

Senate Community Affairs Legislation Committee

Report on Additional Estimates 2009-2010

1.1 On 26 November 2009 the Senate referred the following documents to the Committee for examination and report in relation to the portfolios of Health and Ageing; and Families, Housing, Community Services and Indigenous Affairs:

- particulars of proposed additional expenditure in respect of the year ending on 30 June 2010 [Appropriation Bill (No. 3) 2009-10]
- particulars of certain proposed additional expenditure in respect of the year ending on 30 June 2010 [Appropriation Bill (No. 4) 2009-10]
- Final budget outcome 2008-09
- Issues from the advances under the annual Appropriation Acts for 2008-09.

1.2 The Committee has considered the additional expenditure of the portfolios set out in their respective Portfolio Additional Estimates Statements 2009-2010 (PAES). Explanations relating to the estimates were received from Senator the Hon Joseph Ludwig representing the Minister for Health and Ageing, Senator the Hon Chris Evans and Senator the Hon Ursula Stephens representing the Minister for Families, Housing, Community Services and Indigenous Affairs, and officers from the portfolio Departments at hearings held on 10 and 11 February 2010.

1.3 The Committee also considered additional expenditure at a hearing on 12 February 2010 on cross portfolio Indigenous matters pursuant to Resolution of the Senate of 26 August 2008.¹ Explanations relating to the estimates were received from Senator the Hon Mark Arbib. Officers from the following portfolio Departments and agencies were in attendance:

Education, Employment and Workplace Relations

Families, Housing, Community Services and Indigenous Affairs

Health and Ageing

Australian Hearing and Centrelink agencies (Human Services portfolio).

1.4 The Committee expresses its appreciation for the assistance of the Ministers, Departmental Secretaries and the officers who appeared before it.

1.5 In accordance with Standing Order 26, the date for submission to the Committee of written answers to questions or additional information relating to the expenditure is 1 April 2010.

1 *Journals of the Senate*: No.22 – 26 August 2008, p.683.

1.6 The Committee discussed many of the expenditure proposals and information contained in the PAES. These discussions are detailed in the Committee's *Hansard* transcripts of 10 to 12 February 2010, copies of which will be tabled in the Senate. *Hansard* transcripts of the estimates proceedings are also accessible on the Committee's website at http://www.aph.gov.au/senate_ca. Answers to questions taken on notice and tabled documents relating to the Committee's hearings will be tabled separately in the Senate. Consolidated volumes of this additional information may be accessed from the Committee's website.

Procedural matters

Cross portfolio Indigenous matters

1.7 To assist both the Committee and portfolio departments the Committee conducted the cross portfolio Indigenous matters hearing in a similar program format to the previous hearing. Themes and issues were again listed for consideration across portfolios and this approach has proven to be a satisfactory way for Senators to seek information on cross portfolio matters. The Committee acknowledges and appreciates the assistance of the Department of Families, Housing, Community Services and Indigenous Affairs in coordinating portfolios to enable the hearing to be conducted in this manner.

Public interest immunity claims

1.8 During the hearings the issue of public interest immunity pursuant to Order of the Senate dated 13 May 2009 was not raised.

Provision of answers relating to Supplementary Estimates 2009-10

1.9 The Committee acknowledges the Departments' efforts in providing answers to a large number of questions on notice relating to the supplementary estimates. Both portfolio Departments, Health and Ageing (DoHA) and Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), provided approximately half of the answers by the due date. The majority of the remaining answers were progressively provided within the following month, and all were provided by the commencement of the hearings, with the exception of three answers which were provided by DoHA shortly after.

Attendance of portfolio agencies

1.10 A number of agencies had been requested to attend the hearing, including some who had travelled from interstate, and had spent a considerable amount of time at the hearing waiting to be called, but were not then required to answer questions. Reasons ranged from Senators who had requested their appearance unable to be in attendance at the time, or advice that questions would be placed on notice, and other Senators not having any questions of these agencies.

1.11 The Committee Chair apologised to representatives of the agencies concerned, and with the cooperation of the Committee intends to try to prevent this situation occurring at future hearings.

Insufficient time for questioning

1.12 The Committee regrets that for both portfolios there was insufficient hearing time for Senators to ask all of the questions they intended, and therefore a large number of these questions needed to be placed on notice.

