my acting Director-General to answer the question.

**Mr CULBERT:** The department is on target to have packages in place for all eligible young people by 1 July, which is not far away. The assessments that have already been arranged, called individualised service plans, have involved extensive consultation with parents and carers and the young people involved. Interviews have also occurred with teachers and transition officers from Education Queensland. Potential service providers were identified in consultation with parents or carers and have also been contacted regarding the provision of services for each young person. The Moving Ahead Program is based on providing young people and their families with a choice in the type of service they receive and who the provider of that service should be. Flexibility and choice have been a significant feature of these packages that families have chosen for each eligible young person. A number of examples of such packages of support are being funded for eligible persons. One young person's package consists of employing a support worker through the Endeavour Foundation to provide community access, independent living skills, transport training and behavioural support for five days a week. In another case, two families have chosen a package of support that will involve pooling of funding for two individuals. They will utilise a centre-based respite service for some periods during the day and also use other community activities and recreational supports. One young man has chosen to receive intensive training support for a few months to assist him in achieving a full-time placement in an Endeavour business service. The Department of Families, Youth and Community Care values the participation of all parents in the Moving Ahead Program and will continue to involve them in the choice of post-school services for their children.

**Miss SIMPSON:** I want to ask a question on a different topic. Could you outline what the department has been doing in relation to juvenile crime, particularly with regard to early intervention strategies?

**Mr LINGARD:** Thank you for the question. My department is committed to helping ensure that young people remain outside the juvenile justice system wherever possible. In the event that they do come into contact with the legal system, it is our intention to divert them from further involvement in offending. Preventing young people's initial and any subsequent involvement with the juvenile justice system will benefit young people, it will benefit their families and it will benefit the broader community. Furthermore, preventive and early intervention programs achieve cost-effective responses to the complex issue of juvenile crime. Through the Youth

Program, my department administers juvenile crime prevention strategies which encompass prevention and early intervention initiatives ranging from primary crime prevention through its Youth and Community Combined Action Program, which is referred to as YACCA, to secondary diversionary crime prevention through the Conditional Bail Program and the Youth Justice Programs.

Under YACCA, funds of \$2.5m are available to resource primary youth crime prevention strategy areas throughout this State. The YACCA program addresses prevention by developing ways of linking young people with their families, with their schools and with their communities and offering them productive alternatives to offending. The focus is on young people at risk of offending and coming into contact with the juvenile justice system for the first time. The YACCA Program is currently subject to a forward planning process to determine its future direction to focus on primary crime prevention and opportunity reduction strategies. New program guidelines have been developed and are in the process of being implemented. Under the new guidelines, all YACCA projects will be required to implement activities and programs designed to prevent crime and reduce community concerns regarding juvenile crime. This will include targeting particular crime problems and sites.

Secondary crime prevention strategies seek to divert young people from further offending behaviour. The Conditional Bail Program administered by my department seeks to develop alternatives to remanding young people in custody and therefore to reduce the number of bed days per year in youth detention centres occupied by young people on remand. The Conditional Bail Program provides intensive support and assists young people to behave responsibly. Individual programs are designed to minimise the motivation and opportunity for offending, enabling the young person to comply with their bail conditions and remain out of custody for the period of remand. The courts have reacted favourably to the availability of this program. The program has been able to assist Aboriginal young people in particular to avoid being remanded in custody. My department also administers the Youth Justice Programs which have an emphasis on achieving young people's compliance with the requirements of supervised non-custodial orders. The programs are non-Government in services with a residential base and are funded to support, help and reintegrate into the community young people who have committed offences. The programs include Piabun, Petford and the rural training school at Toogoolawah.

**The CHAIRMAN:** The time for Government questions has expired. I turn now to the non-Government questions.

**Ms BLIGH:** I refer the Minister to his announcement in the Jimboomba Times of 21 February this year that \$400,000 would be allocated to the construction of a respite centre in the Jimboomba area. I ask: which program area is this \$400,000 coming from and where does it appear in

the Ministerial Program Statements capital outlays tables?

**Mr LINGARD:** As you might realise, respite centres, especially in the health areas, are not from my department. That would be a combination of the Public Works Department and the Health Department.

**Ms BLIGH:** So that centre will not be funded out of your department?

**Mr LINGARD:** No.

**Ms BLIGH:** So the reference in the article to it being called the "post-school options day respite centre" would be inaccurate?

**Mr LINGARD:** I believe that all centres such as the HACC programs for respite, the Unmet Needs—all of those will in the future be able to be accessed by the post-school options program. That would certainly be my desire. At this stage with the post-school options program we are providing a sum of money such as \$16,500 where those 106 people will access the service themselves. But I would hope in the future that there will be a combination of HACC centres/respite centres which will be accessed by all people with unmet needs.

**Ms BLIGH:** So the Jimboomba centre is being built with money from the Health Department?

**Mr LINGARD:** No, I did not say that; I said the State Public Works Department as well.

**Ms BLIGH:** Sorry. But not your department.

**Mr LINGARD:** That is right.

**Ms BLIGH:** Minister, I refer you to an answer that you gave this week to a Government member's question on notice regarding the processes followed in determining the distribution of family support worker grants in which you state that all allocations have been made within funding guidelines. I further refer you to the funding guidelines for this program, which expressly provide that specialist drug and alcohol services are not eligible to apply for family support grants. In light of this, I ask: why did you approve funding to Drug Arm Toowoomba against the recommendation of your department to fund Lifeline?

**Mr LINGARD:** In funding all of these programs there is certainly a process which is carried out by my department. There is no doubt that my program areas will investigate the need for all of these programs in a community and a regional area. All avenues of research can obviously be carried out. Those program areas will then prepare a schedule and certainly recommendations, but you must always accept that the Director-General's office and certainly the department would need to have some input from the knowledge that we have.

So, in answering your question, clearly the programs provide the first schedules and the recommendations and then it finally comes through the Director-General and myself. If we believe that there is something that the program is not aware of, especially funding coming through from a Commonwealth level, then we might advise the program area about that.

**Ms BLIGH:** You state in your answer to a question on notice that, if an organisation is assessed as not meeting the criteria at first—which clearly this one did not because it was expressly prohibited from being eligible in the guidelines—further discussion can be held with the organisation and advice can be taken from a range of sources. Could you assist in terms of what was the further advice that convinced you to override your departmental recommendation to fund an ineligible service in this instance?

**Mr LINGARD:** One of the criteria with the appointment of the family support workers that we certainly wanted to implement was that we did not want to just fund the very big organisations and the strong organisations—and you would be aware that in Toowoomba we have one particular organisation which could be described that way. We believe that, if they are doing the work in the family support area, there is no need to then fund them further. Of course we did not want to fund minor organisations whose operational costs could not carry the cost of a family support worker. Therefore, there was a selection process which generally meant that in most cases we did not fund the big organisations, nor did we fund the small organisations and generally we were selective.

In an area where we did not find a group that was eligible, then maybe we did go out and try to organise with them so that they did become viable enough to take on the family support worker program. You would be aware that, in placing 50 family support workers throughout Queensland plus the 13 rural family support workers for a total of 63, there were certainly some areas which we did not believe we had covered. Therefore, it was necessary in some cases to go back and work with organisations so that they were viable enough to carry a family support worker and also in some cases with the youth workers whom we have put throughout Queensland.

**Ms BLIGH:** So when it says in the funding guidelines which are publicly issued to organisations across the State that drug and alcohol services are specifically ineligible to apply for grants, it does not actually mean that if they have a chat to you about what they want?

**Mr LINGARD:** I think quite honestly that drug and alcohol groups these days have become very wide and very generalised in the work that they do. So I would find it very difficult to find a group that specifically deals with just drugs and alcohol.

**Ms BLIGH:** So drug and alcohol services which read those guidelines and took them at their word and did not apply because they believed that when it said "ineligible" it meant "ineligible" were actually wrong to have believed that, that they should have actually just applied; it meant nothing? Is that the case?

**Mr LINGARD:** There have been many cases where some organisations probably believe that they were not involved in the strategy—and the ALP Government had also indicated some reasons for the strategy, especially on the parenting programs before we came into Government. There were

certainly some areas that we felt were in a void and that it was necessary to go back out and work with those organisations. I make no apology for that.

**Ms BLIGH:** Can I again refer you to funding for the family support work under the family support worker program? The departmental records indicate that you provided funding to an organisation called Breaking The Cycle under this program. The letter that you sent to the organisation advising them that they had received a grant of \$45,000 is dated 6 November, while the letter to the department from the organisation requesting financial assistance is dated 18 November. Can you explain why you arranged for funding for this organisation prior to them making any application for it?

**Mr LINGARD:** Once again I reiterate my previous comments that in placing 50 family support workers throughout Queensland we were relying mainly on the information that was provided by the programs and the regional areas. There were certainly in some cases some voids which were there and, in placing family support workers throughout Queensland, we believe that it was necessary to go out and approach some groups and ask them to reconsider and ask them whether they could carry a family support worker.

**Ms BLIGH:** After you had given them the money you suggested to them that it would be a good idea for them to submit an application? Is that the way it was done?

**Mr LINGARD:** That is not true and that is not the way it is done. I know probably the case that you are alluding to. There were some cases—and there was one case in particular—where the application was made by letter, a very detailed letter. I am not quite sure if that is the one that you are talking about, but that would have been one where they wrote a letter on 5 October; we probably wrote back on 25 October and probably funding was approved on 6 November. But if you are asking for a formal application form, there was none simply because their very detailed letter of 5 October was a suitable application.

**Ms BLIGH:** I am not referring to that one yet—

**Mr LINGARD:** I thought you might still.

**Ms BLIGH:** —I am talking specifically about the Breaking The Cycle where the application was not received until two weeks after they actually received the funding. I draw the Minister's attention to section 15 of the Family Services Act which actually requires that an application for a grant must be made in writing and should be made in accordance with the guidelines that were issued by the department. I suggest to the Minister that the letter that was received from Breaking The Cycle which requests funding in no way addresses the guidelines that were published by the permanent head with your approval, and it was received two weeks after they actually received funding. Can you please explain the discrepancy in time?

**Mr LINGARD:** Once again, I suggest to you that there was a need for us to look at voids throughout Queensland when we were producing what we called a curtain of care throughout

Queensland. There is no way you can provide a curtain of care across all of Queensland if you find that some spots in Queensland do not have a family support worker.

**Ms BLIGH:** Breaking the Cycle is in the inner city of Brisbane. You had already funded the Shaftesbury Centre for an inner city family support worker when you made the decision to fund Breaking The Cycle without an application. I would like that drawn to the attention of the Committee. I will refer you now to the organisation that you spoke of just before. It is in fact the Pine Rivers Youth Association. You were right in your dates in that the Pine Rivers Youth Association forwarded a letter to the department on 5 October 1996. The letter draws to the attention of the department the fact that Pine Rivers was not identified as a target area, the view of the organisation that in future funding rounds it would be useful if they were considered a target area, and the letter concludes with—

"We appreciate the assistance and support which your department has always given us, and simply ask, on behalf of the people of Pine Rivers, that you consider the above points."

So it is not in fact a submission for funding under that round; it is asking that future consideration be given to making Pine Rivers a target area. Subsequent to that, can I ask for some explanation of this series of letters?

**Mr LINGARD:** As you refer to a strategy, part of the strategy in the placement of the family support workers was based on the previous Government's strategy in the placing of the parenting programs. In some cases, I do not and did not agree with the strategy. Unfortunately, when the applications for family support workers were asked for, there were many organisations out there which believed that they would not be eligible because of the strategy which had been previously advised by the ALP Government. Clearly this one that you are referring to has indicated that in their letter of 5 October. They are obviously indicating without my looking any further at the letter that, if they had been aware that they had been involved in the strategy and that they would have had a chance, they would have applied. They have virtually requested funding on 5 October. We wrote back to them on 25 October and, once again, funding was given on 6 November.

**Ms BLIGH:** I think the key to this is the use of your word "virtually" because we are entering a realm here of virtual reality. Departmental records indicate that the organisation to which you refer contacted local area offices expressing surprise that they received funding because they had never made a submission. I refer you to the funding for this organisation and the fact that it was so bemused by the receipt of this grant for which they had not applied that they subsequently applied for and received a \$3,000 grant to pay a consultant to facilitate a full-day workshop to decide whether or not to keep the grant for which they had never applied. I ask: how can you justify this expensive farce when other organisations which applied through all the right channels and were highly

recommended by the rigorous departmental assessment procedures were knocked back?

**Mr LINGARD:** I believe that that organisation was extremely surprised at the efficiency of the present Government as compared to the previous Government which would never have reacted to a letter. So certainly they were very surprised that they had made representations and we acted so efficiently.

**Ms BLIGH:** I would suggest to you that the previous Government acted in accordance with the Family Services Act that requires that a submission as published by the department and approved by the Director-General be submitted to receive funding.

**Mr LINGARD:** I also suggest to you that the previous program of parenting was never implemented by the previous Government, but the program of the family support worker was immediately implemented by this present Government.

**Ms BLIGH:** Can I ask you again to justify spending \$3,000 to pay a consultant to assist an organisation to make a decision about whether to keep a grant for which they had never applied. How can you justify spending that kind of money on consultants' fees when there is so much need across the State in your department?

**Mr LINGARD:** Your premise, from which you run to a conclusion, is absolutely incorrect. There is no reason to say that that \$3,000 was not there to assist that organisation to implement the program of family support worker which, as I have explained to you previously, was happening quite a few times around the State.

**Ms BLIGH:** Are you suggesting, Minister, that you gave more than one \$3,000 grant to hire a consultant to help an organisation to make a decision?

**Mr LINGARD:** I am suggesting that if other organisations had required it, I would have given it.

**Ms BLIGH:** Minister, I do not want you to be under any misapprehension here that this was \$3,000 out of the family support worker grant. It was an extra allocation of \$3,000 for the specific purpose of paying a consultant to help the organisation, after a full day's workshop, to make a decision about whether it could actually keep the grant. I will ask you again: how can you possibly justify this kind of expense?

**Mr LINGARD:** Because I do not agree with your premise, nor do I agree with your conclusion. As I have said, I do not think that that would be a waste of money if it was that that program was to be implemented with that group and that we were to ensure that that group could run the program.

**Ms BLIGH:** So in light of the fact that you had already received applications from some 30 organisations in the Brisbane north region, many of which had been assessed as eligible, competent and worthy of funding, and this organisation had never applied, rather than allocate the money to an organisation that was competent to operate the funding—if you have doubts in that area—you

decided to spend another \$3,000 to help this organisation. The departmental document states—

"Strategic Planning Workshop—it took until mid afternoon, however, those present voted 'yes' to take up the Family Support funding. Three were initially undecided because they couldn't commit any more time or effort themselves, but eventually all voted in favour."

It took them all day to reach that decision.

**Mr LINGARD:** Once again, as I thought would happen, your statements may be correct but the conclusions that you draw from them are utterly wrong. I will ask my program manager for Youth to come forward and explain it.

**Ms CATALANO:** I believe, Miss Bligh, that you may be referring to \$3,000 non-recurrent funding approved in January this year to the Pine Rivers youth and family project. If I could take you back and just explain that in January 1996 the organisation was approved for non-recurrent funding of \$24,000 under the Youth Grants Program to develop a youth information and referral project and to establish a multipurpose youth centre where a number of services for young people could be co-located. The organisation began this co-location process with other agencies in a refurbished premises and then began to develop the protocols for referral between those services in that co-location. In November 1996, they received funding for the family support worker.

The organisation did approach the department and put forward a very cogent case that, because of the existing co-location process upon which they had already embarked, and now with a new worker joining the location, they needed to do much more planning about how those services would be co-located. They put forward a proposal to us in writing, I understand, for \$3,000 planning assistance, which had at that time been available under the Youth Grants Program to bring in a consultant to assist with the establishment of the co-location of the youth services and the family support services. It was on that basis that it was recommended by me to the Minister to approve the \$3,000.

**Ms BLIGH:** Thank you. I am not sure that that has in any way altered what I think is the reasonable conclusion about the outrageous spending of money in that regard. I refer the Minister to the Shared Family Care Program outlined earlier in an answer by the acting Director-General to a Government member's question. Minister, I understand the process by which this is occurring in the four pilot programs. Can you confirm that the \$800,000 has been allocated to the four programs but that legal advice has subsequently been received which would indicate that there are legal problems with transferring any files for any children and, in fact, no families have been transferred and it may not be possible to do so?

**Mr LINGARD:** I will ask my program head to come forward. As Doug Martin comes forward, let me refer to that previous question. It is just amazing how flippant you can be when you are proved wrong and you just put it aside. There you are; you have

been proved absolutely wrong in your premise, but you take no notice of that and keep going.

**Ms BLIGH:** What I said was that I do not accept that anything that has been said proved that anything I said was wrong. I am confident of my conclusions.

**Mr MARTIN:** Crown law was asked for advice as to whether, under the confidentiality provisions of the Children's Services Act, file matters could be transferred to Shared Family Care organisations. Crown law deliberated on that for some time. It was not very clear cut. They are still to provide final advice, but they have said to us that it looks as though it is quite in order for case materials to be transferred to Shared Family Care organisations. That advice is still to be received in writing, but they have given us the green light to proceed to ask area officers to start making those transfers, and that is what is happening at the moment.

**Ms BLIGH:** Can you confirm that there has been \$800,000 already allocated to the four pilot programs, and they have started to spend that money on cars, wages and operational costs?

**Mr MARTIN:** I am not aware of that.

**The CHAIRMAN:** The time for non-Government members' questions has expired. We now turn to Government members' questions. Minister, I should like to ask you what the department has done about increasing payments to care providers.

**Mr LINGARD:** I will ask my acting Director-General to answer that.

**Mr CULBERT:** That is a very appropriate question, given the previous discussion. An increase in funds for the department was endorsed in the 1996-97 budget to increase allowances paid to care providers. That has been continued into the current budget for approved persons to care and maintain children placed in the guardianship or custody of the Director-General. It involves an increase in the basic allowance rate as well as the introduction of an additional allowance for care providers caring for children with high support needs. The overall purpose of this initiative is to increase support of care providers in their day-to-day care of children. This will ensure that the department is able to fulfil its duty of care to provide safe and appropriate placements and support for children who have been abused and neglected.

The introduction of a specialist allowance for care providers of children with high support needs is a new innovation which acknowledges the increased requirements—both personal and financial—in the care of these children. The children targeted by the high support needs allowance are those with high levels of challenging behaviours which may or may not be linked with disability. It is anticipated that providing this extra level of financial support should assist the stability of placements which will reduce more significant costs associated with placement breakdown.

The age groupings have been slightly altered. They now cover basic groupings: infancy, that is, to 1 year of age; preschool, 2 to 5; primary school, 6 to

10; and the transition through high school, 11 to 15; and older adolescent, which is those 16 and over. The previous higher rate of payment for the first four hours of placement has been dropped to streamline the payment process and in acknowledgment of the size of the overall increase. All ages receive a substantial increase. The age groups 2 to 5 and 5 to 11 were increased at a higher rate than other age groups—something between 46% and 49%, in fact—to bring the relative rates of payment for these groups closer to the variations in cost of living surveys. For this same reason adolescents receive a comparatively lower increase—something of the order of 15% to 19%—owing to a specific increase that this group received in 1991 of \$20 above the average increase.

The high support needs allowance is \$60 a week, which is paid in conjunction with the standard allowance. This initiative significantly enhanced payments to care providers who care for children who have been abused or neglected. From 1 January this year, all care providers received an increase of between 15% and 49% in the basic rate of allowance per child. Of course, that is continuing into the coming financial year. This represents the largest increase ever in the standard care provider allowance and recognises the important role performed by care providers and the associated costs of caring for children.

**Mr CARROLL:** Queensland is the only Australian State with two distinct groups of indigenous people. I was pleased to hear recently that you announced the Indigenous Advisory Council. Can you confirm who will serve on that? What are to be its functions? What it will cost to operate?

**Mr LINGARD:** I officially launched the Indigenous Advisory Council, the IAC as we refer to it, in April as Queensland Government's peak indigenous advisory body. The IAC amalgamates the functions of the previous Aboriginal Justice Advisory Committee, which is referred to as AJAC, and the Aboriginal and Torres Strait Islander Overview Committee, referred to as the Overview Committee, both of which were established in response to the recommendations of the Royal Commission into Black Deaths in Custody. It has an expanded role in advising on all indigenous issues. The IAC has a membership of 14 and is chaired on a full-time basis by former Senator Neville Bonner. He is supported by two deputy chairs, Cheryl Buchanan from Coominya, previously chairperson of the AJAC, and Mr Jacob George from Ingham, previously acting chair of the Overview Committee. Other members are Mrs Sylvia Reuben of Palm Island and Father Gaidam Gisu of Mer Island, which is in Murray Islands, both former members of the AJAC; Mr Dalton Bon from Thursday Island, Mr Des Bowen from Hope Vale, and Mr Colin Neal from Yarrabah—they are all former members of the Overview Committee. Mr Wayne Connolly from Cairns, Chair of the Aboriginal Coordinating Council, Mr Getano Lui from Thursday Island, Chair of the Island Coordinating Council, and Mr Bob Anderson, a well-known elder from Brisbane and Chairperson of the State Reconciliation Committee are also

members. Other members selected through an expression of interest process are Mr John Anderson from Toowoomba, Pattie Lees from Mount Isa and Margaret Hornagold from Rockhampton.

The IAC is responsible for providing advice to the Queensland Government and to me as Minister responsible for Aboriginal and Torres Strait Islander affairs in this State on the following things: the implementation of the Royal Commission into Black Deaths in Custody, the development of policy on indigenous affairs in Queensland, the effectiveness of programs for indigenous people being funded by the Queensland Government, the broad priorities for expenditure in indigenous affairs, the impact of Commonwealth policy, programs and issues on indigenous affairs in Queensland, the means of improving relationships between indigenous and non-indigenous people, and key issues of particular concern including those referred to it by me. The current budget of the IAC comprises salaries in the sum of \$415,697 and \$271,479 for administrative operations including funds from the Department of Justice on the amalgamation of the AJAC and Overview Committee. Commonwealth funding of \$122,999 for consultation purposes has been fully expended. The budget for 1997-98 comprises \$425,496 for salaries for the chair of the IAC and the secretariat, \$21,275 for payroll tax and \$452,804, which includes the operational costs of the secretariat. The IAC has an amount of \$53,000 for critical emerging issues.

**Miss SIMPSON:** I have a question with regard to the Basil Stafford Centre. What mechanisms are available for family members and friends of residents of the centre to remain involved in the lives of residents and particularly to be able to advocate on their behalf?

**Mr LINGARD:** This is also relevant to the member for South Brisbane's question. A range of measures has been implemented to increase the involvement of families in the residents' lives and the centre's management processes. It is recognised that families are the most important advocates for people who live at the Basil Stafford Centre. Almost 95% of families are now involved in some way, whether by visiting their family members, having their loved one home, receiving letters or by participating in the planning and development of the centre. A set of principles has been developed in the form of a vision statement by management with input from parents. Two of those principles state the importance of involving family. They are: families and friends must be encouraged and supported to remain involved in the lives of people who live at the centre. Families and friends must be encouraged to act as advocates for people who live at the centre. The centre has an open house policy, with no set visiting hours for family or friends. We recognise that an important safeguard for people living at the centre is to encourage family and friends to drop in any time without having to give any prior notice.

If parents have any concerns, they can raise those matters with staff and management. If families do not get any satisfaction raising their concerns, they can use the consumer grievance procedure.

That is a formal process where each level of management is given 10 working days to respond. If that does not resolve the matter, the grievance goes up to the next line manager until the matter is adequately addressed. In addition to the consumer grievance procedure, there are many other forms of involving families. The Basil Stafford Centre Parents and Friends Association is stronger today than it has ever been. They meet every six weeks for a morning tea at the centre. Usually up to 50 people attend. There is a parents advisory group, which is made up of six parents and four staff. The group meets monthly to discuss and make recommendations on a whole range of issues involved in running the centre. Parents are also represented on a wide range of task groups designed to continually improve the centre.

**The CHAIRMAN:** In relation to the Challinor Centre, what financial arrangements have been put in place to ensure that Challinor residents will be adequately supported in the community under whatever community living arrangements they choose?

**Mr LINGARD:** I ask my acting Director-General to answer that.

**Mr CULBERT:** This question is also relevant to one from the member for South Brisbane earlier today. A range of financial arrangements has been established to provide for ongoing support for people with intellectual disabilities as they leave the Challinor Centre. Community agencies, for example, are funded to provide the ongoing accommodation support and day activities for each individual. Accommodation support is day-to-day support that is provided in the accommodation where the person with an intellectual disability lives, while day activities are specifically funded to the same organisation or to another organisation to assist that person to have an agreed number of hours of activity each week outside the place where they live. Day activities might include shopping trips, visits to community facilities, such as parks, or visits to cafes or restaurants. That means that there is a service agreement with each agency that specifies the amounts of funding providing for accommodation support or day activities and the outcomes that are required to be achieved by each person. That allows a very clear process for ensuring that each person receives the required support for the funds that are provided. Non-Government agencies in Queensland have been operating under the service agreement model for some years. They are very familiar with the requirements for the outcomes to be achieved for those people.

Departmental staff will continue to be involved in monitoring both the individual outcomes and the agency capacity to continue that support. A system of case management has been established to ensure that each person with a disability leaving Challinor has continuing contact with a departmental officer to monitor those arrangements. The structure of that service agreement is such that, where some adjustment is required, the case manager will be able to work with the service provider to modify the service provision. Other staff of the department will continue to provide support and advice to the non-

Government agency to assure its ongoing viability as a service provider.

**Mr CARROLL:** While the Minister for Health in many ways takes responsibility for addressing our high youth suicide rates, your department, of course, is under some pressure to do what it can to deal with that problem. What have you done to assist communities to prevent youth suicide?

**Mr LINGARD:** This is relevant as this afternoon I fly north to the cape to look at the youth suicide problem, especially the petrol sniffing problem that has been referred to us by members of the PAC who visited areas such as Aurukun and Yarrabah. This afternoon I intend to go to the cape and to Thursday Island to look at the problem of youth suicide. I am pleased to say that, in addition to the Federal Government's youth suicide initiatives, the State Government through Queensland Health has continued to make a significant ongoing commitment to addressing the issue of suicidal and self-harming behaviour among young people through the Young People at Risk Program, at a cost of \$1.5m per annum. Young People at Risk: Access, Prevention and Action is a youth program aimed at the prevention of self-harming and suicidal behaviour among young people. My department has responsibility for a number of programs and services that are not specifically designated as youth suicide prevention, but which contribute to the prevention of youth suicide. In light of the complementary nature of youth programs and specialist youth suicide prevention strategies, the Office of Youth Affairs in my department has been actively promoting a collaborative across-Government response to this very serious issue.

At the regional level, funding had been provided for youth development workers in Yarrabah, Napranum, the northern peninsula area and the Carpentaria Shire. These positions address young people's needs, including youth suicide. In Yarrabah, Queensland Health has funded life promotion officers. In Yarrabah, the youth development worker is developing broad community responses to a range of youth issues, including mental health issues.

Queensland Health also funds two life promotion officer positions in each of the communities of Wujal Wujal and Hope Vale in north Queensland. The Interdepartmental Youth Affairs Coordinating Committee, chaired by the Director-General of my department, has established an interdepartmental working group on youth suicide to achieve more coordinated action across Government departments and to develop strategies to tackle youth suicide in the future.

My department has also initiated two Statewide programs which will provide support for young people at risk. An amount of \$1.5m has been allocated over three years for a Rural Youth Development Workers Scheme and a further \$1.9m over three years has been allocated to youth support coordinators.

I have announced a new initiative in the 1997 budget allocating \$7.6m over three years for youth development programs. These programs will have a

preventive and early intervention focus. The programs will provide community organisations with funds to run programs which will target 12 to 19-year-olds who are at risk of leaving home prematurely, entering the juvenile justice system or who are at risk of self-harming; provide opportunities for personal development designed to develop self-respect as well as developing literacy, numeracy and basic life skills; and finally, to help reintegrate these young people into home, school, training, or employment options and into the community generally as socially responsible citizens.

**Miss SIMPSON:** I have a question with regard to the Alternative Care and Intervention Services Program. What is the background to the Government's decision to fund five new assessment services under this program? How will decisions on funding be made?

**Mr LINGARD:** I will ask my acting Director-General to answer that.

**Mr CULBERT:** The department is assisting and supporting families through collaboration with the non-Government sector, the industry and all spheres of Government as part of a major reform strategy in its Alternative Care and Intervention Services Program—or ACIS as we know it. The department is working closely with the non-Government sector to review current arrangements in service provision. That reform strategy is driven by an overarching goal to achieve quality outcomes for children and their families. Various service delivery models, for example, residential care, shared family care and intervention services, operate within this program. These will now be strengthened by the provision of a program focusing specifically on the assessment of children and their families.

In fact, five new assessment services are to be established throughout the State, which will operate on a pilot basis for one year and which will be the subject of an evaluation process prior to the commitment of further recurrent funding. Individual assessment in these cases is vital if services are to be appropriately targeted and are to respond appropriately to the specific needs of individual children and their families. This is particularly the case when the children and families have multiple or complex needs. Therefore, the new assessment services will focus on three main activities: firstly, a review of case histories or case plans of the children referred; secondly, a comprehensive assessment of the child's and the family's needs; and thirdly, the development of a detailed case plan which will do a number of things like identifying the full range of Government and other therapeutic and intervention services and ensuring that the delivery is coordinated with other activities.

The funding available will enable one service to be established at each of the department's five regions, that is, north Queensland, central Queensland, south-west Queensland, Brisbane north and Brisbane south. It will be distributed on the basis of just over \$196,000 for services in north Queensland, central Queensland and south-west Queensland. The Brisbane-based ones will receive something of the order of \$171,000.

The target group for these new assessment services will be children who have complex care and support needs, including those with multiple disabilities, those who are exhibiting severe behavioural difficulties, those who are otherwise at imminent risk of admission to care or who are in care but have been subject to multiple placement breakdowns, or those who are particularly difficult to place. Service providers are expected to work collaboratively with the department in order to achieve a number of goals, such as an expanded range of options to assist families to maintain a safe environment for their children and to prevent the unnecessary out-of-home placement of children, improved stability and continuity in the placement of children, culturally appropriate and accessible service provision for children, and coordinated and outcome-focused services which are responsive to the individual circumstances of children.

**The CHAIRMAN:** Thank you. The Committee will break for morning tea.

Sitting suspended from 10.25 a.m. to 10.43 a.m.

**The CHAIRMAN:** We now come to a segment of non-Government members' questions.

**Ms SPENCE:** Minister, I understand that you have not yet made a decision about the allocation of money for the assessment centres for the youth alternative care program, the subject of the last question. However, the tender documents show that the decision will be determined by 15 May, and it is expected that the successful tenderer will commence construction by 30 June. Why has this decision not been made? Why were organisations told not to expect any answers regarding successful applications until after 19 June? That is obviously an auspicious day; it is the day that your department's budget is under scrutiny. Were you hoping that the decision regarding the allocation of this money would not come under the same scrutiny as the family support workers has today?

**Mr LINGARD:** I will ask the program head, Mr Martin, to give the answer to that question.

**Mr MARTIN:** It is correct, as you say, that tenders were advertised for and were submitted. A selection committee made its assessment and a recommendation has been made. I understand that at this point no decision has occurred and I do not think the Minister has yet seen it.

**Ms SPENCE:** It was understood by those who applied for this support that they would be told soon after 15 May. Why have they not been told as yet?

**Mr LINGARD:** My understanding is that the tender processes went out, they have come back and the selection process has virtually been done. However, it certainly has not hit my table at this stage. I understand that it is virtually prepared and is ready to come to me.

**Ms SPENCE:** Is Shaftesbury Centre an applicant for the funding?

**Mr LINGARD:** I understand that there were four to five applicants and Shaftesbury Centre is one of those.

**Ms SPENCE:** I understand that you are only giving five lots of money out Statewide and you only have four to five applicants; is that correct?

**Mr LINGARD:** My understanding is that it is only for one. I will ask the program director to answer that specific question.

**Mr MARTIN:** The capital expenditure of \$300,000 was a one-off event. It is non-recurrent and there can only be one successful applicant for that.

**Ms SPENCE:** Will the successful applicant be an Aboriginal group?

**Mr LINGARD:** I am not sure of the implications of that question. My understanding was that tenders were asked for. I will ask the program head to enlarge on that.

**Mr MARTIN:** What was the question?

**Ms SPENCE:** Is it likely that the successful applicant will be an Aboriginal agency?

**Mr MARTIN:** I cannot answer that, because the decision has not yet been made on who the successful applicant will be.

**Ms SPENCE:** When are we likely to have that decision?

**Mr LINGARD:** I have just outlined that. My understanding is that the selection process has occurred. My understanding is that it is coming to me. As soon as it comes to my table, you will be able to be advised.

