

CORRECTED VERSION

SELECT COMMITTEE ON PUBLIC LAND DEVELOPMENT

Melbourne — 30 June 2008

Members

Mr D. Davis

Mr P. Hall

Mr P. Kavanagh

Mr E. O'Donohue

Ms S. Pennicuik

Mr B. Tee

Mr E. Thornley

Chair: Mr D. Davis

Deputy Chair: Mr B. Tee

Staff

Secretary: Mr R. Willis

Research Officer: Mr A. Walsh

Witnesses

Mr B. Walsh, president, and

Dr L. Grayson, member, Kew Cottages Coalition.

The CHAIR — I declare open the public hearing of the Legislative Council Select Committee on Public Land Development. Today's hearings are in relation to the sale and development of public land. In particular I welcome Dr Lindsay Grayson and Mr Brian Walsh, who are both familiar to the committee. All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Legislative Council standing orders. Any comments you make outside the hearing may not be afforded such privilege. You will be provided with proof copies of the transcript a few days after the hearing and will have an opportunity to make any typographical or other changes.

We have received correspondence recently. I wonder if you, Dr Grayson, might lead off with some comment, or Brian if you want, and then we will ask questions.

Mr WALSH — I will just make a short introduction, if I may, Mr Chairman — —

The CHAIR — Sure.

Mr WALSH — Lindsay was not with us at our previous submission to you. Thank you again for the opportunity to make further submissions to you on Kew Cottages today and to introduce Dr Grayson, who will be making the proposal — we say a positive proposal — for the future of the cottages.

As you remember, when we appeared before you before we were not sure whether there still was a possibility of an alternative future to demolition. But we thought there was if the development, as it was at that stage, could be held at the stage 1 boundary.

I am pleased to be able to tell you today that it has been; that it is still at the stage 1 boundary. In fact today, 30 June, is an auspicious date because it is the completion date in the Walker Corporation KRS contract for stage 1. Not only is it the end of stage 1; it is also the end of, as the Premier has said in his media release on 4 June, the completion of the Kew Cottages redevelopment project. This was in the media release from the Premier on the 4th and spelled out, from the government's point of view, that Kew Cottages redevelopment is now complete.

The CHAIR — Fourth of June?

Mr WALSH — Fourth of June.

The CHAIR — In 2008?

Mr WALSH — In 2008. So all the remaining residents — we discussed, and you took evidence on — the 100 remaining residents at September last year who were accommodated on the western border of Kew Cottages have now moved into the new community housing, special housing built by Walker Corporation on the eastern border. And with their move the Premier has declared the project for the disability services, Kew Cottages redevelopment, complete.

So we say here today there is the opportunity to take stock of where we go from here and to not pursue what we see as an outdated plan that was developed in difficult circumstances — we do not need to go back over the evidence we have given you — over five years ago; in fact, back to 1999, when they changed the policy to what was to be done with Kew Cottages.

We say today, at the end of stage 1, 30 June — and we said it to you — it should be looking at not just what happens to the planning, what happens to the heritage, what happens to the trees and the environment, but relooking at disability services as offered in Victoria. We said to you in September that we needed your help to do that, and we say today — with your help, with your committee's help, with the Parliament's help — the government can take the opportunity to relook at what should be done in the future and a positive way forward for disability services.

We say they have already had, within the last few months, the work of the Auditor-General to help them do that, which says there is a need despite this project being complete. It says in the *Accommodation for People with a Disability* report in April that the provision of disability accommodation is in crisis and that DHS needs to come up with new models. That is dealt with at length in that report.

There is nothing stopping, we say, new models being looked at, and they should be looked at. The only thing that has happened, which we ask that you as a matter of priority address, is something that the Minister for Planning, Mr Madden, did in secret earlier this year, which was to approve the stage 2 subdivision permit.

On the advice we have, that approval was informal. That advice is based on another report of the Auditor-General recently tabled in Parliament, *Victoria's Planning Framework for Land Use and Development*, which says that, besides anything else, any permit that was to have been awarded for a state heritage site — which Kew Cottages is — should have been referred to state Heritage Victoria before it was issued. To our knowledge it was not; it cannot have been, because when Heritage Victoria subsequently looked at the documents, they refused the same application put before them for a heritage permit. We say that was an illegitimate permit, and the Parliament needs to review that.