Issues

Health and Ageing portfolio

1.13 Senators asked a range of questions covering corporate and cross-outcome matters. The discussions included the National Health and Hospitals Reform Commission's role in implementing a national plan for health reform, including the review, consultation, reporting process, and progress with the report recommendations. Other matters included details of contracts for Voice over Internet Protocol (VoIP) services for DoHA's new building, purchase of leased desktop computers and laptops, and international health experts' professional services.²

1.14 The Australian Institute of Health and Welfare (AIHW) was asked to provide information relating to their contract with FaHCSIA to receive, analyse and write up the work that FaHCSIA had commissioned for an evaluation report on income management. AIHW informed the Committee that this was an unusual piece of work to undertake because they did not undertake a full evaluation. AIHW did not provide input into the design of the evaluation, however considered that:

...it was an important piece of work for us to do from the sense of objectively looking at what the evidence was that had been collected.

AIHW further explained that:

Obviously the design of the evaluation is a very important factor with regard to the extent to which the data you have is comprehensive, is useful and is analysable. That is why in our report we made strong comments about the limitations of the evidence.³

1.15 Other matters discussed with AIHW included the role of their ethics committee, new strategic plan, national minimum data sets on alcohol and other drug treatment services, development of standards for the National E-Health Transition Authority (NEHTA), and hospital expenditure statistics.⁴

2 *Committee Hansard*, 10.02.10, pp.CA6-17.

3 *Committee Hansard*, 10.02.10, pp.CA17-21.

4 *Committee Hansard*, 10.02.10, pp.CA22-24.

1.16 DoHA informed the Committee about the Elective Surgery Waiting List Reduction Plan arrangement with the states and territories, including the use of private sector services to achieve targets, and funding arrangements.⁵

1.17 The Australian Organ and Tissue Donation and Transplantation Authority informed the Committee in relation to the reform package for organ and tissue donation for transplantation, including increased funding and provision of specialist personnel for hospitals; the national professional awareness and education program; donor family support; and organ donation rates.⁶

1.18 Senators sought information on primary care matters which included an update on progress with the GP Super Clinic project. DoHA informed the Committee that of the original 31 locations for Super Clinics 28 funding agreements had been fully executed but only two are fully operational. Information was also provided as to the number of fully and partially operational clinics. The status of several particular clinics or proposed sites, and the services already provided or planned were also discussed, as well as workforce shortage, the employment of overseas trained doctors, and relocation incentives to move to Super Clinics. Other primary care matters discussed included proposals to consolidate Divisions of General Practice and funding agreements with the Divisions.⁷

1.19 Private health insurance issues included the private health insurance rebate, Medicare levy surcharge, and modelling relating to the measure overall. The Committee was also informed that in the most recent quarter of data private health insurance membership had increased slightly, with the current proportion at 51.6 per cent, up from 51.4 per cent in the previous quarter.⁸

1.20 Senators questioned DoHA about hearing services provided to children with severe hearing loss and provision of subsidies for children requiring a direct bone conduction hearing aid device. Questions were also asked about modelling being undertaken to assess the cost of providing support for people over 21 to retain access to hearing services. The Committee also sought information in relation to hearing difficulties and building design.⁹

1.21 Questions relating to pharmaceutical benefits matters included the review of the Pharmaceutical Benefits Scheme (PBS) reforms, including the consultancy process, and modelling; community service obligation for pharmaceuticals, the funding pool for PBS medicines, and distribution arrangements; progress with the fifth pharmacy agreement; and the review of the pharmacy location rules. E-script

5 *Committee Hansard*, 10.02.10, pp.CA24-28.

6 *Committee Hansard*, 10.02.10, pp.CA29-30.

7 *Committee Hansard*, 10.02.10, pp.CA31-39.

8 *Committee Hansard*, 10.02.10, pp.CA40-43.