**Ms SPENCE:** Thank you. In this year's Budget, the Premier has budgeted over \$560,000 to establish an office of indigenous affairs. However, he has acknowledged that he has not decided whether this office is necessary. Is it necessary? Would such an office be duplicating the work that is being done by the Office of Aboriginal and Torres Strait Islander Affairs in your department?

**Mr LINGARD:** There is no doubt that, under the previous Government, there were concerns that the Aboriginal communities were not getting information through to the Premier's Office and to areas where significant decisions could be made. This Government promised that we would set up a special department to cater for that particular problem. When we came to power, I appointed the IAC and Mr Neville Bonner to be the Chair of the IAC.

Neville Bonner and the IAC have been amazingly successful in getting the support of Aboriginal and Islander groups and they have been amazingly successful because of Mr Bonner's experience in the political world which gives him access to departments and allows him to get things done. They have also had good access to myself and to the IDC committees where they have been able to refer to CEOs. The delay has been because of the success of the IAC and Mr Neville Bonner. I would certainly be concerned if we had to put a group over the top of Mr Neville Bonner, because of his success. That concern is also reflected in the Premier's delay in appointing that special office.

**Ms SPENCE:** Are you are saying that you would see an office of indigenous affairs as being on

top of anything that existed in your department? Can I take it then that you would prefer that money went, indeed, to your own department?

**Mr LINGARD:** I am saying that, because of the success of the IAC and Mr Neville Bonner, I believe that all the problems of the previous Government have been overcome. Because the Aboriginal and Islander people have good access to the Minister, the Premier and Mr Neville Bonner, who has run both the AJAC and the Overview Committee very successfully, it is seen that there is no need for yet another group to run parallel to Mr Bonner's group. If the Premier wishes to take that course, the money is available. If the Premier does not do it, I have obviously carried the costs of the IAC and Mr Neville Bonner, which were never programmed in my department previously.

**Ms SPENCE:** This money obviously should go to your department then, Minister?

**Mr LINGARD:** We are certainly doing the job at this stage and doing it very well.

**Ms SPENCE:** Has the Premier or have you as Minister formally consulted with the IAC about Wik?

**Mr LINGARD:** I have spoken to Mr Neville Bonner and the IAC. When I travel, as I will this afternoon, I do discuss the problem of Wik. However, Mr Bonner and the IAC obviously came into operation well after the initial decisions on Wik were made.

**Ms SPENCE:** Nevertheless, has the Premier spoken to the IAC about Wik formally?

**Mr LINGARD:** The Premier has certainly spoken to me and I have conveyed to him the opinions of the IAC and Mr Neville Bonner.

**Ms SPENCE:** Has the Premier met with the IAC at all?

**Mr LINGARD:** No, I cannot remember that, but I do not see that as necessary. The Premier's role would be in assisting in chairing the IDC, which is the interdepartmental committee.

**Ms SPENCE:** It would seem to me that, as the Premier is the Government spokesperson on Wik, it would be appropriate for him to refer to the Government's advisory committee on indigenous affairs on a subject as important as Wik.

**Mr LINGARD:** There is no doubt about that. However, the Premier also refers to me, and I have conveyed to him the opinions of Mr Neville Bonner and the IAC. Once again, I say that the IAC was set up well after the initial decisions on Wik. Mr Neville Bonner came into this capacity well after the initial decisions were made on Wik.

**Ms SPENCE:** Would you see the IAC as an appropriate group to provide advice to the Government on Wik?

**Mr LINGARD:** The IAC has a combined role of both the AJAC and the Overview Committee. It also had the recommendations of the Agenda for Action, which were very wide and varied. I think that Mr Neville Bonner himself was amazed at the role that the Agenda for Action asked of that committee. Whilst it originally addressed deaths in custody, it

has now gone into all aspects of Aboriginal and Islander life, including diversionary centres. All aspects are covered in the Agenda for Action. Therefore, there is a very wide role for the IAC. Most definitely, one of those roles would be advising me and also passing information on to the Premier.

**Ms SPENCE:** What salary package does the chair of the IAC receive?

**Mr LINGARD:** I think I mentioned that in answer to a previous question—in fact, I am sure I did.

**Ms SPENCE:** You mentioned the general funding that has been given to the IAC, but you have not specifically told us what salary package the chair is receiving.

**Mr LINGARD:** To be quite honest, I am not sure of that myself. One of the specific problems we had in setting up an IAC was that Aboriginal and Islander people wanted to be seen as separate from the Premier and the Government. They did not want to be involved in the Public Service area. That is a typical Aboriginal and Islander problem. As part of their culture, they would see that, if we made Mr Bonner a public servant directly responsible to and paid by the Premier, they would see his role as being much narrower than that which they wanted. They wanted a separate group which would be seen to be able to present all Aboriginal and Islander problems quite freely, free from financial influence. My understanding of Mr Bonner's pay was that it was around \$75,000.

**Ms SPENCE:** Can you take that question on notice and provide further information?

**Mr LINGARD:** I can provide the exact figure, yes.

**Ms SPENCE:** Where is Mr Bonner's office located?

**Mr LINGARD:** Mr Wauchope might be able to answer the previous question about funds and also give you an exact outline on where Mr Bonner is housed.

**Mr WAUCHOPE:** Mr Bonner has an office on the fourth floor of Charlotte Chambers. Unless he is travelling somewhere, he is there every day. The specific answer to your previous question is that he is engaged at the SES 2 level of the Public Service and is paid the standard salary rate for that position. The only difference is that he did not want a car for private purposes. He simply has the use of a car to go to and from work and to attend specific activities associated with his work role.

**Ms SPENCE:** Does that include a driver for that car?

**Mr WAUCHOPE:** No, it does not include a driver. He has made an arrangement with another officer in the department who lives in the same area whereby that officer travels to and from work with him. That arrangement works in both of their interests in that Mr Bonner prefers not to drive in heavy traffic and an officer who lives in the same area as Mr Bonner simply drives him to and from work.

**Ms SPENCE:** Minister, do you consider that having the chair of the IAC located within your

department compromises the independence of that position in that he is seen by many as being part of the bureaucracy rather than as an independent advisory chair of that committee?

**Mr LINGARD:** It depends on the personal relationship between the Minister and Mr Bonner. I would think that Mr Bonner would emphatically say "No" if he were asked that question. I am very happy with the relationship between Mr Bonner and me. He runs the IAC and he does so very independently. I do not impose. He asks me to attend meetings and I go only when he asks me to go.

**Ms SPENCE:** Minister, I heard you reply before that \$6.7m is left in the Aborigines Welfare Fund. You have not spent any of that money in the past year. What are you going to do with the fund in the next year?

**Mr LINGARD:** I would like it if, as Cheryl Buchanan mentioned at a previous reconciliation meeting, Aboriginal and Islander people could agree that that \$6.7m be allocated to a cultural centre or something of benefit to Aboriginal and Islander people. That would be an excellent way of spending it. However, in conversation with FAIRA and Mr Les Malezer, there is no doubt that Aboriginal and Islander people believe there should be more than \$6.7m in those accounts. I do not think they would be happy if what Cheryl Buchanan has asked for were provided. Unfortunately, many Aboriginal and Islander people believe that they are owed specific individual amounts of money, and that is a concern. My belief is that it will need to go to court for the matter to be resolved quickly. I would prefer it not to go to court, because obviously costs would be imposed and people will lose out under the legal system. I would much prefer the Aboriginal and Islander people coming to me as one and agreeing that it be spent on a project.

**Ms SPENCE:** Minister, with regard to the establishment of the diversionary centre at the Carramar facility in Townsville, how much money has been allocated to the upgrade of this facility for diversionary purposes? Will you definitely be using this facility, and how much money has been budgeted for this facility in past years?

**Mr LINGARD:** Carramar was open for use on Monday night. If it was not used on Monday, Tuesday or Wednesday, that was only because there were no teenage young women to go in there or there might be been some problem with bedding. I have now given the okay for Carramar to be used. As you realise, it is part of a complete diversionary concept in Townsville. I have suggested that Ki-meta be used as both a diversionary centre and a health centre. The Aboriginal health group has agreed to use the top part of Ki-meta, and the bottom part of Ki-meta will be used as a diversionary centre. Echlin Street is working extremely well. Echlin Street will be an area for older women in particular to go for respite. I believe that PIADRAC, which is the Palm Island Alcohol and Drug Rehabilitation Assessment Centre, has beds for 42 people as part of the rehabilitation program. The detoxification can be handled by the Townsville Hospital. There are four beds there and I believe another 10 will come on line at the Salvation Army.

We have needed an area where young women, especially women with young babies, can go overnight for an assessment. It will not be a live-in. That is what Carramar will be used for. As you might realise, I have contacted North Ward residents personally over the last week. Whilst they are not happy, I believe that they are prepared to accept that we will use it as a teenage women's centre. It will be a drive in, drive out centre; it will not be a live-in. It will be an overnight centre where assessments will take place. Following those assessments, people will go to wherever they have to go. If they have to be provided with transport home, whether it be Palm Island or elsewhere, they will be provided with it. I hope that the whole concept works well. I am not intending to clean up Hanran Park by moving people out. I have made that very emphatic. I am cleaning up Hanran Park by trying to stop drunken people, people with rubbish and so on from frequenting the area so that the park can be used by the whole community, both black and white.

**Ms SPENCE:** Thank you for your answer. However, you did not answer the questions with regard to budget allocations. How much have you spent on upgrading Carramar?

**Mr LINGARD:** I have spent \$370,000 on Ki-meta. I have spent \$270,000 at Carramar, and I am now covering the operational costs of Ki-meta. I will have to cover the operational costs of Carramar, as I also cover the operational costs of Echlin Street.

**Ms SPENCE:** Fair enough. How much land has been transferred to Aboriginal and Islander people in the last year?

**Mr LINGARD:** I believe that question was placed on notice to us. Our answer was that it is not the responsibility of our department; it is the responsibility of the Department of Natural Resources.

**Ms SPENCE:** But does not your department provide funding to assist people in investigations and claims for land under the Aboriginal Land Act?

**Mr WAUCHOPE:** If I can answer that question: no. The arrangement which took place under the previous Government was that the responsibility for the administration of the Aboriginal Land Act and the Torres Strait Islander Land Act was transferred to what is now the Department of Natural Resources, along with all the associated resources.

**Ms SPENCE:** Fair enough. Minister, I have been looking through your Government programs for the last two years. I ask: why was the Budget Statement for 1995-96, which is obviously a very extensive statement, replaced by Queensland Government Programs last year with the attendant deletion of all mention of funds from the document?

**Mr LINGARD:** It looks a lot better document that we presented than you presented, but I will ask my program head—

**Ms SPENCE:** That was your document. You signed off on that one, too. The difference is that the document in my right hand talks about money and the one in my left hand does not mention it at all.

**Mr WAUCHOPE:** Basically what we are doing is two documents. We had a number of complaints from various people saying that they basically did not have time to follow or could not follow the larger document and they wanted a shorter version of it. We are still going to produce the larger document because that is used by another range of people so that they can identify the various funding sources.

**Ms SPENCE:** So you intend to produce the larger document? You are going back to that one this year?

**Mr WAUCHOPE:** Yes, that is right.

**Ms SPENCE:** We look forward to that. Minister, what steps are being taken to upgrade the conditions of departmental properties on DOGIT communities?

**Mr LINGARD:** I am not quite sure that I can answer that specifically. Mr Wauchope?

**Mr WAUCHOPE:** Basically there are a number of houses—and this is the critical issue—in the deed of grant in trust areas. Those houses were previously owned by the department and they were taken over by communities for a range of purposes. But what the communities have approached us to do is to provide some funding assistance to bring those houses up to a satisfactory standard. We are currently in the process of assessing exactly how many of those houses there are and looking at our budgetary capacity to respond, and in due course a series of recommendations will go to the Minister in terms of funding that would come out of the Outstation Development and Infrastructure Program.

**Mr LINGARD:** Bamaga has received \$250,000 just recently because of the assessment that has been done on that.

**Ms SPENCE:** I have heard concern expressed that you are using the Outstation Development and Infrastructure Program for the upgrading of departmental properties, that this program money should be money that is given in grants to communities for specific purposes, that in using those funds for upgrading departmental properties you are denying those communities money that would be better spent on out-station projects and other projects within those communities, and that you should be using your own capital works budget for funding the upgrades of your own departmental properties. How would you respond to that?

**Mr LINGARD:** My response is that the money has been given to the councils, as it has been given to the Bamaga council recently, and it is up to them to make their decision on how they upgrade those houses. But at this stage a financial commitment has been given to them.

**Ms SPENCE:** These houses are not the property of the councils; these are State Government properties owned by the Families Department. Surely it is not the councils' responsibility to upgrade properties that belong to the Government?

**Mr LINGARD:** But they have been handed over to the councils. I will ask my program head to outline that project.

**Mr WAUCHOPE:** Just explaining that situation—what happened was that when the deeds of grant in trust were originally issued, there were a whole series of exclusions from those deeds, including the houses that were occupied by departmental staff. What has happened is that there are no longer any departmental staff. The councils want the houses, but they want to take them over on the basis that they are upgraded as part of the arrangement for handover. The Minister is absolutely correct. What will be happening is that the grants will be going to the councils on the understanding that they upgrade the houses and then we transfer ownership of the houses to them. We would be quite willing to transfer ownership now, but the councils are saying, "We do not want to accept ownership until that work is done." So it is just part of that grants program. They are not our houses for our use.

**The CHAIRMAN:** The time for non-Government members' questions has expired. We move now to Government questions. Minister, still on the subject of the Aboriginal and Torres Strait Islander segment—your department has approved the engagement of 12 community service officers to assist Aboriginal and Torres Strait Islander communities. What is the cost of this initiative and what has been the effect?

**Mr LINGARD:** Thank you for the question. The department appointed 12 community service officers—CSOs—between October 1996 and March 1997. A Brisbane officer services the needs of the Cherbourg Aboriginal Council. The Woorabinda Aboriginal Council is regularly visited by the Rockhampton officer and the Palm Island Aboriginal Council by the Townsville CSO. The Mount Isa CSO assists the Doomadgee Aboriginal Council. Another four CSOs are located in Cairns and service the needs of all other Aboriginal councils, including Bamaga and Seisia. Four CSOs visit all other island councils from Thursday Island. The CSOs' role includes helping identify training needs on communities and liaison with consultants who deliver this training; monitoring training effectiveness; working side by side with council staff to complete some elements of the work; attempting to identify additional funding sources for councils; ensuring acquittals are provided to all grant providers; assisting in the preparation of annual financial statements if requested; attending exit interviews with external auditors; explaining the implications of relevant legislation; assisting in the recruitment process of senior financial personnel; and other tasks related to financial management as requested by the council.

The CSOs' salaries represent the main cost of this initiative. The salary estimate for 1996-97 amounts to \$395,000. Travel and regular visits to councils, including transport and daily allowance, are estimated to have cost \$265,000 since they commenced duty in October 1996, with a total cost of about \$660,000 for 1996-97. Projections for the CSOs' salaries for the forthcoming year are in the vicinity of \$590,000, and transportation costs and travelling allowances are estimated at \$410,000, resulting in an estimated total for 1997-98 of \$1m. This figure includes one visit per month to each

council. It is too early yet to judge the effect of the CSOs on the performance of the councils. The audits which will measure the success of this initiative will not take place until September or October 1997. The CSOs recently attended a meeting in Cairns and were asked to project expected 1996-97 external audit results. It was the opinion of those present that it is likely that at least one half of the councils will receive unqualified audit opinions for this period.

**Mr CARROLL:** I would like to clear up three little issues arising from some answers to questions by the member for South Brisbane, so if I can take you back to those for a moment. Firstly, in regard to the \$1.9m funding for Unmet Needs over the three-year period, do you have or did you give a regional breakdown of that funding?

**Mr LINGARD:** I will ask my program head to answer that question. I believe he has done some research after the member for South Brisbane's question.

**Mr FRANCIS:** The allocation of \$1.9m for Unmet Needs, as indicated earlier in this Committee's deliberations, comprises a recurrent amount of \$1.5m and a \$400,000 capital component. I would address both of those separately, initially the \$400,000 capital. At present there are no proposals or plans on the table for a regional allocation or split of that \$400,000 capital. It will be spent at a regional level, but there are no concrete proposals for separating out that allocation.

On the matter of the recurrent funds, \$1.5m is to be provided over the forthcoming three financial years, \$500,000 in each year. It is proposed to allocate those funds reasonably to make the basis of that allocation a proportional split based on the presence of people with disability within each region. The split is calculated on the basis of the Australian Bureau of Statistics survey Disability, Ageing and Carers which was conducted in 1993. From that survey we have done small area synthetic estimates with people with profound or severe handicap.

The proportion then of population within each region becomes the divisor for the allocation of \$500,000. The allocations therefore are: Brisbane north, which has 27.56% of Queensland's overall population of people with profound and severe handicap, would get \$137,800; Brisbane south, which has a proportional population of 29.54%, has an allocation of \$147,700; South-west Queensland region at 16.68% would get an allocation of \$83,400; central Queensland with 14.12% has an allocation of \$70,600; and finally north Queensland at 12.1% gets an allocation of \$60,500. If honourable members total those dollar allocations, they will find that they come to \$500,000.

**Mr CARROLL:** The second aspect that I wanted cleared up was this: we were left uncertain as to what is the latest estimate of receipts to this State under the Commonwealth/State Disability Agreement. There was much talk about the figure that you are spending in respect of the State but we were not sure about what is coming down from the Federal Government.

**Mr LINGARD:** I ask my program head to outline that.

**Mr FRANCIS:** The final financial offers under the Commonwealth/State Disability Agreement have been a matter of much complexity and negotiation between the Commonwealth and the States both on behalf of Queensland and nationally. At the time at which the Estimates were prepared for this budget, the proposed allocation from the Commonwealth was very different from that which is now available for Queensland to consider. The Minister indicated earlier in his reply to a question on this matter that we have had an agreement tabled as a draft; we are actually considering that and, subject to agreement on the form of words and finalisation of the dollar offer, the Minister has indicated his preparedness to sign a one-year agreement associated with the Commonwealth/State Disability Agreement. The dollar offer on the table from the Commonwealth takes us from a starting base in 1996-97 of some \$54,413,847 through various add-on components to a final figure on the table at this moment of \$61,190,231.

**Mr CARROLL:** Do you mean \$61m?

**Mr FRANCIS:** \$61,190,231, a net increase of \$6.776m. That increase is made up of indexation at 1.6% which has a dollar value of some \$870,000—and I am rounding here—an efficiency dividend at 3%, which takes out of consideration the sum of approximately \$1.655m; an allocation under the Commonwealth's proposed additional places over the next four years, which in 1997-98 to Queensland is worth \$1.071m; and two further figures which have come forward in recent negotiations, firstly a component of a \$5m offer that the Commonwealth has put on the table as a means of offsetting the impact of the cut. This is the figure that the Minister alluded to earlier of some \$800,000 plus. The final figure is our latest estimate of what the Commonwealth will allocate to us under supplementation for the SACS Award. That figure has been indexed and we estimate its current value at \$5.7m plus.

**Mr CARROLL:** Just the third and final point, can you outline the composition of the \$18.7m additions to the Disability Program that were mentioned earlier?

**Mr LINGARD:** I will ask the program director to outline that.

**Mr FRANCIS:** The \$18.7m reflects the difference between the 1996-97 actual allocation to the Disability Program and the published budget figure for 1997-98 of \$191,813,000. The \$18.7m increase is made up of a range of ons and offs, the major components of which are a figure of \$13.7m associated with new initiatives. This figure itself is made up of an allocation for post-school options of \$6.458m; a capital allocation in the area of Unmet Needs of \$0.4m; a recurrent allocation, as we discussed earlier, for Unmet Needs of \$0.5m; a recurrent figure for the closure of Challinor Centre of \$6.722m; an allocation to Guide Dogs for the Blind of \$0.350m; and an allocation to Basil Stafford Centre for intensive support services of \$0.3m.

In addition to the new initiatives some of those as I indicated totalling \$13.7m, there is an estimate on the best information available at the time from Commonwealth sources of a likely additional allocation under the Commonwealth/State Disability Agreement at that time. That estimate was in the order of \$5.3m. It also includes an allocation to the department in the Disability Program of the department's total funds available to supplementation under the SACS Award. That figure is slightly above \$2.2m.

Those figures equate to approximately \$21m and from that are taken a couple of transfers from the program. First of all associated with legislative reform, the Intellectually Disabled Citizens Council of Queensland is transferring and there is an appropriate budget transfer to reflect the transfer of administrative responsibility to the portfolio of the Minister for Justice. Finally, there is an allocation from the program to the corporate costs of running the overall department.

**Miss SIMPSON:** I have a question with regard to domestic violence. There is often a lot of focus obviously on domestic violence as it affects women. It has been argued that domestic violence responses fail to recognise that men may be victims as well as perpetrators. Could you tell me what the Government is doing to address some of the concerns of male victims?

**Mr LINGARD:** I will ask my acting Director-General to answer that.

**Mr CULBERT:** In response to community concerns raised in 1996, the department took the step of allocating funds for counselling services for men who are perpetrators or victims of domestic violence. An allocation of \$100,000 in non-recurrent funding was made for a pilot men's domestic violence telephone counselling service where male telephone counsellors were employed to offer advice, information, referral and counselling to male callers. The men's domestic violence telephone counselling service pilot established a 1800 free call number to facilitate access by men, particularly those from rural and remote areas, to counselling and information about domestic violence and related services. That pilot which is actually sponsored by the Queensland Domestic Violence Telephone Counselling Service has developed a database to record the demand by men for services and the needs of victims of perpetrators in this area. This will assist the department in the planning of future services.

Currently, there are no permanent specialist counselling services for male victims, and generic counselling services are not always readily accessed by this target group, particularly those from rural and remote areas of the State. Recurrent funding of \$150,000 has therefore been allocated in the coming financial year for the establishment of a counselling service for men to address this service gap on an ongoing basis. The pilot men's domestic violence telephone counselling service will be evaluated after the initial 12 months of operation to identify the needs of men experiencing domestic violence and to assist in planning the service model for the ongoing

services. This pilot will allow the service to develop a database to record the demand by men for services, including the needs of victims and perpetrators, to identify principles for the provision of an effective service to men, and to undertake a needs analysis regarding specialist service delivery. Information will be provided to the community about that evaluation and the availability of recurrent funds in the coming financial year.

In particular, there is a need to work with perpetrators to assist them to address their behaviour and establish more appropriate ways of relating to their families. To this end, additional funds of \$50,000 were allocated in 1996-97 for services to male perpetrators of domestic violence. This funding was provided for the enhancement of existing perpetrator programs to enable them to fully implement the recently finalised practice standards for perpetrator services. This, added to the \$155,000 already budgeted for these services, makes a total of over \$205,000 for perpetrator services.

Currently, eight perpetrator programs are funded. These programs are located around the State. One of the services has ceased to function. These programs provide counselling to perpetrators individually and in groups to encourage perpetrators to accept responsibility for their behaviour. Funds are provided to perpetrator programs in recognition of the importance of preventing repeated abuse of women by individual perpetrators and that men require support and assistance to address their violent behaviour.

**The CHAIRMAN:** Minister, I want to ask you about child care in rural and remote areas. Families with young children in rural and remote Queensland have a wide range of needs. How is the Queensland Government assisting them to meet their child care needs?

**Mr LINGARD:** Young children and their families in rural and remote areas of the State will continue to be a particular focus for the Government in the next two years, just as they have been over the last 12 months. The Queensland Government will provide \$4.35m to establish up to 40 additional multipurpose children's centres in rural communities throughout the State. This is on top of the \$488,000 I approved in June last year to establish 10 such centres in Millaa Millaa, Kilcoy, Inglewood, Goombungee, Quilpie, Goomeri, Injune, Biggenden, Wallaville and Capella.

This year I approved capital funds of \$560,000 to help community-based organisations in 13 different locations to modify their community facilities to make them suitable to be children's centres. The communities of Jundah, Eungella, Georgetown, Tambo, Toobeah, Federal, Hungerford, Eidsvold, Charters Towers, Morven, Maryvale, Yaraka and Yelarbon will benefit from these approvals. The \$4.35m three-year rural child care package which we announced in the 1996 budget is enabling rural and remote community organisations to modify and equip existing community facilities to accommodate a range of services for young children and their families. Obviously, that is always necessary, especially in rural areas.

Funding is also available to establish three mobile outreach services in high-need areas as a way of extending children's services to isolated families on surrounding properties. Outreach services can operate from the multipurpose children's centres. Already we are developing with the Commonwealth the north-west mobile service sponsored by the Uniting Church Frontier Services. This service will meet the child care needs of isolated north-west communities along the Flinders Highway, such as Richmond, Hughenden and Julia Creek.

The first of the Queensland-funded mobile outreach services was established in 1996-97 to cover the area north of the Flinders Highway to the base of Cape York. This service will ensure the completion of a network of services for families in isolated areas throughout the State, providing access to early childhood resources, advice and developmental activities. The Frontier Services division of the Uniting Church is conducting this mobile outreach service along with its established services based in Mount Isa, Longreach and Charleville.

To assist rural and remote workers in children's services who can rarely avail themselves of training and developmental opportunities, \$63,000 of the grant paid to Frontier Services will go towards the training and development of these workers. The total \$4.35m package of rural child initiatives was developed in consultation with the Creche and Kindergarten Association of Queensland, the Queensland Farmers Federation and the Isolated Parents and Children's Association. As a result, isolated families now have access to services to bring early childhood education and care resources to their doors.

**The CHAIRMAN:** The time for Government members' questions has expired. We turn now to non-Government members' questions.

**Ms BLIGH:** I would like to return to the Shared Family Care Program and the transfer of that program to the non-Government sector. I would like some clarification. My understanding of the answer from your program director to my previous question was that he was unable to say whether \$800,000 had already been allocated to four pilot programs and was unable to confirm whether these funds had been spent and what they had been spent on. Time was running out. Was that the answer?

**Mr LINGARD:** I will ask my program head Doug Martin to come forward and outline the funding programs.

**Mr MARTIN:** \$800,000 was allocated under the care provider recruitment support initiative for 1996-97. Of that, \$628,162 has been spent. This was spent on establishment costs for the four Shared Family Care pilot exercises and enhancements of the six AICCA's so that, for example, they had two coordinators each, the same as other Shared Family Care organisations. The balance will go towards the enhancements of the 11 non-pilot Shared Family Care organisations. That is presently under consideration.

**Ms BLIGH:** So it is the case that \$628,000 has so far been expended on a program for which there is still legal doubt about its continuation. Before you spent the money, you did not undertake the required legal checks to find out whether it was legally possible for these organisations to assume this responsibility from the department?

**Mr MARTIN:** The two activities of seeking legal advice and implementing this new initiative were going hand in hand. The legal advice took longer than we expected to be received. As I indicated earlier, while the final advice has not been given in writing, verbal advice is that there appears to be no impediment to proceeding.

**Ms BLIGH:** So it is accurate to say that the legal advice was not sought first. Rather than wait to see whether it was legally possible, the department has expended \$600,000, which is still to be confirmed in writing in terms of whether it is legally possible.

**Mr LINGARD:** I think the program head has given an answer to the effect that verbal advice has been received. I think that is a fair answer.

**Ms BLIGH:** \$600,000 down the track, and it is still not in writing. Can we return to the Family Support Worker Program? I would like to draw your attention to an allocation of \$22,500 for the Dalby Crisis Support Association, which you approved on 15 January this year for a family support worker. I also refer to your answer to question on notice No. 1 from Government members to this Committee wherein you state that funding under this program is subject to the guidelines and provisions of the Family Services Act. Did the Dalby Crisis Support Association make an application for funding during the round which was advertised and which closed on 26 July? Did it make any subsequent application for funding? Or is it the case, as the file note suggests, that it received the funding only subsequent to personal representations made to the then Deputy Director-General on a trip to Dalby?

**Mr LINGARD:** My knowledge of the appointment of the family support worker in that area is that certainly I have travelled extensively in that area. I know that the Director-General has travelled extensively in that area. Certainly we had discussions in Toowoomba about exactly what area Toowoomba could cover with its family support worker. It was certainly believed and felt that it was necessary for another worker to go into the Dalby area. As I have said previously, this is the concept of the curtain of care promoted by the Director-General, Mr Allan Male. You cannot have a curtain of care across Queensland if you have voids in areas and some areas which do not have a family support worker. As well as that, we had to monitor the rural family support workers and where they were. So what I am saying to you is that some of the decisions obviously were made because of the need to cover all areas within Queensland.

**Ms BLIGH:** It would seem that the curtain of care is looking more and more like a web of deceit in relation to those funding programs. Can I ask you again: did the Dalby Crisis Support Association Inc. ever make an application, or is it the case that you

fund on the basis of where you happen to be travelling?

**Mr LINGARD:** The insinuations in that comment are completely wrong, untrue and unfounded. I have given you the answer. Certainly applications were called for. Certainly in some places letters were received from those groups. I say to you quite honestly that you need to cover the whole of Queensland if you are to have a suitable curtain of care.

**Ms BLIGH:** When you approved that funding allocation, you signed the approval which states as follows—

"... it is recommended that non-recurrent funds are allocated so that a family support worker can be employed pending consideration of recurrent funding in the next funding round of the Family Support Services component of FISP."

On 26 May, the day before the Budget was brought down, you issued a press statement in which you stated that the Families, Youth and Community Care Minister said that people in Dalby, Pine Rivers and the State's south west would benefit from the allocation of more than \$45,000 funding for each new service. What consideration as per your original recommendation was given before making that non-recurrent grant a recurrent grant?

**Mr LINGARD:** Could I ask the program head to answer that question?

**Mr MARTIN:** Prior to non-recurrent funding being provided there had not been as much contact with the organisation or assessment of its capabilities or potential as there had been between the period when the non-recurrent funding and the recurrent funding decision was made. In the light of the department's experience with that particular organisation over those ensuing months, the decision was made that that should be the location of a recurrent funding grant.

**Ms BLIGH:** As it appears from the discussions here this morning that the notion of a process in the funding for the Family Support Program has been little more than a sick joke to date, can you guarantee that the further funding of \$0.56m allocated to the Family Support Program for this financial year will be allocated via a publicly advertised, accountable process in accordance with published guidelines in the 1997-98 financial year, or will it continue to be a random process dependent on a wink and a nod from you or your Director-General?

**Mr LINGARD:** The process of the family support workers and youth coordinators throughout this State will continue the way it has always been: the programs will deliver to the department their thoughts and their assessments of where people are necessary. There will always need to be input from the Director-General's office and there would also need to be input from the Minister's office, especially as the Minister travels continually, talks to groups like councils and talks to the Federal Government about where its funding is going to be. There is obviously a need for input. The process will be that the programs will obviously give their advice. It will certainly come

in schedules and recommendations, but there will also be advice from the Director-General's office and from the Minister's office.

**Ms BLIGH:** Will the allocation of the extra \$500,000 be advertised? Will its availability be promoted to organisations which can apply? Will there be an application process as required by the Family Services Act?

**Mr LINGARD:** Could I ask Mr Arthur O'Brien for an explanation of one of the problems that you are alluding to?

**Mr O'BRIEN:** The additional \$560,000 actually is the full-year impact of the 1996-97 funding. In 1996-97, part-year funding was allocated to the family support workers; in 1997-98 we have to cover the full 12 months of their operations. Therefore, it is the full-year effect of decisions taken in 1996-97.

**Ms BLIGH:** In your answer to a question on notice, you said that there are 35 family support workers. You have stated here today that the curtain of care will have 50 family support workers. My understanding was that the statement in your Ministerial Program Statements that \$0.56m would be allocated to enhance the program would assist in taking you from the 35 to the 50. On the basis of the answer just provided by Mr O'Brien, I take it that no extra family support workers will be funded in this financial year?

**Mr LINGARD:** I will ask Mr O'Brien to comment on my comments. There are 34 organisations funded at this stage. There are 34 grants. As both the Royal Brisbane Hospital and the Mater Hospital share a worker, there are 35 workers. We have always stated that we will aim at 50 workers, but we have also brought into the rural family support workers an extra 13. I do not include that 13 in the 50, so the total will be 63. If I can afford more funds, there will probably be more. I ask Mr O'Brien to outline the problem that you are talking about.

**Mr O'BRIEN:** In terms of the new initiative funding, which is the \$560,000 that you have been referring to, that is for the family support workers who were established in 1996-97 under the new initiative. There are other sources of funds that the department will be putting towards extending and enhancing the curtain of care.

**Ms BLIGH:** In that case, Minister, can you confirm that the availability of any extra funds available for new family support workers in Queensland will be advertised and that organisations will have to apply through a published process with established guidelines to access that money as per the Family Services Act?

**Mr LINGARD:** What happened in the first appointment of family support workers was that there was an application request—

**Ms BLIGH:** I am asking about future applications.

**Mr LINGARD:** I am just explaining that. Of those 22 that were then appointed, an extra six had to be appointed. Quite obviously, those extra six did go back to the applications of the original 22. There is no doubt that I agree with you that the application

has to be in line with the concept that the department promotes, but I have also outlined to you how the selection process will occur.