We are now in the position, we think, with a new approach to planning, with a new approach to disability services and with the ongoing involvement of the heritage watchdog to look at the issues of the trees and the environment we were talking about before, to look at a new use for the services. That is what I would like you to take Dr Grayson's evidence on, because there is still an asset that has still not been bulldozed, there are still the facilities that, until the 100 residents move, are being used by DHS, some of which were only built less than eight years ago, and some of which were redeveloped in 2002 at some cost of millions of dollars. Those facilities are still there, so we say there is an opportunity to go forward from where we are today that needs to be taken, but it needs the Parliament to look at it.

Dr GRAYSON — Thanks very much for scheduling me in on the last day. I feel like my son felt last Friday just before school holidays were about to start! The reason for my coming today was really to put forward on behalf of the group a potential sort of compromise proposal that I think and we all think would be of benefit to Victoria and which can build on, really, the new buildings that are there, that I think are terrific, but at the same time I think we could be a bit more innovative and a bit imaginative with the remaining site.

Our proposal is based on two premises: one is that there is a large need, and the second is that there is a large opportunity. The first, the need, is that the current residents of Kew Cottages are only a very small proportion of the disability equation in Victoria, and to our knowledge there are at least 3500 to 4000 people on the waiting list for some sort of accommodation — not permanent accommodation; those days are past.

The idea of perpetuating the old Kew Cottages in everyone's mind or in most people's mind has gone, but coming from a medical background, I know that the vast majority of people are looking after their disabled people or children at home, but what they are really looking for is respite care. They just want a one-week or two-week holiday a year that they can take and know that their kids are being appropriately looked after. For the many people I come in contact with, that is simply not a possibility at the moment.

I guess my question to both the government and the opposition, really as a bipartisan approach — or a quadpartisan approach, really, with this committee — is: is there an opportunity here to perhaps look at a new model of care for these people? We know that the vast majority of them are cared for by their family. My own family many years ago was able to take care of one of my cousins, but we were wealthier than most and we were able to do that. Most people do not have those facilities, and they are not looking for long-term care, they are just looking for a break maybe once every five years when they know that they can have their kids looked after properly.

What is the current plan to do that? Currently we are sitting with a site where there is no question that there were many antiquated facilities, but they have been fixed up in terms of the long-term residents, and, as Brian mentioned, blocks 23 through 26 are practically brand new and would be perfectly suited to actually be the nub for a respite-care centre. This would be a very forward-looking way of approaching the disability service, which is not about inpatient care and long-term facilities; obviously it is for a small proportion, as has been taken care of, but I think it would be an extremely forward-thinking approach.

How can I put this? The measure of a society is how well we look after the weakest in our society, and currently there are a lot of families — Victorians — who are doing it tough with disabled kids and family members, and this would be a new approach to helping them. I cannot think of a better site in the sense that the government already owns the site and it already has buildings which, with only relatively minor renovations, would be suitable to provide this facility.

The CHAIR — There is a long history.

Dr GRAYSON — Of course, a long history; that is very true. I would also add, being a Kew resident — I live only a few streets away — that everyone who has moved into the area has moved in knowing that Kew Cottages were right next door. It is not like it is an environment which is not used to having integrated care and disabled people walking through the streets; we know them from the local Kew Cottages. So it is, to me, a ready set-up to establish a new model of care and to establish a disability respite and support service.

This is not just for the Kew area, obviously; it is right across the state, and in many cases it is rural areas which are the most affected. Because of their geographical distance, people in rural areas have problems accessing even the smallest of services which are present in country towns, and we know that many of the country towns really have very little in this way compared to the city. I guess when I talk about the needs, there are three key areas of need that I see. One is this new way of looking at disability care.

I do not think this is an ugly thing to become political about; I think it really should be a quadpartisan approach, a total Victorian approach. I think there is an opportunity here. The government has done what it set out to do; it has provided long-term housing and in terrific circumstances. There has been some sale of land, so there has been some income, but now we are left with the remaining part of the site, which environmentally is sensitive.

It borders right onto a unique national park and there are many trees and so forth in the remaining sector of this land which fortunately have not been damaged. The area where the building has taken place has been in the least environmentally sensitive area. That has been a good thing, the way the stages were worked out.

