

## WEDNESDAY, 11 JULY 2007

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### ESTIMATES COMMITTEE B—CHILD SAFETY

#### Estimates Committee B Members

Mr PJ Weightman (Chair)  
Mrs BM Kiernan  
Mr J-PH Langbroek  
Mr RD Messenger  
Ms BG Stone  
Mrs JA Stuckey  
Ms ECM van Litsenburg

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#### In Attendance

Hon. D Boyle, Minister for Child Safety  
Mr G Carlyon, Senior Policy Advisor to the Minister for Child Safety  
**Department of Child Safety**  
Ms N Deeth, Director-General (Acting)  
Ms K Mandla, Deputy Director-General (Acting)  
Ms D Mulkerin, Executive Director, Child Safety Services Division

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#### Committee met at 8.30 am

**CHAIR:** I declare this meeting of Estimates Committee B now open. I would like to introduce the members of the committee. I am Phil Weightman, the member for Cleveland. My fellow committee members are: Mrs Jann Stuckey, the deputy chair and member for Currumbin; Mrs Betty Kiernan, the member for Mount Isa; Mr John-Paul Langbroek, the member for Surfers Paradise; Mr Rob Messenger, the member for Burnett; Ms Barbara Stone, the member for Springwood; and Ms Lillian van Litsenburg, the member for Redcliffe.

The committee will examine the proposed expenditure contained in the Appropriation Bill 2007 for the areas allocated to the committee. The organisational units will be examined in the following order: the Department of Child Safety, Queensland Health, the Department of Corrective Services and the Queensland Police Service. The committee will suspend proceedings for the following breaks: 10 am to 10.15 am, 11.45 am to 11.50 am, 1.20 pm to 2.20 pm, 3.50 pm to 4 pm and 5.30 pm to 5.45 pm.

I welcome the Minister for Child Safety, public officials and members of the public who are in attendance today. 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. A 15-second warning will be given at the expiration of these time limits. An extension of time may be given with the consent of the questioner. The standing orders require that at least half the time be allocated to non-government members. I ask departmental witnesses to identify themselves before giving any answer to a question so that Hansard may record that information in the transcript.

In the event that those attending today are not aware, I should point out that these proceedings are similar to parliament to the extent that the public cannot participate in these proceedings. In that regard I remind all members of the public that, in accordance with standing order 206, strangers—that is, the public—may be admitted to or excluded from the hearing at the pleasure of the committee.

In relation to media coverage of the hearing, the committee has resolved that television film coverage, photographs and sound broadcasting be allowed for the Chair's opening comments and the introductory statement of each minister and that television, film and photographic coverage be allowed

at the change of organisational units being examined. The committee has further resolved that audio and video of the hearing recorded by Parliamentary Service's cameras and microphones in the Legislative Council chamber shall be broadcast through the Parliamentary Service via the service's web site and to receivers throughout the parliamentary precinct. I ask that all mobile phones and pagers be switched off.

I declare the proposed expenditure for the portfolio of the Minister for Child Safety open for examination. The question before the chair is—

That the proposed expenditure be agreed to.

Minister, would you like to make a brief introductory statement or do you wish to proceed directly to questioning? If you do wish to make a statement I remind you that, under the standing orders, the statement must be limited to five minutes.

**Ms BOYLE:** Thank you, Mr Chair, I would like to make an opening statement. Mr Chair and members of Estimates Committee B, the good news for vulnerable children in Queensland is that, with a boost of nearly \$50 million, this year's budget for the Department of Child Safety has increased to \$551.3 million. But it is a significant budget for more reasons than just the increase.

In 2004 the Beattie government created Australia's first standalone department devoted to child protection. Since that time this is the first budget not centred on the sweeping reforms recommended by the Crime and Misconduct Commission. In March this year we achieved all 110 CMC recommendations to complete three years of reforms. It has been a huge undertaking. So now is an important time to reflect on how far we have come and to look at where we go from here.

The department's budget this year, \$551.3 million, is more than triple the amount devoted to child protection back in 2003-04. We now have more than 2,300 staff—an increase of 90 per cent. Around 80 per cent of our staff are front line, compared to 52 per cent at the time of the CMC report. Our new world-first multimillion dollar IT system—ICMS as it is known—is up and running. Our staff are better trained and supported and so are our foster carers whose allowances have been significantly boosted.

Children in care have more say than before in key decisions about their lives such as family contact and living arrangements. Last year a survey by the children's commission found that 97 per cent of foster children felt safe in their placements and 98.9 per cent felt their carer treated them well. Just last month Cape York Aboriginal leader Noel Pearson told the ABC—

There's been a new regime for child safety instituted in our State and the Beattie Government has got to be commended for the reforms that have been made in the past three years.

We have also been congratulated by many organisations including Foster Care Queensland and the Abused Child Trust. So while we have laid a solid foundation the system is not perfect yet. There is more and better to do.

With this budget we now enter the next stage. We move from intensive reform to a new phase of enhancing what we do. We will improve and refine existing practices and develop new and improved policies and services. We know that abuse and neglect in the early years can cause lifelong problems so under our \$12 million One Chance at Childhood initiative our message to neglectful parents is absolutely clear: the government will give you intensive help but if you do not get your act together then your children will get their chance at a happy, stable, permanent home elsewhere.

It seems Canberra has just discovered Indigenous child abuse. It has long been a focus for this department. Even this year, well before the Prime Minister's sudden interest, we announced two major new initiatives. They are establishing safe houses for children in remote Indigenous communities and permanently basing child safety officers near these communities.

In this job on a day-to-day basis I am confronted with horrible tales of what parents and others do to children. But on some days there are positive stories too. I was lucky enough to be at Brisbane Airport to farewell the little baby who made headlines here and overseas. We have all read the newspaper reports about the baby found abandoned in a toilet block at Surfers Paradise and the police efforts to track down the young mother who had fled back to Ireland. A child in these circumstances has no birth certificate, no citizenship, no passport, no visa and no official status. Our staff worked tirelessly to clear these unusual paperwork hurdles and in May a child safety officer flew the baby to Ireland to his family. To achieve all of this in three months was a great effort.

I conclude by thanking my director-general, Robin Sullivan, who retired last week after a career devoted to children. She was a teacher, rose through the ranks to become Deputy Director-General of Education, was appointed Commissioner for Children and then in July 2004 became the first Director-General of the Department of Child Safety. To have so successfully led a new department through a momentous period of reform is an enormous achievement.

The Premier and I would have loved her to stay, but Robin decided it was time to lead a more leisurely life and, as they say, smell the roses. She has more than earned this time. I say this on the record: over her long career Robin Sullivan made a huge difference to the lives of Queensland children.

**CHAIR:** I call the member for Currumbin.

**Mrs STUCKEY:** I would like to add my best wishes to Robin Sullivan. She will be sadly missed. We wish her well in her retirement. Minister, I read in your reply to non-government question No. 3 that no statewide data is available to ascertain numbers of children requiring a health passport and that the capability to record these details is in ICMS 3.1, scheduled to be operational later this month. Bearing in mind the nine-month delay in ICMS implementation, what guarantee can you give that 3.1 will be ready? Can you clarify whether every child in out-of-home care for more than 30 days is actually receiving a full initial medical assessment?

**Ms BOYLE:** Thank you very much for the question. I have to say that you have gone right to the heart of one of the concerns for the department. There are a couple of different elements to your question. One of those is about ICMS and the next stage in ICMS, 3.1, and whether that will be ready on time. The best answer I can give you about that is that we are trying hard. We are spending a lot of money and we sincerely hope so. But IT systems, for all of us in different lines of business—the public sector and the private sector—do not always perform exactly as planned. We are close and all of the information I have from the department is that it looks likely that it will go into gear within the next month or so and be on time. Yes, it is going to give us much better information about child health passports and other matters to do with a child's history.

Behind the ICMS story there is a bigger issue to do with child health passports. It is a great project that started, as you would be aware, on 1 January this year. The date by which we hope to have all children in care with health passports is 2010. We had always realised that this was going to be a long and difficult job and that we would give priority to children who have some disability or immediate health troubles and priority to children who newly come into care.

I have been eager, despite our inability through computer systems, to track how well it is going and to have some information about how it is going. I am getting mixed information. I have in front of me—and it is available should you wish to look at it—a copy of all of the papers that go towards making the child health passport. You will notice that this is a large folder with lots and lots of pages. At a glance, members of the committee would understand that this is going to take any doctor or set of health professionals a very long time to complete and that that would be for just one child health passport.

There are a number of us, particularly amongst the foster-carers of Queensland, who definitely want the information but had thought that a child health passport would be a bit like a passport in size and that it would have a couple of key pages that would give you a photograph at a point in time of a child's health. Our work has become more and more complex and more and more comprehensive.

Queensland Health has been working with us on this job. Part of the trouble is that if we continue to accept that it must be this comprehensive it is going to slow us down. I am keen that we get more snapshots, photographs of our children in care and their health status sooner than that. I am happy to talk about that some more, if you like.

**Mrs STUCKEY:** I think the next question will probably allow you to do that. The department does mention the importance of health and education as critical areas. I also notice in government question on notice No. 5 that you reveal some of the diagnoses that GPs discover. These are very serious and very harmful to the development of children. Therefore, can you not give these health passports even higher priority? It really is not good enough for the safety of children.

**Ms BOYLE:** That is really a good question. One of the things that held us up in the early months of this year was being able to use GPs. They needed of course a specific Medicare item number in order to do that for us, and that took months to come through. So just on its own, that slowed down the ability of carers to book in to their locally known GP and have this health assessment. That problem at least has been sorted out now. But you are right in that the indications from that previous study are that lots of our kids have very serious problems. Of the 70 children who were examined aged between three months and 17 years, 66 children were identified as having multiple health problems and four children were identified as having no health problems—that is, immunisations have not been done, problems with their eyes, problems with their teeth, problems with their hearing, speech, language and growth. So these are not even major illnesses; they are just basic child care that has not been done.

So the bind that I am in with the department at the moment is the tremendous pressure that I feel and that I share and that is implied in your question for us to get on with this important initiative to get our kids properly examined. Yet if we are going to do this properly to the full extent of the recommendations from Queensland Health, then each child is going to take up a lot of time in having that happen, and we are all well aware of the pressure on our health services around the state. My discussions over the next weeks with Queensland Health will be about whether there is some first-stage health assessment—some screening health assessment—that might give us those basic parameters and at least get the foster-carer and the child going on the immunisations or getting their teeth fixed while we can take the time maybe to do some of the more detailed health examinations over the months ahead. So maybe we are going to have to do this in stages.

I will of course keep you and others informed about this, but I am also keen that in relation to the record that is then kept—while there needs to be a thorough record somewhere—there is also a version of that that is a bit like a passport that can be easily passed from a carer to another carer—for example,

if there is respite over a weekend or if there is a particular visit that a child is going on or a holiday. We need a form that is more manageable than the present form. Then of course behind that we need to be cognisant that too many of our children, particularly older children, have mental health problems as well. The abuse that they have undergone—the erratic family beginnings—have probably contributed to all kinds of disturbed thoughts, too frequently even depression.

**Mrs STUCKEY:** Minister, I refer to education support plans mentioned in the MPS at pages 7, 10 and 18 and ask: is the minister or any departmental staff aware of any schools having a policy of not accepting enrolments of children under the care of the department or children with education support plans? If the minister or any of your departmental staff are aware of this, would you please respond in detail today.

**Ms BOYLE:** Sure. I am pleased to talk to you about this issue. It had come to my attention when I saw a percentage some months ago on how many of the children in the care of the department have education support plans, and that figure was 96.4 per cent. Of course, as is our way, instead of saying, 'Isn't that great that it's 96.4 per cent of some 7,300 children,' I reacted, as I am sure you would have, with 'What about the other 3.6 per cent and why haven't they got them?' There are some good answers for that of course in terms of children newly in our care where hardly on the first day can an education support plan be developed. There are some other explanations such as children who are transient—moving schools—and those who have disabilities. There are other explanations in terms of some of our children with profound disabilities who do not attend schools in the ordinary sense and who may have a partial education support plan but not as fulsome as may be required for others. So, yes, it is a matter that we need to be mindful of everywhere.

I am pleased to also tell you that I met with the minister for education to talk about this and other education matters, and he reaffirmed to me the very clear communication through his department to all schools that our children—children in the care system—will have education support plans. We also discussed the other issue you raised, and that is about children enrolled in public schools and whether any have been turned away, and the answer to that is no. None have been turned away. Yes, it is so that a proportion of the children who are in our care have significant behaviour problems that require discipline at schools and have been therefore part of discussions with principals and others about their behaviour. There are numbers of behaviour management systems and auspices within the department of education that they are referred to. Of course, we have additional funds that will allow us to bring in things such as the Evolve team with a pile of therapeutic specialists and behaviour management specialists to help. But I do reiterate that our children in care have the doors open for them at all public schools in Queensland. Even if they should experience significant difficulties and be in fact difficult students with difficult behaviour problems, they are not to be excluded from our public schools.

**Mrs STUCKEY:** With reference to the 'Output Statement' in respect of children in out-of-home care at page 15 of the MPS, particularly those who are placed in commercial accommodation, what is the longest period of time a child has been accommodated in this way? What was the age of the youngest child accommodated in this way without continuous on-site supervision during the past 12 months?

**Ms BOYLE:** Would you repeat the first part of that question? I got the second part but not the first part.

**Mrs STUCKEY:** What is the longest period of time a child has been accommodated in this way in commercial accommodation?

**Ms BOYLE:** I do not know that that information is going to be immediately to hand, but I will talk to you more generally about the issue while others consider whether that is so. The policy for commercial accommodation is a last-resort policy of course, and that is for several reasons. First and foremost, it is not in a child's interests to be spending time unnecessarily in hotels or motels. That is hardly the kind of circumstance in which they can stabilise and have whatever family problems sorted out. So it is a policy of last resort. It was adopted on 22 May 2002. What this did was formalise the previous practice and ensure that time periods are limited and that there is adequate supervision and support. Therefore, wherever possible, when a child or young person's parent has guardianship, the parent should be informed of the arrangement and provide consent to the arrangement.

With regard to the numbers that there have been over recent years, in 2004-05 7.4 per cent of children under orders were placed in commercial accommodation, in the 2005-06 year it was 4.5 per cent and in 2006-07 it was 4.8 per cent. What I am not sure about yet is in those last two figures—that is, 2005-06 and 2006-07 where it was 4.5 per cent and 4.8 per cent respectively—whether we have reached the kind of baseline from which it is unlikely we will be able to reduce it further. There will always be those circumstances where this is the only choice at the time in an emergency situation where children have had to come out of home where there are no foster-carers available where the children need to be protected and maybe sometimes kept from public view in towns where there are no other homes to go to, and that may well be a temporary choice. That will occur from time to time. It will occur from time to time that children need to travel with carers and be for a period of time in commercial accommodation.

In terms of the particular age group pattern for the nine months from 1 July 2006 to 31 March 2007, the number of children in the zero to six age group was 31 who were over that period of time accommodated in commercial accommodation—11 were for the reason that we were unable to locate a suitable foster-carer at the immediate time, five of them were in association with family contact visits, one was through a threat to a carer and a child by a parent and so they needed a safe place to be removed to, and 14 were in relation to sibling groups.

**Mrs STUCKEY:** Thank you, Minister. You mentioned the supervision there with regard to the previous question. Is the supervision of these children contracted to non-government service providers? What monitoring is carried out by the department to ensure quality care is provided? Would you be able to tell me how much is budgeted for this particular item in 2007-08?

**Ms BOYLE:** Thank you very much for that further question about this. It will allow me to take up where we were before to demonstrate the supervision. Of those children that I had mentioned in reply to your previous question, four of them were looked after by foster-carers, two were looked after by Child Safety support officers, three were looked after by house parents, two by parents, 17 by youth workers and three by a youth worker and a parent jointly. So you are correct in the implication in your question that in the majority it is youth workers who look after children who are in those circumstances. Of course we insist and check that all non-government organisation staff who work with children must have blue cards so that they are properly qualified in that sense to spend time with children. The youth workers, some of whom have worked for us in the past or still do directly, are sometimes contracted also from the private sector but clearly are people with qualifications to do so.

These stays in commercial accommodation are quite brief so that ongoing supervision is not necessary because it is a matter of a short period of time. For example, two children spent one night with a youth worker in a caravan, 12 children spent a period of time over this nine months with a youth worker in a hotel and the average number of nights for that was eight. There was a youth worker and a parent in a self-contained unit for four nights and so on. That demonstrates that the important thing is that we have people available who are experienced youth workers who have qualifications who have been checked in terms of blue cards and who can do this intermittent but short-term work. In terms of the money, the amount that we have is of course an indicative budget allocation, and for the year 2007-08 it is \$2 million.

**Mrs STUCKEY:** Thank you, Minister. With reference to the One Chance at Childhood initiative mentioned on page 2 of the MPS, I note that dot point 3 on page 14 of the MPS under 'Future Developments' states 'Finalise a policy proposal to provide more permanent care for children who are unable to be safely reunited with their parents'. I seek the minister's clarification as to whether new legislation is required to implement the permanent removal of children or if the process is to be handled in a regulatory manner.

**Ms BOYLE:** Thank you very much for the question. I have an answer that is not quite certain yet. Our first examination is that we will need to make some legislative changes and therefore these changes will in due course come up in stage 4. Nonetheless, the fact that legislative change may be required is not a reason for us to hold up this very important project. For the benefit of the other members of the committee, I will let you know what it is about. It is one of the two major new projects in our budget for this year and has been allocated \$12 million over the next four years. What it is about is a recognition that young children who come into care—children, babies and toddlers—have in the past been kept too long in care. There are some who have grown up in care. There are some who have been moved around from placement to placement over numbers of years—four placements, five placements, six placements—and they have sometimes been reunited with their families for periods and come back into care.

They have remained over many years on long-term guardianship orders to the chief executive. My response to that situation is that it is not good enough and that we have not done as we should, when you really think about the meaning of the phrase, in that the interests of the child must be paramount—not the interests of the parent, not the interests of biological connections but the interests of the child. This program is to make sure that we have a more intense and a more rapid response to babies and toddlers who come into care in that we make it really plain to families that they are going to be given in the first instance six months to get their act together. We will provide them with whatever kinds of services and supports that this government can in terms of housing, in terms of health, education, treatment services, counselling for domestic violence, alcohol problems or whatever it might be. So we will give you all the help we can, but you get your act together and you show us very substantial improvement within six months. If not, then we will begin to look for a permanent home. I am sorry, I have run out of time; I have not finished answering your question.

**CHAIR:** The next round of questions will be from the government members. I will ask the first question. Your department has estimated that there is something like 7,320 children in care in Queensland. I understand that children are taken into care because they have been abused or neglected or are at risk of being abused and neglected. Can you give the committee a better idea of some of the reasons children are taken into care?

**Ms BOYLE:** Thank you for the question. We do hear a lot, of course, through media of various forms of abuse. Members of the public often talk about how awful it is that these things occur to children, but people rarely accept that horrific abuse may be happening next door or to the children who they meet through their schools, or through their local community. Hold on to your chairs, I am going to give you some real examples of what my workers see on a daily basis. Each of these stories is shocking and sad. There is no identifying information, of course, but they are unfortunately true stories.

The first example: a family with three children came to the attention of my department. The children were hit with jug cords across their backs. They were tied to a tree in the front yard at night or sent to their room without food for days at a time. The parents called this 'punishment'. At the time that they came into care, the children were underweight with untreated skin conditions and lice. One had chronic bed-wetting.

Another example: a two-year-old female child was presented at the local hospital with haemorrhaging. A joint investigation by police and Child Safety found that the mother's partner had raped the child. The child required surgery for her injuries. The full extent of her physical damage will not be known until she is an adolescent. The extent of her emotional damage may never be known.

Another example: officers conducted a visit to a family after receiving a notification. Despite their young age, the children had been left home unattended. Officers cited animal faeces, soiled nappies and cockroaches throughout the house. The children slept on urine-soaked mattress and had no warm blankets despite the cold. During an assessment of the 10-year-old girl she was identified as requiring all her teeth to be removed because, as a result of ongoing neglect, her gum disease was so bad. These were her adult teeth.

A fourth example: an officer received a call from a school about an eight-year-old. The child always wore long sleeves and pants. When the teacher made further inquiries the child lifted her clothing to reveal extensive bruising. The bruising was so severe that the teacher broke down and cried. The child was taken to a paediatrician who stated that he had never seen such severe bruising on a living person.

I would like to tell you that removing these children from these situations solved all the problems. Certainly, they are all somewhere now where they are being loved and cared for. But they have experienced things that many of us as adults cannot begin to imagine. Even when placed with good, caring and skilled people, there is no guarantee that they will recover and that they will not bear the scars of their abuse and maltreatment through into their adult life. I begin, therefore, on answering the government questions by saluting all the front-line staff of the Department of Child Safety.

**Ms STONE:** There have been a number of recent cases across the nation of people abandoning babies. One of these high-profile cases which received much media attention involved a young baby abandoned on the Gold Coast. I note that you mentioned that in your opening remarks. You also mentioned that Child Safety staff deserved praise for their work in reunifying the baby who was abandoned with his family back in Ireland. I must say after hearing those dreadful cases that you have just told us about that it was really nice that this case did have a happy ending. Can you outline the cost of returning the child and also give some more information on the unique problems associated with a baby born in Australia to foreign parents and abandoned here?

**Ms BOYLE:** I can confirm media reports that a child safety officer returned the baby to his family in Ireland, departing Brisbane on 22 May. The cost was about \$6,000 for air fares, accommodation, meals and car hire, and it was money well spent. I was at the airport to farewell this little baby, who really captured everyone's hearts. He was the first in a string of abandoned babies, with baby Catherine dumped at a Melbourne hospital in May and baby Joan left on the steps of a Sydney church in June.

Our baby was front-page news on 5 March when he was found in a resort toilet block at Surfers Paradise. Maybe it is something about the Gold Coast. You will recall that, in an attempt to locate the mother, police released security video of a woman leaving the centre's car park. The media reported that the woman was identified as an Irish citizen who had returned to Ireland. It was also reported that the family now wanted the baby.

Child Safety staff were faced with many challenges. When a baby is born in Australia, but not in a hospital, and to foreign parents there are all sorts of problems. A baby in this situation has no birth certificate, no citizenship, no passport, no visa and no official status. We return a child to their family, of course, only after an assessment that it is in the best interests of the child to do so. This case was no exception. So those assessments needed to be made by Child Safety staff, going through a paperwork minefield associated with a baby without an identity.

In this case, first, a birth certificate had to be obtained then negotiations proceeded with Ireland to obtain Irish citizenship and have an Irish passport issued. Then visa information had to be issued to confirm that the baby was legally here in the first place. Our staff made dozens of phone calls to deal with these unusual circumstances and they tell me that the Australian immigration department and the Irish embassy are to be congratulated on their outstanding cooperation.

Last month an Irish newspaper quoted a family member as saying that they are delighted to have the baby home and that he is very healthy. I can confirm that he thrived in foster care and when he left Queensland aged three months he weighed seven kilograms. He was wearing a St Christopher bracelet given to him by his foster-carers so that he would have a safe trip and he was blessed by a Catholic priest the day before the flight. The child safety officer who took him to Ireland had visited the baby regularly in the weeks before departure so that he would be comfortable in her care for the journey.

My congratulations to all involved, particularly Child Safety staff and his foster-carers. To overcome unusual problems and return a happy and healthy baby to his Irish family in just three months is a great achievement and one of the too-few stories in my department with a happy ending.

**Mrs KIERNAN:** With the current focus on Indigenous people, it has been very well known for some time now right across Australia that Indigenous people have not been meeting the same general benchmarks as the Australian population overall. This is particularly of concern to me and certainly to the electorate of Mount Isa as I have a high number of Indigenous constituents. Australia's modern history in relation to Indigenous people and all the issues that have stemmed from our past have created massive challenges which are exacerbated by the remoteness our communities. In Queensland Indigenous children are overrepresented in the child protection system. What is your department doing about this?

**Ms BOYLE:** It is estimated that there were 61,934 Indigenous children in Queensland. That is an estimate, but certainly there were over 60,000 Indigenous children in Queensland in 2006. Of these, 1,718 were subject to protective orders and 1,785 were living in out-of-home care—a small proportion, therefore, are living in out-of-home care by a voluntary parental agreement. Comparatively, it is estimated that there were around 925,000 non-Indigenous children in Queensland and 4,831 of those were subject to protective orders with 4,988 living in out-of-home care. That means that there were an estimated three per cent of Indigenous children subject to protective orders compared to an estimated one per cent of non-Indigenous children. This overrepresentation is the result of many issues which have plagued the Indigenous community, including unemployment, drug and alcohol abuse, domestic violence, family breakdown and a weakening of traditional values. Of course, very many of them are living in very remote communities where services are limited.

To address these issues and that of overrepresentation, a whole-of-government response is required along with a whole-of-community response. The Department of Child Safety is the lead agency for the protection of children in Queensland and has developed a multipronged approach with other government agencies and the community. There is an increased focus on the immediate safety of children with a strong commitment to on-the-ground services in Indigenous communities while also working hand in hand with Indigenous councils and elders in those communities to ensure that the right services are provided.

We are also working to increase the capacity of these communities to be more able to respond to child protection issues. This is being done through the funding of recognised entity services. There are currently 29 funded recognised entity services across Queensland working with departmental staff in Child Safety service centres. We have increased their funding by an unprecedented 450 per cent over the past few years.

In addition, in 2006-07 there were nine Indigenous placement services which received triennial grant funding of over \$2,400,000 per annum and 12 services that offer Indigenous specific places that received triennial grant funding of \$3,390,350. These placement services include 15 foster and kinship care services and six residential care services. These grant funded placement services provide 475 foster and kinship care places and 41 residential care places. We have consulted extensively with Indigenous communities and will keep our partnership to solve the problems for children as quickly as we can.

**Ms van LITSENBURG:** I note that there is \$6.4 million capital and \$6 million recurrent funding allocated in the budget for new therapeutic homes in regional and south-east Queensland for children who come into care with complex behavioural or mental health issues. Can you explain to the committee why we need these homes and what sort of services will be received there?

**Ms BOYLE:** Thank you for the question. Providing assistance for children with complex behavioural problems and mental health concerns is some of the most important work that my department does. Approximately four per cent of children in care in the child protection system have extreme needs. Although this is only a small percentage of the overall out-of-home care population, these children present significant risks and challenges to other children in care, they contribute to carer burn-out and attrition and high levels of stress for staff in both the department and the community services sector who strive to address the needs of these children.

These new facilities are a significant initiative that recognises that keeping abused children safe is just part of our role. Attending to their ongoing wellbeing is also critical to ensure that they reach their full potential. For example, Child Safety service centre staff sometimes deal with children who continuously self-harm by cutting themselves or trying to end their life by suicide. Those children are extremely violent and angry and lash out at carers, youth workers and staff alike. Some children sexually act out

the sexual abuse that they have suffered and try to sexually abuse other young children. We all too often see abused children with limited social skills and inappropriate behaviours. It is not enough just to remove these children from harmful situations; we have to try to repair the damage that has been done to them over a significant period. All these behaviours result from years of significant abuse, neglect and lack of appropriate caring relationships in these children's lives.

The new therapeutic services will deliver trauma-sensitive care to these children. A child who has a poor attachment capacity presents special difficulties for foster-carers and other professionals, such as teachers, as children who have not experienced secure attachments do not respond to the normal behaviour management strategies that are based on reward and punishment. These new homes will provide a therapeutic, empathetic and supportive environment and treat the pain of multiple losses for these children, including family, home, friends and community. The program staff will have the skills to assist in generating hope and belief in the creation and realisation of opportunities. Children will have access to specialist treatment programs to help them change their behaviour and heal from years of abuse and neglect.

From successful overseas programs, it is clear that success is most likely when programs are available early to the child and when they are staffed by a well-trained and stable workforce. The services provided will range from a comprehensive assessment to the full range of therapies to address medical, social, psychological and educational problems.

With this program we are creating an opportunity for those children to grow up and become productive members of our society. For too long many abused children have grown up and become dysfunctional members of our community because they were not treated effectively early on. We are determined to reduce the often lifelong consequences of abuse as much as possible.

**CHAIR:** Minister, the budget has allocated \$12 million to the One Chance at Childhood program. The program appears to be targeted at ensuring the safety of young children and babies who come to the attention of your department. Can you give the committee some further detail about the various components of this program and explain how this new program will assist children in my electorate of Cleveland?

**Ms BOYLE:** I will take the last part of the question first, because I am sorry to say that I do not have a detailed answer for you at this stage. We are working on how the system will work. It will involve a number of specialist officers. Where exactly they will be placed and whether they will be shared across a number of child safety centres are detailed decisions that have not yet been made. Therefore, while I cannot give you specifics on where exactly in your electorate those offices will be located and how exactly they will work, that information is coming shortly.

We need specialist officers who are early childhood specialists to oversee any kind of case work that is done with babies and toddlers who come to our attention. Those officers must also be able to work with early childhood specialists from other departments of the government. We need child safety officers who can not only play their usual child safety officer role but also coordinate programs with other departments. For example, if a family is going to go on notice that it has only one more chance to get its act together in order for children to be returned, that family will need assistance from a variety of government departments. We will need to take a lead coordinating role. Probably six months down the track we would then need to look at reunification.

We cannot just assume that a child should go home. A specialist reunification officer will make sure that the arrangement is crystal clear to the family. The family must be made aware of the changes that have to be made, how those changes are to be maintained and how the child will be looked after. That will all be monitored intensively in the early period of reunification.

Where reunification does not occur because the family does not get its act together or where it does occur but is successful, a permanent placement officer will take over to find the child another chance at a loving, stable and safe childhood. Maybe that will be with a foster-carer or, as this program gets underway, maybe someone will come forward from our adoption lists. That person may put up their hand and say, 'I would like to offer a Queensland child a loving and stable home'. The officer will then take the child and the new family through the extensive legal processes to grant a long-term guardianship order to the new parents or, alternatively, to arrange a form of adoption. It is quite an intensive process.

We are aware that there is an eagerness right around the state—not only in your area—to get this program going. I hope that within the next two months I will have further details to announce on which officers will be placed where and how exactly the system will work.

**CHAIR:** That was the last question in the round of government questions. The next round of questions will be from non-government members. I call the member for Currumbin.

**Mrs STUCKEY:** Minister, I refer again to the One Chance at Childhood initiative and your earlier references to the intervention of the federal government in Indigenous communities to address child abuse, particularly sexual abuse. Considering that in Queensland in 2005-06 we had some 23 per 1,000 Indigenous children with cases of substantiated abuse compared to the Northern Territory which has



15.2 and that you were quoted as saying there you have no doubt that all kinds of abuse was not being reported, what do you intend to do in addition to building some residential care, particularly with regard to early intervention? Will you be seeking federal intervention?

**Ms BOYLE:** I have been seeking federal assistance since I have been in the job. I am sorry to tell you that none has been forthcoming. Minister Brough is so busy with the media that he has not had the time to respond—sometimes at all or not very quickly when he does respond—to my requests for his assistance in Queensland. This has been the case for a long time before his and the Prime Minister's new-found interest in child abuse in Indigenous communities in the Northern Territory. Yes, we would be pleased to have more assistance for those families, particularly in the remote communities in Queensland.

You asked about early intervention. As I am sure you know, early intervention is, in fact, not my responsibility within this portfolio. Early intervention is the responsibility of the Minister for Communities. While I do have responsibility for the safety and protection of children in Queensland and am able to offer suggestions and even, in some specific ways, funding to other state departments such as the Department of Communities to provide early intervention services directly, it is not my role.

You first asked me what, apart from the residential homes, I will be doing about the high rate of abuse in Indigenous communities. As you are aware, I am the member for Cairns and over the years I have developed a fairly good knowledge of the communities of Cape York and the Torres Strait in particular. I have been concerned that delivering services to the cape and the Torres Strait by an office based in Cairns is far from adequate.

Even though they were very upset about it initially, I was very pleased to discover that the staff in the Cape York/Torres Strait office agreed with me that our service delivery model was not good enough. You cannot service remote Indigenous communities in the cape and further north in Torres Strait by flying in for a day or two and then flying out again. With such a system you have no local knowledge, there is nobody locally working with families to build confidence, to gather information and build the kind of relationship that would allow for early intervention, rather than waiting for the horrific reports that we sometimes see in the media where children have been physically harmed, their lives have been placed in the balance, or they have been sexually abused.

We have a new Indigenous service delivery model that will group staff into groups of nine in areas or hubs, if you like, where they can service two or three communities that are close by. That is my time up.

**Mrs STUCKEY:** Minister, I refer to page 7 of the MPS where it states that—

The department leads the provision of a range of services to enhance the safety of children and young people who have been harmed or are at risk of harm.

Minister, are you aware of any Child Safety staff who have discouraged or advised any person, whether or not they are subject to mandatory reporting, not to lodge a complaint or make a notification when they believed a child or children to be at risk of harm or have been harmed? If so, why has this breach of the Child Protection Act been allowed to occur?

**Ms BOYLE:** The answer is no, I have no awareness of such a thing. Should anybody have any information bearing on that, they would bring it to my attention and I would investigate it absolutely and thoroughly.

**Mrs STUCKEY:** With reference to the Child Protection Queensland 2005-06 Performance Report, MPS 13—the reference is on page 47—can the minister confirm that the foster-carer audit team has completed a real-time audit on all notifications in 2006-07 and, if not, what has been the reason for this not occurring?

**Ms BOYLE:** I cannot immediately think of who the foster-carer audit team are. I turn to the Acting Director-General, Norelle Deeth; are you able to help me with that?

**Ms Deeth:** A foster-carer audit team has been conducted out of our complaints, case review and investigation branch. They undertook all of the investigations into the issues that were identified through the Gwen Murray report. There were three phases to that foster-carer audit process. All three phases of the foster-carer audit process have been completed.

I have just been advised that, at the moment, we are also doing a real-time review of all new matters of concern for carers. As soon as there is any suggestion of any ill treatment of children in foster care, that is automatically recorded as a notification, particularly if it is a significant concern. Investigations of all notifications of that nature are commenced within 24 hours.

**Ms BOYLE:** As I dare say you are aware, our policy regarding matters of concern is under review. It is one of the areas that foster-carers have been loudest about in their complaints to me. Understandably, we have had a procedure that has been as tough as it has been in response to the inquiries about children who were abused in care some three to four years ago. But it is too tough a policy. It does not recognise that, while very serious allegations may be made against foster-carers, such as the sexual or physical abuse of a child, sometimes those allegations are quite mischievous. For

example, a child may think, 'He didn't give me my pocket money last week', or maybe allegations are made by parents who are attempting to get their children back. A nice way of saying it would be that they use the truth carelessly.

We are reviewing that policy to look at how to discriminate matters that do require 24-hour action and, for the protection of the children, may even require the tough action of removing them immediately from foster-carers. We would only do that when there is some good basis for it. We have to understand that foster-carers love the kids that they look after, many of whom have been with them for a long time. To have a department official turn up and rip the children from them is very hurtful indeed.

The new policy will be finalised before the end of the year. Of course, we are making sure that we consult with foster-carers not just through official submissions and so on, but through real focus groups held right around the state.

**Mrs STUCKEY:** Given that many children in foster care have already experienced significant trauma, which is a very sad part of this department, often they also have very specific individual needs. With reference to the licensing of foster-carers, MPS page 14 last dot point, does the minister intend to align the licensing of foster-carers to introduce limits on the number of foster-children placed with a foster-carer at the one time? For comparison, licensed family day care licensing stipulates that the number of children who can be cared for at any one time is not to be more than seven, with a maximum of four children not yet of school age.

**Ms BOYLE:** That is a very interesting question. It has not come to my attention that we are thinking about setting a maximum in terms of licensing for foster-carers. Of course, there is such a thing in terms of the premises that may be used by non-government organisations for homes. From previous questions on notice that you have asked, I know that you are well aware that we have a tremendous range amongst our foster-carers. There are those who have one child occasionally in their home and others who take large groups. Obviously, their premises are very different. Those who are going to provide a home to large groups of children at any given time clearly need to provide bedrooms, bathrooms and the facilities to make that work.

Part of our problem, of course, is that sometimes we have to place large groups of siblings, and I am not meaning three or four children but seven or eight, and of course our preference is to keep them together. That is where it is a great advantage to us if some foster-carers are able to take such large groups.

As at 31 December 2006, on average the number of children in out-of-home care per carer household was 1.9. That would indicate that, generally, overload is not a problem. Nonetheless, at 31 December 2006, 110 carer households had six or more children or young people placed with them.

Since I have been in this job, I have been particularly keen to get out and about and let foster-carers tell me whatever they want about how our system is not perfect or what we should do better. I also speak with non-government organisations. I am really pleased to talk to kids too, but I know that talking to an old lady like me who is a stranger to them will probably not be so effective, so we put money into creating measures to make sure young people talk to our young people and we hear what they have to say.

I have had no complaints—not any complaints—about a foster-carer household being too big. None at all, not one. I have had no complaints brought to my attention about a household that was overcrowded, that did not have sufficient facilities, that was dirty or that was in any way harmful to a child. So I do not presently feel a need to look at whether we should set some maximums.

I think the more important action that I should take and that you and others could help me with is recruiting more foster-carers so we have more choices. This is particularly so, I have to say, in regional and rural communities around the state. If we have more people of a variety of age groups with a variety of housing types who are able to take different kinds of children at different ages, then we will solve this problem in the best way possible.

**Mrs STUCKEY:** Minister, I would like to lead on from some of your statements then about the quality of foster-carers, and we do understand that they do a wonderful job. However, with reference to the licensing of foster-carers at the last dot point on MPS page 14, were any children left in the care of foster-carers who failed to meet the licensing requirements? If they were, how many were placed in the situation and for how long?

**Ms BOYLE:** Thank you for the question. I will get some information to hand. I am not aware of any children being left there. The implication is that somebody knew that they were in difficulty and walked away and left them there and, no, I am not aware of that at all.

In relation to the licensing of foster-carers, other members of the committee may not be aware but since 31 May 2006 we have required foster-carers to get a blue card. This has been quite an extensive program. Blue cards, as you would be aware, are really a matter for the children's commission, but because there was a backlog and because we were so keen that there be no glitches in the system, as

well as the fact that we needed those foster-carers to be so-called properly licensed, we set up a central screening unit to work with foster-carers and help them get through the blue card process—that is, to fill in the forms and get the information together.

When you stop and think about it, you will realise that it is not as simple as a good woman who is willing to take on a child getting a blue card by saying that she has had no criminal offence of assault, violence or harm against a child. It is more complicated than that. All kinship and foster-carers have to have a blue card, and that means the males in the household as well as the females and not just the parent figures. All adult members of a carer household have to have a blue card in order to avoid cancellation for the carer in the household. All directors and all nominees of licensed care services—our non-government organisations—also have to have a blue card.

Where have we got to since then? As at 18 June 2007, which are the latest figures I have, we had achieved 98.7 per cent compliance, and that probably is about as good as it is going to get. 'Oh! Hang on! What about that 1.3 per cent?' I hear people saying. There will always be some new carers who have just applied and who have some kind of provisional rating but are still going through the process. There are carers who come to a point in their life—generally for good reasons—where they want to stop, so there is a turnover of carers. There are then carers who have a blue card and have been looking after kids but then they have a change in their household—for example, a son comes home to live. So that 1.3 per cent is more likely to be people moving through the system who are very temporarily unlicensed.

**Mrs STUCKEY:** Minister, are you or any member of your department aware of children who have been taken into the care of the department who have suffered sexual abuse, physical harm or emotional trauma as a result of being in contact with other children who have been abused? If there are such children, are you able to advise how many there are and what processes are put in place to overcome such situations?

**Ms BOYLE:** Thank you very much. It is a very good question and I will get some numbers to hand, or possibly the acting director-general will be able to clarify them for you. I am pleased to tell you that it is not very many but it does occur. Sometimes, as I mentioned to you before, we have children who are very angry, children who have bad behavioural problems. When they are put in a home with foster-carers and other foster children, there are from time to time break-outs in their behaviour. While many of those break-outs might be no different from other siblings in households all over Queensland who have a bit of a set-to now and then, occasionally it can be more serious and a child may sustain some level of harm.

The information that has been brought to my attention relates to the statistics that you asked for. Of the 281 children subject to a substantiation in out-of-home care in 2005-06, 113 were subject to physical harm, 82 to neglect, 74 to emotional harm and 12 to sexual harm. Of the 12 sexual cases, nine children were considered at risk of sexual harm by their carers. So they are the figures for harm that occurred to children who were in our care though not necessarily by other children in care. The 12 sexual cases—where nine children were considered at risk of sexual harm—related to six foster care placements. All of those children of course were removed from the foster-carers, and the carers had their approval to care for children revoked and were referred to police.

One child disclosed abuse that had happened some years ago, one child was abused by their carer and one foster child was harmed by another child in care. So that is further to your question. One foster child was harmed by another child in care who has since been removed from that family. That of course is what has to happen when children do not fit, whether it is with the carers or with other children or when other children are in some way put at risk or disturbed by the presence of another child. While we do not like to move children from placements—because, as you would be aware, it is better to have more stability in placements—occasionally it is necessary to do so for the other children's wellbeing.

**Mrs STUCKEY:** Minister, what waiting lists or management plans does the department have to manage and assign children into a foster care placement with their siblings who are in an existing foster care placement?

**Ms BOYLE:** That is a good question. When I got the job and started to pore over the statistics, I was surprised to discover that sometimes siblings are not together. I had I suppose the kind of pollyanna Hollywood view that brothers and sisters must never be broken up and should always go together. That is a worthy aim to have, but there are some circumstances where that does not occur for good reasons.

It may be that the step-siblings are much older and are settled and have been living with foster-carers for a long time. They may even be in another town. A younger child in the family may need a carer locally so as to stay in touch with parents and other family members, so they would not be removed from that town, for example, to go and live with older step-siblings with whom they have had limited contact. I will ask the acting director-general if she is able to further clarify the extent to which siblings are broken up.

**Ms Deeth:** I have not got detailed statistics around the number of families where siblings are not placed together but, as the minister said, there are good reasons when that does not happen. All of our staff make every effort to place siblings together. If that is not possible, they also undertake a lot of work to ensure there is maintenance of family relationships. They encourage them to have contact with each other.

**Ms BOYLE:** I noticed the clock stopped, but surely our time is not up because I have a bit more to tell you.

**CHAIR:** No, continue please. You have one minute, Minister.

**Ms BOYLE:** Thank you. That is enough. I recently met some brothers who are a good example of a sibling group that had been broken up. We were pleased to have the opportunity to take a group of foster kids to a box at Suncorp Stadium to see the Broncos play. We cheered so loudly that the Broncos won that particular match by about 60 points, and we take full credit for that. Amongst the foster children who came to that football match were three brothers. There were two younger siblings around the age of eight, nine or 10 and an older brother who was 16. They had been living in different homes for a considerable number of years. As part of the case plans, they have arrangements to meet from time to time. The older boy is living with a family in Brisbane and the younger two are living two hours drive from Brisbane so they do not get together as often as they would like. But here they were all going to the footy together and clearly it was a great occasion for them. Equally so, it was quite fine with their carers that at the end of the day they went to their separate towns and their separate houses.

