

**HOUSE OF ASSEMBLY****Friday, 30 June 2023****ESTIMATES COMMITTEE B****Chair:**

Mr. E.J. Hughes

**Members:**

Hon. V.A. Tarzia  
Ms C.L. Hutchesson  
Mr P.N. McBride  
Ms J.M. Stinson  
Mr S.J. Telfer  
Ms D.J. Wortley

*The committee met at 09:31**Estimates Vote*

**DEPARTMENT FOR INFRASTRUCTURE AND TRANSPORT, \$1,107,742,000**  
**ADMINISTERED ITEMS FOR THE DEPARTMENT FOR INFRASTRUCTURE AND**  
**TRANSPORT, \$7,863,000**

**Minister:**

Hon. K.A. Hildyard, Minister for Child Protection, Minister for Women and the Prevention of Domestic and Family Violence, Minister for Recreation, Sport and Racing.

**Departmental Advisers:**

Ms K. Taylor, Chief Executive, Office for Recreation, Sport and Racing.

Mr T. Nicholas, Director, Corporate Strategy and Investment, Office for Recreation, Sport and Racing.

Mr A. Trottman, Director, Infrastructure and Planning, Office for Recreation, Sport and Racing.

**The CHAIR:** Welcome to today's hearing for Estimates Committee B. I respectfully acknowledge the traditional owners of this land upon which the committee meets today and pay our respects to them and their cultures, and to the elders both past and present.

The estimates committees are a relatively informal procedure and, as such, there is no need to stand to ask or answer questions. I understand that the minister and the lead speaker for the opposition have agreed on an approximate time for the consideration of proposed payments, which will facilitate a change of departmental advisers. Can the minister and the lead speaker for the opposition confirm that the timetable for today's proceedings previously distributed is accurate?

**The Hon. K.A. HILDYARD:** Yes.

**The Hon. V.A. TARZIA:** Yes.

**The CHAIR:** Changes to committee membership will be notified as they occur. Members should ensure the Chair is provided with a completed request to be discharged form. If the minister

undertakes to supply information at a later date, it must be submitted to the Clerk Assistant via the Answers to Questions mailbox no later than Friday 8 September 2023.

I propose to allow both the minister and the lead speaker for the opposition to make opening statements of up to 10 minutes each, should they wish. There will be a flexible approach to giving the call for asking questions. A member who is not on the committee may ask a question at the discretion of the Chair.

All questions are to be directed to the minister, not to the minister's advisers. The minister may refer questions to advisers for a response. Questions must be based on lines of expenditure in the budget papers and must be identifiable or referenced. Members unable to complete their questions during the proceedings may submit them as questions on notice for inclusion in the assembly *Notice Paper*.

I remind members that the rules of debate in the house apply in the committee. Consistent with the rules of the house, photography by members from the chamber floor is not permitted while the committee is sitting. Ministers and members may not table documents before the committee; however, documents can be supplied to the Chair for distribution.

The incorporation of material in *Hansard* is permitted on the same basis as applies in the house; that is, it is purely statistical and limited to one page in length. The committee's examinations will be broadcast in the same manner as sittings of the house, through the IPTV system within Parliament House and online via the parliament website.

I now proceed to open the following lines for examination. The portfolios today are Office for Recreation, Sport and Racing. The minister appearing is the Minister for Recreation, Sport and Racing. I declare the proposed payments open for examination. I call on the minister to make an opening statement, if she so wishes, and also take the opportunity to introduce the advisers.

**The Hon. K.A. HILDYARD:** Thank you very much, Mr Chair, and thank you to all of the members who are here for the committee this morning. Can I please start by first introducing the staff who are here with me today: Kylie Taylor, CEO, Office for Recreation, Sport and Racing; Adam Trotman, Director, Infrastructure and Planning, Office for Recreation, Sport and Racing; and Tim Nicholas, Director, Corporate Strategy and Investment.

I am really grateful for their presence and also for their enduring commitment to growing participation in sport, to supporting individuals and organisations in sport to build capacity and to thrive and to diversifying and developing sport leadership. Can I particularly thank and acknowledge Chief Executive Kylie Taylor, who this year celebrates 30 years of dedication to her various roles in the Office for Recreation, Sport and Racing, a remarkable effort and achievement.

For many South Australians, sport and active recreation is an integral part of their lives. Sport is powerful for every aspect of our health, wellbeing and connection to community. Across parks, beaches, gyms, pools, sports facilities, in every corner of the state, in suburbs and in regional and remote areas more than a million South Australians regularly participate in or volunteer to support both organised and non-organised physical activities.

I have witnessed firsthand that transformative power of sport over many years. One shining example of the power of sport that I have seen in the past 16 months since becoming minister is the Welcome to SA Shores program conducted by Surf Life Saving South Australia in partnership with the Association of Ukrainians South Australia, Help Ukrainians Australia and AUSTSWIM. With \$10,000 from the Office for Recreation, Sport and Racing and \$10,000 from the Department of Human Services, the program represented the best of sport's power to include people and to strengthen friendship and connection.

Through the program, Surf Life Saving engaged Ukrainian refugees in pool and ocean survival and swimming programs for children and their families, safety and lifesaving awareness workshops and the training and induction of two Ukrainian residents as AUSTSWIM teachers.

I am so pleased that since coming to government we have re-established the Women in Sport Taskforce. The task force has already developed an ambitious work plan to address the issues that prevent women and girls from fully participating in their sporting passions. This is so important,

because seeing women and girls celebrated for being strong, skilful, powerful and talented is really powerful. It can absolutely change perceptions about girls and women and the roles that they can play in every aspect of life and leadership.

We need to empower girls and women of every age to strive to achieve their dreams in environments that are safe, supportive and respectful. To this end, we have already acted on an issue raised by the task force: enabling clubs to use active club program funds to raise awareness about menstrual health and purchase period products or inclusive uniforms.

Work is progressing on the development of a new South Australian Sports Institute (SASI) that will become the heart of high-performance sport in South Australia. As new technology evolves, the new building will be agile enough to move with the times, leading to even better performances by South Australian athletes on the national and, indeed, international stage.

The SASI redevelopment has attracted meaningful engagement and significant investment from tertiary education bodies, igniting interest in ongoing partnerships with SASI. This will put South Australia well and truly on the map as a destination for research and education in high-performance sport in South Australia. These developments are in addition to recent major improvements at the state centre of basketball, the Women's Memorial Playing Fields, Coopers Stadium and the new State Centre of Football at Gepps Cross.

The South Australian Aquatic and Leisure Centre will receive a well-deserved \$23.5 million upgrade and refresh from funds in this budget. The centre was opened in 2011 and was originally modelled on 500,000 visitations per year. Twelve years later, the state centre for swimming—host of the last two Olympic trials events—is welcoming more than 1.1 million visitors a year and will benefit greatly from this investment.

The FIFA Women's World Cup is less than a month away, and Adelaide is set to play a major part of this huge tournament. Coopers Stadium has rightly been upgraded and is ready to host one of the greatest sporting events in the world. On Tuesday 8 August, to help ensure the FIFA Women's World Cup 2023 leaves a lasting legacy, the state government will stage the Power of Her, a women's leadership symposium of global significance.

We are continuing to support the racing industry. The industry has called and called and called over many years for an increase in the return of the betting operations tax. We support racing, we have listened to the calls from the racing industry that the former Liberal government refused to hear, and we have acted. Through this budget, we have extended and increased support for the three racing codes by doubling the racing industry's share of the betting operations tax from 10 per cent to 20 per cent, to help ensure industry sustainability. Thank you, Mr Chair. I look forward to questions.

**The CHAIR:** Member for Hartley, do you have an opening statement?

**The Hon. V.A. TARZIA:** At 9.42am I might move on to the omnibus questions, if I can?

**The CHAIR:** Yes.

**The Hon. V.A. TARZIA:** The omnibus questions are:

1. For each department and agency reporting to the minister, how many executive appointments have been made since 1 July 2022 and what is the annual salary and total employment cost for each position?
2. For each department and agency reporting to the minister, how many executive positions have been abolished since 1 July 2022 and what was the annual salary and total employment cost for each position?
3. For each department and agency reporting to the minister, what has been the total cost of executive position terminations since 1 July 2022?
4. For each department and agency reporting to the minister, will the minister provide a breakdown of expenditure on consultants and contractors with a total estimated cost above \$10,000 engaged since 1 July 2022, listing the name of the consultant, contractor or service supplier, the method of appointment, the reason for the engagement and the estimated total cost of the work?

5. For each department and agency reporting to the minister, will the minister provide an estimate of the total cost to be incurred in 2023-24 for consultants and contractors and, for each case in which a consultant or contractor has already been engaged at a total estimated cost above \$10,000, the name of the consultant or contractor, the method of appointment, the reason for the engagement and the total estimated cost?

6. For each department and agency reporting to the minister, will the minister advise whether it met the 1.7 per cent efficiency dividend for 2022-23 to which the government committed and, if so, how was the saving achieved?

7. For each department or agency reporting to the minister, how many surplus employees are there in June 2023, and for each surplus employee what is the title or classification of the position and the total annual employment cost?

8. For each department and agency reporting to the minister, what is the number of executive staff to be cut to meet the government's commitment to reduce spending on the employment of executive staff and, for each position to be cut, its classification, total remuneration cost and the date by which the position will be cut?

9. For each department and agency reporting to the minister:

- What savings targets have been set for 2023-24 and each year of the forward estimates; and
- What is the estimated FTE impact of these measures?

10. For each department and agency reporting to the minister, will the minister advise what share it is receiving of the \$1.5 billion the government proposes to use over four years of uncommitted capital reserves held in the budget at the time it took office and the purpose for which this funding is being used in each case?

11. For each department and agency reporting to the minister:

- What was the actual FTE count at June 2023 and what is the projected actual FTE count for the end of each year of the forward estimates;
- What is the budgeted total employment cost for each year of the forward estimates; and
- How many targeted voluntary separation packages are estimated to be required to meet budget targets over the forward estimates and what is their estimated cost?

12. For each department and agency reporting to the minister, how much is budgeted to be spent on goods and services for 2023-24 and for each year of the forward estimates?

13. For each department and agency reporting to the minister, how many FTEs are budgeted to provide communication and promotion activities in 2023-24 and each year of the forward estimates and what is their estimated employment cost?

14. For each department and agency reporting to the minister, what is the total budgeted cost of government-paid advertising, including campaigns, across all mediums in 2023-24?

15. For each department and agency reporting to the minister, please provide for each individual investing expenditure project administered, the name, total estimated expenditure, actual expenditure incurred to June 2023 and budgeted expenditure for 2023-24, 2024-25 and 2025-26?

16. For each grant program or fund the minister is responsible for, please provide the following information for the 2023-24, 2024-25 and 2025-26 financial years:

- Name of the program or fund;
- The purpose of the program or fund;
- Budgeted payments into the program or fund;
- Budgeted expenditure from the program or fund; and

- Details, including the value and beneficiary, or any commitments already made to be funded from the program or fund.
17. For each department and agency reporting to the minister:
- Is the agency confident that you will meet your expenditure targets in 2023-24;
  - Have any budget decisions been made between the delivery of the budget on 15 June 2023 and today that might impact on the numbers presented in the budget papers which we are examining today; and
  - Are you expecting any reallocations across your agency's budget lines during 2023-24, if so, what would be the nature of this reallocation?
18. For each department and agency reporting to the minister:
- What South Australian businesses will be used in procurement for your agency in 2023-24;
  - What percentage of total procurement spend for your agency does this represent; and
  - How does this compare to last year?
19. What protocols and monitoring systems has the department implemented to ensure that the productivity, efficiency and quality of service delivery is maintained while employees work from home?
20. What percentage of your department's budget has been allocated for the management of remote work infrastructure, including digital tools, cybersecurity and support services, and how does this compare with previous years?
21. How many procurements have been undertaken by the department this FY, how many have been awarded to interstate businesses, and how many of those were signed off by the chief executive?
22. How many contractor invoices were paid by the department directly this FY? How many and what percentage were paid within 15 days, and how many and what percentage were paid outside of 15 days?
23. How many and what percentage of staff who undertake procurement activities have undertaken training on participation policies and local industry participants this FY?

Good morning, minister.

**The Hon. K.A. HILDYARD:** Good morning.

**The Hon. V.A. TARZIA:** Good morning, Ky. Congratulations on 30 years. Good morning to everyone else. In relation to Budget Paper 4, Volume 3, page 137, there is a reference to including South Australians in community life through sport and recreation activities. Obviously, we do know that sporting clubs are not immune from power price issues out there. I am wondering, minister, what is the government doing to help clubs or rebate clubs to alleviate escalating power prices in relation to sporting clubs?

**The Hon. K.A. HILDYARD:** In relation to the first part of the member's question about including people in community life through sport, I have referenced a few ways that we are doing that in my opening statement. I would also reiterate the work that we are doing across child protection and recreation and sport, including in regional areas, to make sure that some of the most vulnerable community members are engaged in sport. I am certainly happy to extrapolate on that during this session.

What I can also say in relation to the more specific question about measures that sustain clubs in communities across our state is that both the Community Recreation and Sport Facilities Program and, indeed, the Active Club Program, but particularly the former one, are able to be used to access funds for programs that include energy-efficiency measures. It may be things like solar

systems that is one of the grants that was awarded to the Gawler golf club. At the Millswood Bowls Club, grant funds were accessed for LED lights, but that is certainly a—

**Ms STINSON:** Very good.

**The Hon. K.A. HILDYARD:** Yes, indeed, the member for Badcoe is very happy with that particular grant that was awarded. That is a really important fund, and community clubs and sporting clubs are increasingly turning their minds to how they can make sure that their clubrooms and their facilities are more energy efficient. I am sure that we will continue to receive applications for those particular measures through that particular grant program.

Also, in a more general sense, we increased funding to Sport SA and to state sporting organisations since coming to government. That of course helps those organisations to help clubs who are affiliated with them to turn their minds to those measures to build capacity right across their sport, and indeed right across the sector, to work through how they can improve energy efficiency.

**The Hon. V.A. TARZIA:** Same budget line, same topic. Obviously, the government is allowing certain people to have power rebates, but has there been any consideration about delivering such rebates for sporting clubs?

**The Hon. K.A. HILDYARD:** What I would say to the member is—as I just spoke about—I think those incredible clubs that are at the heart of communities across our state are increasingly turning their minds to how they can be more energy efficient, and we are encouraging clubs to apply for the funds that can help them to be so.