I think there is an opportunity here by abolishing — not abolishing; it is too strong a word — or relooking at stages 2 and 3, to say, ‘Couldn’t we do something more imaginative than just building another set of housing developments on a piece of land that is so close to the city, so close to public transport and the freeway?’. We have the nice new EastLink and all the rest of it. It would be readily accessed by these people who really would value this respite care centre.

There is a respite care issue, a disability care issue, an environmental issue and then finally, I would say, an integration issue. As government members you may be more aware than I am but I cannot think of a community — despite the various rhetoric over the past few years — that is more integrated in terms of the community being used to disabled people being in its community. You just have to come down to the shops at Kew Junction on any Saturday morning and you will see that. People are used to this.

Along those lines, I think there is a great need for integration not only in the sort of things I just mentioned but in terms of sports facilities. With that in mind, we have gone around to a number of the schools in the area. Kew primary and others are desperately short of sports facilities but also, let’s face it, there are a number of rather wealthy private schools there. In approaching those schools there has been a general agreement on the face of a discussion about this that they would be interested in developing integrated sports facilities where they paid the cost so long as they had access to them but developing them in a way so that they could be used also by the disabled who were at a respite care centre.

In other words, with the cost of developing any facilities shared by the disability centre and the local community, there could be true integration. If sport is a key part of our society, which it is, this could be a real example of that at relatively little development cost to the government. What we would like to propose is that this area is developed along those lines. There is a need I think for a centre of excellence for the disabled. Whether that is part of this overall centre or not requires further discussion. Clearly the space is there, and I think it would be a more imaginative use of this unique piece of land to develop it along those lines.

Finally, what better opportunity is there going to be for a site like this? I cannot think of another site that is so well placed which is already in government ownership, already has the buildings which require only minor alterations to make them suitable to this and which really ticks all the boxes in terms of being environmentally sensible, with the various trees and other things, and the corridor that has been well described in various documents on the green wedge and so forth around the city. This would fit in with that and at the same time would be relatively cost neutral, in terms of its development costs, especially for the sports facilities.

Already there has been some income from the sale of the land. There may be some more housing blocks that can be sold, if you like, along Hutchinson Drive, on the southern border near the Eastern Freeway. Basically the prime environmental components of the site and especially the current good facilities that remain would still be in good use.

I will not take up any more of your time. That is our approach. We are trying to come forward with a positive suggestion. It is a timely suggestion — it is the last day of your committee hearings, of course — but at the same time, what better time to do it than now, at the end of stage 1? I think that even sceptics like myself would have to agree that stage 1 has been a success in terms of what has been done. I think to go any further than this would be a bit short sighted, really.

I ask you all: how will you address the needs of the 3500 or 4000 Victorians who are really going to need this in the future? What is the alternative plan if you do not use this? At that point I am happy to stop and take any questions.

The CHAIR — Thank you, Dr Grayson and Brian, for your contribution. I guess there are two layers to this. One is where we are now and, as you have suggested, taking stock and not proceeding with an outdated plan. That would, I take it, mean the government speaking directly to Walker Corporation and possibly Mirvac, who have some contractual arrangements with the government, and seeing what they could negotiate there. It seems to me that you are saying also that the planning rights that were given recently by the planning minister may be well out of order.

Mr WALSH — That is correct, Chair, and I wish to make just two points on that.

Dr GRAYSON — They are non-binding, from our point of view. It is not like we have passed the point of no return, in our view. There is room to discuss this further, and this would be a good time to do it.

Mr WALSH — On the first matter, of Mirvac's involvement and certainly Walker Corporation's involvement, it is clear that Walker Corporation was quite willing to leave the site — it was a willing seller. As you have evidence before you, Mirvac was in the business of buying options, and Walker was happy to sell them. So it does not appear to us that there is any longstanding desire of Walker Corporation to remain on the site.

The question is: who takes it off their hands? We would say, as happened in the case of the Abbotsford convent, which you would be aware of, Chair, the government would on just terms be able to buy its way back in. I would not expect, on what has happened so far, for Walker Corporation to object to that.

The CHAIR — Resist that.