**CHAIR:** Thank you, Minister. As a Broncos supporter, I would like you to take kids to all of their games for the rest of the season. I thank the member for Currumbin for those searching questions and I thank the minister for her answers. That brings to conclusion the non-government round of questions. The next round of questions will be from the government. I call the member for Springwood.

**Ms STONE:** Minister, in my own electorate—and I am sure it occurs with most members—I have received complaints about the Department of Child Safety from parents who have had their children taken into care. Often it is very emotional for the parents and they say they have done nothing wrong and they want their children returned. Can you explain what system is in place for people who have complaints about the Department of Child Safety?

**Ms BOYLE:** Yes, I will. I have to say to you though that I appreciate your question. It shows knowledge of what we have to confront with the great majority of parents in relation to reports of significant abuse. I have to tell you that about 99 per cent of them say, 'I'm innocent.' But just because a parent says, 'What? Of course I wouldn't harm my child,' the staff of the Department of Child Safety cannot unfortunately believe them.

I suppose it is in shock, in defensiveness and in the fear of the moment that parents deny to themselves as much as to us the mistakes they have made. Sometimes it is because in fact the mistakes they made were made when they were out of it on drugs or when they were drunk as skunks, so they do not even have in their memory banks how they behaved—how angry, how abusive, how violent they were.

This is an issue, nonetheless, that has to be balanced with people who do make complaints and who need proper and accountable mechanisms to ensure that they are not just swept aside unnecessarily and that their complaint is addressed. So we do have a good and accountable process whereby complaints can be assessed.

The department provides multiple avenues to assist a person to make an inquiry or express a concern or complaint. The avenues provided have been published by the department in a brochure called *Do you have a complaint about the Department of Child Safety?* The brochure is freely available in all child safety service centres. It has been distributed to all relevant peak bodies and key stakeholders and is available via the department's internet site. The brochure advises the avenues available to assist in proceeding with a complaint in person, via telephone or through the provision of documentation.

Options available to people who want to lodge a complaint include initially raising the matter with the team leader and/or manager of the child safety service centre closest to where the decision was made. The matter may also be addressed with the zonal client relations officer in the local zonal office. These officers have been employed specifically as local troubleshooters to sort out problems and are very effective in helping out people who have a concern. If that does not work, people can contact the Central Complaints and Review Unit of the department on a 24-hour statewide toll free number. It is 1800080464.

The department wants to ensure that Aboriginal people, Torres Strait Islander people, culturally and linguistically diverse populations and people with disabilities will not be disadvantaged, and so they get particular assistance should they wish to complain. When complaints come to my office, I am pleased to tell the local member, I am not always able, particularly if the complaints come through members of parliament, to address the details due to confidentiality provisions, but I do ensure that the complaint is fully investigated and an apology made when it is warranted.

**Mrs KIERNAN:** Minister, back to foster-carers, in my electorate I have a number of dedicated carers who do a fantastic job caring for our most vulnerable children. I notice the budget sets aside \$65.2 million directly for Queensland's foster and kinship carers to cover the costs of caring for children and that this money covers the costs of increased allowances that came into effect earlier this year. I notice there is just over \$4 million for foster-carers as high support needs allowances to help them care for children with disabilities or significant behavioural problems. Can you please inform the committee as to what other support is available to foster-carers.

**Ms BOYLE:** Thank you for the question. It is really important that we look after our foster-carers. They are the backbone of the system, heaven knows. They have done amazing jobs with very little assistance when you look back over the decades. They do the job, of course, because they care about kids, and that is why they have through very many years put up with very poor financial remuneration for the work that they do and the costs that they incur. They have put up with not getting the kind of support that I am pleased to say they do get these days, and I am keen to find more ways of supporting them.

We need also to find those supports not only because they are well earned by the foster-carer but because they help the foster-carer to do a better job with the children who are our primary responsibility. Behind that there is a third level to the agenda, and that is because the Department of Child Safety needs them and wants them to continue with the good work that they are doing to continue to help out the presently over 7,300 children that we have in care.

We have made considerable advances with the fortnightly caring allowance, which I was able to announce earlier this year. In addition to this, all carers are entitled to a foster-carer card, which helps foster and kinship carers in their day-to-day fostering duties by providing easy identification to government agencies and hospitals. The foster-carer card also provides access to a range of discounts from participating businesses and retail outlets for foster-carers and kinship-carers and children and young children in their care. Just in case in your morning tea-break you want to browse through the kinds of very good businesses in Queensland which have put themselves on a list to provide extra discounts to foster-carers, then I have that list and some information about the foster-carer card here on the table.

Some other initiatives to enhance the quality of support include a suite of learning and development resources for carers. Of course they have by the very definition of their own experience and commitment an ability to look after children, but some of our children have very special and different needs, and so advanced training, particularly in the management of children with health problems, disabilities or behavioural problems, is available to them now.

Additionally, we have a kinship-carer induction package which was completed and implemented at the end of last year. We have developed a practice paper on support and supervision of carers by departmental staff. We have developed a DVD resource called 'Help keep our mob together' for Aboriginal and Torres Strait Islander kinship-carers and various other policies. We have a helpline available—a foster and kinship carer support line—24 hours a day if carers need advice, backup or support. We will shortly be publishing the foster-carers support strategy in a detailed handbook.

**Ms van LITSEBURG:** Minister, I note that this is a record budget for the Department of Child Safety, with over half a billion dollars being spent on child protection by your department alone. Can you give me an indication of the highlights from your first child safety budget?

**Ms BOYLE:** Thank you very much for the question. We have spoken about one of the highlights in some detail already and that is the \$12 million One Chance at Childhood initiative—our determination to have problems resolved for the babies and toddlers who come to our attention as quickly as possible, whether resolved through reunification with their family or through another chance at childhood and a permanent placement, therefore, with some other good people in Queensland.

The second major initiative in the budget is an amount for increased services as well as another amount for improved facilities, particularly to address Indigenous children and the services that need to be provided to Indigenous communities in the cape and in the Torres Strait but also in central Queensland and in the northern Queensland zone. That is why we have allocated \$19.1 million recurrent and \$15.5 million capital over four years to provide better and new services in Indigenous communities.

We previously had some money as a department to provide some safe houses, as we call them, in remote communities but had difficulty spending that money because we could not get land sorted out. You would understand that in a lot of the Aboriginal communities—the DOGIT communities—land and land tenure ownership responsibility can often be a vexed issue. In my frustration, therefore, I decided that how we would prioritise who got the first safe houses built in their remote communities was by who put their hand up first. So I wrote to all of the mayors and councillors of the Aboriginal communities in Queensland and said, 'I have the money. Would you like a safe house? Please reply quickly.' I am pleased to tell you that some of them did not let that chance go by. They replied forthwith, and so the first five safe houses that will be built will be in Kowanyama, Doomadgee, Pormpuraaw, Aurukun and Weipa-Napranum. Additionally, a first placement house will be built on Palm Island, and that comes from the government's earlier five-point plan for Palm Island.

These safe houses mean that when children need to come out of their families in, for example, Pormpuraaw, instead of having to be flown to Cairns to stay with people not associated with their community or their family and to have a kind of additional trauma to face by that dislocation, they will be able to stay in a safe house within their own community. That safe house, hopefully, will be run on contract by local elders of the community who know the families and who know the children. Our staff of course will work in hubs closer to all of those communities.

**CHAIR:** Minister, child safety workers are routinely criticised in the media in relation to specific child protection cases, and there is often very little published in response from your department. This leaves people to assume that the department has done the wrong thing or is not doing enough for the child. Whether what is reported is in actual fact true or not, it is also damaging to staff morale as well as being hung out to dry in the media if they are not doing the right thing. As a former police officer, I know that there is always another side to any story. There have been a handful of cases recently where the director-general and then you have made public comments about specific cases, particularly about a case involving a baby on the Gold Coast. Can you tell us why this has been able to happen?

**Ms BOYLE:** Thank you very much for that question. You have all heard this morning about the kind of work that child safety officers have to do every day of the week. How would you be after you have managed a number of such cases—and, sure, some other children where the situation is not so grim and some other kids who are being well cared for—and home you go and you think you will put up your feet, sit down with the family and watch the news, and here is somebody on television saying, 'What a dreadful lot are the officers of the child safety department,' and absolutely lying through their teeth about the circumstances in which their children have come to our attention, blaming our staff absolutely unjustifiably and then having from the minister and the director-general of the department a resounding silence.

That has unfortunately been the position that has been invidiously thrust on us, accidentally if you like. Of course we have to protect the privacy of children. Of course the children's wellbeing has to be paramount, and so of course the Child Protection Act is written with that confidentiality and the paramount protection of the child in mind. What it has incidentally done is hamstrung the minister of the day and the director-general from any public statements that give away any kind of identifying information. So to respond whether to parents, family members or even foster-carers who are in the media saying wrong things is a very difficult thing for us to do presently under the legislation.

There are some very small provisions in there that allow the director-general in very tight circumstances to make some statements in the public interest, and so these are the matters that you have referred to, giving as an example a matter on the Gold Coast that had a high degree of interest and that allowed the director-general, following a thorough investigation of that particular matter, to issue a formal statement to me which I was then able to discuss in the media. We are in stage 4 legislation looking at changing those provisions and at giving the department a better chance, when the facts in the public eye are not being correctly presented, to balance that out.

It is so important that the public can have the confidence in the minister and the director-general that when complaints are made about the Department of Child Safety they will be truly investigated. If a staff member has been lazy, has erred in judgement, has done the wrong thing, that will be admitted and it will be dealt with. But I can tell you that that might be one incident in a thousand for all the ones where our staff need defending and where the truth needs telling in the interests of the child and in the interests of the general public. That is why we will be careful about the amendments to the legislation. It is certainly not going to be open slather. Of course we will protect the child's privacy but we also need to defend our department when appropriate.

**Mrs KIERNAN:** Minister, there has been a lot of attention recently in the media on child abuse in the Northern Territory and the federal government's plans to step in. It has proposed some radical changes. I note that the Premier has also made some important announcements in relation to these matters recently. Can you tell us what steps your department has already taken to address child protection concerns in remote Indigenous communities, particularly here in Queensland?

**Ms BOYLE:** Thank you very much. I will make some remarks about the federal government's new-found interest in child abuse, at least in the Northern Territory. I was dismayed with its approach. Police have a very important role to play in child protection, particularly in getting the evidence to prosecute perpetrators of harm to children. There is no doubt about that. But the way to make families stronger and healthier, to look after children in their own home and to protect them from perpetrators is to build partnerships and to build services with those families so that Aboriginal and Islander people in these remote communities can have hope, employment, a house that is not too crowded, proper sanitary conditions, encouragement and assistance for their children, a good education, backup facilities in health and have alcohol in their broader community, for example, under control.

Those are all the kinds of programs that you need if you are going to create a community that is a usually normal, healthy and happy community in which most children can thrive. That is the kind of effort that the federal government should be putting in, not simply a kind of jackboot, punitive response led by police. That is the kind of approach that the Queensland government has been taking since Peter

Beattie became the Premier. I take the time to acknowledge the very good work done by previous ministers for child safety, albeit under the families portfolio heading, ministers for Aboriginal and Islander policy, the present Minister for Aboriginal and Torres Strait Islander Partnerships, the minister for housing, the minister for education and the Minister for Health. All of those departments are working in an integrated fashion for the cape, particularly, for other communities in north Queensland such as Doomadgee and Mornington, and for others in central Queensland such as Cherbourg and Woorabinda to ensure we provide that kind of support and service delivery for families which, in partnership with the families and then additionally using the law to limit particularly the availability of alcohol, is setting the scene for improved results for children.

We are seeing some good indications already in some of those communities. It is a matter of course for another minister to bring down the review of alcohol management plans and the impacts that that has had, but it has in a number of the communities contributed very strongly towards improved attendance at school. It is only improved, and it is not good enough. We have more work to do. In particular, in one of the communities in your electorate, in Doomadgee, there is an additional program about to get underway with Education to make sure that the children of Doomadgee are getting the education they must get in order to have a secure future.

**CHAIR:** It is nearly 10 o'clock. The committee will now adjourn for a short break.

**Proceedings suspended from 10.00 am to 10.16 am**

**CHAIR:** The Estimates Committee B hearing is now resumed. The question before the committee is that the proposed expenditure for the portfolio of the Minister for Child Safety be agreed to. I call the member for Currumbin.

**Mrs STUCKEY:** I want to talk about staffing with reference to staffing output on page 6 of the MPS. Did temporary staff participate in the 2005-06 staff survey and will they be invited to participate in future surveys? Leading from that, does the use of temporary contract staff adversely affect the quality of the SCAN team investigations?

**Ms BOYLE:** Thank you very much. That really is a question of detail, in particular that last part of it: does the use of temporary staff affect the SCAN team investigation. I might talk to you about temporary staff more generally before I come to that specific element of temporary staff. I have some figures to hand that reflect the pattern in the department. On the surface of it one wonders why you have to have temporary employees. Why can you not have full or part-time permanent employees—specialist professional officers who get on with it. You then have some security and the kids have some predictability in terms of getting to know child safety officers or other staff rather than seeing turnover. Yes, in general that is true. We have, however, numbers of temporary staff who are doing some of our short-term jobs that are not permanent jobs.

Let me give members of the committee the pattern. Overall, the number of departmental staff has grown 67.3 per cent to 2,342.4 full-time equivalents in 2007. As at 29 April 2007, 70 per cent of the workforce was permanent, 29.6 was temporary—including trainees—and 0.4 per cent were casual. The department set a target to bring the percentage of temporary staff employed into line with the Queensland public sector average of 14 per cent. So, we have got a long way to go.

But we have not in another sense. There are some particular issues where we have hired a large proportion of temporary staff to deal with who are not going to be needed as temporary staff in these particular jobs pretty much by the beginning of next year. This is to deal with the backlog that has been huge and that was unnumbered back in the days of the old Department of Families. Since bringing in the new ICMS system and checking all of the records with record keeping officers we discovered some 12,500 cases that were not urgent, obviously, but were backlog cases. Rather than attempting to have our full-time permanent CSOs, who were working on cases that come in every day of the week now, also trying to manage the backlog, I am pleased to say that the Treasurer and the Premier saw that we needed dedicated moneys to hire specific teams to just drill down and get rid of that backlog as separate work to the work that our CSOs are undertaking every day of the week—if you like, the real-time work.

They are doing very well and our backlog is cutting back quite dramatically. We are, I think, under the 7,000 mark now and I hope we will really keep the pressure on. I would not mind an extra few seconds to address SCAN particularly?

**Mrs STUCKEY:** I will accept that, thank you.

**Ms BOYLE:** So far as SCAN is concerned, we have had numbers of concerns about how SCAN has been going. These were brought to my attention not only by my attending some SCAN meetings directly but also through the Child Safety Directors Network that crosses a number of state departments. They from time to time review how SCAN is going. It is a multiagency process and there had been concerns expressed. In this budget we also have set aside money to really upgrade the SCAN position to a senior practitioner status. This is a significant movement in terms of the level of professionalism, experience and seniority of the person and should make the positions much more attractive in themselves, but also more stable.

I have no particular knowledge in response to your specific question as to examples of how any temporary staff may have affected SCAN and its functioning, but I have no doubt that where there were temporary staff that, of course, is less than the system that we would want. Hopefully this new initiative of raising the standing of SCAN coordinators will address those concerns.

**Mrs STUCKEY:** Following on from your answer to question on notice No. 1, which reveals that training for new CSOs is primarily on-the-job training and 12-months probation during which time they are assessed by team leaders, senior practitioners and managers, do any of the CSOs fail their probation, what happens if they do and how long after successfully completing probation could a CSO then become a team leader and therefore a trainer and supervisor of other CSOs?

**Ms BOYLE:** Thank you very much for that question. I will let the acting director-general address some of those matters of fact in terms of levels and promotions and periods of time. That is more operational than a policy matter. One of our difficulties with CSOs, particularly for those who come to us as new graduates from universities, is the concern that while they have a good background information in, for example, social work or psychology, they do not have enough child protection specific knowledge to really start work. Therefore we have needed to provide training pretty quick smart before they can really be engaging in the job of a CSO in order to ensure that that happens—not just department specific information about our system but about child protection more generally.

Accordingly, we have been negotiating and discussing with major universities in Queensland their training for social workers and psychologists who may be interested in child protection work. I am pleased to say that they have all responded by tightening up and improving and extending the number of units that they will offer as part of their degrees, particularly social work degrees, with child protection training in it. So hopefully as the years go on people will come to us with more advanced training than they have previously.

Nonetheless, we need training that you cannot just provide all in one block and say, 'Well, isn't that good. Now you are a child safety officer and you are trained.' It needs to go along with some experience. It needs to be on and off again training over a period of time and, of course, it needs to take place in the regional areas of Queensland. You cannot be flying people in from all over the state every week or for a week a month for training without great cost and great dislocation. So, our various combinations of training in person and online training in the regions is advancing that. Would you like to take up particularly those other issues?

**Ms Deeth:** In terms of the question around CSOs failing to complete competencies, we will obviously continue to support those CSOs and continue to put them through additional training programs and give them close mentoring—that is the role of team leaders and senior practitioners. Where it becomes very clear that maybe there is a non-alignment between the skills and capabilities of a particular officer and the roles that we require then we use our performance management and learning development process to ensure that we either skill them or encourage them to find alternative employment.

In terms of the question around how long does it take for a CSO to graduate to a team leader position, it is not actually time driven; it is actually merit based selection processes. So that would be variable across the state depending on the skills and capabilities of the applicants who are applying for those team leader positions. What I can say is that at all levels, including team leader level, we provide strong training and support. So all people who are appointed to those team leader roles do skills training on how to supervise effectively, leadership and development as well as obviously key child protection skills development.

**Mrs STUCKEY:** Continuing with regard to staff training and how to obtain information from children, I ask if the minister or any of her departmental staff are able to provide details of the course, such as who runs it, and whether all staff with a role in interviewing children actually undertake the course?

**Ms BOYLE:** Thank you very much. I have to say that really is a very insightful question. For those who do not work in the field it is pitfalls for the unwary. Of course, you must not interview a child in such a manner as to cue the kind of response you are going to get. You cannot walk up to a distressed six-year-old and say, 'Did your Daddy hit you?' Of course, it is not as brutal or as unskilled as that. The information would not be valuable or valid necessarily. The building of rapport with a young child and the ability then to properly question without leading the child is a very great skill indeed.

I do not have to hand—I will ask the acting director-general in a moment if she does—the description of the professional qualifications of the people who particularly provide that training. I will be keen to find out myself what they are to ensure that they are, of course, properly trained, but also if we can provide for you any further information about how that course is run. I know that within psychology circles it is a matter for continuous upgrading not only for those who are new graduates or new to a professional field but because it is an area that they must stay abreast of. I will hand over to the acting director-general.



**Ms Death:** Thank you, Minister. Since 1990 there has been an initiative by the leading agencies in child care, which is Child Safety and the Queensland Police Service, to provide this joint training which is known as the Interviewing Children and Recording Evidence—ICARE—program. It is unique to the state as it is the only joint training on offer that is nationally accredited. The program's registration means that it cannot be replicated in any other format or run solely by either department without the approval or knowledge of the other and the registered training organisation.

Since its inception the profile of this program has grown, with recognition of its merits by members of the judiciary and other relevant organisations such as the Commission for Children and Young People and Child Guardian, other states such as Victoria and even overseas—for example, the Maldives police unit—particularly post the 2003 CMC report on *Seeking Justice: an inquiry into how sexual offences are handled by the Queensland criminal justice system*.

The primary aim of the program and its design is focused on ensuring that the interviews to collect evidence from children who have experienced significant harm will be carried out in such a way that further trauma to the child will be minimised and evidence obtained will meet legislative and judicial requirements. The program promotes such interviews being jointly conducted by both departments wherever possible and the enhancement of partnerships between the field officers of Child Safety and police. I have further information on this. It is based on the research of Professor Martine Powell from Deakin University, who is the leading expert in the field of forensic interviewing of children. I have further information if that is needed.

**Mrs STUCKEY:** I refer to the government's priorities as mentioned under 'Government Outcomes' on page 4 of the MPS and particularly achieving the outcome of strengthening services to the community. With respect to the surveys undertaken of staff, NGOs and carers to assess this, would the minister agree to provide the opposition with de-identified comments provided in these surveys without having to seek them through FOI as was indicated by her predecessor? If so, when will this be made available?

**Ms BOYLE:** My delay is just checking whether I am able to absolutely accede to your wishes. The answer is yes. With the next staff survey you will not need to apply under FOI. We will provide that information to you.

It is a really important survey for us to conduct well. We need to make sure the information we are getting is not censored and that it is fairly and independently sought. The most recent stakeholder findings have now been published in three booklets, entitled *How are we travelling?* One booklet contains the results from surveys of staff from non-government organisations. One contains results from surveys of carers. The other contains the results from surveys of Department of Child Safety staff. That in itself is good because, of course, no one group is right. These are matters of opinion. So putting together those different opinions from the different players in the three key sectors will give us the truest picture of what is really happening.

We were gratified to find that on a number of key variables the views about the Department of Child Safety had improved. Nearly 100 per cent of carers surveyed in 2005-06 felt that they had the knowledge and skills to meet the needs of children in their care. Some 74 per cent of carers felt that services are available to meet the needs of children compared to just over half of the carers surveyed in 2005. That is a significant improvement. Very importantly, 80 per cent of departmental staff felt that the department is striving to provide the best possible service for children. That is a 50 per cent improvement.

But all of those figures are only on the way to where we need to go. While it is highly unlikely that the Department of Child Safety or any organisation for that matter will ever get a tick for these things from 100 per cent of stakeholders, we certainly are aiming for 100 per cent. I have to say to you with regard to these results that there is sometimes a kind of defensiveness. Carers will tell you that they are wonderful of course and that the Department of Child Safety staff are not so wonderful. Organisations that provide group work will tell you that they are wonderful and individual carers are not as good as them. Sometimes our department will say, 'We are the professionals and those carers mean well but they do not know as much as us.' There is a little bit of bias in all of the responses that is about defending your own patch. Nonetheless, I am pleased to accede to your request and to provide non-identifying information for you without you having to go through the rigmarole of FOI next time around.

**Mrs STUCKEY:** I refer to page 8 of the MPS which states under 'Future Developments' at dot point 7—

Reduce the number of outstanding investigations and assessments and improve service responsiveness and effectiveness.

What procedural mechanisms are in place to ensure that staff are not placed under undue service response pressure to finalise cases as unsubstantiated to reduce the number of outstanding investigations and assessments? Is there any imposition of quotas of case load finalisation on staff to meet the responsiveness and effectiveness KPIs?

**Ms BOYLE:** Thank you very much. That is a very good question. If you have a pressure of workload and you have a department and a minister at the top sending messages like, 'Get rid of this backlog. Get it sorted out. That is dreadful to have,' then there is a risk of insidious pressure to do work quickly rather than to necessarily do it comprehensively. How can that be balanced out? It is balanced out by much better supervision than has ever occurred before.

Back when the Department of Child Safety first came into being front-line child safety officers were pretty much doing the whole shebang. They did everything that there was to do. They had limited support and they had limited supervision. These days things are much better in that regard with the development of a team leader system. A team leader has a group of CSOs who are monitored and managed every day of the week. Their workloads are being monitored and managed.

I am pleased to tell you that in working with the union concerning the issue of case loads we have come up with a new workload management system that can take account of variables—not only the number of cases that an officer may be investigating or taking care of but also where they are, how complex they are and how much time is needed to work with other partners to gather the information. The team leader can ensure that the quality of work—that is, the work that is being done—is comprehensive and good enough.

In addition, our officers are using the structured decision-making tool, SDM, that did not exist prior to the Department of Child Safety. That is an identifiable form that is to be filled in on our new ICMS that allows the decision making about a child to take place in good order and include the kind of information that is required before a decision can be made about the level of risk. That tool was purchased by us from the leading system in the United States. It is now used in a good number of states in the US. Other states of Australia are investigating using it as well.

I am pleased to tell you that we have significantly increased the numbers of CSOs. Those additional staff mean that not only do we have more CSOs but also more specialist staff who work as part of the team and part of the supervision process—for example, officers with court specialities, officers with SCAN specialities and senior practitioners.

**CHAIR:** The next round of questions will be from government members. I call the member for Mount Isa.

**Mrs KIERNAN:** The budget includes \$10 million over four years to attract workers to rural and remote areas. This is good to see especially given the current shortage of human services professionals. Can you explain what these incentives are and how they have been received by staff?

**Ms BOYLE:** Thank you very much for the question. Our greatest difficulty in getting enough staff is in the rural and remote areas of the state. This is particularly the case at a time when human services professionals more broadly are in short supply and there is competition between state departments, federal departments, the private sector and NGOs. That is why I am particularly pleased that we have established rural and remote financial incentives.

The policy was endorsed on 13 December 2006 and implemented on 10 March 2007. The policy applies to all permanent and temporary employees based—that is, living and working—at Aurukun, Bamaga, Charleville, Cooktown, Cunnamulla, Roma, Doomadgee, Emerald, Kingaroy, Kowanyama, Longreach, Mornington Island, Mount Isa, Murgon, Normanton, Palm Island, Thursday Island, Woorabinda and Weipa. I sound like Lucky Star.

The financial incentives package includes individual annual bonus payments, accommodation assistance and access to learning and development funding. All permanent and temporary staff are eligible to apply for an annual bonus payment of \$10,000 gross per annum for the total duration of continuous satisfactory service at one of the locations listed. The annual bonus payment of \$10,000 per annum will be paid in two instalments per calendar year. The first instalment of \$5,000 will be paid at the completion of six months continuous satisfactory service in a rural or remote location and in six-monthly intervals thereafter for the full term of employment in any of the rural locations. Part-time employees are paid on a pro rata basis. That means an employee working exactly half full-time hours receives half the bonus payment which would be \$5,000 gross per annum.

Permanent and temporary staff have been eligible to apply for accommodation assistance since July 2006. There is no requirement for six or 12 months service from this date to qualify for accommodation assistance. It includes either government housing or, where government housing is not available or not appropriate, rental assistance will be paid in accordance with the government approved rate provided that criteria are met. Temporary and permanent staff at rural and remote locations are entitled to \$3,000 per annum to access professional development and training activities. That too is of importance because one of the reasons that staff who might not be prepared to undertake somewhat of an adventure and leave, for example, the south-east corner and work in a place so different as Mount Isa is that they fear that they will lose professional currency or the opportunity to participate in training. So that additional boost to their training and development budget is a real attractor.

We hope that we will be able to attract more people who are being lured to the regions and the remote areas by the mining industry opportunities. Their spouses very often may be suitably qualified and become workers for the Department of Child Safety.

**CHAIR:** Minister, I enjoyed your rendition of Lucky Star. I call the member for Redcliffe.

**Ms van LITSENBURG:** In my electorate of Redcliffe, like most electorates around Queensland, there are a number of families who, for various reasons, come into contact with the child protection system. Can you give me an idea of the services your department provides in my electorate and the surrounding areas and how the new initiatives you have announced in this year's budget will benefit my constituents?

**Ms BOYLE:** Thank you for the question. Your constituents should know, if they do not already, that you are like a terrier in pursuing issues for your electorate. I am pleased to have a very good answer to give you about child protection services in the Redcliffe area. The Redcliffe Child Safety Service Centre is located at 59 High Street, Kippa-Ring and has a current staff establishment of 31.25 full-time equivalents. This staffing level has increased 75 per cent since the blueprint. The office has three teams who respond to child safety notifications, conduct investigations and assessments and take protective action to make sure children are safe. This involves a range of actions such as family group meetings, case planning, suspected child abuse and neglect meetings, court matters, out-of-home care placement and ongoing support.

The office also makes referrals to non-government agencies in the catchment area that provide specialised services for departmental clients. Referrals are also made to non-departmentally funded services—for example, the Referral for Active Intervention service, funded by the Department of Communities, which is operated by Mission Australia and services Redcliffe. Constituents who enter the statutory child protection system from the Redcliffe area would access services in the broader catchment area.

The community service system in this locality has developed across the Redcliffe-Caboolture corridor. For example, the Caboolture Area Youth Service Transitions program is funded \$162,650 per annum to provide specialised counselling for departmental clients. Lifeline is funded \$204,866 per annum to provide practical counselling interventions for children and young people.

Bargumar Aboriginal and Torres Strait Islander Corporation is the designated Indigenous recognised entity service for the Redcliffe area. This means that when an Indigenous child or young person enters the statutory system this organisation, through its service known as Karbul, will provide cultural advice and information. This organisation receives funding of \$378,725 per annum. Spiritus, which is new name for Anglicare, delivers their Strengthening Families Program in the area with annual funding of \$559,115. This is a family intervention service. There is the Marsden Families Program, which is funded \$660,266 per annum to provide a therapeutic counselling service for children and young people.

Also, there are many placement services. There are foster and kinship care services that recruit, train, assess, monitor and support foster-carers. We fund Life Without Barriers. Constituents in Redcliffe and all areas benefit also of course from our new One Chance at Childhood initiative which means that we will be giving special attention to babies and toddlers in the Redcliffe area.

**Ms STONE:** Minister, there are a number of fantastic foster-carers in my electorate of Springwood, and I note that Foster Care Queensland is on the record as saying that the support for foster-carers has improved enormously since the new department was created. I understand on top of the improved training and financial support now provided to foster-carers that you are also keen to provide some more specific resources to foster-carers such as books on parenting that may also assist them in their role as foster-carers. Can you inform the committee about the resources the department is providing to these foster-carers please?

**Ms BOYLE:** Thank you very much for the question. We are keen to support foster-carers in big ways with suitable allowances and appropriate increases but in little everyday ways as well, and in supporting foster-carers we further look after the children in our care. I am pleased to say that I took particular notice when Family Planning Queensland produced an excellent little book called *Everyone's got a bottom*. Emeritus Professor Freda Briggs describes the book as badly needed for helping parents, carers, teachers and child-care personnel to keep children safe. It was written by Tess Rowley, a Queensland author and educator who has worked in child abuse prevention for over 20 years. As it says, *Everyone's got a bottom* is designed for young children and it mixes bright illustrations with messages that are positive and easy to understand. The catchphrase throughout the book is teaching in effect young children to say, 'From my head to my toes I can say what goes'—a way of being confident and sure that they are in charge of their bodies and the kinds of touching that other people may wish to do of their bodies.

I wanted to test this out before I was sold, however, particularly seeing there was some publicity against the book saying, 'No, we won't have this book with its very honest and direct words in our child-care centre.' So I took it home and read it to my then three-year-old granddaughter. She was riveted.

She loved it and that was shown by her saying as soon as we had finished, 'Read it again, Desi,' so I read it again. She got the message and would say with me—chorus with me—by the end, 'From my head to my toes I can say what goes.' She came around with my daughter to visit me a couple of days later and I rushed to greet her, as I usually do, by picking her up and giving her a big kiss and a hug. She held up her hand as I rushed towards her and said, 'No, Desi! I can say what goes from my head to my toes.' I said, 'Trinity, that doesn't mean I can't kiss you,' and she said, 'Well, not right now. In a few minutes.'

The important thing is that she got the message, and so are other little tiny ones who need to get that message to be really confident that they can say what goes from their head to their toes, that they can speak up, that they can trust those uncomfortable feelings that might come along when even a person in their family or otherwise—a stranger or even another child—attempts to touch their bodies in ways that are not comfortable and acceptable and may signal abuse. This book therefore is being provided to all foster-carers in Queensland on the basis that it should be in their library for them to have available to read to all of the little ones who may come into their care this year or next year. I strongly recommend it to other grandparents and to those of you who may be working with young children.

**Ms STONE:** Thank you for that. That is good news. Keeping on the same line, I just want to mention Bravehearts, which of course is located in my electorate. I was really pleased that you could come along with me to Springwood Road State School and actually have a look at Bravehearts at work, in particular its personal safety education program Ditto's Keep Safe Adventure, which uses the Ditto the Dog character to teach children from prep to year 3 about their bodies to help prevent child abuse. I am sure you would agree that it was a terrific performance and the singing kept the children really interested and got that serious message about inappropriate touching across to them. The program is just one of many that Bravehearts does. Can you inform the committee about the support the government is providing to Bravehearts and the benefits that brings to children in care please?

**Ms BOYLE:** Thank you very much for the question. Hetty Johnston, who is of course the founder of Bravehearts, is one of Queensland's true heroes. Before many Queenslanders were prepared to really talk about the sexual abuse that had occurred over generations, Hetty Johnston was game to do so. She had the courage and the commitment to continue to send that message until Queenslanders started to listen. Her Bravehearts Foundation is now well established and I am very pleased indeed that the Queensland government supports it financially and in other ways. It is of course aimed at preventing the kind of sexual abuse that has occurred in generations past and is still occurring. While that education program that I spoke of in reply to the previous question is important, so, too, are the operations and the training choices that are being provided through our school system and other venues by organisations like Bravehearts.

Since 2004 Bravehearts has been receiving government funding through the Department of Communities to provide advocacy, support and therapeutic counselling services to children, young people and adults who have experienced sexual assault from their families and carers. Since 2006 my department in conjunction with the Department of Communities has been contributing funding towards Bravehearts to provide counselling services to children who have suffered sexual assault. This service provides a range of counselling services to all children who have suffered sexual abuse and to their families, and my department can refer statutory clients to this service.

Bravehearts of course also facilitates raising awareness and community education through a range of prevention and early intervention strategies and contributes to the development of appropriate policy and legislative reforms through such strategies, programs and resources. Some examples of the great work Bravehearts does in this area include the program that you made mention of—Ditto's Keep Safe Adventure education program—but also other programs like the White Balloon Awareness Campaign which Bravehearts has been holding very successfully since 1997.

Bravehearts also runs a program called Child Protection: It's Everybody's Business. That is a program providing training and awareness workshops on risk management for staff and volunteers in schools and child-care centres. It also runs the sexual assault disclosure scheme which encourages survivors to disclose abuse and, as such, stands to protect thousands of children from known predators. Its educational resources such as Loud and Clear, a free educative booklet produced in conjunction with the Queensland Police Service and the Queensland Law Society, provide adult survivors with vital information about the process of the criminal justice system. So whether it is healing people who have been sexually abused in the past, whether it is working with children or adults sexually abused now or preventing it in the future, Bravehearts is a wonderful program and it is there.

**Mrs KIERNAN:** Minister, page 7 of the MPS says that the department has awarded four Indigenous staff scholarships of \$10,000 each to gain relevant qualifications for employment as child safety officers and sponsored a further 12 Indigenous cadets under the National Indigenous Cadet Project to the value of \$7,500 each. Can you give the committee some more detail on these initiatives?

**Ms BOYLE:** Thank you for the question. It is really important that as these years go on we increase the proportion of people in our department who have an Indigenous background. We are doing well. We have already a considerably higher percentage of Indigenous staff than do other state

departments, and of course that proportion is higher in the northern zone and the far-northern zone than it is in zones around the south-east corner of Queensland. Part of why we cannot immediately increase the number of professional Indigenous workers we have on staff is qualifications. Too often of course Indigenous children from remote communities do not have the level of education—that is, they have not finished high school let alone had the opportunity to go to university and to undertake the studies that will lead them to such professional positions, and that is why these cadetships are very important indeed.

The blueprint for implementing the recommendations of the Crime and Misconduct Commission inquiry report included a proposed initiative to specifically implement pathways for paraprofessional staff to articulate to degree qualified positions through cadetships, sponsorships and scholarships. The Indigenous Australian staff scholarship program is an initiative to provide professional development opportunities for Indigenous staff, particularly in rural and remote locations. It assists Indigenous employees wishing to become child safety officers and to further embark on careers in middle and senior management within the department. The program assists the department to attract and retain Aboriginal and Torres Strait Islander employees with specific expertise and aims to enhance the department's ability to deliver culturally appropriate services for Aboriginal and Torres Strait Islander children and families.

Can I say to you—and I dare say that as member for Mount Isa you have met some of the people that I refer to—that I have met a number of our Child Safety support officers who are Indigenous people who have worked as paraprofessionals for the department for some years. They are extremely valuable and skilled people. Their knowledge of Indigenous culture and of the Indigenous families in the communities that they serve could not possibly be matched by any of the professionals in the office from a non-Indigenous background. Some of them have been particularly keen to take up the opportunities to complete certificate IV. Some are moving on to their diploma level and surely will progress through degrees and hopefully to management positions in the department.

They are excellent people who are very valuable and are great examples of the way in which we need to further nurture careers through the cadet programs and other scholarship programs and training programs to make sure that we really are increasing the numbers of skilled professional people from an Indigenous background who work for the Department of Child Safety. Cadets presently in the program that you referred to undertake full-time study for 40 weeks each year, during which time the employer pays the cadet a study allowance. The employer provides the cadet with paid employment for the other 12 weeks of the year, usually of course undertaken during the long break at the end of the academic year. This year the 12 national Indigenous cadets were given the opportunity to work as Child Safety support officers, and that was very successful. I hope this program is a beginning to increase numbers as the years go on.

**Mrs KIERNAN:** Thank you, Minister.

**CHAIR:** The next round of questions will be from non-government members, and I call the member for Currumbin.

**Mrs STUCKEY:** I refer to the ICMS referred to in the MPS at pages 11 and 17 and the minister's responses to non-government questions on notice Nos 1 and 6. Minister, in your response to question No. 1 you state that the Child Safety Services Division has a headcount of 2,179 actual staff members and yet in your response to question No. 6 on the ICMS you state that up to 1,700 Child Safety staff are now using this system each week. Could you explain why approximately 479 staff or 22 per cent are not using the ICMS system?

**Ms BOYLE:** I will be pleased to ask my assistant director-general to help with some of the numbers. Our concern in getting ICMS up and running is that it is front-line staff who are using it first and foremost. That is how it is designed. That is what it is primarily intended for—that is, we will have better record keeping, better information tracking and better tracking of the decisions made on the ICMS system because our CSOs and our investigations people up-front in the Child Safety service centres right around the state are the ones first and foremost who need to use it. Additionally of course, it is building towards the next stage in the ICMS which will provide the more sophisticated data warehouse system that will allow us to interrogate the system then for more generalised reports to answer questions such as you have asked about the number of children, for example, who are on our system who have child health passports completed as distinct from those who have only started or not even started yet. That kind of interrogation of the system on the basis of the front-line staff having to input individualised data will come in the next round of ICMS. In order apparently to do that—I barely understand it, I admit—we have to construct this new data warehouse that is an entirely different system to the base system that allows for the inputting of the data child, by child, by child.

So those head office staff, if you like—those management system staff—are not the ones who are using the existing version of ICMS as are the child safety officers at the front line. Are you able to assist with any specific numbers?

**Ms Deeth:** I do not have specific numbers at hand but what I can say is that we have a range of staff, which are included in answer to question on notice No. 1, who actually would not be required to access ICMS on a daily basis—staff like our community service support teams who are out there supporting the non-government organisations and the establishment of new non-government placement and service development programs. We would also have quite a range of administration staff, both within child safety service centres as well as staff in zonal offices. So there are a range of staff who would not be undertaking the core day-to-day child protection work who would require access to the ICMS system. It would be clear to say that all of our child safety officers and our team leaders who have day-to-day case management responsibility for children would absolutely be using this system.

**Mrs STUCKEY:** That then raises another question with the ICMS as to what mechanisms have been put in place to ensure that records are not changed by senior staff to reflect a different recommendation from that of the original writer who is responsible for the recommendation.

**Ms BOYLE:** That is a very unnerving thought that it could be so—that a child safety officer would undertake an investigation, gather all of the information, put all of the information into our structured decision-making tool, reach a recommendation and then a senior staff member could access the system and simply change the outcome. That is quite scary indeed. Would you like to address that issue?

**Ms Deeth:** I would refer that answer to Deidre Mulkerin, who is our Executive Director of Child Safety Services Division.

**Ms Mulkerin:** It is possible within ICMS for somebody to come and change the outcome or a record, and that might be entirely appropriate. Part of the role of a team leader is to quality assure the work that a child safety officer might do. To do the quality assurance and to make sure that that happens appropriately, there is an audit trail in ICMS so that if records are changed there is a trail to track when the original record was created, then when it was changed and who was it changed by.

**Ms BOYLE:** That is really good information to have. I did not have that. Thank you very much for your question and I accept that there would be circumstances—maybe, for example, where a team leader would decide that that decision to leave the child on a voluntary agreement in the home might not be right; maybe a stronger decision should be made. So long as, therefore, we have a way of tracking who is changing what on the system, surely we can make sure that they are appropriate and deliberately changes, not for any mischievous reason.

**Mrs STUCKEY:** I am referring once again to the One Chance at Childhood initiative. Given the difficulties experienced by your department in recruiting and retaining enough permanent staff, how will you find the people for the specialist positions identified under this initiative? What will their basic qualifications be? What will be the basic requirements?

**Ms BOYLE:** I am pleased to say that in some sections of the program it would appear that we are not going to have too much difficulty, because there is great appeal for the program. We already have discovered that we have some child safety officers, for example, whose background is such that they are early childhood specialists but they have been in more general child safety officer jobs where they have not had the luxury of going to their original speciality. So we are finding some people like that who are putting up their hands to say, 'I would like to move across to that job because that is really my background and particular interest.'

We have also discovered, of course, particularly in Health where they have been running some early childhood health support programs at different sites around the state, valuable professionals who will either work with us or may come to work with us. Another of the finds since we have released the outline of this program is that we have some staff who would really like to put up their hands for the jobs of the permanent placement officers—staff who really know the foster-carers in their area. They know who is who, they know who works well with the young children, for example, and who has what kind of ability to become not just a foster-carer but a carer on long-term guardian orders or who may even be interested in adoption and who would put up their hands to do that permanent placement kind of work. We also have additional moneys being rolled out into expanding our family group meeting coordinators. Among them are people who have the skills in monitoring case planning and, therefore, monitoring the extent to which changes take place in a family and how reunification should occur.

So we think, within the general professional field, that there will be people who have those specialist skills. Your question nonetheless is a good one because in the end it will mean, even if we transfer some staff across from other existing positions, that we are still going to need more staff, whether they come from outside, or outside into existing jobs with transfers. We are competing now in a climate where there are too few human services professionals in the state of Queensland and so I hear in other states of Australia as well.

Our government has paid some considerable attention and so have our media outlets to the shortage of engineers, IT specialists and scientists. This is a great opportunity for me to say, 'Us, too,' in terms of human services professionals. I am having a look at the moment at the figures for entry to social work, community development, psychology, speech therapy—all kinds of allied health professionals—to universities around Queensland. Unless we train more we are going to be in the same invidious position as is Health with insufficient local doctors and nurses.

**Mrs STUCKEY:** I refer to my earlier question where I asked if you were aware of any child safety staff who have discouraged or advised any person not to lodge a complaint or make a notification. Your response earlier was, 'No, I have no awareness of any such thing.' I seek leave to table a letter from my office dated 3 July and a response from yours dated 4 July bringing such a matter to your attention.

Leave granted.

**Mrs STUCKEY:** I acknowledge that the issue was only lodged last week, but you have made it very clear that such allegations would be seen as a high priority. I ask: what is your response now to this serious breach of the Child Protection Act?

**Ms BOYLE:** Thank you very much for the question. I am pleased to address it if it is indeed the matter that I think it is. Could that tabled document be forwarded to me?