As the member knows, community clubs are at the heart of so many communities across our state and they play a leading role in bringing people together. We want them to be sustained in doing so, hence that is why, as well as opening up this particular grant program to make sure they can access funds for those measures, we have provided additional funds across the sector to build their capacity in a number of ways to contemplate those issues that arise for their communities and for their organisations and clubs as well.

**The Hon. V.A. TARZIA:** Agency Statements, Budget Paper 4, Volume 3, page 117, Athletics Stadium renewal and upgrade. Obviously, we all know about that one. I note that project has been pushed out by six months. Is the minister able to explain the reason for that delay?

**The Hon. K.A. HILDYARD:** First of all just generally on the Athletics Stadium, I think you have had a tour there of the new—

**The Hon. V.A. TARZIA:** I have.

**The Hon. K.A. HILDYARD:** Yes, excellent. So I am sure that you absolutely agree how incredible it is going to be when the new \$88 million SASI development is complete. As I spoke about in my opening statement, I think that will really put South Australia on the map in terms of our state being a destination for high performance sport, research, education and collaboration, so I am really looking forward to that completion.

What I can also say in relation to the Athletics Stadium itself is that we have had multiple discussions with all of the users at that Mile End sports precinct to make sure that their needs, their desires, what they would like to be able to continue to do there, are catered for. What I can say is that Little Athletics, who cater for 8,200 members across the state and who hold incredible championships and events there, and I think the member has attended one of those, are—

**The Hon. V.A. TARZIA:** Mr Chair, with all respect, the question is about the delay, not about the benefits of the project, and given that it is 9.54 and we have had two questions, I would ask you to redirect the minister.

**The CHAIR:** I am sure the minister is getting to it.

**The Hon. K.A. HILDYARD:** I think I am a little bit confused, because the Athletics Stadium is complete. I thought you were just asking more generally about—

**The Hon. V.A. TARZIA:** The renewal.

**The Hon. K.A. HILDYARD:** Pardon?

**The Hon. V.A. TARZIA:** I am talking about the upgrades and renewal and projects.

**The Hon. K.A. HILDYARD:** The replacement of the track, etc.? It is done. I thought you were suggesting that there was a delay but the project is actually completed. What I can say—and I think you might have asked me a question about this at the time, or perhaps the leader asked me a question about this at the time, or I received a letter or something and as per my answer then—is we worked with the user groups to make sure that the dates in terms of completion would align with the athletics season being able to proceed.

As you know, the athletics season is generally from about October or November to April, so we made sure that completion did not interfere with either the immediate last season that we just had, or the one before. That was really important because of course we want those organisations—Little Athletics, Athletics SA, the Masters who use the stadium or the precinct as well—to be able to continue with their competitions. That is why the time frames were managed in the way that they were. It was the right thing to make sure that all the competitions, the meets, the extraordinary events that they hold there could proceed as they should.

**The Hon. V.A. TARZIA:** In regard to the same budget line and referring to the same project, the SA Athletics Stadium, given that there was an \$820,000 upgrade to the back training area at the SA Athletics Stadium that was completed by Athletics SA with a former Liberal grant in about 2021, what is the benefit to the taxpayer and also athletics in ripping out and relocating pole vault, discus, hammer throw, shot-put and javelin just a couple of years later at an estimated 2020-21 cost in excess of \$250,000?

**The Hon. K.A. HILDYARD:** I am really pleased that you have asked a question about the Athletics Stadium or the precinct. I was really hoping that you would, because there is a lot of information to share about the significant activity that is happening there. As I spoke about, and as you know about and I think you are very supportive of, the \$88 million SASI development is commencing in that precinct. As that development proceeds, there has been significant discussion with the user groups in that precinct, so with coaches from each of the various groups, with Little Athletics, with Athletics SA, with Masters and also with Beach Volleyball, which will also be co-located in that area that I think you have just spoken about in terms of those particular facilities.

What I can say is that Little Athletics with their 8,200 members are really pleased with the opportunities that come through this development. I would just say—I do not want to call it as an aside, but just for further information for the member—I am so pleased that Little Athletics for 2024 and 2025 have secured the national Little Athletics Championships, which will be able to be held at that redeveloped facility at the precinct. We have also had a number of discussions with Athletics SA about some of those issues that you raised. I think you said pole vault, hammer throw, shot-put, from memory.

I thought I would take you through some of the consultation and discussions that have happened around those particular issues that you have raised in relation to those field events and space for those field events. Very broadly, the Office for Recreation and Sport as well as the groups I have named that have been consulted—Volleyball Australia, Volleyball SA, the coaches, the Masters, Athletics SA, Little Athletics—have had meetings about what the precinct will look like, and those matters that you have raised have been numerous.

There have been around 12 in-person meetings and workshops and also other correspondence via email and telephone to capture all those suggestions about design in relation to those particular field events that you have mentioned. To take you through that and give you a bit of a sense about where particular issues are up to in relation to those field events, there was a meeting on 11 October, which was a general update on site-wide projects. On 24 October last year, there was another meeting in person, with the presentation of the master plan option version 1 and then a circulation of documents about that master plan for review and comment.

On 9 December last year, there was another site meeting in person, which included Athletics Australia in that particular meeting. That was a walk-through of the preferred master plan option, the version 1, and a clear opportunity for feedback. On 12 December last year, there was also a site meeting with myself as the minister and the Office for Recreation, Sport and Racing for me to walk

through the preferred master plan option, the version 1, and have an opportunity for feedback. After those four meetings, there was some feedback provided.

Some of the key issues that were raised were issues about how the circulation around the discus, hammer, shot-put and pole vault areas would work, how the pole vault warm-up area would function, the spectator viewing generally and open space provision generally. That is just a summary of some of the key points that were raised through that first part of consultation. Taking on board that feedback, on 24 January, a further stakeholder workshop was held in person at the Mile End precinct. The presentation of the second version of the master plan option was made, and then there was another circulation of documents to get feedback following—

**The Hon. V.A. TARZIA:** Point of order, Mr Chair: I appreciate being informed of the journey, but the question was very clearly about the benefit.

**The Hon. K.A. HILDYARD:** Yes, about pole vault, discus, shot-put. I am about to get to the changes that were made. On 24 January, there was that meeting. On 25 January, there was another meeting, and—going straight to your point about those particular field events—revisions were made to that first version to include feedback. An additional pole vault run-up was agreed to, nominated spectator zones were agreed to, amendments to the beach volleyball services to better suit athletics circulation around that part of the facility were made and additional safety netting to protect athletes was agreed to. Also, in relation to shot-put, which you asked about, that was flagged to be placed on a future version of the master plan.

On 11 May and 25 May, there were extensive meetings with the working group, the architect, Rec and Sport, Athletics SA, Little Athletics SA, Volleyball Australia, the coaches' representatives and the athletes' representatives, and that was about refreshing the current design and was also an opportunity to provide further advice on those matters that had been raised that the shadow minister also speaks to.

Also, there was an opportunity to think together as a working group about what a day in the life of an athlete, a coach or a parent at an event might look like so that further adjustments could possibly be made. There was a review of the concept design report. There was further opportunity to provide comment on the design principles that the project would adopt, and those design principles focused on safe movement, design to standards, being sustainable and having a strong identity.

There were further revisions to incorporate the feedback on version 2. At that point, three separate options were being explored. There was a current design with slight changes, an altered design to suit a new discus hammer location and an altered design to move pole vault. Again, that feedback was provided back to the working group and to the technical group for review. There have now been meetings since then on 29 May, 8 June and as recently as 13 June.

On 8 and 13 June, there was the presentation of the master plan option version 3. There were further revisions on version 3 and they have included an amendment to sector lines to represent the throwing danger zone, so any of the throwing sports, to take account of safety options around them. I think your question was mainly around those. On 29 June, so just yesterday, there was another meeting of the working group, and they are now reviewing those design options also.

What is really important to note is that the Office for Recreation, Sport and Racing has engaged in a really meaningful, deeply collaborative and consultative process, which has resulted in three iterations, some with multiple options, of the Mile End sports precinct, the northern area you spoke about, where those particular field events will take place. It is fair to say that each of those meetings, each of those three iterations of the master plan, have provided a nuanced solutions-based approach that takes account very carefully of the feedback, that makes adjustments and that also rightly caters for high-performance beach volleyball training.

We want this to be a precinct that is inclusive, that takes account of the wishes and the needs of each of the users there. I believe that, in relation to the issues you have raised about particular events, etc., training, warm-up areas, we have managed to oversee a process that is going to result in a facility for a group of users who will sustain them into the future and that will sit alongside the incredible SASI development.



**The Hon. V.A. TARZIA:** That is the one the former government funded. Budget Paper 4, Volume 3, page 137, highlights:

Lead cross-government collaboration with sport, women's and education sectors to progress equality and participation as a legacy of the 2023 Women's World Cup.

My issue is about equality. Specifically, can the minister advise how many clubs are set to lose their funding under the new board gender requirements that come in on 1 July 2023, and can a list of those clubs be provided, please?

**The Hon. K.A. HILDYARD:** First, I would say to the honourable member, just so that we are clear that we are talking about the same thing, the policy to have at least 40 per cent women on boards currently applies to state sporting organisations. I would hope that in future we move to a world, a sporting landscape, where every club has diversity and at least 40 per cent women on their board. At the moment, this policy is about state sporting organisations.

I will be very clear that into the future I absolutely want all of us to be working together to ensure that every sporting board in clubs reflects and represents the community in which it operates. I am certainly being very clear that we will do that. Right now, just for the shadow minister's information, it applies to state sporting organisations.

What I would like to say about this particular policy is that it was instituted in 2017, and I was heavily involved in progressing that policy. From the moment that policy was introduced, we were very clear with sport that we would work with them to ensure that they had the understanding, the resources and the connections to various organisations, to make sure that they could achieve that particular target. I just wanted to reflect—

**The Hon. V.A. TARZIA:** But how many are set to lose their funding?

**The Hon. K.A. HILDYARD:** I think we have established that it is not about clubs currently.

**The Hon. V.A. TARZIA:** How many state sporting organisations have been advised that they will lose their funding?

**The Hon. K.A. HILDYARD:** What I would say is, if I can continue, I would advise the shadow minister that—I think you probably sat in estimates with me when I was the opposition spokesperson for sport, recreation and racing, and you may have sat in here with some entertaining perhaps (I am not sure what the word is) exchanges between Mr Wingard, the former sports minister in the Liberal government. I think it would be fair to say, without any grudges or anything, that we had some interesting exchanges and I absolutely did not agree with a number of initiatives that he progressed or things that your government cut, etc., with particular outrage about the—

**The Hon. V.A. TARZIA:** That might be so, but this has nothing to do with the question, sir, with respect.

**The Hon. K.A. HILDYARD:** —cuts to the female facilities program. What I would say—

**The CHAIR:** A point of order?

**The Hon. V.A. TARZIA:** The point of order is that it was a very specific question about—

**The Hon. K.A. HILDYARD:** What I would say is that—

**The Hon. V.A. TARZIA:** —how many organisations are set to lose their funding.

**The Hon. K.A. HILDYARD:** —what I was really pleased—

**The CHAIR:** If we could have—

**The Hon. V.A. TARZIA:** Not my predecessor; my predecessor is not here anymore.

**The Hon. K.A. HILDYARD:** It is a very important point that I am making, because we instituted the policy to have at least 40 per cent women on boards in 2017. The former Liberal government—

**The Hon. V.A. TARZIA:** But that is irrelevant.

**The Hon. K.A. HILDYARD:** No, it is very relevant.

**The Hon. V.A. TARZIA:** Point of order: that is completely irrelevant to the question.

**The Hon. K.A. HILDYARD:** What I am doing is speaking about the time frame. The former government also supported that policy. I was waiting with bated breath in case, as they had done in relation to other programs that support—

**The Hon. V.A. TARZIA:** This is completely irrelevant, Mr Chair.

**The Hon. K.A. HILDYARD:** —the involvement of women in sport. I was waiting and worried that they would cut that—

**The Hon. V.A. TARZIA:** How many organisations are going to lose their funding—

**The Hon. K.A. HILDYARD:** —but they did not, Mr Chair.

**The Hon. V.A. TARZIA:** —because of the new board gender requirements—you want to talk about gender requirements, just answer the question.

**The Hon. K.A. HILDYARD:** They did not cut it. That means, thankfully, he did not cut it. He surprised me. Well done. We know that diversity in decision-making makes for better decision-making. Since 2017, the policy—

**The Hon. V.A. TARZIA:** How many people or organisations have been threatened to lose their funding?

**The Hon. K.A. HILDYARD:** —for at least 40 per cent women—

**The CHAIR:** A point of order was raised earlier, so if the minister can just—

**The Hon. K.A. HILDYARD:** Yes, so what I am saying is that it is now—

**The CHAIR:** —keep quiet for a second, while I listen to the point of order again.

**The Hon. K.A. HILDYARD:** Sorry.

**The Hon. V.A. TARZIA:** The point of order is that the minister is deviating from a relevant matter. The question is very clear: how many organisations are set to lose their funding under the new board gender requirements? It is not about Corey Wingard, a former government—

**The Hon. K.A. HILDYARD:** They are not new.

**The Hon. V.A. TARZIA:** —or a policy that has been in since 2017.

**The Hon. K.A. HILDYARD:** They are not new, that is the point. Mr Chair, they are not new requirements—that is the point. The requirements have been there for six years continuously.

**The Hon. V.A. TARZIA:** So under board gender requirements, if you want to interpret it that way.

**The Hon. K.A. HILDYARD:** That is the point. Can I please answer the question? Can I answer the question, Mr Chair?

**The Hon. V.A. TARZIA:** Please.

**The Hon. K.A. HILDYARD:** For six years those requirements have been there and at every point during those six years this state's sporting organisations, to whom this policy applies—both under the former Labor government, under the former Liberal government, and now under our government—have consistently been offered support, assistance, connection to particular women and particular organisations that have lists of women who are board-ready and wanting to serve on boards.

For six years—this is not a new policy and that is why the time frame is important—it is a policy that was supported, and I understand that it is still supported. I have not seen any derogation from that position from the Liberal Party. Although, I must say, I do question a number of things about their absolute utter failure to ensure equal representation of women in their own ranks. I am very concerned about whether or not, particularly given this question—

**The Hon. V.A. TARZIA:** This is irrelevant, sir. Point of order.

**The Hon. K.A. HILDYARD:** It is about women's representation, that is what the question is about.

**The Hon. V.A. TARZIA:** Sir, can I have another question?

**The CHAIR:** It is becoming a very generalised debate, so if we can keep to—

**The Hon. K.A. HILDYARD:** What I will say, is that for six years, state sporting organisations have had—

**The CHAIR:** —the specifics when it comes to budget lines.

**The Hon. V.A. TARZIA:** I have the budget line.

**The Hon. K.A. HILDYARD:** —the support they need to reach that target. I will give you a really great example of a conversation I had with Rob Kerin, Chair of the SANFL, recently. I remember conversations in 2017 when we instituted the policy. I remember all sorts of conversations about how their constitution would work and how they would progress to achieve that target. Recently, during Gather Round—the highly successful brilliant Gather Round here in South Australia—I had a conversation with Rob Kerin and what he said to me was, 'We are so pleased that finally the SANFL has achieved that target.' What he said to me was that six years ago there was probably a discussion about why, etc., and those sorts of issues.