Mr WALSH — That is right. Secondly, in terms of the minister's decision, it was not, as we understand and as we have given evidence to you, pursued correctly in terms of the regulations. It was for a subdivision plan that was in breach of an existing heritage control on the Main Drive trees, among other things.

As such, we understand it was subsequently refused a heritage permit. Heritage Victoria, as of this week, is expecting to receive a new application. But in that sense what has already been approved has not been approved by heritage. It needs someone to look at it to sort out just exactly what the minister has done and with what powers he has done it.

The CHAIR — He does not appear to know. But then your point, and I am trying to understand the sequence here, is that if a pause and a reconsideration could occur, then more creative approaches could be investigated that would provide respite care for disabled people around Victoria, and other aspects.

Dr GRAYSON — Correct. I suppose what we are trying to say is that in 50 years time or in 30 years time, when you look back will there ever be another opportunity like this for us as Victorians to provide a service like this on a site that really is well located? That is exactly right. What we are suggesting is, regardless of the politics back and forth about whether the minister approved it properly or not and his view on that, let us try to put that to one side and say, 'Even if he did, even if everything was fine, was that a wise decision?'

As far as we understand, it is not like that means the government is locked into an arrangement with the developers. If we could wind back the clock a number of years and you could say, 'Could we sell some of the land to cover the cost and develop new facilities for the patients who need to be fully looked after there, could we do that?'. Yes, it has been done. Now what else could we do that fits those things that I mentioned before?'. Now is a good time to do that.

As Brian has suggested, we can take the view that there is a whole lot of issues about the so-called approval or non-approval of stage 2, can we put that to one side and say, 'Even if it has been approved appropriately, which we

doubt, is it a wise thing to do?'. Our understanding is that for a relatively small amount of money the developers are happy to step back from this. Could we as 5 million Victorians do something better with a piece of land like this?

Mr TEE — Thank you for your attendance today. I just want to focus on the issue of the contract that is in place. As I understand it, part of the money that the government gets is invested in care, including the relocation of the 360 into the community and the 100 units. We went and visited those units. We have seen them and they look good, and you are saying that it has all proceeded successfully. My concern is that, with a contract in place, have you done any work in terms of the cost of trying to walk away from that contract, as you say, Mr Walsh? What are the just terms? Do we know how much any such proposal will cost government?

Dr GRAYSON — Our understanding is about \$10 million to \$11 million to buy out the contract. That is their sticker price.

The CHAIR — On what is that based?

Mr WALSH — That is based, Mr Chairman, on the press reports at the time that the arrangement on options between Walker Corporation and Mirvac was revealed. That was the figure reported in the press that Walker Corporation was expecting to receive for the options from Mirvac post stage 1 — in other words, stage 2 onwards.

Dr GRAYSON — At current sales prices for the land, that is 10 blocks of land — 10 quarter-acre blocks.

Mr TEE — How many blocks are there in stage 2?

Dr GRAYSON — It depends which version you want to look at; it has been a movable feast. I think it is a couple of hundred — 200 to 300.

Mr TEE — It is a couple of hundred times how much each?

Dr GRAYSON — Again it depends on what you are looking at, but let us say it is \$1 million a block, which is roughly what they have been getting so far.

Mr TEE — You are saying it is about \$200 million.

Dr GRAYSON — There is going to be a development cost. The point about it is for the government to buy out the contract and, if you like, get back the bit of land that could now be used is \$11 million, and by selling roughly 11 more blocks in addition to stage 1, along the Eastern Freeway boundary, you could recoup that money. As for the development of the respite care centre, already the buildings are in place and would require a relatively minor refurbishment.

We all know that 'relatively minor' is a bit like asking a computer person to do something on time when they promise — it always tends to blow out a little bit. We cannot estimate that but let us even say it is \$5 million to refurbish existing blocks 23 to 26, which would house, in our estimates, between 50 and 60 patients for respite care, which would make an enormous difference if we are talking a couple of weeks respite care each per year.

Those facilities are there and for very minor amounts of money that could be done. The integrated sporting facilities, to our knowledge, can be largely done with community support, whether it is from the surrounding schools on a shared arrangement on the clear understanding that it is for integrated sporting facilities. Our guesstimate is \$11 million plus \$5 million — let us call it \$20 million just to round up. But for a relatively minor amount — I would not mind calling \$20 million minor myself but for a state with a \$300 million surplus — this seems to me a good investment long term for the state's future.