**CHAIR:** We are just getting a copy.

**Mrs STUCKEY:** I have a spare copy, if the minister would like to have that.

**Ms BOYLE:** Thank you for that. No, this is not a matter that has come to my direct attention and I have not previously seen your letter, if I may say to the honourable member. It is another matter that I have been getting mixed up with. You are correct that here, as you have highlighted, the person who has contacted you has alleged that there has been an attempt to intimidate notifiers against making further notifications. When you asked me that question earlier this morning I said to you then that I would take such an allegation very seriously indeed. As I look now, you have had the assurance from Meg Frisby of my office that the issues raised in your letter will be considered. I further say to you that they will be considered and they will be considered in an urgent manner.

Can I affirm to you as well that section 38 of the Crime and Misconduct Act requires that public officials report any complaint, information or matter that involves or may involve official misconduct to the Crime and Misconduct Commission. On the surface of it, any attempt by any of our staff members to intimidate notifiers against making further notifications would constitute prima facie official misconduct. So not only will my department investigate it but also we will ensure that the CMC is fully informed about our investigation and has the option, therefore, at any stage along the way of asking further questions or having further involvement in the investigations.

The only word of warning I would give you—and it does not apply necessarily to this matter at all because I have no particular information about it—is that sometimes there have been people who have come to my attention who have made multiple frivolous notifications where we have very thick files to demonstrate that their allegations have been investigated and found to be baseless. This can continue over many years and there may well be circumstances like that where our staff have said to them, 'Enough is enough. We have investigated and we are not going to investigate that allegation yet again.' Nonetheless, I will, of course, take up the matter urgently and further inform you as soon as I am able.

**Mrs STUCKEY:** I thank the minister and I am sure when she sees the extent of this case that she will be able to handle that as a matter of priority. How many complaints were handled by the Complaints, Case Review and Investigation Branch in 2006-07? Are you able to provide a breakdown of the types of complaints and the average time taken to review them and if any were substantiated?

**Ms BOYLE:** Thank you very much for that. That is a really good question. I wish I had asked it myself and I have not. So I have not immediately got all of those answers to hand. I will ask the department to provide what information it has available shortly. Can I say to you that I know that some of the complaints have been substantiated, because I have signed off several times since I have been the minister on formal apologies to people where their case was not appropriately handled in some form or another and where they have complained and have been found to have been vindicated at least on significant points. Are you able to assist on this matter, Ms Deeth?

**Ms Deeth:** We do not have the information immediately at hand, but we will try to locate it and if it is available prior to the conclusion of this session we will make it available.

**Mrs STUCKEY:** How many children under the care of the department have not had their case plans reviewed at least every six months and for those under intervention with parental agreement—IPA—every three months?

**Ms BOYLE:** Thank you for that question. That is a precise number that you are looking for in response to the two elements of your question and I do not have that number in front of me. It will certainly be a number. Our case plans are not all up to date. In fact, case planning itself has really geared up, as it were, only in the last year or so.

I have to say to you as well that I am concerned that our case plans are not only always updated on time but also that the quality of the case plans can be improved. For this reason, and some others, we have decided to have a central practice branch that can provide better-quality mentoring to child safety officers around the state in the quality of the case plans and in how those case plans are put together. Simply reviewing it and ticking boxes, of course, does not necessarily make it a good case plan.

Part of what is complicated and difficult about case plans and makes for time problems is that many other agencies need to be involved in the case plan. A case plan cannot be written by a child safety officer alone. Health personnel need to be involved. So, too, often do education staff. So, too, or may staff from Disability Services Queensland.

Through ICMS, however, we are going to increasingly have better-quality information about the extent to which we have current case plans and updated case plans. This measure of the percentage of children in need of protection who have a current case plan was introduced only last year. It has now, however, been built into the ICMS whereas previously it was not a figure that was available through the central IT system that we had.

It had been anticipated that we would be able to report this year against that new measure of what percentage of children in need of protection have a current case plan. However, that has been delayed with the introduction of ICMS. I am pleased to say, however, that the measure will be available to occur from later this year. The other information that comes to hand is that we have identified \$1.6 million in the 2007-08 budget for audits of case plans. Also, systemic data on case plans will be available with the release of 3.1 of ICMS, which we have previously spoken of.

**Mrs STUCKEY:** Minister, stage 3 amendments to the Child Protection Act emphasise that, where possible, consideration must be given to placing a child with kin. What does the minister intend to do to expedite kinship carer approvals to minimise the trauma experienced by children who are taken out of their home environment and placed into alternative care before being placed with a kin carer?

**Ms BOYLE:** That is a very important issue from two angles for us at this time in Queensland. You would be well aware, and I dare say that other members of the committee are aware, that the act and all of our operations include the Indigenous placement principle. Indigenous people have probably brought to the attention of Queenslanders more generally, not just for themselves, the absolute importance of family. Many Australians from a Caucasian background have become used to families being split up all over the country and to looser family ties than has been culturally so for Indigenous people. I wonder if Indigenous people, through their culture, are not able to alert us again to the importance of family.

The Indigenous placement principle means that, wherever possible, when an Indigenous child needs to come into care we will do our darnedest to find other family as the first line carers. Yes, other family within that child's home community come first, or if the child has to be removed from the community other family in a nearby community.

We are not doing too badly but we are not doing real well either. The figures are that around two-thirds of the time Indigenous kids go to other family members. Why is it not better than that? The main reason is that we do not have enough Indigenous foster-carers. That is why we developed that DVD and other programs to try to increase the number of Indigenous foster-carers. We are going in that direction and we are on the way with Indigenous children. The development of recognised entities and Indigenous expert bodies in each of the communities will help that percentage to increase as the years go on.

Let us talk about the second element more broadly, which is the extent of kinship care across Queensland. The answer is that it is not good enough. In Queensland, some 28 per cent of all of our children in care are placed with kin. Wait for this: in New South Wales, it is 58 per cent. My very good question is: why can't we at least be doing that well? In fact, I have to go to Sydney for a ministerial council in the next few weeks. I have booked some time to meet with the New South Wales minister and departmental staff to find out what they are doing better than Queensland in terms of more placing of children with kinship carers.

Part of our difficulty is that in the rush to develop this new system and all the pressure that that has placed on our staff—heaven knows, you cannot blame them—we have been too focused on looking only at immediate family in a local community, rather than looking more broadly at uncles and aunts who live in another state of Australia but who may well be a better choice for the provision of long-term care than foster-carers who are not related. I undertake to continue to take up that matter and to report further to you on it.

**CHAIR:** The next round of questions will be from the government members. I call the member for Redcliffe.

**Ms van LITSENBURG:** Minister, as a former teacher and someone who has worked with children, I am conscious that we need to have a particular focus on the education of children who come into care, as this area was often neglected before those children came into care. One of the important recent initiatives of your department are the education support plans. Can you inform the committee about how education support plans are progressing?

**Ms BOYLE:** Without doubt, education is one of the keys to enhancing the future opportunities of all children and young people. Too often our staff have seen families who are locked into a cycle where generations of parents have been inadequate or abusive, and they produce children who seem to follow that pattern and do the same things in their own adulthood. We have to break that intergenerational cycle of poverty and abuse, and education is the key to that.



Children who are on a custody or guardianship order to the chief executive and are enrolled at a state, Catholic or independent school must have an education support plan developed by the school. The development of an individual plan for each child or young person takes into consideration their support needs in the categories of academic achievement, participation and wellbeing. For each category, the plan includes specific educational goals, required and available resources, strategies needed to achieve those goals, who is responsible for implementing the strategies, and processes for monitoring and reviewing the plan.

The department has allocated a substantial \$5.28 million to support the strategies identified in the education support plans. Some specific support strategies that have been funded for children include additional mentoring, teacher aid time to assist the child with coping strategies, speech and language therapy, play therapy, coaching and anger management therapy, teaching social skills and protective behaviour strategies and community engagement programs.

Data from the August 2006 Department of Education, Training and the Arts census for students in care show that 3,309 of those students were enrolled in the state and non-state schooling sectors at that time and that 96.4 per cent of those children and young people had a plan, or one was under development. The completion rate cannot be 100 per cent as children may have recently entered care, changed schools or even been excluded from school for a period.

We are already hearing wonderful success stories of children who have overcome difficult and traumatic early childhood experiences and have been able to gain educational achievements that have enabled them to transition to adulthood. One of our young people recently gained an apprenticeship and is living independently after leaving care. He had a dreadful background that included drug abuse and domestic violence within the family, and he suffered physical abuse. He suffered from dyslexia and he had learning disabilities. He came into care eight years ago and now has a good start at adult life.

A young person's creative dancing talent has been recognised through their acceptance of a diploma course at the Aboriginal Centre for Performing Arts, specialising in dance. Another young person's flair for baking was discovered following a school work experience placement at a bakery, and he has now commenced an apprenticeship.

**CHAIR:** I note that funding of \$4.8 million has been allocated for additional child safety officers, child safety support officers and court coordinators. I also note that those new staff will come on top of significant increases in staffing levels right across the department over the past few years. Can you give us further details about how many new staff will come on board this year and detail how the staffing levels will be achieved this year compared to when the department was created in 2004?

**Ms BOYLE:** There are two really good things about the allocation of this money and those specialist staff coming on board. The first is that we are getting a more advanced range of expertise within the departments, which will surely mean better care for our kids. The second good thing about it is that it means better support for our child safety officers. It is a very different thing carrying a case load of, say, 17 cases if you are sharing those 17 cases with a range of other professional staff to managing them all on your own.

When you consider the number of new staff we have employed over the past three years, it is quite startling. In many ways it is unfortunate that we need so many staff, but nonetheless we do. The number of children in our care is increasing month by month. The department has introduced various initiatives to retain professional staff.

Overall, since October 2004, that is not even three years ago, the number of departmental staff has grown by 67.3 per cent. Staff numbers have increased from 1,399.54 full-time equivalents in 2004 to 2,342.4 full-time equivalents in 2007. Of course, when compared to child protection staff in the old families department, our staff numbers have increased by more than 90 per cent. In 2007 child safety service centre staffing has grown to 1,612, with a 56 per cent increase in the number of child safety officers, a 130.4 per cent increase in child safety support officers, a 97.1 per cent increase in team leaders and a 77.2 per cent increase in senior practitioners.

In addition, as we have heard \$12 million will be made available under the four-year One Chance at Childhood initiative to recruit specialist staff. In 2007-08 it is planned that under this initiative a total of 36 new staff will be employed across the department to ensure that our service continues to meet the needs of the community. Those will be added to 58 additional child safety officers, child safety support officers and court coordinators, and three additional Indigenous positions, making a total of 97 new staff in 2007-08. Those new staff members will ensure that we continue to meet the needs of vulnerable Queensland children and continue to expand the support that we provide to our foster-carers and other community partners.

It is important to note that not only do we now have significantly more staff than ever before, but also we have a much greater diversity of staff. Too much was placed on the shoulders of CSOs and a few managers. Of course, now we have people undertaking more specialist roles including teaching leaders, senior practitioners and court coordinators, business support officers, family group meeting coordinators and others who assist our CSOs with the core work of looking after children.

**Ms STONE:** The budget funds enhance therapeutic services. Recently released figures show over 700 substantiated cases of sexual abuse or the risk of sexual abuse in Queensland in the 2005-06 financial year. Can you inform the committee of the extent of sexual abuse counselling available to children in care?

**Ms BOYLE:** We are committed to developing the capacity of both government and non-government service providers to meet the therapeutic needs of children and young people who have been sexually abused. Sexual abuse has a range of social, emotional and behavioural impacts that affect both the individual victims, their immediate families and the wider community. Those impacts include disruption to social and cognitive functioning, poor interpersonal relationships, family breakdown, behavioural problems, trauma, depression and other mental health issues.

Since 1984, the Queensland government has been providing counselling to children and young people, subject to intervention, who have been sexually abused through its own sexual abuse counselling service based at Woolloongabba. This service provides multidisciplinary counselling and support to families by working with child safety service centres, schools, other government departments, non-government agencies and private practitioners who are involved with children or young people in care.

Prior to the CMC inquiry, the department provided recurrent funding of \$1 million per annum to six agencies to provide counselling and therapeutic services for children in the child protection system who had been sexually abused. My compliments go to the previous Minister for Child Safety. In July 2006, he approved funding of an additional \$800,000 a year for four new sexual abuse counselling services. The services funded by the department provide specialist sexual abuse counselling in very many centres and communities around Queensland including Beenleigh, Redlands, Wynnum, Townsville, Thuringowa, Ipswich, Goodna, Toowoomba, Logan, Loganlea, Woodridge, Browns Plains, Inala, Bundaberg, the Sunshine Coast, the Gold Coast, Cherbourg and Maryborough.

In addition to the sexual abuse counselling services, my department also provides funding of over \$7 million to 28 general counselling and intervention services across Queensland. I will talk particularly about that last point. First, we had a state in which we did not face up to sexual abuse even occurring. Then we began to face up to it. While it was a very early initiative to provide one major sexual abuse counselling service back in 1984 to provide specialist counselling locally as well as advice around the state, of course that was not enough and we have rolled out further sexual abuse counselling services.

Within the professions of counselling, particularly for psychologists, it was recognised that you needed specialist skills; not just any psychologist could provide sexual abuse counselling. For a time, over the last decade in particular, there was a recognition that if you are going to provide those sorts of services, you need specialist training. The thinking was that that should be done in special identified dedicated sexual abuse training and counselling centres. That is not the latest thinking.

Now the latest thinking is that as we reveal sexual abuse as part of a range of problems, psychologists and counsellors all over the state need to upgrade their specialist training in sexual abuse counselling, which can be provided through a wide range of counselling services all over the state. That is my prediction of what will happen in other centres as time goes on.

**CHAIR:** I call the member for Mount Isa.

**Mrs KIERNAN:** Minister, you have said—and I think probably all of us would agree—that in an ideal world no child would be taken into care and your department would not be needed because all parents would do the right thing and provide a safe and loving home. Unfortunately, we know that this is not the case. Minister, today you have described some horrific cases to us and told us to hold on to our seats, but many abused or neglected children who have been taken into care can turn their lives around. I am aware of some very, very positive outcomes and success stories in my own area. Without identifying any child, are you able to provide some examples of the many wonderful achievements for some children who are in care?

**Ms BOYLE:** Mr Chair, I need to correct the record about a previous answer I gave that was in error. I wonder if I may do that first before responding to this particular question.

**CHAIR:** Thank you, Minister.

**Ms BOYLE:** I make apologies. With the matter tabled by the member for Currumbin, I did not recognise the names of those involved and therefore gave information that was in error. In fact that matter had been brought to my attention. I signed off on a reply to the honourable member for Currumbin in relation to it only yesterday. I was correct that a review was undertaken of the concerns expressed as they should be and that that review was to hand. The outcomes of departmental investigations and assessments were sound and matters of dispute regarding contact arrangements which were central to the complaint are matters really for the Family Court. I take the opportunity to remind the member for Currumbin as well as other members of the committee that very often the Department of Child Safety gets caught in allegations between parties who are really dealing with custody issues to do with the Family Court, and that is where sometimes the information presented is

not correct. I have a copy of my reply to the honourable member available and will table that. We have crossed out the names, so with de-identifying data I will provide a copy of that reply to you. Can I go back now to the honourable member's question.

**CHAIR:** Minister, are you tabling that document?

**Ms BOYLE:** We will in a moment when we have de-identified names. I thank the member for Mount Isa for that question. I am pleased to talk about the successes of many of our children and young people in care. Yes, we have had generational cycles of abuse and, yes, unfortunately some children have not done better in their own adulthood than their parents did to them but things are a changing.

One young person, for example, came into care as a baby along with two siblings. All the children were placed together and remained with the same carer in a long-term stable placement. The two siblings have since reached adulthood and have attained success in their chosen professional careers. All siblings maintain a close and supportive relationship with each other, as well as with their carers.

Some of this young person's many achievements include being appointed school captain, being a member of student representative council this year, receiving school awards in commitment to studies and also service to college in all grades from 8 to 11, representing Queensland at the nationals in her chosen sport and attending New Zealand for this representation, receiving an award in sports excellence, winning the first round of a youth of the year public speaking competition, winning a team and leadership award in 2006, coaching under-15 school sports in 2007 in which the person's team got to the semifinals, attending leadership days at a university in 2007, and participating through school in the 2007 doorknock appeal for the Heart Foundation and also in this year's Relay for Life Cancer Foundation.

This young woman has achieved more in her short life than many of us will achieve in our entire lifetimes. I wish her the very best and I thank her carers for the commitment and support they have shown. What a remarkable young woman.

Another example is of a young man who has been in care since he was eight years of age. He took up a sport and has represented Queensland on a number of occasions. It is anticipated that next year he will represent Australia at an international meet. This young person's self-esteem has grown enormously, and he has been rewarded for his determination and drive in his training. His participation in his school and family life has improved dramatically. His carers are fully supportive of his involvement in his sport and ensured that he had the appropriate clothing and equipment to maintain his interest.

A third example is an Indigenous young man who is now 18 years of age and recently exited care. He was in care for eight years, six of those with the same carer. He recently achieved his childhood dream of being accepted into the Navy. I congratulate him on his success and wish him well at his chosen career.

How come these young people particularly have been successful? They have faced adversity in their past experiences, yet they have managed to get past that and achieve satisfying and fulfilling lives. The common theme in relation to these children, aside from their own determination, is that they were placed in long-term and caring environments. I say again that biological parents are on notice to do the job to look after their children and put their needs first or alternative homes will be found.

**Mrs KIERNAN:** Thank you, Minister.

**CHAIR:** It is good to recognise the positive outcomes from some of these stories. I call the member for Redcliffe.

**Ms van LITSEBURG:** Minister, there is no doubt that children who come into protective care have been hurt and the utmost attention must be taken to ensure that they are better off in care than they were previously. While it is obviously important to ensure children are safe, some foster-carers in my electorate of Redcliffe have been offended by the intense scrutiny they are placed under when a complaint is made about the standard of care they are providing. I understand that as a result of these and other concerns a review of the matters of concern policy is underway. Can you inform the committee how this review is being conducted? Can you provide an assurance that the review will not lead to a lower level of care being provided to children?

**Ms BOYLE:** Thank you very much for the question. I am pleased to explain what is going on with the matters of concern policy because it is very difficult to find the right balance. There is no doubt that the safety and wellbeing of vulnerable children is our No. 1 priority. I cannot emphasise how seriously we must take the interests of all children in Queensland ahead of any others—their parents or their foster parents.

Our responsibility to children in care is legislated in the statement of standards under the Child Protection Act 1999. These standards provide a benchmark for the quality of care provided to children. When there are reported concerns about children in care, these concerns are comprehensively assessed and responded to through the department's matter of concern policy and procedures. We cannot have our staff members say, 'I've known Mr and Mrs Smith for years. They've done a great job.'

That can't be true,' and take no notice. Even if Mr and Mrs Smith have had tens of children go through their care and are excellent carers as far as the department knows to that point, in the interests of the child we have to take that report seriously and investigate it. That is never an easy task.

We know that foster-carers and kinship-carers are the backbone of our system and that the great majority of them are opening their homes with full generosity of their persons and their hearts and are doing all that they can. But we cannot turn a blind eye to even the most minor concerns if we are to uphold our commitment to our most vulnerable children. The best practice is to review all policies, so we are reviewing our present matters of concern policy. We have been undertaking extensive consultation with carers around the state to hear their views on how we can do it better and to develop a respectful process that upholds the rights of children and carers alike.

I have to say that I have been consulted, as it were, already by my department. I hope that what we will come up with, depending on what foster-carers say, is a kind of two-tier policy that recognises that some allegations about carers under a matters of concern policy are so serious and present potentially such risk of harm to children that the children may have to be taken from them while further investigations happen. There is still a respectful way in which this can be carried out, but nonetheless it will be very unpleasant when that occurs.

There may be a second tier of concerns that are much less immediate and much less serious in that, even if they were to be substantiated, there is not the potential for any level of harm to the children. These concerns can be handled through a different set of procedures that can be somewhat gentler, if you like, in their impact on the carers.

It is a very sensitive issue. The balance needs to be right. Children have to be protected and their rights upheld, but our carers have to be given the kind of credibility they should have for all the years and all the efforts they have put in. I look forward to reporting on our new policy later in the year.

**CHAIR:** Thank you, Minister. That concludes the government questions. We have about five minutes remaining and I will allocate that time to non-government members. I call the member for Currumbin.

**Mrs STUCKEY:** I refer to the answer to the non-government question on notice No. 1 and page 3 of the MPS. Minister, you state that the number of temporary staff has reduced to 29.3 per cent in 2007. However, the figures clearly show that in five out of the eight zones the percentage of temporary staff is greater than 30 per cent and as high as 41.5 per cent for Ipswich and the western zone. Furthermore, between 68 per cent and 86 per cent of those temporary staff have less than one year tenure. How many of these inexperienced, short-term staff are members of SCAN teams or have decision-making responsibilities associated with removing children to out-of-home care? Are any involved in reviewing the quality of department decision making?

**Ms BOYLE:** Thank you very much for this question. You are quite right to hammer home to us how important it is that if we have to have temporary staff—as we do at the moment because there is no magic wand to manufacture the professionals ready to come and work for us today—they are properly supervised, particularly with regard to decision making for such important matters as the SCAN system.

There is a built-in safety net, if you like, with the SCAN system by having SCAN decisions made in full view of senior members from other agencies. I have attended several SCAN meetings in different places around the state where I have been most impressed with the seniority of health staff who have attended. Paediatricians, for example, will not allow any child to be investigated without proper attention to their physical and mental health needs, so any inadequacy on the part of junior temporary child protection staff would be more than managed by them.

It is similar with police. The police who work in the child protection units of the police force are eminent people with tremendous experience and training. I have to tell you that they do not mince words when they do not agree with any direction being taken by our staff. I have witnessed some vibrant discussions amongst team members of SCAN.

What I have also seen is that we have team leaders attend SCAN meetings as well as any SCAN coordinator who may be an acting person. Even though it may be an acting person at the time or a temporary person, that is no excuse for having an unqualified person there. They are always qualified people. So what they lack by being temporary in terms of not having long knowledge of the area and the particular cases can be made up for by other staff.

We have much better supervision these days by our team leaders and our senior practitioners, so I say to you again that the percentage of staff who are temporary in our department is temporary. Much of it relates to the backlog and much of it will be over, therefore, by some point in 2008. I say to you again that temporary does not mean unqualified and that our supervision processes are better, but I do accept your implicit point which is that we wish to get the proportions of temporary staff down.

**Mrs STUCKEY:** Has any progress been made with the adoption legislation review? Does the minister intend to reconsider opening the review for public comment on section 39?

**CHAIR:** The minister has two minutes.

**Ms BOYLE:** Thank you very much for the question. I am pleased to answer that but I do have some further information to give you quickly in relation to an earlier question.

**Ms Deeth:** In relation to the earlier question around the number of complaints in the past financial year, there were 1,165 in 2006-07. Of those complaints, 1,060 were in fact inquiries, 71 were complaints and two involved a case review. In relation to the time taken to resolve those, the inquiries took on average eight days and the complaints took on average 27 days. Given there were only two case reviews, they were obviously case specific. In terms of the number substantiated in the last financial year, there has been one matter referred from the complaints unit of our complaints investigation review branch recommending disciplinary action.

**Ms BOYLE:** Thank you for that. In relation to the adoption review, thank you for your efforts and the efforts of your electorate officer Angela, who has taken up this issue. Our adoption act in Queensland is way out of date. The previous minister nearly had the new legislation drafted when the Commonwealth decided to change the arrangements about intercountry adoption and their responsibilities. Mercifully, that has almost been decided. At the ministerial council meeting in a couple of weeks we are hoping we will sign off on the new arrangements for Commonwealth responsibilities that has held up our adoption legislation review. That being finalised, we are already gearing up within our department to finalise the adoption review. There is quite a process to be gone through in terms of us coming up with a policy position that the Queensland government will take and then going out to consultation. But I am pleased to tell you that we should be able to further inform you about the matters and the timing for the review within the next few months.

**CHAIR:** The time allocated for consideration of the estimates for the Minister for Child Safety has expired. I thank the minister and the portfolio officers for their attendance. For the information of those attending today, the hearing transcripts for this portfolio will be available on the parliamentary web site in approximately two hours. The next portfolio to be examined relates to the Minister for Health.

**Ms BOYLE:** Mr Chair, thank you very much to all members of the committee and also to all of the support staff and the committee staff who really make this work so smoothly.

**Mrs STUCKEY:** I would like to thank our opposition staff as well as all the departmental staff. Also, thank you to you, Minister.

## ESTIMATES COMMITTEE B—HEALTH

### In Attendance

Hon. S Robertson, Minister for Health

#### Queensland Health

Ms U Schreiber, Director-General

Dr S Duckett, Executive Director, Reform and Development

Mr M Kalimnios, Executive Director, Corporate Services

Dr L Selvey, Senior Director Public Health

Dr A Groves, Director, Mental Health

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**CHAIR:** The Estimates Committee B hearing is now resumed. I welcome the Minister for Health, the public officials and members of the public who are in attendance today. I remind members of the committee and the minister that the time limit for questions is one minute and that answers are to be no longer than three minutes. A 15-second warning will be given at the expiration of these time limits. An extension of time may be given with the consent of the questioner. The standing orders require that at least half the time is allocated to non-government members. I ask departmental witnesses to identify themselves prior to answering any question so that Hansard may record that information in their transcript.

In the event that those attending today are not aware, I should point out that the proceedings are similar to parliament to the extent that the public cannot participate in proceedings. In that regard I remind members of the public that, in accordance with standing order 206, strangers—that is, the public—may be admitted or excluded from the hearing at the pleasure of the committee. I ask that all mobile phones and pagers be switched off.

I declare the proposed expenditure for the portfolio of the Minister for Health open for examination. The question before the chair is—

That the proposed expenditure be agreed to.

**CHAIR:** Minister, would you like to make a brief introductory statement, or do you wish to proceed direct to questioning? If you do wish to make a statement, I remind you that the statement must be limited to five minutes under the standing orders.

**Mr ROBERTSON:** Thank you, Chair. The 2007-08 budget, together with the Beattie government's \$10 billion Health Action Plan, continues to drive health reform to improve health services for all Queenslanders. It delivers on our election commitments to provide our hospitals with the infrastructure, staffing and resources to meet the ever-increasing demands of a growing and ageing population. It also focuses on the prevention and management of chronic disease in our community. This year's health budget is a record \$7.15 billion—\$770 million more than the \$6.38 billion comparable budget delivered last year, and more than double the \$3.1 billion budget we inherited from the coalition in 1997-98.

Highlights include \$635 million to be spent on capital works projects to provide new and upgraded hospitals and expanded emergency departments. Planning progresses for three new major hospitals—the Gold Coast university hospital, the Sunshine Coast hospital and the Queensland children's hospital. To demonstrate our ongoing commitment to investing in our most valuable asset, our workforce, we are investing an additional \$145 million over four years to improve clinical training in education opportunities for our doctors, nurses and allied health professionals. This investment includes \$33 million over four years for clinical education and training for junior doctors and to fund additional intern positions; \$3.7 million to implement a new clinical placement model for medical students from January 2008; and \$1 million to develop strategies for nursing education, training, recruitment and retention.

Other major initiatives in this year's budget include the investment of \$528.8 million over four years to improve hospital and community based mental health services. It includes \$176.2 million to employ more clinical staff and expand community mental health services and a further \$121.5 million to expand in-patient mental health services.

Let me now address the topical issue of overseas trained doctors working in Queensland. Queensland, like all Australian states and territories, is suffering from doctor shortages due to the federal government's failure to train enough doctors. As a result, health providers—both public and private—are forced to recruit beyond our borders because of our need for highly skilled doctors to work in the many hospitals and community health settings in a dispersed state such as Queensland. But the fact is that Queensland has Australia's most stringent registration checks for international medical

graduates, which was acknowledged as recently as last Friday by the current state president of the AMA. All doctors have their medical qualifications and work history thoroughly checked before they are allowed to practise in Queensland.

Overseas trained staff, whether they be doctors, nurses or allied health professionals, are a vital part of the health team and we can be confident in the services they provide. However, in light of recent events, the challenge now is to ensure Australia remains an attractive destination for international medical graduates keen to pursue careers and access the world-class training and education opportunities on offer not just in Queensland but throughout Australia. Due to the failure by the Howard government to invest in our future medical workforce, Australia has no alternative.

That is why this morning the Premier met with leaders of the Muslim community in Queensland to assure them of our ongoing support for them and for international medical graduates of Islamic faith. It is also why we are developing an advertising campaign to encourage the broader community to show support for the over 2,150 overseas trained doctors working in both public and private health facilities in Queensland.

It is important for all Queenslanders to understand that Australia has not trained enough doctors, nurses and allied health professionals to meet the demands of the public and private health systems and our growing and ageing population. Whilst that is changing, it is going to take years to make a real difference. Medical student places at universities is a responsibility of the federal government. Even so, the Queensland government is doing its bit by investing some \$60 million and funding 235 new places at Griffith University's medical school over five years to help ease the national shortage of doctors.

The \$145 million investment in clinical education and training announced in this year's budget further demonstrates how serious the Beattie government is about long-term clinical workforce support. But this is not the time for the minority in our community to use recent events to verbally insult or discriminate against overseas trained doctors working in our hospitals. In fact, there is never a time when this behaviour should be tolerated. It is time, however, for Australia to show the world and our overseas trained doctors that they are welcome, that we do value their contribution and that racism and bigotry have no place in our hospitals or in the wider community.

This was the message I was proud to give to the overseas trained doctors on the Gold Coast on Friday and it is the message I repeat on behalf of the Beattie government to all Queenslanders today.

**CHAIR:** Thank you very much for that, Minister. I call the member for Surfers Paradise.

**Mr LANGBROEK:** I welcome the minister and all the department of health staff members who are here today in this rather cold chamber, but hopefully it will warm up. Minister, I refer you to the answer to the non-government question on notice No. 1. It is a point of clarification about the figures there for the area health service budgets. The figures total \$5.4 million and \$5.8 million. I am just interested in a clarification: are these the total area health service budgets given that this includes the facilities that we asked about in the actual question?

**Mr ROBERTSON:** I thank the member for the question. I will just give Michael Kalimnios time to look at the answer provided and then he will fill you in with the details.

**Mr Kalimnios:** The figures provided are the actual expenditure figures for each of those years. Can you clarify the question you are asking?

**Mr LANGBROEK:** The question was what is the budget for each public hospital and the answer was that Queensland Health does not budget at a facility level but at an area health service level; there are three areas—central, northern and southern. It states that the area health service budgets for those two years are as follows—and they add up to \$5.4 million and \$5.8 million. If the funding for each of the hospitals within those areas comes from those amounts, I am wondering what those amounts are: \$5.4 million and \$5.8 million? That is all my question is. Is that the total area health service budget for those areas?

**Mr Kalimnios:** Yes, it is.

**Mr LANGBROEK:** If it is, what is in those areas, because I thought that included the hospital funding—

**Mr Kalimnios:** It does. These are the area health service budgets. You are talking about the total budget for the area itself?

**Mr LANGBROEK:** Yes.

**Mr Kalimnios:** Those figures are—

**Mr LANGBROEK:** The two lines—2006-07 adds up to \$5.4 million and \$5.8 million. As I understand it from the answer, that includes facility funding.

**Mr Kalimnios:** Sorry, okay. They are just for the area offices themselves.

**Mr LANGBROEK:** For the area offices?

**Mr Kalimnios:** Yes.

**Mr LANGBROEK:** In that case I am concerned about the answer to the question in the sense that the original question was in relation to the budget for each public hospital to which the answer was that there is no budget at a facility level, that it is contained within the area health service budget.

**Mr Kalimnios:** Sorry, can I clarify this? I do apologise. The figures there are billion dollars not million dollars.

**Mr LANGBROEK:** Thank you for that clarification.

**Mr Kalimnios:** So the total budgets for the area are then allocated down to a facility level of a district level.

**Mr LANGBROEK:** Yet they are written in these answers as millions of dollars not billions of dollars, can you confirm that?

**Mr Kalimnios:** I need to take that on notice.

**Mr LANGBROEK:** It is right in front of us.

**Mr ROBERTSON:** What we will do is take that on notice. We will come back during the course of this hearing to confirm that an error may have been made in the presentation of that answer as to whether or not they do reflect billions rather than millions. However, in answering the question I note that this is a very similar question that was asked not just last year but also the year before. The honourable member would know that the answer remains consistent about how Queensland Health constructs its budgets. It does not construct it on the basis of individual hospitals but constructs it on the basis of areas and districts. The simple fact is that as we develop clinical networks, services are provided outside the boundaries of individual hospitals. They reflect the provision of services across a geographic area, including the fact that, for example, services are provided to people in Cairns by hospitals such as the RBH or PA in Brisbane.

So, you do not construct a budget on the basis of individual budgets for individual facilities, but rather how you provide a range of services—and this is outlined in the Ministerial Portfolio Statement—across a range of programs to provide those services. This was the answer that has been provided in years gone by. There is nothing new in terms of the question being asked by the honourable member. The answer, however, remains the same.

**Mr LANGBROEK:** With reference to the same non-government question on notice No. 1, I ask the minister about the statement, 'Queensland Health does not budget at a facility level.' How is it possible that he can make this statement when only recently he threatened to deduct \$10,000 from the budget of each hospital for every hour ambulances sat waiting? Which statement is true?

**Mr ROBERTSON:** Because what we are in fact doing is moving to what is called a performance budget framework. What has been the situation in the past is that Health has budgeted on the basis of historic budgets—that is, for whatever services, whatever increase is provided in a budget is divvied up on the basis of historical funding for the provision of services throughout the state. What we are now moving to is a budget system that is in place in every other jurisdiction in Australia. At its heart what it is designed to do is to ensure that taxpayers of Queensland get value for money—that is, when money is allocated for the performance of, for example, elective surgery, it is actually spent on elective surgery; when it is allocated for the purposes of increasing throughput in emergency departments, that is actually where it is spent. Therefore, we can better track the performance of various services, not just in hospitals but outside hospital settings as well. Therefore, we have a greater level of transparency about where the significant increase in funding under our Health Action Plan is going.

I would have thought that you would have actually supported that process because in times gone by—and I recall at least two press releases you have put out over the last year—when reflecting on the significant increase in money, you have decried the fact that there seems to be no measures in place for how efficiently that money gets invested. We are actually responding to that call by putting in place a new budget system. This year is actually a critical year for us in putting in place—phasing in—that new funding model. Next financial year we hope to have that new funding model in place and therefore what we will be presenting in subsequent budget estimates hearings is quite a different presentation from the one you see now. The issues that you are bringing up are issues of history. We acknowledge that, and that is why we are changing to a funding model that every other state in Australia has, but also allows us to be far more transparent about how we invest taxpayers' money and what they get for that investment.

What you saw up in Cairns, interestingly enough, was the publication of one individual's views about the impact that that may have on the emergency department in Cairns. Interestingly enough, if you speak to the other clinicians working in the emergency department in Cairns who had been consulted about the new funding model you will find that they actually support what was being proposed unanimously—unanimously—in terms of what it would mean: that all parts of that hospital, whether it be the clinicians, the nursing staff or administration, were focused on ensuring that that emergency department was working to its maximum efficiency to deal with that significant growth. That is what the real story is.



**Mr LANGBROEK:** My next question is still in relation to that issue, as I am happy to hear the minister expand, if he would, about the new funding model that is mentioned in that answer to non-government question on notice No. 1. Can he expand a little about about the contrast between the current system of determining the performance of each facility and how this is funded and how it will change? I ask also: did the events of Bundaberg not teach us that individual hospital budgets must be based not on elective surgery targets but the changing needs of the community? So how then does he propose incentives and concomitantly ensure high quality as well as high performance?

**Mr ROBERTSON:** As I said, this is a funding model in place in all other jurisdictions in Australia. Queensland has traditionally funded health services on a historical basis. Whilst this approach to funding is simple, it no longer meets the health needs of Queensland's rapidly growing and ageing population, nor does it recognise the complexity in the delivery and management of health services.

Historical funding fails to take account of factors such as population growth, movement and efficiency and this is a major shortfall considering Queensland's rapid population growth and the substantial investment the Queensland government has made in health in recent years. It actually reflects what came out of Bundaberg in terms of the existing funding model and the problems that we saw up there.

We have now moved on and implemented the new funding model which addresses these shortfalls and supports the further development of quality, safe and sustainable health services. The new funding model does this via two distinct tiers: the first tier is the resource allocation model which is about giving area health services their fair share of funding based primarily on the composition and health needs of the population. This tier supports devolved decision making so that the dollars get to the people best placed to decide how they are spent. The second tier of the model, the casemix funding model, is focused on linking funding to the services provided by hospitals. The model has been introduced to fund 23 of our largest hospitals, representing approximately 90 per cent of hospital activity and expenditure. This will allow a more transparent process of financial management and encourage more efficient health services.

Underpinning my department's new funding model are six new programs to replace the five outputs currently reported in the Ministerial Portfolio Statement. That is why when I answered the previous question I said that next year's estimates are going to look quite different from this year's. Reporting under the new programs will commence in the 2008-09 Ministerial Portfolio Statement. The new program structure has been designed to fit with the health continuum. A major advantage of this is the model's correlation with the services required by individuals depending on their needs at any given time. Therefore, it could be seen to be highly patient focused and strengthens the link between service planning and investment decision making.

The department's transition to the new funding model is a significant change in the way health services are funded. It is important to recognise that this is happening during a period of considerable growth in both health service activity and budget. I note that casemix funding was something that the previous coalition government tried to introduce. Unfortunately, it tried to introduce it during a period not of budget expansion—and I am not being critical of that—and as a result they ran into difficulties during that period by virtue of the simple fact that they did not have the advantage that we have got of introducing this model during a period of significant budget growth which allows that period of adjustment to be rolled out more smoothly, we hope, over the next 12 to 18 months.

**Mr LANGBROEK:** In that case I am happy to move to the policy of casemix under the heading 'Acute Inpatient Services' on page 1-9 of the Ministerial Portfolio Statement. I refer to the budget for Toowoomba Hospital where the policy of casemix has resulted in up to 250 people, many of whom are children, waiting for dental treatment requiring a general anaesthetic. A large number of children requiring dental treatment under general anaesthetic have a disability and this is the only means of providing vital dental care.

I wonder if the minister could advise how many of these people will be treated in his proposed budget for this year. Can he advise how many other people across Queensland are waiting for dental treatment under GA and can he advise how many of them will be treated this year? Is the application of the policy of casemix administered by his government the reason for the delay and, if so, will he fix it so that dental patients are not discriminated against?

**Mr ROBERTSON:** It would be doubtful that we would have that level of breakdown for an individual facility and the throughput expected here today. I hope you would acknowledge that. As you would be aware, one of the workforce shortages that we have in this state is dentists and that, more than any other reason, is the limiting factor on seeing more patients for oral health treatment.

However, what we do is actually prioritise based on the acuity of the oral health patients that we see. Therefore, our performance in seeing emergency presentations is very good. The vast majority of people on our waiting lists are people who are waiting for a simple check-up. That is as a result of how we prioritise oral health services in this state.

Our record in funding oral health services compared to interstate is, in fact, very good. Because unlike other states, when the Howard government cancelled its contribution to oral health services in this country, Queensland maintained its funding and stepped in to fill in the gap. Other states did not. Nevertheless—I know you will agree with this—one of our big challenges is that we do not have a fluoridated water supply in this state. That causes different outcomes in terms of levels of demand between the states for public oral health services.

I am not too sure how casemix would necessarily impact on the services provided by Toowoomba without further information being provided to me. But I have to say this: our aggressive recruitment campaign to employ more dentists to fill vacancies and expand services continues. I know I am going to sound like a broken record—I am probably going to say this a few times during the estimates hearing—but this is a direct result of a lack of investment in clinical education or medical education in this country. We are now paying the price for that lack of investment.

Meanwhile, however, we will this year be conducting a major review of oral health services in this state. One of the really positive initiatives—and I hope I get this term right—is the creation of a new position of chief dentist. I think that is the position. That will provide a renewed focus at a senior level in this organisation in terms of how we organise oral health services in this state.

**Mr LANGBROEK:** Can I get clarification whether the minister will provide the details that I asked for on notice? Is that possible? How many patients will be treated under general anaesthetic? How many patients might be treated in the proposed budget? It was expressed to me when I visited Toowoomba Hospital that casemix is a frustration. They said that it was casemix that was causing the problem. There are dentists to do the work but they cannot get the GAs because it does not fit into the casemix.

**Mr ROBERTSON:** I will take that on notice and provide that answer.

**Mr LANGBROEK:** I am still referring to acute in-patient services. Two emergency departments in the southern area—Gold Coast and PA—are almost at breaking point, ramping and bypassing regularly, with more pressure to come during the winter months. The Gold Coast ED is designed and staffed for 35,000 occasions of care but actually handles 70,000. Minister, how will both of these hospitals benefit from your new model of funding? What will you do about the fact that your department, according to local staff, does not appear to be interested, thinks that it can be solved locally but all efficiencies have been made at the local level by staff and management and the situation remains critical?

**Mr ROBERTSON:** I reject that because what we are doing is taking a comprehensive approach to the Gold Coast. I will be more than happy later on—if I get the opportunity—to outline comprehensively what we are doing down the Gold Coast to expand and improve health services. The simple answer with respect to what is happening to relieve pressure on the Gold Coast ED will be the opening of the expanded ED at Robina which will be able to handle over 30,000 presentations a year. That will make a major inroad into the levels of increasing demand, which I acknowledge, on the Gold Coast. I think from memory the Gold Coast is our busiest emergency department.

So we are doing that. We are also investing in the emergency department at Southport as well as working on various initiatives to manage demand. What we will be doing at Southport is commissioning an additional 20 beds in early September at a cost of some \$4.5 million. These extra beds will assist in managing admissions from the ED and ease pressure on service access.

We have been working flat out to get that new emergency department at Robina open as quickly as possible. It is due to open in September. As I said, that will see at least 30,000 patients a year. Beyond that there will be a range of initiatives by virtue of increasing beds at both Southport and Robina which will go directly to addressing the access block problem.

I sometimes get a little bit cranky about the negativity of some Gold Coast members when we try to put in place initiatives to free up bed space at Gold Coast hospitals in the short term, such as the recent move of palliative care. I understand that has now settled down. It is all right to be a member of the opposition, I understand that, but every move the Gold Coast Hospital makes to actually do something positive to relieve pressure down there in the short term—while we do make major investments like \$1.2 billion worth of new hospital to be built over the next few years—is commented on and you wonder sometimes what it is that you can do to make some members happy.

We will continue to invest on the Gold Coast. We are not relying on just the new hospital to meet demand in the short term. We will be doing whatever we can and taking whatever initiatives we can to address the demand that we recognise is occurring on the Gold Coast. We will continue to do that.

**CHAIR:** I thank the member for Surfers Paradise for his indepth questions and the minister for his answers. The next round of questions will be from government members. I call the member for Springwood.

**Ms STONE:** Good afternoon, Minister. I note that the opposition health spokesman has claimed that this year's record \$7.15 billion health budget does not represent a 12 per cent increase on the previous year. I was wondering whether you could explain to the member for Surfers Paradise and all of us why he is wrong.

**Mr ROBERTSON:** I am more than happy to return to the budget papers. As mentioned earlier, this year's health budget is a record \$7.15 billion, an increase of 12 per cent on the previous year. However, I note that this has been disputed by the opposition health spokesman on a number of occasions. Can I table for the record four press releases put out by the opposition health spokesperson on this particular issue. In each of these releases he claims that the health budget has only increased by 4.95 per cent. He accuses me of dishonesty, sexing up the figures, being blind, not knowing what is going on in my portfolio, telling big lies and conning and misleading Queensland, which under normal circumstances would be pretty serious stuff, if it was true.