**The Hon. V.A. TARZIA:** Point of order.

**The CHAIR:** What is your point of order?

**The Hon. K.A. HILDYARD:** I am talking about a state sporting organisation and the at least 40 per cent of women—

**The Hon. V.A. TARZIA:** My point of order—

**The CHAIR:** When a point of order is raised—

**The Hon. V.A. TARZIA:** How many organisations are set to lose their funding under board gender requirements?

*An honourable member interjecting:*

**The Hon. V.A. TARZIA:** Irrelevance is the point of order. The minister has raised—

**The Hon. K.A. HILDYARD:** It is completely relevant. Gee, look at all these women.

**The Hon. V.A. TARZIA:** —matters that are deviating from this question. So very clearly—

**The CHAIR:** The minister was providing context.

**The Hon. V.A. TARZIA:** —how many organisations are set to lose their funding under the board gender requirements? You also mentioned support. How many organisations have been offered support where they are not meeting those requirements?

**The Hon. K.A. HILDYARD:** That is a great part of the question. All the state sporting organisations, every one of the state sporting organisations—

**The Hon. V.A. TARZIA:** They all receive support?

**The Hon. K.A. HILDYARD:** —have been offered support and I just want to finish the point—

**The Hon. V.A. TARZIA:** We have seen correspondence from the department saying 'you are going to lose your funding unless you do these things'.

**The Hon. K.A. HILDYARD:** I just want—

**The CHAIR:** You need to give the minister an opportunity to answer.

**The Hon. K.A. HILDYARD:** Over the six-year period—

**The Hon. V.A. TARZIA:** They just want to talk about diversity, sir.

**The Hon. K.A. HILDYARD:** Read the room.

**The Hon. V.A. TARZIA:** Diversity right here; you are looking at it.

**The CHAIR:** Can we all put a cap on it, please.

**The Hon. K.A. HILDYARD:** This is excellent. Over the six years, all of those—

**The Hon. V.A. TARZIA:** You just want to talk about diversity.

**The Hon. K.A. HILDYARD:** I am answering your question. Just listen and you might learn—

**The Hon. V.A. TARZIA:** Badly.

**The Hon. K.A. HILDYARD:** —something about the decisions that you make because this is the point: I believe—Labor believes—that there are roughly equal numbers of men and women of merit, so whenever you have a structure that, in an ongoing way, does not reflect those equal numbers of men and women of merit, there are two choices you can make. You can make the choice that these people over here have clearly made in their party and that is not to do anything, not to actually make a clear, targeted decision and to institute a set of policies that in a targeted way—

*Members interjecting:*

**The CHAIR:** Can we stop the exchanges, please.

**The Hon. K.A. HILDYARD:** —achieve gender equality. You can either make a choice not to do that or you can make a choice to deliberately institute policies, programs and support to achieve that representation. That is what we choose to do. That is what the former Liberal government chose to do, although now I am very worried—very, very worried—about whether that is still their policy, but that is what you do if you want to make change. Unapologetically, that is what we will continue to do—

**The Hon. V.A. TARZIA:** I think we will move on.

**The CHAIR:** Yes, we will move on, I think.

**The Hon. K.A. HILDYARD:** In 10 seconds, I just want to say that it was an excellent conversation with the SANFL about how proud and how pleased they are—

**The CHAIR:** Minister—

**The Hon. K.A. HILDYARD:** —that they have proactively done that work to achieve equal representation. Well done to every single one of them and congratulations to their very first woman deputy chair of SANFL.

**The CHAIR:** Do you have another question?

**The Hon. V.A. TARZIA:** Yes, many. We could do this all day, if I had it my way.

**The Hon. K.A. HILDYARD:** We could.

**The Hon. V.A. TARZIA:** Budget Paper 4, Volume 3, page 137, progressed improvements to community sporting facilities. I have a question about Park 27B. What funds have been provided to Hellas soccer club as part of Labor's sports club election commitments for clubroom developments at Park 27B? On the same item, did officers from ORSR advise Adelaide City Council that it was unable to provide money directly to Hellas soccer club, as the club is, 'Not eligible to receive a grant, as they may have an unacquitted funding agreement with the Office for Recreation, Sport and Racing', and that in order to fulfil the Labor election commitment to Hellas the grant has to be conducted through Adelaide City Council?

**The Hon. K.A. HILDYARD:** Sorry, I was just clarifying which particular club and space you were referring to. What I can say to the member is that, rightly, the Office for Recreation, Sport and Racing is working closely with West Adelaide juniors and the council to progress that facility in a way that is suitable and that works for all users of that area.

**The Hon. V.A. TARZIA:** Budget Paper 4, Volume 3, page 137, highlights: how much of the 2022-23 budget went or is going into female facilities for local clubrooms, what specific projects are being funded and are we able to obtain a list of those, please?

**The Hon. K.A. HILDYARD:** So 2022-23?

**The Hon. V.A. TARZIA:** Yes.

**The Hon. K.A. HILDYARD:** I am just checking. It is either \$13.1 million or \$13.2 million that was specifically for change rooms. I am just looking at whether there are any in the members' area. I might just speak about this one for a little bit, given the member for Torrens is here.

**The Hon. V.A. TARZIA:** Rather than do that, can we just have a list?

**The Hon. K.A. HILDYARD:** One of the ones that is included is the Gaza club. Finally, they will have access to the funds to build their dedicated female facilities, after much advocacy—sustained advocacy—from the member for Torrens. Can I say, having visited those change rooms at a time just after the former Liberal government had cruelly cut the \$24 million dedicated Female Facilities Program, we spoke with members, particularly members of the women's team but other great supporters of the women's team as well, who were devastated, absolutely devastated, by the senseless cut that again speaks to and brings up questions about the commitment to equality and inclusion in sport of those opposite.

As an example, in that \$13.2 million in 2022-23, amongst the list is the Gaza football club. I am sure if there was an opportunity to do so, the member for Torrens would also be very happy to speak about it. I will reflect on why that investment is important, just as our \$24 million dedicated Female Facilities Program that was cut was so important.

If you are serious about backing girls and women in sport, you work to ensure that they have the facilities that enable them to equally and actively participate in the sport that they love. When you do not have those facilities, when you cut programs like the cut to the \$24 million dedicated Female Facilities Program, you send a message about how equally welcome and included girls and women are in that club.

Can I say that I am really proud that we have sent a very clear message to the women and the girls at Gaza, and a range of other clubs where dedicated female facilities and other supports for women are being instituted. You send a very clear message to those women that they are welcome, that they are included, and I am very proud of those commitments—really proud of those commitments—that are being delivered. To come back to the answer to the question, in the 2022-23 budget, \$13.2 million—

**The Hon. V.A. TARZIA:** Another question, sir?

**The CHAIR:** Member for Hartley, you might want to request that the list is provided at another stage.

**The Hon. V.A. TARZIA:** I think I have requested a list, but I will request—

**The Hon. K.A. HILDYARD:** Sorry, I just misunderstood what you said.

**The Hon. V.A. TARZIA:** It is not the first time.

**The Hon. K.A. HILDYARD:** So 2021-22 was the \$13.2 million. Sorry, I misheard what you actually said.

**The Hon. V.A. TARZIA:** I accept your apology. If I can move on to another question.

**The CHAIR:** We will move on to another question.

**The Hon. V.A. TARZIA:** I am just conscious of time, that is all.

**The Hon. K.A. HILDYARD:** I just want to check that the shadow minister did hear what I just said, because that is an important clarification.

**The Hon. V.A. TARZIA:** Yes, I did. Thank you, minister.

**The Hon. K.A. HILDYARD:** I actually misheard what you said. There must have been people talking all at once.

**The Hon. V.A. TARZIA:** Budget Paper 4, Volume 3, page 138, explanation of significant movements. This is in relation to the racing industry. Obviously, we would all support an increase in revenue awarded to the racing industry, but are you able to please explain what proportion of the \$12.2 million increase in the Racing Industry Fund will be sourced from an increased share of the betting operation tax in 2023-24?

**The Hon. K.A. HILDYARD:** I will just make a very brief comment about the issues that you raise. I am really glad to hear the shadow minister supports the increase that we have made in the return to the racing industry. As the shadow minister knows, there are somewhere between 3,500 to 4,000 people who are employed through the racing industry. The racing industry generates around \$400 million of economic activity each year, and also there are clubs in regional communities right across our state who bring communities together and also make a really important injection into regional economies.

What I can say is that, as you know and as you have articulated, there is a doubling of the return. The Budget Measures Statement figure of \$27.8 million over four years relates to that increase from 10 to 20 per cent through the betting operation tax increase. The total budget over the four-year period will be closer to \$58 million, with an anticipated 2023-24 payment of \$16 million. It is really pleasing. This is approximately four times the annual payment that was made under the old scheme, if that makes sense.

**The CHAIR:** This will be the last question.

**The Hon. V.A. TARZIA:** I had better make it a good one, sir. In that case, there was obviously an announcement at the weekend about an increased scope for sports vouchers. How many of those vouchers are you expecting to be redeemed, given that increased scope this week to include, I think, Guides and Scouts, and what is in and what is out, I suppose, in terms of the increased scope?

**The Hon. K.A. HILDYARD:** I will not go into the background because I take it you are supportive of that particular move.

**The CHAIR:** A very short answer would be appreciated; you only have a few seconds.

**The Hon. K.A. HILDYARD:** All of the Scouts and Guides groups are included. Our modelling is that around 40 per cent of the 7,000 Scouts and Guides will probably take it up in the first year, and the reason that we model like that is that often children and young people will participate in—

**The Hon. V.A. TARZIA:** What is 40 per cent of 7,000? 2,800?

**The Hon. K.A. HILDYARD:** To start with, for two reasons: one, because children and young people, as you would be aware, might do Scouts and netball and tennis, and, as you know, they can claim at once, so there is that factor. The other factor is that we hope that families take it up straightaway from when it kicks in on 1 January, but there is often—

**The Hon. V.A. TARZIA:** Can we have a list of what is included, and what is not?

**The CHAIR:** I am very conscious of the time. If a list can be provided—

**The Hon. K.A. HILDYARD:** We can give you something about the eligibility criteria, no problem.

**The Hon. V.A. TARZIA:** What a cordial way to conclude, sir.

**The CHAIR:** The time allotted having expired, I declare the examination of the portfolio of the Office for Recreation, Sport and Racing completed. The examination of the proposed payments for the Department for Infrastructure and Transport, and Administered Items for the Department for Infrastructure and Transport will be referred to Estimates Committee A.

*Sitting suspended from 10:31 to 10:45.*

**DEPARTMENT FOR CHILD PROTECTION \$795,684,000****Membership:**

Ms Pratt substituted for Mr Telfer.

Mr Teague substituted for Hon. V.A. Tarzia.

**Minister:**

Hon. K.A. Hildyard, Minister for Child Protection, Minister for Women and the Prevention of Domestic and Family Violence, Minister for Recreation, Sport and Racing.

**Departmental Advisers:**

Ms J. Bray, Chief Executive, Department for Child Protection.

Ms F. Ward, Deputy Chief Executive, Department for Child Protection.

Ms J. Male, Chief Financial Officer, Department for Child Protection.

Ms B. Barbara, Chief Human Resources Officer, Department for Child Protection.

Mr T. Rich, Parliament and Cabinet Coordinator, Department for Child Protection.

**The CHAIR:** Welcome, everybody. The portfolio is the Department for Child Protection. The minister appearing is the Minister for Child Protection. I declare the proposed payments open for examination. I call on the minister to make a statement, if she so wishes.

**The Hon. K.A. HILDYARD:** Yes, thank you, Mr Chair, and thank you very much to all of the committee members for taking part in this really important process. I want to first of all introduce the excellent DCP staff who are here with me today: Jackie Bray, Chief Executive; Fiona Ward, Deputy Chief Executive; Joanne Male, Chief Financial Officer; Billie-Jo Barbara, Chief Human Resources Officer; and Tom Rich, Parliament and Cabinet Coordinator. Thank you to each of them and their teams for their work towards the budget and the estimates process and also for their steadfast commitment and tireless work to improve the safety, wellbeing and care for the most vulnerable children and young people in our state.

We have both profound challenges and profound opportunities ahead of us as a state as we contemplate what families across communities face and how we best respond through making improvements to the child protection and family support system. Every single moment of every day, I have those most vulnerable children and young people in my heart and in my mind, as with utter determination to help advance change that improves the lives of children and young people I undertake my responsibilities as minister.

The continued targeted investment the Malinauskas Labor government is making and the careful, deeply thought through plan for reform we are undertaking, we hope will begin to make improvements to the child protection and family support system in ways that make a lasting difference in the lives of children.

We must collectively make a difference across government, across our parliament, across the sector and across communities because one in three South Australian children come into contact with the child protection system, because the numbers of Aboriginal children in the system and in out-of-home care remain disproportionately high, and because families are grappling with deeply complex and interconnected issues, intergenerational trauma, mental ill health, domestic violence, poverty, and substance misuse.

I am really proud that this budget recognises the crucial task ahead and the deep complexity inherent in what people are experiencing and how we best shape the child protection and family support system to respond through the investment of an additional \$216.6 million in child protection

and effective intervention, \$216.6 million that is part of an additional \$372 million investment since coming to government.

The \$216 million rightly includes investments in supports for children in residential care, support for carers, and programs and approaches to strengthen families. This is a budget that demonstrates our understanding of the need to balance the system, to appropriately support children in care, and to effectively intervene when families are struggling.

As minister, I have a strong vision to work towards ensuring children and young people in South Australia grow up safe, loved and cared for, and a visceral determination to advance change toward that vision. However, in working tirelessly to progress that vision, I also know that change in this space is not something one person, nor indeed one department, can advance on their own. To make significant inroads we need a whole-of-government, whole-of-community, whole-of-sector approach, and for everyone to feel confident to take responsibility.