Mr TEE — I am just trying to get a sense of the cost, because I understand that part of the proposal is to retain and restore the three heritage-listed buildings.

Dr GRAYSON — The three heritage-listed buildings obviously come under heritage anyway and will need to be retained regardless of what happens to the site. The cost of that is, if you like, separate. They have clear relevance in terms of the heritage value. In terms of a respite care centre, they would be support buildings rather than being the key buildings involved. There may be some additional costs in that, true, but if we round it up to

\$20 million — the buildings themselves are in quite good condition from what I understand, but always could do with some improvement, I am sure.

Mr TEE — As I understand it, and I do not know where this proposal is up to, we are also looking at building a lap pool, a hydrotherapy pool, a gym, consultation rooms?

Dr GRAYSON — I think the pool is relatively new. It depends on how big you want to go.

Mr TEE — I am just trying to get a sense of it.

Dr GRAYSON — Yes. A lot of that stuff has already been done in the last 10 years, so it is not a matter of starting from scratch and rebuilding. In fact, I think if you were to ask most of the parents of the kids who are there, they would feel it is a bit of a waste that all of this money was spent on this and now it is either going to be demolished or not used.

I think what we are trying to say is that money has been spent on this already, can we not use the facilities with minor upgrades in a more innovative way? We have not been able to go around and do a — —

Mr TEE — And again I have not; this is the first time — —

Dr GRAYSON — I guess we are just floating an idea. As you say, it might be that when it is looked into, it is ridiculously expensive and all of our arguments fall apart, but on the face of it, it seems that is not the case.

Mr TEE — Thank you.

Mr O'DONOHUE — Thank you for your attendance and evidence this afternoon. The issue of unmet need is one which the Parliament has considered as the result of a motion from Mary Wooldridge in the lower house and one from Mr Davis in the upper house. From my dealings with carer groups in my electorate, Gippsland Carers Association and Frankston-Mornington Peninsula Carers, I know there is an enormous need for respite throughout the whole community.

Dr GRAYSON — Absolutely.

Mr O'DONOHUE — Can you think of another site or another area in Victoria which could provide a centre for excellence or respite on a significant scale for carers who care for someone with a disability?

Dr GRAYSON — I think you can always go to a paddock out in Craigieburn or somewhere, but if you look at a site which is so close to the city centre and which is able to access the various transport hubs and so forth, no, not at no cost. All we would be doing really is forgoing any potential profit, if there is a profit-sharing arrangement with the government; I do not know. The point is you are really forgoing relatively minor profit to develop a housing estate. In comparison to that I cannot think of another; there might have been the Royal Park site in the past but obviously that has passed — —

Ms PENNICUIK — Tragically gone.

Dr GRAYSON — Short of that I cannot think of anywhere else. There is the Abbotsford convent but that is a different matter. Short of going to the outskirts of Melbourne, which to be honest is a fairly dumb idea, because with Melbourne being the size it is there are quite a lot of people who need respite care, and it would make sense to have it readily accessible. To put it on the outskirts would just make it hard for the majority of people who are going to do that.

Mr TEE — Although as I understand it, and I have some in my electorate, a lot of the respite care is now provided in homes in suburbs.

Dr GRAYSON — Yes, I totally agree with you. I am not sure that — —

Mr TEE — In neighbourhoods and in localities which are close to where they need it.

Dr GRAYSON — In some cases, but I do not think that is really true for this sort of disability. I think there are a lot of support services that go on in homes — —

Mr TEE — There might be a question about whether there is enough — —

Dr GRAYSON — There are never enough, are there? I think what I would say is that what you are suggesting is quite right when it comes to support services. This could be a coordinating centre for that. It is not the aim to replace that, but if you have a kid who is severely disabled and you are struggling — and you would know from the Gippsland electorate because we know people down there who are struggling — all they want is to know that they can leave that kid for a couple of weeks to get a break.

Mr O'DONOHUE — Annual holiday.

Dr GRAYSON — We are talking about a new model of care; something that has not existed before in Victoria. Kew Cottages never really provided it in the past. Queensland is now going onto that sort of model where the aim is that — naturally — you want to care for your own family with the maximum support, but there is a limit to how much you can do with that.