**Ms BLIGH:** I draw your attention to the fact that Breaking The Cycle Limited was one of those six and it made no application in the first round, so your statement there is not quite correct.

**Mr LINGARD:** I have also outlined to you the policy that was adopted in that process—

**Ms BLIGH:** But you have now given two explanations and they are contradictory.

**Mr LINGARD:**—also with the Pine Rivers group.

**Ms BLIGH:** I refer you to an answer that you gave to a question without notice in the House on 19 March 1997 regarding the political activity of your Director-General in a city council campaign and a promise that you made at the time that there would be funds in the coming Budget for extra neighbourhood centres. Can you direct me to any reference or record for new funding for neighbourhood centres in the Budget, or was that promise as indicated by your absent Director-General actually contingent upon a Liberal victory in the Brisbane City Council?

**Mr LINGARD:** Under the previous ALP Government, there were 10 neighbourhood centres envisaged. When I became the Minister, funding was available for five. Those five were Edmonton, Miles, Acacia Ridge—and I have forgotten the other two. Nambour was one. At this stage, those five have not been completed. Certainly we have not moved on to the next five. Funds are certainly available to continue those first five. They were selected from the original 10, which were the places put up by the previous ALP Government. I have selected only five of those, so there are still another five to go.

**Ms BLIGH:** So your statement to the Parliament that there would be funds in the coming Budget for extra neighbourhood centres was, in fact, incorrect as it turns out?

**Mr LINGARD:** That statement was correct, because we will continue to build the neighbourhood centres once those five are completed. At this stage, those five are not completed, so the funding which is still recurrent is for the funding for those five.

**Ms BLIGH:** So the extra five will be done in this financial year?

**Mr LINGARD:** The extra five will be completed as soon as those five are completed. There has been a concern. Perhaps Sharyn Casey could come forward once again and explain what the problem has been with those neighbourhood centres.

**Ms CASEY:** With the five centres that we are currently building, there has been a need to have a lot of community consultation in regard to the development of those centres. In particular, one of the differences between the capital works under this program as opposed to some of the other capital works within the Government is the very strong role of the community and the non-Government sector in the development and then finally the delivery of the centres. Within each of the five locations, we have

had to select a community management committee, which would involve all of the key stakeholders and all of the relevant people in that particular location to ensure that the centres that are built are ones that, firstly, are in the appropriate locations; secondly, that they are accessible; and, thirdly, that they provide a range of services appropriate to the needs of that local community. Initially the intention was that we were hoping to complete two of them in the 1996-97 financial year and the remainder in 1997-98. The process in terms of both ensuring that the building is in the right location and has the right activities within it for that local community has meant significant delays within those areas. So it is intended that those will not be completed until the next financial year, 1997-98, and the subsequent year in terms of the full five.

**Ms BLIGH:** So specifically in relation to the possibility of any funds being available to the Jabiru organisation—as the Director-General indicated in his press statements, that is very unlikely in this financial year or, indeed, the next financial year? Is that right—or any extra neighbourhood centres?

**Ms CASEY:** There are no additional funds at this stage for additional neighbourhood centres.

**Ms BLIGH:** Minister, I refer you to the establishment of the Children's Commission during the 1996-97 financial year. I assume that the program area which funds the commission is the Families Program. I ask: why is there no record of its funding allocation and expenditure in the Ministerial Program Statements? How much has the commission spent in the 1996-97 year and what is its 1997-98 allocation?

**Mr LINGARD:** I will ask Mr O'Brien to outline that answer.

**Mr O'BRIEN:** In terms of your first question, yes, it is funded under the Families Program. It is not visible because it is too small. It has a budget in 1997-98 of about \$1.5m. If you looked at the Program Statements for the Families Program, you would see that it would fit under a current subprogram called Child Protection, which has a budget in 1997-98 of about \$33.5m. It is too small to isolate as a separate entity.

**Ms BLIGH:** So that \$1.5m is for 1996-97, and it is likely to be the same?

**Mr O'BRIEN:** No, that is the 1997-98 budget. In 1996-97 it was \$750,000. That was because it was not established or planned to be established until 1 January. So it was six months of funding.

**Ms BLIGH:** Minister, how many, if any, referrals have been made from the Children's Commission to Operation Argos?

**Mr LINGARD:** I can certainly ask the Children's Commissioner to come forward and answer that question.

**Mr ALFORD:** The short answer is that all complaints dealing with paedophilia have been referred to Task Force Argos.

**Ms BLIGH:** My question was: how many?

**Mr ALFORD:** My answer is: all that I have received.

**Ms BLIGH:** Is that one or is it 20?

**Mr ALFORD:** No, it is multiple.

**Ms BLIGH:** Could you give me an idea of the figure, please?

**Mr ALFORD:** My estimate would be of the order of 10 or 12.

**Ms BLIGH:** Do you keep records of those referrals?

**Mr ALFORD:** Yes, but I do not have them with me.

**Ms BLIGH:** Could I ask that you provide the accurate figure to me on notice?

**Mr ALFORD:** I will.

**Ms BLIGH:** Minister, what position did Mr Norm Alford occupy on your ministerial staff prior to being appointed the Children's Commissioner?

**Mr LINGARD:** The correct answer is that there was no position just immediately prior but he had been an adviser within my department.

**Ms BLIGH:** Within your department or on your ministerial staff?

**Mr LINGARD:** Within the ministerial staff.

**Ms BLIGH:** Was he a senior adviser or a consulting adviser? What was the nature of his position?

**Mr LINGARD:** I think he held the lowest position as a research person.

**Ms BLIGH:** I refer you to documents that indicate that \$9,965 worth of traveller's cheques were forwarded to Mr Norm Alford to attend a conference in Sweden last year while he was occupying the most junior position of your ministerial staff. What was the total cost of that trip? Where were the funds drawn from? Where are the funds accounted for in the Ministerial Program Statements? Did Mr Alford compile a report from this trip and is it publicly available?

**Mr LINGARD:** The funds were taken from my allocation, which would come under the allocation of the Premier and would have to be asked in that particular area, but I am giving you the answer that it was taken out of my ministerial allocation. Therefore, that would come under the Premier's Department. It will certainly show up in my records, which will be presented to Parliament, I would assume, very soon.

**Ms BLIGH:** Minister, can you answer the other parts of my question? Was there a report compiled as a result of this trip? What was the total cost of the trip? Is any report publicly available?

**Mr LINGARD:** I will ask Mr Alford to give the details of that.

**Mr ALFORD:** By way of explanation, I represented all of the States and the Territories of Australia at that conference. I did prepare a report. That report was provided to each of the other States and the Commonwealth and the report is available.

**Ms BLIGH:** What was the total cost of the trip?

**Mr LINGARD:** I am sure that that will come up in the records which will come through the Premier's

Department or be shown on my records as they are presented to Parliament.

**Ms BLIGH:** What was the basis on which you were chosen to represent all other States? What process was used to select you?

**Mr ALFORD:** As I recall it, all State Premiers were invited by the Commonwealth Government to participate in the formal Australian delegation to the conference. The Premier of this State wrote to each of the other Premiers suggesting that the Premiers as a group should participate, and offered my name as a possible representative. There was a period of consultation between the Premier's Office and all State Premier's offices and I was selected unanimously to represent the States and the Territories.

**Ms BLIGH:** Did any other States contribute to the cost of the trip or your representation?

**Mr ALFORD:** My recollection is that although some States offered, Queensland agreed that it should foot the bill.

**Ms BLIGH:** Very generous.

**The CHAIRMAN:** The time for non-Government questions has now expired. We turn now to Government questions. Mr Carroll?

**Mr CARROLL:** Minister, we sometimes hear that there is an overrepresentation of indigenous young people in the juvenile justice system. What is your department doing to address that issue?

**Mr LINGARD:** Thank you for that question. A primary initiative of my department to address the overrepresentation of indigenous young people in the juvenile justice system is the Aboriginal Outreach Program. The Aboriginal Outreach Program at Cairns services young people from Yarrabah in the far-north cape communities, whilst the Aboriginal Outreach Program at Murgon services the community of Cherbourg. The Aboriginal Outreach Programs in Cairns and Murgon focus on Aboriginal young people who are likely to fail to comply with the condition of their orders without substantial intervention and young people from the community serviced by the outreach projects—those who are assessed as being at a high risk of offending.

The programs are designed to assist young people to remain in the community and successfully complete their orders without further offending. They have established local community reference groups which assist with advice, direction and priorities from a community agency perspective and provide a direct link to the community. They advise on specific program developments and provide first-hand support to families and young people referred to the programs. Aboriginal staff provide intensive supervision and support to the young people. Those people undertake activities which provide a clear consequence for the offending behaviour and provide opportunities for reparation. Activities also address personal development needs, including drug alcohol awareness and life skills.

The programs, catering for up to 15 young people at a time, operate with flexible hours, including weekends, to enable close supervision

when offending is most likely to occur. While introduced and funded as pilot programs in 1995-96, in 1997 the funding of the programs was made recurrent as part of the department's strategy to divert Aboriginal young people from reoffending and also from detention.

In addition, my department has developed the Local Justice Initiatives Program resulting from the recommendations of the Royal Commission into Aboriginal Deaths in Custody. The program recognises that historical and contemporary factors, including social and economic issues, contribute to the gross overrepresentation of Aboriginal and Torres Strait Islander people in the State's criminal justice system. The program provides funds to Aboriginal and Torres Strait Islander communities and organisations to develop strategies within their communities for dealing with justice issues. They strive specifically to decrease the contact of Aboriginal and Torres Strait Islander people with the criminal justice system.

Community justice groups consisting of community volunteers have been established in approximately 40 locations. These groups deal with justice and social issues in a manner consistent with Aboriginal law and cultural practice while still using aspects of the State legal system. In addition, my department will play a role in the community conferencing pilot currently being conducted on Palm Island with the assistance of the local community justice group.

**Miss SIMPSON:** I believe you said that you were going up to Woorabinda later this afternoon.

**Mr LINGARD:** Yes.

**Miss SIMPSON:** I have a question with regard to the Woorabinda Aboriginal Council. I note that they will be returning to a full or normal administration after 21 June. What is the current financial position of this council?

**Mr LINGARD:** You are correct that the election is this Saturday. The Woorabinda Aboriginal Council has been under administration since December 1995, following the resignation of the previously elected council. The elected members resigned, citing the apparent irretrievable financial position in which the council found itself as the underlying reason for this course of action. The former Minister for Family Services responsible for Aboriginal and Torres Strait Islander affairs dissolved the council and appointed an administrator in accordance with the provisions of the Community Services (Aborigines) Act 1985. The Department of Families, Youth and Community Care negotiated with the Queensland Treasury Department for a loan of \$2.15m on behalf of the Woorabinda Aboriginal Council to satisfy the outstanding debts owed by the council.

At present, the council is solvent and its overall financial position is very sound. Advice provided by the administrator on 4 June 1997 confirms that the council is providing a satisfactory level of service to the community and that it has adequate financial resources to meet all of its commitments and longer-term liabilities. The department has negotiated an

agreement with the administrator that \$215,000 per annum of the State Government's financial aid grant to the council is retained by the department. This guarantees the repayment of the loan by the Woorabinda Aboriginal Council. A new corporate structure for the council has been developed and implemented to provide for better systems and controls within the administration and for improved operational efficiencies. All of the council's administrative and formative systems have been reviewed to ensure that there can be a smooth transition to the next council.

In 1997-98, funding to the council from the department will come mainly from the State Government's Financial Aid Grants Program, with an expected allocation of approximately \$0.9m after the deduction of the loan repayments. A significant amount of funding is also expected from the Commonwealth Government through the Aboriginal and Torres Strait Islander Commission and other Commonwealth Government agencies. The Department of Families, Youth and Community Care will continue to provide significant support to the Woorabinda Aboriginal Council following the election on Saturday. The election is being held at this time to enable the council to resume responsibility as from the commencement of the new financial year.

**The CHAIRMAN:** For a number of years, the Seniors Card Section of the Office of Ageing in your department has operated a scheme which aims to provide holders of Seniors Cards with access to discounts from businesses in their local areas in order to enhance their lifestyle and purchasing power and to generate business and economic activity. What is your department doing to facilitate and enhance access to such discounts by card holders in all parts of the State, including rural and regional Queensland?

**Mr LINGARD:** I will ask the acting Director-General to answer the question.

**Mr CULBERT:** The Department of Families, Youth and Community Care is very committed to improving the quality of life of older people. We constantly investigate strategies which aim to enhance their social and economic status. We are particularly aware that attention needs to be directed to overcoming the barriers which exist for older people who live in rural and regional Queensland.

One example of this commitment is a recent initiative developed by the department, named *The Best is Yet to Come*. As the name suggests, the scheme endeavours to assist in making the retirement years as comfortable and rewarding as possible for thousands of Queenslanders by listing local businesses which offer discounts. The *Best is Yet to Come* publication is in the form of a newspaper or magazine supplement which is produced in conjunction with regional newspapers. It is distributed primarily through local newspapers, but is also distributed through local council offices, libraries, Queensland Government agencies, the Department of Social Security and regional offices of this department. In remote areas where newspaper coverage is less concentrated, copies are sent

directly to Seniors Card holders. This form of distribution is considered an improvement on the previous method, which relied on the cooperation of other agencies such as Australia Post and on card holders accessing those agencies themselves.

In 1996, a trial of the initiative was conducted in which two *Best is Yet to Come* magazines were released in north Queensland, one in Cairns and the far-north subregion and one in Townsville and the north-west subregion. Approximately 106,000 copies of the magazines were produced and distributed through local newspapers, agencies and direct mail. In more recent times, similar magazines have been produced and distributed in the Darling Downs, south-west Queensland and Gold Coast regions. A Sunshine Coast edition is planned for the future as well.

The Seniors Card outreach strategy is another initiative designed to effectively market and promote the benefits of the Seniors Card Program in general to current and prospective card holders in order to maximise the tangible benefits for those people and to answer questions and concerns from card holders. Seniors Card staff have been involved in conducting presentations on the Seniors Card to more than 20 nursing, retirement homes and ageing organisations within south-east Queensland, reaching nearly 1,000 people. During a recent trip to central Queensland such presentations were conducted in Rockhampton, Alpha, Barcaldine, Longreach, Winton, Blackall and Emerald as part of a commitment to spreading the word to seniors in those regional areas.

The Seniors Card spokesperson initiative is a scheme which aims to encourage more small businesses in regional centres to participate in Seniors Card discount schemes in order to provide older people with more local options through which to receive discounts. Underpinning the scheme is the reality that well-known local seniors are often very motivated and effective in gaining support from local businesses in the provision of discounts. The initiative involved departmental staff assisting interested seniors to become Seniors Card spokespeople. They actively seek local business participation in the discount scheme.

The extension of non-means-tested eligibility for the Seniors Card is another example of the practical steps being undertaken by the department to assist older people. Originally, eligibility for the Seniors Card was means tested for people up to 70 years of age. From December 1996, the non-means-tested age was lowered to 65 years for people who are not in full-time employment. The Business Discounts Card is another relatively new initiative which will enable those people between the ages of 60 and 64 and not yet eligible for a range of concessions to take advantage of those things.

**Mr CARROLL:** Minister, earlier you spoke about the first 106 young people earmarked to participate in the *Moving Ahead* post-school options program. How many people altogether will benefit from the program? How will they be involved in the decision making? Earlier you mentioned that parents would be involved.

**Mr LINGARD:** I believe that the Moving Ahead Program and post-school options is probably the most exciting program that the department will face over the next 12 months. We take over the program on 1 July. We have allocated \$17.431m over three years to allow the Moving Ahead Program to expand to provide a comprehensive post-school services program across the State. The funding will allow up to 200 school leavers with disabilities to access the program each year. The total number of young people supported over the next three years will, I believe, be approximately 900.

The first group of young people to access the program are those young people who turned 18 years of age in 1996 or in a previous year and who accepted the option to remain in school until June 1997. Those young people and their families are currently working with staff of the Department of Families, Youth and Community Care to identify appropriate adult options. The next group to be considered for entry are those young people who turned 18 years of age in 1996 and were enrolled in special schools but did not accept the option to remain at school until June 1997, young people who turned 18 years of age in 1997 and were attending a special school in 1997 and, finally, those young people who turn 18 years of age in 1998 and future years.

In the last three to four months of schooling, an assessment of the young person's skills, needs and goals will be conducted by a contracted non-Government organisation. This process will involve extensive consultation with the young person and his or her family to identify their individual needs. The Moving Ahead Program is based on providing young people and their families with a choice in the type of service they receive and whom the provider of that service will be. Information provided by young people and their families will be used to develop a package of support which is focused on individual needs and goals. Young people and their families will be assisted to look at a broad range of service providers that may be able to provide the service which they want.

To encourage the involvement of parents and young people, an independent agency will be involved in assisting them to identify appropriate service options and to negotiate a package of support. The involvement of parents and young people in the development of service options is essential to the success of the overall program and to the success of each individual participant. Parents will be able to have as much input as they need and want. The Department of Families, Youth and Community Care values the important contribution of families and young people and will continue to work towards ensuring that all parents and young people have choice and flexibility in the development of post-school services programs.

**Ms SIMPSON:** I have a question about the Child Protection Strategy. How was the \$8m spent and what will the remaining funds be spent on in the 1997-98 year?

**Mr CULBERT:** In the 1995-96 Budget, \$8m was allocated to the department for the Child

Protection Strategy. That funding is recurrent for three years. The funds have been used for statutory Child Protection Services delivery, for new information technology in area offices and for a range of parenting assistance and family support services in the non-Government sector. For example, in 1995-96, the first year was a planning and development phase. Seventy-one temporary staff were employed for projects as follows: to ensure that all children on orders have a case plan; to increase the involvement of Aboriginal and Torres Strait Islander parents and Aboriginal and Torres Strait Islander child-care agencies in case planning; to improve responses to children in care with disabilities; and to increase the involvement of extended family members in caring for children in care. A new information system for the storage and retrieval of child protection information was also developed in conjunction with the computerisation of all families and youth area offices. The Parent Help Line was established, providing a 24-hour telephone counselling service for parents. In addition, Aboriginal and Torres Strait Islander agencies were funded to work jointly with area offices of the department to assist indigenous children and their families.

In 1996-97, funds have been allocated to provide the following: 40 permanent direct care service delivery positions in area offices to meet increased demand; additional staff to ensure effective implementation of the new information system and other projects; and extra computers and accommodation for area offices. Area office manager and team leader positions are also being upgraded to better reflect the value of their work. The new computerised Child Protection Information System has now been implemented. This was a major expenditure item of almost \$4m over two years. As the Minister mentioned earlier, 28 family support services were established to provide part of the curtain of care for Queensland families who were experiencing difficulty.

In the forthcoming financial year, 1997-98, the bulk of the Child Protection Strategy funds will be allocated to regions to meet the recurrent full-year effect of the enhanced area office service delivery initiatives. That will position area offices for the full implementation of the new legislation expected to be introduced later this year. The parenting, Aboriginal and Torres Strait Islander and family support initiatives will be funded on an ongoing basis. In addition, support teams will be established in each region to assist with the implementation of the new legislation, particularly in relation to working with parents to resolve child protection concerns without the need for court proceedings.

**The CHAIRMAN:** Minister, how has your department responded to the Government's stated priority to focus on early intervention to assist young people and their families who are experiencing problems, that is, before they reach crisis point?

**Mr LINGARD:** My department has a strong commitment to preventing the difficulties that young people face from escalating into major problems or crises. It has put preventive and early intervention

services on the ground through a number of initiatives during the past year. In order to maintain the important ties that bind young people and their families, work needs to be done with young people and their families before family ties break down irretrievably. In the 1996-97 Budget, \$3.1m was allocated over three years for additional family support services. A total of 34 of these services have been funded in the past year.

Family support services have the aim of strengthening families by providing assistance and support before problems become insurmountable. Young people at risk of leaving home and/or school prematurely are the focus of the Youth Support Coordinator Initiative. This initiative aims to assist young people experiencing family difficulties through direct services such as counselling and family mediation. I have approved 11 organisations to receive funds totalling \$630,000 each year for three years. Two more organisations will be funded to enhance this response in target areas of the State. This initiative is being monitored extensively and evaluated to determine its effectiveness and models of good practice. That relates to the comments that the member for South Brisbane has been referring to us. As we start to put these family support workers into the community, some gaps will have to be filled if we are to have a curtain of care across the whole of Queensland.

Young people at risk of leaving their rural communities due to limited social, recreational and employment opportunities are the focus of the Rural Youth Worker Initiative. This initiative aims to develop community aimed responses to the needs of young people and their families. As well as working with rural communities, the rural youth workers will work directly with young people and their families. I have approved 21 organisations throughout rural and remote Queensland to receive total funding of \$810,000 each year over three years.

Young people requiring information on Government and non-Government programs and services are the focus of the Information Referral Strategy. Under the Youth Services Development Grant, funds of \$415,346 in 1996-97 are provided to 15 organisations around the State to enable them to disseminate information on a range of activities and services which young people and their families inquire about. In addition, these services provide referrals for young people and their families to appropriate and accessible services where necessary.

**The CHAIRMAN:** The time for questions by Government members has expired.

Sitting suspended from 12.06 p.m. to 12.14 p.m.

**The CHAIRMAN:** The Committee is resumed. Non-Government questions.

**Ms BLIGH:** Minister, I would like to ask some supplementary questions about the trip undertaken by the current Children's Commissioner last year while he was on your ministerial staff. What was the duration of the conference that he attended on

behalf of the Commonwealth and what was the duration of the trip?

**Mr LINGARD:** I will ask the Children's Commissioner to come forward and answer that. Just as the Children's Commissioner comes forward, can I answer a previous question that you asked about the number of referrals to police in relation to Task Force Argos? The total is 15. I ask the Children's Commissioner to answer that question.

**Mr ALFORD:** Could I hear the question again, please?

**Ms BLIGH:** What was the duration of the conference that you attended and what was the total duration of the trip?

**Mr ALFORD:** I am relying on memory. I think it went from very late August—I think it was approximately a week.

**Ms BLIGH:** The conference?

**Mr ALFORD:** The conference, and the trip was perhaps one day longer than the week. I went straight there and straight back.

**Ms BLIGH:** Did anybody accompany you on the trip?

**Mr ALFORD:** No.

**Ms BLIGH:** Minister, is it usual for ministerial staff, particularly junior ministerial staff, to travel overseas unaccompanied by either a Minister or senior departmental officers?

**Mr LINGARD:** It is not usual for a conference of the type that Mr Alford went to to come up at that particular time, and certainly it was not usual that Australia needed a representative. Quite obviously, because of the type of conference and because Australia needed a representative, that is why Mr Alford went.

**Ms BLIGH:** Minister, was the trip approved by the Premier?

**Mr LINGARD:** I am not sure. Mr Alford might give an answer to that.

**Mr ALFORD:** All arrangements were made through the Premier's Department, yes.

**Ms BLIGH:** Minister, can I ask you again for the total cost of the trip? I refer to an answer that the Premier gave in questioning about ministerial expenses during his Estimates in which he said—

"The budget is administered by the Ministerial Services Branch. However, how it is spent and the responsibility for overseeing staff and employment are matters for the responsible Minister. So questions regarding individual offices and expenditure in individual offices should be directed to the relevant Minister."

On the Premier's advice, I ask you again for the total cost of Mr Alford's trip.

**Mr LINGARD:** I saw the details of the whole trip. I knew what the costs were. I am not sure exactly what the costing is, because that funding is not relevant to today's Estimates. That funding is relevant to my ministerial report to Parliament, and that is when it will be done.

**Ms BLIGH:** Minister, will you be prepared to provide the total cost on notice to this Committee?

**Mr LINGARD:** No. At this stage I believe it will be something that is presented to Parliament, and I do not think it is correct, therefore, that I present it today. I think you are asking for something which is completely outside this Estimates Committee.

**Ms BLIGH:** Minister, I am referring to expenditure from your department and your ministerial office, which I believe is an appropriate question for the Estimates Committee. I refer you to a press statement that you made on 20 April this year while you were Acting Premier in which you said—

"The coalition Government believes that all Queenslanders have the right to know how and where their taxpayers' dollars are being spent."

Minister, why are you unable to provide the total cost of this trip and what are you trying to hide?

**Mr LINGARD:** That is a completely wrong conclusion, exactly the same as some of your previous questions. I am prepared to give all of those details as will come forward in the report to Parliament on ministerial expenses. To be quite honest, those expenses have not been brought to this Estimates Committee because they are not relevant to this Estimates Committee.

**Ms BLIGH:** When did Mr Alford leave your ministerial staff?

**Mr LINGARD:** I do not know the exact date. It was certainly before any thought of the Children's Commissioner, but I can ask Mr Alford for that specific date.

**Mr ALFORD:** I cannot give you the precise day, but it was the day that the commission Bill passed the Parliament.

**Ms BLIGH:** That is something that we can check.

**Mr LINGARD:** That is very relevant, because it was exactly that day. As soon as the commission Bill came into the Parliament, Mr Alford resigned immediately. Mr Alford was certainly very significant in his knowledge and in his drawing up of that particular legislation.

**Ms BLIGH:** Minister, I refer again to your claim that you nominated Mr Alford to represent the Commonwealth and that other Premiers agreed to this. I have to say I find it surprising that other States of Australia would agree that the Commonwealth representative would be the most junior research person on one Minister's staff. Is there any documentation that can back up your claim? Did other Premiers actually in writing agree to this?

**Mr LINGARD:** Personally, I believe that that is a very immature comment about the junior officer. Mr Alford has been a director of education in Queensland. Mr Alford has a very, very distinguished record. The fact that he was assisting me with research is insignificant to the angle that Mr Alford is probably one of only two or three people in Queensland who can write legislation. Mr Alford has that ability, and there are not many people in the

community of Queensland who can do so. But certainly Mr Alford was acting in my department as a research person.

**Mrs EDMOND:** Minister, you did say before that he was a junior research person. They were your own words.

**Mr LINGARD:** I said that he was employed in a junior research position, and certainly as far as the payment is concerned I think it was the lowest of the positions there at that stage.

**Ms BLIGH:** I guess I find it surprising that you would not have sent one of your senior officers if anybody was going to be sent.

**Mr LINGARD:** Mr Alford had the experience in all types of work to do with the Children's Commission and anything to do with child abuse. That was a very relevant position that he held. As I have said, he of all people in Queensland has the ability to write legislation. I do not think we used the Parliamentary Counsel very much in the preparation of the Children's Commissioner Bill. There would not be many people in Queensland who have the ability to write legislation.

**Ms BLIGH:** I thought that is what we had the Parliamentary Counsel for.

**Mr LINGARD:** We probably do, too, but what I am saying is not relevant to that statement. My statement is relevant to the fact that Mr Alford has the ability to write legislation.

**Ms BLIGH:** Can I just ask a question of the Children's Commissioner through the Minister? You said earlier that a report on your trip would be publicly available. Is it in fact in the Parliamentary Library? How would the Committee access that report?

**Mr LINGARD:** I will ask the Children's Commissioner to answer that.

**Mr ALFORD:** I am not sure whether it is in the Parliamentary Library. I wrote the report and it was sent throughout Australia. I can certainly get a copy and deliver it to you.

**Ms BLIGH:** Would you be prepared to provide a copy to the Committee?

**Mr ALFORD:** I certainly would. As far as I am concerned, it is a public document. If I might just clarify, I did not represent the Commonwealth; I was part of the formal Australian delegation. That delegation, from memory, consisted of about 10 persons. Most of those were nominees of the Commonwealth. There was one seat reserved within that official Australian delegation for a representative of the States and Territories, and it was that position that I occupied with the approval of all the Premiers of the States and Territories.

**Ms SPENCE:** I would just like to refer you to the MPS at page 9. How much of last year's minor capital works budget was expended in Aboriginal and Torres Strait Islander Affairs? It is a novel idea to talk about the MPS here today.

**Mr LINGARD:** Can I ask my program director?

**Ms SPENCE:** And why is the actual cost of last year's capital works not in the Budget papers?

Why is \$8.5m estimated for Torres Strait Islander accommodation but only \$4.5m spent?

**Mr LINGARD:** May I ask my program director, Mr Wauchope, to come forward?

**Mr WAUCHOPE:** There needs to be an explanation. The minor works program is an ongoing expenditure that basically deals with a whole series of minor works throughout our operations, similarly with our office accommodation. The Torres Strait Islander Council office accommodation has been particularly carefully planned in negotiation with the council chairman to ensure that the plans are drawn up and that there is a schedule which allows the construction to occur during the wet season. By agreement with the chairman and as a result of the planning process, the expenditure this year was less than we originally anticipated, but that will be picked up in the process next year and the expenditure brought into line. It has been a very good process in terms of the amount of consultation and the work that has been done to ensure that the communities get exactly what they require in terms of their office accommodation.

**Ms SPENCE:** How much of last year's minor capital works budget was expended?

**Mr WAUCHOPE:** Perhaps Mr O'Brien could assist me there. The vast majority will have been expended as at 30 June this year.

**Mr O'BRIEN:** In terms of the minor capital works expenditure, what we show as expenditure is the full amount of that budget. Some of that money will not actually be spent; it is what is termed as carryover, and it will be carried over into 1997-98 in the ATSIA Program to be spent in 1997-98 on those planned commitments from 1996-97. I do not have the actual figures.

**Ms SPENCE:** I do not really understand what you are saying. You budget for \$1,180,000, but you do not expect to spend that in the year?

**Mr O'BRIEN:** No, we expect to spend it, but due to certain circumstances we may spend only \$980,000. The remaining funds are carried over into the next financial year as a planned commitment for the next financial year.

**Ms SPENCE:** I think that we as the Labor Opposition are quite used to this Government's carrying over of its capital works budget generally, so we understand carryovers. The question is: how much of the budget from last year did you spend and how much are you carrying over this year?

**Mr WAUCHOPE:** I think we should be able to get back to you with those figures.

**Ms SPENCE:** Can I take that on notice?

**Mr WAUCHOPE:** We should be able to do it very rapidly, and hopefully before this Committee rises today.

**Ms SPENCE:** I refer to page 9 of the MPS again. Why has the budget for Program Co-ordination been halved this year?

**Mr LINGARD:** I ask my program director to answer that.

**Mr WAUCHOPE:** It is not that the budget is being halved; it just reflects the fact that we have reorganised the program differently. There is no basic reduction in the overall budget. It is just that the MPS reflects the fact that we made a number of changes through the Working Together Better arrangements. It is just a reflection of the structural change, that is all. There is no loss of funds.

**Ms SPENCE:** There is over \$4m budgeted for last year in this Program Co-ordination area and there is just over \$2m budgeted for this year, and you are trying to tell me that that is not a loss of funds?

**Mr WAUCHOPE:** No, it is simply being moved around. If you look at the total expenditure for the program, you will see that 1996-97 is \$48,827,000 and 1997-98 is \$49,631,000.

**Ms SPENCE:** Where did you move the funds to then?

**Mr WAUCHOPE:** We shifted them around in terms of—as you will see, there is an increase in the allocation to Community Support. The reduction in Program Co-ordination is relatively minor, is it not?

**Ms SPENCE:** The reduction in Program Co-ordination of \$2m?

**Mr WAUCHOPE:** Sorry, I see. I am looking at the estimated actuals, but you can see there that Community Support has risen from \$41m to \$45m and that it simply balances out in the end.

**Ms SPENCE:** Coopers and Lybrand is carrying out a consultancy for your department, I understand. Can you tell the Committee what they are doing, how much this is costing, and what are the stated outcomes and performance criteria by which this consultancy will be assessed?

**Mr LINGARD:** I was pretty sure that I answered that already in a question on notice or to me, but Mr Wauchope might outline exactly the CSO role.

**Mr WAUCHOPE:** What we have done with Coopers and Lybrand—and I would have to say that we are particularly happy with the outcomes of what they have done to date. Essentially what had happened is that originally the Aboriginal Coordinating Council was allocated funds for training purposes but for a number of reasons did not pick up that particular activity. In consultation with the coordinating council, we agreed that we needed some professional expertise and assistance in the financial accountability area utilising the funds that we had set aside for training. So we went out to tender, and Coopers and Lybrand were successful in that tendering process.

They have a number of modules in terms of training councillors and council staff. They go out and work with the councillors and the council staff and assist them with a whole range of financial accountability issues. The feedback that we are getting is that that is proving very useful indeed and a very worthwhile way of doing it. We did in fact pick up the idea from what the ICC had done with the training moneys that they utilised. They did not utilise the same firm, but they had a similar system of bringing in the professional expertise to provide the

training. It is closely linked with all the other key stakeholders in the field to make sure that it is integrated and effective training in the community. So we are very happy with it.

**Mr LINGARD:** Can we give you an answer to the previous question about the carryover of minor works so that we do not have a question on notice?

**Ms SPENCE:** Yes, sure.

**Mr O'BRIEN:** According to figures that I have here, the carryover into 1997-98 was \$693,000.

**Ms SPENCE:** Which would be, what, about half of the minor capital works budget from last year?

**Mr O'BRIEN:** I do not have the actual figure for the minor works budget.

**Ms SPENCE:** I looked at it last night, and that would be about half. Minister, can you explain why you need to carry over half of your minor works budget like that? Does it concern you that the department is not really doing its job in completing those capital works projects that are much needed in the Aboriginal area?