Working collectively and collaboratively is the only way we will improve outcomes for children and young people, making it critical that there is a collaborative approach across government with key stakeholders and service providers—and, most importantly, with carers, families, children and young people themselves—to ensure that we provide the right kind of support and resourcing to effectively intervene with at-risk families at crucial times.

Key themes have emerged from reviews and inquiries in recent years. They include calls for increased funding for the child protection and family support system; establishment and support for expert advisory and advocacy bodies; improved across-government collaboration and system integration; enhanced support for carers; strategies to reduce Aboriginal over-representation in the system; improved cultural appropriateness of services; and closer adherence to, and more active implementation of, the Aboriginal and Torres Strait Islander child placement principle.

We are committed to a reform agenda that incorporates the feedback from experts, that amplifies the voices of children, carers and families, that is driven by that long-term vision for child protection, as well as a methodical and structured approach to our responses to recommendations. Alongside this, we are acting to change focus to ensure that we shift from a community and broader system attitude of reporting as the first and sometimes only response, to reporting and supporting vulnerable families, children and young people.

We do so with an acute understanding that there is inherent risk in child protection and family support: a risk that workers, and all involved in the system, carry every day through every interaction and every decision they make. It is really important to acknowledge that, as a whole community, we are facing challenges that have a direct impact on the safety of children.

Whilst we are very gradually beginning to slow the growth rate of Aboriginal children in care, we have so much more to do. That is why our government is working with Aboriginal people in a really dedicated way to tackle this over-representation. We are investing an additional \$13.4 million into family group conferencing, which has a strong focus on working with Aboriginal families to develop solutions for keeping children safely at home and strong in family, community and culture.

We have committed funding of \$3.2 million to establish an independent Aboriginal community controlled peak body to empower community and to ensure measures are in place to improve the care and protection of Aboriginal children. We recognise that the first priority for the provision of a child's or young person's long-term care is their birth family. The government is acknowledging this and is investing in reunification.

This budget invests an additional \$2.1 million to increase our capacity in this. Alongside other services like family group conferencing and intensive family support, which also fall under my statutory responsibilities, reunification services play an integral role in the child protection and family support system and in our work to keep families safely together.

The measures in this budget are complemented by a range of other activities that seek to collaboratively develop solutions using evidence and expert advice, and through developing a robust strong foundation with stakeholders including children, young people and carers themselves. A cross-government child protection CE governance group and a child protection expert group have



been established. A carer council and a direct experience group have been funded and are being established.

These new groups will assist as we continue to build the foundations for child protection system reform. We have committed funding to amplify the voices of children and young people in care and those leaving care, including providing \$800,000 to the CREATE Foundation and \$1.87 million for the Child and Young Person Visitor. There are around 2,600 extraordinary foster and kinship carers supporting, caring for, opening their hearts and homes to vulnerable children. We want to better support them and we want to recruit more people to provide family-based care to children.

Our government has committed \$800,000 to carer advocacy and \$32 million to increase carer payments to assist meeting cost-of-living pressures. The budget provides for a 4.8 per cent increase to carer rates and it increases the carer payment for general foster and kinship carers so that an additional \$50 is paid per fortnight for each child being cared for who is under the age of 16.

**Mr TEAGUE:** There is a point of order.

**The CHAIR:** We are at about 10 minutes now, so if you want to wind up so the opposition get an opportunity to ask questions.

**The Hon. K.A. HILDYARD:** That is no problem. I cannot see the clock in here. I am really sorry. We can leave it there.

**The CHAIR:** Thank you, minister. Do you have an opening statement, or straight into questions?

**Mr TEAGUE:** A chug of time has gone already. I will jump straight into questions and might just indicate, for the benefit of the committee, that some short and direct answers would be helpful. There is a lot to get through. Can I start first with Budget Paper 3, page 23. If it would assist the minister, it might be helpful just to have a look at the Budget Measures Statement from last year at page 16 alongside that, because we see there the provision for funding over the forward estimates as a budget measure in 2022-23. The minister will be well familiar with that. At the third line of the table, the table being operating expenses for Child Protection—can you see that?

**The Hon. K.A. HILDYARD:** Yes, I am able to read that paper.

**Mr TEAGUE:** On the third line, we see the budget for 2022-23 at \$717 million and the estimated result for 2022-23 at \$769 million. Do you agree that that is a \$52 million excess to budget?

**The Hon. K.A. HILDYARD:** What is your question?

**Mr TEAGUE:** Do you agree that that is an excess of \$52 million to budget?

**The Hon. K.A. HILDYARD:** What I would like to say, Mr Chair, is I just want to reassure the shadow minister that I absolutely understand how to read budget statements and I can understand the variations and the difference between each year in the figures. I can assure him of that in a general sense.

**Mr TEAGUE:** Does the minister take responsibility for that \$52 million excess to budget?

**The Hon. K.A. HILDYARD:** That gives me, I think, a really good opportunity to speak further about the \$216 million investment that is part of our additional \$372 million investment since coming to government. What is really important to understand about our investment is that what is reflected in the components of that investment is a deep understanding of the need as a government, across government, if we are to tackle those complex issues that families are facing and to ensure that we have appropriate services and supports available across the system, that we need to balance investment so that we are appropriately resourcing the care and support for children already in residential care.

That is not something that has been a feature—it certainly has been a feature since we have come to government, but it was not a feature over those previous four years. It is really important that we resource caring with appropriate resource levels for children in care and that we also balance that with providing support to those carers who, as I said, generously open their hearts, their homes

and their lives to children and young people, providing them with the support that they need, and that we also invest in programs that are focused on effective intervention for families that give families the best opportunity to be strengthened and the best opportunity to keep their children safely at home, hence the investment in family group conferencing and intensive family support in reunification and in the Aboriginal peak body.

What is really important, which I would really love the shadow minister to turn his mind to, is that investing in the child protection and family support system requires careful thinking about each of those elements being properly resourced. In terms of that expenditure, I am incredibly proud that we are investing significantly across each of those areas and incredibly proud that this \$216 million sits as part of our \$372 million investment since coming to government. I will argue and advocate every single day for those resources to be expended and to be expended in the way that they are.

I think this may be where the shadow minister is going: I was in the chamber on Wednesday night when he gave his appropriation speech. I know that, with the budget in his hand, he spoke about 'profligate spending'. When we are talking about the child protection and family support system—as he was, as I understand it, that evening—this is about appropriate spending that supports vulnerable children and their families and a system to be properly resourced to, again, make sure that we are appropriately providing support and resources to children in care and to carers and for effective intervention and strengthening of families.

If that is where the shadow minister is going, I can absolutely say I am really proud of this spending. It is really complex. We are doing the best that we can to make improvements, and this investment is a really important part of that.

**Mr TEAGUE:** Given those are scarce resources, as you look further across the same line—again, I appreciate staying on the point because a lot of people are interested in the management of these scarce resources. Given the overspend of \$52 million from what was budgeted, you see there that going forward—2024-25, 2025-26, 2026-27—there is only room for increases of expenditure year on year of \$4 million, then \$12 million, then \$14 million respectively as the result of the blowout in the last year's spend. You see that in black and white.

There is less room for growth of expenditure, less room for all of those extraordinary priorities that are important to spend and so on, compared with the \$30 million that was set out as a measure year on year in last year's budget. Is the minister's—again, I do not want to overly characterise it—rather lengthy answer directed to somehow making the proposition that the \$52 million blowout last year somehow did all the work that was going to be done over those three years going forward, or otherwise do we accept that we are just going to see continuing blowouts in the budget to achieve these things?

**The Hon. K.A. HILDYARD:** I think there are a few questions in there. I will try to answer it by speaking first of all to your language. You refer to a 'blowout' of spending.

**Mr TEAGUE:** \$769 million over \$717 million. Call it what you like.

**The Hon. K.A. HILDYARD:** I am just repeating your words. You refer to it as a blowout. It is a priority for us to make sure we resource supports and services for the most vulnerable children and young people in our state. We will continue to make sure that we support and provide resources for children who are in residential care, for those carers who, with such incredible commitment and love, provide family-based care, and we will continue to provide support for effective intervention supports and services, whether that is family group conferencing or reunification. We will do that, because that is the right thing to do—that is absolutely the right thing to do. I would say also, because again I was not quite sure exactly what the questions were in the statement, other than some of the phrases that you used—

**Mr TEAGUE:** You have limited the room for the growth of expenditure in years going forward; that is the proposition.

**The Hon. K.A. HILDYARD:** —but what I would also say is that one of the things that is very clear at a national level is that, right across the country, every single jurisdiction is contemplating the mix of placement types for children and young people who, sadly, are required to come into care.

One thing that each jurisdiction is grappling with is the need for more family-based carers. It is a matter on which I will continue to engage in discussions at a national level. I can say that, rightly, in terms of our budget, because we know the benefits of family-based care, very carefully there is investment in improving payments and support for family-based carers, because that is the right thing to do—

**Mr TEAGUE:** Let's go there, minister.

**The Hon. K.A. HILDYARD:** —but also, thinking about the placement mix in terms of where children go is really important. I would also say that very proactively, as well as the investments we have made to improve payments for carers, just yesterday there was the beginning of a think tank that we are going to conduct and that we will continue to grow around how we can attract more family-based carers.

When I say that, certainly from some of the conversations I have had with carers—and I have had multiple round tables, forums, conversations, meetings with carers right across the state—one of the questions I ask them is: 'What is it that would improve your experience? What would help to engage more people to undertake family-based caring?' We know, in terms of the placement mix and the budget, that this is really important, because we know that is such an important and crucial type of care for children and young people. What they say to me when I have those conversations, amongst a range of things—I was just going to choose one—is that a really big issue for them is access to respite care.

**Mr TEAGUE:** Chair, the minister seems dedicated to avoiding answering questions on the budget.

**The Hon. K.A. HILDYARD:** This is about the placement mix, which goes straight to the budget.

**The CHAIR:** I think the minister is providing some context, but if she can move towards—

**The Hon. K.A. HILDYARD:** Just to be really clear, so that the shadow minister understands, the placement mix absolutely has an impact on the budget. There is national discussion about that. It is a well-known fact across the globe that the placement mix has an impact on budget settings. So it goes to the core of the question that the shadow minister is raising. If he wants some more explanation about that, I am really happy to give it to him at another time, if that would be helpful to him.

What I would say is that, in terms of attracting respite carers, that is one of the things that has been identified in almost every conversation I have had, and I mean right across the state. We need and we are turning our minds to how we can attract more carers of every type, because if attracting respite carers—and I think there are a number of people who would take on this role, whether that is once a fortnight, once a month, or whatever it might be—means that we have those people in the system providing love, care and support to children and young people, that also means it has the benefit of ensuring that we sustain those full-time foster and kinship carers, and that is a great thing, so we will be focusing on that.

Going back to the series of questions in the shadow minister's statement, this investment is a priority for us. I know the shadow minister characterises that investment into support for children and young people as a blowout. I absolutely and fundamentally believe that this is a priority. Of course, we are also looking at, in that investment, how we provide balance across the system. Again, just to summarise, one of those ways is to think about that placement mix.

In our budget, in our investment, we are doing that because we are absolutely appropriately funding supports and resources for children in residential care. We are funding improvements to payments for carers, we are engaging in strategies to attract more carers, family-based carers, and we are doing the work in a very comprehensive and well thought through way to begin to effectively intervene to strengthen families and keep children safe at home. This is absolutely a direct answer to that question.

**Mr TEAGUE:** I take you to Budget Paper 5: Budget Measures Statement. On those points there are a couple of measures that are there summarised.

**The Hon. K.A. HILDYARD:** Sorry, what page?

**Mr TEAGUE:** Firstly, at page 18 we see the really rather significant investment of additional resource and out-of-home care. It is there described in the second paragraph as follows:

This sits alongside the commitment that the department will continue to actively support all family-based carers and endeavour to increase the number of carers available to provide care for children and young people in a family-based environment.

As has been addressed at length in a variety of forums, we see on the previous page that there is funding to increase payments to certain foster carers. The question is: what portion of funding for out-of-home care here is for residential care—that is, for state care—as opposed to foster caring?

**The Hon. K.A. HILDYARD:** \$109 million. It is set out there.

**Mr TEAGUE:** All of it?

**The Hon. K.A. HILDYARD:** Yes, \$109 million.

**Mr TEAGUE:** So when we talk about out-of-home care for these purposes, we are talking about residential care state care?

**The Hon. K.A. HILDYARD:** Yes. Can I just say, for the first time over the last six years since we came to government, finally there is actually, rightly, an appropriate amount of resourcing for staff, for services, for those most vulnerable children in residential care, as there should have been. Unfortunately, it was horrific to see that not only was that funding not there over those four years of the former Liberal government, which infuriates me, but also during their period of government they imposed on the Department for Child Protection efficiency measures so that there were further changes and cuts to that department. That is absolutely outrageous. That is the past. What we are doing is making sure that we appropriately and rightly fund it.

**Mr TEAGUE:** I promise the minister that these are questions designed to interrogate the budget. We are here as a budget committee. What is the trajectory—this follows on from similar questions last year—therefore, of growth for the number of children and young people in care? In the specific context of this investment, how is the investment going to contribute to reducing the number of children in residential care, or at least reducing what I recall the deputy chief executive describing last year as an objective to reduce the rate of growth of children in care?

**The Hon. K.A. HILDYARD:** What I can tell the shadow minister, and I am really pleased to have an opportunity to do so—and I am just going to look to my left to make sure I have the figures right in my mind—is that, in terms of that question, there are two things. There is the placement mix, which I will come back to, which is that desire, commitment and clear strategy to begin to recruit more family-based carers, which is incredibly important, and I hope that point is now understood. That is crucial, in terms of our efforts going forward.

Also, though, what I can say—and I am sure the shadow minister will be really pleased to hear this—is that over those four years of the former Liberal government, around 950 additional children came into care and the growth rate increased during the period. I can go through every single figure, if you would like me to, but it increased and it increased and it increased. What I can tell the shadow minister, which I am sure he will be pleased to hear, is that there is a lot more work to go, but we are finally starting to see that percentage just slightly starting to turn—

**Mr TEAGUE:** Just an answer to the question.

**The Hon. K.A. HILDYARD:** —and that is incredibly important because it shows us that, whilst we would never say there is not a significant amount of complex—

**Mr TEAGUE:** I think it is just a number, minister.

**The Hon. K.A. HILDYARD:** —work to do, we are starting to see the signs. Your question was: what are you doing in terms of the projections about the number of children in care and in out-of-home care? I am really pleased that we are just starting to see that turn, as compared to the previous financial years ending June 2018—

**Mr TEAGUE:** Perhaps, can I repeat the question?

**The Hon. K.A. HILDYARD:** —June 2019, June 2020 and June 2021.

**Mr TEAGUE:** How will the investment—

**The Hon. K.A. HILDYARD:** Those strategies are working well, bearing in mind, I would absolutely stress, that there is a long way to go. This is complex work that will take some time, but as I said in my opening statement—or I do not think I got to it—I am utterly determined that we stay the course in terms of the settings that we have, given we are just starting to see that. Also—

**Mr TEAGUE:** If the figure is not to hand, I am happy for the minister to take some time—

**The Hon. K.A. HILDYARD:** Another thing we will continue to do with utter determination is our work to increase the number of family-based carers and also the other work that we are doing to effectively intervene to strengthen families, to do all that we can when it is possible, when it is safe to do so, to keep families safe and strong together.