Currently what does Victoria have that can provide anything close to this? And yet to provide it we do not have to build any new buildings or any major new buildings. I will not reiterate, but I think basically the worst outcome from this is that there may be some forgoing of some profit on the government's part for stopping the development here. But on the other hand it would be a good thing for Victoria that will last for the next 50 or 100 years.

I suppose the historians among us would say that was the initial intent of the site in the first place, so it is consistent with that, it is consistent with environmental credentials, and I would suggest it is consistent with common sense and a real need.

Ms PENNICUIK — I just want to follow up a little bit on what Brian and Ed were saying in terms of the suitability of that site. It occurred to me that there are the opportunities that Brian was talking about where people go into other people's homes, but there would be the need also for people to go for a couple of weeks somewhere with specialised care. That would be the sort of model you are talking about that could be accommodated on the Kew site at the moment?

Dr GRAYSON — Yes.

Mr TEE — Just to be clear, I was not saying in people's homes; I was just saying that there are a number of houses in my electorate where respite care is provided.

Ms PENNICUIK — Thanks for that clarification, Brian.

Mr TEE — I did not mean to interrupt.

Dr GRAYSON — I think you are right, there is some of that, but it is stretched and it is tough. I think what you need to understand, Brian, is that I got roped into this when I went to a local meeting, and I will just give an example if we have time — —

Ms PENNICUIK — We have time.

Dr GRAYSON — I am never involved in this stuff, I am too busy with other things. A lady stood up. She was 79 and had a boy, who was 55. She was upset because she now has cancer and needs an operation, but she did not have anyone who she trusted or knew who could look after her boy, who had emotional problems and had to be handled in a certain way. Her boy liked to ride his bicycle around Kew Cottages, but was now moving out to one of the CRUs which happens to be on Waverley Road, I think, and could not ride his bike, and that was his only love. I thought, 'What sort of place are we living in?'

I suppose my point is that many of the carers and many of their parents are now ageing and are getting sick themselves. They have spent their whole lives — and you would know from country electorates that in many cases there is great hardship there, as well as in the city, but often with little support, and now they are getting sick. They are fearful of their own death and their own illnesses as to what is going to happen to their boy or their kids. What do we have currently? I accept your point, but this would be a new thing; this would be a great thing. It would provide great peace of mind for these people and fulfil a great need.

As the population is ageing, this issue is going to develop more and more. Fortunately we do not deal with the same issues of disability for the same reasons as in the past, in terms of women getting German measles and that sort of thing, but we have got issues of prematurity and obviously injury, and as the population ages this issue is going to get greater as our population expands, as it has. I think this would be a forward thinking thing, and currently there is no facility to do that. Did I answer your question?

Ms PENNICUIK — Yes, with that example I think you did illustrate what I was trying to get at, which is a step between the respite care that you are describing and a step up from that — particularly, I suppose, for the women you are describing who become ill and are for a long time. What happens then? Are you able to list a facility that would be able to accommodate that need? Is that what you are saying?

Dr GRAYSON — I think the key purpose of this is that no-one wants to re-create the old Kew Cottages. This is not a long-term care facility; this is for respite care — a couple of weeks or a month — clearly worked out. It could also act as a hub for organising some of these other supports out in the CRUs. I think the CRUs are a good concept, but they have also struggled a little bit — the van breaks down so it means everyone cannot go to the things they were doing before they were sitting watching videos all day. Some of that is a coordination thing; this would be one way of assisting with that.

But that is not the key purpose. Those CRUs will continue, and their integration is a good idea. We are dealing with a site, though, which is already well integrated in the community. It is kind of like a slam dunk, really, in terms of: can you find another place that has got a willing populous that has got facilities there, that is well located and then on top of that has all these other things like the environmental issues and so forth?

Ms PENNICUIK — Were the buildings that are there purpose built?

Dr GRAYSON — They were purpose built for the original inpatients, if you like, or long-term-care patients, but from our understanding and having briefly looked at them it would appear — I mean, there are bedrooms, and that is what respite care is about — there will need to be some minor upgrades, but the physical infrastructure will not need to be changed. Not all are like that, and I think the government has done a nice job, in fact, of picking out those ones which were not suitable and replacing those, but now we are left with some which are only about 10 years old.