**Mr LINGARD:** No. It explains the particular problems that we have both in the cape and the Cape York area with the wet season. That is always a difficulty. You cannot carry material in there during the wet season. As the program director said, you build in the wet season by the time you have the material there. But if you have not got the material there, you cannot build in the wet season. So there are always variations in our budget. I think the program director has given you the guarantee that it is not a drop in spending; it is all spent.

**Ms SPENCE:** The minor works budget allocation for last year was \$626,000. You have carried over \$693,000. That means that you have carried over more money than you even budgeted for last year, and you have not spent any of your minor works budget that was allocated last year.

**Mr LINGARD:** I will ask Mr O'Brien to answer that.

**Mr O'BRIEN:** I am actually amalgamating two figures. The carryover of the base funding is \$200,000. There is also a figure of \$493,000. I have a feeling that that is the Woorabinda retail store. That is funding that has been put aside by the department to rebuild the Woorabinda retail store after it burnt down.

**Mr WAUCHOPE:** Just to assist in clarification—the minor capital works is different from the major capital works program. As you know, with minor capital works you are responding to small things that need to be done in a hurry. The fact that money would be carried over in the minor capital works program is not the same sort of issue as it is in terms of major capital works, because you are talking about very small amounts of money that are necessary from time to time to fix particular things.

**Ms SPENCE:** I think it reflects, though, the department's inability generally to spend its capital works budget—whether it is on minor capital works or major capital works. I am afraid, Minister, that I cannot accept your explanation of the wet season, because we all know that the wet season is going to

come around every year. I think the department should be planning around that event and able to complete its capital works budget regardless. I will give you some examples: the Charleville child-care centre, where \$305,000 was allocated in 1996-97 and nothing was spent on that program this year; the Cunnamulla child-care centre, where \$272,000 was allocated in last year's budget and nothing was spent; and the Thursday Island child-care centre, where over \$1m was approved but only \$546,000 was spent. Each of these budgetary capital works items has carryovers this year.

**The CHAIRMAN:** The time for non-Government members' questions has expired. We have sufficient time now for one more segment of Government members' questions and then probably one question each from either side before the Committee closes. The next question from the Government side will be from Mr Carroll.

**Mr CARROLL:** Minister, the Human Rights and Equal Opportunity Commission's report on the stolen generation was recently tabled in Parliament. I would like you to confirm the Queensland Government's position on this report. What are the budgetary implications, especially in light of some of the Opposition speeches made in the House on that occasion?

**Mr LINGARD:** From the time that this inquiry was announced in May 1995, this Government has cooperated fully with the commission in relation to the inquiry. The Government's position on this report has not altered from the one we adopted from the outset and the one we outlined in our written submission. In the interim submission, we said—

"The extent of government control over the lives of the Indigenous peoples of the State that occurred in the past, and the high degree of government and institutional interference with Indigenous family life, have had wide-ranging and often tragic impacts on Aboriginal and Torres Strait Islander people in Queensland over successive generations.

Many of those policies and practices and the beliefs which engendered them, are not acceptable today. Current Queensland legislation, policies and practices related to the welfare of Indigenous children and families ... emphasise the importance of maintaining and strengthening Indigenous family, cultural and social ties and identity."

As to the budgetary implications of the Government implementing the recommendations of the report—here in Queensland we have already implemented some of these and are either directly providing the types of services that the report is recommending or funding indigenous community organisations to do this. For example, recommendations 21 through to 30 of the report are about records preservation, minimum standards to records access, and family tracing and reunion services.

The report states that Queensland's Department of Families, Youth and Community Care is the only agency to have approached this issue

comprehensively and with a significant resources commitment and further acknowledges that the Community and Personal Histories Service is one of the largest specialist units to undertake the complex search process on behalf of indigenous searchers.

In addition, the department funds Link-Up (Qld) Aboriginal Corporation, which helps Aboriginal and Torres Strait Islander peoples trace their families and reunite with them. The Community and Personal Histories Service also provides support to Link-Up case workers so that they can access departmental records on behalf of their clients.

The report recommends monetary compensation as the fifth element to reparation measures. The Government's position on individual compensation is that we will consider this matter when the High Court has brought down its decision in the Kruger case. It should be noted that individual actions for compensation have commenced in New South Wales and the Northern Territory. No actions have yet been instituted in Queensland, but litigation is possible, and the cost at this stage is, of course, unknown.

**Miss SIMPSON:** Minister, I have a question with regard to outside school hours care. It is acknowledged that there has been a great need for outside school hours services, and that need has grown in recent years. What is the Queensland Government doing to expand the range and quality of these services?

**Mr LINGARD:** I will ask my acting Director-General to answer that.

**Mr CULBERT:** It is true that outside school hours care is the fastest growth area of child care. There are now, in fact, 410 funded outside school hours care services in this State, including 147 State-administered vacation care services. All up, there are more than 25,000 primary school children aged 5 to 12 in before-school, after-school and vacation care services in this State.

In the 1996-97 budget, the Government committed \$6.06m over three years to initiatives which will enhance the number, range and quality of outside school hours care services. This was done in recognition of the importance to Queensland families of high-quality, supervised care for children before and after school hours and during school holidays. Over three years the Government will continue to expand the number of outside school hour places. It will spend at least \$4.3m to support over 400 services to upgrade their facilities to assist them to meet acceptable standards. It will also create outside school hours care activity programs for 13 to 15-year-olds in another new \$1m initiative.

In addition, and in consultation with services and parents, Queensland will be the first State to provide quality baseline standards to which all services must adhere and which all parent users of outside school hours care services have the right to expect for their children. No other State or Territory can come within any reasonable distance of such a program of reform. For families, this will mean that parents can be assured that, while they work, their children are being well cared for. It will mean that, for

the first time in Australia, 13 to 15-year-olds will have access to innovative outside school hours care programs designed specifically with their needs in mind. It will mean also that parents can have peace of mind knowing that the services they are using for their children meet or exceed the level of service specified in the national standards for outside school hours care.

In the latest round of approvals, the Queensland Government has been able to assist through the department 184 organisations to a total of \$2.9m. Services have been assisted in the provision of sinks, hot and cold water, hot water systems and alterations to increase floor space and provide access ramps. The program also allows for the provision of telephones, food preparation areas, refrigerators, first-aid kits and storage facilities. There have been a number of other matters that the Minister has been negotiating with the Commonwealth to minimise the effects of any changes in Commonwealth funding. I think we have summarised the State funding that is available in the current and forthcoming financial years.

**The CHAIRMAN:** What programs are in place for children in care with disabilities?

**Mr LINGARD:** A recent data-collection process between 1996-97 conducted by the Families Program within my department reveals that approximately 30% of the children who were child protection clients as at 31 December 1995 had an assessed disability and/or challenging behaviour. This indicates that children with disabilities form a significant subgroup of the overall numbers of children in care. Children with disabilities in care are able to access any service that is available for children with disabilities in the general community. That includes the services of both community agencies and other Government departments, such as Health and Education. The department's data-collection process indicated that the most common type of placement for children with disabilities in care was in Shared Family Care. My department is currently engaged in work to improve the capacity of Shared Family Care to effectively accommodate children with disabilities and challenging behaviour.

That is occurring as part of the work surrounding the transfer of Shared Family Care to the community. That includes developing service goals that clearly identify those children as part of the program's target group, improving and broadening the skills of care providers and coordinators in Shared Family Care services to increase the number of placements available for those children, and the development of specialised Shared Family Care services in indigenous and non-indigenous communities to provide placements for those children.

In addition, my department is currently working to reform the residential care and intervention services components of the alternative care and intervention services program. That provides an opportunity to address existing models of residential care that are not responding as appropriately as they could do to the needs of those children. It is clear

that special and innovative responses are required to meet the needs of that client group.

The three programs within my department most closely concerned with that client group have collaborated to develop and implement the children with disabilities in care initiative. In 1995-96 the Families Program, the Disability Program and Community Care Program, formerly divisions of the department, allocated an amount totalling \$480,000 to support children with disabilities in care or at high risk of entry to care who are unable to be cared for by existing departmental and non-Government services. The purpose of this initiative is to significantly enhance the delivery of services to those children and their families. Central to that initiative is the use of discretionary funding to meet the specific needs of those children. The funding has been used to develop individualised care packages for children most in need as identified by the regions. That has provided stability of placement for those children and enabled them to access the care, therapy and other services required to better meet their considerable support needs and to promote their development.

**Mr CARROLL:** I would like to go to the Local Justice Initiatives Program. I understand that many groups have taken access to that program in the last 12 months. What has been funded and what are the purposes of the program?

**Mr LINGARD:** I personally believe that there is great potential in the Local Justice Initiatives Program. I have just returned from Bathurst Island, where I discussed with the elders there how to overcome the problem of petrol sniffing. It is quite obvious that the four—we call them "skins" in Bathurst Island—the four clans have already come to an agreement that it is the elders who should discipline the young children. If it is that they shame the young children in front of others, they believe that that is the way to stop many of the problems. In fact, Bathurst Island reported to me that they believe that they are the only Aboriginal community who do not have the problem of petrol sniffing. They had it at one stage, but they shamed some of the young children with their skins or their clans. They believe that is the most successful program that they have used. Unfortunately, in the rest of the Northern Territory we find petrol sniffing becoming a massive problem. I am sure this afternoon, as I travel through Woorabinda and then through Laura and Aurukun, that I will see the problem that the members of the PAC—people such as Mr D'Arcy and Mr Stephan—have referred back to me, saying what an unbelievable problem we have with petrol sniffing in our Aboriginal communities.

The Local Justice Initiatives Program provides funds to Aboriginal and Torres Strait Islander communities and organisations to develop strategies for dealing with justice issues. The long-term aim of the program is to reduce the number of Aboriginal and Torres Strait Islander people coming into contact with the criminal justice system. Probably our most significant advance is in the area of Kowanyama, where I have excellent people, excellent elders, who are prepared to run an

excellent local justice program and discipline their own children by putting them out onto the out-stations like Baa's Yard. Aurukun has areas as well. I recently saw a poem by Michelangelo Newie, who people might realise played for Canberra as a footballer. He has recently become a paraplegic. He lives on Thursday Island. I will see him over the next couple of days. He wrote a poem saying that the most significant justice that he has ever had served out to him was by his own elders. He was shamed by his own elders. He believes that that is a much better policy—and I believe that it is a much better policy—than putting young Aboriginal children into places such as John Oxley and Leslie Wilson. Unfortunately, they come out of there much more street wise than they ever went in there. They go back to their communities and sometimes they are regarded like gods. I believe that the Local Justice Initiatives Program will be most successful. It is working very well in some of our communities already.

I do not believe that the Torres Strait Islanders need it, because they have their own islands. They run their own discipline very strongly. It is in areas of the cape and areas such as Doomadgee and Woorabinda where that Local Justice Initiatives Program has a real success rate and will be the way that we can stop many of the problems on Aboriginal communities.

**Miss SIMPSON:** I want to ask a question with regard to the new Support for Families funding package that was allocated in the previous budget. How many service providers and families are benefiting from that package?

**Mr LINGARD:** I will ask my acting Director-General to answer that.

**Mr CULBERT:** In the 1996-97 State Budget, \$2.238m was funded for the Support for Families initiative for people with disabilities, with \$2.65m allocated for 1997-98 and in 1998-99. The aim of that initiative was to provide a range of services for families caring for people with disabilities, including respite and accommodation support and specialist services such as counselling and behavioural support. In 1996-97, almost half a million dollars was allocated across regional areas to Government services to provide an additional 12 therapy staff and to enhance early intervention and other specialist services. \$1.75m was allocated under the disability program to the non-Government sector to provide additional support for the families of people with disabilities through the Support for Families initiative.

The target group of the initiative was ageing parents of people with disabilities and young children with disabilities. The initiative was to assist families to deal with the stress and demands that caring for a family member with a disability brings upon other family members. In March this year, \$1.75m in recurrent funds and \$920,000 in non-recurrent funds were approved for allocation under the disability program to community organisations through the Support for Families initiative. The successful applicants addressed a wide range of people with disabilities, their families and carers, which include long-term support through the

provision of ongoing accommodation and short-term support through respite services and emergency support.

In summary, 257 applications were received by the department from community organisations interested in providing a number of services for people with disabilities. Some 59 organisations were successful in gaining recurrent funding, with some organisations providing a number of services across the State. Some 90 families of people with disabilities benefited directly by receiving ongoing accommodation and respite support, while many more will benefit from additional recurrent funding to some 13 respite services throughout the State. A large number of families will also benefit from the injection of an additional \$920,000 in non-recurrent funds into the disability sector. This initiative will enable the community organisations to be able to respond to the needs of families who have a member with a disability in a more timely way, and thus in the long term help to maintain the family unit. It is a further example of the ongoing commitment to addressing and responding in a positive way to the unmet needs of people with disabilities in the community.

**The CHAIRMAN:** Minister, what are the trends in the level of Queensland Government program expenditure on services and infrastructure for Aboriginal and Torres Strait Islander people?

**Mr LINGARD:** I am pleased that this question has been asked in light of the member for Mount Gravatt's question, which tended to indicate that there was a drop in spending in the Torres Strait islands and communities. Let me say that there has been massive expenditure right through the Torres Strait islands and through Cape York by this particular Government. This has been respected and accepted by all of those communities up there.

The Government is committed to addressing the health, housing and other essential infrastructure, education, employment, and family and community service needs of Aboriginal and Torres Strait Islander people in Queensland. There are numerous significant indigenous program development initiatives in each of these important areas. Approximately \$25m is projected to be expended in the 1996-97 financial year aimed at redressing the major difference in health status existing between Aboriginal and Torres Strait Islander people and the general community in Queensland. This represents a 40% increase in the level of expenditure on specific Aboriginal and Torres Strait Islander health services in the 1995-96 financial year.

I will go to Thursday Island over the next couple of days. Anyone who knows Thursday Island will know that the hospital has been completely flattened for a brand new hospital at Thursday Island. Bamaga Hospital is also to be completely rebuilt. I believe that the hospital services through that particular area are a credit to the Minister for Health.

The Queensland Department of Public Works and Housing provides a range of services for Aboriginal and Torres Strait Islander people in Queensland aimed at addressing inadequate housing. Similarly at Thursday Island, \$18.2m has

been expended on housing, with the track areas on the northern side of Thursday Island virtually completely gutted with new housing going in. As well, massive sewerage programs are going on at Thursday Island, and also massive programs are going on at Horn Island. I think that anyone who has travelled through the Torres Strait islands would know that in areas such as Saibai, Boigu, Badu and York Islands, extra housing is being provided. Certainly in the areas of Darnley and Murray, there is a need for extra work to be done. I believe that all of the island areas have developed significantly. I give credit to the former Minister, Mr Ray Connor, for the work that he did in Housing in both the Cape York area and the Torres Strait Islander area.

There are a range of important program initiatives focusing on the provision of other essential health related infrastructure to Aboriginal and Torres Strait Islander communities. The Queensland Government has committed \$23m over three years for the provision of water and waste disposal infrastructure. An amount of \$11m will be announced for Palm Island for the development of the dam there, which has taken probably four to five years to finally get off the ground. It is delightful to see that Palm Island will now have that complete dam infrastructure. Quite obviously, we need to work on the water infrastructure right throughout the Torres Strait islands.

**The CHAIRMAN:** In the time available to the Committee before our scheduled close, we will have one question from non-Government members and one question from Government members. Who would like to ask a question?

**Ms BLIGH:** Minister, can I draw your attention to the capital works table on page 34 of the Ministerial Program Statements? In the 1996-97 budget there was an allocation of \$1.631m for office accommodation fit-outs. Are you able to tell the Committee how much of that money has now been expended and how much of it was spent on your ministerial office?

**Mr LINGARD:** As far as my ministerial office is concerned, obviously that comes under Public Works. Certainly, as expenditure on my office, the finances would be under Public Works. That is quite obvious.

**Ms BLIGH:** So the category there—

**Mr LINGARD:** As far as the \$1.6m—

**Mr O'BRIEN:** We would have to provide that to you—how it has been spent.

**Ms BLIGH:** Can I have the amount of expenditure and the purposes for which that money has been spent?

**Mr O'BRIEN:** Yes.

**The CHAIRMAN:** Are you happy to take that on notice?

**Mr O'BRIEN:** Yes, we will take that on notice.

**The CHAIRMAN:** One question from the Government side. Mr Carroll?

**Mr CARROLL:** In regard to your information strategy for older people, recently your department's

Office of Ageing mailed out material to all State Government Seniors Card holders, which included information on a life insurance scheme. I understand that commissions received by your Office of Ageing through this scheme will be put to a positive use for the benefit of older Queenslanders. How much revenue do you envisage raising through this commission and to what use will it actually be put?

**Mr LINGARD:** I will ask the acting Director-General to answer.

**Mr CULBERT:** I thank the member for that question, because it has been the subject of considerable misunderstanding in the community. The Seniors Card section of the department provides an opportunity for Government and business to work together to benefit older members of the community. For example, the Business Discounts Scheme involves approximately 1,460 private businesses and over 3,000 outlets to provide special services to the over 300,000 Seniors Card holders throughout the State. The recent business agreement between the department and an insurance company provides a further extension of an already beneficial relationship between Seniors Card and its many business supporters.

In return for a financial remuneration, the Seniors Card section of the department assisted this company to mail a trial promotional offer in respect of life insurance to card holders aged 60 to 74 years. All appropriate measures were taken to ensure Seniors Card holders' privacy was protected with that mail-out being done by an impartial third-party mailing house. The insurance promotion contained a no-risk offer, which provides for a full 30-day cooling-off period to enable card holders to make sure that the insurance policy met their needs and to return the policy for cancellation should they change their minds.

Additionally, recipients of the offer were advised that inclusion of the promotional offer in no way represented an endorsement of the product by the department. This agreement between the department and the insurance company provides a cost-efficient way of updating the mailing list to holders of Seniors Cards, saving the taxpayers money and providing opportunities for value-added benefits to card holders. Even more importantly, advice from the insurance company, which has been

based on the response to the insurance offer to date, suggests that this scheme will generate an estimated revenue of \$0.97m for the department over five years, which will be used to directly fund a new initiative which has significant community support, namely, the Seniors Information Strategy.

Consultations conducted by the department have consistently highlighted that older people consider access to information as being a high priority. It is well known that information is essential to enable people to participate fully in society, to access available services and entitlements, particularly Government entitlements, and to act on opportunities and to make informed decisions which shape their lives. Without adequate information, there is a risk that people will not be aware of the services and benefits to which they are entitled. Experience in other States has shown that older people seek information on issues ranging from health to finance and from housing to leisure. There is also evidence to suggest that people commonly experience difficulty in accessing such information. The information strategy will aim to provide the best possible information service to Queensland's seniors that is possible within budgetary constraints. The department will seek tenders from appropriate organisations which will be interested in providing such a service.

**The CHAIRMAN:** Thank you. We have now reached the end of our allocated time for the Department of Families, Youth and Community Care. There being no further questions, that concludes the examination of the Estimates for the Minister for Families, Youth and Community Care. I thank the Minister and the portfolio officers for their attendance. The Committee will now break for lunch. We shall resume to consider the Estimates of the Minister for Health at 2.30 p.m.

**Mr LINGARD:** Madam Chairman, on behalf of my department, I also thank the Estimates Committee—you as Chairman, the member for Mount Coot-tha as the Deputy Chairman and the other members of the Estimates Committee—for the way in which this hearing has been conducted. I also thank the members of my staff. It must be unbelievable to sit there waiting for a question but not being asked a question! I thank them for all the preparation for this particular Estimates hearing. Thank you.

Sitting suspended from 12.58 p.m. to 2.30 p.m.

**DEPARTMENT OF HEALTH****IN ATTENDANCE**

Hon. M. J. Horan, Minister for Health  
 Dr R. Stable, Director-General  
 Mr R. Pitt, Deputy Director-General (Planning and Systems)  
 Dr J. Youngman, Deputy Director-General (Health Services)  
 Mr D. Jay, Director, Capital Works Branch  
 Dr D. Lange, Chief Health Officer  
 Dr J. Scott, State Manager, Public Health Services Branch  
 Mr M. Kilner, Director, Organisational Development Branch  
 Mr A. Davis, Manager, Finance Unit  
 Dr M. Cleary, Medical Adviser, Elective Surgery Team

**The CHAIRMAN:** Good afternoon, ladies and gentlemen, and welcome. The next portfolio that the Committee will examine relates to the Minister for Health. I remind members of the Committee and the Minister that the time limit for questions is one minute and answers are to be no longer than three minutes. The timekeeper will give a 15 second warning before the end of these time limits. With the agreement of the Chair, the questioner may consent to extra time for the answer. A further bell will ring at two minutes of extra time. The Minister may make a five minute introductory statement. The Sessional Orders require that the Committee allots at least half the time for questions to non-Government members. I ask departmental witnesses to identify themselves before they answer a question so that Hansard can record that information in the transcript.

I inform the media that the Committee will allow filming for file footage purposes only during the introductory statements and changeover of Ministers. I declare that the proposed expenditure for the Minister of Health be open for examination. The question before the Committee is—

"That the proposed expenditure be agreed to."

Minister, would you like to make a brief introductory statement?

**Mr HORAN:** Thank you. Madam Chair, honourable members of Estimates Committee G and ladies and gentlemen, it is indeed a pleasure to make this preliminary statement because, as we move into this new record budget of some \$3.4 billion for Health, we can reflect back on a year in which, under the previous record budget, we have been able to get back to basics, treat more people and, most importantly, establish a well-managed and confident system under the operation of one team. We have been able to bring Queensland Health under a team that concentrates on treating people.

In terms of treating patients, which is the probably one of the most important statistics for these Estimates, in the current financial year of 1996-

97, in-patient treatments have increased by 5.9%, taking the figure to 669,600 patients. We have seen outpatient treatments or occasions of service increase by 7.8%, taking it up to 6,949,600 occasions of service. Through the processes and the funds provided in the new budget, we estimate a 4.9% increase in the number of in-patients treated and a 2.4% increase in occasions of service for outpatients in the new financial year.

One of the major achievements of the past year has been that we were able to return Queensland Health to budget integrity. The 1996-97 budget has not required additional Treasury supplementation for hospital bailouts or budget overruns; it has required only the legitimate supplementation that occurs each and every other year. We now see the benefits of a well-managed system which, in light of the new money that the budget provides, includes the processes for how we decide who should receive funding and what particular parts of the State should receive funding. Instead of having to operate according to crisis decisions, who had overruns and who needs bailouts, we are able to look fairly at where the true growth areas have been and where the basic needs are and make good decisions on that basis.

During the year, 38 district health councils were established which, along with the Mater Hospital Board, provide genuine community input into how health services are run throughout the State. The district health councils have all been linked to service agreements, and all the districts received their service agreements immediately after the Budget was brought down in Parliament.

One of our major achievements has been the Surgery on Time Program. Under the previous Government, Queensland was the worst State in Australia for waiting times for Category 1 elective surgery. Now it is one of the best. Currently, only 2.3% of Category 1 elective surgery patients wait longer than 30 days for treatment. We have expended money in this budget and the budget we are about to examine on very important basic areas such as intensive care, renal services, cardiac care and additional specialist services. That is all an indication of how we have been determined to get back to basics.

In the area of public health, our major initiatives have been in immunisation and breast screening. We have set targets for our organisation to achieve. We moved the Rural Health Unit to Roma where it should be, in the country. We have established a Rural Health Advisory Council which has been looking at recruitment and retention in the management of aerial services, scholarship schemes and various credentialling systems. It provides us with advice on where we need particular services such as allied health services. We have achieved an increase of approximately 4% in dental services throughout the year. Again, that is an indication that we are treating more people.

We have seen an expansion of community services for mental health. The budget that we are now examining provides for a very substantial increase in the acute services that we are providing

in wards of hospitals where people actually live. In community health, there has been a very large increase in the amount of HACC funding provided by the Commonwealth and the State. We have also provided additional child health nurses.

One of the major issues of this budget and the budget that we have just worked through is capital works. This year, a record amount of State funding, \$295m, will all be spent by 30 June. Next financial year, some \$556m will be provided in the biggest capital works program ever attempted by any Health Department or Government in Australia.

In terms of staffing, our major achievement has been not only the restructure but also the development of EB 2. I thank all the staff of Queensland Health for the leadership and commitment that they have shown throughout the year, which have resulted in the achievements that I have just outlined. People now have confidence in the future of Queensland Health. It is now in the hands of people who have real experience and clinical knowledge. We are concentrating on providing quality care for the people of Queensland.

**The CHAIRMAN:** Thank you, Minister. We will now begin the hearing. I ask the media to leave, thank you. It is the Committee's intention to operate the hearing in 20-minute segments. The first segment is for non-Government members. I call the member for Mount Coot-tha, Mrs Edmond.

**Mrs EDMOND:** I acknowledge the presence of a large departmental contingent and I thank them for coming. At the same time, I point out, so that there can be no repeat—

An incident having occurred in the public gallery—

**The CHAIRMAN:** Before the Committee proceeds, I remind the persons in the public gallery that this is a hearing of the Queensland Parliament. I warn you that if you wish to demonstrate, you should do so outside the building. If the demonstration in the gallery is designed to obstruct this hearing, I will ask for the gallery to be cleared. We will suspend the proceedings until the gallery is cleared.

A further incident having occurred in the public gallery—

**The CHAIRMAN:** The Committee is adjourned for a few minutes until the gallery is cleared.

Sitting suspended from 2.38 p.m. till 2.40 p.m.

**The CHAIRMAN:** The Committee will now resume. I call the member for Mount Coot-tha.

**Mrs EDMOND:** I will start again. I wish to acknowledge the presence of a very, very large departmental contingent. Just so that there can be no mistake, as there seems to have been last year—mistakes that I found rather offensive—I would like it on record that I did not request any departmental officers to come; I was quite happy to direct my questions to the Minister. My first question to the Minister is: given the Liberal Party's recently announced policy on prostitution and the review being carried out by a Cabinet committee of which you are a senior member, what strategies do you

have in place to ensure that there is not an increase in AIDS and STDs as a direct result of prostitution, and where is this identified in the Ministerial Program Statements?

**Mr HORAN:** In response to your initial comment, I make the point that I would be quite happy to take your questions all day long. Out of courtesy to all members of Estimates Committee G, I have brought along a full complement of staff so that we can provide all of the answers and information you require. I believe it is important that the staff be here; they have done the work during the year and this gives them the opportunity to answer some questions.

From media reports, you would be aware that an interdepartmental review of a number of departments is under way. It will be reviewing the laws put in place by the previous Government. My contribution will be from the point of view of health services. The Cabinet will make the ultimate decision. Your question asked what processes we have in place regarding HIV/AIDS. You would be aware that we have a very large sexual health section within Queensland Health. It is currently handling that situation and is doing a good job. In respect of AIDS, we increased the funding of the Queensland AIDS Council. That organisation uses those funds particularly for research, education, for looking after carers and so forth. We have sexual health officers throughout the State. We provide special funding in the area of prostitution, and those sorts of services will continue.

**Mrs EDMOND:** You said in your media statement of 11 June that you did not want to see an increase in STDs and AIDS as a result of changes to prostitution laws. What strategies are you undertaking within the current laws and how many people are we talking about? What are the figures? How many people are contracting AIDS and STDs as a result of participation in prostitution? If you do not know how many there are now, how do you know whether there will be an increase with any changes?

**Mr HORAN:** The interdepartmental review process that we will be going through will be very detailed and comprehensive. We will be analysing the number of STDs present now and the number in the past. We have that data to go on. We will then look at what the expected increase or decrease would be depending upon which systems were considered. A number of different systems are in operation throughout Australia. We will be working very carefully through this process. As you would understand, this involves not only Health but also a number of other departments. We have had sexual health officers in place for many, many years, and we continue to fund them. I have just explained that we fund the AIDS Council. We provide funding for specialised units and groups that assist prostitutes. We will work through the entire review. As we work through it, my department will look at whatever is suggested and will consider whether that will bring about an increase or decrease in sexual health. Those are the sorts of things that we will work through gradually and carefully.

**Mrs EDMOND:** Minister, you do not seem to have any idea whether anyone is being infected with AIDS or STDs through prostitution.

**Mr HORAN:** No, we have those figures.

**Mrs EDMOND:** Do you liaise, exchange figures with or provide support for groups such as SQWISI or the other prostitution community health organisations?

**Mr HORAN:** I just said that we do. I said also that, in working through the review, our department will use all of those figures. We will have meetings within the department and we will analyse carefully step by step as we go through the prostitution review, from the point of view of health and various policies, what our input will be and how we will argue our case during that prostitution review. It is in the very, very early stages. We keep figures in the Health Department regarding STDs and AIDS—for example, in what parts of Queensland they were contracted. Those figures are available. Those are the sorts of figures that will be used as a background. We will also use the department's figures on STDs and AIDS in respect of the prostitution industry.

**Mrs EDMOND:** Madam Chair, I was trying to get a grip on what numbers we are talking about. Could I ask that that question be taken on notice and that those figures be supplied to me later, because we have not heard a single figure to date?

**The CHAIRMAN:** That can be done if the Minister is agreeable. That is up to the Minister. Would you provide those figures on notice?

**Mr HORAN:** Madam Chairman, I do not carry the figures for STDs and AIDS around in my head. However, as I said, the figures for sexually transmitted diseases and AIDS are kept in the department. Those are the sorts of figures that we are happy to provide on notice in the correct amount of time, which I understand is by the close of business tomorrow.

**Mrs EDMOND:** I take the Minister to a Medical Journal of Australia report which stated that 11 Queensland babies were stillborn as a result of congenital syphilis, with over 100 notifications of syphilis across Queensland. Where in your Ministerial Program Statements do you even acknowledge this problem?

**Mr HORAN:** The individual problems that come up in public health are not all acknowledged in there. I will get the officer in charge of public health to give you the details of what we do regarding the control of syphilis. The details are that six babies were reported stillborn due to syphilis last year and 100 notifications were received by Queensland Health. The service that we provide in the area of sexually transmitted diseases comes within our public health area, and I will get Dr John Scott to give you details of the sorts of services that we provide and the services that we will be providing in the new budget.

**Mrs EDMOND:** Dr Scott, this is not a small figure, this is a national disgrace. It is something that has brought international attention to Queensland. It is a significant issue.

**Mr HORAN:** The question was directed to me.

**Mrs EDMOND:** I thought you would call Dr Scott to—

**Mr HORAN:** Your question is to me, and I have passed it on to him.

**Dr SCOTT:** We are aware that problems exist. We are implementing a couple of strategies at present. The first one was implemented from the beginning of this financial year in the Woorabinda district through our Public Health Unit working out of Rockhampton. This strategy specifically covers antenatal monitoring for evidence of syphilis infection and then early treatment.

The early results as far as we can see are very promising in that we have been able to reduce the numbers of congenitally acquired syphilis infections basically to zero under that program. We are looking to expand that, and at the moment we are developing a sexual health policy for north Queensland through our Tropical Public Health Unit in Cairns which we will be looking then to implement through the various communities in north Queensland. The other issue of course is getting away from Cairns to work in the Mount Isa district, because there are problems there as well. We have just been able to establish funding from the Commonwealth for a Centre for Remote Health which will be set up in Mount Isa. Again, one of the chief areas that we will be looking at there that we have identified as a problem is sexually transmitted infections, particularly in the indigenous community. We will therefore be looking to address probably about \$200,000 to indigenous health out there, of which quite a significant component will go to sexual health. So they are the initiatives that we are looking at at the moment. The early indications, as I said, from Woorabinda are that we are getting very promising results.

**Mrs EDMOND:** I also refer to the fact that Queensland has twice the national average of the sexually transmitted disease chlamydia and the highest rate of teenage pregnancy. Where in your Program Statements do you show funding for community health groups to deal with this? We have probably seen some of the frustrations felt by those groups here today.

**Mr HORAN:** I was earlier referring to the information we would have on STDs. I draw your attention to the fact that we do not ask people whether they are prostitutes or not when we are dealing with people who have an STD, and neither did your Government previously.

**Mrs EDMOND:** You ask—

**Mr HORAN:** You were particularly asking previously about that sort of—

**Mrs EDMOND:** You do ask for a list of contacts, surely.

**Mr HORAN:** No, we do not ask whether people are prostitutes.

**Mrs EDMOND:** That is a must, is it not, Dr Stable—unless things have changed dramatically in the last year?

**Mr HORAN:** No, they do not list them down as prostitutes, but they certainly do follow through on what their—

**Mrs EDMOND:** Madam Chair, can I just clarify this? It has always been a standard procedure that any STD is a notifiable disease and you must notify your contacts.