**Mr TEAGUE:** So there is no figure forthcoming. I would be pleased to have that figure just as soon as it is available. I will repeat the question: how is the investment in out-of-home care going to contribute to reducing the number of children in state care?

**The Hon. K.A. HILDYARD:** I think I have answered this question at length. I am trying to think of the best way to explain it, so it is understood. Tackling child protection is incredibly complex. There are deeply interconnected issues, as I have spoken about often in the other house, that families are facing. There is also a complexity in terms of how the system is balanced.

We could never, ever say, 'Okay. We're going to stop having this resource over here to support children who are already in care.' Why on earth would we ever do that? We would never do that. We need to support those children. Similarly, we would never say that we are going to stop implementing really well thought through measures to make sure that we are also effectively intervening in ways that, over time, we would hope—bearing in mind the context we are in, with those complex challenges for families—begin to achieve change.

What I would also say to the shadow minister is that when those incredible workers are out working with families, those workers who carry that risk every single day and make those often heartbreaking decisions to potentially remove a child, that is supported, because when we need to do that, we will do so. So we are never going to stop resourcing the fact that those decisions will be made where it is necessary to do so.

**Mr TEAGUE:** Do you have that figure now?

**The Hon. K.A. HILDYARD:** What I would also say—just to speak more broadly to answer your question, because, as I have said to you many times, these issues are complex and multifaceted and it is about balancing the system—in terms of looking at funding for children who are at risk—

**Mr TEAGUE:** They are not trick questions, minister.

**The Hon. K.A. HILDYARD:** I just want to—no, I am giving you really good answers. I am giving you comprehensive answers—

**Mr TEAGUE:** Just straightforward, short answers will permit covering a range of important topics.

**The Hon. K.A. HILDYARD:** —that I hope you are hearing—

**Mr TEAGUE:** We are all interested in the substance.

**The Hon. K.A. HILDYARD:** —because child protection—

*Ms Stinson interjecting:*

**The CHAIR:** No interjections.

**The Hon. K.A. HILDYARD:** Shadow minister, child protection is not about gotcha moments or this bit here or this bit here—

**Mr TEAGUE:** No, nor is it about obfuscating and filibustering.

**The Hon. K.A. HILDYARD:** —it is about understanding the complexity of issues that families in our state are facing and how you invest across the system to make change. The other point I wanted to make, when you talk about the 109 and 'why are you investing it in this way', is that the other thing I would really love you to understand—

**Mr TEAGUE:** That was not a question.

**The Hon. K.A. HILDYARD:** —is that, actually, child protection and family support is a whole-of-government, whole-of-community, whole-of-sector effort. What that means is that there are also funds in the domestic violence space, there are funds in the drug and alcohol space, there are funds in education, there are funds in mental health, in SA Health, in family support services, in DHS, because we want to make sure we are resourcing interactions that vulnerable children and young people have at particular moments when they present with vulnerability.

That does mean that we want support through Health when particular matters arise for children. We want support, as we are providing and as is absolutely articulated in the national plan around domestic violence, for children through that funding stream. We want support for children through education. I am sure Minister Boyer will talk about the mental health professional funding for schools. All of that investment also contributes to the safety, the wellbeing, the interventions with children.

I would love for the shadow minister to engage in that broader debate about what is needed. I cannot remember the date off the top of my head, but I do remember the Leader of the Opposition speaking about the need for bipartisanship on these complex issues. That is what I want to hear. I want to hear that there is a willingness to engage in the complexity of child protection and the complexity of the investments that we need to make and the fact that it requires change across the whole system and change that will take a long time, because the issues of disadvantage, of poverty, of domestic violence are entrenched issues.

There is not an easy solution, but we are up for working our way strategically through, and towards, a vision for change that actually begins to make a difference for children and young people, and their families.

**Mr TEAGUE:** Time is short. We might move to the next topic, the question of the challenge of recruiting staff and staff turnover, and so on. We have seen a year in which the department has lost a CE and we have a new chief executive. I have indicated along the way, and I take the opportunity to do so again, I welcome the appointment of the new chief executive. We are soon to see the departure of the deputy chief executive, and I note that by reports. So there is a leadership change that is underway at the department. The focus of my questions in this regard are about ongoing challenges to achieve staff recruitment, as has been advertised.

On 16 November, there was indicated, for example, the objective immediately— notwithstanding the 100 FTEs that have been set out in the budget—to recruit 42 new social workers and 10 additional principal Aboriginal consultants. How has that proceeded? Is that complete? To what extent does that contribute to the 100 FTEs in the 2023-24 budget? I am at Volume 1, page 92, of course.

**The Hon. K.A. HILDYARD:** I think there are a few comments in there around the CE and deputy CE, and then recruitment of staff and, particularly, the 42 additional social workers and the 10 principal Aboriginal consultants, so I will start first of all by saying, yes, the recruitment of the 42 additional social workers is complete. In relation to the 10 principal Aboriginal consultants, I understand there are interviews—on 10 July we will have interviews—so that recruitment process is well underway.

I will also take the opportunity, as you have, to mention our new CE and our deputy CE. I think the member for Frome also had an opportunity to provide thanks in that regard as well. I do take the opportunity to welcome and to thank Jackie Bray for taking on the significant role of Chief Executive of the Department for Child Protection, and I note in Jackie's comments on coming into the role at a media conference that she talked about how determined she is in the challenge ahead, and how, I guess, up for that challenge she is.

Our conversations since that time absolutely cement my belief that we have a shared intense determination to stay the course, knowing that things are really hard and really difficult but to stay that course to advance change and to do all that we can to make sure that we do advance meaningful change, so I welcome Jackie. I also wanted to have that opportunity because I have not had an opportunity publicly yet. I am sure I will get other opportunities, perhaps at a Port Power game or in some other format.

I want to thank Fiona Ward. I have said this when we were with the Aboriginal staff members a couple of weeks ago, but I really want to thank Fiona for her remarkable and enduring service as the deputy chief executive. Anybody who has worked closely with Fiona—I am sure the member for Frome would know this—Fiona's every action, her heart, her words, her commitment, the hours that she does, her incredible strategic thinking, have made an extraordinary contribution to child protection in this state, and when I say child protection in this state both through being in the Department for Child Protection but also in a number of other departments over 30 years as well.

I want to say to Fiona on the record that I am so grateful for her extraordinary contribution, and I am really grateful also for the wise advice that she has shared with me—I am very grateful. So I just wanted to take the chance of you raising those issues to say that publicly, and again I am sure we will have a chance to do more.

**Mr TEAGUE:** Minister, what is the DCP staff turnover rate for 2022-23?

**The Hon. K.A. HILDYARD:** In relation to staffing and DCP, as you have rightly identified and as you can see in the budget papers, we are actually growing staff numbers, which I am really pleased to say. The April 2023 paid FTE count was 103.3 FTE higher than the FTE count as at April 2022, so as you can see there has been significant growth over that period.

As you can see from the budget measures and our investment and as I have spoken about before, we are going to continue our work to recruit and to retain staff. One thing that we are working on—and I am going to try to remember the date off the top of my head; I think it was 27 April, and please tell me if I am wrong, somebody—is that we held a significant gathering of stakeholders with input from carers, with people across government, including the Office of the Commissioner for Public Sector Employment, and right across learning institutions.

We held a summit to begin to develop our South Australian child protection sector workforce strategy. We heard from a number of thought leaders, from academics, from workers themselves, again, with input from carers and young people, to work through our process to develop a holistic, sustainable child protection workforce strategy for the future that is focused, again, on working to ensure the best possible outcomes for children and young people. One thing that I did want to mention also—

**Mr TEAGUE:** Is there an answer to the question in there anywhere?

**The Hon. K.A. HILDYARD:** I just said we have actually grown it by 103 staff. I literally just gave you that number.

**Mr TEAGUE:** The turnover rate was the question.

**The Hon. K.A. HILDYARD:** I literally just gave you that number.

**Mr TEAGUE:** The turnover rate was the question.

**The Hon. K.A. HILDYARD:** The other thing that I wanted to speak about that is really important and related to that question is that, as the member would be aware, we are funding and developing a social worker registration scheme, which certainly lifts the profession and provides particular resources to the profession. Also, we are in discussions with universities about opportunities to really tailor education, particularly social work education but also other education, to child protection needs.

**Mr TEAGUE:** Are you going to implement the act anytime soon?

**The Hon. K.A. HILDYARD:** When courses are undertaken, we want people to turn their minds to working in child protection. When they are in their particular classes, whether it be social

work at Flinders or wherever they may be studying, we want them to see child protection as their preferred option.

We are working with universities about how we make sure that child protection is articulated in their learning as a pathway and we are also—and I think I have spoken about this in the other house before and I know it has been in the media—making sure that other professions have trauma training as part of their curriculum so that they can also assist in the most productive way alongside child protection workers. For instance, in teacher education, we are implementing trauma training so that those workers who work so closely alongside child protection workers also have those skills.

I actually think that over time, across a range of professions, we should be making sure that we deepen understanding of trauma-related behaviours so that we can make sure in recognition that protecting and nurturing children is a whole-of-government effort, that every profession understands their role in keeping children safe in protecting and nurturing children, connecting them with services. Whenever I am asked about those staff numbers, and I have given you that 103 increase figure—

**Mr TEAGUE:** The turnover rate, was the question.

**The Hon. K.A. HILDYARD:** Whenever I speak about our effort in child protection—and again I would love more conversations about this with the shadow minister—child protection workers do child protection work, but actually there are multiple workers who do child protection work, and we want all of them—

**Mr TEAGUE:** A couple of things arising from that, if there is—

**The Hon. K.A. HILDYARD:** —to feel strong and safe and supported and confident in that.

**Mr TEAGUE:** I will move along. There are a couple of questions there now. On the social workers registration side, in a parliamentary committee on 27 February 2023, earlier this year, the former chief executive, when asked about the registration scheme, said, and I am at page 91, 'I am delighted to say that social worker registration—the bill has previously passed the former house and it will be rolled out in terms of a board and process this year.' Ms Taylor went on to explain that, two weeks prior, the department had advertised a position for the person who would lead the work. That was in February. We are now at the end of June.

Can the minister advise whether these positions are filled? Given the bill passed in 2021—the Social Workers Registration Bill, that is—can the minister provide any overall indication about when the social worker registration scheme will be established, and can you give an update as to the progress of implementing the act?

**The Hon. K.A. HILDYARD:** Absolutely. As you rightly said, the bill was progressed late in 2021—I think on 9 December 2021.

**Mr TEAGUE:** Passed.

**The Hon. K.A. HILDYARD:** Are you correcting my language again?

**Mr TEAGUE:** It was passed.

**The Hon. K.A. HILDYARD:** Thank you for that explanation. I really appreciate your explanation around my language. The Social Workers Registration Bill 2021 was progressed on 9 December 2021. As part of the December 2022 Mid-Year Budget Review, DCP was allocated \$4.7 million over four years to establish the registration scheme under that act. We have developed a really strong implementation plan for the scheme, which is obviously being used to inform us on decisions around funding, governance and staffing. Once we have the director in place, of course, that will be a further opportunity for them to work through that implementation plan, etc.

I met—I cannot remember the date off the top of my head, but I can give you more information about that meeting. There have been conversations with the Australian Association of Social Workers about the progress. That was in April, I think. I have certainly met with them. The department has met with the Australian Association of Social Workers about the social worker registration scheme, and rightly so because their members affiliate to their association and they are in discussions with them also about what the scheme will look like.



I think the member has already spoken about the dates for advertising the position, etc. My understanding is that interviews are being held next Wednesday. There has been an extensive search for candidates. As I understand it, the interviews are being held next Wednesday. Obviously, I am not part of that process, so I imagine I will probably make a statement in the house at some point about the person who is successful in that particular position.

Also, and this is something I have actually talked about over probably the last 25 years through previous roles, I think that, alongside our state-based social worker registration scheme, in the long term—and this is something that I will certainly raise at ministerial councils; it is something I have been very interested in for a long time, having represented the industrial interests of social workers over a very long period of time—given that social workers are engaged or employed pursuant to the Social, Community, Home Care and Disability Services Award, which is a federal award, it is really important that we also progress discussions about a national scheme.

I actually do think that there is merit in that. It is the right thing that we are moving ahead and establishing a state-based scheme and, as I said, those interviews will happen next week. I will certainly keep the other house informed about progress with that, but I can tell the committee today that I will absolutely continue to have those discussions that have been around for a number of years about a national scheme, which I think has merit to be explored for a number of reasons including the industrial arrangements that social workers are employed pursuant to where they are in the community sector.

I guess the challenge is when they are employed in state sectors, they can be employed pursuant to different industrial instruments. I think that is the challenge going forward as that national discussion continues.

**Mr TEAGUE:** While we are on legislation, I am still on Volume 1, page 91. There is a target for 2023-24 to introduce amendments to support changes to the Children and Young People (Safety) Act 2017. When can we expect a draft bill to be released and will the minister be addressing or responding to those carers who are calling for an independent investigations unit and similarly responding to those carers who are calling for an independent children and young person guardianship board?

**The Hon. K.A. HILDYARD:** I am sorry, I did not hear the last bit of your statement.

**Mr TEAGUE:** There are two things: there have been calls from carers for an independent investigations unit and, secondly—

**The Hon. K.A. HILDYARD:** The legislation?

**Mr TEAGUE:** —yes—carers have called for an independent children and young person guardianship board.

**The Hon. K.A. HILDYARD:** I think the first part of your question was about the legislation?

**Mr TEAGUE:** Yes. When can we see a draft bill?

**The Hon. K.A. HILDYARD:** That is an excellent question. As you are aware and as I have briefed you on, and as various personnel from the department have briefed you on at length, on coming to government—just to give you some background about the legislation—there are a range of reasons I am really determined that this be a comprehensive review of that legislation. The most important one of those is that we absolutely need to make sure that our legislation sets the foundations for the right support, the right levers to support the most vulnerable children and young people, that reflects legislation, that reflects our focus on effective intervention on the desire for child protection and family support to be contemplated right across government and to be contemplated as a public health issue.