9 *Committee Hansard*, 10.02.10, pp.CA45-47.

payment for electronic prescriptions, implementation of the chemotherapy measure, and PBS access for nurse practitioners and midwives were also discussed. Senators also sought information in relation to new therapeutic groups and the role of the Pharmaceutical Benefits Advisory Committee (PBAC) in reviewing listed medicines to determine if they fit within a therapeutic group. The Senate Community Affairs References Committee is currently inquiring into consumer access to pharmaceutical benefits and the creation of new therapeutic groups through the PBS.¹⁰

1.22 The Committee discussed aged care matters at some length with DoHA. Included in discussions were transition arrangements from the Continence Aids Assistance Scheme to the Continence Aids Payments Scheme and outcomes and services for participants in the scheme; the impact of an Emissions Trading Scheme (ETS) on aged-care facilities and the Government's Climate Change Action Fund to provide assistance to businesses and community organisations, including operators of aged care facilities. The stocktake of aged-care places, status of reviews for accreditation standards, accreditation processes and the complaints investigation scheme, and the engagements and activities undertaken by the Ambassador for Ageing were also discussed. A number of questions were also asked relating to the aged care approvals round and the application process, Aged Care Funding Instrument (ACFI) review, and requirements for aged care services to provide support and quality care to people in the LBGTI group.¹¹

1.23 DoHA was also asked to provide an update on progress with assistance to young people with disabilities to be accommodated in alternative residential care out of aged care facilities. The Nursing Home Oral and Dental Health Plan, evacuation procedures in aged care homes in the event of disasters such as bushfires, the Zero Real Interest Loans Initiative, and viability of smaller regional aged care facilities were also discussed. Aged care workforce topics included the impact of award modernisation, aged care nursing scholarships and Bringing Nurses Back into the Workforce program.¹²

1.24 The Aged Care Standards and Accreditation Agency (ACSAA) informed the Committee in relation to the unannounced visits program, and compliance with nutrition and hydration standards in aged-care facilities.¹³

1.25 Following up on the Committee's report recommendations for the inquiry into children in institutional care titled *Forgotten Australians*, Senator Siewert asked questions relating to progress with the initiative to provide support to former children in institutional care, particularly so far as aged care was concerned. DoHA advised that development work had commenced on an educational package of support for

10 *Committee Hansard*, 10.02.10, pp.CA47-61.

11 *Committee Hansard*, 10.02.10, pp.CA61-76.

12 *Committee Hansard*, 10.02.10, pp.CA77-86.

13 *Committee Hansard*, 10.02.10, pp.CA86-87.

'forgotten Australians' who have now been identified as a special needs group under the aged-care legislation through an amendment to the Allocation Principles.¹⁴

1.26 Questions relating to access to medical services included take-up rates for the Healthy Kids Check program; stakeholder input to the MBS Quality Framework; changes to Medicare rebates for cataract surgery; review of Medicare schedule items for joint injections and aspirations; Medicare Teen Dental Plan; and an MRI licence for Warrnambool in Victoria.¹⁵

1.27 The Office for Health Protection informed the Committee of the strategies in place to deal with emerging infectious diseases, including preparedness and response plans. Funding and research coordination in Australia and internationally were also discussed. Senators also sought information concerning provision of health services for border protection agencies. A number of questions were asked relating to the supply of H1N1 flu vaccine, particularly with regard to the cost, uptake rate and clinical trials.¹⁶

1.28 Questions on sporting matters mainly related to the report of an Independent Sport Panel, chaired by Mr David Crawford, which reviewed all aspects of sport in Australia and its future direction, referred to as the 'Crawford report'. Panel membership was discussed, including remuneration and whether declarations of conflicts of interest were completed before appointment of panel members. The Crawford report recommendations were also discussed, as well as the report's appendix I which the Committee was informed had not been publicly released in its entirety because of commercially confidential information pertaining to the Gemba group, the body who prepared the appendix. Other sporting topics included the hotel contract for food and beverages for the Commonwealth sports ministers' meeting in Beijing and the contract for the FIFA World Cup bid negotiations.¹⁷

1.29 Rural health matters related to the new zoning system for regional and remote communities, and the possible impact on communities, GPs, and overseas trained doctors. The rural GP locum program, number of applications and placements were also discussed, as well as the Rural Health Workforce Strategy and provision of services for rural and remote Australians.¹⁸

1.30 Questions relating to the nursing workforce included recruitment targets for nurses returning to the workforce under the Bringing Nurses Back into the Workforce program, and abuse of nurses in the workplace. Medical education and training matters discussed included the processes in place to ensure a balance between the

14 *Committee Hansard*, 10.02.10, p.CA77.

15 *Committee Hansard*, 10.02.10, pp.CA87-96.

16 *Committee Hansard*, 10.02.10, pp.CA96-103.