The CHAIR — Indeed; I went to the opening of some of them in I think the 1990s.

Ms PENNICUIK — We heard other evidence earlier about the need for dental care. Would that be part of this model? And just before you answer — you might be able to weave it altogether — could you elaborate a little bit on what you mean by ‘a centre for excellence’?

Dr GRAYSON — Because of the location of the site, a way of clustering a lot of the needs — whether it is dental care, whether it is support services, whether it is respite care; those things — and providing a hub that addresses all those issues. Clearly dental issues are a big issue, whether it is for the disabled or not. Dental issues are a huge cause of medical illness, and never more so than with the disabled. It is a very specialised area.

This is not an area where you can just send them to the local dentist. Many of the patients who are at Kew Cottages need a full general anaesthetic to have any dental care done. Many of them, unfortunately, are positive for hepatitis B, so as a dentist you are at great risk of acquiring hepatitis B — you should be vaccinated, of course; nevertheless, there are huge issues there. This is not something like the dental services which are now being handed back to each of the hospitals. They would not cope with these people — they are going to have trouble coping with patients who do not have a disability. That is exactly the sort of thing that could be focused on this, with all the same pluses that I mentioned before. Your last point was?

Ms PENNICUIK — If you could just elaborate on what is meant by ‘a centre for excellence’. We have heard that mentioned a couple of times. I am attracted to the idea, but I am not sure of the detail.

Dr GRAYSON — As in terms of South Australia and Queensland, this is an important area, it is not something where you should be shooting from the hip. There are academic centres of excellence; the University of Melbourne has one at the Royal Children’s — but they are focused really on a different sort of disability. We would argue that this is a unique opportunity to develop a clear focus on this. Issues of disability, as I have already

mentioned, are not really about children anymore; most of our concerns are actually about disabled adults who were once kids.

Currently most of the disabled are either in the geriatric age group or they are disabled kids, none of which really covers this group. This is a whole-of-life approach, and this would be an opportunity to do that. We have had off-the-record discussions with these various groups as to whether they would be interested in coalescing, but of course the clear question is, 'Isn't it going to become a housing development?'

I think that is something that could be pursued and really would be a very strong positive, for both the government and for this committee, if it was able to get this new look. This is not about just paediatrics — paediatrics is important; a beautiful new children's hospital is going to come up that will probably take care of this; we are talking about 'kids' who are aged 55.

Mr KAVANAGH — Thank you for your evidence today. Just on the numbers, do you envisage keeping blocks 23 to 26?

Dr GRAYSON — At a minimum. They are the ones which are the most obvious targets — obvious, just from me looking around at real estate and knowing that they are very new — but there may be others which, for minor sums, can be renovated also.

Mr KAVANAGH — You think they would accommodate about 50 or 60 people at time?

Dr GRAYSON — I think they are set up to currently house about 20.

Mr KAVANAGH — Twenty?

Dr GRAYSON — I think, so that is 60, and even if there were some loss of rooms for improvements —

Ms PENNICUIK — That is 20 each block?

Dr GRAYSON — Yes, so three times 20.

Mr KAVANAGH — You have got two stages of development still to go ahead. Would this be possible to do on part of the remaining site, or would you need all of the remaining site?

Dr GRAYSON — It depends on what view you want to take. The obvious, where the blocks are, are the least environmentally sensitive parts, if you like. But as you move up the hill, you then move, as Brian has already mentioned, to areas that heritage is most concerned about. I think for that reason it would make sense to — if you were to go along the lines of the various stages that have been outlined by the developer so far this would be the right time to just say, 'The rest of the site is for this', and to retain its environmental heritage.

I am not sure how many of you have walked over the site, but it is a spectacular piece of land. It directly abuts on the national park. Short of Yarra Bend National Park, I cannot think of another site which is more unique, so it would seem a shame to go and start doing what will have to happen, which is to chop down trees to fit the other buildings in.