When calculating budget growth it is important to ensure that both years' budgets are comparable—that we compare like with like to accurately reflect what is going on. Any opposition health spokesperson worth his or her salt would know that machinery-of-government changes which came into effect on 1 July this year were the result of the transfer of Home and Community Care and other services worth \$264.9 million from Queensland Health to the Department of Communities.

As is required by Queensland government guidelines for the preparation of Ministerial Portfolio Statements, individual budget statements are adjusted to ensure that an accurate comparison can be made between the 2006-07 and 2007-08 budget estimates. So on this basis, the adjusted health budget for 2006-07 was recast to \$6.38 billion and the 2007-08 budget to \$7.15 billion, giving growth on a like with like basis of 12 per cent.

There was no secret made of this. We did not try to hide the impact of the machinery-of-government changes to move HACC and others from Queensland Health to the Department of Communities. In response to the member for Surfers Paradise's demands in one of his press releases that I show him the money—I was hoping you might hang around for this John-Paul because you wanted me to show you the money—I point out that these changes are clearly explained in detail—Jann, if you could take the notes on this and hand them to him, that would be good—in the Ministerial Portfolio Statement on pages 4, 24, 35, 36, 42, 48, 51 and 58. On not just one occasion was the impact of machinery-of-government changes mentioned but on eight occasions.

Instead of bragging that he had done the sums and could not see how the minister or Treasurer came up with erroneous figures, all he had to do was actually read the budget papers before embarrassing himself to the extent he has. You would expect a person who eschews the leadership of the Liberal Party and therefore the alternative Treasurer of this state would actually know what Treasury's guidelines are on how you present a budget. There was no sexing up of the figures. We were just presenting a budget as required to do by Treasury's own guidelines.

**Ms STONE:** I want to refer to the Gold Coast. You were speaking earlier in one of your answers about the Gold Coast area. Can you advise how services on the Gold Coast are improving as a result of the record health budget and the \$10 billion Health Action Plan?

**Mr ROBERTSON:** As I have previously recognised, the Gold Coast is experiencing significant growth and we are putting in place many initiatives to meet the future health needs of the region. For example, the Gold Coast Health Service District's annual budget has nearly doubled from \$206 million to \$405.5 million in five years, an increase of 12.1 per cent since last year. We have increased doctor numbers at the Gold Coast and Robina hospitals from 351 in June 2005 to the current 508, a net increase of 157 doctors. In fact, that is the largest single increase for any district in the entire state. Anyone who suggests that we are ignoring the Gold Coast need only reflect on those figures.

We have an extensive capital works program underway on the coast, including the new \$41 million Robina Hospital emergency department and the new ICU unit and renal services unit which opens in September and will have the capacity to treat over 30,000 patients per year. A \$4.7 billion upgrade of the Gold Coast Hospital emergency department is already underway and planning for a \$230 million expansion of the Robina Hospital and a \$23.5 million investment for a new Robina health hub are progressing to nearly double the bed capacity from 185 to 364 beds. We are currently engaged in master planning for the new \$1.23 billion 750-bed Gold Coast university hospital to be opened by 2012.

In terms of service delivery, the number of patients treated in the Gold Coast emergency department has increased by nine per cent over the past year. An extra \$1.5 million in funding for cardiac services is reaping dividends with more staff, better rehabilitation services, improved surgical output, including implanting 111 pace makers above the yearly target. An extra \$9 billion for elective surgery is helping to improve output and reduce waiting times. In fact, category 1 and 2 waiting lists for long-wait patients have both decreased over the past 12 months. Medical imaging and radiology services are being enhanced and we are investing \$1.4 million to purchase a second CT scanner. Renal services at the Gold Coast are being enhanced with an extra \$7.26 million in funding. That will result in 15 additional renal haemo-dialysis chairs being available for patients from September.

Cancer services are being enhanced through an additional \$4.5 million investment. Two new medical oncologists have accepted positions to help restore full in-patient services within the next six to eight months. Mental health services on the Gold Coast are being expanded with recurrent funding of \$1.15 million to increase staff numbers. We are increasing mental health bed capacity at Robina. We

have established a mental health child safety therapeutic support team and homeless health outreach team on the Gold Coast. That gives you some indication of the level of new investment going into the Gold Coast to respond to the demand coming out of that growing and indeed ageing population down there. It is a comprehensive strategy in place that will make a difference in the short, medium and long term.

**Ms STONE:** I refer to page 1-2 of the MPS which states that Queensland Health has exceeded the recruitment targets committed to under the Health Action Plan. Can you please advise how many extra doctors are employed in Queensland public hospitals now compared to June 2005.

**Mr ROBERTSON:** When we started the \$10 billion Health Action Plan and the associated health reform process Queensland Health committed itself to recruiting more doctors, nurses and allied health professionals for our public hospitals. We initially set a target to recruit an additional 300 doctors. As at 1 July, Queensland Health has achieved a net increase of 1,049 doctors since June 2005, a 23 per cent increase. As I mentioned previously—and I am sure the member for Surfers Paradise is interested to learn—the district where we have achieved the single biggest increase in doctor numbers is in fact the Gold Coast.

As I said earlier, the Gold Coast health district employs 508 doctors at its two public hospitals compared to 351 in June 2005. Other districts to achieve significant increases include the Sunshine Coast with 70 additional doctors, Cairns with 60, Townsville with 71, the PA Hospital with 117 and the Royal Brisbane and Women's Hospital and Children's Hospital with 123. In the Wide Bay health district we have increased doctor numbers from 67 to 93, while Bundaberg Hospital has 89 doctors now compared to 60 in June 2005.

All these doctor numbers come from the latest Queensland Health payroll database. So they are real doctors working in real jobs and providing care for patients. The latest statistics are for the June 2007 payroll period and show Queensland Health now has 5,601 doctors on the job. That is 1,049 doctors more than the 4,552 on the payroll in June two years ago.

These figures take into account separations of doctors who may have left Queensland over the two years for a variety of reasons including finishing their clinical training, retiring, unfortunately in some cases death, contracts ending or transferring from Queensland Health. So a net increase of 1,049 means that we have employed more doctors over the past two years than left Queensland Health. However, the national shortage of doctors means that we still need more, and that is why Queensland Health will continue to recruit interstate and overseas for skilled doctors to ensure our hospitals have the clinical staff they need to meet the service challenges of our growing and ageing Queensland population.

**Mrs KIERNAN:** Good afternoon, Minister. In relation to clinical training on page 1-2 of the MPS, I ask: now that the Howard government has finally started to address the national doctor shortage it created by limiting university places for medical students, what is the Beattie government going to do with respect to ensuring that future Queensland medical graduates have clinical training positions in our public hospitals?

**Mr ROBERTSON:** I thank the member for Mount Isa for the question. I do not think there is any member in this place who is better placed to ask such a question than the member for Mount Isa, because you know more so than anyone else the impact that those shortages have had on rural centres such as Mount Isa and surrounds and how difficult it is to attract doctors out to your part of the world and the valuable role that overseas trained doctors are playing to ensure that we can continue to provide medical services not just in Mount Isa but in some of those smaller communities in your electorate. As I have mentioned already, we continue to pay the price for a Howard government decision in 1996 to limit the number of university places for medical students. The resultant national shortage of locally trained doctors means that we do not have enough doctors or enough GPs and Queensland, like other states, is forced to rely on recruiting overseas trained doctors. Belatedly, the Commonwealth has finally started to get its act together. Between now and 2010 medical graduates from Queensland universities entering the health system as interns are expected to grow from approximately 335 in 2008 to about 542 in 2010.

The Beattie government is committed to providing all Queensland medical school graduates with an internship position in our public hospitals. However, the placement of the increased number of interns will have to be carefully managed. This was something we acknowledged a couple of years ago, recognising that we were finally going to start seeing some increased graduates coming through our medical schools and we had an obligation to ensure that they would be offered placements as interns in our hospitals. We have acted on that, and this year's budget is proof positive of that. So this time is a time of interesting and exciting possibilities in terms of re-examining the traditional methods of clinical education and training. Clinical education and training along with service delivery are core businesses for Queensland Health. We recognise that. That is why in 2006 I established a ministerial task force for clinical education and training of key stakeholders, including the AMA, to advise government on the best ways to improve clinical training for doctors and other clinical staff.

Over the next 12 months my department will implement many of the task force's recommendations plus strategies identified through the additional medical graduates project to ensure Queensland is in a strong position to provide a quality internship for the new medical school graduates. We are backing that commitment by investing \$145 million over four years to expand clinical education and training across medicine, allied and oral health, nursing and midwifery. Initiatives for doctors include \$3.7 million to implement a medical student clinical placement subsidy scheme from January 2008, \$0.5 million to establish a position in administration support for a statewide director of medical education and training, \$33 million over four years to develop infrastructure for clinical education and training for junior doctors and funding additional intern positions for the increasing number of graduates expected to enter Queensland hospitals over the next four years. Six additional intern posts have been funded to support the rural generalist intern elective in 2008 which will be a direct benefit to getting those junior doctors to consider going out into rural Queensland where we hope they will actually stay for the longer term.

**Mrs KIERNAN:** In relation to the \$10 billion Health Action Plan mentioned on page 1-1, it obviously represents a massive investment by the Beattie government to improve the health system. Can the minister advise whether the Commonwealth is in fact matching Queensland in health funding in our public hospitals?

**Mr ROBERTSON:** Our \$10 billion Health Action Plan represents revolution in health reform for Queensland's public health system. It means more doctors, nurses and allied health staff for our hospitals as we continue to rollout new funding. It means bigger and better hospitals, more beds and more surgery. It means more money for new and expanded services for patients including cancer services worth \$463 million, cardiac treatment worth \$210 million, mental health worth \$201 million, emergency departments worth \$280 million, ICUs worth \$229 million and elective surgery worth \$260 million.

Unfortunately, the Howard government health funding for public hospitals has not kept pace with Queensland government health funding. Funding for public health under the Australian Health Care Agreement is supposed to be a straight fifty-fifty split between Canberra and the states. But over the life of the current five-year Australian Health Care Agreement, Queensland will have contributed 65 per cent of public health funding and the Commonwealth only 35 per cent. That means Queensland public health services have been short-changed by some \$2.6 billion by Canberra over the life of the agreement, which expires next June. The extra \$2.6 billion we are owed by Canberra would pay for a lot more doctors and nurses, beds and surgery in our public hospitals. But at the same time private health insurance premiums have risen 47 per cent under the Howard government over the past eight years. It is time the Commonwealth got fair dinkum about restoring the balance to health funding in Australia. John Howard must take action now to urgently restore the balance between funding for the public health system and the private sector, and he cannot afford to wait until after the federal election to begin negotiations with the states for a new Health Care Agreement.

I notice Tony Abbott gets pretty cute on this question when faced with the suggestion that the states are now putting far more money into public health services than the Commonwealth. He says, 'We're meeting our obligations.' Well, if all states in Australia had met their obligations—only met their obligations—under the Australian Health Care Agreement then you would not see the investment of new money such as \$10 billion in Queensland under our Health Action Plan. It is too cute by half. Tony Abbott actually has a responsibility to continue to match the states' increased funding efforts during the life of the current Health Care Agreement. Be assured that as negotiations start for the new Health Care Agreement—we hope sooner rather than later because we cannot wait—this will be something that the federal government will recognise, and that when the states improve their effort to fund public health services there is an obligation on the Commonwealth to partner us, not just sit back and glibly say, 'We've met our obligations.' Meeting our obligations does not do anything to meet the increasing demand that we are seeing through our EDs and elective surgery, in-patient and outpatient services not just in Queensland but right throughout Australia.

**Mrs KIERNAN:** Minister, I note on page 1-4 an additional \$4.8 million is being invested to support initiatives to prevent youth substance misuse, including ice. Is Queensland Health doing anything in particular to identify amphetamine use in the community?

**Mr ROBERTSON:** The Beattie government has long recognised that the use of amphetamines is an issue of significant concern to the community and to the health of youths as drug use impacts on individuals, families and communities in a multitude of ways, including negative impacts on health and productivity as well as drug related crime. Queensland Health is working with pharmacists and the police to crack down on the use of products containing pseudoephedrine in the illegal manufacture of amphetamines. We are also working collaboratively with other agencies including the Crime and Misconduct Commission to better understand the patterns of amphetamine use in Queensland. For example, Queensland Health is embarking on two major studies of amphetamine use and associated harms in the community. Both will be done in collaboration with the CMC and the Queensland Alcohol and Drug Research and Education Centre.

The first study will gather information regarding the patterns of amphetamine use in Queensland including the nature of amphetamine dependence and the rate of injecting and transitions to injecting; demographic and social characteristics of diverse user populations; the health status of users; behavioural aspects of amphetamine use, including the relationship between drug use and engagement in criminal activities; and user understanding of amphetamines and the risks of use.

The second study will be a more intensive natural history study involving selected young amphetamine users in south-east Queensland. This specific group of amphetamine users will be tracked over time to explore their drug use, health, access to health services and any involvement in crime. The specific aims of this study are to describe the natural history of amphetamine and other illicit drug use in a community sample of amphetamine users, explore patterns of amphetamine and other illicit drug use, understand temporal changes to patterns of amphetamine use, examine factors that influence patterns and changes in amphetamine use, and explore patterns of access to and use of services. Both these studies will develop timely data to inform government about effective and properly targeted responses to address rising amphetamine use in Queensland.

**CHAIR:** That concludes this round of questions from the government. The next round of questions will be from non-government members.

**Mr LANGBROEK:** I refer to the budget for elective surgery operations at page 1-12 of the MPS, and I ask the minister: how much has been budgeted for elective surgery operations and how does this differ from last year? How many elective surgery operations does he expect to be performed this year and how does this differ from last year? How many patients are waiting for specialist appointments to get on the waiting list for elective surgery?

**Mr ROBERTSON:** Obviously elective surgery remains a priority for this government, and we continue to see a range of initiatives being undertaken to increase the number of elective surgery procedures. As we have seen over the last year or so through the presentation of the hospital performance reports, we have seen ever-increasing throughput of elective surgery. We are doing that by putting in place a number of initiatives, some of which were announced during the last election campaign which is about increasing, for example, the number of beds at both Redcliffe and Caboolture hospitals—that is, 10 beds each will be dedicated exclusively to elective surgery. As you would be aware, one of the problems that we face is that once our emergency departments get very busy that can often result in the cancellation of elective surgery. That is why we came up with our election commitment to invest in Redcliffe Hospital and Caboolture Hospital in the short term by putting in place 10 beds at each of those centres and in the medium term investing in a 30-bed centre at QEII Hospital that will be dedicated to elective surgery and therefore will not be interrupted by the demands that are coming through the emergency departments.

One of the initiatives that we have already seen put in place over the last 12 months is the Surgery Connect initiative, which I think you asked me a question on notice about as to where that money would be spent. We will see that over the forthcoming year there will be an increase in funding for elective surgery right throughout the state in facilities. What we are doing is—and it gets back to the answer about moving to the new funding model—ensuring that we get maximum throughput for the money that we do in fact invest for elective surgery. As health minister—and you will have noticed it over the time you have been around—we make additional allocations for elective surgery on a regular basis to make additional money available for additional throughput. What I want to see is a much more transparent framework to ensure that that additional money that goes into our hospital actually does result in increased throughput either just in raw numbers or through weighted separations. So what you will see, I believe, over this financial year are ongoing improvements in elective surgery performance. We are performing record numbers of elective surgery, but it is also recognised that we have increasing demand. But we are prioritising those long waits and I think you might just see—if I had a crystal ball for the forthcoming quarterly elective surgery report—some further improvements in that regard.

**Mr LANGBROEK:** I look forward to seeing those. Thank you, Minister. Again, can I clarify whether I can get the specific details of that question on notice.

**Mr ROBERTSON:** Sure.

**Mr LANGBROEK:** Thank you. I am happy to move then to the answer to non-government question on notice No. 4 that the minister just referred to which was to do with Surgery Connect. I was interested to see in that answer that obviously the Surgery Connect program was to carry out more surgical sessions in public hospitals or spare capacity at local private facilities. I ask: are there any other outsourced elective surgery programs, because I note from the answer provided that no private hospitals in Brisbane, the Gold Coast or Toowoomba have had any public operations done and how does the minister explain this to the elective surgery long-wait patients in these areas? Surely some of the private hospitals have spare capacity in these areas.

**Mr ROBERTSON:** I might take the opportunity to get Dr Stephen Duckett to come up and provide those details.

**Dr Duckett:** The answer to the question on notice relates specifically to the Surgery Connect program, which in this answer is about outsourcing into the private sector in those hospitals listed. In addition to the Surgery Connect program, there is an ongoing program throughout the state where districts contract with private hospitals for a range of services. This happens right throughout the state in innumerable cases, including in Brisbane.

**Mr LANGBROEK:** Thank you.

**Mr ROBERTSON:** I might just add to that. The other program that is not mentioned here, which was announced subsequent to the Surgery Connect program—which is about using private facilities—was also the additional money we made available to engage with our VMOs to provide throughput as well. So Surgery Connect is one program; there are other programs where we look at innovative ways to increase the throughput of elective surgery patients.

**Mr LANGBROEK:** Still again with reference to acute in-patient services and having read last year's estimates hearing where I note there were comments from the minister and senior staff that, of the people who were referred for specialist treatment, only 30 per cent end up needing surgery. I remember, having read that, that there was mention made that GPs would be put into some sort of program, or at least advised of other options. The concerns that I am having expressed to me anecdotally from other members of parliament are that patients are being kept off the elective surgery waiting lists by methods such as advising them that they are too old for surgery, they are sent back to GPs with letters advising them to seek alternative treatments, or they are just told that there is no prospect of them being treated. I ask: are these not just ways of manipulating the elective surgery waiting lists?

**Mr ROBERTSON:** No, and the reason I say that is that, for example, in this year's budget you will see that an additional \$20 million recurrent for the next four years has been made available for specialist outpatients. That is actually to increase the capacity of our specialist outpatient services. What you are referring to is that people are being advised that they are not, if you like, eligible, or it is not recommended that they have surgery. It comes under the Fit for Surgery program. Often what we see are people who are, for example, morbidly obese whereby if they have the operation it would actually put their own health and safety at risk. So if they are being told that surgery is not advisable, it would more than likely come under that category of people who—sometimes because of their own lifestyle, it is not recommended by clinicians that they actually undergo the surgery until, for example, they stop smoking, they lose weight, they undertake some exercise et cetera. You know exactly what I am talking about. That is in fact highly recommended, otherwise they run the risk of being harmed as a result of their operation.

But we are not ignoring the issue of outpatients and that is why we have made the additional \$20 million recurrent available. Hanging off that will be a range of programs which we hope to be announcing in the not-too-distant future that will improve outpatient services in this state. It is not being ignored and it is certainly not our belief that outpatients should be used to manipulate elective surgery waiting lists.

I think the other thing that needs to be said in terms of dealing with outpatients is that this is something we really need to put on the agenda for the forthcoming Australian Health Care Agreement negotiations. If you look at the range of service providers in Queensland vis-a-vis other states, one of the things that really sticks out is the availability of bulk-billing at outpatient clinics in other states. For historic reasons, we do not have the same range of services available in Queensland and as a result the public health system itself takes virtually the full load of outpatient services more so than other states. What we are looking at doing—hopefully in cooperation with the Commonwealth—is increasing the number of bulk-billing outpatient services in Queensland which will allow us to, firstly, perform better, but, secondly, bring us into line with how services are provided in other states.

**Mr LANGBROEK:** Thank you. I refer again to the minister's answer to non-government question on notice No. 4 which outlines outsourced elective procedures, and I ask: would it not be better to fix the cataracts of another 350 Queenslanders and do another 450 orthopaedic joint replacements with the millions of dollars that are spent on artworks in Queensland Health buildings over the last two years?

**Mr ROBERTSON:** An oldie but a goodie, John-Paul. I have been around this joint now for 15 years and I think every year that kind of question comes up. You know as well as I do that, for example, when you go to any children's hospital—not just in this country but right throughout the world—one of the things that clinicians and paediatricians will tell you about how you provide the best of care for kids in hospitals is to create a kid-friendly environment. What does that require? It actually requires you to invest in a bit of artwork around the place. It requires you to invest in creating that environment, often involving the kids themselves in decorating the place that they are going to spend in some cases many, many months in. You go to any children's hospital in the world and you will see an investment in public art in those kinds of facilities for the very purpose that it actually creates a great healing environment for our kids.

If it is going to be Liberal Party policy that we do not invest in that kind of stuff, please say so now. I can only guess that that is implicit in your question, otherwise you would not have asked it. Because if you are objecting to an investment of taxpayers' funds in public art, then you are objecting to the investment of public art in kids' hospitals. You know as well as I do that what I have just said is deadset correct. That is the advice that comes from paediatricians—the clinical specialists who are looking after our kids—about the importance of creating the right kind of environment.

Are you also going to object to other patient groups and former patients putting something back into the hospitals that they have received treatment in? Because when you invest in public art, often you are providing the opportunity for former patients to put something back into the hospitals that they provide for the staff who treated them so well. This is cynical politics at its worst, John-Paul. I expected a bit better from you, but since we are rolling out the questions that have been asked in estimates hearings that I have been involved in for at least the last seven years, I guess that is not going to be the case.

**Mr LANGBROEK:** I move to the answer to non-government question on notice No. 8. I note that litigation claims have increased from \$1.67 million in 2004-05 to \$5.68 million for the 10 months ended April. I wonder if the minister could advise why litigation costs have risen so much. I would like to know if there have been any successful damages claims against the Gold Coast Health Service or Queensland Health by patients treated by Ian Douglas Parker, a dental surgeon working in the Gold Coast health district in 2005, who was suspended after complaints about his treatment of patients. He was then suspended by the then Principal Dental Officer, Dr Dan Naidoo.

**Mr ROBERTSON:** I am aware of the circumstances pertaining to those issues down there. This is probably not the appropriate forum to be discussing individual cases such as that. I am more than happy to provide that information perhaps on notice, but it is not usually the practice during estimates to deal with individual cases. But I think it needs to be acknowledged—

**CHAIR:** It is at your discretion as to whether you answer that question.

**Mr ROBERTSON:** In relation to the overall figures, however, one of the things that you would need to factor in in terms of any answer provided is that, for example, coming out of Bundaberg not all claims would have been lodged at the time of the injuries arising out of the events up in Bundaberg—and I am just trying to be careful, if you can understand that. One would expect to see an increase in claims and indeed settlements over the current and forthcoming years as claims in Bundaberg are progressively settled. That would probably explain why there would be a big increase in such a short period of time—because of what happened up there. That would be expected. Whilst I do not have the full details, there was an expectation that that would probably explain that increase.

**Mr LANGBROEK:** I would like to now move, if I can, to mental health and the answer to government question on notice No. 2. Once again, I seek a point of clarification about the statistics contained therein. There is a table within that answer to government question on notice No. 2 which has three sections: public hospitals, public psychiatric hospitals and community mental health services. There are variations from the estimated actuals, which are in the MPS and which are the things that I have been able to refer to looking back to 2002-03. Obviously, I expect variations from the estimated actuals. But in 2004-05, the estimated actual was 298,536 in the MPS—which, of course, you do not have in front of you.

**Mr ROBERTSON:** No.

**Mr LANGBROEK:** But now we see the number quoted is 274,530, which is a major variation of 24,000. So I ask for clarification as to that variation. I understand you may not be able to provide that here and now. But I also ask: why have acute in-patient bed days increased by only 2.3 per cent when the budget has increased over the same two-year period by over \$145 million?

**Mr ROBERTSON:** You are right; I obviously would not be able to answer the first section of the question, although I could give a fascinating dissertation on the difference between actuals and estimated actuals, which has entertained many estimates committees in years gone by. With respect to how the increased dollars in mental health funding are invested, I might ask the director of mental health services to provide you with that answer, Dr Aaron Groves.

**Dr Groves:** The question really relates to the increase in episodes of care in in-patient units; is that correct?

**Mr LANGBROEK:** No, it is in-patient occupied bed days, which is still to do with those episodes of care. I was looking back at the figures for 2004-05 and it was 298,000.

**Dr Groves:** I think you related it to the increase in expenditure and asked the question why there had not been an increase. The answer relates to the fact that the actual number of acute in-patient beds in Queensland has remained very stable during that period of time.

**Mr LANGBROEK:** I noticed that last year, yes.



**Dr Groves:** That is right. The increased expenditure will see in-patient beds increase over the next three to four years. So the episodes of care are likely to remain fairly constant if the length of stay continues as it has because, as you would be aware, the occupancy rate in in-patients beds has remained very high and very constant for a long period. So if length of stay remains high because of the difficulties in getting people to leave hospital, then episodes of care remains fairly constant as well.

**Mr ROBERTSON:** What you will need to appreciate is that with the significant injection of new money into mental health that has been announced as part of this budget and for ongoing years it has a very strong focus on increasing the bed capacity right throughout the state, including on the Gold Coast, because it is acknowledged that one of the things that we need to do is invest a lot more in mental health services on the coast. So you will see locally, as you would have seen in other major centres in this financial year and going forward, a very significant increase in bed numbers as a result of the additional money that has been invested in this budget and over the next four to five years.

The other issue, of course, is that investing in mental health beds is not the only part of how you deliver mental health services. Increasingly, what you are seeing with this new money that we are putting up in this year's budget and in the years going forward is a much greater emphasis on investing in the community sector than ever before. I know from the mental health advocacy group that that is going to be a very welcome addition. It probably restores a bit of parity vis-a-vis interstate with how we provide mental health services in Queensland, because arguably for too long we have invested too much in the government sector rather than in the NGO sector, and that is now changing.

**Mr LANGBROEK:** Thank you.

**CHAIR:** That concludes that round of questions. The next round of questions will be from the government. I call the member for Redcliffe.

**Ms van LITSENBURG:** The statistics on page 1-17 show that our hospital emergency departments are busier and are treating more patients than ever before. What factors are influencing this growth? What is the government doing to build emergency department capacity?

**Mr ROBERTSON:** I thank the member for Redcliffe for the question. In acute public hospitals between 1 July 2006 and May 2007, there were 1,258,251 accident and emergency services provided—an increase of 62,967, or 5.3 per cent over the equivalent period from the previous financial year. There are also 9,168,404 outpatient services provided, an increase of 9.3 per cent over the same period in the previous financial year. In fact, emergency department presentations have risen some 15 and a half per cent in the past six years, from just over 744,000 in 2001-02 to 860,000 so far this year.

There are a number of factors contributing to the extra pressures being placed on our busy emergency departments, including a growing and ageing population and the national doctor shortage, which means that we do not have enough GPs and not enough GPs who bulk-bill. It is a sad reality that many families cannot afford to go to a GP. Instead, they have no choice but to go to hospital emergency departments where they are sometimes forced to wait for hours for the treatment of minor injuries and complaints that otherwise should be treated by their local GP.

The government recognises these pressures and is investing \$178 million to upgrade and build new hospital emergency departments across the state. We are also putting in place measures to improve patient flow through our emergency departments and provide for significant increases in patient activity in these areas. We are currently building new emergency departments and redeveloping others right throughout Queensland, from the Gold Coast up to Cairns. I am pleased to report that Queensland Health is actively progressing those projects to ensure that the significant demands placed on EDs can be met.

We have already mentioned the \$40 million new emergency department at Robina Hospital that is scheduled to open in September, along with a new ICU unit and coronary care facility with the capacity to treat over 30,000 patients a year. An additional \$4.7 million is being spent to ease pressure at the Gold Coast Hospital emergency department with a new acute medical ward scheduled to open later this year. Work is underway to upgrade the Logan Hospital's ED, ICU and transit lounge. That project will cost approximately \$6.4 million and is scheduled to be completed in September. Work is underway to upgrade and expand the Redland Hospital emergency department and the construction of a renal dialysis facility that will cost around \$14.2 million. The renal dialysis facility is already complete and the ED will come online in January 2008. Construction of Redcliffe Hospital's new emergency department is underway. Completion of this \$27.5 million project is scheduled for October 2008. I know that the member for Redcliffe can't wait for that. A contract for the building works at Gympie Hospital to upgrade the ED was awarded a year ago. This \$6.6 million project will provide a more efficient ED. The Dalby Hospital's emergency department and maternity ward will be upgraded at a cost of \$10.9 million. This project is currently under construction and is due for completion in December this year.

That gives a snapshot of the amount of work that is going on to expand our emergency departments throughout the state to cope with the ever-increasing levels of demand that are far outstripping population growth in this state.

**Ms van LITSENBURG:** Minister, I refer to statistics showing that the number of admitted patients treated in Queensland public hospitals is growing by over four per cent a year. Will the minister identify any issues limiting the availability of acute hospital beds for those patients?

**Mr ROBERTSON:** For the financial year to May 2007, preliminary data shows that Queensland public hospitals treated 747,967 admitted patients, an increase of over 32,700 or 4.3 per cent over the equivalent period of the previous financial year. Those patients spent 2.595 million days in hospital, an increase of 4.2 per cent over the same period of the previous year. In fact, acute in-patient episodes of care delivered in our public hospitals have risen from 673,500 in 2001-02 to more than 753,000 this past financial year. That explains why we need to invest an additional \$1.9 billion in capital and operational funding to open an additional 1,046 hospital beds.

However, it is not simply a question of hospitals not having enough acute beds to meet ever-increasing patient demand. When you consider growth rates of 4.3 per cent, 4.2 per cent, et cetera, and you are dealing with a population growth of 2.2 per cent, it shows that demand in our hospitals is far outstripping population increases, as I mentioned before.

The problem is that we have an increasing number of patients who should be in nursing home care but who are taking up our acute hospital beds. That is one of the challenges that we face. On average Queensland hospitals admit 7,718 patients every day, but on average there are 468 nursing home patients occupying acute hospital beds each and every day. That is 6.1 per cent or approximately one in 20 patients who should be in a nursing home rather than taking up an acute hospital bed.

During 2005-06 Queensland hospitals had over 3,600 admitted patients who were categorised during their stay as awaiting placement in a residential aged care facility. Those patients spent approximately 138,000 patient bed days in hospital. Those patients do not need to be in hospital and do not require acute hospital care. They should be in a nursing home.

Unfortunately, the Commonwealth is not providing sufficient licensed nursing home beds, particularly for high-care residents. That places extra pressure on our hospitals, which are forced to devote much-needed acute hospital beds to nursing home patients instead of the acute patients who need them. I note that Kevin Rudd has a policy to significantly increase nursing home placements. I welcome that commitment. Unless the Commonwealth acts now to provide more licensed nursing home places for Queensland, we will continue to have this problem with the availability of acute beds and see the problems that we witnessed in major centres such as Cairns. In the meantime, Queensland Health will continue to focus on exploring other options to manage the increasing number of older and frail people occupying acute hospital beds while awaiting a nursing home placement.

**Ms van LITSENBURG:** Will the minister outline initiatives being implemented to improve elective surgery output in our hospitals?

**Mr ROBERTSON:** The ever-increasing demand for necessary emergency trauma and general surgery continues to impact on elective surgery output in our public hospitals. For example, emergency and trauma surgical activity has increased by more than seven per cent in the past year, while other types of surgery have increased by 18 per cent. Despite the need to give priority to lifesaving and trauma surgery, elective surgery activity has also increased.

It is worth noting that a recent federal government report, *The state of our public hospitals 2007*, says that Queensland continues to have the shortest waiting times for elective surgery in Australia. That is not our report; that is the federal government's report.

The Beattie government is undertaking a number of initiatives to increase elective surgery output and reduce long-wait patients on hospital waiting lists. We have established dedicated elective surgery centres to increase the number of operations performed. We are also investing an additional \$10 million within our public hospitals that have indicated the capacity to carry out more elective surgery or have identified spare capacity at local private facilities. Approximately 2,000 additional long-wait public patients on elective surgery waiting lists will benefit from this initiative across the state.

Up to the end of May, just over \$8 million of the \$10 million has been provided to treat more than 1,500 patients who attended public hospitals in Bundaberg, Ipswich, Logan, Toowoomba, Townsville, Fraser Coast, Nambour, Rockhampton, Mackay and the PA Hospital. Most of those operations have been performed by Queensland Health visiting medical officers and that has facilitated an increase in activity over and above existing surgery levels at those hospitals. In addition to this, the government is also investing another \$8.5 million to provide further opportunities for long-wait public elective surgery patients to have their operations performed in a private hospital in a timely manner. These were the things that we were talking about in answer to an earlier question from the opposition spokesperson.

Surgery Connect aims to utilise available private sector capacity to enable people waiting longer than nationally recommended to have their surgery done free in a private hospital. The strategy will target long-wait elective surgery cases and disciplines including cardiothoracic, vascular, orthopedic, urology, ophthalmology, gynaecology and general surgery. Surgery Connect will provide up to an additional 1,300 patients with surgery.

A public tender process was recently undertaken to seek suitable providers for brokerage services to coordinate the treatment of those patients on behalf of Queensland Health. The tender process is now close to being finalised. I hope to be able to make an announcement in coming weeks about the appointment of the successful tenders.

The government will provide financial bonuses for those hospitals that improve their elective surgery performance. Up to \$4 million each quarter will be available, commencing from the second quarter of 2007-08, with payments designed to improve performance across all waiting list categories.

**CHAIR:** Minister, in your answer to that question you spoke about developing dedicated elective surgery centres. As a follow-up to that question, will the minister report on the progress in the development of those dedicated elective surgery centres to further boost the elective surgery outputs?

**Mr ROBERTSON:** As part of the government's election commitments, we are investing \$164 million to create 50 new beds in three new dedicated elective surgery centres. The elective surgery centres are at QEII Hospital which will get 30 beds, the Redcliffe Hospital which will get 10 beds, and the Caboolture Hospital which will get 10 beds. There is substantial evidence that dedicated facilities for elective surgery are an extremely efficient means of increasing throughput and access to surgery, and reducing hospital postponements of surgery. The Redcliffe and Caboolture projects have been successfully completed with operating theatres commissioned. The additional 20 beds have been opened, medical, nursing, administrative and operational staff recruited and equipment purchased.

In line with my government's commitment, all additional sessions associated with this initiative have begun and an additional 80 to 100 operations per month are being performed with a positive impact on waiting lists. Caboolture Hospital is also receiving long-wait patients from the Redcliffe and Royal Brisbane and Women's Hospitals, which is contributing to waiting list improvements at those hospitals as well.

In relation to QEII Hospital, a range of options have been reviewed to progress this dedicated elective surgery centre. They range from the refurbishment of an existing facility to the construction of a stand-alone centre. The options are currently being considered in accordance with a broader master planning project within the Southern Area Health Service to ensure optimal outcomes for patients awaiting elective surgery.

Internationally, dedicated elective surgery facilities follow one of the following models: same day facilities, 23-hour wards, elective surgery with an expected length of stay of three days or less often incorporating a same-day component, or elective surgery with an expected length of stay of five days or less often incorporating a same-day component. Each of the models has strengths and weaknesses in terms of the type of patients who can be treated in the facility and staffing requirements. Dedicated elective surgery hospitals do not have emergency departments and, therefore, rarely have to postpone elective surgery due to emergency surgery or admissions. The building of the Alfred Centre at Melbourne's Alfred Hospital is one example of a purpose-built elective surgery and diagnostic facility. I might add that we are giving some thought to that model.

**CHAIR:** Can the minister outline what follow-up operations and support the government has provide to the Bundaberg Base Hospital patients of Jayant Patel?

**Mr ROBERTSON:** I am pleased to report that Queensland Health continues to provide support to the former patients of Dr Patel in the form of follow-up surgery, medical procedures, counselling, travel and accommodation. To date, some 1,245 former patients have received assistance through the Bundaberg Base Hospital patient liaison service. Of those, 691 have had private consultations, operations, scopes and counselling. There have also been 863 private surgical interventions, including follow-up surgery, scopes, chemotherapy and clinical investigations. Follow-up scopes have been performed on 442 former Patel patients. The majority of scope patients have been followed up and had their scopes repeated, while a number of patients are onto the surveillance program and are scheduled for future scopes.

To date, Queensland Health has spent over \$2.67 million providing clinical support and patient travel to the former patients of Dr Patel. An audit of all Patel colonoscopy and gastroscopy patients has been completed to ensure appropriate follow up has occurred. The elective surgery coordinator at the Bundaberg hospital has been provided with a list of patients who require surveillance colonoscopies and gastroscopies in coming years.

The Wide Bay Health Service District is currently proposing to implement a clinical case management model to cater for the ongoing health care needs of Dr Patel's patients, starting this month. This model will assist patients to move from illness to healthy lifestyles through a range of health promotion and rehabilitation services.

By way of background, the patient liaison service provides support through the organisation of appointments on a patient's behalf to ensure continuum of care. On a patient's request this may include the arrangement of specialist appointments not directly related to treatment provided by Dr Patel. This provides overall assistance with ongoing health care for Patel patients and upholds the commitment

made by Queensland Health. If a patient requires treatment outside the Bundaberg district, they can contact the patient liaison service which will arrange all necessary travel on their behalf. This alleviates the need for the patients to attend the Bundaberg hospital patient travel officer personally.

Patients attending the patient liaison service are welcomed in relation to accessing the service. Patients are given the highest priority in being seen and their issues are attended to promptly. On a patient's request, the patient liaison officer will attend the specialist outpatient clinic to provide support and advocacy.

Finally, the patient liaison service liaises with external pharmacies to organise the provision of medication. This also includes arranging delivery of medications to the patient's private residence where there are extenuating circumstances in relation to the patient's ability to attend the pharmacy.

**CHAIR:** Thank you, Minister. What is the government doing to improve maternity services in Queensland for our mums?

**Mr ROBERTSON:** In Queensland we are seeing more than 100 babies born every day. Last financial year, a record 38,490 babies were delivered in Queensland public hospitals alone. In fact, babies born in our public hospitals make up around half our annual population increase.

Through our Health Action Plan, we are investing an extra \$52 million over five years to deal with the ever-increasing demand on our public maternity services. This funding has helped improve public hospital maternity services to meet increasing demand through extra beds, more staff and expanded support programs. We continue to reform maternity services across the state as part of the government's response to *Re-birthing: Report of the Review of Maternity Services in Queensland*.

We are establishing a centre for mothers and families to improve maternity services, both public and private, right across the state. The centre will research and develop new and innovative models of care based on the latest clinical evidence. A dedicated Queensland Health maternity unit and a statewide maternity and neonatal clinical network will also be set up to coordinate maternity reform across the system. The network will be made up of doctors, midwives, allied health professionals and members of the community and will guide the development of clinical standards for maternity care. We are also providing \$29.67 million to establish a universal postnatal contact service so that all mothers of newborns in Queensland will be able to receive follow-up contact after they leave hospital to ensure that they are coping with the early stresses of parenthood.

Providing safe and sustainable maternity services in the bush has historically been difficult where the number of births is declining and there are workforce shortages. To combat this, we are undertaking rural cluster trials in Mareeba-Atherton, Theodore-Biloela and Miles-Chinchilla. This model of care works by bringing together teams of midwives, doctors, allied health professionals and child health professionals from across the region to provide care for women and their babies. Also, \$1 million has been allocated in 2007-08 for further development of the midwifery workforce to provide more training and upskilling for midwives as well as grants for former midwives to participate in refresher programs and return to the workforce.

**CHAIR:** I would like to take the opportunity to return to one of the questions asked by the member for Surfers Paradise where he sought clarification about a question on notice. I ask the member to seek some clarification from the minister.

**Mr LANGBROEK:** Minister, I wish to confirm that you are happy to have provided to me at some later stage—rather than, as you said, boring us with the detail now—an answer for why in-patient occupied bed days may have varied as much from the estimated actual in 2004-05 to the figure that now appears in this answer.

**Mr ROBERTSON:** Yes, I can confirm that. I can also confirm in relation to one of Mr Langbroek's earlier questions regarding a question on notice that, yes, it is definitely billions that was supposed to be mentioned in that answer. It was a typo in preparation of the answer that left out the reference to the three zeros that would signify it as billions rather than millions.

**CHAIR:** This will probably be the last question prior to lunch. Can the minister update the committee on progress to build a new hospital at Yeppoon?

**Mr ROBERTSON:** My government remains committed to developing a new hospital for Yeppoon. The current Yeppoon Hospital building on the foreshore esplanade at Anzac Parade is in poor physical condition. The buildings no longer meet the needs for contemporary health service delivery and in addition may be subject to storm surge activity in the event of severe weather. That is why we are investing \$22.6 million to build a new Yeppoon Hospital on a greenfield site to enhance integrated health services for the rapidly growing Capricorn Coast.

The hospital will include 22 hospital beds, a new emergency department, an ambulatory care wing, four oral health chairs, a private practice clinic and associated support facilities. This development will strengthen the links with outreach services from Rockhampton based health services, including oral health and various allied health services. Queensland Health has already acquired the land for the new hospital. Design and service planning is well advanced and it is expected tenders to construct the hospital will be called in September. It is anticipated construction will be completed by the end of 2008.

Queensland Health is also exploring the possibility of collocating some private sector health facilities on the new Yeppoon Hospital site. The Livingstone Shire Council has advised that it would like to develop the existing esplanade site for community recreation purposes, and further discussions will be held with relevant officers within my department. We will of course involve the local member in those discussions to ensure maximum input is provided to accord with the community's aspirations.

**CHAIR:** Thank you for that answer. We will now suspend for lunch.

**Proceedings suspended from 1.20 pm to 2.20 pm**

**CHAIR:** The Estimates Committee B hearing has now resumed. The question before the committee is—

That the proposed expenditure be agreed to.

I call the member for Surfers Paradise.

**Mr LANGBROEK:** I would like to stick with MPS page 1-19, 'Integrated mental health services'. In referring to that question we were dealing with before lunch—government question on notice No. 2—I wonder if it would be possible for the minister to provide the breakdown of the mental health budget between those three sections: public hospitals mental health care acute and non-acute; public psychiatric hospitals extended treatment care, and community mental health services. I understand again that the minister may not be able to provide that at this hearing.

I would also like as an addendum to that to ask the minister to comment on unit P1—the Gold Coast mental health unit—and allegations passed on to me concerning the conditions that patients and staff have to endure. These matters include that there are filthy and depressing facilities, that drugs are entering the premises, that some staff have no experience in the mental health area and that there are infrequent psychiatrist visits.

**Mr ROBERTSON:** Sorry, who has made that allegation?

**Mr LANGBROEK:** I have had that alleged to me.

**Mr ROBERTSON:** By who?

**Mr LANGBROEK:** By a mother of a patient.

**Mr ROBERTSON:** So it is a real complaint?

**Mr LANGBROEK:** Yes.

**Mr ROBERTSON:** That will be fully investigated. If you pass on the details to me, those allegations will be fully investigated and we will get back to you.

**Mr LANGBROEK:** Thank you.

**CHAIR:** I call the member for Currumbin.

**Mrs STUCKEY:** Minister, I refer to MPS 1-21 and the 'other mental health initiatives'. I ask: with regard to extended treatment mental health patient transfers from Robina Hospital to an open ward at Palm Beach Currumbin Private Hospital, is there a similar model in Queensland to what is proposed at Currumbin of a public-private contract with Queensland Health that can be used as a comparison? If so, could the minister elaborate on that contract or plan to provide some assurance to Currumbin residents? If not, can he give residents a guarantee that these patients will not pose any danger to them or their families who live nearby?