I see the legislation as an incredible opportunity to advance those correct foundations for the system. Getting that right for children and young people is the most important reason for that determination. What I would also draw the member's attention to is, I am not going to frame this in a partisan way but I do think it was very much a lost opportunity when the former minister moved a bill and reviewed legislation in the last term of government.

There were a number of amendments that I moved and indeed other members moved, including members in this chamber in the Legislative Council, that were not taken up. I think that if they had been, we may have advanced some change at that point in time. Nonetheless, we are where we are now. I think this was included in the briefing to the shadow minister, but what I can inform the shadow minister is that we have undertaken a very deep consultation process around changes to the legislation.

The review commenced in September 2022, and the final review report was provided to me at the end of February or the beginning of March, from memory. There were a range of ways that people could input into that first part of the consultation process. That was through written submissions, consultations, etc., but also we conducted—I am trying to get a number; I will check the number for you—multiple consultation sessions right across the state. Some of those were more general consultation sessions and some were with carers.

Also, really importantly, there were sessions held with children and young people themselves, which I think is a crucial part of the work that we do both in relation to legislation but also in relation to every aspect of child protection and family support. We had consultation sessions specifically with and for Aboriginal community members. We had them with the heads of industry groups, leaders right across the sector. We had them with workers in DCP, with young people and regionally. Really importantly, we had these consultation sessions.

All the reports from those consultation sessions were collated into one report that was tabled in parliament on 23 March and is also available online. I find that report really interesting because I think it shows both the deep passion and the deep thinking by so many people but also the breadth of views that exist about the changes that should be made. One of the issues, as you know, shadow minister, that you and I have had a conversation about in our briefing, is the issue around thresholds and mandatory notifications, and there was a breadth of views about where we land in relation to that particular issue.

There is a considerable degree of thinking that needs to happen very carefully around a range of those issues, and I look forward to that. I am really grateful to the many people who contributed. It was such a rich set of views and contributions that informed that report. What I can say, the same as I said to you in the briefing that we had, is that we intend to introduce legislation in the second half of this year, and we are very close to having the draft bill out for a further round of consultation, which is exactly what I promised anybody who engaged with the consultation and those who decided they had to have another opportunity to contribute to it.

There will be another round of consultation, and we are very close to having that draft bill out. If the shadow minister is amenable to it, I am sure that we can provide a briefing to him with that draft bill to take him through the various elements. I suspect and it is my hope that we will again receive significant feedback about that draft bill, and then we will of course make decisions and introduce the bill into parliament. From where we are up to with getting the draft bill out for that second round of consultation, I think that we are likely to have the draft bill introduced very shortly after parliament resumes after the winter break. I think that hopefully fulsomely answers your question about the timing around the legislation.

To go to the second part of your question, I think your question is about legislation but also just as much about outcomes from the Independent Inquiry into Foster and Kinship Care, where particular issues were traversed and particular recommendations made, if I am hearing your question correctly because the language you used comes from some of the matters raised in that inquiry. I think that is the question you were asking.

What I would say, to give you a little bit of background about the inquiry, is that, when I referred to the previous minister's introduction of amendments to the Children and Young People (Safety) Act, during the course of that bill being debated both myself as shadow minister at that time and the minister were approached individually by advocates wanting us to connect foster, kinship and other carers.

It is my understanding that the former minister was approached—that is what I was advised; I can say that I certainly was—about making sure that in that piece of legislation a clause was

included about carers being afforded procedural fairness in relation to a range of issues. I took that suggestion on board and moved amendments. Unfortunately, it was not supported.

I think, and we can check the *Hansard* together on this, a similar amendment may have been moved in this house. Wherever that amendment went, what then happened was that a bill was put forward to establish the inquiry. As the shadow minister is aware, the inquiry was handed down and there were 29 recommendations from the inquiry. However, it is 28 because unfortunately two recommendations were duplicated, so it is 29 but it is actually 28.

Since receiving those recommendations that the shadow minister speaks of, or the themes raised in the inquiry, I have committed myself. I was conducting forums, round tables, conversations with carers around the state before the handing down of the inquiry, but I have conducted and continued to regularly conduct forums, round tables and conversations with carers right across the state. That is something I did as a shadow minister, and it is something I have continued to do as a minister, because it is the right thing to do.

In all that I do in child protection, I seek to amplify, listen to and act on the voices of children and young people, carers, workers, sector leaders, everybody right across the system. What I can tell you in relation to your questions about those two themes that came out of the inquiry is that I have conducted all of those conversations, round tables and forums, and I have received so much feedback from carers—some really positive feedback—about the commitments we have already made on particular matters, in fact that we immediately made.

I can tell you what the commitments were that we made straight away: one was to establish the Carer Council to make sure that we have a sustainable ongoing way to hear directly from carers about all the matters they are interested in. I imagine those matters that you raised—

**Mr TEAGUE:** How are you going to nominate the carers for the council?

**The Hon. K.A. HILDYARD:** I will come back to that, thank you. I will add to my answer with that. The three things we committed to immediately—and there have been many others in terms of the inquiry since then—was establishing the Carer Council, changing the deficit in care grounds in relation to care concerns and improving the model of respite support. We also, alongside that, agreed that where there were suggestions about legislative change that we would consider those suggestions as part of our legislative review.

I will not go into all the detail about each of the recommendations because we have made other commitments since that time. I went out and let carers know about those initial commitments and I really listened to them on their views about the inquiry. What I can say to the shadow minister is that I have received a really broad range of feedback. There are definitely themes that are consistent across all carers, but there are some issues where particular carers have a slightly different view to other carers.

We will continue down the path around the various commitments that we have made publicly to carers, and through the media release into those initial commitments, but I just want to say that a really important mechanism in terms of ongoing feedback will be that Carer Council. I will rely on that council to provide robust advice to me about how they would like to tackle particular issues, including issues that are in that report.

What I would also say to the shadow minister is that the Carer Council will exist and, thankfully, I am very grateful for the advice that will be provided to me from them, but that will not in any way stop me from continuing, as I have done since being a shadow minister and as a minister, to get out and hear from carers about what is important to them and how we can help improve their experience as carers, and how we can best support them, so we will continue that.

In terms of the additional question that you added, as I said, in accordance with the recommendation from Dr Fiona Arney in the report of the independent inquiry, we have committed to establish a Carer Council. That is being funded by the state government and it is Connecting Foster and Kinship Carers SA that will begin to make the arrangements to establish that Carer Council.

**Mr TEAGUE:** I am at Volume 1, page 94, activity indicators. There we see, 'Notifications of child abuse or neglect assessed as requiring further action'. What is the latest figure the minister can provide to the committee on how many cases are being, to use the old term, 'closed, no action' or the current one 'not proceeding'? As I understand it the terminology has been changed. What is the latest figure on how many cases are classified in that way? While we are at it, on the same point, are there any e-CARL notifications—that is, the written reports of children at risk who are currently waiting to be checked?

**The Hon. K.A. HILDYARD:** I am sorry, I just did not hear the second part of your question, so please ask me after, if you would like to. What I can say is that in 2017-18, 55 per cent in that case were 'closed, no action' or 'not proceeding', as the terminology is now. As at 30 April 2022-23, that figure is now down to 23.3 per cent. What I can say is that I am pleased that there is an ongoing decline in that number, in turn, which means that we are getting to more and more and more cases, and rightly so.

I can also say that that reduction, in terms of the percentage, also comes at a time when in that same period there has been an enormous increase in the number of cases, or number of concerns, that are notified. So there is that reduction, at the same time as the numbers have been exponentially growing over that period. What I would say to the shadow minister—

**Mr TEAGUE:** Sorry, I might have also misheard—

**The Hon. K.A. HILDYARD:** If I can just finish my answer.

**Mr TEAGUE:** It just helps to understand the answer.

**The Hon. K.A. HILDYARD:** What I would also say to the shadow minister is that every single notification, every single issue of concern, we treat incredibly seriously, and we will continue our work to make sure that we consider how we can continue that trajectory of reducing that number. When the commentary in Nyland was made about that particular issue, there were around 20,000 screened-in notifications. That number is at least double, I think, if not more than that now, so we do have significant—

**Mr TEAGUE:** The projected number is exactly that.

**The Hon. K.A. HILDYARD:** —work ahead. As I have spoken about at length today and on other occasions, we will not stop in our relentless efforts to continue to reduce that number. It is incredibly important.

What I would also say to the shadow minister is that three other things also need to be considered here. First of all, I think the commentary I have provided about child protection and family support being a whole-of-government, whole-of-community, whole-of-sector effort is really important because when we have that volume of notifications—and we know that some of those notifications are made by professionals across government who have contact with children—we really want to work to make sure that people in every department who work with at-risk children feel confident and have the capacity to respond to any concerns.

One of the most opportune times, of course, to effectively intervene when there are concerns about a child is when that child is right in front of you, such as if a teacher or a SSO or a doctor is seeing a child. Yes, of course, they need to make those notifications, but we also need to make sure they feel confident to do what they can to provide that support. That is the first thing that is important about this effort. The screened-in increase is closer to 50 per cent, not doubled, in the year to date.

Another thing I would say that is really important in terms of our earlier discussion about the legislation is that there is this challenge we have in considering the legislation. You and I have had a conversation about this, and others have including Simon Schrapel and other leaders in the sector—certainly, our expert group that Simon Schrapel is part of will have discussions, I am sure, about this—which is: what is the threshold for notifications?

On the one hand, there is absolutely an argument to capture every incident of concern, to receive all those notifications. Then there is also a valid argument about what will enable us to most quickly respond to those issues of most risk and most concern, so there is that discussion. I think it

is an issue for our whole community, not just for you and me in the chamber across the sides of parliament. What is the appetite that our community—that our state—has around that threshold?

Currently, South Australia has the lowest threshold, which means that we have a significant number of notifications. What is the appetite in our community to change that? What is the approach we want to have as a state around that? What are the conversations we should be having in our state about that appetite to balance that desire rightly, which I absolutely understand, to capture every notification with the desire, which I understand, to make sure we focus on those children who are most at risk? There is this really important debate for our state to have around that particular issue.

The third thing I wanted to touch on, again, a really big issue that I think we need to contemplate as a state, is that our entire child protection system decades ago—I do not just mean in recent times—as is the case in other states, was built on an understanding of harm to children coming via an incident of serious physical or sexual abuse, an incident.

That is right and that always needs to be included in the system; however, our system was not built at a time when we were seeing increasing emerging issues around patterns of neglect and cumulative harm. It was built at a time when there was not necessarily this deep interconnection of issues that families are experiencing, that terrible nexus between poverty, intergenerational trauma, mental ill health, substance misuse, domestic violence. We know that in 80 per cent of child protection cases domestic violence is an element.

So we also have to think about: what is it that we are seeing now, and what is the best way to respond right across government? What is the appetite to respond in a different way and to contemplate those other patterns of neglect and cumulative harm that we are seeing? I think there is a really important moment coming towards us when we introduce legislation to have those debates about: what is the appetite? What is the context? What are the changes we want to make to those foundations in the child protection and family support system? I really look forward to those discussions with you, but really with our whole community.

**Mr TEAGUE:** In that context, minister, you have talked about the engagement with the whole community and also with other departments in a complementary way, including education. Are the minister and the department continuing to work with Catholic Education and independent schools to provide scholarships to children under guardianship?

**The Hon. K.A. HILDYARD:** Yes.

**Mr TEAGUE:** I note that under the former government the then minister negotiated with both Catholic Education and also a number of independent schools to offer scholarships as well as free uniforms.

**The Hon. K.A. HILDYARD:** Yes.

**Mr TEAGUE:** Those were provided to several children under guardianship, getting on towards numbers in the hundreds.

**The Hon. K.A. HILDYARD:** Yes.

**Mr TEAGUE:** Good. Back to a question that was asked, I understand in the course of your other answer you mentioned a date early on. Just for clarification and the assistance of the committee, I heard that as 30 April 22-23. Did the minister mean to indicate 30 April 2023?

**The Hon. K.A. HILDYARD:** Do you mean in relation to—

**Mr TEAGUE:** The 30.3 per cent figure you mentioned some time ago now.

**The Hon. K.A. HILDYARD:** Do you mean the figures in relation to the—

**Mr TEAGUE:** Not proceeding. I was asking you for the latest figure. You mentioned a date. You said 30 April 22-23, as I heard it.

**The Hon. K.A. HILDYARD:** There was no figure, though, that was 30.3. I am not sure what you are referring to. There was no 30.3 figure mentioned so, I am sorry, I do not know what you are referring to.

**Mr TEAGUE:** It is just the date that I am interested in.

**The Hon. K.A. HILDYARD:** But I do not know what the 30.3 figure is that you are referring to, so it is quite hard to establish what date you are speaking of.

**Mr TEAGUE:** Perhaps, without inviting another lengthy discussion, what is the latest figure the department can provide for the number of cases not proceeding and what is the date associated with it?

**The Hon. K.A. HILDYARD:** I have provided that data, but what is actually disappointing, I guess, about your questions is that I have really clearly articulated and on several occasions invited you into discussions about the core of the issues that we contemplate. What it seems, at both the beginning of this session and now as this session concludes—I had actually hoped for something different—is that there is not this desire to be part of this discussion acknowledging the complexity in child protection and what we actually need to do together to move forward.

As I said, I was really pleased to hear the Leader of the Opposition say—and I will check the date; I think he said it on ABC 891 and elsewhere as well—that if we can actually grapple as a state with these issues together I think we have not the only but an improved chance of appropriately responding to these issues.

I note as well that Simon Schrapel, the CEO of Uniting Communities, who I am very pleased has agreed to be on our Child Protection Expert Group and is an incredible contributor there, as he has been for many years in this space, when he came out publicly about a number of things, I cannot remember the words he used but I think it was words around a compact, or words to that effect, that we try to work together because these issues are issues that are intergenerational. These are issues that require very long-term thinking, the driving of a vision for change that will span decades, and to do that, to drive that change, we actually need everyone as part of that.

You will note that in the targets for 2023-24 we have very clearly said that we are working with the Child Protection Expert Group, of which Simon Schrapel is a member, and various other esteemed people are part of that group. We are working with them to make sure that we have a child protection and family support summit in the second half of this year, where we absolutely traverse in a very open, very honest way, the complexity of the problems that we are facing, and also invite the community to be part of those discussions and to play their part in those discussions.