I think it would be really a short-sighted view, and it would generate a lot of heat, that's for sure, from the environmental side of things. I think that based on stages 2 and 3 — it depends on which version, whether it is 2, 3, 4 or whatever — now would be the time just to say, 'Look, the area of land which is least environmentally sensitive is the one which has the buildings already on it. It has ready access off Hutchinson Drive, there are already other roads within the area, and the part that is the most environmentally sensitive is the remainder of the site'. Of course anyone can squeeze a few buildings onto a quarter-acre block if they want, but why would you do that on something like this?

Ms PENNICUIK — I just wondered if you have had any discussions with DHS about this, or with the minister?

Dr GRAYSON — We tried to make an appointment with the minister but had difficulty getting into her diary. I think finally the only appointment was going to be when she was down at Geelong.

The CHAIR — That is Lisa Neville?

Mr WALSH — Yes.

Dr GRAYSON — At that time the opportunity came up to speak to this committee, and we thought that — —

Mr WALSH — We got a call from her office the morning before we appeared before you last time. The timing seemed to be related to your work.

Dr GRAYSON — Also, with all respect, I suppose what we are looking for is a new approach.

Ms PENNICUIK — No, I was just wondering whether you have mentioned this approach to them or if you have had the opportunity to do that.

Dr GRAYSON — No, we have not.

Mr WALSH — I could just say that from the very early stages, and before even the coalition's involvement, members of the parents association talked about the reuse and extension of the existing buildings.

Ms PENNICUIK — They did?

Mr WALSH — And they seemed, we are told, to get knocked back on spurious advice. Sometimes they were told the buildings were leaking and so on, but then their engineers would look at them, and they were not leaking. It was as though arguments were being put up to fulfil a preconceived agenda that everything was going to be bulldozed. Nothing has changed, from what we understand.

Dr GRAYSON — I think the point is that, as Brian mentioned, we have not perhaps as succinctly put it together into one page and drawn a map as we have done this time, but previously it was always done in the political heat of saying, 'We do not want this to go ahead'. That is how we were perceived as opposing the DHS view. So people took their sides, and it went from there.

Our point at the moment is that I think we have moved beyond that. I think the government in a sense has proved its credentials; the buildings have been built and they are in good shape, but also the land has been sold. Now the question is: what are we going to do next? Are we going to keep taking the sides that we have been taking? So in that sense when you ask have we spoken to the minister, we thought we would go and speak to her, but it was still in the setting of this political climate, and we thought that maybe it was better to come to the committee and put this proposal. We are not trying to point-score off this.

Ms PENNICUIK — Neither was I; I was just wondering whether you had had the opportunity to put it to her.

Dr GRAYSON — No, I was not suggesting that you were. We tried to make an appointment, but it was proving difficult. But if you think that would be worthwhile, we would certainly do that.

Mr O'DONOHUE — I have no questions. I think we have got the idea. The point is that there is a small window of opportunity that exists at the moment that needs to be grasped.

Mr WALSH — And if I could just say, Mr Chairman, that is a unique opportunity, because essentially the site is unique.

Dr GRAYSON — Or on the time issue.

Mr WALSH — There is no other site of that critical mass with the facilities that we have talked about to offer what we would say is the opportunity for rapid deployment of care in this form. If one listened to talkback radio in the last few weeks, one would have heard people ringing up and being told, 'We've got to make another submission and put in another case', and the callers were staying, 'No, we want action now — something positive'. We are saying there are buildings there and there are facilities there that, at the moment, are planned to be bulldozed. If that is allowed to happen without at least a feasibility study on the rapid deployment, we would — —

Mr TEE — You indicated that some of the buildings there are not that old; I take it some of the others that you are looking at are older. What is the range?

Dr GRAYSON — What has actually happened is that a number of the worst buildings, if you like, have been the ones which have already been demolished, and new ones have been replacing them down Princess Street. The way it has actually been done is almost as though behind the scenes someone has been thinking of this, because they have kind of addressed the worst of the buildings — if you put aside the heritage ones which have their own value — and the worst of the buildings which need to be replaced have been replaced. The ones that actually do not need to be replaced are still there but pretty soon will be gone, so if we are going to stop it, now would be the time to do it.

The CHAIR — I thank you both very much. We appreciate your input. The committee may want to talk to you informally or the staff may need to talk to you in the coming weeks, if that would be all right.

Dr GRAYSON — Sure. Thank you.

Mr WALSH — Thank you, Mr Chairman.

Committee adjourned.