**Mr ROBERTSON:** I will ask the director of mental health services to provide you the details about that.

**Dr Groves:** As far as I am aware, there are no existing similar models that have been proposed on the Gold Coast in relation to the Currumbin model.

**Mrs STUCKEY:** Thank you. Can I go back to the second part of the question for the minister to answer.

**Mr ROBERTSON:** Sorry, can you repeat the second part of the question?

**Mrs STUCKEY:** Certainly. As there is no model, Minister, can you give residents a guarantee that the patients will not pose any dangers—because this is an open ward situation—to them or their families who live nearby?

**Mr ROBERTSON:** I ask Dr Groves to respond.

**Dr Groves:** I think it needs to be understood that the current model of providing mental health in this state is about moving towards managing people in the least restrictive viable alternative and managing people and their mental illness so that they can return to the community as soon as possible. That is an important aspect that underpins all mental health services that we deliver in this state.

It is important for the committee to understand that it is very difficult to ensure that on all occasions the safety of the community can be assured. I think it is much the same situation as occurs with any other episode of offending. We know that people with a mental illness are in fact less likely to offend than people who do not have a mental illness. In fact they are more likely to become victims. Every effort is made by all of our in-patient services and community services to prioritise community

safety. The recommendations that came out of the Butler review are entirely based around improving risk management and clinical risk management to actually underpin the fact that safety is the highest priority for what we need to do when people move from in-patient settings to the community.

**Mr ROBERTSON:** Can I add to that by acknowledging that the Palm Beach Currumbin Private Hospital will be used for mental health patients relocating from extended care wards who have ongoing rehabilitation needs and are not able to live independently without support at this stage of their illness. It is acknowledged that some of these patients are on involuntary orders to assist with their treatment and place them back in the community. However, and this needs to be understood, the status of involuntary or voluntary does not necessarily reflect the risk that the patients pose to themselves or the community. No patients who pose any risk to themselves or to the wider community would be considered appropriate for the open ward arrangement at Palm Beach Currumbin Private Hospital.

**Mrs STUCKEY:** Thank you, Minister, and I thank Dr Groves for his contribution as well. My second question follows on from there. With reference to the review of the Mental Health Act 2000 and the subsequent Butler report which you just referred to, the last paragraph of MPS 1-20 states—

In 2007-08, \$9.3 million (\$40.1 million over four years) is allocated to implement all recommendations from the Review—

Bearing in mind that only 10 of the 106 recommendations have so far made it into legislation and given the former patient of Robina Hospital who caused grievous bodily harm whilst on an outside visitation in nearby Robina Town Centre which resulted in a huge public outcry, what specifically are you doing, Minister, to implement the risk management strategies identified in the report and what is the time frame for these?

**Mr ROBERTSON:** I am pleased to inform you that last Monday cabinet considered the remaining recommendations arising out of the Butler review and as a result there will be further amendments to appropriate acts to facilitate those recommendations. That will complete the legislative requirements arising out of the Butler review. That was something I envisaged during the first tranche of amendments that went before the House a couple of months ago. That allocation of additional funding—that \$9.3 million—will be supplemented by an articulated program of further changes to legislation which will hardwire in, for example, the victims support groups and the resources that are needed for that service to be provided.

So you will see that comprehensive response to Butler that we promised over the next couple of months. Legislation will probably be brought before the House by the end of the year. They are the necessary changes that need to occur in order for that expenditure to actually be realised.

**Mrs STUCKEY:** What about the risk management strategies in particular?

**Mr ROBERTSON:** Dr Groves may wish to provide details on that.

**Dr Groves:** The whole implementation of the recommendations from Butler is being run by a steering committee that is chaired by the Department of the Premier and Cabinet. We have a project plan that has been approved. It looks at introducing the risk management strategies during the next six months.

There are many detailed aspects of a risk management strategy. It includes increasing the number of people who are solely dedicated to doing risk management for people who we recognise are at risk. There is also a substantial amount of training, updating and upskilling of all mental health staff throughout the state—primarily those people who work in district community mental health services—so that they are aware of their obligations around making adequate risk assessments and making decisions on the basis of that. So there are a number of aspects to that. As the minister noted, the legislation that underpins that is being introduced in a time line in the next six months. The risk management strategies align with that six-month time line.

**Mr ROBERTSON:** In relation to those risk management systems, part of the additional funding that has been made available will go to fund about 35 additional clinical staff which includes psychiatrists, specialist forensic clinicians and Indigenous mental health workers which will support that risk management system—35 additional staff.

**Mr LANGBROEK:** I would like to turn now to page 1-42 of the MPS and to employee expenses. Can the minister explain who in the health department audits the appropriate classification of people employed by Queensland Health? Can he inform the committee if the director of cardiac surgery at Townsville Hospital has been appointed as a VMO when he has no private practice independent of Queensland Health, which I understand means this should be a part-time position? Will he provide details of the cost of the VMO appointment of the director of cardiac surgery compared to if it were paid at the part-time rate?

**Mr ROBERTSON:** I can inform you that the published staff figures that are used are collated on either a full-time equivalent basis or on a headcount basis. There can be no suggestion that published increases in clinical staff are in any way fudged by this government because we collate them both on an FTE basis and on a headcount basis. Under both classifications what you have seen is a significant improvement in the number of clinical staff employed by Queensland Health over the last two years, in effect.

In relation to the specifics of that single position in Townsville, obviously we would not have the information here. If you are happy to have it put on notice, we will look into it.

**Mr LANGBROEK:** Thank you, I am happy to have that done. Mr Chairman, I would like to stay on page 1-42 of the MPS at employee expenses. I also want to refer to the answer to non-government question on notice No. 3, which was about the details of the number of occasions of the use of locum services. I notice that the minister said that he was unable to provide the details of those. Can the minister confirm that the former director of radiology at Townsville Hospital was a permanent full-time employee, resigned, was re-employed as a locum at rates significantly above full-time, and has been or basically was a permanent locum for a long time? Will he provide details which contrasts the cost of this person's locum service with the cost of a non-locum permanent doctor?

**Mr ROBERTSON:** We will take that one on notice as well. The level of detail that is being requested goes way beyond any reasonable expectation during an estimates hearing that we could provide a response immediately.

**Mr LANGBROEK:** I would now like to turn to page 1-9, acute in-patient services. Can the minister confirm that young children with cleft palates and lips who were supposed to receive treatment at Royal Brisbane Hospital are not having any plastic surgery performed as the plastic surgeon resigned before Christmas?

**Mr ROBERTSON:** Again, obviously in terms of individual positions we do not have that information readily available to us, but it has to be said that from time to time resignations do in fact occur. What we do, however, where resignations occur that were not expected obviously as quickly as possible we seek to recruit people to fill those vacancies in difficult circumstances. We have spent a lot of time this afternoon speaking about ongoing doctor shortages, so that when people, particularly in specialist positions, do resign a temporary reduction in service does occur. However, what is also put in place is alternative clinical pathways for treatment to continue to be provided albeit in different locations. There is nothing unusual about that. All health services right around the world put in place those kinds of alternative arrangements. If that vacancy is still available in terms of, I would expect, plastics, again that is an area of workplace shortage. Nevertheless, we would be recruiting to fill that vacancy albeit in a tough environment. But my expectation would be that alternative arrangements would be put in place for those patients who require that kind of service.

**Mr LANGBROEK:** I would like to move now to the reference on page 1-2 under 'highlights' to 'building and retaining our health workforce'. I want to refer to the Medical Board. Will the minister provide details of the cost of setting up the stand-alone office of the Medical Board and any report about the office of the Medical Board? Can the minister comment on evidence received by me from the member for Burnett and the member for Bundaberg, and doctors and pharmacists who have contacted my office that the Office of Health Practitioner Registration Boards has failed to send out licence renewals in some professions prior to the end of June, the consequences of which of course endanger their registration? Will he direct the Medical Board to notify all practitioners removed from the register as a consequence of nonrenewal and to restore all practitioners who renew late to the register from 1 July, as normally they restore practitioners to the register only on the date of application?

**Mr ROBERTSON:** I suspect what you are referring to is the situation on the Fraser Coast; is that correct?

**Mr LANGBROEK:** That is where I have had the feedback from.

**Mr ROBERTSON:** What actually happened is that it was not an issue by virtue of the failure of the Office of Health Practitioner Registration Boards in sending out letters of renewal. Apparently there was a delay in the Australia Post delivery of those renewal notices. Nevertheless, the issue that you have highlighted has been recognised by the Office of Health Practitioner Registration Boards, and all qualifications are being restored. The board took immediate action to contact and restore the doctors' registration. To date, all but four of the identified group have had their registration restored.

The Office of Health Practitioner Registration Boards contacted the General Manager, Claims and Legal. Avant will not take issue in relation to indemnity for doctors with a current Avant insurance policy. Basically the issue that you have identified has been acted on and will not result in any adverse outcome for the doctors involved in terms of any liability issues whilst we finalise the restoration of registration matters. So as soon as it was identified it was acted upon and it is being fixed.

**Mr LANGBROEK:** I would like to move—

**Mr ROBERTSON:** Sorry, there was a second part to that question. It was the first part that you mentioned.

**Mr LANGBROEK:** No, it was about whether you would direct the Medical Board to notify all practitioners. I think you dealt with that.

**Mr ROBERTSON:** Yes, that has been done.

**Mr LANGBROEK:** I would like to move to page 1-1 under 'Strategic Issues' and to people across the state having access to safe health services. Why does the minister allow the Queensland Dental Board to accredit a New Zealand qualification in oral and maxillofacial surgery which the Australian Medical Council declined to accredit in 2006 that may lead to the registration of practitioners in Queensland—

**CHAIR:** I ask the member to consider citing specific cases in this regard.

**Mr LANGBROEK:** I can happily state that—

**Mr ROBERTSON:** These are budget estimates, you know.

**Mr LANGBROEK:** When we are talking about access to safe health services I would think that people's qualifications which have been called into question a number of times in this jurisdiction would be an issue, Mr Chair.

**Mr ROBERTSON:** Issues of registration are not within the direct control of the minister. That is the responsibility of the Medical Board or the Office of Health Practitioner Registration Boards. Whilst I have responsibilities in terms of the funding of that organisation—and I do not think anyone here would disagree with what I am about to say—I do not interfere in matters of registration. That would be highly inappropriate. If you want to seek some information about particular cases, I invite you to write to the respective boards about that. However, this goes way beyond the limits of what you would expect to be reasonably asking in a budget estimates hearing.

**Mr LANGBROEK:** Can I note, Mr Chair, that the minister was quite happy to answer a similar question last year from the member for Springwood which was all about the Medical Board's procedures being sped up to help the registration of doctors. Last year you were happy to answer a question about the Medical Board—

**Mr ROBERTSON:** No, that was quite different. That was a policy issue with respect to implementing new procedures. That was a matter on which I was reporting about the performance of the Medical Board with regard to new procedures that it had put in place to run more efficiently. They are quite separate issues.

**CHAIR:** I will take note of that, member for Surfers Paradise.

**Mr LANGBROEK:** I beg your pardon?

**CHAIR:** That objection is noted.

**Mr LANGBROEK:** Thank you, Mr Chair. I think my time has expired anyway.

**CHAIR:** The next block of questions are government questions. I call the member for Springwood.

**Ms STONE:** Page 1-31 says that a comprehensive review of Queensland's tobacco laws will be undertaken this year. Minister, can you please advise what the review will examine and provide enforcement statistics for breaches of these laws since 1 January 2005?

**Mr ROBERTSON:** I thank the member for Springwood for the question. This may be of some interest to the shadow health minister, who lists Cuban cigar factories among his personal interests, as I understand it. It is recognised nationally that Queensland has the toughest antismoking laws in Australia. The final changes to Queensland tobacco's laws from the 2004 review commenced on 1 July 2006, when we banned smoking inside pubs and clubs. I said at the time that we would allow these laws to operate for 12 months before I would review all of Queensland's tobacco and smoking legislation.

Now is an appropriate time to review the effectiveness of the current laws and to gauge whether any changes would be beneficial. I have asked Queensland Health to conduct a further review of the act. This review will commence in a few weeks. Apart from the effectiveness and impact of current provisions, the review team may also examine emerging issues such as whether or not the current exemption allowing smoking in pedestrian malls should remain and whether or not smoking in private vehicles carrying children should be prohibited. Key industry representatives and other government and non-government agencies will be invited to provide feedback on the operation and impact of the existing laws and make suggestions for further legislative reform.

In terms of enforcement, Queensland Health officers have been monitoring compliance across the state. They have conducted more than 133,000 inspections of indoor and outdoor public places and retail outlets since 1 January 2005, and 1,182 on-the-spot fines have been issued since 1 January 2005 for breaches of the smoking laws. The majority of fines have been for smoking at non-residential building entrances and major sports stadiums, and tobacco retailing offences.

To date, Queensland Health has had 52 successful prosecutions for breaches of the Tobacco and Other Smoking Products Act 1998 including the sale to minors. This targeted enforcement combined with the implementation of the tobacco laws education campaign has contributed to high levels of compliance across the state.



**Ms van LITSENBURG:** Minister, what initiatives does the government have to improve bed capacity and infrastructure for the in-patient mental health services referred to on page 1-20?

**Mr ROBERTSON:** I thank the member for the question. An effective and sustainable public mental health system relies on having better infrastructure and sufficient acute mental health beds. The new Queensland plan for mental health 2007-17 is currently being finalised and will be the blueprint for improving mental health services over the next decade. We are investing an additional \$353 million over four years for more mental health beds, better facilities and expanded services. There are currently just over 1,400 psychiatric in-patient mental health beds in the Queensland public mental health sector.

To ensure that the appropriate infrastructure is provided to support service delivery reform, we are investing \$121.6 million over four years to provide 276 new, upgraded or redeveloped beds that meet contemporary standards. On completion, this will result in an overall increase of 142 beds across Queensland. This is in addition to the new facilities being built at the Gold Coast, the Sunshine Coast and the new Queensland's children hospital. Mental health capital works projects are planned to redevelop acute beds at Logan and Rockhampton to provide 29 new additional beds; expand acute beds at Caboolture and Mackay to provide 28 new additional beds; develop new community care units at Ipswich, bayside, PA Hospital and Logan health service districts; upgrade the community care unit and secure unit in Townsville; upgrade five beds at the high-secure unit at The Park Centre for Mental Health and develop nine additional high-secure beds; and redevelop beds at The Park Centre for Mental Health to provide 20 new additional extended treatment beds for forensic patients.

We will also develop a new adolescent extended care unit, following closure of the Barrett Adolescent Centre at the Park Centre for Mental Health; develop a new child and youth unit at Townsville to provide six new beds, and also one at Toowoomba to provide two new beds; develop a new medium secure unit in Caboolture; and develop a new extended treatment facility on the Sunshine Coast to provide additional beds for older people. Providing better infrastructure and more beds to support the development and expansion of in-patient mental health facilities ensures services will be able to meet the mental health needs of a growing population.

**CHAIR:** What initiatives does the government have to improve access to community services for people with mental illness, their families and carers?

**Mr ROBERTSON:** The government has made a substantial commitment through its \$353 million investment to build access to community mental health services for people with mental illness, their families and carers. Recent funding enhancements have been used to expand the range of services provided within the community and their availability across all areas of the state.

Staffing is the key to ensuring improved mental health services in the community. Currently, there are just over 1,755 full time equivalent clinical staff employed in community based mental health services. This represents a 100 per cent increase on the number that existed 10 years ago. But we are investing in more. Through the Health Action Plan we invested the following in 2006-07: \$18 million per year to establish more than 190 new positions in district community mental health services to increase provision of local assessment, treatment and ongoing care to children, adolescents, adults and older people who have a mental illness—35 of these positions are located in regional and rural centres to assist people in their local communities wherever possible and reduce the need for them to travel to access mental health care; a further \$3.196 million to support the expansion of specialised community forensic mental health services to enable better identification, treatment and follow-up care of people with mental illness who have been charged with an offence; new court liaison services have been established in seven locations across south-east Queensland, including the Children's Court, and will soon be available in four locations in north Queensland; \$1.6 million extra has also been provided to expand multicultural mental health services with additional bilingual staff. In addition, complementary training has been provided to more than 450 health staff, 2,500 police and 390 ambulance staff to support their participation in providing appropriate responses to mental health crises.

Specialised homelessness health outreach teams have now been established in Brisbane, Townsville, and Cairns, with recruitment occurring for additional services in Mount Isa and the Gold Coast. Services have also been established to work collaboratively across government to ensure access to specialised mental health treatment for children and young people with severe emotional or behavioural problems who are in the care of the Department of Child Safety. Evolve services are now operating in the Gold Coast, Logan, North Brisbane, Sunshine Coast, Rockhampton, Townsville and Cairns. Continued funding enhancement through the Health Action Plan will ensure we will build on these initiatives to ensure a comprehensive mental health service system is developed across the state.

As part of our draft Mental Health Plan 2007-17, an additional \$176 million is being spent over four years towards employing 362 extra community mental health staff. In 2007-08 this will result in an additional 175 community mental health staff being employed in district mental health services to further expand services. The areas identified as most in need are children and young people, older people, services for people who are acutely unwell, as well as expansion into areas with our highest population growth. Further, 15 additional staff will be employed to increase access to community based forensic mental health care and improve crisis responses in the community.

**Mrs KIERNAN:** As part of Queensland Health's commitment on page 1-1 to improve the quality and accessibility of health services, what is the government doing to attract more doctors to live and work in the bush?

**Mr ROBERTSON:** Recruitment and retention of doctors in rural and remote Queensland communities remains a key priority for the government. Queensland Health has undertaken an aggressive recruitment and marketing campaign internationally and nationally to attract doctors to rural and remote Queensland. The 'Queensland Country Practice' national marketing campaign has had encouraging results from doctors interested in the position of medical superintendent with right of private practice as well as the senior experienced relieving service. The Rural Generalist Pathway continues to gain momentum with 27 interns commencing in 2007. An additional five rural generalist positions were funded in 2007-08 and there is a commitment to increase positions in 2008-09 as well.

In 2008 Queensland Health and the Postgraduate Medical Education Council of Queensland will pilot accredited rural generalist intern electives at seven hospitals: Stanthorpe, Innisfail, Atherton, Warwick, Roma, St George and Proserpine. This pilot will enable my department to explore opportunities to create capacity for the additional medical graduates in the coming years. It also further supports the development of the Rural Generalist Pathway by exposing young doctors to rural practice early in their careers. In 2007 the Queensland Health Rural Bonded Scholarship Scheme funded scholarships for 27 highly regarded applicants with a commitment to future rural practice. The Griffith University Medical Bonded Scholarship Scheme of 325 medical students is also well developed with the second intake of 50 scholarship holders having commenced in 2007.

These scholarship holders will be required to complete a six-year return of service in an area of priority service which may include rural medical practice. My department continues to provide financial incentives for doctors undertaking practice in rural and remote communities, including the inaccessibility allowance which ranges from \$6,900 to \$48,300 per annum. A large proportion of the \$91 million committed to improving accommodation in rural and regional centres last financial year has been spent.

Access to relief for our rural and remote doctors continues to be an issue and one that impacts on our ability to retain doctors in these locations. While my department has made significant improvements to the Queensland Country Relieving Doctors Program, we will continue to monitor this program and make necessary enhancements as required. A statewide review was commenced in June this year to examine relief arrangements for Queensland Health's rural doctors. We have made significant improvements over the last two years and will continue to ensure that rural doctors are provided with suitable preparation and appropriate clinical education and training for rural and remote practice. My department and I are committed to continuing to improve recruitment and retention of doctors in rural and remote Queensland.

**Ms van LITSENBURG:** In relation to oral health mentioned on Page 1-14, can the minister outline what the government is doing to improve public dental services for eligible Queenslanders?

**Mr ROBERTSON:** It is recognised nationally that Queensland has Australia's most comprehensive free public dental health service for school-age children and eligible Queenslanders. It should also be acknowledged that emergency cases are generally seen within 24 hours and most people on dental waiting lists are waiting for an annual check-up. Unfortunately, the service continues to be under pressure from a number of factors including increased demand from a growing and ageing population and a national shortage of dentists and dental therapists. The Howard government has not contributed one cent to public dental services since 1996.

The government is undertaking a range of initiatives to improve public dental services for eligible Queenslanders. We are spending a record \$145 million on public dental services in 2007-08. Queensland Health currently employs 852 dentists, dental therapists and oral health therapists and is recruiting to fill the 88 full-time equivalent vacancies currently in the service. We are also conducting a comprehensive review of oral health services to ensure the sustainability of high-quality service.

Options to better meet the oral health needs of Queenslanders will include addressing the needs of those within the community who have difficulty accessing services, such as the aged and the disabled, and those with the highest levels of oral disease such as the Indigenous population.

The Oral Health Services Review Steering Committee has been established and includes Queensland Health senior executives, senior clinicians, tertiary education providers, representatives of professional associations and consumers. Other initiatives being undertaken by Queensland Health include: the establishment of a Chief Dental Officer to drive reforms—I mentioned that previously; a strategic plan for future Queensland Health oral health services being developed for consideration by cabinet later this year; and a clinical reference committee and associated service subcommittees will be convened to develop strategies aligned to the goals of the National Oral Health Plan.

Queensland Health has service agreements with the University of Queensland and Griffith University dental schools to provide treatment to public patients. Over 800 patients have been treated at Griffith University and 38,000 at the University of Queensland since January 2006. Queensland Health is also supporting James Cook University's submission to the Commonwealth to establish a new dental school in north Queensland.

**Mrs KIERNAN:** In relation to the 36 new health community councils mentioned on page 3-4, I would like to ask what role these councils will have in their local communities?

**Mr ROBERTSON:** Health community councils are community advisory bodies that I have established across Queensland to play a key role in the governance of public health services. The new councils are appointed under the Health Services Act 1991 and have replaced the former district health councils. Health community councils will give local communities a stronger voice in health planning and ensure that health services are highly responsive to their local communities by: overviewing from a community perspective the quality and safety of local public health services; undertaking community and consumer engagement activities within their local communities; and assisting with community education about the health system.

Responsibility for making recommendations to me for appointments to each health community council rests with the Health Quality and Complaints Commission. A total of 452 expressions of interest were received by the Health Quality and Complaints Commission from 371 Queenslanders. Having considered the commission's recommendations, I have made appointments to 36 health community councils across the state. I also intend to form a council for the Moranbah community and have asked the commission to undertake further recruitment activities in this area. We have also enhanced the level of support for councils by nominating a health community council support officer within each district to assist and support councils; placing a legislative obligation on district managers to assist councils fulfil their statutory functions, including the provision of a range of reports about health service delivery; providing detailed guidance to the councils to assist with their operation whilst still allowing local flexibility; including the role of councils in key clinical governance and complaints management policy documents; and appointing an officer within the Office of the Director-General with the responsibility to implement, coordinate and oversee the operation of health community councils on my behalf.

Training for the health community councils support officers will be provided later this month to provide these officers with the skills and information needed to assist with the establishment and operation of the new councils. I will also be holding a forum for the chairpersons of the health community councils later this year.

**CHAIR:** You have mentioned a couple of times today the recommendations of the Butler review of the Mental Health Act. You mentioned that it was brought up in cabinet recently. Can you provide the committee with a progress report in relation to the implementation of the recommendations of that review?

**Mr ROBERTSON:** Thank you, because I can provide further details based on the question asked by the member for Currumbin. The review of the Mental Health Act 2000 conducted by Brendan Butler highlighted the need for reform in a number of critical areas including the need to develop more just and compassionate systems for victims where the offender is diverted to the mental health system and the need to address inadequacies and inefficiencies in the forensic mental health legal system that adversely affect patients and victims.

The government is spending \$53.5 million over four years to implement all 106 recommendations of the review. Progress has already been made in a number of key areas including: introduction of initial legislative amendments relating to victim entitlements under the Mental Health Act 2000; implementation of a more accountable system for monitoring the timeliness of psychiatrists' reports for involuntary patients charged with an offence; and a review of remuneration for psychiatrist members of the tribunal and assisting psychiatrists to the Mental Health Court.

Other initiatives we are undertaking over four years include: the Queensland Health Victim Support Service which will be established to provide a proactive and coordinated approach to meeting victims' support and information needs. This service will have offices in Brisbane and north Queensland, a total of 10 staff, and will build upon services currently provided by one victim support coordinator position. A victim information register will be established to enable the service to provide information to victims across the state. Enhancements to risk management systems will be made to boost public confidence in the mental health system, with funding for 35 new clinical staff, including psychiatrists, specialist forensic clinicians and Indigenous mental health workers. We will institute a structured risk management program for forensic patients; establish a sustainable system of clinical risk management training; and institute a system to monitor compliance with legislative and clinical practice standards.

Funding has been provided to reform the forensic mental health legal system to minimise delays affecting both accused and victims. Initiatives include, for example, enhancing the capacity of Queensland Health and other agencies involved in Mental Health Court processes. Funding has also been provided to the Mental Health Review Tribunal: \$109,000 recurrent will enable the Mental Health Review Tribunal to constitute special panels for significant forensic matters; \$140,000 recurrent will enable the tribunal to obtain independent psychiatrist reports in specified circumstances; \$48,000 is allocated to ensure that victims are appropriately informed of new tribunal processes; and, finally, \$26,000 has been committed for additional forensic order reviews arising out of increased Mental Health Court hearings. Improved community awareness will be achieved through the development of a range of resource packages to assist community access to information about the forensic mental health system.

**CHAIR:** The next round of questions will be from non-government members. I call the member for Surfers Paradise.

**Mr ROBERTSON:** I understand that there are two minutes left for that session. That might provide an opportunity for the director of mental health services to provide further information in relation to one of John-Paul's questions.

**Dr Groves:** This is in relation to the question and the clarification around the estimated actual figures and the actual figures for 2004-05 for episodes of care. The committee is correct in that the estimated actual was 298,000 or thereabouts and 273,000 was the actual. The way in which this has come about is partly to do with the way in which the indicator was developed. There was a change in the way this was calculated during that year and it was a one-off situation that occurred.

Essentially what happens is that when that indicator is put together each year they take the amount of activity that occurs in the first six months and double it to be an estimate of what will occur during that year. In the first half of 2004-05 there was a change in the way in which care types were actually calculated in Queensland Health. What occurred was on 29 October 2004 there was a process whereby all mental health in-patients were allocated to a care type that better actually matched what was going on. It was an attempt to better clarify what was going on compared with before. What it meant was that there was a slight overestimate in the first six months that was then doubled and that gave an explanation of why the estimate happened to be more than what occurred in that year. Since then we have used the same methodology so there has been consistency since that time.

You will also note an aspect that is not covered in the usual MPS but was given in response to the question on notice showed a major increase in activity—110,000 to 190,000 in 2004-05—in psychiatric hospitals. That partly represented the reclassification of care type between one category and the other.

**Mr LANGBROEK:** Thank you for that. I would like to move to capital statements for 2006-07 and 2007-08. I note that there are 25 projects in the capital statement. They are projects in Browns Plains, Cairns, Gladstone, Mackay, Miles, North Lakes, Nundah, Rockhampton, Weipa, Collinsville, Erub (Darnley) Island, Gin Gin, Hope Vale, Warraber Island, Yarrabah and Dalby. The hospital projects include those at: Dalby, Ingham, Innisfail, Prince Charles, Yeppoon, Gold Coast, Gympie, Redcliffe, Redlands and Robina. The cost blow-out on those 25 projects is \$315 million to \$592 million. When announced the original quotes were \$276 million. How does the minister explain this staggering 115 per cent blow-out in capital works costs since 2004-05? What is happening in the project, planning and budgeting sections of his department?

**Mr ROBERTSON:** When coming into this portfolio nearly two years ago now and with a new executive management team one of the first things we did—and we announced it at the time—was to conduct a review of all capital works projects in the department. Part of that review involved a review of underlying assumptions about the kind of infrastructure that we were going to invest in in various communities.

I have said it quite publicly before—and I am happy to say it again—one of the weaknesses in Queensland Health that we identified very early on when we came into this portfolio was a lack of proper and robust planning. Decisions that were made in the past did not have the robust assumptions or research that you and I would expect, frankly. We stated quite publicly at the time that we would be conducting an exhaustive review of our capital works program. That resulted in a number of these projects, particularly those larger community health projects like North Lakes, Browns Plains, Robina, Cairns and a couple of others, getting big increases. Those communities will now get community health centres that will provide a larger range of services than would otherwise be the case. What we started to implant into our planning for those particular projects was a greater realisation about the impact of growing rates of chronic disease in our community. Assumptions that were made in the past were revisited. Those projects now represent expanded projects which take account of the significant increase in the cost of those projects.

As we all know, the other thing affecting both the public and private sector is the increasing cost of construction, but, by and large, where you see those big increases it is because we have rescoped those projects. We will be providing services that are more enhanced than when those projects formed part of the initial capital works program.

We have almost finalised that review. I think there are still some projects that have to go through that process so perhaps you will be asking me the same question next year but the answer will remain the same. I want to assure you that this is a result of our commitment to much more robust planning. We hope this will represent an excellent investment in the kind of infrastructure that we will be putting in place that will service people into the future better than was otherwise the case when I first came into this portfolio.

**Mr LANGBROEK:** I would like to turn to public health services at page 1-5 of the MPS. Is the minister aware of problems reading mammogram images for younger women with regard to the increased density of their tissue? Is consideration being given to use of ultrasound as a complementary diagnostic tool? Are there any cases where patients who have had clear mammograms have subsequently been diagnosed with breast cancer within a relatively short period?

**Mr ROBERTSON:** I think it would be appropriate for Dr Linda Selvey to provide a response in that regard.

**Dr Selvey:** In response to the question about the problems with increased breast density in younger women that is one of the reasons the national guidelines and the focus of BreastScreen Queensland is on eligible women aged 50 to 69 years. Firstly, they have a higher incidence of breast cancer and, secondly, they do not have those problems with mammograms. But BreastScreen services are available to younger women over the age of 40.

In terms of the question in relation to ultrasound, currently BreastScreen Queensland follows the national screening guidelines which are based on the evidence of the effectiveness of screening as well as the most cost-effective way of screening. While ultrasound has been considered it is not currently included in those guidelines.

**Mr LANGBROEK:** Minister, can you expand on the last part of the question? Are you aware of cases where people have had a diagnosis of breast cancer having had mammograms within the public system?

**Dr Selvey:** Sorry, I missed that part of the question. There will always be some individuals whose breast cancers have not been detected through routine screening. Queensland Health has the same policy of following up on this as does every other state. The vast majority of cancers are detected. When a cancer is subsequently found in somebody who has been screened in the past two years then very careful follow-up is undertaken to determine whether or not it is possible that that cancer may have been missed or whether or not the cancer may have arisen in the screening interval.

There will always be a situation where some cancers will not be detected and that is in spite of the very best efforts. Women are educated about this when they present for breast screening. They are encouraged to make sure that they do their own self-screening and self-examination in the interim.

**Mr ROBERTSON:** From time to time we have seen occasions—Cairns comes to mind—where we have rescreened women when we have found that the original screening may not have been of the quality that you would have otherwise expected. As Dr Selvey said, we do not represent breast screening as a 100 per cent guarantee of detection. It is very good. Whilst we should always have a debate about these kinds of issues, I think the responsible thing is to always put that debate in a context that does not dissuade women from undertaking a breast screen or regular breast screen as a result of a debate suggesting that there is something wrong with the service provided, because that is certainly not the case. The statistics that show the reduction in the number of women who are now dying from breast cancer is proof positive about the value of that breast screening service. As I said, I am always happy to have a debate about the quality of service as long as it is an appropriate context. That context is that we do not misrepresent and suggest that it is 100 per cent accurate 100 per cent of the time, but it is still the best way to go.

**Mr LANGBROEK:** Thank you, Dr Selvey. I would like to move to page 1-2 of Ministerial Portfolio Statement dealing with workforce initiatives, the Health Action Plan—which the minister has referred to—and recruitment issues within Queensland Health. What happened recently at the Gold Coast Hospital has highlighted this issue. I would like to ask for some detail about the report that Dr Jeannette Young did earlier this year in relation to Cairns and the brief that was given in her report about the PA Hospital that in terms of 'person 2'—this brief was given to the DG—there were question marks about their qualifications. On the next page of that report it said that Cairns then said this person had passed the clinical review up in Cairns and was being given a job. The brief from Cairns was to the minister whereas the one from the PA was to the DG. Why would there be no coordination between the brief for the DG and the brief for the minister? Why would Cairns not have been alerted to what happened at the PA?

**Mr ROBERTSON:** I think quite simply because you are dealing with two separate districts. I am going from memory now because there was a lot of paperwork floating around at the time. It has been some months now since this matter was resolved. The initial brief came to the director-general. At that time the director-general was actually on leave. The director-general did not see it at the time. The subsequent brief, if I recall correctly, came in to me, the minister. Whilst it would have gone through the director-general to me, as is the process, the director-general did not see the first one from the PA because she on leave at the time. That is basically what happened, if I have that correct.

**Ms Schreiber:** That is absolutely right. What the minister is saying is absolutely right. I never saw the first brief. I certainly was not aware of that particular person being in Cairns until we were actually looking at the issues relating to registration up there. Can I also say that we are looking at many briefs every day in the department. We have an organisation of 63,000 people, so clearly we do not know every single registrar or every single intern or every single doctor, nurse, allied professional, administrative officer in the organisation. Clearly there was no knowledge about that particular person.

**Mr LANGBROEK:** Thank you for that clarification. I would like to move now to acute in-patient services. I refer to the utilisation of Aspen Medical to run the Caboolture Hospital emergency department. Could the minister provide details of something that I do not think has been discussed much in terms of this issue—that is, the details of the \$1.8 million review of the emergency department that Aspen Medical conducted in the first year? Is a similar review included in the second contract?

**Mr ROBERTSON:** The contract with Aspen is under review. Part of that contract was to undertake a review of both the HR practices and the emergency department itself. I am informed that that review has been completed. I have not yet had the opportunity to consider that because it has been fairly recently completed.

That review is about looking ahead post the Aspen contract about how we establish a sustainable emergency department at Caboolture. It goes to issues such as ongoing requirements for education and training, staffing levels et cetera. So that work has been done. We are still, I am informed, on track to return Caboolture to a full, if you like, Queensland Health facility, if I can put it in those terms. In the meantime I have to say that Aspen is doing a very good job. The level of attendance at that emergency department has not only come back to a level that existed prior to its temporary closure but has now exceeded that. By all reports the morale in the emergency department is good, but we continue our work to restore the emergency department to a full Queensland Health facility. It is due by March next year. There is nothing at this stage to indicate that those time lines will not be met. Can I assure you that all of the requirements of the existing contract in terms of reviews have in fact been abided by. It is something that is kept under regular review by district management.

**Mr LANGBROEK:** Thank you. Mr Chairman, I now want to come back to the capital statement again. I want to refer the minister to an answer to last year's question on notice No. 18 about delays in capital works, so it is slightly different to the one previously about cost overruns. In that answer to the question last year you mentioned specifically that there had been no delay on two projects—the Prince Charles Hospital upgrade and the Robina Hospital emergency department and intensive care unit. The Prince Charles Hospital upgrade was due to have \$29 million left to be spent post 2006-07 and yet there is still nearly \$62 million left to be spent, and Robina Hospital was due to have \$3 million spent post 2006-07 and there is still \$9 million to be spent in 2007-08. The Robina one has been announced four times in the last four years. Clearly there are delays, so I am interested in how your comments of last year sit with the reality of this year.

**Mr ROBERTSON:** We have been quite open with the delays in both of those projects. In the case of Robina, it is a delay of about three months. That delay has been brought about by the shortage of skilled contractors to complete various amounts of work on time. I was only down there about a month ago to inspect progress and spoke to the contractors personally about the pressures that they had been under, and they confirmed that they had difficulty hiring subcontractors just through their availability. One of the problems of having a booming economy like we have got is that we do suffer those kinds of shortages just because of the level of demand out there. So the contractors down at Robina confirmed to me, as has the department, that that delay in the opening of Robina by three months was as a result of that.

In relation to Prince Charles, again we made it clear at the time that one of the things that the clinicians were telling us—the experts; those people that all of the experts told us we should be listening to more of—was not to open to the schedule that was originally announced, because what we need to do is to ramp up those services, particularly the emergency department there, in a way that does not cause pressure and potentially collapse emergency departments in the surrounding areas like Redcliffe, Caboolture and, to some extent, Ipswich if I recall correctly, just through the significant increase in clinical staff needed to be hired at that facility. So the clinicians told us what they wanted to do was to do a staged opening of the various services as part of that Prince Charles upgrade. We took their advice. We have taken the criticism, but if it means that what we have done is establish a sustainable facility in terms of the clinical workforce then I will cop that criticism because that was the responsible thing to do. But that was by and large the reason why the opening of Prince Charles extended beyond the original anticipated dates.

**Mr LANGBROEK:** Thank you. Mr Chairman, with my final question in this section I want to turn to acute in-patient services. Minister, I wonder if you could outline, because I cannot find it anywhere in the MPS, what resources have been allocated to the cross-border task force that the Premier announced in February when he was campaigning with the Premier of New South Wales, Morris Iemma, and what progress has been made on the joint planning study to coordinate health services across the border so that we do not see a repeat of the incident of September 2006 and the recent tragic death at the Gold Coast? Does the minister think it is acceptable that patients are turned away from New South Wales hospitals?

**Mr ROBERTSON:** The answer to the second part of the question is simply no. You do not do these planning exercises overnight. They require a lot of work, as we have seen in other parts of the state where we have conducted planning exercises to upgrade services and infrastructure going forward. We commenced the major work in terms of our responsibilities in February 2007. A series of

discussion papers are being developed that will clarify current health service provisions and future health service requirements between New South Wales Health and Queensland Health for residents of the planning study catchment area. This will include the provision of services in both community and hospital settings—so it is an exhaustive planning study—and the promotion of equitable delivery of health care to the residents of the catchment area of both states. This work is critical in reducing potential duplication of services in an environment where the proximity of health services plays a significant role in future planning.

The process will highlight the opportunities for cooperation and integration of health services provided to the catchment areas by New South Wales and Queensland. One service considered in the study is emergency department care, as you would expect and as you mentioned. With Robina emergency department opening in September, patients will have greater options for receiving emergency department care and some of the current patient flows to Tweed Heads Hospital will be reversed as Queensland increasingly provides more ED services—as we have mentioned now a number of times, around about 30,000 presentations a year. We anticipate a completion date of the joint planning study to be around about September this year. Once that is completed, a report will be provided to both myself and my New South Wales counterpart. Obviously, depending on the contents of that, that will determine what response we give—whether we need to seek additional resources or whether the better integration can occur within the current budget. We will just have to wait to see what those reports actually come up with.

**Mr LANGBROEK:** Thank you.

**CHAIR:** That concludes that round of questions. The next round of questions will be from the government.

**Ms van LITSENBURG:** Page 1-31 refers to the release of a healthy kids study commissioned as part of the Obesity Summit. Will the minister outline the findings of this study?

**Mr ROBERTSON:** Thank you. Childhood obesity is a rapidly growing problem throughout Australia. If current trends continue, this generation of children may be the first generation to die younger than their parents—a truly frightening but often quoted statistic. That is why the Beattie government commissioned the Healthy Kids Queensland Nutrition and Physical Activity Survey as an initiative of our 2006 Obesity Summit. The survey was undertaken by the University of Queensland in 2006 to measure nutrition, physical activity and weight amongst school-age children. Some 3,691 children attending years 1, 5 and 10 from 72 government and non-government schools across Queensland participated in the survey. The study confirmed that Queensland, like the rest of Australia, is experiencing an epidemic of unhealthy weight and obesity, with nearly a quarter of Queensland children aged five to 17 overweight or obese. It found that 21 per cent of Queensland kids were overweight or obese, including 19.5 per cent of boys and 22.7 per cent of girls. Generally, obesity rates in Queensland children were about three per cent lower than kids in New South Wales or Western Australia, the only other states to carry out comparable surveys.

Among the survey's other key findings are that there are more severely obese children and young children today than 20 years ago; children are not eating enough fruit and vegetables, with half the sample consuming less than one serve of vegetables a day; fewer than one in six boys and one in 15 girls reported doing at least one hour of moderate physical activity every day; many children had inadequate intakes of iron and calcium, too many were not drinking enough milk, too many drank soft drink and too many ate fatty and sugary snack foods; and overall intakes of saturated fat were 45 per cent higher than levels recommended by the National Health and Medical Research Council.

These are concerning results, and that is why the government is taking steps to address this problem. We have the whole-of-government Eat Well, Be Active—Healthy Kids for Life action plan to promote physical activity and nutrition for children and young people. Our Go for 2 and 5 awareness campaign is achieving results by encouraging Queenslanders to increase their fruit and vegetable consumption by at least one serve a day. Queensland Health is also working with Education Queensland through our Smarter Choices—Healthy Food and Drink Supply Strategy for Queensland schools to ensure children have access to healthy food and drinks at schools. It is estimated that this program has already resulted in the removal of 8,000 litres of soft drink from schools each week. The Queensland government is also leading by example with increased availability of food of high nutritional value to staff and visitors at all Queensland Health hospitals.

Just in the time that is left to me whilst speaking about kids in relation to a question asked by the member for Surfers Paradise regarding cleft palate services at RBH, as I suggested in the answer to you, I am advised that despite that resignation the RBWH continues to offer a full plastic surgery service. The Royal Children's Hospital did a cleft palate operation just last week. I am also advised that one specialised plastic surgeon had to return home interstate for family reasons. So that was the reason for the resignation, but alternatives have been put in place while we obviously seek to fill that position.

**Mr LANGBROEK:** Thank you.

**Mrs KIERNAN:** Minister, Queensland Health plays an important role in reducing the transmission of HIV and hepatitis C through the provision of clean needles to intravenous drug users. Can the minister detail any proposed reforms to the Queensland Needle and Syringe Program?

**Mr ROBERTSON:** I can. This year marks the 20th anniversary of the Queensland Needle and Syringe Program. This year the program will provide an estimated 5.9 million syringes through a network of 150 outlets across Queensland as a vital community health service. I hope it is going to be 150; we will have to see, member for Currumbin. The needle supply and syringe program, including the new one at Palm Beach, provides not only injecting equipment but education and information on reducing drug use and referral to drug treatment, medical care and legal and social services. Thanks largely to the work of the Needle and Syringe Program, the prevalence of HIV infection among injecting drug users in Queensland remains low at two per cent. In fact, it is estimated that Australia-wide NSPs have prevented at least 25,000 cases of HIV and 21,000 cases of hepatitis C.

In its 20th year I have decided it would be beneficial to have an independent external review of the Queensland Needle and Syringe Program to identify future priority issues and any service gaps. Through the review, the program will be assessed against the criteria of capacity of current NSP services to encourage, support and sustain safe injecting practices among a diverse population of injecting drug users; geographic and demographic reaches of the program, including access, equity and client acceptability issues; the program's flexibility and capacity to respond to future developments, for example emerging drug markets and increases in demand; the ability to develop and maintain partnerships with identified stakeholders; and the cost-effectiveness, efficiency and sustainability of different models and mixes of services.