**Mr HORAN:** Certainly.

**Mrs EDMOND:** That is why they are asked specifically if they have a wide range of contacts.

**Mr HORAN:** They are asked for their contacts but they are not asked whether or not they are a prostitute, because people do not have to be a prostitute to have a number of partners, as sometimes occurs. The next part of your question was—

**Mrs EDMOND:** Things are changing.

**Mr HORAN:** The next part of your question was with regard to chlamydia. Again I pass that on to Dr Scott as the person in charge of public health, because that comes under that particular program.

**Dr SCOTT:** Chlamydia is one of the more difficult STIs to assess on the basis that the tests are very difficult to interpret sometimes—certainly much more difficult than for syphilis and for gonorrhoea. The indications are that, yes, chlamydia is quite widespread throughout Australia. There are problems sometimes with respect to actually ascertaining when you have got cases and when you have not. Sometimes higher numbers do not necessarily indicate that the situation is in fact worse; it may just indicate that there is better ascertainment of cases. Having said that, at the moment what we are looking to do is to institute more readily available testing procedures, particularly based round a newly developing test called polymerase chain reaction. This is going to allow us to more easily identify cases of chlamydia from urine samples. At the present time one of the difficulties is getting people to come in and take a test which may sometimes be unpleasant or embarrassing or may also be difficult to do if you are in an isolated area. With PCR testing we will be in a much better position to be able to ascertain cases.

The difficulty is that it is not just a matter of then diagnosing someone, giving them the treatment and away they go, because you then have to get people to stay on treatment, which can sometimes require long-term involvement. So we really need to, as well as developing testing procedures and treatment procedures, put the sexual health services in place to deliver on those services. As I indicated before, we are looking to establish those through the Woorabinda pilot, through the work that is being done in north Queensland and in north-western Queensland.

**Ms BLIGH:** Minister, I refer you to the south-east Queensland linen supply and demand survey which recommends the construction of a new laundry at the Baillie Henderson Hospital in Toowoomba at a cost of \$4.5m and proposes that linen from the Logan Hospital, currently being laundered at the new PA Hospital laundry in compliance with all required benchmarks, will now be

sent to this new laundry at Baillie Henderson. What is the economic rationale for cutting up to 40 jobs from the Princess Alexandra laundry in order to send linen from Logan to your electorate at a capital cost of \$4.5m and unknown increases in transport costs in light of the four hour return trip?

**Mr HORAN:** It is being done to bring about an improvement in actual costs and so forth, similar to the way in which your Government cut some 50 or more positions out of the Royal Brisbane Hospital when that particular laundry was closed down. I will ask Mr David Jay, who is the director of our capital works program, to describe to you why they are using that particular system. I can give you an assurance that it has absolutely nothing to do with the fact that the Baillie Henderson laundry is in my electorate, and I think it is ridiculous for you to make that assumption. I had no part in making such a decision as that. The recommendation has come through that, for reasons of efficiency and reasons of saving money so that more money can be actually spent on providing the clinical services that we are aiming to do, they put in place the best possible system in that regard. It is also paying due regard to the various capacities of laundries and the available machinery and equipment.

**Ms BLIGH:** I understand that. Just before Mr Jay answers, I want to clarify the question. My question is: how will it save money to send linen from Logan to Toowoomba?

**Mr HORAN:** I will ask Mr Jay to provide you with that information.

**Mr JAY:** The statement you have made is part of a total look at the linen services, and we are looking at linen services through to the years 2001-2006. So we are basically looking at providing a totality of linen services and looking at the best places from which those linen services can be delivered. Baillie Henderson has specific advantages inasmuch as there is an existing linen service there and there is some physical infrastructure in place, and it was seen that at least some of the linen supply that is currently being delivered from, let us say, the metropolitan area could in fact be delivered from Baillie Henderson. The actual cost of the supply and delivery of linen is fundamentally about the actual washing and treatment, as you would expect, and not about the transport of the linen itself. There was a suggestion that some jobs were being lost and transferred from A to B. That is not the case at all. In fact, because we have increasing demands for linen throughout the metropolitan area, the Brisbane metropolitan linen service will be increased in size, which is basically the one that is based at the Princess Alexandra. Those services which are being provided, let us say, in the corridor from Ipswich upwards towards Toowoomba are in fact serviced from Baillie Henderson. You would be aware that Logan is in a relatively good location for feeding straight up the valley to Baillie Henderson. The actual transport is not a major component of that.

**Ms BLIGH:** Can I just take you back to your statement about the future of the laundry at the PA? It is my understanding that their current load is 130 tonnes a week, and part of the recommendation of

this survey is that that will drop to 80 and 40 jobs will be lost. Can you clarify that?

**Mr JAY:** I do not believe that any jobs will be lost. It has not been our intention to downsize. It has certainly been our intention to, if anything, upscale the linen supply from there, so I am not aware that that is correct. It is certainly not a decision—

**Ms BLIGH:** I understand that Mr Pitt has actually forwarded a memo to the hospital outlining the future in which it is stated that it will decrease to 80 tonnes. So are you telling me that you will keep the same number of staff on to do two-thirds of the current load?

**Mr JAY:** I can only comment once again that it was not our intention to decrease the load from that service.

**The CHAIRMAN:** The time for non-Government questions has expired. We now turn to Government questions. Minister, would you please outline the restructure process implemented across Queensland over the past year which has established the 38 district health services? What feedback has the State Government received about the current operation of the district health services system?

**Mr HORAN:** We have put in place during this current year a system of districts which involve 39 districts throughout Queensland, one of which involves the Mater Hospital and is administered by that board. That meant we then had to put in place 38 district health councils. That process commenced late last year. There were 1,700 applicants for the 320 positions that would apply to the 38 district health councils that we had to put in place.

We believe that, by the closure of the regional health authority system, we have actually saved in the order of \$10m in 1996-97, and the indication for recurrent savings in 1997-98 is some \$12.7m. The district health council system has been working extremely well. The councils were selected late last year. Legislation went through Parliament. The councils commenced operation in late January, early February of this year and we found that they have been working very satisfactorily in providing for genuine community input in the way we run the health districts. It has provided very good support to our leaders in those districts, particularly the district managers and the executives of the district. It has given them a good sounding board that represents the various parts of the district—people who come from various walks of life. Probably 30% or 40% of them have a clinical background and the rest are business leaders. I think that overall it has really helped the communities increase their confidence in the health system, knowing that not only have they got the senior executive to talk to but they also have the community leaders.

The role of the district health councils has been to particularly advise and assist the district manager in the development of service agreements; to oversee and monitor how those service agreements operate throughout the year, particularly to see that areas which should be quarantined, such as mental health funds, are quarantined; to oversee and monitor the district health budget; to contribute to

the strategic direction and policy that is put in place by the district; to monitor financial compliance; to make some decisions on minor capital works; and also—and I think this is important—to have a representation on selection panels for the selection of senior executives in that district. Overall, I think the district health service system has helped very much to contribute to the success that we have experienced and the achievements that have been made in the last 12 months by Queensland Health. It has given people a feeling of belonging, ownership and involvement, and I think at the same time it has provided our staff with the support and back-up of knowing that the community cares about them.

**Mr CARROLL:** My question is in regard to another of the changes that you have implemented. I would like to know the changes to patient activity numbers, both same day and overnight, as a result of the implementation of your Back to Basics approach to health care as it has been implemented over the past 12 months in Queensland's public health system.

**Mr HORAN:** I think one of the most pleasing parts about the changes that we have undertaken in Queensland Health has been the increases in in-patient activity. The estimated separations for 1996-97 is 669,600, which is an increase of some 5.9% over the actual separations for 1995-96 of 632,000. So that is almost a 6% increase. That simply means that more people have been treated as in-patients in the hospitals; the service has been available to more people. In 1997-98, through this budget that we are examining now, we expect that absolute number to increase to 702,200, which would be a 4.9% increase next year.

In terms of average length of stay, we have seen the average length of stay actually decrease from 4.38 to 3.96. The prediction for 1997-98 is that it could come down further to 3.87. In non-inpatient occasions of service, that is, the various out-patient services, rehabilitation services and so forth that are provided on a non-inpatient basis, there were actually 6,444,900 occasions of service for 1995-96 and for 1996-97, a 7.8% increase to 6,949,600. We expect in the new financial year that it will increase over the 7 million occasions of service mark to 7,117,800, which will be a further 2.4% increase.

I think that has been the important thing when talking about budget integrity and being able to work within properly managed and balanced budgets. At the same time, being able to treat more people, both in-patients and outpatients, has been a major achievement of Queensland Health. I think when you look at the end of the last financial year of 1995-96, when we had to deal with a staggering \$54m hospital budget blow-out, we had to fix that problem. We are still fixing the problem of the \$24m blow-out from the 1994-95 year and paying that off year by year. Despite all of that, we have been able to stay within budget and treat more people.

**Miss SIMPSON:** You just made reference to previous budget blow-outs. In your opening statement you said that Queensland Health had operated within its budget allocation without supplementary top-ups from Treasury. Could you

give a more detailed outline of how Queensland Health in the 1996-97 financial year performed compared to recent years as far as budget overruns went?

**Mr HORAN:** It is pointed out, particularly in the Ministerial Program Statements, that there was no Treasury supplementation required other than that which was Budget approved normal supplementation, such as approved wage rises and so forth. In 1994-95 there was a budget overrun that required a supplement of some \$24m. That was left to us to pick up the tab. We are paying that off at \$8m per year. We also had to pay off a budget overrun of \$54m for 1995-96. One of the problems that we also found in coming into Government was that accounts were not being paid on time. We have insisted that accounts be paid within the normal commercial process time of 30 days, and we do random audits to ensure that that is occurring.

We have been able to bring out budget integrity not only of staying within the budget but also of the districts knowing exactly where we stand so that we do have a finite budget. Although it is a record budget and record amounts of money are provided to the districts, at the end of the day they are the amounts that the districts have to work within. If we have a health system that will work efficiently and confidently, that the staff, the patients and the people can have confidence in, we must work professionally in a well managed way rather than work on a crisis system of trying to find money for bailouts.

We did not have any budget overruns; we did not have to go to Treasury and ask for any money for bailouts this year. I think that has been one of the major achievements of Health, and I think the people who pay the tax certainly want to see a system as well managed despite the fact that it is a record budget. Within that, as I said in my opening remarks, I think one of the key issues that has come out of having a balanced, well managed budget has been that the staff of Queensland Health can make fair judgment on where new moneys are to go. Knowing that each district has worked within its budget, we can then look at where the growth areas have been, where the special needs are, where the special medical or clinical needs are and apportion the money very fairly without simply having to say that this particular district ran over budget so we have to provide moneys there.

I think as a result the district managers and their staff all feel that they are being treated fairly and that if they work within a balanced budget they are not being penalised, whereas previously all that some people thought they had to do was run over budget and they would be bailed out. It has brought about a vast improvement, a vast increase in confidence and, most importantly, a huge increase in the number of in-patients and outpatients who have been treated.

**The CHAIRMAN:** \$72.9m has been allocated to continue the Government's fight against elective surgery waiting lists through its Surgery on Time Program. How will this funding package be allocated and what funding will be directed to maintaining

Category 1 results and reducing Category 2 waiting times?

**Mr HORAN:** Of the \$73m, \$30m has been made available through the Casemix incentive strategy and the Medicare performance pools and will be used to maintain the Category 1 achievements that we have. Of the additional money that we have, that is, the \$42.9m, approximately \$25.2m is one-off funding which is to address the backlog in Category 2, that is, the percentage of patients who are waiting more than 90 days. The balance of it, \$17.7m, is recurrent funding. That recurrent funding then remains in the hospital budgets from year to year, firstly to contribute to maintaining Category 1 long waits of less than 5% and, secondly, to maintain the Category 2 percentage of long waits at the level down to which we are able to bring that particular money.

As to the one-off funding itself—we have to be very careful how we use that so that we do not totally overheat the system, because it is one-off funding. That will be used to purchase extra VMO sessions. It will be used to purchase any necessary after hours, Saturday morning and weekend sessions. It will also be used to permanently expand services, including the employment of extra clinical and nursing staff. As I said, some \$17.7m of that money will remain in the recurrent budget.

I think that the achievements of Surgery on Time have been some of the outstanding achievements of the department. This State had the worst percentage of long waits in Australia. We are now virtually standing at 2.3% long waits, which is amongst the best in Australia. That has been a major achievement, and it has brought about renewed confidence in Queensland Health. It has also given our staff who work in Surgery on Time the opportunity to be part of a very exciting program and to contribute their talents to the organisation in the preparation and the planning of how it would actually happen.

**Mr CARROLL:** There is no doubt that Surgery on Time is working. However, I would like to know what are the latest figures for both Categories 1 and 2. I would also like to know how they compare with the period leading up to the commencement of your Surgery on Time program on 1 July 1996.

**Mr HORAN:** Right now, the percentage of long waits for Category 1 sits at 2.6%. That is down from some 49%, so it has been a huge achievement to pull it down by that much. The satisfactory thing about these figures is that we are keeping them under 5%. With the exception of one month when there were very few days for elective surgery—when I think it went to 5.1%—it has consistently stayed at less than 5% since the time that we achieved that particular benchmark. It is now sitting at some 2.6%. In fact, I have the latest figures here. It is now 2.3%.

Category 2 is at 44.1%. That does compare with 42.6%. So that is the problem area that we now attack. That is the problem for which we have this additional money in this new budget—one-off funds to actually reduce the numbers of long waits and to reduce the percentage, and then recurrent funding which will actually provide for the continuation of

that staffing and the continuation of the organisation and the process to hold the Category 2s.

One of the major things that we wanted to achieve was not only to bring Category 1 down to less than 5% but to be able to hold Category 1 at less than 5%. That is important; otherwise you really cannot claim the success of the Surgery on Time scheme. As we move into the real challenge of Category 2, which is a very big category—one of the biggest categories of all, and a very difficult category in which to make this achievement—we do have to bring the mountain of long waits down and then hold them from year to year. We are expecting that the amount of money that we have is going to make a major difference to Category 2.

This is the first time in many years that anything like this has been attempted in Queensland. It has required an enormous amount of organisation. It is certainly very, very challenging and very difficult because of the different hospitals that are involved, the different specialties and the needs of the different specialties. We are confident that the amount of money that has been provided in this budget—and it is very significant, this additional \$43m—on top of the management, the planning and the operation that is in place and the experience that has been gained since 1 July last year, is going to see a major cut in the percentage of long waits for Category 2.

**Miss SIMPSON:** Minister, currently there are 10 major Queensland hospitals that are part of the Surgery on Time project. I acknowledge the Nambour Hospital staff who have been part of that very successful project. Does the State Government have any plans to expand Surgery on Time to other Queensland public hospitals and, if so, which hospitals?

**Mr HORAN:** I will pass this question on to Dr Michael Cleary, who is in charge of Surgery on Time. We have 10 core hospitals involved in the program: Cairns, Gold Coast, Ipswich, Nambour, Princess Alexandra, Rockhampton, Royal Brisbane, Prince Charles, Toowoomba and Townsville. Dr Cleary will describe to you the other 22 hospitals to be involved, how they are involved at the moment and how they will be involved as we expand to them.

**Dr CLEARY:** The 10 hospitals that you have heard about are the major facilities in Queensland that undertake almost 75% of elective surgery when measured in terms of bed days. We plan, therefore, to expand the project to accommodate approximately 85% of all elective surgery in the State. This meant that we had to expand the project to an additional 22 hospitals. Those hospitals have been broken into two groups: a Phase 1 group, which is obviously the larger group of hospitals; and Phase 3, which is a smaller group of hospitals. The hospitals involved in Phase 2 are Bundaberg, Caboolture, Logan, Mackay, Maryborough, Mater Adult and Mater Children's, Mount Isa, QE II, Redcliffe, Royal Children's and Royal Women's. The Phase 3 hospitals are Atherton, Beaudesert, Caloundra, Emerald, Gladstone, Gympie, Innisfail, Kingaroy, Kirwan Hospital for Women in Townsville, and the Redland Hospital.

The way that the project will expand to incorporate these hospitals is, firstly, that these hospitals now have elective surgery liaison officers in place. These officers are responsible for the coordination of elective surgery within those facilities. I believe that we have a very good system which fosters the development of systems in those hospitals whereby they liaise with our elective surgery coordinators in the major facilities. So the family, if you like, has grown in those institutions.

The hospitals are also now reporting on their elective surgery throughput and their waiting lists. We are currently coordinating the collection of data from those facilities. By the beginning of this current financial year we will have a good understanding of the volume and complexity of surgery being undertaken in those facilities. On the whole, all of these facilities participate in the funding arrangements. They receive funding through the elective surgery maintenance pool. These funds are there to maintain the Category 1 throughput.

**The CHAIRMAN:** The time for Government members' questions has expired. It is now time for non-Government members' questions.

**Mr ELDER:** Minister, I have a couple of questions in relation to your capital works program. What role does the President of the Queensland National Party, David Russell, QC, play in expediting your capital works program?

**Mr HORAN:** That is a very strange question that you ask. The capital works program in Queensland Health is managed through the Capital Works Task Force. That task force meets regularly and has all of the details of each project around the State—

**Mr ELDER:** Is he on the task force?

**Mr HORAN:** And what has been done to date.

**Mr ELDER:** Is he on the task force?

**Mr HORAN:** I will just answer your question. On that Capital Works Task Force we have a number of executives of Queensland Health and three people representing private enterprise.

**Mr ELDER:** Is he one of those three people representing private enterprise?

**Mr HORAN:** It meets regularly. I know why you asked the question. I think you are concerned that, on one occasion, we had lunch with the President of the National Party to comment to him on a number of things and how things were going. As the leader of the National Party, he would be pretty interested in knowing that we were doing the sorts of things that our policy directs us to do, that is, getting on with the job and getting back to basics.

**Mr ELDER:** You said, "We had lunch." Who is "we"?

**Mr HORAN:** It was myself and two of our staff. What is the question?

**Mr ELDER:** What role does he play in expediting the capital works program? Does he play a role in expediting the capital works program?

**Mr HORAN:** He plays a role in seeing that the policy of the party is carried out and that we are

following the basics of our policy, such as getting back to basics.

**Mr ELDER:** What projects does he have a role in?

**Mr HORAN:** No, he would like to know that we as a Government are getting on with getting back to basics, are delivering on capital works programs and are actually doing the sorts of things that the people of our party want to see being done, that is, that we are actually doing the projects that we are promising we are going to do and that we have funded to do.

**Mr ELDER:** So you and two of your officers had lunch with David Russell and spoke about expediting the capital works program; is that correct?

**Mr HORAN:** No. We spoke about a number of things at that meeting.

**Mr ELDER:** But you did not talk about expediting your capital works program?

**Mr HORAN:** We spoke about a number of things at that meeting.

**Mr ELDER:** My question was pretty simple.

**Mr HORAN:** I will answer the question. I make the point that you are really referring to matters under the MSB.

**Mr ELDER:** Capital works program—\$276m this year—

**Mr HORAN:** It is quite in order for us to discuss with the National Party leader the policies that we are implementing, the policy direction that we are taking to get our capital works programs under way, and the fact that we are achieving them. I think the people want to see that they are being achieved.

**Mr ELDER:** So you were discussing policy?

**Mr HORAN:** We discussed policy and in particular—

**Mr ELDER:** The claim made by Mr McClune—and the claim was very stark in what it said—stated "expediting the capital works program". Was that a false claim?

**Mr HORAN:** It was not a false claim.

**Mr ELDER:** Then who is right?

**Mr HORAN:** As I said, we discussed that day the capital works program, the policies that we have as a party and how we are implementing our policies, but particularly with regards to capital works, which we see as important in delivering jobs. It is important that we deliver the big programs that we have ahead. It is important that the president of our party feels confident that we are actually delivering on policy.

**Mr ELDER:** Let me get it straight so that we understand where we are going here. You had lunch with David Russell, QC.

**Mrs EDMOND:** \$290.

**Mr ELDER:** \$290 worth, at a rather fashionable—

**Mrs EDMOND:** McDonald's?

**Mr ELDER:** No, it was not McDonald's; it was a rather fashionable end of town: Augustine's restaurant. You had lunch, but you were not talking about expediting your capital works program; you were talking about policy issues in terms of the delivery of the capital works program, policy issues of where you were going?

**Mr HORAN:** Do you want to go over and over what we discussed over lunch? I was just telling you that the lunch was about our delivering capital works programs. The president of the party was very keen to see that we were delivering. It is our policy to deliver. It is our policy to provide jobs. It is our policy to get the work done, unlike under the previous Government where moneys were not funded. This has been approved by Ministerial Services. If it was not approved, we would pay for it. It is as simple as that.

**Mr ELDER:** It was approved by Ministerial Services on the basis that you were expediting the capital works program, so discussion was well and truly about what was happening with the capital works program, where the projects were going and what projects were involved. Now I will ask you: what projects did you discuss with David Russell, QC? It is not about policy there, my friend; what it is about is expediting your capital works program. What this is about is political interference in your capital works program.

**Mr HORAN:** No, it is not.

**Mr ELDER:** If it is not political interference—

**Mr HORAN:** No, it is not.

**Mr ELDER:** I have a minute to ask the question; you can answer it. If it is not political interference in the capital works program, then clearly that is a false claim. As the Minister responsible, did you sign off on that claim before it left your office?

**Mr HORAN:** That claim has been approved by Ministerial Services. As I said to you, and I will say it over and over again, we met with Mr Russell to discuss our policy and in particular capital works. You tried to imply that we may have discussed that he would give any direction towards any particular capital works. No—he wanted to know whether we were organised, whether we were getting our capital works done. That was a big program. It is important that we can get it done so that we can create the jobs—

**Mr ELDER:** How we might get it done. Where we might get it done.

**Mrs EDMOND:** Which pork-barrel.

**Mr ELDER:** Which electorate we might do it in.

**Mr HORAN:** I find it quite offensive that you would suggest that.

**Mrs EDMOND:** We find this quite offensive—a \$290 lunch to—

**Mr HORAN:** I think it is very important—

**Mrs EDMOND:** Claimed out of Health—

**Mr HORAN:** No, it was not out of Health. It was approved by Ministerial Services—

**Mrs EDMOND:** Paid by the people of Queensland.

**Mr HORAN:** Here we are as a Government that has spent \$295m this year; we have spent it all. Go back to the three previous years and see what value the taxpayers got. Only 80% of their capital works had been expended. Here we are spending \$295m. I find it quite offensive that you would suggest that that meeting was in any shape or form for a particular project. That was to discuss our capital works.

**Mrs EDMOND:** I think it was about a lot of projects.

**Mr HORAN:** He wanted to know whether we were getting on with the job and doing capital works. It is important to Queensland. It is important to the party to know that we are working through our policy and that we are producing the jobs and getting the job done. I think it is good to see that there is some interest like that. The result has been that here we are as a Government that is actually doing the work, unlike you who spent about 80% per year. \$400m was spent out of about \$495m over three years. You could not get the work done.

**Mr ELDER:** You are underspent by \$77m.

**Mr HORAN:** No, we are not. We have all the work done. \$295m will be spent by the end of June this year. That is the advice and the predictions of this department. Our State funds will all be spent.

**Mr ELDER:** Did you attend that lunch?

**Mr HORAN:** Yes, I did.

**Mr ELDER:** Why are you not actually noted on the claim that was made for ministerial expenses? The total number attending that lunch is three: McClune, Fletcher and Russell, QC. Why was your presence not noted on the particular ministerial form, which is a requirement under—

**Mr HORAN:** I will get the detail for you. I do not carry details around in my head.

**Mr ELDER:** It was FOI from your own department.

**Mr HORAN:** I know it was. I know about FOI. I can tell you why. I will just recall it. I think I called in there and had a drink of water, had a chat and did not have lunch. I am more than happy on notice to give you that detail.

**Mr ELDER:** There is no need to give me detail. This is FOI from your own Ministerial Services Branch. It shows that you were not present. That is the detail.

**Mr HORAN:** It does not. It just says that I did not have a meal.

**Mr ELDER:** It says that you were not present at the dinner. You did not come at any stage; otherwise it would have been on the documentation. Now I would like to know, since you were not present and you came in for a glass of water, what projects were discussed by McClune, who was expediting the capital works program with David Russell?

**Mr HORAN:** No particular projects were discussed. Again I say to you—and I will tell you over and over again—it was about policy. Were we

getting our work done? He wanted to know. With a massive program like that, he wanted to know whether we were capable of getting our work done and whether we were going to get all that work done. It was very important to the Government for jobs to get those particular projects under way.

**Mr ELDER:** Why was the Queensland taxpayer paying to brief the National Party President on straight National Party policy? It was not a matter for the Queensland taxpayer. It was not a matter for Queensland Health. He was briefing the President of the National Party. Why was it paid through Ministerial Services? Why was it not paid through your own pocket? It was a briefing of your own president.

**Mr HORAN:** I think it is important for the people of Queensland that we get the capital works undertaken. They are seeing us achieving and doing all the capital works. Under you, only about 80% was done per year. Now a bit of interest is coming into the whole process and we are actually getting the work done. As a result, the taxpayers of Queensland are getting far better value out of this Government than they got out of your Government, and particularly under you.

**Mrs EDMOND:** Is that because of Mr Russell's intervention?

**Mr HORAN:** No. If there is a general interest in the party that we will follow through on our policy, that we are going to get back to basics, that we are actually going to build those things instead of just putting them on the paper—

**Mrs EDMOND:** It is back to basics, all right; back to 1989 pre-Fitzgerald basics.

**Mr HORAN:** We are treating more people, having a balanced budget. There are no overruns. We are utilising all of the capital works to build all of the programs each and every year. You have a particular concern that we lunched with the President of the National Party. There is strong interest that we actually do the work.

**Mr ELDER:** You said Ministerial Services actually paid this? You approved it, and Ministerial Services paid it.

**Mr HORAN:** Yes, I presume they have because they have approved—as I understand, Ministerial Services—

**Mr ELDER:** Does Ministerial Services have any problems with Mr McClune in relation to the payment of these particular accounts? I ask that, and I ask you again: did you approve this Ministerial—

**Mr HORAN:** Has it got my signature on it?

**Mr ELDER:** You approved it and ticked it. I am asking you: do you have a process by which you were responsible—

**Mrs EDMOND:** No, you have not signed it.

**Mr ELDER:** You have not signed it; McClune has signed it. What I want to know is: did you sign it before it went? Do you have a process within your office for that review to take place?

**Mr HORAN:** Whatever is required by Ministerial Services is undertaken. If in that particular—

**Mrs EDMOND:** Minister, do you not know what that is?

**Mr HORAN:** In that particular process, if that was the signature and the authorisation they required and they are satisfied with that, that is okay. If they are not satisfied, they would send it back to me.

**Mr ELDER:** Have they sent it back regularly for Mr McClune in relation to a number of his statements?

**Mr HORAN:** I do not think so. I could not tell you off the top of my head.

**Mr ELDER:** What is the review process in your office for actually checking ministerial staffers' claims?

**Mr HORAN:** We actually know with Ministerial Services that there is not one outstanding debit or account at the moment.

**Mr ELDER:** Is not the reason for that simply that you have taken his card from him?

**Mr HORAN:** We have an officer in our office. Those documentations that I am required to sign and sign off, I do.

**Mr ELDER:** You sign them off?

**Mr HORAN:** I sign off those that I am required to sign off. If there is anything that is not correctly signed off, Ministerial Services sends it back. All of those issues are to do with MSB.

**Mr ELDER:** No, they are not.

**Mr HORAN:** Yes, they are. If they are not satisfied with the documentation or the signature or the authorisation, they would refuse it and they would ask us to pay for it some other way.

**Mr ELDER:** The Premier has stated already that you are responsible for it. He did so in the Estimates Committee when he said, "The Minister himself was responsible for overseeing his staff's employment, for overseeing staff spending, for overseeing staff arrangements." You are responsible; not MSB. I am asking you: have you signed off on all McClune's expense claims?

**Mr HORAN:** I sign off on everything that I am required to sign off. If a claim is not signed, or not signed correctly according to the correct protocol, then MSB would send it back. I have an officer in my office who prepares the documents and gives them to me to sign. If that has been signed by another officer in the department, if MSB are not—

**Mr ELDER:** Explain to me why American Express has withdrawn his card. If you have been overseeing this or you have an officer responsible in your ministerial office for overseeing it, explain to me why American Express has removed his card—I am not sure that he has another one now that he is with the Premier and he is spending a bit of time with the Premier—and who were almost on the basis of suing him for non-payment and who are now looking at garnisheeing his wages to actually recover funds from the corporate card.

**Mr HORAN:** I take objection to that.

**Mr CARROLL:** Mr Minister—

**The CHAIRMAN:** Just a moment. There is a point of order.

**Mr CARROLL:** Madam Chair, I have a point of order. I am finding that the—

**Mr ELDER:** Dead man talking.

**Mr CARROLL:** The churlish behaviour of the member for Capalaba and the interruptive behaviour of the member for Mount Coot-tha is not advancing the work of this Committee, which is to look at a budget of some \$3.4 billion for the Department of Health. We seem to be caught up examining a small bill at some restaurant that does not appear to even involve the Minister.

**Mr ELDER:** I am talking about the member's responsibility as a Minister as outlined and articulated by the Premier.

**The CHAIRMAN:** I take the point of order. I do not believe that an American Express credit card is part of the business of this Committee.

**Mr ELDER:** It is the corporate card, Madam Chair—a ministerial corporate card.

**The CHAIRMAN:** However, we are dealing with the Estimates for the Department of Health. I would ask you to stick to the point and stick to the Estimates for this department.

**Mr ELDER:** I will continue with the question. We are talking about the Estimates of Health. We are talking about the Minister's responsibility in terms of his ministerial—

**The CHAIRMAN:** You have less than five minutes left.

**Mr HORAN:** I have told you that everything has to be correct by MSB. If they are not satisfied—

**Mrs EDMOND:** You refuse to answer it.

**Mr HORAN:** If they are not satisfied with it, they send it back.

**Mr ELDER:** There would be a problem if his card was taken from him.

**Mr HORAN:** If they refuse it, they send it back and I sign everything that is required to be signed. If something has gone to them that is not signed correctly, they just sent it straight back.

**Mr ELDER:** You have accepted the responsibility for it. That will do me. I also want to touch on the capital works program. You have made the claim that the capital works program will come in on time. I think that the Queensland taxpayers must feel that they were duded because they go to a lunch at which there is talk about expediting the capital works program. If you go back and look at your own budget capital works outlays from last year to this year and look at what was actually said in the budget and what you actually spent—a really simple exercise—you would find 34 projects behind, you would find that you have underspent by \$77m.

**Mr HORAN:** No.

**Mr ELDER:** This outrageous claim that you have come in on time—

**Mr HORAN:** What is your question?

**Mr ELDER:** This outrageous claim that you have come in on time—

**Mrs EDMOND:** Were you not duded?

**Mr ELDER:** Are your own Budget paper capital outlays from 1995-1996 and from 1996-1997 wrong? Are those figures wrong? That is the basis of the document that I table for the Estimates Committee which outlines clearly that you are \$77m underspent.

**Mr HORAN:** I will answer that question, Madam Chair. That is absolute rubbish. The budget for this year is \$295m—

**Mr ELDER:** They are your own capital outlays.

**Mr HORAN:** It is \$295m.

**Mr ELDER:** It does not matter what it is this year, it is what you underspent in the year.

**Mrs EDMOND:** Excuse me, Minister. Are you saying that the capital outlays as put in the MPS are wrong?

**Mr HORAN:** No, I am saying that there is \$295m—

**Mrs EDMOND:** I am sorry, but that is what is here.

**Mr HORAN:** Hang on, \$295m—

**Mrs EDMOND:** Are you saying that the figures that you have put in the MPS are wrong and discredited as they were last year?

**Mr HORAN:** The \$295m is the budgeted amount to be spent for 1996-97.

**Mrs EDMOND:** Are the words wrong this time, or—

**Mr HORAN:** Are you trying to imply—

**Mr ELDER:** I am implying that I do not think that you can lie straight in bed. That is what I am implying

**Mr HORAN:** I have got advice from the department that we are going to spend that full \$295m. The \$295m will be spent—

**Mrs EDMOND:** Can I just clarify—

**Miss SIMPSON:** Could I seek a point of order?

**The CHAIRMAN:** There is a point of order.

**Miss SIMPSON:** Can I seek a point of clarification? Does the Minister have the right to answer the question in full in his time allocated without interjections?

**The CHAIRMAN:** Yes, and I will make that point to the non-Government members. If you remember, last year in this particular Estimates Committee we had this problem where, as the Minister is trying to answer a question, you constantly interrupt him. Please let the Minister answer the question. You may come back with another question. The time for this segment has almost expired. You may come back with another question when your next session comes.