17 *Committee Hansard*, 10.02.10, pp.CA103-108.

18 *Committee Hansard*, 10.02.10, pp.CA109-114.

number of medical school graduates and the availability of intern and postgraduate training places.¹⁹

1.31 Further information was sought from DoHA concerning midwives, including the impact of the proposed collaborative arrangements and indemnity insurance issues, which were matters discussed at length during the Committee's inquiry into the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and related Bills.²⁰

1.32 The Committee was provided with an update on the implementation of E-Health, including system development, trialling, healthcare identifiers, the time-frame for roll-out of the system, and capability across the health system.²¹

1.33 Cancer Australia agency, in response to a question relating to how priorities are set with regard to cancer research, particularly for less well-known forms of cancer, informed the Committee of their role and functions:

...we work with a large range of providers, both funders and researchers, and that has been melded into the Priority-Driven Collaborative Cancer Research Scheme. That process puts forward priorities, either for policy or for practice, to the research community on an annual competitive merit based program jointly with evaluation by the National Health and Medical Research Council. Then, subsequently, Cancer Australia and its committees seek to ensure that we are investing across the full spectrum of cancer. To that end, Cancer Australia ... has put together a range of priorities which really are incredibly broad in their remit and target a number of cancers that may otherwise not be in the public eye.²²

1.34 Discussions on mental health matters included the allocation of funding for the COAG National Action Plan on Mental Health for phone and web-based counselling services; and breakdowns of funding provided to organisations for stages 1 and 2 of mental health services in rural and remote areas. In relation to the provision of ongoing treatment following attempted suicide, DoHA informed the Committee that a project had been developed under the Access to Allied Psychological Services program to support individuals upon discharge from hospital.²³

1.35 Population health matters included the consultation process, research contracts, and preliminary work undertaken by the Preventative Health Taskforce. Food Standards Australia New Zealand (FSANZ) agency provided information on

19 *Committee Hansard*, 10.02.10, pp.CA115-116, 120.

20 *Committee Hansard*, 10.02.10, pp.CA117-119.

21 *Committee Hansard*, 10.02.10, pp.CA120-126.

22 *Committee Hansard*, 10.02.10, p.CA127.

23 *Committee Hansard*, 10.02.10, pp.CA128-132.

requirements for testing for chemical residues in frozen vegetables in Australia and internationally.²⁴

1.36 Questions asked of the Therapeutic Goods Administration (TGA) related to the processes followed when TGA decided whether a drug should be approved for use in Australia, and whether testing is more rigorous in relation to prescription medicines. Processes used to approve devices such as artificial joints were also discussed. TGA informed the Committee that the regulatory framework for implantable devices is an internationally harmonised framework called the global harmonisation taskforce framework for regulation of medical devices. TGA also advised that although they have well-established processes for investigating faulty medical devices they do not have the power to compel healthcare professionals to refer faulty devices to them. TGA also informed the Committee their medical device expert advisory committee investigates orthopaedic implants as a result of reporting by the Joint Replacement Registry. Regulatory action has been taken by this committee, including the removal of several devices from the market.²⁵

Families, Housing, Community Services and Indigenous Affairs portfolio

1.37 The Committee sought information relating to a number of corporate issues and matters which cross outcomes, including total staff numbers, the number of staff having identified a disability, people with a disability employed on the traineeship program, and the number of DLO officers attached to ministers' offices. Contracts for the procurement of services from Disability Enterprises, expenditure on consultancy services, advertising and marketing were discussed. Information was sought in relation to the design of research programs and adherence to the National Statement on Ethical Conduct in Human Research and other ethical guidelines when data collection involves vulnerable people.²⁶ This issue was further discussed later in the hearing and an explanation provided in relation to the ethical processes followed for a particular research project.²⁷

1.38 Matters relating to seniors included the Commonwealth Seniors Health Card concessions and eligibility thresholds, income test and changes to income streams, number of same-sex couples declaring their relationship for pension assessment, and pensioners with irregular incomes affected by assessment changes.²⁸

24 *Committee Hansard*, 10.02.10, pp.CA132-137.

25 *Committee Hansard*, 10.02.10, pp.CA137-141.

26 *Committee Hansard*, 11.02.10, pp.CA5-15.