A further objective of the review will be to investigate levels of public support for NSP via a process of open community consultation. This may be undertaken via a written submission from members of the public, not through the local branch of the Liberal Party. Notwithstanding any specific recommendations of an external review, the Queensland Needle and Syringe Program will continue to strengthen and enhance its statewide network. It will also expand its focus to give greater attention to the prevention and treatment of non-viral infections and injuries ranging from abscesses to gangrene and endocarditis, ailments associated with injecting drug use.

**Ms van LITSENBURG:** Will the minister update the committee about the progress of ongoing reforms to Queensland forensic and scientific services mentioned on page 1-14?

**Mr ROBERTSON:** I thank the member for the question. In October 2005 cabinet approved 71 reform actions arising from a comprehensive review of forensic and other scientific services provided by Queensland Health Scientific Services. Since my last report to parliament in November, more than 90 per cent of the reforms have now been completed. Significant milestones include the fact that the number of clandestine drug laboratory testing cases not completed has fallen dramatically from 197 on 30 June 2005 to just 66.

The majority of cases are now reported to the courts within three months compared to an average of 2½ years in early 2005. The number of DNA exhibits awaiting testing is less than half that of December 2005. Currently, fewer than 10,000 exhibits are awaiting testing compared to 23,000 in December 2005. I am advised that the backlog of DNA cases should be cleared by the end of the year. These results have been achieved by doubling scientific staff to 100, more efficient work practices, and the purchase of cutting-edge automated analysis equipment that enables our laboratories to test a lot more samples. Reforms to Queensland Health Scientific Services continue to be delivered to keep Australia's most comprehensive public health and forensic science laboratory at the forefront of technology.

The government is spending a further \$20 million over the next four years to continue to strengthen Queensland Health Scientific Services by providing additional staff, infrastructure and analytical equipment. An amount of \$4.85 million over four years will be invested to support the remaining reforms and provide additional staff in forensic pathology, toxicology and mortuary services and \$15.2 million over two years will fund infrastructure and laboratory upgrades, and the acquisition of analytical equipment, including \$6.9 million over two years to redesign and refurbish the DNA testing laboratory to ensure that Queensland's forensic scientists can carry out high-volume trace DNA analysis, which requires a highly controlled testing environment to meet strict anticontamination procedures.

An amount of \$992,000 will be invested to expand the forensic tissue pathology laboratory and purchase additional equipment to meet growing demand in forensic pathology, toxicology and mortuary services as a result of a heightened focus on patient safety and quality. An amount of \$1.7 million will be invested to improve the laboratory information system, known as AUSLAB, including new software to streamline laboratory processes and enable business efficiencies, such as reporting and invoicing. A further \$5.5 million will be invested over two years to further improve water management at Queensland Health Scientific Services to significantly reduce the facility's reliance on mains water by capturing rainwater that falls on site and allow the treatment and recycling of water for reuse.



So that gives you an indication that those reforms are continuing, but the performance by QHSS has been nothing short of startling. My congratulations go to the wonderful staff out at Queensland Health and Scientific Services.

**Ms STONE:** Will you please inform the committee what Queensland Health is doing to reduce water and energy consumption plus carbon emissions at its facilities?

**Mr ROBERTSON:** With the ongoing drought and the potential impacts of future climate change, everyone has a role to play in reducing our water and energy use and limiting greenhouse gas emissions. Queensland Health is no different and our hospitals throughout the state are making significant savings through our eco-efficiency program. Hospitals are embracing innovative new methods to better manage water usage as well as achieve savings in energy use.

In terms of energy savings, currently 20 Queensland health districts are participating in the program. Energy conservation measures introduced to provide efficiencies include, but are not limited to, the following: the use of more energy-efficient lighting, more efficient heating ventilation and air-conditioning systems and the use of renewable energy, for example, heat pumps and solar. The guaranteed energy savings that our hospitals will achieve in a year is estimated to be 42,825,272 kilowatt hours of electricity and 23,593 gigajoules of gas.

Our hospitals are also complying with the current level 5 water restrictions. This includes the preparation of water efficiency management plans and their implementation in order to reduce water consumption at facilities affected by the restrictions. Water conservation measures currently being adopted in our hospitals include: rainwater harvesting and reuse, the installation of water-efficient devices, leakage detection, water recycling, the use of treated bore water and minimising water losses from cooling towers and swimming pools. It is estimated that the guaranteed water savings that will be achieved by our hospitals will be 457,365 kilolitres of water annually. Efficiency measures are also expected to reduce carbon emissions by some 38,825 tonnes annually.

Queensland Health will continue to roll out its energy and water efficiency program across all health facilities in due course. Of course, not only does it save us money but also it is good for the environment and, as I said earlier, everyone, including our hospitals and other health facilities, has a role to play.

**Mrs KIERNAN:** Will you outline for the committee initiatives to improve the health of Aboriginal and Torres Strait Islander people in Queensland?

**Mr ROBERTSON:** I thank the member for Mount Isa for the question and I acknowledge her very strong interests in this area. Improving the health of Aboriginal and Torres Strait Islander people is a top priority for the government. Chronic disease, brought about by a broad range of factors, is a major cause of poor health outcomes among Queensland's Indigenous peoples. These outcomes are unacceptable, particularly when compared to those currently being achieved for the general population. That is why I am committed to ensuring that meaningful action is taken to address the range of health issues that impact on Indigenous Queenslanders.

During the past few years, the government has made inroads to improve the health of Aboriginal and Torres Strait Islander people. Queensland Health has led whole-of-government action, which has resulted in the commitment of an additional \$89.5 million over four years to work towards this goal. This includes \$68.8 million in health-specific initiatives and a further \$20.7 million for other government departments to support the Queensland government's implementation plan for the National Strategic Framework for Aboriginal and Torres Strait Islander Health.

So far, 130 additional service delivery positions have been funded and we expect a total 290 new staffing positions will have been created over the life of this investment. Importantly, many of these extra positions will be filled by Aboriginal and Torres Strait Islander people, thus contributing to the provision of culturally appropriate health services as well as providing employment opportunities, particularly for young Indigenous people in those fairly remote parts of Queensland.

We are boosting health outreach services to Indigenous communities, including by providing a flying cardiac service of doctors to provide free heart checks in remote communities. The government is also implementing a new \$28 million Queensland Indigenous Alcohol Diversion Program aimed at reducing the levels of incarceration among Aboriginal and Torres Strait Islander people resulting from alcohol use.

Despite these initiatives, nevertheless I want to see the pace of improvements to the health of Aboriginal and Torres Strait Islander people stepped up. So to ensure that strategic leadership and organisational priority is given to Indigenous health issues, the Aboriginal and Torres Strait Islander Health Unit now works within the office of the director-general. One of the unit's first steps will be the development of a strategic plan and enhanced direction for the future. It was the director-general's decision to elevate that unit into her office under her direct supervision. I think that sends a very powerful message about how serious we are taking this issue.

Specific actions are being developed towards the following areas: setting clinical and population health priorities and achieving outcomes; an Indigenous health information strategy; a workforce strategy that develops Indigenous participation at all levels, including tertiary based professions; enhanced leadership, including the realisation of the leadership potential of Aboriginal and Torres Strait Islander people; and planning for improved service delivery.

We look forward to coming up your way—I think in August—to spend some time looking at exactly what we have just been talking about with respect to the provision of health services for Indigenous people in some of the pretty remote parts of your electorate.

**Mrs KIERNAN:** Thank you, Minister. We look forward to having you up there as well.

**CHAIR:** Will you advise this committee whether the 24-hour hotline 13HEALTH has demonstrated its usefulness to the Queensland community?

**Mr ROBERTSON:** The Beattie government first introduced 13HEALTH, or 13432584, to north Queensland in February 2006. It then became available to all Queenslanders on 24 April 2006. The service provides Queenslanders with immediate access to advice from trained and experienced health professionals, enabling people to make informed decisions about the type of care that they require and the time frame in which they require it.

Since beginning operation, 13HEALTH has provided help and advice to more than 205,300 Queenslanders. Since becoming available to Queenslanders statewide, 13HEALTH has demonstrated its usefulness to the Queensland community. Over the past 14 months, the service received 188,345 calls, which is around 480 per day, or 3,360 calls per week. The most common health issues raised by callers over the period include: fevers, abdominal pain, vomiting, chest pain, ingestion of toxic substances, insect bites and headaches. Of the callers provided with triage advice, 36 per cent were recommended to see their general practitioner, nine per cent were provided with self-management advice, 19 per cent were advised to seek care at an emergency department and seven per cent were transferred to the Queensland Ambulance Service. Eight per cent of callers to 13HEALTH were seeking general health information.

A further 19 per cent did not have symptoms requiring triage advice but were seeking clinical information about medications, pre- and post-operative surgery and other related medical inquiries. Another two per cent were referred to other types of services, such as community crisis lines and, indeed, the police. The service has received commendations from many consumers with comments of praise for individual nurses and the service itself.

The 13HEALTH service is also having a positive effect, as expected, on reducing the time that hospital switchboard staff and emergency department staff spend dealing with telephone enquiries. This means that they have more time to be available to look after patients that are in the emergency department, actively contributing to reducing the waiting times for emergency department patients.

I would have to say that 13HEALTH is proving to be particularly useful as we see an increasing incidence of flu in our community during the winter that we are now having. 13HEALTH provides a very useful advisory line that more Queenslanders over the last week or two, in fact, have been making use of.

**Ms STONE:** Page 1-28 refers to the new adolescent school based vaccination program, which began in 2007. Will the minister report on progress in rolling out vaccines against cervical cancer and other viruses?

**Mr ROBERTSON:** As the member for Springwood well knows, with Springwood State High School being the first school in Queensland to offer this vaccine to young ladies in Queensland, 13- to 17-year-old schoolgirls are being progressively offered the HPV vaccine as part of the school based vaccination program. In 2007, the HPV vaccine is being offered to years 10, 11 and 12 female students and to years 8, 9 and 10 female students in 2008.

The HPV vaccine program, which commenced in April, has so far delivered approximately 100,000 doses of vaccine for the school program. The program is being well received, with a reported uptake among eligible schoolgirls of approximately 74 per cent for the first dose of HPV vaccine. Dose 2 is currently being rolled out in schools.

In May, there was national media coverage regarding alleged adverse reactions due to HPV vaccine. My department has been monitoring the situation carefully and can confirm that there have been no serious adverse reactions to the HPV vaccine reported in Queensland since the program commenced. A number of girls have reported headaches, nausea, fainting and pain at the injection site. These are expected reactions that were observed during clinical trials. To date, 32 events which may qualify as adverse events following HPV vaccine have been notified to the Commonwealth. My department will continue to individually investigate and manage all the adverse reactions possibly related to HPV vaccine that are reported.

The broader Queensland school based vaccination program, which commenced in February, offers vaccinations against various viruses in every secondary school in Queensland. Its the largest and most extensive school vaccination program ever embarked upon in Queensland. So far, 31,643

students, from a total of 59,198, have been offered vaccination against diphtheria, tetanus and pertussis—or whooping cough—with a reported take-up of 66 per cent; 31,673 students, from a total cohort of approximately 58,668, have been offered the first dose of hepatitis B vaccine, with a reported take-up of 60 per cent. School vaccination clinics are being conducted at different times across the state and the program will not be completed until later this year.

**CHAIR:** We have approximately seven minutes left for questioning, so I will offer the next question to the non-government members. I call the member for Surfers Paradise.

**Mr LANGBROEK:** For my final question I would like to turn again to workforce initiatives and recruitment. I ask the minister: is it the policy of the Townsville hospital mental health unit to favour English nurses over Australian trained nurses because I understand that senior recruiting staff have said to applicants that they consider that the English ones are better trained?

**Mr ROBERTSON:** I do not believe there would be such a policy. It is certainly not Queensland Health policy, but I will acknowledge that the UK has been a very fertile recruitment ground for nurses to come to Queensland to fill vacancies. In fact, in Cairns the number of UK trained nurses has been a wonderful addition to enable us to expand services up there.

The reason that the UK is such a fertile ground for us is that, obviously, its training is very close to the training that is offered to Australian nursing students. However, as we have said on a number of occasions during this estimates hearing, in this country and in this state in particular, we suffer from shortages not just of doctors but also of nurses and allied health professionals. Mental health is a particularly tough area to recruit to.

I would be very surprised if anyone had actually said that they prefer UK nurses because I know that we actually suffer from a shortage of mental health qualified nurses in this state. The fact that we have UK nurses here reflects that shortage. It is a tough area to work in. I have nothing but absolute admiration for people who put up their hands to work in mental health. Personally, I do not know how they do it.

If Townsville has gone out and recruited a bunch of UK nurses who are qualified in mental health, good on them I say. It was not too long ago that I was fielding a question either from you or your predecessor complaining that mental health services in Townsville, firstly, were inadequate and, secondly, had been downgraded as a result of the shortage of mental health qualified nurses. If Townsville has got off its backside and recruited a bunch of UK mental health qualified nurses, I say good on them.

**Mr LANGBROEK:** So long as they do not discriminate.

**Mr ROBERTSON:** If they apply an English language test, I think both UK and Australia should be able to cut it.

**Mr LANGBROEK:** I will pass that on to the person who expressed it to me. Thank you.

**Ms van LITSEBURG:** Minister, what is Queensland Health doing to improve patient flow through our hospitals and reduce blocks to access?

**Mr ROBERTSON:** Initiatives for improving patient flow that are focused around improving a patient's journey have been shown to make that journey safer, more accessible and more cost efficient. Understanding patient flow requires staff to focus not only on how patients start their journey but also on the complex techniques that are used at certain steps in that patient's hospital journey, as well as how they are discharged to home.

That is why the department has initiated a statewide patient flow program through the Clinical Practice Improvement Centre. This program has been underway for approximately 12 months across nine sites. The program has provided support and education to staff at those hospitals to assist them to improve patient flow. Six more hospitals are about to start that program. It helps staff to understand a patient's journey through the hospital system. This information reveals how processes within the hospital function, what barriers to patient flow exist and helps identify where improvements to processes within the system are needed.

Staff within the Clinical Practice Improvement Centre are skilled in applying patient flow methodologies and use data analysis facilitation and coaching to assist district staff introduce changes and build staff capacity to sustain and progress those patient flow activities. The aim is to assist staff to design a system that continually improves by working smarter to improve bottlenecks, reduce variation, improve efficiency, reduce waste and to measure performance and the degree of improvement within the system. Hospitals are undertaking a range of patient flow activities aimed at enhancing patient flow and reducing access block in both the emergency department and throughout the hospital.

In the time that is left to me I take the opportunity to respond to a question asked earlier by the member for Surfers Paradise regarding radiology services at the Townsville Hospital. I am informed that yes, the director of radiology did resign. However, Queensland Health convinced her to return on a

fixed-term contract to allow radiology services to continue while the hospital recruits a replacement. An acting director was appointed last month. In order to maintain services, which is always our No. 1 consideration, we negotiated a fixed-term contract with the former director while we recruit to that position.

This provides me with the opportunity to discuss another important matter. Again I note a recent media release from the member for Surfers Paradise about radiology in the state and, more broadly, allied health professions. We were accused of delaying settlement of their EB claims, resulting in ongoing shortages. I assure the member that we are abiding by the agreement reached with the unions in negotiating a new EB agreement with the allied health professions. We are on track. We have not varied that timetable. We are at a critical stage. We hope final settlement will be reached, but to suggest that we have been dragging the chain is simply not correct.

A detailed timetable was agreed to with the unions towards the end of last year and we have, as they have, abided by those timetables. I am hopeful that we will be able to reach an agreement in the not-too-distant future. That will allow us to have a very strong story to tell when we go out in future recruitment efforts to fill vacancies across those allied health services, which are critical to how we grow a range of services in this state.

**CHAIR:** The time allotted for the consideration of the estimates of the Minister for Health has expired. I thank the minister and, indeed, his portfolio officers for their attendance. For the information of those attending today, the hearing transcript for this portfolio will be available on the parliament's web site in approximately two hours.

The next portfolio to be examined relates to the Minister for Police and Corrective Services. The hearing will resume at 4 pm. I understand that the member for Currumbin would like to make a statement.

**Mrs STUCKEY:** On behalf of the non-government members, Minister, we would like to thank you and all of your staff for this last session. We appreciate your willingness and openness in answering questions, and particularly those taken on notice.

**Mr ROBERTSON:** Chair, Deputy Chair, members, I thank you very much.

**Proceedings suspended from 3.50 pm to 4 pm**

**ESTIMATES COMMITTEE B—POLICE AND CORRECTIVE SERVICES****In Attendance**

Hon. JC Spence, Minister for Police and Corrective Services

Mr S Tutt, Senior Policy Advisor

**Department of Corrective Services**

Mr F Rockett, Director-General

Mr N Whittaker, Deputy Director-General

Mr J Mullen, Executive Director, Custodial Operations

Ms B Story, Executive Director, Ministerial and Executive Services

**Queensland Police Service**

Mr B Atkinson APM, Commissioner of Police

Mr P Brown, Deputy Chief Executive (Resource Management)

Mr D Conder, Deputy Commissioner and Deputy Chief Executive (Operations)

Ms L Mills, Manager, Policy Unit, Office of the Commissioner

**Prostitution Licensing Authority**

Judge M Boyce QC, Chair

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**CHAIR:** The Estimates Committee B hearing is now resumed. I welcome the Minister for Police and Corrective Services, public officials and members of the public who are in attendance today. 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. A 15 second warning will be given at the expiration of those time limits. An extension of time may be given with the consent of the questioner. The standing orders require that at least half the time is allocated to non-government members.

I ask departmental witnesses to identify themselves before they answer a question so that *Hansard* may record that information in the transcript. In the event that those attending today are not aware, I point out that the proceedings are similar to parliament to the extent that the public cannot participate in the proceedings. In that regard, I remind members of the public that, in accordance with standing order 206, strangers, that is the public, may be admitted to or excluded from the hearing at the pleasure of the committee. I ask that all mobile phones and pagers be switched off.

I declare the proposed expenditure for the portfolio of the Minister for Police and Corrective Services to be opened for examination. The committee will begin by examining estimates for the Department of Corrective Services. The question before the Chair is—

That the proposed expenditure be agreed to.

Minister, would you like to make a brief introductory statement or do you wish to proceed directly to questioning? If you wish to make a statement, I remind you that the statement must be limited to five minutes under standing orders.

**Ms SPENCE:** Thank you, Mr Chair. I will make a statement. This year's state budget builds on the Beattie government's commitment to keep Queenslanders safe and secure. We are continuing to provide the fundamental essentials for law and order with funding for more police officers and increased prison security and capacity. The budget also goes beyond the basics with specific funding for advanced technology for the state's police and corrective services.

This is a record budget for police with \$1.44 billion in funding, an increase of \$137 million or a 10.5 per cent increase on last year. As the state's population continues to grow, this budget ensures that the Queensland Police Service grows with it.

In 2007-08 we are funding an extra 200 new police positions. By September this year, we will reach our commitment of 9,728 police and by October 2008 we will have 9,928 officers in Queensland.

This maintains our pledge to keep Queensland's police to population ratio at or above the national average. We now have a police to population ratio of one officer for every 435 people—far better than nine years ago when it was one officer for every 507 Queenslanders under the National-Liberal coalition. In fact, the police to population ratio in Queensland has improved every year since the Beattie government was first elected despite population growth.

In addition to the 200 new officer positions, this year's budget provides funding to employ 167 civilians to undertake administrative duties currently being performed by sworn officers to assist sworn officers. These civilian positions will ensure that the talents of Queensland police officers are best utilised for work within the community fighting crime.

We have also taken significant steps to improve policing in Queensland's Indigenous communities. We have committed 29 extra police to Indigenous communities around the state, which is a 35 per cent rise in officer numbers. We have also committed \$1.5 million for the upgrade of CCTV facilities in Indigenous community watch-houses. The upgrade will provide CCTV coverage to all custodial areas in watch-houses.

This government is committed to ensuring that the community has the best possible access to police when and where they are needed. We are providing \$46.7 million over four years to establish a new police contact centre to improve the way the public can communicate with police. The call centre will have a central phone number and will be a contact point for all members of the public for non-urgent calls to police. It is estimated that this centre will receive approximately two million calls annually from the public and improve operational police productivity by around 200,000 hours per annum.

Further upgrades this year will be made to QPRIME. QPRIME phase 2 recently went live around the state, allowing police to manage crime reporting and investigation, domestic violence, property management, child protection investigations, marine, air and rail crashes, and intelligence management. Further upgrades this year will continue to reduce repetitive data entry.

The budget also provides record funding for Queensland's Corrective Services of \$487 million, which is an increase of \$70.8 million or 17 per cent on last year. In recognition of growing prisoner populations in Queensland and around Australia, nearly half of this year's Corrective Services budget will be spent on capital works projects to increase the number of prison beds and also to continue to improve prisoner security at our prisons.

The Beattie government is proud of our record of no escapes from secure custody and this budget aims to ensure that this record remains intact. The budget demonstrates the government's strong commitment to law and order in Australia, ensuring that we remain one of the safest places to live in Australia.

I would now like to introduce the people at the table with me. On my right is Director-General Frank Rockett. Next to Frank is Executive Director of Ministerial and Executive Services, Bronwyn Story. Next to Bronwyn is Executive Director of Custodial Services, Mr Jim Mullen. On my left is the Deputy Director-General of Strategic and Corporate Services, Neil Whittaker, and my senior policy adviser, Mr Tutt.

**CHAIR:** I call the member for Burnett.

**Mr MESSENGER:** Minister, I thank you for coming today and I also thank your staff for coming along. I would like to begin by referring you to Ministerial Portfolio Statement page 3-11 and assaults on prison officers. Minister, I refer you to a recent assault on a prison officer which the department reported as a minor assault. The officer was hospitalised with a crushed skull and was on sick leave for three months. Is this the sort of assault that you would describe as minor? Minister, are you comfortable with the fact that the jail where this assault took place at the Darling Downs has a staffing model where two officers are left in charge of 150 to 180 prisoners?

**Ms SPENCE:** There are a few questions there. With respect to assaults on prison staff, I am pleased to report and as the MPS notes that assaults on prison staff have gone down consecutively. Here are some figures. In 2002 the total number of assaults of prisoners on staff was 84; in 2003 it was 99; in 2004 it was 56; in 2005 it was 63; and last year it was 48. So we are very pleased that the assaults generally on staff have gone down. Of course we can do more and we will do more. Any assault is unacceptable. With respect to the particular case that you are talking about, I will ask if Mr Mullen can comment on that.

**Mr Mullen:** Yes, I can. It would appear to have been a non-provoked assault. It most certainly was a serious assault. Following that incident, a review has been undertaken into operational practices at that particular centre at Darling Downs. That review has been completed and I am currently reviewing that. That also included the current rostering practices and the placement of staff on different shifts.

We have also reviewed every single prisoner who has been assessed and placed at Darling Downs. Following that assault, another four prisoners were relocated from that facility. An indication went out to all general managers of all lower-security facilities asking for diligence to be displayed by all our staff in terms of identifying any unusual patterns of behaviour that may pre-empt such assaults occurring.

The officer concerned was personally attended to by the general manager. He was afforded every possible assistance that could be afforded. I visited the officer concerned. We made sure that his welfare was being catered for—for both him and his family. The prisoner has been relocated to a high-security facility. This organisation makes sure that every effort is maintained to ensure that no serious assaults occur to any of our staff, custodial or otherwise.

**Ms SPENCE:** Finally, the officer who came to the other prison officer's aid has been given a bravery award. That assault certainly was a serious assault and it has not been recorded as a minor assault.

**Mr MESSENGER:** Thank you, Minister. With reference to Ministerial Portfolio Statement 3-17 and with reference to your own ministerial statement in early 2005 about managing sex offenders where you ridiculed the coalition ideas to introduce electronic monitoring, why now two years later have you had a change of heart? Why didn't you purchase the more effective GPS devices instead of choosing the cheaper, less effective devices that do not work outside the offender's home?

**Ms SPENCE:** Thank you very much. I have never in principle been critical of electronic monitoring and that is why we introduced it this year. In fact, we have committed \$4 million over the next four years for the rollout of electronic monitoring. What I have been critical of is statements by you and others who would sell electronic monitoring to the Queensland population as a panacea for everything and give the Queensland population an understanding that electronic monitoring is going to solve the problem of sex offenders altogether and keep our community safe.

Electronic monitoring is one of the tools that we are currently using to keep an eye on sex offenders. We looked into the GPS system of monitoring which is being trialled in some countries, including New Zealand, and in some states of Australia but the technology is not good enough at the moment for us to be assured that it is satisfactory for our purposes. The GPS technology does not work, for example, when you are in a car, when you are on a train or when you are in a high-rise building. What I did say at the time—and I do recall this—is that you can monitor people and you can tell perhaps where they are, if the GPS is working, but you cannot tell who they are with. So, yes, we can know that sex offender X is in this location at Dalby but, frankly, we do not know who that person is with in that house in Dalby. I really would urge the shadow minister to not go out and make exaggerated claims about the benefits of electronic monitoring or even the GPS technology which clearly is a long way from being very useful.

What we have done though is introduce electronic monitoring so that we know when an offender is at home. We have been asking for conditions on their release that they have curfews. So if an offender's curfew means that they should be home between the hours of 7 pm and 7 am, with our system of electronic monitoring we will know if they are in that place of residence and we will know if they make an unauthorised leave from that place of residence. It would also be possible to put a feeder monitor in their place of work so we would know if they are at home or at work and that it would take them half an hour to get from one place to the other.

So, yes, we have started introducing electronic monitoring but we are certainly not going to go out there and con the Queensland public into thinking that electronic monitoring will be the total solution for the problem of sex offenders in our community. At the end of the day, it is one good armour in our arsenal but there are lots of other things that we rely on as well.

**Mr MESSENGER:** Minister, I think you must have misunderstood any statements that you have seen by me. I have never, ever said that this would be a panacea. I have simply said as you have stated: that it would be a very valuable tool for the department.

Minister, a constituent of mine quite accurately described your policy on dangerous sex offenders as a catch and release program. Through your own admission, there are about 100 dangerous sexual offenders to be released in the next three years. Given the research around electronic monitoring and that the pros and cons used to debate that issue are exactly the same as those used for community notification, and also the high rates of recidivism within these people, why don't you support this initiative?

**Ms SPENCE:** Just tell me which initiative you are talking about.

**Mr MESSENGER:** The community notification.

**Ms SPENCE:** I have been on the public record on many occasions as not supporting Megan's law—the community notification of where sex offenders are living—simply because we know from experience in other countries of the world that it does not work. In states of America or parts of England where they have introduced the community notification all it has done is driven sex offenders underground. We believe that what we have in place in Queensland and in Australia today, which is our list of sex offenders—that is, a list that is kept by police containing information that police share with police and corrections officers in other jurisdictions—is a much better way of allowing our law enforcement authorities to keep a watchful eye over our sex offenders for a long period of time.

Under our reporting regime, offenders must tell the police where they are living, where they are working, their car registration, if they are leaving the state for an extended period of time and so on. I encourage you when we move to the police part of the briefings this afternoon to ask our police officers, the commissioner, and other officers about what they do to check up on our sex offender list, because they run little operations on a regular basis throughout the state where they do a blitz on the list. They will go and knock on doors and make sure that the offender is living where he is registered as living and that he is driving the car that he is registered as owning.

So on a regular basis they are making these checks on these sex offenders and people are being breached and are going to the courts and facing penalties. There is no foolproof system but I think the system that we have introduced in this country—and let us face it, it is only a very recent system—is one that is keeping the community much safer than it has been in the past and is proving to be an effective system for the police. It was always set up as a register, or as a list, with the information to be used only by police, not for that information to be released to the general public.

**Mr MESSENGER:** Thank you, Minister. I have been out and have spoken to many police. I have also spoken to many members of my community. At the moment in the Bundaberg-Burnett community the *Bundaberg NewsMail* is running a petition asking that a sex offender register be established. I think the minister is going to be overwhelmed, as every other member of this place will be overwhelmed, by the feedback there.

With reference to 3-8 of the MPS and safety and security, why have you disbanded the stand-alone Dog Squad within Corrective Services so that there is no 24-hour Dog Squad presence within some Queensland jails, especially during the evening hours, instead of putting them on call? Minister, can you explain why prison security vehicles, Hummers, are now sitting idle in garages during some prison shifts?

**Ms SPENCE:** In March 2005 the department directed that a review be conducted on the Dog Squad across the state. We employed a Mr George Brand, a former senior manager of Queensland Corrective Services with specific expertise in the operation of dog squads, as well as other government and private agencies to review the operation of our Dog Squad. The Brand report recommended that dog squads in south-east Queensland be attached to correctional centres rather than being operated as a central unit. The role and function of the Dog Squad is to provide security services and drug detection services to correctional facilities throughout the state. The Brand report found that the dog squads would be much more effective if they were controlled by the general manager of a prison rather than being controlled by some unit operating in the south-east corner of the state.

It certainly was not done as a cost-cutting measure. We have not introduced changes for that purpose. I am told that we have the largest Dog Squad of any prison service in Australia. We are very proud of our dog squads. There have not been any cutbacks. We now have a Dog Squad statewide coordinator. We have improved the recruitment and training for dog handlers and the dogs. I have to say that anyone who knows me knows how much I love dogs. Whenever I visit a prison I go out of my way to talk to the Dog Squad officers and meet the dogs. They are always really proud of their dogs. I have not generally sensed any unhappiness with the way the Dog Squad changes have been introduced. I am sure there are one or two staff members who do not like the changes, but generally I think that the Dog Squad officers I have talked to have been very pleased at the way the changes have been introduced.

**Mr MESSENGER:** Thank you for your explanation, Minister, but I think in your explanation you have failed to acknowledge the fact that before we had a situation where there was a Dog Squad officer available at a very short call-out time, and right now if we need Dog Squad officers, for example, in the evening hours there is a 20- or maybe 40-minute delay before they arrive in the prison. I think that compromises prison security.

With reference to 3-24 of the MPS and the corrections drug strategy, Minister, can you explain how it takes eight months to correct a computer error that is preventing you from releasing the random drug survey? Will you now release the results of those three statewide surveys that should have been conducted in this time?

**Ms SPENCE:** Before we finish with the Dog Squad and the comments that you have made about dog squads at night, it is certainly possible for a general manager to roster a Dog Squad shift on at night. These are intelligence based decisions made now by general managers of the prisons. We believe there is much greater capacity now to have a Dog Squad operating at night than it was in the past, and I reject your assertions that it may take 40 minutes. Most of these decisions are made at general manager level and they are based on intelligence, and I think that is a sensible way of operating.

To answer the next part of your question, which is about drugs, I am very pleased you have asked that question. What we had in the past was two types of drug testing of prisoners. We had targeted drug testing, and these were people who generally were known drug users. It was intelligence based testing and, if those generally known users tested positive, sanctions applied to them. We could take them to court for prosecutions, we could put them into drug rehab, we could remove their privileges. So that was one kind of testing we had.

The second kind was random monthly drug testing. The only reason we basically did that was to satisfy the *Report on Government Services*, or ROGS. The people who tested positive on those random drug tests were not identified and there were no sanctions against them. When this came to my attention I was very concerned that a whole lot of people were testing positive randomly and we were not taking any action against them, so we have changed our policies. We are still doing targeted drug testing. In fact, we are doing more of it. Not only are we doing more of it; we have increased the number of drugs that we are testing for. Now we are doing a lot more random drug testing but people will be identified. If they test positive there will be sanctions against them.



I know that the member for Burnett is trying to create this belief that we are going soft on drugs and that there is an increase in drugs in our prisons. What we are doing is getting tougher on drugs. Do not be surprised because we are doing more testing and we are testing for more drugs if the amount of drugs we find in our prisons increases. I think it is going to increase until we get the message out there that you are more likely to get caught, you are more likely to be sanctioned, you are more likely to spend more time in prison. Until that tough message gets out there and pushes the drug usage down, I will not be surprised if our figures increase for a short time. I hope it does because it means we will be searching a lot more for it.

In terms of this ability to provide the Parliamentary Library, it was for a number of reasons. If you want to ask me another question I can answer that.

**Mr MESSENGER:** Sure. I would love to ask you another question especially on this issue, because it is an issue I do not think that you fully addressed, Minister. I asked the question: will you release those three figures, those three statistics, those three random samples? If I were the minister I would see that those random samples and those checks would be a valuable tool for finding out the reality of what was happening in my prison, and I would pay keen attention to it. As part of an open, transparent system, I think it is imperative that you see them and other members of parliament see them. The fact is that we have a large drug problem within our jails.

**Ms SPENCE:** I agree with you. Absolutely I will release those figures. I agree with you that we have a large drug problem. Over 70 per cent of people who enter our prisons are there for a drug related reason. It might not be specifically a drug related crime but drugs will be involved in their crimes. That is over 70 per cent of people in our prisons. So do not be surprised if we have some drugs in our prisons. My policy is zero drugs in our prisons. I think that for any drug addict a period of imprisonment is probably the best and only opportunity they will have in their lifetimes to give up drugs. I want to see no drugs in our prisons and I want to give those people that opportunity. That is why we are so tough on drugs and we have such a tough regime on drugs.

Will I release figures? Yes, I will. We are not ready to release those figures yet for a number of reasons but I can give you a guarantee that in the very near future, as I have said to you, those figures will be released. As I have just explained—and I am pleased I had the opportunity of explaining how we have changed the drug testing procedures—the statistics that we release next are not necessarily going to be the same as the statistics you had in the past because you have a different kind of sampling and different procedures. When we are sure that our statistics can be verified—and the department tells me that will be in the near future—I am very happy to release them. I agree with you that we should monitor the drug usage in our prison. We should all be concerned about it and we should all be trying to push it down.

**Mr MESSENGER:** Minister, I am glad that you have acknowledged the fact that we do have a drugs problem in our jails.

**Ms SPENCE:** Well that is not new.

**Mr MESSENGER:** The average person would say, 'So what, there is a drugs problem in our jail. It is not affecting us.' But the reality is that with the average sentence being 2½ years—and I have heard anecdotal evidence of people going in without a habit and then coming out of our prisons with a habit—they still have to feed those habits when they get outside. So it is the mums' and dads' and the grandads' places that they are robbing to get their hit. We have a golden opportunity in our jails to break that drug and crime cycle. What are you doing to break that cycle, Minister?

**Ms SPENCE:** We all agree—and I am glad you agree—that we should be aiming for zero tolerance to drugs in our prisons, and we have many ways of trying to break that cycle. Of course we have mandatory strip searching in our prison. That was introduced a few years ago to reduce the possibility of drugs entering our prisons, and that did work. Since strip searching the incidence of positive drug tests in our prisons has dramatically fallen. We have a very strong Dog Squad to go around with the sniffer dogs to identify drugs in our prisons. We have a very thorough system of checking our visitors. In the past 12 months, in particular, the Corrective Services staff have launched a number of operations with the Queensland Police Service to identify visitors who were bringing drugs into our prisons.

During 2006 a total of 8,314 prisoners have been drug tested, and that is by random and targeted tests. That random testing has indicated a statewide drug use rate of 6.3 per cent. That is a dramatic decrease from what it was a few years ago. An additional 3635 targeted tests were undertaken for buprenorphine, of which 266 or 7.3 per cent of prisoners were found positive. I am told that in the south-east corner of the state this particular drug is the one that we are most concerned about at the moment. It is the one that seems to be the drug of choice. It seems to be a drug that is more easily smuggled into prisons than other types of drugs. It is a challenge for all of us to identify this drug because it is odourless and I understand that the drug dogs are not able to detect it at this point in time. That is the current challenge that the department faces and one that I know it is working very hard on.

As well as this, of course, we provide a number of drug programs for anyone who wants to take the opportunity, while they are in prison, to get off and break their drug habit. We have the high intensity Pathways Program; we have the medium intensity Getting Smart Program; we have the Smart Recovery Substance Abuse Maintenance and Support Program; we give them access to Alcoholics Anonymous and Narcotics Anonymous; as well we have drug education in the transition programs. Our medical centres, of course, provide drug therapy as well. I have to tell you that this is very high on the agenda of the department.

**Mr MESSENGER:** Listening to the notes that your department—

**CHAIR:** I ask the member for Burnett to cease. It is now time for questions from government members. I call the member for Redcliffe.

**Ms van LITSENBURG:** Page 3-11 of the MPS deals with prison escapes. Under the Beattie government we have seen an unprecedented period of no escapes from secure custody. How has this excellent result been achieved?

**Ms SPENCE:** I thank the member for Redcliffe. I guess what the community really does care about first and foremost is that our prisoners are not escaping. I am very pleased that in the nine years of the Beattie government we have not had an escape from secure custody. That, of course, sharply contrasts to the two years previously of the Borbidge government where there were 12 escapes in one year from high-security prisons. Escapes from low-security facilities have also reduced. There were 28 in the 1997-98 year and there were six last year. That is a very good result. In terms of absconders, the number of absconders from low security has reduced significantly over the 10-year period, with 12 in 1997-98 and two in the last year.

I think we can attribute these good statistics to the fact that we have very high-quality prison management, prison officers and correctional staff who are very committed and well trained and very good at spotting the signs of prisoner movement and whether they are going to think about escaping. In fact, they have foiled many escape attempts in the last 12 months. I thank the prison officers for the excellent job that they do.

Secondly, I think it is due to the fact that the Beattie government has spent so much money on rebuilding its prisons. We now have state-of-the-art high-security facilities in this state. We have spent the money on prison designs. We have spent the money on secure perimeters so that our high-security facilities at least are probably as escape proof as we can make them at this point in time. We continue to spend money upgrading our facilities. This year we will continue replacing the computerised security management systems with more surveillance cameras and recorders. We are spending more money on perimeter lightning protection; we are spending more money on perimeter intrusion detection systems and on contraband scanners. All of this money I think is money well spent. It has made it very hard for people to escape.

You would have heard a lot about the PPVs, the perimeter patrol vehicles, which we now call the protective response vehicles, which each of our secure facilities has access to. We are the only state in Australia that has these vehicles to patrol our perimeters. As you have just heard me talk about, we have the biggest dog squad of any prison system in Australia and they are obviously very important to make sure that our prisoners are not escaping and are where they are meant to be at all times of the day and night.

As well, we have a very good intelligence staff and intelligence network in our prison system. They are supported by a number of police officers. We probably have the strongest intelligence police network of any prison system in Australia.

**Ms van LITSENBURG:** Page 3-13 mentions an amount for employee salaries. It would appear that the last three years have seen an unprecedented period of industrial harmony. Is this the case?

**Ms SPENCE:** Thank you, yes. Queensland Corrective Services negotiates primarily with the Queensland Public Sector Union which represents employees in all but two of our prisons. The employees in the two privately run prisons, Borallon and Arthur Gorrie, are covered by the Liquor, Hospitality and Miscellaneous Union. Corrections have traditionally had a high rate of union membership. In the past there has often been a high level of industrial disputation, but I am pleased to say that due to the efforts of both the union and Queensland Corrective Services this is no longer the case. I will give you some figures. In 2004-05 there were 2,672 hours lost through industrial action. In 2005-06 there were 2,520 hours lost and last year this was reduced to 371 hours lost. That is a good indication, I think, of a very good and healthy industrial climate. When one considers that we have spent the first few months of this year in negotiations over enterprise bargaining with our unions and our employees, that is an even much better result.

As a result of the negotiations on enterprise bargaining, chaired by the deputy president of the Queensland Industrial Relations Commission, an in-principle agreement was reached with our employees. The bargaining negotiation delivered a four per cent per annum wage increase for the next three years on time and without any trade-off of conditions and without any industrial action. This means

that all staff will receive a four per cent payrise backdated to 1 April this year. I pay tribute to the two unions that we have been working with for their sensible attitude in negotiating this very, very good outcome for their members.

The department has, in the last few years while I have been the minister, attempted to maximise the number of permanent employees. Of course, we are always going to maintain a temporary employee pool, that is always going to be necessary, but we have converted many of those temporary positions to permanent positions in the last three years. I think that our workforce has been very pleased that that has happened.

We are introducing a new uniform for our Corrective Services officers. The officers themselves have been working with the department officials over the design of that new uniform. The design was unveiled a couple of months ago and although some members do not particularly like the logo, others do. I think that whenever you introduce a new uniform you are always going to have some people who love it more than others, but generally I think that the officers and the union who have designed this new uniform have come up with a very good look for the future.

**Mrs KIERNAN:** Minister, in your opening statement and, I also note, in your answer to question on notice No. 4, you outlined an unprecedented amount of expenditure for capital works. Can you please outline for the committee the major expenditure in this area?

**Ms SPENCE:** I can. I am pleased to say that I have visited Sir David Longland prison, which we closed last year, and the refurbishment is going very well and is expected to be completed by December this year. That is going to happen, I am told. We are spending \$110 million there. We will have a much more modern prison when it reopens with an additional 216 beds. It will have a final capacity of 540. When you consider that Sir David Longland prison was built only 18 years ago it is not a particularly old prison, but the new design will enable us to run a much more modern prison than was possible with the old design. Ultimately it will cut down the recurrent cost of that prison. So it is a worthwhile investment now for the future.

We are increasing Arthur Gorrie prison by 180 beds in a new cell block there and that is a cost of \$55 million. It will have a final capacity of 890. It will also be completed in December this year, I am told. Townsville male prison, which is the most challenging job of all of these because they are basically building and rebuilding cells in a fairly old prison, is costing \$142 million. It will have an extra 144 beds and it will be completed in September next year. The new Townsville women's prison at a cost of \$130 million will deliver an extra 150 beds. A completely new facility, long overdue, will be opened in April next year. This year we have money in the budget to start planning for the expansion of the Lotus Glen prison. We expect we will have a few new blocks built at Lotus Glen and then we will expand the perimeter to encompass those new blocks on the same campus.

Of course, it is no secret that we are also in the process of purchasing the land for the new Gatton precinct. We have money in this year's budget not only for that land purchase but also to start planning the new 1,000-bed men's prison and the new 300-bed women's prison in the Gatton precinct. That money is in this year's budget.

**Mrs KIERNAN:** Page 3-25 of the MPS refers to expansion of prison industries. What are the advantages of the 12-hour operational day and will this also apply to the manufacture of water tanks?

**Ms SPENCE:** I was pleased to announce this morning that we have accepted the tenders received from two companies to start producing water tanks at Woodford Prison. They are Linpac Rotational Mouldings, which makes the poly tanks, and Slimline Rainwater Tanks, which makes the steel tanks. When the Premier and I announced this new idea in April this year we suggested that we would produce about 50 tanks a week in Woodford Prison. These two companies are going to produce in excess of 330 tanks—probably 250 a week of the poly to start with and 100 of the steel—although both companies expect that that will increase when they really get on a roll. Each day 95 prisoners will be working on tank manufacture. The companies are very, very enthusiastic about this because what they want more than anything is trained labour for their industry. Every water tank manufacturer I have talked to is very keen to see us produce trained skilled labour for the industry. We believe that it is possible that the prisoners will either achieve a certificate or even a trade as a result of this water tank manufacture, particularly in steel tank manufacture. It is great news for the prisoners because it will allow them to have a really good skill base where there is a need out there in the community.

The introduction of the 12-hour operational day has been funded in this year's budget. It means that every prisoner in Woodford can either be working or undertaking programs or education. Half the prisoners will be at work in one half of the day and the other half in education and programs and then they will swap at midday. For the whole day that prisoner will be actively employed either in a job or in some education or worthwhile program. We have these 12-hour days going in Maryborough and Wolston. The rollout this year to Woodford, which is Australia's largest prison with 1,000 prisoners, means that we are going to provide a much better rehabilitation program for those particular prisoners.