**Mrs EDMOND:** We did have the problem last year about the words—

**The CHAIRMAN:** The Minister is attempting to answer the question and I ask him to do so.

**Mrs EDMOND:** Madam Chair, can I just clarify so the Minister knows what we are asking? Last year we had the problem that the words were right or the numbers were wrong, or vice versa throughout—

**Mr ELDER:** In relation to hospital budgets.

**Mrs EDMOND:** Throughout the hospital and district budgets. This year you are saying, as far as I can make out, that the figures in the MPS relating to capital works are not to be trusted because this has been compiled solely—

**Mr ELDER:** Out of your MPS—solely from your MPS.

**Mrs EDMOND:** Minister, solely from your documents.

**Mr HORAN:** No, the MPS—

**Mrs EDMOND:** So which is right?

**Mr HORAN:** That is a ridiculous thing for you to say.

**Mrs EDMOND:** No, it is not a ridiculous thing.

**Mr HORAN:** Absolutely ridiculous. You just put out whatever lies you like—

**Mr ELDER:** It is your own MPS.

**The CHAIRMAN:** You are going to allow the Minister to answer the question, or I will call off this segment.

**Mr HORAN:** You are saying that of that \$295m of State money that is budgeted to be spent for 1996-97, some \$70m of it has not been spent. I am saying that the \$295m will all be spent by 30 June. That is the latest advice I have from the department.

**Mr ELDER:** That is not—

**Mrs EDMOND:** We are saying that \$77m—

**Mr HORAN:** There is the \$295m and another \$14m on top of that is Commonwealth funds, and I can get one of the officers to explain that. The State moneys of \$295m, which we have said we would spend, will be expended by 30 June.

**Mr ELDER:** The source of that is your own Budget Paper No. 3. Go to Budget Paper No. 3 before the next session and then try to answer the question.

**The CHAIRMAN:** Mr Elder, the time for non-Government members has expired. We will now turn to Government questions.

**Mr ELDER:** Your own Budget Paper No. 3. Find it.

**The CHAIRMAN:** Minister, what new career training opportunities are now available for Queensland Health staff as a direct result of the Government's Surgery on Time initiative?

**Mr HORAN:** Madam Chairman, I will get Dr Cleary to go into the detail of this one. Under our elective surgery program, there is perioperative nurse education, two accelerated skills courses run by the Central Queensland University and the New South Wales College of Nursing, an intensive care nurse training course that we are running, and various conferences and training programs. I will ask Dr Cleary to give the detail of those.

**Dr CLEARY:** Through the Surgery on Time Program, we have put in place what I believe is a very comprehensive and coordinated training system for the staff involved. We have really looked at areas where there was a need to focus on training, rather than at training across-the-board.

One of the key areas identified very early in the project was that of perioperative nursing. At that stage, a lack of trained staff in our operating rooms and recovery areas, in the order of about 140, was identified. After some extensive consultation with the Queensland Nurses Union and other key groups such as the Directors of Nursing, we put in place a coordinated training program for perioperative nurses. My advice is that, this year, there will be approximately 145 trained nurses in our operating theatres across the 10 hospitals. This is an outstanding achievement for the staff involved in the hospitals, as the target we had originally set for them was to train 45.

The program involves a number of components. One is the training of nurses who are new graduates in perioperative nursing from the universities. A second component is the up-skilling of nurses who are currently working in the perioperative area and, in particular, the operating theatres. A third component is the training of people to a much higher level in perioperative nursing. That has been conducted through the two courses that the Minister has mentioned.

Other projects revolve around the broader training of Queensland Health staff. To this end we have run two very successful seminars, one in Townsville and one in Brisbane. Both of those seminars were oversubscribed. They were recognised by the medical and nursing staff who attended as a great success. I believe that they have led the way to many organisational changes within our hospitals.

**Mr CARROLL:** Continuing with the impact of the Surgery on Time Program, an improvement in materials and equipment is critical to the success of the program. What improvements are expected to be made over the next financial year to hospital operating theatres and equipment as part of the Surgery on Time Program?

**Mr HORAN:** Again I will pass over to Dr Cleary; but \$1m was provided initially. We expect some additional equipment to be provided. Computer systems have been put in place, such as the operation room management information system. Also, surgical admission units, same-day admission units and preparation clinics have been put in place. I will ask Dr Cleary to describe those.

**Dr CLEARY:** Again, we have focused on items of equipment that hospitals need to undertake this additional activity, and that comes in a number of forms. Firstly, a special allocation of \$1m was made to hospitals for critical equipment that they needed to enhance their elective surgery throughput. This really provided the basis for enhanced surgery in Category 1 treatments. The hospitals that received that funding were: the Cairns Hospital, which received some \$60,000 for orthopaedic equipment;

the Townsville Hospital, which received \$94,000 for additional orthopaedic and ENT equipment and theatre trolleys; the Rockhampton Hospital, which received a substantial boost of \$121,000 for laparoscopic equipment, gynaecological equipment and some other special surgical equipment; the Nambour Hospital, which received \$77,000 for new diathermic equipment and video camera equipment for keyhole surgery; the Royal Brisbane Hospital, which received \$74,000 for cameras for keyhole surgery and an extension to its communication systems; the Princess Charles Hospital, which received \$232,000 for laparoscopic equipment, special equipment for ENT surgery and some additional sterilising equipment; the Gold Coast Hospital, which received \$41,000; the Toowoomba Hospital, which received \$155,000; and the Ipswich Hospital, which received \$85,000 through that allocation.

We are currently contacting the hospitals that are involved with this project, seeking bids from those hospitals for the equipment that they will need to support the assault on Category 2 patient numbers. We are expecting a reply from the hospitals within the next five working days. We will be consolidating an equipment list which I believe will be similar to the one that I have just identified for the coming financial year. With regard to other equipment that is being installed in the hospitals, one of the major projects is the implementation of the operating room management information system.

**Miss SIMPSON:** I have some questions regarding the specific funding increases announced in the budget for cardiac, renal, intensive care and other specialist services. Minister, can you outline the particular projects that you are funding? Which areas of Queensland will benefit specifically from these increases?

**Mr HORAN:** The renal service increases of \$1.5m will benefit Cairns, Nambour, Townsville, Bundaberg and Mackay. The cardiac service increases of \$7.5m will benefit the PA, Townsville and Cairns. An increase in funding for intensive care services will be Statewide, and I will ask Dr John Youngman to speak on that and the other services. The other specialist services increases of \$1.6m go to the Gold Coast, Townsville, Redcliffe, Kirwan and Gladstone. I will ask Dr John Youngman to provide the clinical detail of those.

**Dr YOUNGMAN:** In the past year, there has been a significant increase in the demand for a number of specialist services and we have formed specialist advisory panels in a number of these areas. Their advice, together with the advice from the districts and from within the corporate organisation, has indicated the need to allocate resources to these areas. To that end we have endorsed the expenditure of \$3.75m in capital expenditure at the Princess Alexandra Hospital to develop cardiac surgery and cardiac investigation services. We have also allocated \$1m to the Townsville Hospital. It has spare capacity within its existing system. The demand is there, so it will enhance the cardiac surgical services at Townsville. At Cairns, there is a need to develop investigative services for cardiac

patients and \$500,000 has been allocated to the Cairns Hospital in the coming year.

With respect to renal services, we have now a scenario where we have nephrology specialists in most provincial centres. They are identifying a significant unmet demand in renal services. Five districts have been allocated significant funding in the coming financial year. It must be noted that Cairns would probably have the most significant need, mainly because of the indigenous population which has an increased rate of renal failure.

With respect to intensive care services, the Sunshine Coast has particularly benefited from an extra allocation of \$600,000. The advisory panel has basically pointed out that the major need in the State is for training programs in intensive care. We have difficulty recruiting specialist nurses in this area and we will be allocating funding for nurse educators in a number of our intensive care units. We will also be developing programs which address the need to educate staff.

In a number of other areas we have allocated services for specialist funding, such as ophthalmology at the Gold Coast Hospital, anaesthetics at the Bundaberg Hospital, obstetrics, gynaecology and medical services at the Gladstone Hospital and obstetrics and gynaecology at the Kirwan Hospital. It is also significant that this year we will establish a chair in otolaryngology at the Princess Alexandra Hospital, and that will help to progress the training of ENT specialists throughout the State.

**The CHAIRMAN:** What funding has been provided in the budget to assist in the fast tracking of the new cardiac services unit at the Princess Alexandra Hospital, and when do you expect the new unit to be fully operational?

**Mr HORAN:** The new cardiac unit has received \$6m to provide for additional funding. It will be the third major cardiac unit for Queensland. I will ask Dr John Youngman to give the details of why it was necessary to have that particular unit, why it was necessary to have it located on the south side of Brisbane and the sorts of services that it is going to provide.

The budget has provided a total capital works program of \$71m for the PAH. Most of the funds expended in the development of the unit in the existing hospital will be spent on equipment that can be transferred to the new hospital when it is completed in a number of years' time. \$6m is for the actual recurrent funding. Dr Youngman will tell you when it is expected that the actual operations and procedures will commence.

**Mr YOUNGMAN:** The capital works being undertaken at present at the Princess Alexandra Hospital are well advanced. The equipment has been ordered. Usually, one of the difficulties with all of these types of projects is getting a clear date for when the equipment will be delivered and functioning. Our present estimates are that that will be in September/October. However, the experiences at the Royal Brisbane Hospital with regard to the supply of equipment which comes from overseas

indicate that there is always an opportunity for some slippage. Hopefully, it will be ready by September/October, when this equipment will be delivered. We are looking at investigative equipment in relation to coronary artery disease blockages and also electrophysiological studies, which identify electrical abnormalities within the heart. That service will be provided comprehensively at this hospital. In addition, cardiac surgery will be available. Hopefully, that will be in the same time frame as that which I just mentioned.

**Mr CARROLL:** A number of growth regions have been identified in the budget before us and there has been a subsequent announcement of health funding increases specifically to deal with that growth. Will you outline what Queensland districts have received growth funding increases, what those increases are and on what services the extra funding will be spent?

**Mr HORAN:** The growth funding that we are providing will go to a whole range of services, but some of it—that is, \$6.2m—has gone to districts specifically to deal with growth. These are either districts with large, growing populations or districts experiencing growth in demand for a service which they have to meet. Of that \$6.2m, \$1m has gone to Cairns, \$500,000 to Townsville, \$1m to the Gold Coast, \$1m to the Sunshine Coast, \$250,000 to Toowoomba, \$400,000 to Atherton, \$1m to Caboolture/Redcliffe, \$1m to Logan/Beaudesert and \$50,000 to Bundaberg.

As to our reasons for doing that—as I said at the outset, without having districts running over budget, we have been able to have a look and make a fair judgment about what is required. Some of these districts—the Gold Coast and the Sunshine Coast in particular felt that they were not getting funds because they were not running over budget and therefore were not being bailed out. They have now been able to be treated very fairly. Some of these growing areas are experiencing enormous demand for things such as elective surgery—something for which they are receiving money under the Elective Surgery Program.

There is also demand for services such as intensive care, which applies particularly in respect of Nambour, and renal services. In particular, Cairns has to provide renal services not only to its district but also to people who come from the cape and gulf areas. Townsville is experiencing substantial growth. The metropolitan areas of Caboolture, Redcliffe, Logan and Beaudesert are also experiencing substantial growth. The presence of large young families in these areas also places demands on obstetrics. Those areas have to have additional services. There is also increasing demand for mental health services. They will find that money very handy, particularly now that they have a balanced budget.

**Miss SIMPSON:** What increases in health service funding have there been in the Cairns District Health Service and what capital works allocation has been provided to that district for the next year?

**Mr HORAN:** The Cairns district has received a \$4.2m boost to its health services. There is still

another \$80m to be apportioned to the districts, including \$43m for elective surgery. These are funds that will be apportioned in the early part of the new financial year. Cairns has received a \$4.2m boost to its recurrent budget. That will enable it to maintain dental services which would have been withdrawn had we not been able to make up the funding shortfall under the Commonwealth Government's general dental program, which ceased last December.

That money will provide \$1m for extra activity growth, \$905,000 for renal services, and \$500,000 for additional cardiac services. In respect of mental health, \$400,000 will go towards the Cairns Base Hospital Mental Health Unit. That money will have a part-year effect. Some \$343,000 will go to mental health services. In respect of allied health and home medical aids, \$46,000 and \$45,000 is provided respectively. Also, in addition to the boost to its recurrent budget, the Cairns district has a capital works budget of \$32m for the next year. That will see \$27.4m being spent on the Cairns Hospital redevelopment, which is occurring on the existing hospital campus. A further \$4.6m will be spent on the Smithfield Community Health Centre and the Centenary Park Community Health Centre.

That \$27.4m for the hospital will see the completion of the Mental Health Unit and the commencement of the construction of the major building at the hospital—the projects acute services block. This is a budget that recognises the unique needs of Cairns and it delivers on our promises to increase funding for some of the basics such as cardiac, renal, mental health and dental services.

**The CHAIRMAN:** Minister, what funding increases, both for recurrent and capital works, have been announced in the budget for the Townsville District Health Service and what impact will the budget have on increasing neonatal care at the Kirwan Women's Hospital in Townsville?

**Mr HORAN:** Townsville has had a \$3.3m boost to its recurrent budget. Again, money has been provided to maintain the dental services that would have ceased under the Commonwealth general dental program. We are the only State in Australia that has maintained those dental services. We have provided an additional \$1m in Townsville for cardiac services; \$577,000 for neonatal cots at the Kirwan Women's Hospital; some half a million dollars for additional activity growth; \$106,000 for an additional obstetrician and gynaecologist at Kirwan; \$40,000 for mental health; another \$23,000 in child therapy—we had a large amount in the last budget for child therapy; and \$45,000 for home medical aids. Townsville will share in that \$80m which has yet to be distributed from the budget. I will ask the Deputy Director-General, Dr John Youngman, to comment on the impact that this increase in money for neonatal care at the Kirwan Women's Hospital will have.

**Mr YOUNGMAN:** The Kirwan Hospital provides an essential neonatal care resource for the whole of north Queensland. As the antenatal care across that region has improved, the demands for enhanced facilities are far more significant than they used to be. This funding will allow the Kirwan

Hospital to have 10 neonatal cots fully staffed and equipped. A lot of other exciting things are going on in this area, particularly through the use of telemedicine so that advice can be conveyed to outlying areas. That benefits not only clinicians; it will also allow the parents to have an opportunity to see their children within this unit. The staffing and equipment will be of a world standard to provide a high level of care within north Queensland for neonates.

**The CHAIRMAN:** The next segment of questions will go to non-Government members. However, the Committee will break now for 10 minutes.

Sitting suspended from 3.57 p.m. to 4.12 p.m.

**The CHAIRMAN:** The Committee resumes now with questions from the non-Government sector.

**Mrs EDMOND:** Minister, I take you to Budget Paper No. 3, pages 76 and 77. I ask: are those figures accurate figures?

**Mr HORAN:** What are you talking about? Pages 76 and 77?

**Mrs EDMOND:** Yes.

**Mr HORAN:** Why would they not be accurate? They are in the Budget papers.

**Mrs EDMOND:** They are the figures we have used to calculate the discrepancies.

**Mr HORAN:** Are you talking about the estimated costs?

**Mrs EDMOND:** I just say to you then: can you explain why the Cairns Hospital redevelopment is now underspent this year by \$6.8m and why the Gold Coast has been underspent by \$3m?

**Mr HORAN:** I will pass that through to David Jay in a moment. On the previous question that you asked regarding the \$77m, we can show that you were wrong there. I am not saying that in a disparaging way. But you have to understand these papers and what they actually mean and what the estimated cost means. The estimated cost expenditure and some of these columns refer to what is left because funds have already been spent. Ross Pitt wants to answer this. I am going to pass it to him. He will explain how, when a certain amount has been spent, that is no longer included in the estimated expenditure. So in the case of Cairns it may be that we previously spent \$6m on the early works that were undertaken.

**Mrs EDMOND:** I understand that. What we have been comparing is what was expected to be spent in last year's Estimates with what has actually been spent according to your Budget papers this year. They are the two things we are comparing.

**Mr HORAN:** That is what we are giving you.

**Mr PITT:** I think it might be helpful if I went back and explained the composition of the \$309m that is in the Budget papers and then what these represent and where we are today, otherwise it is very confusing. I can answer your question, but I need to put it in some context. The Budget papers show an allocation of \$309m for this financial year.

That is made up of three components. There is a component of \$254m which is funded from the corporate office, if I can use that shorthand language. There is another \$41m that is funded out of the district health services for minor works and equipment replacement. Over and above that there is an aggregate figure of around \$14m which represents other expenditure in programs which are either jointly funded with the Commonwealth or funded—

**Mrs EDMOND:** Sorry, how much did you say?

**Mr PITT:** \$14m. If you add all those together—254, 41 and 14—you get the figure of 309. In the Budget paper for 1996-97 we were projecting that we would spend 295. As of today, of the \$254m which is funded from the corporate office, we have spent \$216m, leaving \$38m to go. Our best assessment today is that we will easily spend the \$254m by the end of the financial year—the allowed period. We have spent \$38m of the \$41m which is in the district budgets. We are having a little difficulty establishing precisely how much we have spent of the Commonwealth funds as of today, but it looks as though we have spent about 7 of the 14. The problem we have there is that a lot of projects are still awaiting approval with the Commonwealth. You are probably aware that while the Commonwealth allocates us funds we still have to go back and get approval for specific projects. So there are always rollovers in Commonwealth funds. In Budget Paper No. 3 we only show projects which are continuing and what we expect to spend on the continuing projects. The figures for estimated expenditure to 30 June do not show the expenditures on projects which were completed this year.

**Mrs EDMOND:** But last year's budget actually has the figures to compare it with.

**Mr PITT:** Yes, but we are just wondering how you got the 77. We have been over there trying to work it out. It would appear to us that it is the non-inclusion of projects which finish this year.

**Mrs EDMOND:** Let us be more specific. I take you to the Cairns Hospital redevelopment again. This redevelopment is currently underspent by \$6.8m. Can you give an explanation for that?

**Mr HORAN:** I will get David Jay to give you the details on Cairns. Cairns is proceeding very, very well, and he can give you the details on that. But why do you say that it is \$6m behind?

**Mrs EDMOND:** By looking at the figures you gave us last year and the figures that you have given us this year—very simple.

**Mr HORAN:** You are saying the figure that you have for the estimated—

**Mrs EDMOND:** Expenditure for this year from last year's Budget papers predicted one thing, and this year you have spent that figure minus \$6.8m.

**Mr HORAN:** You will have to go through that, Mr Jay.

**Mr JAY:** Yes, I will. I do not have Budget Paper No. 3 from 1996-97 in front of me. What I do have in front of me, however, is the target that we had for expenditure on the Cairns project. As at

today, we have a target expenditure for Cairns on the main project of \$8.224m. We have a target expenditure for the car park of—

**Mrs EDMOND:** I thought the car park had been finished.

**Mr JAY:** Sorry, we had that included in that. We have an expenditure against those two items of \$6.769m and \$4.811m. The totality of \$6.769m and \$4.811m is approximately, on my reckoning, about \$11m or \$12.5m compared to a target of \$8.2m, so I have some difficulty in reconciling how we have underexpended.

**Mrs EDMOND:** I have some difficulty reconciling that with the Budget papers, so I can only assume that the figures in the Budget papers are not reconcilable.

**Mr HORAN:** They are. You want to go through it carefully and, as the Director has told you—

**Mrs EDMOND:** None of those figures are mentioned here.

**Mr HORAN:** He is giving you the figures on what were the targets for the year and what has been spent for the year.

**Mrs EDMOND:** With all due respect, those are not the figures that are here in the Budget papers for Cairns.

**Mr HORAN:** We can shout figures to and fro across the two tables—

**Mrs EDMOND:** The estimated expenditure to 30 June 1997 here is \$8,250,000.

**Mr HORAN:** Yes, \$8.250m.

**Mrs EDMOND:** You did not use that figure at all. You were using something completely different.

**Mr JAY:** What I said to you a moment ago was that as at today the figure against that figure was in fact \$6.769m and the next figure down, which is the Cairns multistorey car park, is \$4.607m. In fact, our expenditure slightly exceeded that; it has got a figure of \$4.811m. That is actually what the Queensland Government Financial Management System has shown today.

**Mrs EDMOND:** On our calculations that is still significantly less than what you predicted to spend last year. We are saying that you have underspent on the Cairns Hospital redevelopment by \$6.8m.

**Mr HORAN:** He is saying to you that we have overspent that \$8.25m by approximately \$3m.

**Mrs EDMOND:** I am talking about the hospital redevelopment. I will take you to the Gold Coast redevelopment, which on our figures has been underspent by \$3m.

**Mr HORAN:** No. Let me clear this up, because you are bouncing figures around. Looking at last year, there was a budget to spend of \$8.224m, and the Director of Capital Works has already given you the figures for what has been spent on the car park and on the hospital. They come to—what was it?

**Mr JAY:** \$11.5m.

**Mr HORAN:** \$11.5m, which is over and above that amount.

**Mrs EDMOND:** I refer to recent advertisements calling for expressions of interest for co-located private hospitals at the Royal Brisbane Hospital, the Prince Charles Hospital, the Princess Alexandra Hospital and the Redcliffe Hospital, and I ask: what was the total cost of the needs analysis and impact assessment which determined that Brisbane needed an extra 1,000 private beds, what impact will this have on the existing private hospitals, and who carried out the study?

**Mr HORAN:** I will have to pass that question to David Jay, but the first thing I will say is that it is not necessarily extra beds. Very substantial interest has been expressed by a large number of organisations that they would like to be co-located where the major tertiary hospitals are. That process was commenced by your Government—not being located at tertiary hospitals, but co-location at Logan, Caboolture and Gladstone—and we continued with it. This does not mean that because a hospital may co-locate on the same campus as a public tertiary hospital they are duplicating what that hospital had at its former site. This can very well be some organisation that believes that it may be better suited to be on a particular campus where all the specialists are, where the various research facilities are and where the people are going to. I will ask my Deputy Director-General, Mr Ross Pitt, to provide you with that answer regarding the analysis that you asked for.

**Mr PITT:** We are using a document called the Metropolitan Services Plan as the basis plan for the investment program. We have revisited the figures in significant detail largely using in-house resources. We are doing a projection of the likely use of those two facilities, and that is what is included in the documentation which has gone out, but you will have noticed that there have been qualifiers on the information saying that we reserve the right to negotiate with the provider. A lot of effort was put into the original planning. It is more or less standing the test of time. I think that is all I can say.

**Mr HORAN:** Also one of my first remarks to you was that there has been very strong interest in organisations wanting to co-locate since your Government commenced the process on those other three hospitals, and obviously they want to co-locate for practical reasons or for service delivery reasons.

**Mrs EDMOND:** No-one questions the importance of co-location for Gladstone, Logan and Caboolture. I understand that enormous pressure is being borne on the existing private services, and they know as well as you know that if you go ahead with this plan they will not be viable, so they will either have to take up those options or go under. Is that what you are trying to do and are you saying that there has been no impact study for this proposal—none at all—because the previous proposal actually said that there was a surplus of private beds in Brisbane, yet you are planning 1,000 possible extras?

**Mr HORAN:** I will explain to you that it is not about 1,000 extra beds. It is in response to the industry, as I said, really wanting to look at replacement of stock and it is in response also to those studies that the Deputy Director-General

referred to. I think also it is going to be very interesting to see what comes forward because there has been a huge interest in it, and the time in which to seek those expressions of interest is the time when the actual process of rebuilding is going on when co-location can occur in a more orderly way.

**Mrs EDMOND:** How many contractors have been paid in advance for capital work that has not been completed? How much funding is involved? Which projects and which contractors are involved?

**Mr HORAN:** There will be no contractors paid for work that is not completed.

**Mrs EDMOND:** Are you absolutely sure of that?

**Mr HORAN:** Yes. The department, through the Auditor-General, has made arrangements that we can pay for work that has been completed, inspected, approved and passed for payment only, and they are the only payments that will be made.

**Mrs EDMOND:** And you are quite sure of that?

**Mr HORAN:** I am quite sure. That is what we were informed. The Director-General personally has made sure that that process has been put in place.

**Mrs EDMOND:** Going on—and I will be talking again later about this—in terms of capital charging, senior staff from several hospitals have indicated that you personally have promised that their respective hospitals will be exempt from any capital charging. Which capital works of those listed on page 11 will be exempt?

**Mr HORAN:** I have not provided personal promises of any sort, and for you to scurrilously say those sorts of things is totally out of order.

**Mrs EDMOND:** They will be very interested to hear that.

**Mr HORAN:** Would you like to name the people and the hospitals?

**Mr ELDER:** What, so you can chase them?

**Mrs EDMOND:** So they can get the sack? They already know about this, Minister. If they speak out—

**Mr HORAN:** Don't be ridiculous! You say these sorts of things to try to give them credence when they have absolutely no credence whatsoever. The whole process of the capital works is worked through in a very professional manner. The matter of the capital charge to access the extra money required to complete these projects over and above the available equity funding has all been pursued in a very fair—

**Mrs EDMOND:** So no hospitals will be exempt?

**Mr HORAN:**—and comprehensive manner. For you to say that I have gone around the State and spoken to people and made promises that they would be exempt is absolutely ridiculous.

**Mr ELDER:** So no-one will be exempt?

**Mr HORAN:** Absolutely ridiculous!

**Mrs EDMOND:** So no capital works will be exempt; is that what you are saying?

**Mr HORAN:** Absolutely ridiculous! Wherever a capital charge applies as a result of a particular business case, to access the extra money required so that these projects can be completed—you are well aware of the relatively small amount of money that was left behind relative to the promises that were made by your Government, the unfunded promises. Many of those projects would never have gone ahead under your Government because you overpromised by about \$1.2 billion. Nothing would have happened for rural hospitals, nothing would have happened for psychiatric care and nothing would have happened for aged care facilities. We have been able to access extra money where the capital charge applies, where the business case applies and is approved by Treasury. I take very strong offence to the sort of suggestion that you are making.

**Mrs EDMOND:** Minister, you stated on 4QR on 9 May that hospitals must sign their resource agreement with identified efficiencies before Treasury will access those funds. Yet in question on notice No. 545, which was returned on 12 June, and in question No. 2 on notice for the Estimates Committee, you state that resource agreements have not been agreed at this stage for the Royal Brisbane Hospital, Princess Alexandra Hospital, Logan Hospital, Nambour Hospital, Bundaberg Hospital, Mackay Hospital, Proserpine Hospital, Thursday Island Hospital and Townsville Hospital—for either of the redevelopment options in Townsville. Does this mean that these redevelopments are not guaranteed to occur, or are they to be exempt from the Horan health tax?

**Mr HORAN:** It is a capital charge that relates to the interest costs of accessing new and additional money that is required over and above the equity base that was there. I will say it again: without that money those projects would either not go ahead because the money was not there or they would go ahead only to about 50% of their extent, because the funding and the capital simply was not there for all the promises that you made and the expectations that people had. That extra money does mean that the hospital can be completed and can be functional. The functionality delivers the interest cost or the capital charge cost to enable that additional money to be accessed. There has been preliminary work done on all of those projects so that they are confident that they can have the capacity to meet the capital charge for the particular extra amount of money that they have to access in order to complete the facility. All of those business cases are being processed and progressed at the moment with Treasury.

**Mrs EDMOND:** I take you to the Princess Alexandra Hospital. What increase in capital charge will result and be taken from its recurrent funding—extra—as a result of the blow-out of \$85m?

**Mr HORAN:** There is no blow-out at Princess Alexandra Hospital. \$225m was estimated in the 1995 election campaign and announced by the then Health Minister, Mr Elder. As the year progressed and another Health Minister came into Government, there was then put in place an architectural competition

based on the \$225m. All of those people involved in that competition said that it could not be built for that sort of money. We came into Government and basically inherited a watercolour painting. It was a project for which they did not even know how many beds they were going to have. They did not know the dimensions of the hospital.

**Mrs EDMOND:** The Metropolitan Services Plan that you are now relying on for your—

**Mr HORAN:** There was no sign-off with the hospital as to how many beds and what the extent of the services was going to be. There was also the matter of the central energy plant that was required. I do not know where you were going to get the money to pay for that—some \$30m.

**Mrs EDMOND:** You know exactly where we were getting the money.

**Mr HORAN:** Were you going to flog it off? Then there was the matter of the refurbishment of the spinal ward and the refurbishment of the mental health ward. The actual amount of the capital charge that each hospital pays to access new and additional moneys is determined through the process of the business case. There is no capital charge that applies in the year 1997-98, the subject of which we are discussing in this budget examination.

**The CHAIRMAN:** The time for non-Government members' questions has expired. It is time for the Government members' segment.

**Mr CARROLL:** I would like for this Committee an update on the Townsville Hospital redevelopment project. Can you inform us of the current status of work under that project, including details of the recently announced social and economic impact study?

**Mr HORAN:** The Townsville project is a very important project for Townsville. Some \$117m has been budgeted for that particular project. The early stages of the planning that was required—the actual development of the master plan studies—indicated that a number of options were available for the provision of the services and facilities. These were things such as: the teaching and research role associated with the North Queensland Clinical School; the integration of clinical services and facilities; the need for a broader regional role of the new hospital, including its need to perhaps bring obstetrics and gynaecology back to the main hospital; and the other new services that it had to provide.

It then identified a number of options. One of those options was that it should be rebuilt on a greenfield site rather than being rebuilt where it is. It is an extremely congested and sloping site. To rebuild within that campus, which already contains a number of tower blocks, an energy plant in the centre has to be totally pulled out and relocated. The psychiatric building, which is probably only five years old, has to be demolished and rebuilt because it is on about the only available piece of land that is there. That will involve major interruption over the next five years with the operations of that hospital. It may be extremely difficult to continue with the 24-hour service provided there while they are

undertaking such massive redevelopment. The staff of the hospital in particular very strongly want the hospital relocated because they want a hospital that has potential, space, parking and the opportunity to build in various modular ways the various research sections. They want a hospital that has the potential for growth and development into a true north Queensland facility.

We felt that this decision is so important that we wanted to do it properly for Townsville. We have had a number of days up there of consultation with virtually every group associated with the hospital, starting with the staff and various community groups. We have now put in place a consulting firm, Coopers and Lybrand, to undertake an economic and social impact study.

Although there appears to be massive support for the relocation of the hospital to 75 acres at the James Cook University, which would be adjacent to the proposed new western highway that will divert around Townsville, and the staff seem to particularly want this hospital relocated, there is some concern amongst the business people in the immediate vicinity of the hospital, and for that reason we are doing it right for Townsville. We are getting this other additional study done, which will look at a whole range of issues so that we can be sure we have done the correct thing by Townsville.

**The CHAIRMAN:** I turn to the Gold Coast now which, as you would understand, is of particular interest to me. It is one area of Queensland which has experienced rapid population growth along with the resultant increase in demand for public health services. What funding increases, both recurrent and capital works, can the Gold Coast District Health Service expect from the recent State Budget?

**Mr HORAN:** The Gold Coast is one of those health districts that has received additional growth funding. It received a total of \$4.8m in an actual boost, that is, new services to the coast. In activity growth, it received an extra \$1m in dental services, which meant that we put in the money to continue with the Commonwealth General Dental Program. That was some \$2.6m. In ophthalmology, we have put in half a million dollars; for renal services, \$300,000; and for mental health, \$387,000. Like the other health districts around the State, the Gold Coast will share in the additional \$80m that is yet to be redistributed, which includes the money for Surgery on Time.

In capital works—some \$26.5m is budgeted to be spent this forthcoming year in the capital works project. The project budget is \$55m. The redevelopment being undertaken through a number of work packages at the moment is the tower block project. The construction manager was appointed in April. Construction is expected to commence in June/July, with completion expected in 1999. There was a renal dialysis unit with fit-out and relocation involved there, and that was completed. I actually had the pleasure of going down there to do the opening of that renal dialysis unit. That work has been done.

As to the relocation of oral health services—construction managers have been appointed for the

fit-out of leased premises at Runaway Bay and Southport. There are also early works packages under way at the moment. They are a number of packages regarding substation work and various other airconditioning chillers, cooling towers and lift upgrades. Also on the Gold Coast there is a project budget for the Palm Beach Community Health Centre of \$3.5m. The design brief has been completed. Construction of the new facility is due to commence in July this year. Completion is due in April/May 1998. Also on the Gold Coast, there is the matter of the Robina Hospital development, which is now down to a short list of five organisations. They are short-listed to further prepare their expressions of interest and registrations of interest in the construction, management and operation of that new hospital. Ophthalmology services have been needed for some time on the coast. I would ask the Deputy Director-General to comment on that in the time that is remaining, because that is a service that we are endeavouring to achieve.

**Dr YOUNGMAN:** The scenario at the Gold Coast is that we have been trying to attract clinicians to provide that service for a number of years. The major breakthrough has come about because of an agreement to have a training registrar clinician at the Gold Coast as occurred with ENT a couple of years ago. With this initiative, I think we would have a high likelihood of a service being established there over the next 12 months.

**Miss SIMPSON:** I have a question with regard to the Sunshine Coast, where my interest lies. What has been the increase in funding to the Sunshine Coast health services? I would like a little bit more information about plans to complete the Nambour Hospital car park. What is planned for the Caloundra redevelopment?