27 *Committee Hansard*, 11.02.10, pp.CA121-122.

28 *Committee Hansard*, 11.02.10, pp.CA16-26.

1.39 Senators discussed housing matters with FaHCSIA at length, including the effectiveness of KPIs and COAG performance indicators in measuring outcomes in delivery of programs and initiatives relative to the National Rental Affordability Scheme (NRAS), National Affordable Housing Agreement (NAHA), Homelessness National Partnership, and rent assistance. Information was sought on Housing Affordability Fund (HAF) projects, additional housing stock, and the role and work of the National Housing Supply Council in planning to meet housing demand. Progress with work under the maintenance component of the Social Housing Initiative, delivery of housing under the stimulus package, funding agreements under HAF, and sustainability and energy efficiency benchmarks for social housing were also included in discussions.²⁹

1.40 A range of questions were asked by Senators relating to homelessness, including the numbers of homeless people, including women and children who are homeless due to domestic violence.

1.41 The Committee was informed by the Office for Women and Equal Opportunity for Women in the Workplace agency (EOWA) on matters such as the consultation process and timetable for the review of EOWA, affirmative action reporting and compliance, particularly with regard to appointment of women to Boards. EOWA advised that workshops were provided to assist companies with compliance and reporting. Information was also provided on delegation representation and progress with preparations for attendance at the Beijing +15 UN General Assembly on women's rights. The national plan to reduce violence against women and their children was discussed in relation to progress with implementation of recommendations of the *Time for Action* report, including the Respectful Relationships programs.³⁰

1.42 A number of questions were asked relating to family matters including Family Relationship Services Australia client identification, and Indigenous service delivery issues. The Secretariat of National Aboriginal and Islander Child Care (SNAICC) program was also discussed in relation to provision of culturally appropriate services to Indigenous communities. Senators sought information on a range of paid parental leave matters, including the scheme's consultation process, eligibility criteria, employer responsibilities, payment options, and implementation plans. Questions were also asked in relation to assistance available to grandparents who care for their grandchildren, succession planning and financial planning services.³¹

1.43 In relation to the national apology to the 'Forgotten Australians' - former children who were in institutional care, including child migrants - FaHCSIA informed the Committee that there had been an overwhelming positive response following the

29 *Committee Hansard*, 11.02.10, pp.CA27-62.

30 *Committee Hansard*, 11.02.10, pp.CA63-69.

31 *Committee Hansard*, 11.02.10, pp.CA70-84.

apology. FaHCSIA also advised of progress with implementation of the recommendations of the *Lost Innocents* and *Forgotten Australians* reports of the Senate Community Affairs References Committee.³² The Committee has a long standing interest in this area and will continue to monitor progress.³³

1.44 The Minister commented that:

...the department should be congratulated on what a great job they did in managing that. It was really well done, but I also think ... we ought to keep reminding people that it was as a result of the committee and the work of the Senate committee that actually made this happen. That is not often acknowledged... I think it is one of the great examples of the way the Senate committee system can work, so I think that we ought to keep acknowledging that is the Senate at its best in that regard and it would never have happened if it were not for the succession of Senate inquiries and pressure.³⁴

1.45 The Committee Chair, on behalf of the Committee, also acknowledged FaHCSIA's excellent work.³⁵ The Committee appreciates the Minister's acknowledgement of the role the Committee played in achieving outcomes for the former 'Forgotten Australians', now the 'Remembered Australians', and the importance of the Senate Committee system.

1.46 Senators asked a number of questions on disability matters, including the harmonisation of disability parking permit schemes across Australia; the national approach to universal design in housing to provide a greater range of homes as people age or for those with a disability; allocation of additional places and locations under the Outside School Hours Care for Teenagers with Disability Program; and details of procurement contracts for services purchased through Australian Disability Enterprises. FaHCSIA provided an update on progress with operations and locations of Autism Specific Early Learning and Care Centres. The status of the National Autism Register, autism adviser services, and waiting time for access to services was also discussed. Other questions related to the carer adjustment payment, development of the National Carer Recognition Framework, status of legislative amendments relating to Special Disability Trusts, accommodation for young people assisted out of residential aged care facilities, and the Personal Helpers and Mentors Program to assist people with mental illness.³⁶

1.47 Matters relating to the proposal to expand income management included the use of the BasicsCard to access income-managed funds; BasicsCard funding and

32 *Committee Hansard*, 11.02.10, pp.CA85-86.