Alongside that summit, and I think I have mentioned that in the highlights and also in the targets, we are developing a very robust and strong foundation to be part of that conversation, to be part of those actions for change. So we have established, as I spoke about before, the Carer Council, the Direct Experience—

**Mr TEAGUE:** I think the minister indicated that the minister would give an answer to the question about how many e-CARL notifications there are.

**The Hon. K.A. HILDYARD:** e-CARL?

**Mr TEAGUE:** Yes, that are currently waiting to be checked.

**The Hon. K.A. HILDYARD:** I do not think you have even asked the e-CARL question.

**Mr TEAGUE:** I asked earlier, and you indicated you would answer.

**The Hon. K.A. HILDYARD:** About e-CARL? Sorry, I did not hear you ask about e-CARL at all.

**Mr TEAGUE:** Are there any and, if so, how many?

**The Hon. K.A. HILDYARD:** I did actually. So we have the Direct Experience Group, the Carer Council, the Child Protection Expert Group. We will continue our work with the No Capes for Change Group, and we have funded the CREATE Foundation to also amplify the voices of children and young people in care. Also, we will make sure that we continue to listen to the heads of industry group, which represents the sector.

I know perhaps the shadow minister is not satisfied with the comprehensive answers that I have given, but I am really trying to invite him into this conversation, into this journey for change, into

being part of driving a vision together here in South Australia that sees us, amongst some really difficult circumstances, begin to make—

**Mr TEAGUE:** How many children were reported missing from state care in 2022-23?

**The Hon. K.A. HILDYARD:** —sure that we actually begin to make improvements for children, young people and families, and also that we begin to make improvements across the child protection and family support system. When I say that, that we contemplate that system as sitting right—

**Mr TEAGUE:** Is that number available?

**The Hon. K.A. HILDYARD:** —across government and right across the sector and right across our community and that we truly bring to life that oft-repeated mantra that child protection and family support is everybody's business and everybody has a role to play, including you, shadow minister, so I again—

**Mr TEAGUE:** How long are children spending in emergency accommodation?

**The Hon. K.A. HILDYARD:** —invite you to be part of the conversation, to be part of our work going forward, as the sector is urging you to do. I have provided several briefings to you. I am absolutely open to conducting more of those briefings, but what I really hope, what I fervently hope, is that you make that decision—

**The CHAIR:** If the minister can wrap up, we have not much time.

**The Hon. K.A. HILDYARD:** —to be part of that work, part of driving the vision going forward.

**Mr TEAGUE:** Will the minister take on notice the answers to each of those three questions?

**The CHAIR:** The time allotted having expired, I declare the examination of the portfolio of the Department for Child Protection completed. The examination of the proposed payments for the Department for Child Protection are now complete.

#### **DEPARTMENT OF HUMAN SERVICES, \$963,281,000**

#### **ADMINISTERED ITEMS FOR THE DEPARTMENT OF HUMAN SERVICES, \$303, 685,000**

##### **Membership:**

Mrs Hurn substituted for Mr McBride.

##### **Minister:**

Hon. K.A. Hildyard, Minister for Child Protection, Minister for Women and the Prevention of Domestic and Family Violence, Minister for Recreation, Sport and Racing.

##### **Departmental Advisers:**

Ms R. Ambler, Acting Chief Executive, Department of Human Services.

Mr D. Green, Acting Chief Financial Officer, Finance and Business Services, Department of Human Services.

Ms A. Reid, Executive Director, Community and Family Services, Department of Human Services.

Ms S. Kuhadas, Acting Director, Office for Women, Department of Human Services.

Mr G. Myers, Principal Project Officer, Office of the Chief Executive and Governance, Department of Human Services.

**The CHAIR:** The portfolio is Office for Women. The minister appearing is the Minister for Women and the Prevention of Domestic and Family Violence. I advise that the proposed payments are open for examination. I call upon the minister to make an opening statement, if she so wishes.

**The Hon. K.A. HILDYARD:** I want to start this session by acknowledging the role that so many Aboriginal women leaders across South Australia play in preventing and helping to end domestic, family and sexual violence, and in promoting Aboriginal women's participation and leadership, through generously sharing their 65,000-plus years of wisdom and culture and through often tireless advocacy, sometimes advocacy that spans years, decades, lifetimes, and sometimes goes across generations. I think we are all here today stronger because of the efforts of countless incredibly strong Aboriginal women and I certainly lean on the knowledge and contributions of many Aboriginal women colleagues and companions.

I am really proud to appear before this committee as the Minister for Women and the Prevention of Domestic and Family Violence and I am very proud and determined every single day to help advance girls and women and to help us to create a state in which your agenda has no bearing on your ability to pursue any path that you choose.

Today, I have with me Ruth Ambler, Acting Chief Executive, Department of Human Services; Alex Reid, Executive Director, Community and Family Services, in the department; Daniel Green, Acting Chief Financial Officer, for the department; Shameeta Kuhadas, Acting Director, Office for Women, in the department; and Greg Myers, Principal Project Officer, Office of the Chief Executive and governance.

Our state profoundly reshaped our democracy in a way that reverberated right across the globe 129 years ago when a group of fierce activist women successfully fought for the right for women to vote and to stand for parliament, an achievement that meant that we were the first place in the world where those rights could be exercised. I want our state to continue to be a leader in gender equality; as I said, a place in which your gender has no bearing on your ability to be anything that you want to be.

In the past 12 months, our government has steadfastly advanced our commitment to working toward achieving gender equality in South Australia and has fulfilled a number of key election commitments that champion and empower women and girls. Many of these commitments are outlined in our women's budget statement. The statement reflects that progressing women's equality and safety is a responsibility that we can encourage our whole community to take, and a responsibility across government.

Our commitments are vast. They range from a comprehensive plan to advance equality in leadership, to excellent support for women in business, to health and important services to keep women and children safe and to deal with perpetrators of domestic violence. Our government recognises that our economy and our community are strongest when they are inclusive and fair and enable equality of opportunity for everyone to participate and thrive.

Our ambition is further and comprehensively encapsulated in the women's equality blueprint, which I was really pleased to launch today. The blueprint focuses on four core priority areas: safety and security, leadership and participation, economic wellbeing, and health. The blueprint sets out a vision for our state to work towards being a fair and inclusive state; again, where everyone can equally and actively participate.

Equality is a human right. Achieving equality requires collective, concerted, strategic effort. It requires us to address the different, and sometimes compounding, forms of intersectional disadvantage and discrimination that women and girls can experience. To advance the interests, safety and wellbeing of women and girls, our vision—as outlined in the statement and in the blueprint—promotes equality, respectful relationships and economic wellbeing, as well as programs to respond to domestic, family and sexual violence.

I am really proud of the steps we have taken as a government over the last 16 months to improve women's safety, wellbeing and equality. I look forward to continuing to drive legislative and social reform to support and empower women and girls, and to working with the many dedicated women in the House of Assembly—a number of them are here today—on both sides of the chamber



and also with our broader community to achieve our vision of making South Australia a fair and inclusive state. I look forward to speaking with you further today about these initiatives, and I welcome questions.

**The CHAIR:** Opening statement, or just questions?

**Mr TEAGUE:** Perhaps by way of background to getting on with a question about dedicated beds in relation to the domestic and family violence program. We know that in the lead-up to the 2018 election, the Marshall Liberal team at that point committed to establishing 40 specific bed places for families experiencing domestic and family violence, and on coming to government, following consultation with the specialised domestic and family violence service sector, changed this to 31 beds for victim families and nine for perpetrators to enable them to be removed from the family home.

The 40 beds were funded through the life of the Marshall Liberal government. The program was evaluated in 2021 and it was found to be very successful in providing better outcomes for families while saving funding from emergency accommodation hotel-motel programs. In the election campaign the then Liberal government announced that we would be extending this program from the existing 40 beds to 100 beds.

The new government has announced a time extension of the 40 beds—and we see that at Budget Paper 5, page 75, in the top table, the extension of those beds—but not the extension from 40 to 100, which had been approved and funded for the \$1.1 million necessary, and it has disappeared therefore from the budget papers.

By reference to Budget Paper 4, Volume 3, page 88, noting that background and noting that we see an extension of the former Liberal government's 40 crisis bed initiative, and knowing that the former government was in the process of extending that crisis accommodation from 40 to 100 beds, for which the \$1.1 million per annum would have been funded out of the 10-year \$20 million Homelessness Prevention Fund, why has the new government cut those important additional domestic violence beds?

Can the minister outline what the demand is for crisis accommodation? Has the demand for the emergency accommodation program exceeded supply; in other words, given the background, are women escaping violence and crisis being housed in motels and hotels?

**The Hon. K.A. HILDYARD:** I think I have all your questions in that statement. I am very happy to talk about our commitments in domestic violence in a range of ways, both in terms of prevention, access to supports, shifting perceptions about attitudes to women that can lead to disrespect and violence, and also to speak about beds. What I will say absolutely categorically is that no beds have been cut. That is a very strange and incorrect assertion to make.

Just to go back a step, what I will speak about first of all is that, in working as I have done for many years in the domestic violence prevention response and recovery space, there are a number of elements to that work that go into making sure that we give women the best opportunity to live their lives safely and free from violence and abuse and that go to engaging the community in prevention, to reducing the experience of domestic violence by women.

Across that suite of programs there are a range of things that you need to do in terms of provision of supports for that response and also in recovery to help move people out of that cycle. What I can say, and again I am a little bit confused because there were a lot of questions in there so I will try to get to what I think the questions were, is that whenever you are contemplating a response—and I have made the point about absolutely making sure that we have crisis accommodation beds available, and I will come back to some specifics about that—the really important thing about any domestic violence strategy is that it is multipronged and focuses, as does the new national plan, on all of those elements of prevention, intervention, response and recovery.

If you are to be successful in doing all that you can to begin to prevent and begin to eradicate domestic violence, you have to think about your focus across those four areas. I was really proud in October last year to sign up to the new national plan and I know that the former government also signed up to previous iterations of that national plan. I mention that because it is really important that we focus nationally on those areas and align every effort to make change.

At a state level we are also working across those four areas and as our blueprint articulates, and as I spoke about just this morning and yesterday morning on the radio and as our statement sets out, we have a comprehensive plan in those areas. The first thing I will talk about is our legislative program.

**Mr TEAGUE:** Why is there no reference to the 100 beds?

**The Hon. K.A. HILDYARD:** I will come to that. You did ask a lot of things in your statement.

**Mr TEAGUE:** There were a couple of questions.

**The Hon. K.A. HILDYARD:** You asked many questions. I am just trying to help you to understand the breadth of issues that you cover if you are to have a sophisticated response to domestic violence, because of course you have—

**Mr TEAGUE:** Will the government deliver the 100 beds?

**The Hon. K.A. HILDYARD:** What I can tell you is that we will deliver a whole lot more than 100 beds. I can go through the list in a moment for you, so do not worry; I will come to that. I will articulate the significantly higher number of those beds. I will talk you through where each of those are. I will come to that, but what is really important—

**Mr TEAGUE:** Of the nine perpetrator beds, how many of those are being used; do we know?

**The Hon. K.A. HILDYARD:** If I can continue—if the question was: are they continuing, then yes, they are. I have been really clear that nothing is changing; in fact, we are increasing—

**Mr TEAGUE:** Do we know how many are being used?

**The Hon. K.A. HILDYARD:** —across the suite of beds. I will come back to that, but what is really important to understand is that for a very long time I have worked alongside the domestic violence sector, and what has consistently been said to me and what I have seen for myself is that it is incredibly important that, when a woman is at serious risk, when she is in acute crisis, we need to have beds, as you have spoken about. I will come back to speaking with you about the range of beds available that we have, which does exceed the number you spoke about. We need to have those crisis responses there. In saying that, I want to take a moment to thank the incredible workers who work in that DV—

**The CHAIR:** If you just give me a minute, minister, the member for Torrens is discharged and replaced by the member for Elizabeth.

**The Hon. K.A. HILDYARD:** Thank you to the member for Torrens.

### **Membership:**

Mr Odenwalder substituted for Ms Wortley.

**The Hon. K.A. HILDYARD:** I offer my gratitude to those incredible workers in the domestic violence crisis service setting, women like Maria Hagias, who is the CEO of Women's Safety Services, and a number of incredible workers in that space. What they have said to me over many years is that, absolutely, we need to have those beds and other counselling supports available when there is that acute crisis.

What you also need to do is make sure that you have significant work being undertaken at the earliest opportunity in the preventative space and also that you have work that is undertaken in that space where a woman might not be at the point of being in that place where she is fleeing her home and seeking one of those beds but where perhaps there are some early warning signs that she wants to discuss with someone. The other area you have to focus on is recovery. What do you do to make sure that the cycle changes, that women recover once they move away from those crisis settings?

There are a range of things we are doing across all those areas. First of all, in the preventative space, right now we are running a significant campaign to raise awareness about

coercive control, an insidious form of domestic abuse, which shockingly is prevalent in 99 per cent of domestic violence homicides. That is a shocking number. In 99 per cent of domestic violence homicides, in the relationship that preceded that shocking, tragic final act there was an element of coercive control.

In that prevention space, one of the things we are doing is campaigning to raise awareness about coercive control—what it is. Our understanding of domestic violence as a community does need to change if we are to effectively prevent it so that there is an understanding that domestic violence is not just constituted through acts of physical violence but rather also constituted through psychological, emotional and financial abuse.

It is through insidious ways that a perpetrator sets out to control a person and take away over time their sense of self-worth and their autonomy. So that is one of the things we are doing in the preventative space. We are raising awareness about that so more people recognise those signs, more people see those signs and feel confident to seek help, to understand that that is what is happening for them, and also so more people, through that awareness raising, understand what those signs are and can actually intervene and provide support when they see a loved one experiencing it. So that is one of the elements of our work around prevention.

Another thing I am really excited to share with the committee is that during and beyond the FIFA Women's World Cup we are funding the Office for Women to work closely with sport to run out a series of education programs in football and other sporting clubs about what domestic violence prevention looks like, about what respect for women looks like. That is another one of our preventative measures. I will not go into detail but, as I spoke about in our blueprint, there is also a comprehensive suite of policies that go to improving women's economic wellbeing.

**Mr TEAGUE:** Will you at least take the question on notice?

**The Hon. K.A. HILDYARD:** Economic wellbeing is important in both the preventative space and the recovery space because, if you can ensure women have financial autonomy, they are able to make choices about their particular living circumstances but also they are able to be empowered as they go through that recovery process. Those are some of the preventative measures. As I said, in terms of responses and crisis responses, the beds and options we are providing far exceed the numbers that the shadow minister spoke about.