**Mr HORAN:** There is a \$2.1m boost to the Sunshine Coast: \$1m in activity growth, which I spoke about earlier; \$600,000 for intensive care services; \$175,000 for renal services; \$288,000 to the mental health unit; and another \$54,000 to mental health services. It still has access to the \$80m that is yet to be distributed. The Caloundra Hospital redevelopment is a \$10.8m project budget. I might get the Director of Capital Works to comment on what is happening at Caloundra and also to comment on the car park. \$1.75m has been earmarked for capital works expenditure at the Caloundra Hospital in this current budget and \$4.6m is to be spent in the financial year on the Nambour Hospital redevelopment. The majority of that is for the car park, which is needed. I have inspected the congestion of the facility there.

With regard to Caloundra, the functional plan and master plan are currently being finalised. The work is being undertaken by a firm called Conrad and Gargett. The services that we put in place in Caloundra will be networked with the Nambour Hospital, but generally the services to be provided from Caloundra will include improved day surgical services, specialist-type services including ophthalmology, orthopaedics and other general surgery activities. I will get the Director of Capital Works to talk about the progress with the car park at the Nambour Hospital.

**Mr JAY:** Work on the Nambour Hospital car park has commenced. The contractor is appointed. In blunt terms, the design is well progressed. Under the design and construction contract, it is our expectation that that car park will be completed by August/September of this year.

**The CHAIRMAN:** Would you like to outline the proposed capital works funding allocation and planned construction timetable for the redevelopment of the Toowoomba Base Hospital and highlight any increased funding for health services for the Toowoomba District Health Service?

**Mr HORAN:** The Toowoomba district has received a \$1.7m boost to its health services. The bulk of that is to maintain the dental services that were provided under the former Commonwealth General Dental Program. That was some \$1.2m. That means that that money remains in the program as recurrent money to continue with those dental services from year to year as it does in the other districts. In activity growth, there is an additional \$250,000 provided. \$155,000 has been provided for mental health; home medical aids, \$76,500. Again, like all the other districts, they can access the \$80m that is yet to be distributed. There will be approximately \$33.5m spent on the hospital redevelopment. That involves a multi-level car park, at a cost of some \$4.7m; an acute mental health unit, \$2m; a community health centre, \$4m; plus the redevelopment of the hospital itself, which is providing an acute block for accident and emergency, intensive care, medical imaging and so forth.

In the redevelopment of the hospital, there will be ward refurbishment undertaken. That will be undertaken once the acute block has been completed. The key things about that redevelopment are that it will provide the hospital with adequate numbers of theatres, adequate numbers of intensive care facilities. That has been a major problem there for many, many years. It has been promised new theatres for years and years. It has not had that delivered; now it is actually happening. Work is progressing well on the projects. The managing contractor is Civil and Civic. They have actually commenced work. The piles are currently being driven for the hospital at the present time.

**Mr CARROLL:** In the 1996-97 State Budget, the coalition Government announced additional funding to open an operating theatre at Redcliffe Hospital. We also promised to look at funding the opening of a second operating theatre. Will you outline what has happened in that regard? What additional funding arrangements—recurrent and capital works—have been put in place to accommodate the rapid growth experienced by the Redcliffe/Caboolture district?

**Mr HORAN:** It is a huge growth area. It has received a \$3.97m boost in new services. \$2.4m of that is dental services, \$1m for new activity growth and \$600,000 for the Redcliffe operating theatre. We provide money in the budget this current financial year for that operating theatre. I think from memory it is about the same amount of money. In the new financial year we will provide for the second of the new theatres to be opened. In Redcliffe, they moved

from four theatres to six theatres. In capital works, \$3.9m is to be spent on the Caboolture Hospital redevelopment and \$3.7m for the Redcliffe Hospital redevelopment. That amount of money means that they both get under way in this coming financial year.

I will get the Deputy Director-General, Dr John Youngman, to speak about the use of the theatres and what effect that will have in that Redcliffe/Caboolture health district.

**Dr YOUNGMAN:** The Redcliffe Hospital is experiencing a significant increase in activity, not just because of the local population growth but because there has been a shift in services away from the major metropolitan areas down to the Redcliffe peninsula. That has been a result of specialists moving to that area and wanting to undertake surgery in that particular area. It has been a major beneficiary of the additional surgical money that has been provided for increased activity. The two theatres at Redcliffe will be providing a wide range of surgical services to that local community.

**Miss SIMPSON:** I have a question with regard to public dental services. What impact will the recent Budget have on the provision of those services in Queensland?

**Mr HORAN:** There was an amount of \$19.8m that was provided by the Commonwealth Government. I think it was a three-year arrangement to provide for additional dental services, particularly for seniors. That meant that about 70,000 additional Queenslanders were able to access free public dental services. The Commonwealth ceased that funding last December. Queensland was the only State in Australia that kept that going. We kept it going on a one-off basis until 30 June this year. We have now put it into our budget as new initiative funding. So it will be recurrent money that will always be there—the \$19.8m—to ensure that this increased service that has been established here in Queensland continues.

We believe that that has saved about 300 jobs for dentists and dental auxiliary staff and administrative support staff right throughout Queensland. It has ensured that about 70,000 additional Queenslanders have access to free public dental services. It has meant that it has greatly assisted our recruiting process along with a number of other initiatives that we have done because there are dentists from other parts of Australia who are looking for work. It has also enabled us so far to continue with the targets that we set in dentistry. We set a target of an increase of 4%, and it would appear that we will be on track to reach that particular target.

**The CHAIRMAN:** Minister, you have touched on the impact of the Commonwealth's announcement that it will scrap funding to the State dental health programs. Would you like to outline the current state of Queensland's public dental services, including improvements in dental waiting times, the number of increased procedures, and also reduced dental vacancies?

**Mr HORAN:** I think that the significant thing that has happened by us providing this \$19.8m as ongoing recurrent funding is that we are the only

State in Australia that is providing this additional funding. As a result, there are a lot of dentists in the other States who are looking for work. We are able to put in place some other initiatives that have helped us in recruitment. We had in the order of about 43 public dental vacancies. We now have vacancies that I would describe as virtually nil, or negligible—just the normal to and fro of one, two or three vacancies. In other words, we have filled the 43 vacancies that we had. That has helped us to reach our target of a 4% increase. It is very gratifying to see virtually every funded public dentist position in Queensland now filled. I think that it demonstrates again that this Government has been able to go from a position of 43 vacancies to no vacancies. It has given a great boost to our dental service, and it has certainly given a lot of confidence to our staff.

I think that you also asked about what it has done to waiting lists. It has made a dramatic reduction in waiting lists in places like the Gold Coast, the Sunshine Coast, central Queensland and Hervey Bay. The other day I was at Hervey Bay and I think that the general waiting list has dropped from about 27 months down to 13 or 14 months—still not satisfactory as far as we are concerned but the decline is there. The waiting time is coming down from the list that was well over two years to now down to one year and we move on towards our target of a waiting time of around about three months for general work. Of course, emergency work gets done straightaway.

In the first six months of this financial year—July to December—we were able to see an increase of about 7,434 completed patients or just over 5%. We believe that we are well on target to achieve our 4% improvement right across the entire year.

**The CHAIRMAN:** Thank you, Minister. The time for Government questions has expired. I call on the non-Government spokesperson.

**Mrs EDMOND:** Mr Elder, you had some follow-up questions.

**Mr ELDER:** Yes, I want to go back to your capital works funding program and the fact that you have underspent or carried over \$77m odd. Let us just deal with this issue with one hospital. Let us just try to get it down to the basic one hospital. I take you to State Budget 1996-97 Capital Outlays, Budget Paper No. 3, page 878. You have a budget figure there of \$11.599.

**Mr HORAN:** Which hospital are you referring to?

**Mr ELDER:** That is what you should have spent in your budget.

**Mr HORAN:** Which one?

**Mr ELDER:** The Gold Coast Hospital redevelopment. That is what you should have spent, according to your budget, for 1996-97. If I go and look at your Capital Outlays Budget Paper No. 3, page 76, I go to the Gold Coast Hospital and look at what you actually spent. You actually spent \$7.936m. That was your estimated actual expenditure for 30 June 1997. Based on those two figures in both of your own Budget Capital Outlay papers—your own

figures—you have either underspent or have a carryover of \$3.663m.

**Mr HORAN:** I will take that question. First of all—

**Mr ELDER:** Where is the error?

**Mr HORAN:** You have asked the question. First of all, I think that you were out when they described how you were wrong with that figure of \$77m.

**Mr ELDER:** No, I am not wrong.

**Mr HORAN:** No, you are wrong.

**Mr ELDER:** I think you are wrong.

**Mr HORAN:** They went through it.

**Mr ELDER:** Let us go through it again.

**Mr HORAN:** Are you going to keep interrupting? Do you want me to interrupt on you as well like we did last year?

**Mr ELDER:** We can go—

**Mr HORAN:** I will go toe to toe if you want to.

**The CHAIRMAN:** Before this gets out of hand, Mr Elder, could I remind you that your presence here is with the permission and the approval of the Committee. That approval can be removed. I ask you please to not interrupt the Minister while he is speaking. Once he has given his answer, you will have the opportunity of asking another question.

**Mr HORAN:** When you were out before, one of the officers described how you were wrong regarding the \$77m. He described how the layout of the figures does not include that particular money that may have already been spent on that particular project. That is the way Treasury requires it to be set out. He has provided you with the information as to why you are wrong. If you want to keep shaking your head, you can go over it again if you wish. You have asked specifically about the Gold Coast Hospital. I will get the officers to answer that for you.

The other thing to remember is that, regardless of what answer they give you on the hospital and by picking out one particular hospital—what upsets you is that we are spending the \$295m this financial year. In a program that includes so many various projects—there are some 70 projects—in some hospitals, depending upon the planning process and depending upon the weather and a whole lot of other contractual factors, sometimes more will be spent and sometimes less will be spent. Overall in the wash, the target was \$295m to be spent on construction, equipment, information technology and minor capital works. We have said that that is on target to be spent by the end of this year. I will ask Mr Ross Pitt and I will also ask Mr David Jay to give you the details of how much has been spent on the Gold Coast Hospital.

**Mr JAY:** Mr Elder, you refer to the Gold Coast budget and, in fact, the figure of \$11.599m. As at this point in time, our expenditure is roughly \$6m. We acknowledge that we will probably in this particular instance achieve a figure of less than \$11.599m. I will just take you back to the issue that Mrs Edmond

raised with me—and this will happen; there must be ups and downs—

**Mr ELDER:** I just want you to talk about the Gold Coast Hospital. That is all I asked; that is all I expect answered.

**Mr HORAN:** Let him answer the question, please.

**Mr JAY:** I need to point out that in a program of \$295m of work, there will be some ups and downs. As Mrs Edmond pointed out, for Cairns we have, in fact, overexpended by \$4m.

**Mrs EDMOND:** I am sorry, I did not bring that out. I said you had underspent by \$6.8m.

**Mr HORAN:** Yes, but they pointed out to you that we overspent—that you were wrong.

**Mr JAY:** I just pointed out the two figures—

**Mr HORAN:** That you were wrong.

**Mrs EDMOND:** Please do not say that I said it.

**Mr HORAN:** No, but they pointed out that we had overspent on that project.

**Mrs EDMOND:** Excuse me, Mr Jay said that I pointed out that you had overspent. I did not point that out. I do not accept that you have overspent.

**Mr HORAN:** Our officer has pointed out that we have spent more than what was budgeted to be spent that year.

**Mr ELDER:** Can you just explain the Gold Coast Hospital?

**Mr HORAN:** Can you just continue, please, Mr Jay?

**Mr JAY:** As I said, with the Gold Coast case we will under achieve against the \$11.599m; I acknowledge that. However, that is part of a total program of works whereby some of them will be over and some of them will be under. That is one that will be under.

**Mr ELDER:** I have counted 34 projects and done the calculations on them. Are they all over? Are they all under? I count 34 projects that you have carryovers on. You have acknowledged to me that some will be over and some will be under. I have used these two documents, both of which are your Budget documents. They are not mine; they are your documents and your outlays. Based on those two documents, 34 projects have carryovers or underspending. Those are not my documents; they are yours. You have acknowledged that some will be over and some will be under. Why do we not go through the whole 34?

**Mr HORAN:** I will go through it with you again. There are amounts to be spent at each hospital, amounts to be spent on minor capital works, amounts to be spent on information technology and amounts to be spent on specialist equipment. In a project of that dimension, there will be some variation within those particular segments. In the breakdown of the individual budgets of the particular hospitals or community health centres, some will be overspent and some will be underspent. Clearly, we had to spend \$295m in this financial year on those particular projects. I keep saying to this Committee, over and

over again, on the detail that we have that money will be spent by 30 June.

**Ms BLIGH:** Minister, I refer you to a recent announcement that the Jimboomba region would get a respite centre under a HACC program at a cost of \$420,000. Where does that appear in the capital outlays? I cannot find it in any of the Health capital outlay documents.

**Mr HORAN:** I am not aware of the detail of that, but we will get it for you. We will take it on notice and provide it to you. Under our capital works program, we do not build respite centres. Under our capital works program, we actually build hospitals and community health centres. You said that it was to be provided under the HACC program?

**Mrs EDMOND:** This morning, the Minister for Families, Youth and Community Care said that it was under your Health budget.

**Ms BLIGH:** It was announced in the Jimboomba Times on 21 February. In answer to a question asked by the Committee this morning, the Minister for Families, Youth and Community Care, the local member for Beaudesert, indicated that \$420,000 would come from the Health Department for the day respite centre.

**Mr HORAN:** That may be. We will get the information for you. It would obviously be within the HACC funding provided to the particular group that auspices the HACC services and respite centres in that area.

**Ms BLIGH:** Thank you, Minister. I am happy to take that on notice.

**Mr ELDER:** Minister, you say that this money will all be spent by 30 June. On what projects will it be spent? When I look at the budgets, I cannot see where the money will be spent. On what projects will you spend this money by 30 June this year? If you could not spend it last year, how will you spend it this year?

**Mr HORAN:** First of all, you say that we could not spend it last year but last year, as you would be aware, we were in Government for only four months and we inherited—

**Mr ELDER:** What if you cannot spend it this year?

**Mr HORAN:** We inherited that situation from you and, as you well know, you were not able to spend your allocation by a massive amount. The then Health Minister, Mr Beattie, endeavoured to take \$34m from capital funds, because he knew that he was not going to spend at least that much, and he put it into the recurrent budget to cover up the budget overruns that he had at the time.

**Mrs EDMOND:** It was approved by Cabinet, as all yours has been.

**Mr HORAN:** That is right. \$34m of unspent capital works, one-off money—

**Mrs EDMOND:** That is a total lie, Minister, and you know it.

**Mr HORAN:**—put into the recurrent budget to cover up his recurrent budget overruns. In that financial year, we only had four months to try to

redress the problems that he left us and that was impossible.

I will ask Mr Ross Pitt to go through the details. Again, the member has been coming and going, but Mr Pitt has gone through the particular breakdown of the \$295m; how much is for construction, how much is minor capital works, how much is for information technology and so forth. He can give you the figures and the balance that is left to be expended. The department briefs clearly and competently tell me that it will be expended by 30 June. I will ask Mr Pitt to give you the breakdown of what has been spent to date and what remains to be spent to date.

**Mr ELDER:** What have you spent to 30 June? In terms of the underspends, you say that it will all be spent by 30 June. What projects will it be spent on, because that is not articulated in the outlays for this year?

**Mr PITT:** As I explained before, the \$309m identified in the documents as the capital budget comprises three components: there is \$254m funded out of the Corporate Office for the capital projects we are talking about, plus information technology, specialist equipment and so on; there is \$41m in district budgets, which is for minor works and equipment replacement; and there is approximately \$14m, which is the capital components of moneys that we get from the Commonwealth. To date, of the \$254m funded by the Corporate Office, \$216m has been spent, leaving \$38m to go. We are spending more than \$2m a day at the moment, so we will easily spend that. On district minor works and equipment replacement, to date we have spent \$38m and we would expect to spend the full \$41m. Of Commonwealth funds such as HACC where projects are still being negotiated with the Commonwealth, we would expect to spend only half of the \$14m, about \$7m.

**Mr ELDER:** We can go around this all day. For the information of the Committee, I will pass that document across to the Minister. I would like the Minister to go through it and articulate where I am wrong. For the Committee, I will give it the Minister on notice. He can go through it and show me—

**Mr HORAN:** We already told you how much has been paid out so far and we have already told you how much is left to be paid out of the minor capital works component.

**Mr ELDER:** No, I am saying that, for the information of the Committee, these are calculations are based on the two budget documents. If the Minister says that I am wrong, I want to be shown where I am wrong in relation to the calculations. I will give it to him and he can come back to me; we can do it on notice.

**Mr HORAN:** The money has been spent so we will do that. The money has been spent on projects. We can show you that.

**Mr CARROLL:** I rise to a point of order. This Estimates Committee is to look at the published Program Statements and the published Budget, not Mr Elder's particular budget or analysis of budgets for years running.

**The CHAIRMAN:** Minister, you have taken that question on notice?

**Mr HORAN:** We are happy to demonstrate again that the money has been spent, even if there is a particular document that the Opposition has developed itself. We will show how the moneys have been spent. We will provide it by the end of today. In the time that we have available, we might not be able to go through project by project.

**Mrs EDMOND:** We are happy to take it on notice.

**Mr HORAN:** We have globally described how much will be spent on the two major components and what is left to be spent.

**Mrs EDMOND:** Minister, you have made a lot of comments about previous years' budget overruns. I draw to your attention your department's budget briefing papers which describe those overruns, and I quote: "They are deemed to result from legitimate growth and have been funded accordingly." That is, they were used for treating patients; these were not things that were unusual. According to page 2 of your MPS, the hospitals show a budget overrun of \$25m and a total Health overrun of \$47.7m, caused by exactly the same technical difficulties and adjustments that happened in previous years. Minister, if we have gone from having technical adjustments which were previously budget overblows, does that not mean that we have a technical lie when we say that this is the first balanced Health budget in the State for years, because it is exactly the same?

**Mr HORAN:** No, it does not. There has been no crisis bailout. All hospitals have had their approved budgets and the approved increases that were required during the year, and they have all had to meet those figures. When they got to the stage where they said, "We will be so many million over", we said, "You cannot be because you have to be within the budget allocation provided to you." There were no bailouts.

**Mrs EDMOND:** I refer you to page 2 of the MPS where there is a \$25m budget blowout.

**Mr HORAN:** I have already described how we are paying \$8m a year off the moneys left over from 1994-95. There was no money in overrun this year as there was last year. We had to find \$54m for hospital overruns. There are approved funds that come in, such as enterprise bargaining, superannuation and those sorts of things, which are the normal increases which occur and have occurred every year.

**Mrs EDMOND:** They were approved by Cabinet, as they were in other years.

**Mr HORAN:** In this case, we did not have someone saying, "We are \$7m or \$8m over. We need help. Bail us out." All of the districts stayed within their approved budget.

**Mrs EDMOND:** They did so in exactly the same way as in previous years. Minister, I take you to page 8—

**Mr HORAN:** I have not finished answering the question. I want the Director-General to speak specifically about this issue and describe to you also

how there have been no bailouts this year as there have been in other years. We did not require supplementation—

**Mrs EDMOND:** They were technical adjustments.

**Mr HORAN:** No, they are not. Every year, wage rises and so forth are approved, and that is just part of it. But when hospitals are getting those and they still run over, that is totally different; that is a bailout. I will ask the Director-General to comment on that.

**Dr STABLE:** This financial year we have received additions to the budget for the normal technical additions, such as superannuation, enterprise bargaining and other award adjustments. In the previous financial year we had an activity overrun of \$65.8m—there was a State special rollover which meant a net effect of an activity overrun—which was not funded through superannuation or other payments funding of \$56.3m.

**Mrs EDMOND:** For the benefit of the people in the gallery, can you explain what an activity overrun is? Does that not refer to patient treatment?

**Dr STABLE:** An activity overrun is an unbudgeted expenditure. Obviously, our expenditure in Health is on treating patients and on support services for patients.

**Mrs EDMOND:** So the criticism of the previous Government is that it treated too many patients?

**Dr STABLE:** In this financial year, we have increased our activity substantially through service agreements, set budgets, performance targets, identifying priorities and through training of our staff to target expenditure where it does the most good. We have managed to live within our budget without any activity overrun funding required.

**The CHAIRMAN:** The time for questions from non-Government members has expired. The Committee will take a short break.

Sitting suspended from 5.13 p.m. to 5.23 p.m.

**The CHAIRMAN:** We now move to questions from Government members.

**Mr CARROLL:** Minister, I turn to the issue of the provision of mental health services, and I ask: what funding impact will this budget have on the provision of mental health services across Queensland and how does this compare with the allocation for mental health services over previous financial years?

**Mr HORAN:** In this new budget, mental health services have received a huge boost of some \$54.6m, or a budget-to-budget increase of about 27%. The budget increases include recurrent funding of approximately \$31.7m and \$22.9m for capital projects. As to the key new services that this funding will provide in the area of mental health—firstly, it will replace the Commonwealth funding that has ceased so that we are able to maintain the services that we used to provide with that Commonwealth money. Secondly, the money will be used for the provision of acute wards, and those acute services will be able

to be provided where people live. It will also provide for the continuation of a number of other services.

The important funding benchmark often used by a number of mental health associations to judge the way in which a Government is going is the amount of expenditure per person. In 1996-97, the expenditure per person in respect of all mental health funding was \$59.40 per person. In 1997-98, under this budget, it will be \$73.10 per person. That is a budget-to-budget increase of about \$13.70. In terms of the recurrent mental health funding, the expenditure in 1996-97 per person was \$57.40, and in 1997-98 it is \$64.80 per person. That is an increase of \$7.35, or 12.8%. We are endeavouring to work as closely as we can to the 10-year Mental Health Plan so that, as we bring about these increases each year, we can provide the sorts of services promised in that plan.

**Miss SIMPSON:** Minister, you have outlined some of the increases in mental health funding. Can you outline some of the health initiatives in the mental health sector provided in the budget?

**Mr HORAN:** As I said, some of the money was used to replace ceased Commonwealth funding. One of the key things we have done in this year's budget is to provide additional funding for new acute wards where people actually live. In that way, we can provide mental health services for those who need a stay in hospital which, on average, is about 10 to 12 days. It is part of our plan that we have not only the long-term care provided in the three major psychiatric hospitals of the State; we are also providing mental health wards or acute services in hospitals where people live. In this year's budget, there will be funding for the new Cairns Mental Health Unit and an increased number of acute in-patient beds—from 28 to 36. From memory, there will be another four detoxification beds in that unit. A 32-bed Mental Health Unit at the Ipswich Hospital will be commissioned. We will increase the number of acute in-patient beds at the Mackay Hospital. We will be providing an additional four beds there. The budget will provide a special system or model of service delivery for in-patient treatment at the Mater Children's Hospital and at the Mount Isa Hospital.

**The CHAIRMAN:** Minister, you have mentioned some of the districts that will benefit. Will other districts also benefit? Would you also like to touch on the impact of the budget increases on Queensland Health staffing levels for mental health services?

**Mr HORAN:** Firstly, I announced that new money will be going to hospitals for those acute services. Also, there is the full-year effect that we have to put in this year for new services that we provided last year. In particular, I refer to the Adolescent Mental Health Unit at the Royal Brisbane Hospital, in respect of which we now have to provide the full-year funding effect for it to be continued, that is, right through for 12 months per year. We also have to provide the full-year funding effect for the 26-bed Rockhampton Hospital Mental Health Unit and the Nambour Hospital Mental Health Unit. There is approximately \$2.5m for the existing community mental health services that we provided,

particularly in provincial and rural districts of Queensland, during financial year 1996-97. That provides a full-year effect. Those staff wages are provided throughout the year.

There is also \$2.87m allocated to Project 300 for the continuation of the support services for those people who are deinstitutionalised. You spoke about the impact on staffing levels that some of these changes would bring about. Some of the new staffing levels would be: Mackay, 10.5 full-time equivalent additional staff; Mount Isa, another 3 staff; Rockhampton, another 6 clinical staff; Cairns, another 19; at the Mater Children's there will be another 6 staff; and there will be another 6 non-clinical staff Statewide. They are in addition to the ongoing effect of the funds that were put into community mental health services and the funds that were put into other new hospital services in the previous budget which are flowing through into this budget and providing for the full-year effect of that staffing.

**Mr CARROLL:** I would like to ask a question about the Youth Mental Health Unit at the Royal Brisbane Hospital. The matter of youth suicide was raised in this morning's hearings. Can you inform the Committee of the current operational status of the Youth Mental Health Unit at the RBH, including staff appointments, funding requirements and expected patient demand levels?

**Mr HORAN:** The unit is operating at the moment, but it will be fully functional by 1 July. There will be a total of 26.3 full-time equivalent clinical staff, including medical officers, visiting medical officers, nurses, allied health staff, administration officers and operational staff. The funding for 1997-98 for that unit is \$1.482m. Recruitment of staff has been occurring for some months. At least two-thirds of the positions or more are now filled. Since commencing, the staff have been treating young people on an outpatient basis as well as in-patients being admitted to other parts of the hospital. They are providing consultation and liaison to the Royal Brisbane Hospital. They expect that patient demand will be large and result in high occupancy rates. Patients can also attend the school at the Royal Children's Hospital, although the unit does hope to offer some educational resources and facilities. For the months April and May the occupancy rate was 70% and 68% with an average of 10.5 patients. The average length of stay is estimated to be four to six weeks.

One of the principles of the establishment of a unit like this is to provide a modern style of intervention and care so that, in conjunction with services that we provide with the community and with these acute wards for medium-term stay, hopefully young people can be treated and cared for early on a relatively short length of stay—they are looking at four to six weeks—rather than becoming an institutionalised type of patient. This is largely being driven by the professor we have in charge there now. I might get the Director-General to make some comments on the style and type of care being provided, which is very progressive.

**Dr STABLE:** Although the funds were provided early in the financial year, there was some

delay in opening this unit because of our desire to recruit a top specialist in this area. Prior to the beds becoming available, youths and adolescents with these sorts of problems were accommodated in adult mental health units. Clearly that is quite unsatisfactory. The types and degrees of mental health illnesses suffered by youths and adolescents does require that they have a special unit built to meet their needs. It also requires that the staff concerned have the appropriate skills and experience. We were very fortunate to recruit a chap back from overseas, an internationally recognised professor in this field, who is personally selecting the staff. We are very pleased that this unit is functioning very well but, importantly, providing a far better service for youths and adolescents than the adult units in which they were having to be accommodated beforehand.

**Miss SIMPSON:** I have another question that has a connection with mental health, but particularly with regard to suicide prevention and the Queensland Health Suicide Prevention Strategy. What are the Government's plans in regard to this and what are the main thrusts of this strategy?

**Mr HORAN:** A project officer commenced duties in April this year to develop the Queensland Health Suicide Prevention Strategy. We have a reference group assisting that has been representing the different areas of Queensland Health. We also have aims to put in place some best practice models in suicide prevention in all areas of Queensland Health. We work closely with the other department, the Department of Families, Youth and Community Care. We have plans to train and improve the skills of our staff in suicide prevention and intervention and to coordinate current suicide prevention activities across Queensland Health, including our currently funded National Youth Suicide Prevention Strategy initiatives in Queensland with the national stocktake of suicide prevention activities and programs, which is being funded currently; and the education and training of health professionals, which is another one that has been coordinated. And there is \$1.6m over three years until June 1999 for rural and regional youth suicide counselling. There is also a special project at the Mackay District Hospital involving the development of hospital and health services protocols.

We have also had some recent meetings with some leading health professionals in the area of youth suicide. From our point of view in Queensland Health, we want to see a comprehensive and coordinated strategy across the State. We want to work closely with the Department of Families, Youth and Community Care so that we are not duplicating what they may be doing so that we can be sure that the funds that we have for those sorts of services are being used to their very best advantage. We also would like to support any organisations. We have an organisation preparing particular systems that can assist people in schools, and more will be announced about that later. One of our other aims is to provide more support in the area of early intervention. That is where the adolescent unit at the Royal Brisbane Hospital is certainly going to be of assistance. If we can provide early intervention and assist people to

better health in their adolescence, then we will probably save them from moving towards a chronic illness.

**The CHAIRMAN:** Minister, would you please outline the main objectives of the new Mental Health Bill to be introduced into the Parliament? When is the new legislation expected to be implemented?

**Mr HORAN:** We have planned for this legislation to be introduced into Parliament this year. It has been many, many years in the preparation. The main objectives of the Mental Health Bill are to provide for involuntary admission, assessment and treatment of people with mental illness to ensure that the rights of people with mental illness are correctly and appropriately safeguarded throughout the involuntary process, including the establishment of a process of independent review through the Patient Review Tribunal. We want to make that more accessible in those particular cases. We want to make provision for mentally ill persons charged with criminal offences to ensure that those people have access to treatment for their illness. That is one part of the Mental Health Bill that we are currently doing some more work on to ensure that that whole process is the best process. We are doing that in conjunction with a review being undertaken by Justice.

We want to ensure that within whatever process is finally determined or approved by Cabinet, people with mental illness get the correct treatment and the correct judgment through that entire process. The key improvements upon the existing legislation include some clear legislative principles which will underpin the mental health treatment system and therefore constitute an important part of the reform of mental health services. It is particularly also about more flexible treatment arrangements which better support modern treatment practices. We have talked in earlier questions about early intervention and the treatment of adolescents. This means including involuntary assessment and treatment both within a hospital environment and within the community. The Bill is also about providing for better protection for the rights of involuntary patients and protection for the community by upgrading the frequency or the quality of the independent review. We expect that this particular Bill will be in the House this year. That is our target. As I said, there is one aspect of it at the moment which is under particular review.

**Mr CARROLL:** Brisbane's QE II District Health Service has received an extra \$6.1m in the budget to continue this Government's restoration program to bring that hospital back to front-line community standards. The performance of the district health service is of particular interest to the electorate of Mansfield which I represent. It is one of five electorates that surround that hospital like spokes from a wheel, of which the QE II Hospital is the hub, as you know. I would like to know what improvements the Government has made since coming to power at the QE II Hospital including funding and service improvements, staff increases and the capital works program, particularly on the district health program?

**Mr HORAN:** The QE II Hospital has received a \$6.1m boost in the budget which provides the additional funds the hospital needs to move to a 161-bed level for a community hospital. There is an increased number of specialist services that are now offered which include: ophthalmology, urology, general surgery, orthopaedics, gynaecology, gastroenterology, internal medicine, emergency medicine, rehabilitation and intensive care. In particular it will allow for more operations to be performed at the QE II, and in mid July we will be seeing the number of theatres in that hospital increased from four to six, which will make a huge difference to the southside. I will ask our Deputy Director-General to speak in general about the sorts of services we are providing there. It is wonderful to see that the QE II Hospital is now alive and well again and is really serving the community after it was almost closed down.

**Mr YOUNGMAN:** The QE II Hospital has virtually come from a very low base to a situation at the moment where it will provide a comprehensive range of services to the community from accident emergency right through to in-patient care in the major disciplines of medicine/surgery. That will be backed up by an intensive care service at a level 1. The operating theatre's day surgery will continually be enhanced to provide a comprehensive service across a range of specialties. Many of those specialties are presently in place and providing services—particularly highlighting areas such as urology and orthopaedics—and this will continually be expanded to provide a comprehensive service across the full range. There is also a dental clinic at the QE II Hospital, and a breast screening service will ultimately move into that area. In summary, it really will provide a total service to that surrounding community, and it must be emphasised that it will be well networked with the Logan Hospital, Princess Alexandra Hospital and the Mater Hospitals so that we do have that range of services in an integrated format.

**The CHAIRMAN:** The time for Government members' questions has expired. We will now have non-Government members' questions.

**Mr ELDER:** I want to clarify a couple of points on an issue that I raised earlier on in the day. In relation to your senior media adviser, Mr McClune, is it true that his Government card has been taken from him?

**Mr HORAN:** I am pleased you asked that particular question. I have a copy of a memorandum here dated 19 June 1997 from the Office of the Premier and Cabinet signed by the acting manager for MSB saying—

"Re: Mr McClune

I confirm that to the best of my knowledge there are no outstanding moneys on your cancelled American Express Corporate Card. American Express Travel have never commenced legal action in respect of your cancelled Corporate Card. I have also had information provided to me that you have your salary garnisheed by the Albury Murray Credit

Union on a matter unrelated to your cancelled American Express Corporate Card."

On that particular matter, I want to put it on the Hansard record at this Estimates hearing that I think the matter that you brought up about the garnishee is one of the lowest and dirtiest acts that I have seen in this Parliament. It is a matter to do with his divorce. To bring a personal matter like that out in public and put it in the Hansard the way that you have done I think demonstrates the low levels that this Parliament has sunk under your particular behaviour. That is a personal matter; it happens to a number of people. For you to try to imply that that had something to do with this matter of his corporate card I think is one of the lowest acts I have seen.

**Mr ELDER:** You could have resolved that this morning by a simple answer instead of trying to avoid it, but the problem with you is that you tend to try to avoid every question that we are trying to seek from you in relation to the truth. If you did not have any problem with the truth, you would not avoid the question. I ask you the question again: has he had his card taken from him? It is a simple question.