33 *Committee Hansard*, 11.02.10, p.CA86.

34 *Committee Hansard*, 11.02.10, pp.CA86-87.

35 *Committee Hansard*, 11.02.10, p.CA87.

36 *Committee Hansard*, 11.02.10, pp.CA87-105.

service delivery implementation; voluntary income management; income quarantining; participation requirements; exemption and appeals processes. Questions were also asked about financial management assistance and provision of financial services in the Cannington district and Kimberley region of WA, as well as the number of people being quarantined in these areas and the processes involved to be able to come off the scheme. The proposal to reinstate the *Racial Discrimination Act 1975* was also discussed.³⁷

Cross portfolio Indigenous matters

1.48 Senators sought answers to Indigenous issues questions from various portfolio Departments and agencies under the thematic headings detailed on the hearing program. In response to Senators' questions concerning the Closing the Gap initiative, the Coordinator-General for Remote Indigenous Services provided a comprehensive overview of progress being made, priorities identified in consultation with communities, and implementation plans for a range of initiatives under the National Partnership on Remote Service Delivery. Governance and leadership matters were also discussed.³⁸

1.49 Matters discussed with Centrelink included income management, income quarantining, and some difficulties experienced in relation to the BasicsCard. Services provided by Centrelink in relation to financial counselling and assistance with improving money management skills were also discussed.³⁹

1.50 A considerable number of housing questions were asked by Senators relating to remote Indigenous housing, the Strategic Indigenous Housing and Infrastructure Program (SIHIP), including the number of new houses completed or commenced, and houses refurbished and upgraded. Funding allocation for housing in town camps, and maintenance of housing stock were also discussed, as well as homeless Indigenous people in remote areas, State-owned and managed Indigenous housing, and the National Policy Commission on Indigenous Housing.⁴⁰

1.51 Employment and economic development matters included the Australian Employment Covenant initiative to provide training and employment opportunities for Indigenous people. Options available to employers to assist with preparing people for employment were also discussed. DEEWR provided figures on outcomes of key employment programs which showed an 18 per cent increase in Indigenous job placement compared to the previous year. Progress with the placement of Community Development Employment Projects (CDEP) participants into the mainstream labour

37 *Committee Hansard*, 11.02.10, pp.CA106-125.

38 *Committee Hansard*, 12.02.10, pp.CA4-13.

39 *Committee Hansard*, 12.02.10, pp.CA14-18.

40 *Committee Hansard*, 12.02.10, pp.CA20-41.

market was also discussed, including the Cape York income management welfare reform trial and other employment projects.⁴¹

1.52 Indigenous health issues discussed with DoHA included the size of the health workforce under the emergency response initiative, Indigenous health workers, and progress with the Bringing them Home and Link Up programs. The provision of dialysis services and difficulties for people accessing services in remote areas was also discussed. Funding for pharmaceuticals for Indigenous people with chronic disease, and support for pharmacists and delivery of pharmaceuticals in remote areas were also raised. A number of questions were asked relating to hearing health, particularly the difficulties encountered by Indigenous children with hearing loss and their involvement with the juvenile justice system, and lack of suitable sound systems in classrooms.⁴²

1.53 Questions were asked relating to the expected release date for the Central Australian Petrol Sniffing Strategy Unit (CAPSSU) report on petrol sniffing, and differences in payments to Board members of Divisions of General Practice and members of Aboriginal community controlled health organisations' Boards.⁴³

1.54 Other more general Indigenous matters included the Queensland Government's wild rivers legislation and the affect this may have on Indigenous people in that area. Senators also sought information on the recruitment process, appointment, and early resignation of the CEO of the Aboriginal and Torres Strait Islander Healing Foundation.⁴⁴

1.55 In addition to the above issues, a number of administrative and process issues were discussed during the estimates hearings and these are detailed in the *Hansard* transcripts of evidence.

Senator Claire Moore
Chair

February 2010

41 *Committee Hansard*, 12.02.10, pp.CA42-46.

42 *Committee Hansard*, 12.02.10, pp.CA50-59.

43 *Committee Hansard*, 12.02.10, pp.CA55-57.

44 *Committee Hansard*, 12.02.10, pp.CA49-50, 18-20.