We have the capacity to expand the water tank project. There are some other companies out there who are very interested in partnering with Corrective Services and we will continue to look at more opportunities in the next few months to expand this program in other prisons where we think we have the warehouses and the trained staff.

**CHAIR:** It has recently been claimed by the member for Burnett that Queensland Corrective Services only increased its parole and probation staff by two in the current year. Page 3-15 of the MPS reports different figures. What is the actual situation?

**Ms SPENCE:** That is not correct. In June 2006 probation and parole were granted an increase in funding of \$57.5 million for the establishment of the new probation and parole model of offender management. The funding saw the establishment of 76 new positions and 130 position upgrades across the state. As of June 2007 there were 546 probation and parole staff. However, for the majority of the 2006-07 financial year there were 480 probation and parole staff. Recruitment for the new positions commenced in January this year and was finalised in May, and their roles did officially begin on 30 June.

Following the increase in staffing an additional two positions have been funded for the rural and remote strategy, an agency initiative establishing a permanent presence in Weipa. What we did in last year's budget is put \$57½ million into the parole and probation system. It has been a long time since a government has put more money into this system. We will be establishing significant new positions in parole and probation over the two-year period. As well we have started the rural and remote strategy which enabled us last year—and I will talk about this later—to put positions into some Indigenous communities and to this year put two positions into the new Weipa office. I think that the member for Burnett has seriously misread the budget documents by suggesting that we are only increasing our parole and probation staff by two in this 12-month period. Would you like to add anything to that, Director-General.

**Mr Rockett:** In relation to the new probation and parole service we did an enormous amount of research looking at world's best practice and certainly focused on Great Britain. Within Queensland we have a new model that is based on the assessment and induction of all offenders who come into probation and parole and professional case management. We are the first probation and parole entity in Australia to have separate intelligence and surveillance functions. We are also building the program's capacity. We have moved from being a nine to five, five day a week business to being a 24/7 law enforcement business, working very closely with the Queensland Police Service. Our offenders are under a much stricter regime than they have been in the past.

**CHAIR:** Thank you for clarifying that, Minister. On page 3-3 you refer to managing offenders under the Dangerous Prisoners (Sexual Offenders) Act. I know that you have spoken a little about this already. Can you tell us how the government is ensuring that community safety is protected?

**Ms SPENCE:** I remind people that Queensland was the first state in Australia to introduce the Dangerous Prisoner (Sexual Offenders) Act. We were the first state to really recognise the fact that there are some prisoners whom, despite the fact that they have finished their full time prison sentence, we still have concerns about releasing. That is where this new act came from. Because it is so new we are learning month by month and year by year how to manage these people who are being released into the community. Even though we go to court and ask for their prison sentence to be extended beyond their full time release date, judges these days are more likely to release prisoners into the community with a lot of stringent conditions. We have to manage these people sometimes for a decade and sometimes for two decades under a lot of tough reporting conditions.

We have established a sex offender unit in the department in the last 12 months to focus on these people and make sure that we have centralised control over decision making. This unit is charged with the responsibility of making sure that these sex offenders are living in appropriate locations and behaving in an appropriate fashion. They monitor the electronic monitoring devices if offenders have those. They monitor if there are any breaches of supervision orders. We are learning all the time about how to most appropriately manage these people in the community.

Since the introduction of this legislation there has not been one single case of these individuals reoffending sexually. That is not going to be the case forever but so far the legislation has been very successful and we have had some very good results. This has only happened because the government has given a commitment to monitor these people. We are putting the money and the resources into monitoring these people. We will continue to do that. The suggestion by the opposition that Megan's law is helpful is absolutely unhelpful to our monitoring of these people and to making sure that they can live ordinary lives in the community with careful surveillance.

**Ms STONE:** I previously touched on the area of drugs in prisons. I refer to page 3-24 of the MPS which deals with QCS's drug strategy. Can you inform the committee how QCS currently manages the issue of drugs in secure facilities?

**Ms SPENCE:** I talked a lot about it before but there are a few things I would not mind adding. I touched on the fact that we have some targeted operations in conjunction with the police. In the past 12 months there have been nine tactical operations at centres statewide resulting in 33 visitors being

charged with 42 offences including possession and supply of dangerous drugs, possession of drug utensils and taking prohibited items into a correctional centre. There was 20 grams of cannabis, eight grams of heroin, six smoking implements and three syringes seized during these operations along with a mobile phone. There were also a number of arrests relating to visitors and contraband that resulted from intelligence. These included 17 visitors charged with 23 offences relating to possessing or supplying drugs or contraband—51 Subutex tablets, 22 morphine tables, three grams of cannabis, four smoking implements, nine syringes et cetera were seized. There were a number of arrests.

In the past 12 months we have put up posters in our prisons warning visitors of the possibility of arrest if they try to smuggle contraband into our prisons. The department is working on a video now that will be released in the next month or so. I saw the video for the first time the other day. Vicki Wilson is making the video for us. She is the voice in it. This is to warn women in particular not to smuggle contraband into prisons. Unfortunately, a lot of male prisoners put pressure on their girlfriends or their mothers or their sisters to smuggle things into prison for them. We are targeting women in this particular campaign. We will continue with these targeted strategies. Visitors are subject to the random drug detention dogs and electronic scanning.

In our Corrective Services intelligence unit we have 54 intelligence and investigation officers and 21 police officers working around the clock to gather intelligence, undertake surveillance, monitor prisoner phone calls and conduct intelligence operations to identify potential contraband sources and incidents. As I said before, this is the strongest intelligence unit of any prison system in Australia.

**CHAIR:** The next round of questions will be from non-government members. I call the member for Burnett.

**Mr MESSENGER:** Minister, I refer you to the Ministerial Portfolio Statement at page 3-7 and staffing. Under 'Outputs' is listed community supervision services. We are talking about parole and probation employees here. In 2006-07 the figure is 546 employees. You have estimated an increase in 2007-08 of a whole two to 548 employees. I have calculated that those 548 people will have to manage something like 14,330 community service orders which makes an average of 26.14 cases per officer. Is this good enough? Are your employees going to be able to do that safely?

**Ms SPENCE:** I will ask Mr Whittaker to begin the answer and I will finish it off.

**Mr Whittaker:** In the MPS for the last financial year, 2006-07, you might note that the estimated actual at the beginning of the year was 453 FTEs working in community supervision. That has translated into 546 estimated actual in the current financial year. The minister earlier referred to \$57½ million for—

**Mr MESSENGER:** What about the next year?

**Mr Whittaker:** The minister referred to the additional \$57½ million over four years for probation and parole services. Now the money came in two lumps. The money came in an additional \$5 million last financial year rising to an additional \$10 million this financial year. We have set about a significant recruitment and selection process to ensure that from the beginning of this financial year we are staffed up at the new level. Staff were appointed to take up duty on 30 June to ensure that they are here for the full financial year this year. As a result, in the MPS the appointments that were made the day before the start of the financial year do not appear. They are there as the estimated actual. In the current financial year then we are staffed up at the new level as a result of the initiative to expand the probation and parole service by 76 officers.

**Ms SPENCE:** I am happy to table this lovely graph that the department has put together on the increase in our parole and probation officers. You can see that big increase when we threw in \$57 million last year. That is increasing even more this year. I am happy to table that.

With respect to the case load that you were referring to, I point out that the case load is going to go down and is going down all the time. Under the old model—before we put this extra money into it—probation and parole officers were tasked with all the responsibilities of offender management including assessment, induction, case management, intervention, compliance and contravention. Under the new model the roles are now distinct and specialised. So probation and parole now has specialised assessment officers who focus on the effective and thorough assessment of offenders. It is a new model with a whole new lot of officers undertaking different responsibilities. Just looking at the raw case load of parole and probation officers is no longer a very meaningful way of assessing workloads.

**Mr MESSENGER:** Showing the family of a victim a nice glossy graph that has been tabled in parliament will, I am sure, be cold comfort for them. The fact of the matter is that these case officers have a heck of a job keeping track of murderers, rapists and paedophiles in our community. With reference to MPS 3-25 and the Pups in Prison program can you explain how convicted armed robber Daniel Terrence Brooks, recaptured today after escaping from the Darling Down's centre, was enrolled in your Pups in Prison program? Is this really the sort of person who should be involved? Will you now review the eligibility criteria for the program? Who is caring for Brooks's pup since his escape in early July or did he take it with him?

**Ms SPENCE:** I have just been informed that the number of staff in the Bundaberg parole and probation office has doubled in the last year from five to 10. I am sure you are very pleased about that and you can tell any of your victims' families that anyone on probation or parole in your part of the world is likely to have much more surveillance than they would have had in the past.

With respect to the Pups in Prison program I can say that I am very proud of the program. It was my initiative and I am happy to back it any day. Every pup has at least two prisoners who look after it. This was done because any prisoner might get parole and leave. You have to have another prisoner as backup. I am told that there is now an increase in the number of prisoners at the Darling Downs centre who want to participate in the program next time more pups arrive. There has certainly been an increase in interest now that they have seen the pups in the prison and how rewarding it is to look after those pups.

I am really disappointed by the fact that one prisoner who was looking after a pup did leave the Darling Downs centre. I have to say that we all shake our heads when we see prisoners walk out of prison farms particularly when they are so close to getting a parole date. That was the case with this man.

He has served a very lengthy prison sentence. He was doing very well in prison. All the reports on this prisoner that I have seen were very positive and then he was up for parole and he walks off. I do not know. I shake my head. You do not understand why people make those decisions when there seemingly is no good reason for it. Mr Mullen might want to comment on this case.

**Mr Mullen:** Mr Brooks had been there for approximately 13 months. There was absolutely no indication that he was planning on walking off the farm. There was no external contact available that we could immediately pin. It would seem that there was no planning involved. It would appear to have been what occasionally happens in our low-security institutions. It was clearly impulsive and not very well thought through at all. He probably would have stood a very good chance of being successful at his parole application given his recent performance. His pup is being cared for very well by another prisoner and there are a number of prisoners, Minister, who have also expressed an interest in looking after the pup.

**Ms SPENCE:** I understand that the prisoner was captured last night.

**Mr Mullen:** Recaptured at the Gold Coast.

**Ms SPENCE:** So he was recaptured on the Gold Coast last night. Of course he will go back into a high-security facility and spend the rest of his time there. There is not much to be gained from that walk-off.

**Mr MESSENGER:** He might have been wearing one of those prison designer uniforms made out of camouflage and denim. Minister, with reference to the MPS at page 3-30 and your government's gross underspending on capital for 2006-07, isn't the 2007-08 capital outlay just a rollover of previous year's funds? Isn't this failure to manage spending responsible for major delays in correctional capital works, particularly the redevelopment of Sir David Longland and the expansion of the Townsville jail?

**Ms SPENCE:** I note the member for Burnett persists in the glib, throwaway comment about prisoner designer uniforms made of camouflage and denim. I have to say, member for Burnett, that running prisons is serious business and we in this department treat it very seriously. On any given day we have 5,500 of the most dangerous people in our prison system, and we do not joke about it. We do not make the throwaway glib lines that you live off. The fact that we are changing prisoner uniforms is something that we have taken very seriously, and they are not designer uniforms. I think the prisoner uniforms that we have had for the last 30 years are outdated and long overdue in need of replacement, and the department supports me in that view.

We decided that in order to introduce new prisoner uniforms we would ask the students at the Mount Gravatt TAFE college to look at prisoner uniform designs. They are the leading college in Queensland for fashion. It was a very tough assessment for those students. A lot of them did not want to do it because they are all there to design haute couture. The fact was that the brief was that they had to design a uniform that was cost neutral, that would fit prisoners all over the state of all shapes and sizes and in all climatic conditions. Given that prisoners are doing a lot of industry work or cooking or gardening et cetera in this uniform all day every day, it was actually an incredibly challenging thing for the TAFE students to do.

We had a panel of people from the department who looked at their designs and picked and matched designs and came up with what they thought were the most suitable designs for men and women. I think that the designs they have come up with are very serviceable. They will not cost the Queensland taxpayers any more money. They will be made in the prisons. In future the prisoner uniforms will have 'Corrective Services' stamped across the back of the uniform so that if anyone does walk off the prison farm or absconds then they will be clearly noticed in the community as being a Corrective Services prisoner.

So you can make all the glib comments you like. As far as I can see, this has been a very good project that has been superbly managed by the department. I have no shame at all about the fact that after 30 years our prisoners are getting out of the browns and wearing something that is a bit more contemporary. At the end of the day, if we want to rehabilitate these people—people who have very low self-esteem, very poor literacy and numeracy et cetera—and make them feel a little bit better about themselves before they are released, then I think putting them into a uniform that allows them some self-respect is not a bad thing.

**Mr MESSENGER:** Minister, I have just listened to your explanation about why you hired people to design these fashionable prison outfits.

**Ms SPENCE:** We did not hire them; they are TAFE students.

**Mr MESSENGER:** Obviously you must have spent some money on it. Minister, I would have thought that at the top of the list when it comes to choosing material for those prison outfits day-glo would have been an appropriate colour rather than denim or a khaki colour.

**Ms SPENCE:** What is day-glo?

**Mr MESSENGER:** It is a very bright colour, Minister. Most roadworkers wear a shade of day-glo, and I applaud your initiative to identify people who may escape. Minister, Brooks was serving nine years for armed robbery. He was sentenced back in 2002. Can you please clarify this? Why was such a serious offender in a low-security prison?

**Ms SPENCE:** I am absolutely happy to do that. It has always been the case that our low-security facilities have been used as the transitional arrangement for people prior to their release. So it has always been the case in Queensland's prison systems that the type of people who are sent to prison farms or low-security prisons have had the longest prison sentences and need that transition before they are likely to be paroled. So most people who have been on prison farms are likely to be the murderers and the people who have committed the most serious crimes. Decisions are made that they should transition into these open custody facilities. I have actually changed that in the last 12 months by making the decision that in future we would not send sex offenders to our open custody facilities. That has meant a lot of people who would have gone there are no longer eligible. Now we tend to send people who are on short prison sentences to low-security facilities. So that has been rather a large change in prison policy in the last 12 months. But I am happy to ask Mr Mullen to further comment on this particular issue.

**Mr Mullen:** Absolutely, Minister. One of the interesting issues attached with this is that if you look at our statistics for our low-security institutions right across Queensland at the moment they are showing vacancy rates in excess of nearly 20 per cent, and the director-general has questioned me about that himself. The reason that vacancy rate occurs whilst we still have some overcapacity in our secure institutions is that we operationally are risk averse and community safety is paramount. If we are not convinced that a person does not pose a significant risk or a limited risk, he or she does not get to low security. That is why we currently have such vacancy rates.

Prisoner Brooks has demonstrated that his operational compliance has been exemplary. Sure, for people who have spent that long a time in jail there are always going to be issues. The other unfortunate fact, Minister, is that, no matter who walks off a farm, with the current profile of prisoner that we have, with the benefit of hindsight, somebody will be able to say, 'Why did you put that person there?' But when you factor in the comprehensive assessments that we do prior to placing people and the ongoing monitoring and evaluation of their compliance and their risk to the community, I do not think we can do too much more, Minister.

**Ms SPENCE:** Thank you, Mr Mullen.

**Mr MESSENGER:** Minister, in a previous reply you talked about industrial harmony and how well it had been going on—that is, industrial relations—within Corrective Services. Minister, why will you not recognise as a legitimate stakeholder within the corrective services industry the Queensland Prison Officers Association? It is a group—an association—that represents probably about 800 of your employees, almost half of the officers who actually turn the locks.

**Ms SPENCE:** It claims to represent that number of employees, but every time it goes into the Industrial Commission it cannot come up with that kind of figure. It has attempted on a number of occasions, I understand, to register as a trade union but it is unable to supply the Industrial Commission with the kind of membership that it claims to have. I do my negotiations with the two legitimate unions who represent most of the employees of the corrective services business, and that is the QPSU and the LHMU. I have an open door to those unions. As I said, I think the department and the government have done a very good job of negotiating with those unions over the enterprise bargaining agreement and the various issues that obviously come to our attention on a weekly basis. I do not see the need to negotiate with the Prison Officers Association, which, frankly, does not represent the number of people that it purports to represent. If it does ever get registered as a union, I am happy to talk to it.

**Mr MESSENGER:** Thank you, Minister. Minister, with reference to the MPS at page 3-13, last year you stated that the major drop in funding to supplies and services in the facilities budget was due to the closure of some facilities. Why is there a \$23 million overspend for 2006-07 and isn't this blow-out indicative of poor budget management?

**Ms SPENCE:** Mr Whittaker is going to answer that one.

**Mr Whittaker:** Thank you, Minister. The increase in expenditure on supplies and services this year has principally come from a realignment of the accounting treatments and the redefinition of what is defined as supplies and services. That accounts for a \$13.9 million transfer from employee expenses to supplies and services, and that is in addition to \$161,000 extra expenditure which is on account of the operation of the WORC camp at Innisfail. So it is a redefinition of expenditure and a transfer from employee expenses to supplies and services rather than an overexpenditure on supplies and services. It is an accounting treatment.

**Ms SPENCE:** There you go.

**Mr MESSENGER:** Thank you. I will obviously look at that in detail at a later time.

**CHAIR:** The next round of questions is from government members.

**Ms STONE:** Minister, page 3-3 of the MPS reports on the increasing number of offenders presenting with multiple and complex needs. How is QCS responding to this increasing number of prisoners with complex needs?

**Ms SPENCE:** I thank you for asking that question because we are seeing an increase in the number of prisoners with all sorts of needs. Once people are admitted into the prison system, an immediate risk needs assessment is conducted on them to find out their physical needs or their psychological needs or whether they have substance abuse issues, whether they need medical treatment or whether they have intellectual issues and appropriate referrals are then made.

We have a memorandum of understanding with Disability Services Queensland to exchange information and treatments for many people. As well, we are provided with \$2.379 million recurrent funding to provide a specialised prison mental health service in response to the growing need of prisoners with mental health issues. Outpatient mental health services are provided to prisoners within the prison system to help them with their mental health issues.

As well, we have a number of aged and infirm offenders. The Wolston prison facilities house 13 offenders with aged and infirm issues. Some of these men—and I have met them—are in their 70s and 80s and are starting to suffer from the diseases of old age like Alzheimer's et cetera. We are very fortunate that we have prisoners who volunteer to act as carers for these people. We even have someone in Wolston in a wheelchair—a paraplegic. So there are other prisoners who work as carers. Last year we put these prisoners through a carers course. They now have certificates as official carers, so they know how to do it properly.

These prisoners are also able to undertake programs, particularly those ones who have lower levels of intellectual functioning. In the last year, at my request, the department has explored and introduced a program for people who are sex offenders who have low intellectual disability. In the past, those people were denied entry into the sex offender programs. But now we have developed a program aimed specifically at those kinds of people. The first sessions will be run this July—so this month. Hopefully that will make a difference.

We also have a specialist unit for the care of offenders with special needs, including those with a disability, proposed for the construction within the new Gatton precinct, because we know that our prison population is ageing and with that ageing population is going to come a lot of medical issues in particular that we have not seen in the past.

**Ms STONE:** I must say that I visited Wolston recently and saw the prisoner carers in action. They do a mighty job and I take my hat off to them for the job they do. In the area of assaults—and I know you spoke about this before, but I want to go back to it because I believe it is such an important issue—page 3-11 of the MPS deals with assaults. What efforts are being made to maintain the low rate of assaults in secure facilities?

**Ms SPENCE:** As I said, the assault rates are going down and we are achieving those results in a number of ways. We now have state-of-the-art digital video surveillance used to monitor prisoner movements and to identify perpetrators. Prisoners, of course, know that and so they are unlikely to think that they can get away with assaulting a prison officer. We do not tolerate acts of violence against other prisoners or against our staff. If there are any assaults, they are referred to the Corrective Services investigation unit for investigation. These matters generally end up with a breach of discipline or, if they are more serious, these people will end up in court for another potential prison sentence.

As well, I think we have a very good and proactive intelligence gathering system within each prison. Probably the most important thing is that prison officers are taught to look and identify a problem situation and resolve aggression and anger among prisoners and to try to attempt to stop assaults.



All staff in correctional centres know that they have a role in dynamic security. That includes vigilance in observation and in reporting potential issues of conflict. Officers are required to maintain high visibility within the prison environment. I think that these robust assessment practices, which are undertaken on a case-by-case basis, have managed to modify prisoner behaviour. I think the programs that we offer prisoners these days, which have been nationally tested and which we know are effective and which attempt to force prisoners to address their anger management issues, have in fact been successful for many prisoners in helping them deal with the situations that they find themselves in in prison without resorting to assaults.

**Mrs KIERNAN:** Page 3-30 of the MPS shows a figure of \$500,000 for probation and parole in Indigenous communities. I am very aware of the program in my electorate. Could you outline how this program will contribute to the government's commitment to reducing the incarceration of Indigenous people?

**Ms SPENCE:** I know the member for Mount Isa is very aware of our new probation and parole system because it has been rolled out in her electorate—into Doomadgee, Mornington Island, Normanton—not in her electorate—and Thursday Island. I know that the member for Mount Isa has been to those communities and seen firsthand what a difference these particular officers make. In fact, Queensland Corrective Services is one of the few government agencies with permanent officers based and living in these particular communities. I think it is an initiative that the Beattie government should be very, very proud of.

Local magistrates have reacted positively to this initiative, with an increasing number of offenders being sentenced to community based orders as opposed to a prison sentence. That was one of the things that we hoped to achieve by putting permanent parole officers in these communities. It means that magistrates now, if they give a community based order, will have much more confidence that it is going to be properly supervised.

This year we are going to expand the service. We are going to establish a permanent presence in Weipa and that service will look after Napranum, Mapoon, Aurukun and Lockhart River. We will also be establishing a permanent presence in the northern peninsula area and that service will look after New Mapoon, Bamaga, Umagico, Seisia and Injinoo. So I think we will really, in the space of two years, have done a terrific job for the first time rolling out a probation and parole service in most of the Aboriginal communities in this state where previously one did not exist.

It is about trying to stem the growing rate of Indigenous incarceration to make sure that people who are more suitable for community based orders can have their orders served in the community rather than in one of our prisons. So I think it is money that has been well invested.

**Ms van LITSENBURG:** Page 3-8 refers to recent achievements in safety and security. One way this has been achieved is through videoconferencing. How will the increased use of videoconferencing contribute to security and the efficient use of resources?

**Ms SPENCE:** We have been rolling out videoconferencing for some years and we will continue to do that because what we are aiming for for the first time in Queensland is to develop a single coordinated network of videoconferencing facilities to replace in-person appearances in our courts. The use of videoconferencing as a means of allowing prisoners to appear in court without being physically present has been shown in other states and worldwide to be an effective means for justice sector agencies to improve the performance in terms of short matters before the court.

It is obviously very costly and time consuming to keep taking prisoners to court for short appearances. So there is a lot of money to be saved by the rollout of videoconferencing. As well, now all of our parole and probation boards see prisoners via videoconferencing. In the past, you had to take these people out of prison to an office in the city to see the board. Now all of that is done by videoconferencing. The boards tell me that many prisoners feel much more relaxed doing it by videoconferencing than by being taken up to the 22nd floor of some building in town to a very alien environment where they feel unnerved and uncomfortable. So it is not just about cost saving; as far as the board is concerned it is a very satisfactory way of having that conversation with a prisoner.

As well, the videoconferencing has been very, very good, particularly for prisoners in north Queensland, to have family visits, particularly if their families live in remote Indigenous communities. So prisoners who would have not had any visits in the past are able to have those visits because their families will go to the local health clinic and do their prison visit via videoconferencing.

I think this is the future. As the member for Surfers Paradise would know, we recently visited Changi prison. Visitors can go to Changi prison but they will not see a prisoner face to face; they will do that visit by videoconferencing even if they visit the prison. I do not think we want to go that far in Queensland, but certainly we are exploring the very positive ways we can use videoconferencing, not just to save the prison system some funds but also to make things like visits happen when they probably would not have in the past.

**CHAIR:** Page 3-11 of the MPS highlights the proportion of offenders serving sentences of one year or less. What is the reason for the reduction in the figures from 2006-07 to 2007-08?

**Ms SPENCE:** The major reason we have seen for this reduction is the rollout of the new probation and parole service. It has meant that courts are increasingly ordering low-risk, short-sentence prisoners to serve their sentence under strict supervision in the community instead of in prison. We know that we are going to experience and will continue to experience an increase in the prison population in this state, and we are ready for that, we are planning for that and we are spending the money on that. But at the same time we are not just holding up our hands and saying, 'That's all we can do—build more prisons.' We have put the money into probation and parole and we are starting to see that pay off. I think for many of these low-risk, short-sentence people, this is a much better alternative. There are much lower chances of recidivism if we can keep them out of prison for these short-term offences.

This scheme is also about enhancing community safety. We have to convince the courts that these people are going to be very stringently supervised while they are out there serving their community orders. I know that our staff do a terrific job of making sure that most of these prisoners contribute to the community through giving something back to non-government organisations when they are working in the community.

**CHAIR:** Page 3-1 of the MPS refers to the commencement of new Corrective Services legislation in August 2006. Could you outline how the implementation of the CSA 2006 has impacted on the agency's ability to keep the community safe?

**Ms SPENCE:** As you would be aware, the act abolished all forms of administrative release, including conditional release and remission, to ensure that a prisoner's release date is determined by a court or a parole board. Parole was established as the only mechanism by which prisoners can be released prior to their full-time discharge date, that is for prisoners who are sentenced to prison terms of under three years.

Prisoners serving more than three years, or sex offenders and serious violent offenders, must have their release date approved by a parole board. A new system of classifying prisoners was introduced and the new classification system ensures that prisoners are classified according to their risk. It allows prisoners to be appropriately placed and supervised. For the first time the legislation has mandated that programs must be facilitated by Corrective Services for the rehabilitation of offenders and to help offenders reintegrate into the community after their release by acquiring skills. So for the first time we have put that in legislation and the department must comply with it.

As well, the legislation supports the operation of work camps to enable prisoners to give something back to the community. It stipulates that prisoners who have been convicted of sex offences are not eligible to transfer to work camps. As I said before, to further protect the community I stopped sex offenders being allowed to go to open custody facilities last year. So our priority, of course, every time we make a decision is community safety.

The act removes certain entitlements from prisoners which I believe were a threat to community safety. Since the new legislation commenced, prisoners can no longer challenge prison management decisions that are made in relation to security classification and placement through a judicial review process. Prisoners must now seek the permission of the chief executive prior to changing their name. This ensures that prisoners cannot change their name in custody for improper purposes or to avoid the consequences of their offending. The new legislation also placed a specific prohibition on prisoners conducting business dealings from behind bars.

As well, the legislation has strengthened the role of victims by providing that victims who are registered on the victims register may be invited to make a written submission to a parole board prior to the board's consideration of a prisoner's application for parole. It also expanded the categories of victims who may be eligible to register with the victims register to include victims of domestic violence and others who, due to a connection with an offence or a prisoner, have concerns for their own personal safety. Also, the ability for prisoners to send or receive contraband through the privileged mail system has been stamped out by providing that privileged mail may be searched if there is a suspicion about it.

**CHAIR:** Thank you. The time is now 5.30. That brings the committee's examination of the estimates of the Department of Corrective Services to a close. The committee will now adjourn for a short break and then commence examining the estimates of the Queensland Police Service. The hearing will resume at 5.45 pm.

#### **Proceedings suspended from 5.29 pm to 5.45 pm**

**CHAIR:** The Estimates Committee B hearing is now resumed. The committee will now examine the estimates for the Queensland Police Service. I remind members of the committee and the minister that the time limit for questions is one minute and that answers are to be no longer than three minutes. A 15-second warning will be given at the expiration of these time limits. An extension of time may be given with the consent of the questioner.

I ask departmental witnesses to identify themselves before they answer a question so that Hansard may record that information in the transcript.

In the event that those attending today are not aware, I point out that the proceedings are similar to parliament to the extent that the public cannot participate in the proceedings. In that regard, I remind members of the public that, in accordance with standing order 206, strangers, that is the public, may be admitted to or excluded from the hearing at the pleasure of the committee. I ask that all mobile phones and pagers be switched off.

The question before the committee is—

That the proposed expenditure for the portfolio of the Minister for Police and Corrective Services be agreed to.

I call the member for Burnett.

**Mr MESSENGER:** Minister, would you like to make a statement?

**Ms SPENCE:** No, but I would like to introduce the people at the table. On my right, of course, is Commissioner Bob Atkinson; next to Commissioner Atkinson is my senior policy adviser Mr Tutt; on my left is the manager of the policy unit of the Office of the Commissioner, Leesa Mills; and next to Leesa is the Deputy Commissioner, Mr Paul Brown. We also have with us here this evening Judge Manus Boyce QC, the Chair of the Prostitution Licensing Authority.

**Mr MESSENGER:** Thank you and welcome to the commissioner, his staff and the ministerial staff. Minister, I refer you to MPS 1-41, employee expenses. The Queensland Police Service is in the middle of a staffing crisis. Police commanders are finding it difficult to resource front-line policing positions. You have consistently refused to reveal the real numbers of front-line police available to those commanders. Is it not a fact that the staffing crisis is self-induced because of your government's failure to plan properly and adequately pay police officers in line with their federal and interstate counterparts, and consequently we have seen an exodus of police from both general duties and SERT operations?

**Ms SPENCE:** It is absolutely outrageous for the member for Burnett to be talking about a staffing crisis. There is absolutely no staffing crisis in the Queensland Police Service. In fact, it is quite the opposite. This government is very proud of its achievements in terms of increasing police numbers in the nine years that we have been in government.

When we took over in 1998, there were 6,800 officers. By October next year we will have 9,928. That will be an increase of over 45 per cent. This year we funded an extra 200 positions, and these are additional. These will be net growth. Last year we funded an additional 350. This is an additional 200 this year. As well, we are funding an additional 167 civilian positions.

The national police to population ratio is one police officer for every 440 Australians. In Queensland this year, it is going to go down to one to 435 Queenslanders. Our police to population ratio is better than the national average. In addition, we have more civilian support staff who support our police officers than just about every other state in Australia.

As I keep saying, our staff turnover has remained constant. It fluctuates somewhere between three and four per cent. This is the turnover. There is no exodus from the Queensland Police Service. This turnover rate compares favourably with an industry average of around 4.3 per cent and the Public Service rate which can be as high as 6.5 per cent. The Queensland Police Service continues to be an employer of choice.

We have no trouble recruiting. In fact, we have a new recruitment campaign that has recently been launched called 'We don't do boring'. I am advised that for the months of May and June we have an increase of 20 per cent in the number of applicants. There is renewed interest in choosing policing as a career. That means 106 new police recruits commenced training at the Brisbane academy this month and a further 15 offers of employment will be made for the next course in August. As well, I am told that 44 officers from southern states want to join the Queensland Police Service. They will be put through the PACE course at the academy.

There is no net loss. The turnover rate has remained fairly static. Lots of quality people want to join our police service. There is absolutely no basis for talking about a crisis in police numbers.

**Mr MESSENGER:** While we are on the subject of pay and conditions, I refer you to the Ministerial Portfolio Statement at page 1-7. Why does your government continually fail to provide greater incentives for police to work in remote Indigenous communities? When will you pay police working in remote communities in accordance with the very difficult tasks that face them?

**Ms SPENCE:** I would not say that we fail at all. In fact, we already offer our police in remote communities incentives. A rural incentive scheme has been in place for some time. We have specific initiatives that encourage officers to go to remote locations.

I appreciate that we can and probably should do more. As part of the enterprise bargaining process that we are going through with the two unions at the moment, we are talking about the kinds of additional incentives we can put on the table to encourage more police officers to serve, particularly in the Indigenous communities in our state.

With some of those communities, you can offer all the money in the world but you will not get enough officers wanting to go to them. Besides money, the Queensland Police Service has done things like buy motels in places like Cairns and Mount Isa so that police officers who finish a six month stint, or

whatever, in an Aboriginal community have a place to come back to in Cairns or Mount Isa. There are a number of initiatives like that which the police have introduced in the last two years to attract police to those remote Indigenous communities. Maybe the commissioner would like to add to that.

**Commissioner Atkinson:** Recently we announced upgrades so that all of the larger Aboriginal communities such as Kowanyama, Aurukun, Mornington and Doomadgee will have a minimum of 10 officers with a senior sergeant in charge. The three two-officer Aboriginal communities of Pormpuraaw, Lockhart River and Hope Vale will increase from two to four. That is a total staffing increase of 29.

We still have a pool of people. We do not have a large number of applicants, but we have sufficient, I believe, to adequately staff those areas. At times we are quite heartened by the fact that, having finished a six-month term, some people are prepared to stay on and do 12 months.

It is a challenging environment and there is no doubt about that. Not every police officer is suited to work in those communities, as I am sure you are well aware. Interestingly, and I suspect this happens with the Northern Territory as well, many of our officers who have been seconded to the Solomon Islands have received very favourable reports. That is because of the experience those officers have had of policing in Indigenous communities. They are far better equipped to handle the challenges than officers from, say, Sydney or Melbourne.

**Mr MESSENGER:** Minister, of recent times we have seen the horrific results of cowardly and brutal attacks on front-line police. I refer you to the MPS at page 1-1. I am concerned that there is no priority given to improving respect for police standing in the community and reducing the number of assaults on police in the key priorities. Do you support implementing mandatory imprisonment for offenders who seriously assault police, given that police and the public support such a measure?

**Ms SPENCE:** I agree with you: we have seen some very disturbing assaults on police officers in the last couple of weeks. In fact, today we have two police officers in hospital. One is still critically injured and another is undergoing some very tough surgery. We certainly want to do everything we can to send the message to Queenslanders that if they assault a police officer they are likely to face a range of criminal penalties.

Last year I introduced new laws to make spitting, biting or throwing bodily fluids at an officer a serious assault under the Criminal Code. Those offences can now be punished by up to seven years imprisonment.

I do not support the mandatory penalties that the opposition is calling for. The only mandatory penalties we have in Queensland are for traffic offences where the fine, of course, is obligatory. Apart from that, we allow the courts in this state to make assessments on the penalties, given that the courts are independent and are able to hear the full facts of the case before deciding those penalties. That is the basic tenant of the law in this state.

As politicians, we have done a lot in the last year by increasing those penalties to give a serious message to our courts that we expect them to treat assaults against police officers very seriously. A seven year prison term for an assault of spitting or biting is a serious prison term. We hope that the courts will take notice of the message that the politicians are giving them when they hand out the penalties.

I do thank the member for bringing this question up because recent assaults on police have been regrettable. I am sure that our thoughts and prayers go out to those two officers who are in a critical condition tonight.

The government has looked at mandatory penalties in other places of the world. Research shows us that the mandatory sentencing does not work where crimes are committed in the heat of the moment, such as opportunistic assaults on police. Most of the assaults on police are opportunistic. They are not planned. They are done by people in the heat of the moment, so mandatory penalties would not really act as a deterrent because in those situations people are not thinking about penalties or commonsense, otherwise they would not engage in the assaults in the first place.

**Mr MESSENGER:** Minister, instead of relying on research in other areas of the world when looking at this very serious matter, perhaps we could do a little bit of research of our own and conduct, for example, a six-month or three-month trial on this so that anyone who is convicted of seriously assaulting a police officer knows that they will end up in jail. Surely that in itself would send a message to the public and to the cowards who continually attack our police officers that it is not on in Queensland.

**Ms SPENCE:** I know that it is the opposition's position to have mandatory sentences on not only assaults on police officers; at various times in the past, the coalition has gone to an election promising mandatory sentences for drug offences, sex offences and a whole range of offences. It is a fundamental difference between the coalition and the government. We are not in that position; we do not favour mandatory sentences. I have to say to the member for Burnett that you will have to accept that it is a fundamental difference between the National Party and the Labor Party in this state that we have not gone down the path of mandatory sentences. We continue to put our confidence in the courts and the judges that they will give out the appropriate sentence for any type of offence.

The fact that the prison population is growing at such a rapid rate, which you are very well aware of, does indicate that generally the courts in this state are tough on crime and on criminals and are prepared to give people prison sentences and in many respects long prison sentences. In fact, I think we have the second highest prison population in Australia here in Queensland.

I know that members of the general public often read the papers or hear the news and shake their heads at the sentences that are given out by the courts. I do from time to time and think, 'Gee, that's not very tough. That person should have got a tougher sentence.' But the commissioner can appeal those sentences, the Attorney-General can appeal those sentences. Despite our own personal views from time to time, I think we do have to put our confidence in our legal system that they are going to produce some fair results.

**Mr MESSENGER:** Minister, thank you for your honest reply. I realise that we have hit an ideological barrier. I just hope that common sense is able to knock that barrier over.

With reference to MPS 1-1 and 'targeting major crime, particularly outlaw motorcycle gangs', recently a national media program aired very serious allegations from a former outlaw motorcycle gang member and police informant about organised criminal activity in Queensland. The person who is known as Joe Florida recently contacted me and provided me with information which today I have forwarded on to the CMC. Part of that information—a de-identified document which he allegedly sent to you on 3 April 2007 and a document which he alleges is your reply dated 22 June 2007—I have in my possession and, Mr Chair, I seek permission to table these documents.

**CHAIR:** That is fine. All in favour, it is so ordered.

**Ms SPENCE:** Are they the letters with the information?

**Mr MESSENGER:** Yes, it is a de-identified document. Minister, can you confirm that these documents are authentic? Can you advise whether the Queensland Police Service in conjunction with the CMC has sufficient resources in both funding and trained personnel to undertake timely, comprehensive and rigorous investigations into Mr Utah's allegations, particularly when those agencies have to operate in an environment without essential telecommunication interception tools?

**Ms SPENCE:** I understand that I did receive the documents from this fellow and I referred those documents on to the police. I will now defer to the police commissioner to make some comments about this particular issue.

**Commissioner Atkinson:** Thank you, Minister. I think it is appropriate that I do comment because this is a matter where this gentleman is currently before the courts in Queensland facing serious charges. I would dearly like to be able to comment in terms of the claims that were made by him last Sunday morning on national television, but I am not able to do so because of the fact that he is before the court and because of the nature, quite properly, of our contempt of court legislative framework that exists in both Queensland and Australia.

Having said that, can I confirm that not only has the minister forwarded the matter to the Crime and Misconduct Commission but I have as well. I discussed this matter with Mr Needham, the chair of the Crime and Misconduct Commission, only today to confirm to him—not that it was necessary for me to do so—that the Queensland Police Service have absolutely nothing to fear from these claims. I have personal knowledge of one of the matters raised and his version of it is absolute nonsense. We welcome any inquiry. We encourage it. We will support it absolutely. I do not believe we have anything to fear from it. The difficulty for me is that because he is now before the courts on a criminal charge it is not appropriate for me to discuss the matters in detail.

**Mr MESSENGER:** Thank you, Commissioner. Minister, on a different subject, with reference to page 1-5 of the Ministerial Portfolio Statement, why have you cut the number of additional police in 2007-08 from the previous year by 150? Can you provide the exact number of actual sworn officers as of 30 June 2007—not the approved staffing numbers but the actual number of sworn officers currently working in the state?

**Ms SPENCE:** I am sure we can provide that figure. If not now, we will take it on notice and get back to you. We have funded an additional 200 police positions this year. It is true that we funded an additional 350 last year, but the additional 200 figure will still keep us above the police to population ratio. We went to the election with that commitment and we will keep that commitment.

You have to really take into account the fact that not only have we funded 200 positions this year, but we have funded an additional 167 civilian positions which will allow us to return many police officers to operational policing roles. At the end of the day, that is what people really care about—getting police out there on the beat into their communities. The fact that some police are performing roles that could be performed by civilians is a very positive thing. In fact, we are going to have the best civilianised police service in Australia once these people are employed and begin in these positions.

Already civilians are performing in a variety of specialist roles, including in our watch-houses, as prosecutors, in intelligence functions and in corporate and finance positions. Police have also recognised that some roles can be performed by police trained civilians. As a result, the service now

trains staff members to undertake the role of counter officers at police stations. These staff members perform rotating shift work and are trained in taking a variety of complaints and providing advice on police related matters to members of the public.

Police have also introduced a civilian watch-house officer program. These civilians are provided with limited legislative powers to perform watch-house functions and supervise prisoners. They receive training in the use of force, including handcuffs and batons. They are able to perform court escorts as well as undertake prisoner processing requirements. Specialised civilians are also very useful in our communication rooms.

I think it is quite sensible for us to change the mix occasionally. We have been recruiting an additional 300 police every year for the last 10 years, except for last year when we recruited an additional 350. The mix has been changed this year. I think it is a pretty sensible thing for the government to do to make sure that our highly qualified police are out there doing the job that people expect them to do. As of 30 June, there were 9,618 police.

**CHAIR:** The next round of questions will be from government members. I call the member for Mount Isa.

**Mrs KIERNAN:** Good evening again, Minister. I know that you have previously touched on this matter, but page 1-7 of the MPS makes reference to the Queensland government's funding for policing in Indigenous communities. Can you please inform the committee of the number of police allocated to Indigenous communities and if and how this number will increase?

**Ms SPENCE:** I thank the member for Mount Isa who obviously has a great interest in this particular question. We recently announced that the number of police in Bamaga will increase from four to 10. In Aurukun, Kowanyama and Yarrabah, the number will increase by two officers so they will have 10. Hope Vale, Lockhart River and Pormpuraaw will have their numbers of police doubled from two to four. Once the new police station is built at Wujal Wujal—and hopefully that will be this year—we will be posting two officers there and they will be monitored in the first 12 months to see if we need to increase that staff. Remember that Wujal Wujal is about an hour's drive from Cooktown, which already has a police station.

In Mornington Island we will increase the numbers from six to 10. Doomadgee will get an additional officer to bring its allocation to 10. Woorabinda will have its police force doubled from five to 10 officers. Murgon, which of course is right next door to Cherbourg, will get three more officers, bringing the number of police at Cherbourg to 22. As well, the police are proposing to allocate 15 police liaison positions to these communities to further enhance the relationship between police and community members.

Indigenous communities have the best police to population ratios in the state. The state average, as I said before, is one officer for every 435 Queenslanders, but in Aboriginal communities the ratio is one officer for every 112 people in Kowanyama and one for every 350 people in Mapoon, Injinoo and Bamaga. Of course with that increase in Woorabinda, you are more likely to have one officer for every 100 people. I think it is very sad that we have to put so many police into these Indigenous communities, but obviously the Police Service feel the need to increase their numbers there.

Fortunately, we were able to secure \$12 million out of the federal government two weeks ago to assist us with providing police housing in these Aboriginal communities. As well, we have allocated \$3 million in this budget for police housing in these communities, so that is \$15 million ready to go. As the member for Mount Isa will be well aware, having the money to build the housing in Indigenous communities and actually delivering the housing are quite different issues because there are so many obstacles in the way. Mr Brown and the executive services will have quite a challenge in the next 12 months getting the houses into these communities. We simply cannot put the officers there until we get the housing there for them. So the only thing stopping us at this point in time is really how quickly we can negotiate to get land and deliver these houses and deliver more police.

**CHAIR:** I call the member for Redcliffe.

**Ms van LITSENBURG:** Page 1-6 of the MPS refers to output funding of \$46.7 million to be provided over four years for the Queensland Police Service to establish a police contact centre in a purpose built government call centre facility to enhance the delivery of police services to the community. What will be the primary functions of the centre? How will it improve service delivery to the general public? Will it replace the existing police communications centres?