**Mr HORAN:** I read you the answer.

**Mr ELDER:** So he has, yes.

**Mr HORAN:** I read you the answer.

**Mr ELDER:** So he has, yes.

**Mr HORAN:** I read you the answer.

**Mr ELDER:** Read it again.

**Mr HORAN:** The correct answer is exactly as I have read it and as Hansard has taken down. There are no outstanding moneys on his cancelled American Express corporate card. American Express Travel has never commenced legal action. With regard to answering your question, if you think I carry around in my head the personal details of my staff or what is happening in their particular divorce action or anything else, you want to think again.

**Mr ELDER:** You knew you had dinner with him or at least you dropped in for a glass of water.

**The CHAIRMAN:** Next question, please.

**Mr ELDER:** In relation to it, for what reason then was the card taken from him?

**Mr HORAN:** The card was voluntarily surrendered by Mr McClune.

**Mr ELDER:** Why was it voluntarily surrendered?

**Mr HORAN:** You would have to ask Mr McClune. He voluntarily surrendered his card.

**Mr ELDER:** You are the responsible Minister.

**Mr HORAN:** He voluntarily surrendered his card and I have read out to you the letter of 19 June—that is today—which has the detail provided by MSB that there are no outstanding moneys on his cancelled American Express card.

**Mr ELDER:** Mr McClune said that there was a backlog of claims. This morning in this Estimates Committee you said that there were no outstanding claims. Which is the truth?

**Mr HORAN:** What did you say?

**Mr ELDER:** Mr McClune said—

**Mr HORAN:** Mr McClune said when?

**Mr ELDER:** Mr McClune said—

**Mr HORAN:** He was not here.

**Mr ELDER:** Mr McClune reported this afternoon that there was an outstanding backlog on his claims. This morning you said and that letter said that there are no outstanding claims. I would like to know who is telling the truth.

**Mr HORAN:** I am not going to answer questions here from a member who quotes things that somebody has supposedly said—

**Mr ELDER:** Mr McClune said—

**Mr HORAN:** —outside the premises of this particular Estimates Committee. It is totally out of order.

**The CHAIRMAN:** I would rule that your refusal to answer questions about Mr McClune's affairs should be upheld, and we will now move to the next question.

**Mr ELDER:** If McClune finds himself in a difficulty it is because you would not answer questions.

**The CHAIRMAN:** Mr Elder, I have already ruled questions about Mr McClune out of order.

**Mr ELDER:** It is your responsibility as the Minister for that office.

**The CHAIRMAN:** Mr Elder, I have already advised you that your presence here is with the permission of the Committee and I have ruled that questions about Mr McClune and his credit card are out of order. We will now proceed to the next question.

**Ms SPENCE:** Given the Minister's public promise to restore maternity services at the QE II Hospital, how many extra obstetricians and midwives have been employed and what bed capacity has been allocated for maternity patients in this year's budget?

**Mr HORAN:** The comments that we made regarding maternity services were that we would have a look at maternity services. I think the most important thing for the QE II Hospital is that we return it to a 161-bed hospital, that is, we get it fully staffed and fully operational. Any matter regarding whether that should be returned to an obstetrics hospital again in the future—it was your Government that closed down the obstetric services—will be undertaken through a very thorough review. As far as I am concerned, I think that it was a marvellous service that used to be provided at that hospital. With regard to the implementation of any further services there, I have decided that we will get the hospital operating as a general hospital first and then have a review of what would be required in terms of capital, staffing, construction and whether in fact we can go ahead with it or not.

**Ms SPENCE:** Given that you have declared that maternity services at QE II were marvellous and that you have been very critical of the Labor Government's disbandment of those maternity

services, can we not expect maternity services to be restored in the next year?

**Mr HORAN:** I think I have just said to you that we are determined to see that the QE II Hospital is restored to a full community general hospital with 161 beds and 6 theatres operating.

**Ms SPENCE:** So that means there will be no maternity services within the next year?

**Mr HORAN:** We will look at the matter of maternity services when we get—what we promised with the hospital was to return it to a community general hospital with the medical, surgical, intensive care and rehabilitation services. We are going to do that. Then we will look at whether it is feasible; how necessary it is in relation to the services that we are now going to provide at the new Redland Hospital, the Mater and the Logan; what the absolute need is; what the cost would be; what the construction would need to be; and what the actual staffing and recurrent costs would be.

**Ms SPENCE:** I take it from that statement that the Minister is backing away from the promise to restore maternity services at the QE II Hospital, but I will move on. Can the Minister—

**Mr HORAN:** We are prepared to do a review and look at them.

**Ms SPENCE:**—give an explanation for the extraordinarily high weighted separation costing at the QE II Hospital which is more akin to the high costs of remote area hospitals, that is, 3,360 per weighted separation after adjustment for EB savings which is twice the rate of any other metropolitan hospital?

**Mr HORAN:** You want to know why it has a cost of weighted separation for that particular hospital?

**Ms SPENCE:** Yes, why it is so high at the QE II as compared to any other hospital in the metropolitan area.

**Mr HORAN:** We will get that answer for you straightaway. That is not the sort of thing that I can answer immediately. I will ask Dr Michael Cleary, who was the medical superintendent there for a time and is now going to the PA Hospital, to give you that answer.

**Dr CLEARY:** I am medical adviser for the elective surgery project. I am not familiar with the data that you present. However, I am aware of the higher than average cost of weighted separations at the QE II Jubilee Hospital. There are a number of reasons for that. The first is that the hospital has gone from being essentially non-operating at a high level to running with a variable increase in beds, through to 161 beds which will be fully opened in July. Because of the gradual increase in the services but the substantial increase in infrastructure required through the 1996-97 financial year, there was a higher cost per weighted separation. For example, it is only possible to employ junior medical staff in January, because that is when the medical staff year starts. So we have actually had a higher than required medical staff at the hospital from January through to the current time. Over the same period

last year, we are seeing a 50% increase in activity in the various specialty groups. We are finding that, as the activity increases, the cost per weighted separation is going down.

There are also a number of other special initiatives being put in place to look at some of the support service areas, in particular linen costs and the costs of the provision of meals. Those services are, if you like, under review. My understanding is that the cost of linen services and the cost of meals will be reducing as well. So I would expect that once the QE II Jubilee Hospital is fully operational, the cost per weighted separation at that facility will be similar to other facilities that are near metropolitan district hospitals at a level three or four.

**Ms SPENCE:** Minister, given that Children by Choice registers over 2,500 calls a year, averaging about 200 a month, and that half of these calls are from rural and regional Queensland, where in the MPS is there funding to cater for these needs now that Children by Choice has been defunded?

**Mr HORAN:** The funding remains in the Women's Reproductive Health Program, and the funding will be provided to services that do provide those types of services, that is, education, advice and support. So all of the money remains in the Women's Reproductive Health Program.

**Ms SPENCE:** Can you name these services that can do it better than Children by Choice?

**Mr HORAN:** One of the services that will receive funding will be the Family Planning Association of Queensland. We have yet to finalise the distribution of the funding but, as I said, the key thing is that the money remains in the Women's Reproductive Health Program.

**Ms SPENCE:** Can you guarantee that Family Services Queensland, for example, will operate a 1800 number which was provided by Children by Choice and, I understand, was not provided by any other agency of that kind in Queensland?

**Mr HORAN:** This Estimates debate is not about Family Services; it is about what Queensland Health is doing. The money remains in the Women's Reproductive Health Program, and we will be distributing within that program to ensure that the very best of services are provided.

**Ms SPENCE:** Minister, you are taking away the funding of the only service in Queensland that provides a service to all the women in Queensland about pregnancy counselling. Family Planning has recently been forced to close offices in Brisbane, Ipswich, Rockhampton and the Sunshine Coast. Which service is going to be funded to take up that funding shortfall then?

**Mr HORAN:** Family Planning Queensland has not closed offices. They closed some of their clinical services.

**Ms SPENCE:** They have closed in Mount Gravatt in my own electorate.

**Mr HORAN:** No, they are moving—

**Ms SPENCE:** So do not tell me that they have not closed offices.

**Mr HORAN:** They are moving from Mount Gravatt to the QE II Hospital. At the Sunshine Coast they are maintaining their education services. They are just readjusting how they provide some of their services, because they have received a shortfall in money from the Commonwealth. I will say again that the money remains in the Women's Reproductive Health Program. Our department will determine the allocation of that money so that it is used to its best advantage in that area of women's reproductive health.

**Mrs EDMOND:** Minister, I turn now to your waiting list strategy on page two. The first note on that page says that of the \$42.9m, \$30m is provided by the Federal Government under a Labor-initiated scheme several years ago and \$10.2m has been redeployed from other Queensland Health sources. What are those other Queensland Health sources? What other programs have been abolished or had reduced funding to provide that \$10.2m?

**Mr HORAN:** The \$30m remains this year. The amount we had in Surgery on Time this current financial year was approximately, from memory, about \$40m. But we have lost some moneys that were one-off moneys and some Commonwealth moneys. So that brings us back to \$30m. We have added in an extra \$43m to bring it up to the \$73m. I explained earlier that of that \$43m—the break-up of how much was recurrent—

**Mrs EDMOND:** The \$10.2m—

**Mr HORAN:** No, more than that is recurrent. Of the \$43m, about \$17.7m, I think from memory, was recurrent, and the balance of \$24m-odd was one-off moneys. That is made up of one-off moneys provided to us by Treasury. In the \$17m, the \$10m to which you are referring is one-off money.

**Mrs EDMOND:** It says here that it is taken from other State health services.

**Mr HORAN:** The \$10.2m is rollover money that we have available, so effectively it is one-off money. It is part of the one-off funds—rollover money.

**Mrs EDMOND:** So you are saying that it has not come from any other Queensland Health sources? In a question on notice you identified those as other Queensland Health sources. What other Queensland Health sources have had funding cuts to cover that \$10.2m? Or do you have a surfeit of money in Queensland Health?

**Mr HORAN:** I will get the Director-General to explain that to you—the \$17.7m of recurrent and the break-up of that money, the \$10.2m, what is one-off and where it has come from.

**Dr STABLE:** Basically, with the reduction in one-off funding from the \$40m that we had this financial year down to \$30m for the next financial year—that reduction was \$6m in Commonwealth money and \$4m in special State. So we ended up with \$30m. We then looked at moneys which were available to make up that gap, which was rollovers. As you would appreciate, in a budget as large as ours there are rollovers from unexpended State specials, for example, and some new initiatives that may not have been fully expended, for example, delays in getting staff.

**Mrs EDMOND:** Some of the examples of the programs is what I was after.

**Dr STABLE:** Of where those rollovers came from?

**Mrs EDMOND:** Yes.

**Dr STABLE:** There is no direct effect on any program that we have running at the moment.

**Mrs EDMOND:** Examples.

**Dr STABLE:** Could I just answer the rest of the question? From growth money, \$2.7m was provided. Another \$15m was provided through the Cabinet Budget Committee. I have just been given an example of the late start with the QE II Hospital, which led to some rollovers.

**Mrs EDMOND:** Minister, can you give me the numbers on the Category 2 waiting lists now and where they were 12 months ago? I ask for the numbers specifically. Percentages do not mean very much. If your total pool of people waiting increases, the percentage automatically drops and, therefore, saying that the percentage is dropping purely means that the pool of people waiting is increasing.

**Mr HORAN:** We will give that to you.

**Mrs EDMOND:** I am happy to explain that to you mathematically, if you need.

**Mr HORAN:** We will give that to you. There is only one thing that matters when people are waiting for elective surgery: how long they wait. Our program is designed so that people wait the appropriate amount of time. In Category 2, that is 90 days. We want to move down to no more than 5% of people waiting no more than 90 days. It is incorrect for you to say that percentages do not mean anything. It does not matter if there are 100,000 on the waiting list or 1,000 on the waiting list; if fewer than 5% of those people are waiting for their procedure within 90 days, that means that we are actually doing far more operations even if the number on the waiting list has increased. That is mathematical sense.

I will get Dr Michael Cleary to give you the details on the percentage of long waits; the percentage of people who are waiting more than 90 days. We have achieved our first target, which was Category 1 of fewer than 5%. We make no bones about the numbers on Category 2. We make no bones about the difficulty of achieving that. That is why we have put that extra \$43m in to address and attack that. We are pleased that we are keeping Category 1 at fewer than 5%. That was our first target.

I will make the point very strongly on the record: it does not matter how many people are waiting; it is how long they wait. If you have 1,000 people on the waiting list and they are waiting 120 days, that is unsatisfactory; if you have 100,000 on the waiting list and they are waiting 90 days and that is the required time to wait, then you have a great system, because you are treating more people and you are treating them in the required amount of time. That is the important thing.

**Mrs EDMOND:** Can I pick you up on that point? If you have 800 people waiting and 400

people waiting over that time, you have a long wait of 50%; but if you have 2,400 people waiting—three times that amount—and 800 people who are long waits, that is 30%. You are saying that the fact that you have 2,400 people waiting rather than 800 is a success story.

**Mr HORAN:** Of course it is. It means that you are doing more operations.

**Mrs EDMOND:** I do not think that those 800 people will agree with you.

**Mr HORAN:** It means that you are doing more operations.

**Mrs EDMOND:** It means that you have 800 people—twice as many people—waiting too long. You are saying that that is a success story. Those 800 people will not agree with you. They do not agree with you.

**Mr HORAN:** As a percentage it means it is coming down.

**Mrs EDMOND:** Because you have more and more people being pushed out.

**Mr HORAN:** No-one is being pushed out.

**Mrs EDMOND:** They are being pushed into Category 2 and Category 3.

**Mr HORAN:** No. We have had Category 3s transferred to Category 2.

**Mrs EDMOND:** They are giving up on the waiting list. They say, "If I can't see a doctor within three years, what's the point?"

**Mr HORAN:** A large number of Category 3s have been transferred to Category 2. We accept that.

**Mrs EDMOND:** Are we going to get the numbers?

**Mr HORAN:** We accept that, because this is an honest system. If the specialist service says that that particular person should be transferred from 3 to 2, we accept that. We do not argue.

**Mrs EDMOND:** You will not give us the numbers.

**Mr HORAN:** 44%.

**The CHAIRMAN:** We will take one more question in this segment.

**Mrs EDMOND:** I am referring again to page 3 of the MPS, where you say that hospital staff will increase by only 50. Given that you also talk about increasing weighted separations by 62,000, with an increase of hospital staff by 50, is that not something of an overload for the hospital system and the people who are working in that hospital system?

**Mr HORAN:** No, it is not at all. In fact, when you consider the efficiencies that are brought into the system, when you consider surgical—

**Mrs EDMOND:** 50 into 62,000?

**Mr HORAN:** I will get some of the experts to explain it to you. When you consider issues such as surgical admission units and pre-admission clinics—where you are doing things smarter and where for the same number of staff you treat more

numbers of patients—when you consider day procedures, day surgery and all the changes that have been brought about in the new modern hospital—that is how you achieve it. It is being achieved through EB. I will get—

**Mrs EDMOND:** I think they are miraculous figures you are talking about.

**Mr HORAN:** No. I will get Mr Ross Pitt to describe to you how you achieve that and how it is being delivered through EB2.

**Mrs EDMOND:** 62,000 weighted separations for 50 extra staff.

**Mr HORAN:** You have said that four or five times.

**Mrs EDMOND:** I am just making sure that you know what we are talking about.

**Mr PITT:** Can I go through the key figures for you? In the hospitals, the estimated actual separations this year will be around 600,300. That is just the majors. We expect them to be 630,200, which is an increase of around 5%.

**Mrs EDMOND:** Go to the weighted separations.

**Mr PITT:** Those are the raw separations. We expect weighted separations to be 795,600 this year.

**Mrs EDMOND:** 62,200—

**Mr HORAN:** Let him answer his question.

**Mr PITT:** 857,800, which is 62,200—an increase of 7.8%. In the rurals, we expect the base separations to be 69,300 to go to 72,000, which is an increase of 3.89%, and the weighted separations to be 76,100 to 80,000, which is about 5.26%. As part of enterprise bargaining, as you are probably aware if you have seen the document, we have nominated all of the benchmarks in terms of prices—including the clinical benchmarks—and given people those targets to achieve. They really revolve around doing the additional separations for roughly the same numbers of staff net.

**Mrs EDMOND:** Can I just go back to that 62,000? I am following up the point that there is an increase of 30,000 separations of those 62,000 weighted separations, which means that that entire increase has to be in very minor surgery. That means that aged people who are waiting for hip replacements, etc., are going to be pushed further out along the line. All of the increase appears to be in only minor surgery.

**Mr HORAN:** It is all a result of the dividend of enterprise bargaining, new technology, same day admissions, new procedures that are being put in place and the efficiencies that are being delivered through EB. There is a whole range of benchmarks that have been introduced in providing more treatments and a greater throughput: shorter length of stay, making more use of post-operative services. It really is the dividend from the investment not only in new equipment and new technology, shorter length of stay—

**Mrs EDMOND:** I do not think the Minister understands.

**The CHAIRMAN:** In any case, the time for non-Government questions has well expired. I let that one run over quite a bit.

**Mrs EDMOND:** He does not understand.

**The CHAIRMAN:** If we get a move on, you may get one more question in before we finish. It is now time for Government questions. The next question comes from Miss Simpson.

**Miss SIMPSON:** When the department talks about its quality accreditation program, what does that mean? What are the initiatives that are planned in that program in the next 12 months?

**Mr HORAN:** I will get our Director-General who is leading that to give you the answer to that question.

**Dr STABLE:** As we return to focusing on what our core business is, getting back to basics, not only is it very important that we are satisfied that our standards are appropriate but also it is essential that we can demonstrate to the community at large that we have standards in place and that we meet at least and usually exceed the minimal standards that have been established through the accreditation organisations that exist both within Australia and internationally. To that end, we established a Queensland Health Quality Policy. That was established in February of this year. We have outlined in that policy our commitment to quality management principles, where we aim to continuously improve our services to the satisfaction of our patients and clients. We wish to optimise our outcomes in our clinical interventions. Of course, because of our broad overall role with policy and corporate roles, we wish also to have the most successful outcomes in policy formulation implementation. We want to enhance our operational efficiency back to basics. We are adopting management systems for both clinical and non-clinical services, using the appropriate quality system standards. Of course, when we talk about standards, we also must talk about developing the competence of our staff.

Examples of the sort of standards that we have in our Quality Policy—for hospitals and other health facilities we are using the Australian Council on Healthcare Standards guidelines and also the International Standards Association 9000 series. For our community health services we are using both of those again, but also the Community Health Accreditation Standards Program. That is commonly called CHASP. For our pathology laboratories, we have accepted the standard of NATA, which is the National Association of Testing Authorities. We also have for information systems Australian standards. So we are using the broad range of standards as appropriate.

How we are going to achieve and how we are going to implement this policy and get the results that we desire—first of all, this current financial year we have developed it and enhanced it substantially. We now have comprehensive service agreements with all our districts. Those service agreements have a number of critical delivery issues, one of which is quality. As of January this year, we had 24 public

hospitals accredited with the Australian Council of Health Care standards, which is almost 50% of available beds in Queensland, at such hospitals as Princess Alexandra, Prince Charles and Royal Children's. There are also 22 accredited community health facilities. In the next financial year, which the Program Statements talk about, we will have another 28 public hospitals sitting for accreditation or preparing for accreditation. That is another 33% of beds. There are 40 community health facilities also seeking accreditation in the year-end review.

**The CHAIRMAN:** What plans does Queensland Health have to further improve outreach health support services to rural and remote communities? What role will telemedicine play in these strategies?

**Mr HORAN:** Thank you for your question. On the subject of telemedicine, I will get Dr John Youngman to talk specifically about that. In the future services we are providing to rural and remote communities, I think that, through our Rural Health Unit, we are able to manage better our Flying Obstetrician and Flying Surgeon services, obtain a better retention rate and better training and recruitment systems for our staff, and through the Rural Health Advisory Council we are able to have a medical subcommittee, which has assisted in retention and clinical privileging. Through that Rural Health Unit, we have been able to put in place 23 allied health workers throughout the rural and remote parts of the State. We have in place a Flying Dental Service at Longreach, which services some 18 townships and another one operating from Charleville, which provides a service to Thargomindah. We have virtually doubled the number of scholarships. We believe that, in about four years' time, the number of scholarships is going to make a significant difference to the number of rural doctors available. In Mount Isa, in conjunction with the Commonwealth Government, we have just implemented and are about to commence operation a Rural Public Health Unit, which will provide training and support for doctors, nurses and allied health workers in the north west of the State.

We are putting \$50m of the capital works program into rural and remote hospitals. That was an amount of money that was not there before. It has meant that we have been able to provide for facilities at Bamaga, Mundubbera, Winton, Miles, Dalby, St George, Charleville, Quilpie, Richmond and Charters Towers.

I think that the other important things are that we have introduced an indemnity insurance scheme for rural and remote doctors, provided some second medical officer positions at places such as Cloncurry and putting in place a Darling Downs surgical service unit for Dalby and Warwick. I will ask Dr Youngman to speak particularly about how telemedicine will assist in these improvements.

**Dr YOUNGMAN:** With the advent of better communications and technology, now is the opportunity to use this to further promote the delivery of clinical service and also to provide educational support to people working in rural and remote areas. It also should be recognised that it is a

significant advantage in provincial settings where we can provide subspecialty support from these settings to the major metropolitan areas.

Queensland Health has established a telemedicine advisory group, which is also associated with the national group. Certainly, nationally there is much happening. Probably the major challenges that we are confronting at the moment are the developing of standards that we can all adopt so that we can have the dissemination of information across the system without any barriers. It still is in its infancy. We have allocated \$1.5m in the Capital Works Program to further the opportunities that telemedicine presents across the State.

**Mr CARROLL:** Additional capital works funding has been provided in the budget for hospital redevelopment projects at Clermont, Emerald and Barcaldine. Would you highlight the original budgets for each of those projects and the additional funding increase for each as well as highlighting the expanded multipurpose service facilities now being constructed or planned for rural and remote areas of Queensland?

**Mr HORAN:** First of all, multipurpose services are being put in place at Cooktown and Clermont and they are also to be planned for and put in place at Barcaldine. Other areas where we have plans for multipurpose services include Quilpie and Dirranbandi. It is our plan that eventually we can provide these multipurpose services on rural hospital campuses so that elderly people who require nursing home care can actually have it in the town or district in which they live. I think that that is far better than elderly people being sent away hundreds of kilometres to major regional centres or capital cities for nursing home care.

With regard to the Emerald Hospital, in the budget we have been able to boost redevelopment at Emerald by \$2.3m. That takes it up to a \$12.3m project, of which about \$5.6m will be spent this financial year. Since coming to Government, we have actually increased the overall funding for that redevelopment of the hospital by some \$3.8m. Recently, I was up there looking at the plans. It is going to be a full redevelopment with an upgrade of accident and emergency, medical imaging, birthing suites, theatres, ward areas, administration and enhanced engineering services including a lift.

At Barcaldine, which has waited years and years for a hospital—it has been promised for years and I think that they had given up hope—we have boosted that particular redevelopment by \$1m in this particular budget, giving it funding to just over \$8m. An amount of \$5.9m will be spent on the Barcaldine Hospital in this coming financial year. So they will see it as a reality. They are certainly delighted. I do not think that they ever believed it would happen. It is going to include new in-patient facilities, theatre, a birthing suite, accident and emergency and a substantial amount of refurbishment, and allied health areas.

The other one which you asked me about was Clermont, which received in this Budget a boost of almost \$1m—\$953,00—which has increased the total funding to \$6.9m. We have also negotiated with the

Commonwealth Government for some \$355,000 in capital funds for the provision of a six-bed aged care facility, which will be a multipurpose service. We will be spending \$4.47m in this financial year to progress the development of the Clermont multipurpose centre and the hospital. When it is upgraded, there will be 16-acute beds, six residential beds and significant refurbishment right throughout, plus a new recovery area and refurbishment of the theatre.

**Miss SIMPSON:** I have a question with regard to the Bamaga Hospital and the redevelopment that is planned there. What are the plans and when is that due to commence?

**Mr HORAN:** Under the previous Government, there were no plans for the hospital at Bamaga. I was able to inspect that area during a trip to the cape last year. It is a very old hospital with a number of serious problems and deficiencies, like holes in the floor that you could nearly fall down in one part that I saw.

We have made a decision to provide Bamaga with a new hospital. We were able to do it because we have put into the new capital works program the \$50m specifically for rural and remote hospitals. That was not there before. That is some of the additional funding that we have been able to provide through our funding arrangements. Places like Bamaga will benefit from that.

In the budget, we have allocated \$3.86m for the redevelopment to be spent in this coming financial year. It will be a 14-bed facility fully operational by the end of 1999, with accident and emergency, a birthing suite and operating theatres. All the hospital wards will be replaced in this total redevelopment of the Bamaga Hospital. I think that it is a little place that has been forgotten by previous Governments because it is right up at the tip of the cape. Certainly the Rural and Remote Hospitals Scheme has enabled that to now take place.

**The CHAIRMAN:** What is the current status of the redevelopment of the Thursday Island Hospital and community health centre, including the 1997-98 capital works budget allocations and the expected opening date of the new hospital?

**Mr HORAN:** This is a major project—a huge amount of money being spent on building a new hospital, on building new accommodation at the hospital campus, on building a new community health centre in what is called the CBD of Thursday Island, which is down the road from the hospital, and also on community health centres on Badu and Boigu Islands. On Thursday Island, it is a 38-bed hospital. It is being constructed in two stages because we have to continue to treat patients in the existing hospital, and we are rebuilding on the exact same site. The roof and the airconditioning is now being installed, with the majority of the structural steel framing and flooring installed. The final documentation is being completed and we expect a start by early August. Concrete footings and dividing walls for other staff accommodation are being completed by the contractor, who has been up there on site for some time. It is a project of \$31m. I will ask the Director of Capital Works to give an indication of when it will actually be completed. On Badu Island, a three-bedroom house is 85% complete. That project will

provide community health services, and likewise at Boigu Island.

**Mr JAY:** As the Minister explained, the community health centre on Thursday Island is well advanced. We expect it to be completed by November this year with an opening certainly before Christmas. The first stage of the Thursday Island Hospital will be completed in the same time frame. We expect to be able to decant before Christmas to complete the balance of the hospital by the middle of next year. We had a slightly slow start, but in fact the project is progressing very well at the moment.

**Mr CARROLL:** The Ministerial Program Statements refer to an allocation of \$7.5m to be spent this financial year on rural hospital projects across Queensland. What specific projects will be involved in these programs?

**Mr HORAN:** These are smaller projects. Again, this funding comes from the \$50m that we have been able to provide specifically for rural and remote areas. The funding is for projects such as at Atherton where the community health service is being relocated to a building on the campus of the Atherton Hospital. It is a lovely old building that will be refurbished and will be a very attractive and functional building. At the Ayr Hospital we are upgrading the maternity section. At the Blackwater Hospital we are upgrading the engineering services. At the Charters Towers Hospital there is an upgrade of airconditioning and flooring and, importantly, as a result of a visit I made to the hospital last year, a laundry equipment replacement project is under way. At the Cloncurry Hospital we are upgrading the accident and emergency facilities. A general upgrading is taking place at the Kirwan Hospital. At Dalby, there will be an upgrade of the theatre which will work in well with the Darling Downs surgical service that we are establishing at Warwick and Dalby. At the Miles Hospital we will be building a new long-stay facility. The current ward for long-stay patients is very old. A new residence is being provided at Mitchell. The Mossman Hospital will be upgraded because the work that was done under the previous Government has been absolutely substandard. It has been necessary to upgrade the hospital. At Mount Isa, additional staff accommodation will be provided. In terms of recruitment, it is very important to have attractive, fair and reasonable accommodation. Again as a result of a recent visit, the Richmond Hospital will get some new airconditioning. At St George there will be an upgrade of the maternity section and staff accommodation. At Winton provision will be made for a recreation room and kitchen specifically for long-stay patients in the hospital. That facility will enable those patients to stay in their own areas.

Some emergent funds and sundry small projects will be allocated during the year. That funding is likely to be spent on things such as staff accommodation at Alpha, staff accommodation at Blackall, the upgrade of oral health services at places like Kingaroy, and work on the residence at Charleville. These things may seem small to a number of people, but it is certainly very important to rural

communities that the standards of their hospital facilities are maintained.

**Miss SIMPSON:** About \$40m has been earmarked in the budget for capital works expenditure on the Herston hospital campus. What work on the Herston redevelopment has been completed? What scope of work is planned for this redevelopment over the next 12 months?

**Mr HORAN:** This is one of the really big projects in the capital works program. The entire project for the Royal Brisbane Hospital and the Royal Women's Hospital will cost in the order of \$445m, plus other work to be undertaken at the Royal Children's Hospital. I will ask the Director of Capital Works to give the detail of what is under way. In particular, the central energy plant is now very close to completion. It was one of the major things that had to be started, as was all the tunnelling, to provide the services for the hospital.

**Mr JAY:** Of the work that we are going to undertake at Herston over the next financial year, one of the most important parts is the completion of the central energy plant. That plant is necessary so that we can decant to allow the commencement of the first major stage of the hospital, Stage 1B, the Royal Women's Hospital. In fact, that will just miss out on this financial year, but all of the demolition will have occurred. In the financial year following, we will be in a position to get right into that.

Other work that is of significance includes finishing a car park in Butterfield Street. The medical research centre will be completed during this financial year. In addition, a series of small enabling packages associated with services throughout the site will allow the major amount of work to commence late in this coming financial year and particularly during the calendar year 1998.

**The CHAIRMAN:** We have almost reached the end of our proceedings. We are scheduled to close at 6.30. I will allow one more question from non-Government members before we close.

**Mrs EDMOND:** Minister, with reference to your recent media statement that you have reneged on a promise to establish a specialist cystic fibrosis unit at the Prince Charles Hospital because you are providing these services to CF sufferers across Queensland, can you give details of where you have provided specialist CF services outside Brisbane to prevent patients having to come to Brisbane at times of acute need or crisis?

**Mr HORAN:** I have been to speak to CF sufferers and I have looked at the facilities available. You said I have reneged on a promise; I have not reneged on a promise. I will help those people. This is something that we have to work through very carefully, along with all the other competing demands in the State. The budget shows that we have put money into renal dialysis. Many of the people who use the renal dialysis service never had a service previously. At the moment at the Prince Charles Hospital, people who are suffering from cystic fibrosis are in a ward where they are specially cared for by specialists, physiotherapists and others as required. It is an excellent, outstanding service as

demonstrated by the fact that we have now done complete lung transplants at the Prince Charles Hospital. One of those transplants was performed on a 16-year-old cystic fibrosis sufferer.

We have respiratory physicians throughout the State in various hospitals. They are specialists and they provide a good service. I recognise the need for even more specialised services when it comes to something as debilitating as cystic fibrosis. However, we now have a children's cystic fibrosis unit at the Royal Children's Hospital. Through the care we are now providing, particularly the care we are providing not only at our other hospitals throughout the State but also at the Prince Charles Hospital, we are now able to see that young adults with cystic fibrosis are living into adulthood. There are specialist services there now, but they are seeking an expansion of that service. They are seeking for the ward that they are in now to be a dedicated ward with specialised nurses and physiotherapy. Much of that service is being provided now. A dedicated ward and staff will expand that service a little further. I have not reneged on that whatsoever.

In respect of health, we have to make decisions. If we can provide intensive care and renal services to people who do not currently have any services in their town, particularly if they are in danger of dying if they do not have those services while they await a transplant, that will be for the better. The services and the care at the Prince Charles Hospital are outstanding. Sure, we can do a bit better if we convert the current facilities into a dedicated specialised ward. However, the services being provided at the moment are outstanding. The whole community would recognise that being able to

save the lives of young people with cystic fibrosis because of the transplant services at that hospital is a great step forward.

**Mrs EDMOND:** I have a lot more questions, but I understand that the time has run out. I take this opportunity to thank the Minister, departmental officers and you, Madam Chair, for your tolerance.

**The CHAIRMAN:** Before we close the proceedings, I place on the Hansard record not only my thanks to the Committee but also to the research director, Mr Les Dunn, and his staff, the parliamentary staff and the staff of Hansard for their assistance in today's proceedings.

**Mr HORAN:** I wish to thank Estimates Committee G for its questions. Madam Chair, I thank you for chairing the meeting so well. I particularly wish to thank the Director-General of Queensland Health and his staff. An enormous amount of preparation has gone into this. A comment was made that there are many more questions to be answered. We have answers to literally hundreds of questions which have not been able to be asked. I particularly thank Geri Taylor and her team and Alan Davis and his team for the assistance they have given in preparation for today.

**The CHAIRMAN:** There being no further questions, that concludes the examination of the Estimates for the Minister for Health. I thank the Minister and the portfolio officers for their attendance. That concludes the Committee's consideration of the matters referred to it by the Parliament on 4 June 1997. I declare this public hearing closed.

The Committee adjourned at 6.30 p.m.