**Ms SPENCE:** This is an exciting new initiative. It will be the first time that we have a centralised police contact centre for the whole of the state. It will have a 131444 number and it will be for all non-urgent inquiries. It will be constructed on government land at Zillmere. It will mean that in many cases members of the community will no longer have to visit their local police station to deal with issues such as minor damage offences, drive-offs, lost property complaints or minor stealing, such as of garden gnomes, the unlawful use of motor vehicles and other complaints. They will instead be able to call the contact centre.

Based on interstate trends where they already have these statewide call centres, it is expected the police contact centre will answer around two million calls each year and could save the public as many as 73,300 visits to police stations a year. It means an estimated saving of around 210,000 operational police hours per year because trained civilians can provide up-to-date information on personal and property security matters and numerous other inquiries which operational police currently receive every day.

I know that everyone is obsessed about police numbers but there are lots of things that the government is doing besides producing more police and funding more police numbers which we think are important. There are lots of things we can do in a technological area which free up police time so that they are out there more in the community and not doing this kind of administrative work which is pretty low-level stuff in many regards and can be done centrally. Certainly that has been the case in other states. The cost of recruiting the number of police which will be released back on to the streets by this contact centre is calculated to be \$17 million each year.

This is not some fantastic idea thought up by the police minister or the government. This proposal for a contact centre is something that the Queensland Police Service have been working on themselves for some time. They have been lobbying me for a couple of years to get Treasury to fund it. I am very, very happy and so are the many police who have worked on this project that it has been funded this year. It is an initiative of the Police Service because they think it makes smart sense. Lots of existing numbers and hotlines—for example, the child abduction alert number, Crime Stoppers, the 1800 number for police vehicle breakdowns—will now go through the police call centre. So they will be handled 24 hours, seven days a week. It is going to make a huge difference to policing in this state, for one, and also to people's capacity wherever they are in the state to get consistency in advice from this centralised contact centre.

**Mrs KIERNAN:** Minister, page 1-7 of the MPS refers to the Queensland government providing \$2.6 million in equity and \$2.3 million in output funding over four years for the acquisition and ongoing operation of an additional aircraft to enhance the provision of justice services throughout the Torres Strait. Where will this aircraft be based? How many pilots will be required for this service? And how will the provision of this aircraft improve the QPS service to the Torres Strait?

**Ms SPENCE:** This \$4.2 million is going to buy us an aircraft. It is going to be a Britten-Norman aircraft, which police have identified as the best suited plane for the Torres Strait because it can operate on short runways, it has excellent short take-off and landing capabilities, and is also the most appropriate for the complex maintenance set-up in the Torres Strait. The money will also buy the cost of the buildings to house the aircraft, and it will include salaries for two pilots and accommodation for those pilots.

We believe that the people in the Torres Strait deserve access to the same policing service as those living on the mainland. In the past police have faced difficulties and have been restricted by the demands of the local air charter companies. Distances and sea conditions add to travel times and have had impacts on service delivery to the communities in the Torres Strait, so this new plane will greatly improve the delivery of these important services and will better allow police and child safety officers, who will also go out there with the police, to do their job in the Torres Strait.

I think it is a well-overdue initiative by the government. I know the opposition keeps banging on about a helicopter for the south-east corner of the state, but I think we owe the people in the Torres Strait, who, frankly, only have two police stations to service 18 or so islands, this kind of service that this new aircraft will bring. Let us face it, the police in the Torres Strait spend a lot of their time out doing search and rescue, and it means that the existing water police vessel will be able to operate for longer periods with crew transfers by air. So they will be able to be out there a lot longer.

I was very disappointed when the federal government tried to make this into some sort of Queensland government stunt when it asked us what it could do to help us with our policing needs in Indigenous communities. When we said, 'Our first priority is a plane for the Torres Strait,' somehow Mal Brough interpreted that as a stunt by the Queensland government. This seriously was our first priority. It was the service's first priority—not mine—and it has been for some time. I am very pleased that we were able to afford to do this in this year's budget because I know it is going to make a considerable difference to the police in the Torres Strait. It is going to make a considerable difference to the people on those islands who will get a much better service in the future.

**Ms STONE:** When I am out and about in my electorate of Springwood, the question I am probably most often asked is about hooning and what is being done about hooning. I refer to page 1-4 of the MPS which refers to the toughening of anti-hooning laws. Minister, will you explain the anti-hooning laws and how they are assisting in taking dangerous drivers off the road?

**Ms SPENCE:** I am not surprised that the member for Springwood would say that hooning is the police and safety issue that her constituents talk to her most about. It just shows that you are indeed in touch with the people of Queensland, because in most surveys of Queenslanders hooning and traffic offences like hooning are of major concern to them. They are of much more concern to them than any other type of law and order offence.

As you would be well aware, we were the first government in Australia to start vehicle confiscation laws for hoons. Police can confiscate cars from people who are involved in dangerous driving or careless driving and people who are conducting speed trials or making unnecessary noise or smoke by spinning the wheels of a vehicle. They can confiscate vehicles for 48 hours for a first offence, three months for a second offence and then permanently. So far 3,531 drivers have had their cars confiscated for a first offence, only 75 for a second offence, and only four drivers have had their cars permanently confiscated. So we think this car confiscation has certainly taught people a lesson. It has taught young hoons, or old hoons, a lesson and that is why we introduced car confiscation in two regions of the state two weeks ago.

Already we have had two cars confiscated and both of them have been in the Ipswich police district. On Monday, 2 July, the day after the laws came into effect, a man was allegedly caught twice driving an uninsured and unregistered car. His vehicle was confiscated for 48 hours. In the second case on Sunday, 8 July another man had his car confiscated for 48 hours after he was allegedly caught driving while disqualified for a second time since the new laws came into effect.

Both these men had to pay \$244 and \$251 respectively to get their cars back from the towing company which stored the vehicles. In the past the taxpayer has paid the cost of the towing and storage of the 3½ thousand vehicles we have confiscated, but now that we have changed the laws anyone having their car confiscated for hooning will also pay the cost. I think it is unfair that the taxpayer should front the cost for these hoons. In future everyone is going to have to pay to get their vehicle returned to them if they have their car confiscated, whether it is for a hooning offence or for these new offences.

I have asked the police to prepare for the introduction of these new vehicle confiscation laws for the south-eastern region, which includes the Gold Coast, in the next six months. This is not a trial that, as some people mistakenly believe, we are probably going to walk away from. We know that these confiscation laws are going to be successful. We have decided to roll them out slowly throughout the state because of the sheer volume that is going to be involved and the logistics of having to negotiate with towing companies around Queensland. But ultimately we plan to have these confiscation laws in effect in the whole of the state.

**Ms van LITSENBURG:** Minister, I refer to page 1-22 of the MPS, which highlights a 12-month pilot between police and eBay dealing with the reporting of online auction fraud. How much will this project cost? Will you detail how the project intends to reduce this fraud? And what future implications does this have for white-collar crime?

**Ms SPENCE:** The eBay project is managed by the fraud and corporate crime investigation group in the State Crime Operations Command. Funding has been provided for members of the group to travel to various regional centres of Queensland and provide training. The training includes presentations to local police on investigative protocols and strategies to address online fraud related offences.

The project has been designed to combat reporting and investigative problems associated with cross-jurisdictional offences and to provide a direct link for members of the public who wish to report online fraud related offences, so members of the public inquiring about how to make a complaint to police will initially be directed to a web page established by the Police Service which provides advice on how to initiate dispute resolution processes within the various online auction sites. This is an essential part of the process as it is believed 70 per cent of all online auction disputes can be settled through this mediation process.

Should this course of action provide no resolution, the site provides further advice as to how to identify the possible physical location of the offender—that is, the state in which they reside—to determine the appropriate policing jurisdiction. Having identified the state responsible for investigation, the inquirer downloads the preformatted statement and other forms required for reporting the matter to their respective state. The inquirer then completes this statement and other documentation, and in instances where the offender resides outside of Queensland the documents are mailed or emailed to the contact addresses provided on the web site.

Where the offender is identified as being a Queensland resident, the documentation is completed and lodged by the inquirer direct to any Queensland police station, where it is directed to the relevant region for investigation by local officers with support from the Computer Crime Investigation Unit if needed.

I think you can see from that kind of explanation that it is important for the police to get out there and train police officers throughout the state on this new kind of computer crime. I think they have come up with a very sensible solution to assist consumers trying to deal with these issues themselves, but in the event that they cannot do that there certainly is a policing solution for them. Did you want to add anything, Commissioner?

**Commissioner Atkinson:** Yes, thanks, Minister, I would like the opportunity. Thank you for the question because it is such an interesting one in terms of the evolution of information technology crime and borderless barriers. There is a very good relationship between the head of our fraud squad, Superintendent Brian Hay, and a gentleman named Alastair MacGibbon, who works for eBay and was a former Federal Police officer. I think we are out of time.



**Ms SPENCE:** No.

**Commissioner Atkinson:** Alastair MacGibbon was a former Federal Police officer who helped set up what is called the Australian High Tech Crime Centre and now works for eBay in terms of their security area. Coincidentally, he was here last night addressing a group of senior police officers at the invitation of Superintendent Brian Hay. Our officer Brian Hay has actually helped eBay in terms of managing fraud. I understand that eBay has over 200 million clients worldwide. Only a very small percentage of those clients engage in any sort of fraud, but they are very conscious of any damage to their reputation, and we are obviously conscious of being involved. Most of those transactions worldwide are done through Western Union, and Brian Hay was able to make a suggestion to eBay that on Western Union's web site they put a small warning and they have adopted that. So it is an interesting area and I think we are well placed to move forward with it.

**CHAIR:** Page 1-7 of the MPS refers to the QPS working to implement the Premier's commitment to install or upgrade CCTV in all public space areas of watch-houses in Indigenous communities by February 2008, with initial funding of \$1.5 million allocated in 2007 towards the implementation cost of this commitment. Is this the only funding available for watch-house upgrades this year? Can you please update us on the progress of this commitment?

**Ms SPENCE:** I announced in the last week that a company called SecureCom has been awarded the tender for the upgrades of CCTV at the police stations at Aurukun, Palm Island and Woorabinda. These were identified as the first facilities to be upgraded. I am told that they are due to be completed by August this year at a cost of \$1 million. We get three stations upgraded for \$1 million, so you can see that it is going to be an expensive exercise.

The commissioner, in planning these watch-house upgrades, formed a committee that is made up of the Queensland Police Service, the Crime and Misconduct Commission, the Queensland Police Union and the commissioned officers union. So they were all on the working party to look at how this might best be achieved. They are now looking at the watch-houses and police stations on the other Aboriginal communities and they will be rolled out in the next 12 months. The anticipated cost of the rollout when completed is \$5 million to \$6 million. We have allocated \$1.5 million in this budget, but we expect that we will be going back to the midyear budget review for the additional money.

As well, the Queensland Police Service is funding a long-term centralised watch-house upgrade program, and we have been doing that for many years now. For the last five or so years we have been going around spending in excess of \$1 million a year on our watch-house upgrades. So it is a rolling program that will undoubtedly continue into the future. Did you want to add anything, Commissioner?

**Commissioner Atkinson:** Thank you, Minister. The technology that is being installed is up to the minute in terms of its technical capacity. The intention clearly is that it is available now not just for watch-houses but for public space areas. So hopefully everywhere a member of the public in an Aboriginal community might be in a police facility will now be subject to closed-circuit television monitoring. Some of the regrettable recent experiences have indicated that I guess for everyone involved that is probably a preferable course of action.

I think that probably it will ultimately extend in many ways. There are many areas where monitoring in terms of public safety and security across the board is beneficial. Obviously one of the interesting topics at the moment is the consideration, which Queensland is contributing to, of the feasibility study to introduce automatic vehicle numberplate recognition which is something that is heavily used in London. So I think that this is not a one-off, if I could put it in those terms. I think it is indicative of the way forward in terms of using technology to provide a safer environment in the future.

**CHAIR:** The next round of questions will be from non-government members. I call the member for Burnett.

**Mr MESSENGER:** Minister, with reference to MPS 1-1, targeting major crime, particularly outlaw motorcycle gangs, paedophilia, weapons and illicit drugs, you are well enough briefed and informed to know that statistics show that Queensland is the methamphetamine capital of Australia. The Premier announced that publicly a couple of years ago. We know that these drugs are just one of the main income streams for organised criminals. These drugs are not leaving Queensland children with any second chance at all. There is instant psychosis, instant addiction, instant death. In recent times we have seen outlaw motorcycle gang members brazenly shooting each other in public at sporting events and arson attacks on their clubhouses and your government has given them liquor licences. Will you lobby the Premier and your parliamentary colleagues to support the coalition's private member's bill on organised criminal groups, which will give police a valuable legal tool in the fight against outlaw bikers and organised criminals?

**Ms SPENCE:** I am not going to talk about the legislation that is currently before the House because I am not responding to that legislation, the Attorney-General is. I am not sure that this is the appropriate forum to discuss it generally. But I am prepared to talk about some of the other comments made. I know that the Premier said some time ago, and we have all said, that Queensland is the amphetamine capital of Australia. We have made no secret of that. The police tell me that maybe

that is not quite the case today and we should stop saying it. The police tell me that we may be pushing the level of amphetamines down. Let us face it, they have done some spectacular work in arresting the producers of amphetamines and the message is getting out there that people will be caught and they will be punished. I do not think we should take it as a given that just because that was the case a few years ago that it is the case today. The commissioner might want to make some more comments on that particular issue.

In terms of organised motorcycle gangs, you know very well that we have a tough position against those people and that is why we went to the election last year with an election commitment to establish an outlaw motorcycle gang squad. We committed \$2 million to establishing that new squad. That is not to say that the police have not for many, many years done a good job in convicting many members of these gangs. In fact, on any given day there is going to be 30 of them in Queensland's prisons for various serious offences. The police have been doing a good job. We have given them more resources because we want further crackdowns on their activities. With regard to legislation, the Attorney-General can comment on that when it comes to be debated in parliament. Did you want to add something, commissioner?

**Commissioner Atkinson:** Essentially probably about five years ago, sir, there was no question that more illegal amphetamine laboratories were being located in Queensland than anywhere else in Australia. In fact, I think in some years the number in Queensland was equal to the number for the rest of Australia. It was always difficult to determine whether that meant that there were more here or whether we were having more success in locating them. I still do not think we are able to answer that question. It is interesting that at about that time, about five years ago, there was a view—again it is difficult to prove these things scientifically—that amphetamine use was higher in Queensland and lesser in New South Wales and Victoria where heroin was more heavily used than it was in Queensland. That was the prevailing view. However, I think there has been a shift in that now, particularly in New South Wales. I have noticed that my counterpart there, Commissioner Ken Maroney, has publicly stated on a number of occasions recently that he sees amphetamine use as the most serious problem. I share your views. I think it is an incredibly serious problem facing not just Queensland but the Australian community.

**Mr MESSENGER:** Minister, referring directly once again to MPS 1-1 and the key priority service, namely improving Queensland's capacity to respond to terrorism, members of the Queensland Bomb Squad, the Explosive Ordinance Response Team, are our front line against terrorists. Why then is the Queensland Bomb Squad, which receives most of its funding—excluding wages, general supply costs and vehicles—from the National Counter-Terrorism Committee, so poorly resourced by your government? Why is Queensland the only state that does not provide funding for specialist equipment for its Bomb Squad? Is it not true that our Bomb Squad is falling behind the rest of the country? Even Tasmania provides \$1 million a year for specialist anti-terrorism hardware.

**Ms SPENCE:** I will give that one to the commissioner. It certainly has not been brought to my attention that the Bomb Squad is underresourced.

**Commissioner Atkinson:** I will have to take part of that question on notice and get back to you because my understanding is that our Bomb Squad or, as you correctly outlined, the Explosive Ordinance Response Team, is equal with the best in Australia. In fact, in recent times we have expanded the equipment, as far as I understand, in terms of the remote control vehicles, the bomb suits and the dogs that are associated with those officers. It is, I am very sure, equal to the best in Australia. In fact, recently at a national exercise called Blue Sky, which was held to look at the vulnerability of country airports and was held at Roma, our Bomb Squad provided a state-of-the-art demonstration to participants who were there from throughout Australia. The unit, on my understanding, is as well equipped, well trained, well resourced and well funded as any unit in Australia.

Recently, as you are aware, we had a number of APEC meetings here in Queensland at both Cairns and Coolool and we were comfortable with our capacity to deploy across Queensland. Of course, one of our challenges is the vast size of the area. We have had Bomb Squad officers in Cairns for APEC. At the same time we have been able to respond effectively here in the south-east corner to bomb related incidents.

I would ask, if it is appropriate, and I am not sure if it is, if you are prepared to provide to me specifics of the alleged shortfall in terms of equipment, training or funding for our Bomb Squad to compare to other Bomb Squads, I would be happy to take that on notice and follow up for you in terms of providing specifics. It is something, I must say, that does hit me with some surprise because we have always felt that they were right up to the mark.

There are national standards in relation to this and there has never been any suggestion that our people have fallen in any way below the national standards. In fact, my understanding was that they were equal to or better than some other jurisdictions. I am afraid I cannot take it any further than that at this time.

**Mr MESSENGER:** Thank you for that. The information that has found its way to me is that the Bomb Squad has an urgent request for almost half a million dollars worth of desperately needed equipment. They are looking for at least half a million dollars. The Bomb Squad is currently operating only a few X-Ray units around the state and one of them is digital. There are three older X-Ray units. They are due to be phased out in the next few months when the last films that go into the X-Ray units are used up.

**Commissioner Atkinson:** I can give you an undertaking that we maintain the Bomb Squad at an entirely appropriate level of capability and if there are requests for replacement equipment it is replaced as a matter of course and if there is a request for new equipment, and that is necessary, then that will be provided. I just have to take those specifics on notice though and respond as soon as possible.

**Mr MESSENGER:** Through you, Mr Chairman, I refer the minister once again to Ministerial Portfolio Statement 1-3, the Brisbane Secure Plan. I take on board her comments about the coalition banging on about a police helicopter, but the reason that we bang on about a police helicopter is that it will save lives and it is a great resource multiplier. Given that there is no capacity to conduct a full aerial recognisance of an area where a significant emergency or terrorist incident has occurred, how do you expect police to adequately respond to any potential terrorist threat or any emergency without a dedicated police helicopter and its surveillance capabilities? Given your government spends millions of dollars on advertising each year, why can you not get the Premier to put aside \$1 million to \$2 million for a 12-month trial of a police helicopter? That is about the same amount it costs for an advertising campaign for the forced local government amalgamations.

**Ms SPENCE:** That is quite a question. The premise behind the question, or one part of it, is that the terrorist incident is going to happen in Brisbane, if it was going to happen. That is not necessarily the case. There are other targets in Queensland besides Brisbane, intelligence people would tell you, and they are up and down the coast of Queensland. There are more high profile targets than Brisbane, actually, for terrorist activity. I do not know that a helicopter sitting in Brisbane will help with the terrorist incident that may take place in Port Douglas, Cairns or the Gold Coast.

You use the helicopter as a panacea for every solution, every problem. The helicopter becomes your solution to hooning on the Gold Coast, to hooning on the Sunshine Coast, and now to terrorism. One helicopter sitting in Brisbane simply is not going to do the range of jobs that the coalition assumes that it is going to do.

You also assume that the helicopter is going to be hovering in the air 24/7 ready to respond to any incident that occurs. It costs \$4,400 just to keep the helicopter in the air for one hour. One helicopter is not going to be up there 24/7 for every police chase that happens anywhere around the state. That is what you are trying to con the people of Queensland into believing.

You also neglect, in this mania for a helicopter, to consider the fact that the Queensland government already provides a whole brace of helicopters around the state but they are badged Emergency Services helicopters. The difference is that in other states, like in New South Wales, they are badged police helicopters. In Queensland we badge them Emergency Services helicopters. Do our police have access to them? Yes, they do. They have access to them in Cairns and the Torres Strait. I would like you to consider, for example, the tragedy of the Lockhart River air crash. Our SERT officers were at that site using a helicopter immediately. What helicopter did they use? Emergency Services helicopters coming from Cairns. Just the fact that they are not badged Queensland Police Service does not mean that our police do not have access to helicopters around the state.

The commissioner and I have had lots of discussions. It would be nice to have a helicopter. Is it their priority at this point in time? No. Their priority this year was a plane for the Torres Strait. In fact, our police in Queensland have the biggest air fleet of any police force in Australia. We are the envy of every other police service in Australia. No other police service has a jet, no other police service has the number of planes that the Queensland Police Service has.

The commissioner will tell you, and has told me and said it publicly on many occasions, that after this plane for the Torres Strait, the next priority is another plane to service western Queensland. A helicopter would be nice, but it is not the priority at this point in time.

**Mr MESSENGER:** There are a number of factual errors in your reply and I will try to cover those in my response and my question. First of all, a helicopter is not going to cost \$4,400 an hour. The helicopter of a recognisance variety, a specifically purpose-built helicopter, would cost about \$1,000 an hour. You have no excuse for not knowing that because I have detailed in parliament costs of helicopters. I have also given you studies on a one-year trial of those in Edmonton. I have also been down to the Gold Coast and visited the chief helicopter pilot for Westpac. They have a helicopter there ready to go. It has got the FLIR camera, the night sun and it is ready to help you. In fact, it already has helped your service.

**CHAIR:** I would ask the member for Burnett if there is a question attached to this?

**Mr MESSENGER:** Yes. How much money has been budgeted in the 2007-08 year for recognisance jobs undertaken by helicopter units such as the Gold Coast Surf Lifesaver Rescue Helicopter that are asked to assist in tracking high-speed pursuits and then invoice the police for their service? How much did you spend on this service in 2006-07?

**Ms SPENCE:** I am not making up the \$4,400 figure. It is provided to me in the police briefing. The police tell me that they would require a large multi-engine helicopter capable of lifting an eight-man crew with equipment to fit the SERT team in it. A winching capability would be necessary to deliver those officers to a crime scene.

Such an aircraft would cost in the vicinity of \$US7 million and would have limited capability as an observation platform. Hourly operating costs would be in the vicinity of \$4,400 per hour. Emergency Management Queensland operates such aircraft and given the high capital outlay and limited call for such aircraft by SERT an arrangement between the Queensland Police Service and Emergency Management Queensland provides a cost-effective solution.

A single-engine turbine helicopter may serve as a suitable surveillance platform. To be effective it would need to be equipped with electronic surveillance capabilities. Information gathered in-flight should be down linked to the command centre for overall management of the specific task. The cost of such an aircraft with this surveillance package would be up towards \$US3 million. Hourly operating costs would be—and you are right—in the vicinity of \$1,000 per hour, excluding the cost of operating and maintaining the electronic surveillance package. It goes on. Surveillance equipment could include Night Sun, thermal imager, optimal imager intensifier et cetera. A surveillance package would cost in excess of \$US1 million per aircraft and require a maintenance budget for both ground and airborne equipment.

I am sure that at some point in the future some Queensland government will buy the police a helicopter. I still make the point that at this point it is not the top priority of the Queensland Police Service. I think the opposition should be very grateful that we have not budgeted and bought the police a helicopter yet. If we had, the whole law and order policy would be eliminated in one fell swoop. You would not have anything to go to the election on.

**Mr MESSENGER:** Minister, once again you are making factual errors. Sure you can go out and buy a police helicopter, but there is also the lease option which I am sure you are aware of. I am aware of a particular deal that was presented to you or your department where it was only going to cost—

**CHAIR:** Order! I remind the member for Burnett that under standing order 180 the member may ask a question, not make a speech. Would the member please ask a question.

**Mr MESSENGER:** Minister, I refer you once again to page 1-3. How can you credibly hold your head up and not be the laughing stock of the international police and national police services by not having a police helicopter in your terrorist response plan.

**Ms SPENCE:** I am really pleased that the opposition wants to use the whole of the estimates time to debate the helicopter issue because I think it means the Queensland Police Service is in pretty good shape. We have had a lot of debate about helicopters every year at estimates. It is good to see that it is coming up again. I am not going to reiterate what I have said. I will ask the commissioner if he is embarrassed about being the laughing stock of police services.

**Commissioner Atkinson:** It is true that it is my advice to the minister that a helicopter is not our No. 1 aircraft priority. Indeed, it is quite correct that the Britten-Norman Islander that we got for the Torres Strait was the No. 1 priority not just in aircraft but for the service. That has been delivered.

It is absolutely correct that the next priority for aircraft is to have a Cessna Caravan, which we have at Cairns and Mount Isa, in western Queensland. If the police at Charleville have a prisoner who has to stay in custody it is an eight-hour drive from Charleville to get that prisoner to Brisbane. That is the next priority.

A helicopter would indeed be nice. It may be at some stage in the future, after we get the aircraft that I hope we are able to get, the Cessna Caravan, we could have a helicopter. I will make two quick points. If you were going to do surveillance in relation to a terrorist activity then the surveillance in my view would not be done by helicopter. That is at a point where you are going to have intervention. If you have people you suspect of being terrorists, you are not going to set a helicopter above them. You would not do that. You would do surveillance through other means.

We have helicopter support capability from the Department of Emergency Services and the Australian Defence Force if we need it. That would be adequately supplied in terms of any intervention. Most police pursuits—and this is what we aim for—are called off within two to three minutes. If you had a helicopter at Brisbane airport with a pilot in the hangar ready to fly it, it would take five to six minutes to get that helicopter into the air. Most police pursuits are over in two to three minutes. That is what I want. I want them to be terminated quickly. If you have a helicopter up there, that does not reduce the terribly unsafe nature of a police pursuit. That does not stop the person in, say, a stolen car who may be young, alcohol or drug affected. They do not care if there is a helicopter up there. It does not stop them from running a red light and killing someone. I think the issue of police pursuits is a very complex one and requires more detailed consideration.

The best helicopter fleet in the world is with the Los Angeles Police Department. Its goal is to have two helicopters in the air over the city of Los Angeles 24/7. It takes 23 helicopters to deliver two in the air at any one time. If you had one you would get limited air time out of that helicopter. It is a very complex issue. I am not saying it would not be nice to have one, but it is not the No. 1 priority at the moment.

**CHAIR:** The next round of questions will be from government members. I call the member for Mount Isa.

**Mrs KIERNAN:** Page 1-38 of the MPS refers to the allocation of \$79.9 million that has been made to support the purchase of other plant and equipment, barring helicopters, such as motor vehicles, communications and other equipment. Can you please outline for the committee the budget for police vehicles, how many vehicles the service currently has, and outline the function of any specialist vehicles police have to assist in front-line policing?

**Ms SPENCE:** I thank the member for the question. This government believes that it is important to provide police with up-to-date and effective tools and technology to allow them to do their job. Police vehicles are a very important issue. I would like to put on the public record—because I know the member for Burnett has gone out and said this time and time again—that I have never rejected a police request for a new vehicle.

It is probably still quite amazing that every request for a vehicle comes onto the minister's desk and gets approved. I understand that in National Party days every request for a new police car actually went to cabinet for approval. But today the minister does it. I have never knocked back a request for a police vehicle.

The Queensland Police Service fleet currently numbers 2,164 vehicles. It is a specialist fleet of vehicles that is selected primarily for operational effectiveness. In last year's budget we had an operational budget of \$12.8 million. This comprised \$39.2 million for replacement vehicles which is offset by vehicle sales of \$23.2 million. A further \$16 million has been funded to cover this difference.

The fleet expanded by 69 vehicles last year at a cost of \$4.8 million with the majority of additional vehicles allocated to operational policing. Not only do we provide funding for cars and vans but funding for other vehicles especially designed for planned events like Indy. Last year we allocated \$600,000 for three command and control platforms. During the planning process the decision was made that the vehicles could be better used as mobile police stations. As a result of this decision, and after an assessment of regional requirements, the Queensland Police Service decided to obtain a fourth vehicle. The final cost of these vehicles is \$214,000 each.

The Mercedes-Benz Sprinter van was identified as the most suitable vehicle for the mobile police stations. Each of these vehicles will be fitted with state-of-the-art voice and data communications, radios capable of operating on all frequencies, including marine based frequencies, and computers. The vehicles will be self-contained with their own generators and lighting equipment which will allow for the long-term deployment of police.

It is proposed to base two of the vehicles in Brisbane and a further vehicle on the Gold Coast and the final vehicle in Townsville. These locations have been determined as they allow for immediate deployments in times of emergency to the major population centres of the state. I am advised by the service that the vehicles will be deployed as each has the necessary fitouts completed, with the last vehicle to be ready by June next year.

The government announced plans to acquire a forward command vehicle at a cost of \$950,000. The planning is well underway. It would have been completed but the Police Service made a decision to delay the purchase to put in new design requirements. That vehicle is certainly on its way.

**Ms van LITSENBURG:** I refer to page 1-38 of the MPS which indicates that this budget will allocate \$102.3 million for the Queensland Police Service's capital investment plan. Can you advise how this money will be spent?

**Ms SPENCE:** Thank you very much for the question. Obviously the capital works budget is very important to the Queensland Police Service. I am very proud of the fact that in the last 3½ years that I have been the minister the capital works budget has increased substantially. When I became the minister three years ago the budget for capital works was \$32 million. That was in a budget of over \$1 billion for the service.

Since then we have dramatically increased this expenditure. In 2004-05 we increased it to \$44 million. In 2005-06 the figure almost doubled to \$70 million. This year there is a budget of \$102.3 million for capital works projects around the state. This will build new police stations, provide police housing and other smaller projects.

It is part of our election commitment to spend \$262 million over the next four years upgrading and replacing police stations and infrastructure across the state. Of this \$102 million, \$83 million will be spent on major projects including construction works on new and replacement stations or upgrading and

refurbishing. A further \$6.9 million will be spent on police accommodation in rural and remote areas. As we have heard tonight we will be spending in the vicinity of \$18 million on police housing in Aboriginal communities around the state.

As I have travelled around the state I have found that a lot of the existing police stations, which were once quite adequate, have become inadequate because of increasing police numbers. They have simply become overcrowded. That is why we are doing things like replacing the Fortitude Valley station which will cost \$13 million. We will be doing things like replacing the Ayr Police Station and the Whitsunday Police Station. I am pleased to say that we will be replacing some of the old police stations in Brisbane like the Holland Park and Camp Hill stations. We will do it in other areas around the state.

I think we are starting to see very high-quality police stations around the state. The current design is very good. I have to say that, more than any other agency I have observed in government, the police really do know how to get value for money when building police stations.

**CHAIR:** Page 1-12 of the MPS states that the QPS has purchased new digital photographic equipment for forensic and crime scene officers. How much does this equipment cost and what benefit does it have for operational policing?

**Ms SPENCE:** This is very important technology for the scenes of crime officers. As of July this year, 26 digital camera equipment kits have been rolled out to the forensic services branch and 131 kits to scenes of crime officers within the Metro North, Metro South, South-East and Northern police regions. The cost of an individual digital camera kit is \$5,700, so the total cost of 157 kits is over \$900,000. As well, the service currently has 40 Tablet lap top field computers known as Toughbooks which are used by forensic officers in addition to the digital camera kits. The change from film based photography to digital imagery has made their job more efficient. The remote data entry digital imaging project has been established to move the Queensland Police Service from a conventional film based photography system to digital imaging to reduce administrative imposts and to increase the speed at which results are provided to investigating police.

Forensic officers record observations and examination results directly on to the case management system. Digital photographic images, including fingerprint images, are immediately uploaded to the case management system, removing current time consuming administrative requirements in the office. The latent fingerprint images recorded at crime scenes are then forwarded direct to the fingerprint bureau where they can be entered and searched on the national database, reducing the time taken to identify offenders.

The ability to send images from the scene electronically will enable forensic officers to collaborate on the examination and reconstruction of crime scenes. Experts in forensic laboratories will be able to view images from a remote location in real time and provide guidance and advice to the scene examiner. The new equipment means QPS forensic officers are able to remain in the field longer, the paperwork associated with their work has been reduced and exhibits are able to be processed more quickly. I am pleased to inform the committee that these technological leaps forward are good news for our forensic police and the community and I think are very bad news for our criminals.

**Ms STONE:** Page 1-20 of the MPS refers to Task Force Argos maintaining a dedicated child protection internet investigations team. Can you please outline the key initiatives that Task Force Argos has undertaken and how this task force has and continues to educate children and parents about the risk when using the internet?

**Ms SPENCE:** I thank the member for the question. I think that Task Force Argos is known nationally as a leader in the investigation of child exploitation online and for developing very proactive policing strategies. It has very good links with international law enforcement networks and has been responsible for many significant arrests of paedophiles who operate on the internet in particular. Its statistics over the last year are very impressive. From the period of July 2006 to 9 May this year, officers from Task Force Argos have been involved in the arrest of 103 offenders on 969 charges resulting in the identification and removal of 40 children from further harm—27 from Queensland, two interstate and 11 overseas. Task Force Argos itself generated and referred 56 international targets and 38 interstate targets during this period. As well as doing that very proactive and important work, the task force has developed some very important educational material for Queensland's parents and children. I might ask the commissioner to comment further on its work.

**Commissioner Atkinson:** Thank you, Minister, and certainly that is a very important issue. For many parents the reality is that the child is left alone in a room with a computer and the parents have no idea as to what the child is doing, so that is probably one of the most important messages for parents to be across and aware of what children, particularly at a vulnerable age in their early teens, are actually doing on the computer.

I just want to touch on two other things in terms of the work of Task Force Argos in terms of how it is really working at a very high level of professionalism. The first area is that the equivalent unit for the FBI is called the Innocent Images unit and one of our Argos officers at the request of the FBI has been over there with them now for I think well over six months in terms of imparting to the FBI's Innocent

Images unit the skills and expertise that it has here in Queensland. I think that is a great accolade to the officers involved that an entity such as the FBI would ask our people to go over there. At one stage we had two of our Argos officers there at its request.

The second area in which Task Force Argos is leading Australia in terms of a concept—and this could extend internationally, because these offences know no boundaries—is trying to set up a digital library of the background scenarios of the child abuse. In other words, if a child is being abused in a bedroom and on the wall in the background you can see through a window into the view or there might be a brochure or a painting, those details are recorded with a view to having some national and international recognition capability to try to determine where that is happening, and it has actually had some success with that in identifying a particular location which helped locate the offender.

**Ms van LITSEBURG:** Minister, page 1-7 of the MPS refers to three Asia Pacific Economic Cooperation forum meetings to be held in Queensland. Can you explain what preparations are in place by the Queensland Police Service to ensure the community and the delegates are protected? Has the planning been affected by the recent resignation of some members from the Special Emergency Response Team who police these events?

**Ms SPENCE:** I do thank the member for the question. You are right; we have already had two important APEC meetings in Queensland, with a third one to be held here very shortly. I might ask the commissioner to comment on the preparation that the police have undergone for these important meetings.

**Commissioner Atkinson:** Thank you, Minister. We believe that our planning is more than adequate. We always plan for the worst and obviously always hope for the best. Some people criticise us at times for overplanning and for putting in more resources than may be needed, but I have always had the view that it is far better to do that. The two primary locations for APEC events here and meetings in Queensland are Cairns and Coolum. I think in my view the most significant one, whilst they are all important, is the one at Coolum, which is for three days at the end of July and beginning of August which is the finance ministers' meeting, and of course the federal government's Mr Costello will be at that along with other finance ministers.

Our program involves just planning for every possible contingency and having a strong police presence available at the time of the meeting. I think we are well placed to do that. I think one of the achievements in Queensland—and it was a combined effort—was the hosting of the Commonwealth Heads of Government Meeting here in early 2002. That meeting was originally scheduled to take place in October 2001, and of course no-one will forget the events of September 11, 2001. As a result, understandably, the Commonwealth Heads of Government Meeting was postponed and there was a view at the time—in October 2001 when it was postponed—that it would not go ahead because it would not be feasible to have 53 world leaders, including people such as Tony Blair, together in one place at the one time. I think the fact that it was held within six months of September 11 here in Queensland at Coolum was a good indication of our capability here in terms of hosting a major international event and providing the appropriate security coverage and protection for that.

Having said all of that, we are not complacent and we realise that in the world we live in today—and recent events are certainly indicative of that—there is simply no finishing point with any of this and you have to be constantly aware and alert. As well, I should say that we have good cooperation from all of the federal authorities, and obviously they have an enormously vested interest in this because it is the federal government that primarily sponsors APEC. So our relationship, without going into detail, with the Australian Federal Police, with Customs, with Immigration, with ASIO and the Australian Defence Forces is very sound.

**Ms STONE:** Minister, I want to talk about Tasers and page 1-22 indicates that a trial of the Tasers will commence in 2007. How will this trial be conducted and evaluated? Are offenders or police officers at any risk if Tasers are deployed?

**Ms SPENCE:** Yes, the trial started on 1 July and there have been three instances where Tasers have been used without injury to the offender or the police officer involved. One incident saw police deploy a Taser on a man who allegedly attacked a female constable and tried to grab her gun belt at Nobbys Beach on the Gold Coast. In another incident police used a Taser on a woman who was allegedly strangling a heavily pregnant woman at Alexander Hills in Brisbane's eastern suburbs. The woman was immediately subdued and there was no injury to police, the pregnant woman or her alleged attacker. The third incident saw police deploy a Taser on a man during a standoff at East Brisbane. There have been four other instances where warning that a Taser would be used ended a potentially dangerous situation.

In March this year I announced the trial of Tasers amongst first response officers in response to the numerous assaults on officers in the last 18 months. The prevalence of drugs such as ice means that police officers need as many options as possible to contain violent offenders, and the deployment of the Taser devices will provide police with another option that may in some circumstances avoid the need to resort to lethal force. The trial gives the Queensland Police Service the chance to investigate new methods of dealing with dangerous and often violent offenders with minimal long-term injuries to both

offenders and arresting officers. They have been issued to all district duty officers and regional duty officers in two Brisbane and the South Eastern police regions. These officers have been trained in the use of Tasers and in some instances have actually received a Taser deployment themselves to understand its ability to temporarily incapacitate offenders. These officers were chosen for the trial because of their seniority, experience and proven ability to make sound decisions, often in high-risk situations.

Our research indicates that the injury rate from Tasers for offenders and police officers is much lower than the injury rate for other methods of force, and that is why the government was pleased to back this trial. The Taser devices operate by transmitting an electric current to the subject's body which causes involuntary muscle contractions and loss of mobility, rendering the offender unable to fight or attack. The effect ceases as soon as the Taser device is switched off, with minimal post care required. We have also asked the CMC to participate in a formal evaluation of this trial which will go for 12 months. Of course, our SERT officers have had Tasers since 2002 and they have deployed the Tasers 13 times without injury in that space of time. I know there has been some criticism from the Police Union and others that just giving these Tasers to the regional duty officers and district duty officers means that they would not be used. The fact that they have been used and presented on a number of occasions in the first two weeks of this trial means in fact it was a very wise decision by the commissioner to deploy them in this way.

**CHAIR:** The next round of questions will be from non-government members, bearing in mind this examination is due to finish in four minutes. Thank you.

**Mr MESSENGER:** Minister, I refer you to the Ministerial Portfolio Statement at page 1-12 relating to QPRIME. There were significant problems with the initial rollout of QPRIME, so much so that it had to be done in two phases. I ask, with reference to the second stage of QPRIME, what is the current expected total cost for the full implementation of QPRIME over the full four years compared with the original costings of \$93.4 million? Isn't it true that the second part of the phase for QPRIME—that is, 2.1—was not budgeted for in the original costing for QPRIME? Minister, given QPRIME is now not replacing all of the 234 data systems but will act as an interphase between them, how much extra will this cost to continue to run and maintain QPRIME in that capacity?

**Ms SPENCE:** I might ask Mr Brown to answer. We do not know if we are going to answer them all in the time allotted, but he is going to give it a go.

**Mr Brown:** In relation to QPRIME, the original concept for the project was, as they describe it, a big bang delivery. However, after further analysis of the project we determined that it was a fairly complex program and we desired to develop the program over a number of phases—phase 1, phase 2.1, phase 2.2 and then phase 3. This extended the length of the project in its life. The advantages of doing it in this way was that it allowed operational police greater ability to gain understanding of the system and of the delivery of the program over that phase. It has allowed the service to provide an enhanced educational program for the police officer to use the QPRIME service. Phase 1 was still delivered with a number of lessons learnt in relation to how we could deliver it better, and in phase 2.1 we enhanced that service delivery. I understand that phase 2.1 now has been well received by the operational police at this point in time and that the project is rolling out further to phase 2.2 and then to phase 3, which will be delivered by the end of 2008.

**Mr MESSENGER:** Do you have any costings at all?

**Ms SPENCE:** We have given you quite a few costings in our answer to the question on notice I see here. There is quite a lot of detail in the answer to question on notice No. 10. Obviously we do not have the rest of it here tonight. If you want to put them on notice, we will get back to you.

**Mr MESSENGER:** Thank you. I would appreciate that, Minister.

**Commissioner Atkinson:** I only want to endorse Mr Brown's comments. This is a massive IT project and any major IT project anywhere in the world always faces three challenges—whether it will deliver what it promised, whether it will deliver that in the time frame it promised and whether it will deliver it within the budget it promised. We have certainly had our challenges. As Paul Brown indicated, probably with the training we could have done that a little bit better initially but we think we have corrected that now. But when you look at those three things—will it deliver what it promised, will it be essentially on time and will it be essentially within budget—we think the answer is yes to all three.

In terms of the detail of exact budget costs, regrettably I do not have those with me at the moment. As the minister indicated, if you would give us a further question on those we will endeavour to respond. I think that we have reached the turning point with QPRIME. It is a big thing for people to take on board new information technology. The younger officers clearly cope better with that than the older officers, and that is not a criticism of the older officers but there is just a sense and a mood. I noticed in the last *Police Union Journal* there was actually almost a positive comment about QPRIME. I just get a sense that we have turned the corner with it, hopefully, and the benefits will definitely be quite outstanding in the fullness of time.



**CHAIR:** The time allotted for the consideration of the estimates for the Minister for Police and Corrective Services has expired. I thank the minister and the portfolio officers for their attendance. For the information of those attending today, the hearing transcript for this portfolio will be available on the parliament's web site in approximately two hours. As the time is now 7.15 pm, that concludes the committee's consideration for the matters referred to it by the parliament on 5 June 2007 and I declare this public hearing closed.

**Ms SPENCE:** Mr Chair, could I just thank you and your committee for the professional way that everyone has engaged in this process today. I want to take the opportunity of putting on the public record my thanks to Queensland Corrective Services and also the Queensland Police Service on a job well done. An enormous amount of effort and energy goes into the preparations for these estimates committees. A lot of people put in a lot of hard work and burn the midnight oil. I do acknowledge that and thank my departments.

**CHAIR:** I will accept that. I would also like to give the member for Currumbin an opportunity to make a brief statement.

**Mrs STUCKEY:** Thank you, Mr Chair. On behalf of the non-government members, I would like to thank the minister and her staff, too. There has been a real spirit of cooperation today and I thank you and all of your staff for that. I thank you, too, Mr Chair, the other committee members and of course our researchers and assistants. It has been an absolute pleasure to be on Estimates Committee B.

**CHAIR:** Thank you very much. I would also like to take the opportunity finally to just thank the Hansard staff and all other staff who have assisted here today.

**Committee adjourned at 7.16 pm**