To give you a snapshot of some of those, there are 398 family and domestic violence crisis properties available in South Australia. There are 84 housing crisis options for domestic and family violence; they are in core and cluster properties that provide that more intensive support during crisis. There are 110 other supported housing properties, so there is a particular level of support specifically for people experiencing family and domestic violence. There are 134 transitional housing properties specifically allocated for domestic violence. If you think about what I spoke about, there is that response, those crisis properties to provide intense support, but as people move into that recovery phase there are those 134 transitional housing properties as well.

**Mr TEAGUE:** Of the nine trial perpetrator beds, how many are being used?

**The Hon. K.A. HILDYARD:** They are all still being used. They are all still there.

**Mr TEAGUE:** All of them?

**The Hon. K.A. HILDYARD:** What I would say to the shadow minister, as anybody who has worked in and around or in support of domestic violence organisations would know, is right now at this minute I can say that, yes, in a general sense they are all being used, but I could not tell you if an hour ago somebody has reached a particular point in their journey where they are moving on to—

**Mr TEAGUE:** If it is successful, at what point might it be made permanent?

**The Hon. K.A. HILDYARD:** If I can just finish, because you wanted the list of properties—

**Mr TEAGUE:** I asked very specific questions, actually.

**The Hon. K.A. HILDYARD:** I am giving you the list. You asked about the numbers and I am giving you the numbers. I am not quite sure why giving you the numbers would not be acceptable. On top of those 84 housing options there are another 16 properties for domestic and family violence

crisis accommodation. The perpetrator beds we just spoke about. Also, we have ring-fenced another 45 public housing properties specifically to cater for women who are experiencing domestic violence, so that is a new commitment on top of the other commitments I have just spoken about.

The thing to understand as well is that, on coming to government, I was personally incredibly shocked that the former government had cut \$2 million from Catherine House, and one of the things we have done is restore that funding to Catherine House.

**Mr TEAGUE:** Will the trial be made permanent?

**The Hon. K.A. HILDYARD:** This goes directly to your question, because I am sure you were aware, when your former government cut funding, that Catherine House provides emergency and other types of accommodation to women in crisis. Sadly, every time I speak with workers and the CEO and board members at Catherine House, whilst it provides accommodation for a range of issues that women may be experiencing, what those workers will always say is that, sadly and tragically, so many of the women there are there because they are experiencing domestic violence.

There may be other issues that they are also grappling with, but they are also there so often because of their experience of domestic violence, so I am so very glad that we have restored that funding to Catherine House. To come back to one of your questions in that suite of questions, I am really glad that we are exceeding the numbers you spoke about in terms of beds for those people experiencing domestic violence.

Sorry, it was a \$1.2 million cut that we gave back. I misrepresented your significant cut in terms of the dollar figure to Catherine House, but the points I made about Catherine House remain in terms of that also restoring—beyond what was cut by the former government—accommodation options for women experiencing domestic violence. I am really proud of our record in this regard.

What I would say to the shadow minister is that I have spoken so many times in the other place about my relentless, lifelong passion to do what I can to prevent and end domestic violence, and to support those who experience it. Whilst I say I am proud of our efforts, until there are no women who require crisis accommodation or other sorts of housing as a result of domestic violence, I certainly will not stop working, and our government will not stop working towards that. As I said, we have a comprehensive suite of policies to advance, and that we are advancing, in that regard.

**Mr TEAGUE:** I am still at page 88 of Volume 3 and the table setting out the program summary. We see there grants and subsidies and then a couple of lines below that, total expenses. Can the minister explain why the quite substantial—I do not know how to characterise it. There is a budget for 2022-23 for grants and subsidies of \$18.8 million, and we see the result is \$10.4 million. That is, in turn, setting out a fairly substantial cut to grants and subsidies from 2022-23 to 2023-24. As we look at total expenses, we see that translating in the headline cut to the budget, 2022-23 to 2023-24, in terms of expenses.

**The Hon. K.A. HILDYARD:** Just to be absolutely crystal clear, because I do not want this to be misrepresented, there is absolutely no cut whatsoever, absolutely not. In fact, we will be seeing more money flowing into this area. The reason for that particular set of figures is since we have come to government there are two significant things that have happened in terms of federal money.

The shadow minister might remember that when the federal government was elected in May last year, their first budget was in October 2022, and their second budget was in May 2023. At each of those times there was both a renegotiation around the national partnership money that comes through for domestic and family violence measures, and there was the new plan that was signed, as I said, in October 2022, so there have been two budgets and two significant commitments made.

Also in amongst that, you might remember the federal government's commitment to 500 domestic violence workers, and also additional funds for particular perpetrator responses. We are in the midst of discussions about the extensions to that partnership, which means that there is absolutely no question about money being in our budget for domestic violence prevention response, intervention and recovery. We are in negotiation about the parameters around the particular program extensions, etc., through that partnership approach.

I am really proud of the amounts of funding that have and will continue to come into this space, and I am also really proud of our government's investment in this space. One thing that was really difficult was when, as a shadow minister, I asked the previous Minister for Women—obviously, now I am saying this to you as the shadow minister for women or shadow minister for domestic violence—

**Mr TEAGUE:** Prevention of domestic and family violence.

**The Hon. K.A. HILDYARD:** One thing I raised at that time was the lack of any ongoing funding for domestic violence prevention hubs. What I can highlight to the shadow minister is that we have now ensured that partnership funding is allocated to ensure there is a paid staff member in every single one of those 10 regional safety hubs.

Further, we have invested significant funding into the establishment of a southern domestic violence prevention, recovery and community awareness raising hub. I have just made an announcement this morning that I am really pleased to share about that particular funding commitment, which is that the southern community justice services have indicated their intention to convene—to run—the hub in the south, which is, really importantly, again going to my earlier comments about domestic violence prevention and recovery being a responsibility for everybody across government and also for our community and for the need to co-locate services for women to access.

I am really pleased that both Cedar Health Service and the Yarrow Place Rape and Sexual Assault Service will now also have a presence in the south, alongside other workers in that hub. I am really proud of our investment. I will certainly keep the other house updated as that negotiation around the extension of the partnership concludes.

**Mr TEAGUE:** I am just over the page at page 87. While I do not take them as in any particular order, high on the list is the establishment of a gender pay gap task force. South Australia had the lowest gender pay gap in the nation in 2021 and 2022 under the former government and, while the national gender pay gap has narrowed, South Australia's has become wider.

To what does the minister attribute the worsening of the gender pay gap on her watch? The data to which I refer in that regard is the Workplace Gender Equality Agency's statement that has set out the gender pay gap. I am sure the minister is familiar with the data. In 2021, South Australia was 7.1 per cent, against the national 13.4. In 2022, it was 7.4 per cent, against the national 14.1. In 2023, the gap has risen to 7.8 in South Australia.

**The Hon. K.A. HILDYARD:** Sorry, what is your question?

**Mr TEAGUE:** To what do you attribute the worsening of the gender pay gap on your watch?

**The Hon. K.A. HILDYARD:** I would love to talk about our Gender Pay Gap Taskforce and our absolutely significant focus on gender equality here in our parliament, in workplaces, in sport, in community life and in business. I can point to a number of ways that we are tackling women's economic participation and women's economic equality.

I will draw your attention to a couple of things before I get to the Gender Pay Gap Taskforce, which has an incredible group of people on it. There are a couple of pieces of legislation that we have recently progressed through the house, one of those being the passing of legislation to enshrine 15 days of paid domestic violence leave in the Fair Work Act, meaning that women who experience domestic violence and who work in South Australia can absolutely stay connected to their workplace, to their income, to their financial security, should they be experiencing domestic violence, and that there is a supportive environment and understanding for them to do that in.

Secondly, we recently passed a bill to enshrine discrimination relating to a person experiencing domestic violence as a ground of discrimination in the Equal Opportunity Act. The reason that is important is that over a number of years I moved that bill twice—twice—from opposition, and twice when I spoke about that bill I spoke about the fact that when women are disconnected from their workplace when they are experiencing domestic violence that absolutely impacts their financial security, their economic autonomy and their ability to make choices with that

financial security. We recently passed that legislation, which is really important in terms of connecting women and keeping them connected to their workplace and their income.

The other thing I would draw the member's attention to—and it is outlined in our statement and also in our blueprint that has been released—is our \$4 million Women in Business package. Again, as I am sure all members here are aware, we want to make sure that women are mentored, supported, have access to training—what they need to ensure they are successful in their businesses, which of course will also contribute to making sure they have that ability to have financial security and economic independence.

One of the other things I have indicated both in the statement and in the blueprint and prior to the election that we were working on is the establishment of an equality bill, and the equality bill will also—

**Mr TEAGUE:** Because the national figure has come down during that time, while the South Australian figure has gone up.

**The Hon. K.A. HILDYARD:** The equality bill will also contribute—

**Mr TEAGUE:** Is the task force looking at that particularly?

**The Hon. K.A. HILDYARD:** —to making sure that across the public sector and with encouragement to the private sector we look at how we can make sure there is equality of opportunity in terms of advancement to leadership positions, because, again, making sure that we have clear strategies to enable women to take up those positions will of course help in enabling women to experience that economic security, wellbeing and independence. So those are a number of clear strategies that we are engaging in to improve women's economic independence and wellbeing.

In terms of the Gender Pay Gap Taskforce, I was really proud about all of the eminent South Australians who have agreed to be on that task force and to work with us to tackle any South Australian factors in terms of the industrial settings, in terms of casualisation in the workplace, whatever it might be in the particular South Australian context that needs to be addressed to improve women's economic wellbeing.

I will just let you know who is on the task force. What I will say is that they are working diligently—very hard—to come up with clear recommendations. They have been given a time-limited task to come up with clear recommendations about the gender pay gap specifically in the South Australian context.

Before I come back to that point, I will let you know who is on there: it is chaired by the Hon. Irene Pnevmatikos, member of this house; Jodeen Carney, the Commissioner for Equal Opportunity, is a member; as is Erma Ranieri, the Commissioner for Public Sector Employment; Professor Carol Kulik, Bradley Distinguished Professor at the University of South Australia's Centre for Workplace Excellence; Dr Jennifer Purdie, the Asset President of BHP's Olympic Dam; Ross Womersley, Chief Executive of the South Australian Council of Social Service; Abbey Kendall, Director of the Working Women's Centre; Matthew O'Callaghan, Workplace Relations Consultant and former Senior Deputy President of the Fair Work Commission.

I was very pleased that Matthew agreed to be on the commission. I remember many times appearing in front of him in the Industrial Relations Commission as a young industrial officer, being slightly terrified but always very willing to listen to his very wise counsel about all matters to do with pay, industrial relations, negotiations, etc.

Natasha Brown is on there. She is the General Secretary of the Public Service Association. Andrew Kay, Chief Executive Officer of Business SA, is a member; Jane Pickering, Chief Executive of Eldercare Australia; and Olive Bennell, Chief Executive Officer of Nunga Mi:Minar, is there. Our Director of the Office for Women, Sanjuga Vas Dev, is also an ex officio member, and the Office for Women is providing that support to the task force.

I anticipate, and it is certainly my expectation, that the task force recommendations will result in a really clear action plan for the South Australian government that takes account of the sectors that we currently have, but also rightly takes account of the sectors that our government has been very clear that we wish to grow in South Australia, and that is the point I wanted to come back to.

There have been incredibly significant, brilliant announcements by our Premier and Deputy Premier about the growth of particular industries for our state. One thing that as a government we are turning our minds to, and certainly I am turning my mind to as the Minister for Women in partnership with Minister Boyer, Minister for Skills and Innovation, is how can we make sure that women equally and actively participate in those industries at every level in the way that they choose to.

Those new industries, those emerging industries, those significant industries that will grow here in South Australia provide us with an incredible opportunity to make sure that strategically we work through, and with educational institutions, with the various government and private sector organisations that will grow those industries, that we work with them to make sure that the place of women in those industries is secure. I think that represents such an opportunity for our state, both in terms of the equal active inclusion of women at every level of those positions, but also I think it represents a huge opportunity.

Nationally, we know that there are significant issues facing every state and territory about the need for workforce development and skills development, and I think this represents an opportunity for us to make sure that we are contemplating those challenges with a really clear strategy to engage women to fill those positions.

I want to mention that, connected to that (again on that theme), advancing gender equality is an across-government responsibility. Our work in the early years sector is really important, and this again is mentioned in both our statement and in our blueprint for gender equality because if you can actually make sure that women, who are still predominantly taking up those caring responsibilities, are able to feel comfortable about the support that they have for the care of their children, alongside engaging them in those new industries and providing that education, we have this opportunity across government to get that right, and that is a really exciting opportunity that we have—

**The CHAIR:** I am very mindful of the time, and I want to give the opposition one more question.

**Mr TEAGUE:** Just one more question. I am content for the minister to take it on notice, if necessary. On page 87, highlights of 2022-23, one of which is the evaluation of initiatives funded under the National Partnership on Family, Domestic and Sexual Violence Responses 2021-23, can the minister provide a full list of the initiatives that were funded under the partnership agreement? Can the minister advise what is the status of the evaluation, and will it be made public? What likelihood is there of the extension of services and programs after the evaluation? Will there be further funding from the state or under a further national partnership? What commonwealth government revenues are yet to be expended?

**The CHAIR:** Could you ask that that be taken on notice? If you could do that—

**Mr TEAGUE:** I am happy to have that taken on notice.

**The CHAIR:** —I think that would help the situation.

**The Hon. K.A. HILDYARD:** I think I can probably answer that really quickly. ANROWS, Australia's National Research Organisation for Women's Safety, is being funded to conduct that evaluation and it will evaluate eight of the separate initiatives—just eight. There are others of course that have been funded under the national partnership. That evaluation process, that contracting of them, requires them to work with the Office for Women on that evaluation and outcomes framework.

**Mr TEAGUE:** And the list of initiatives might be taken on notice.

**The CHAIR:** Okay, and you can take the rest on notice.

**Mr TEAGUE:** Will the minister take that list on notice?

**The Hon. K.A. HILDYARD:** Should we start reading them?

**Mr TEAGUE:** No, you are going to take it on notice.

**The CHAIR:** No, take it on notice.

**The Hon. K.A. HILDYARD:** I do not need to. I think I have answered the question.

**Mr TEAGUE:** No, you have not answered the question.

**The Hon. K.A. HILDYARD:** I have answered the question. You asked about the evaluation framework. ANROWS is conducting—

**Mr TEAGUE:** No, I asked: will the minister provide a full list of initiatives?

**The CHAIR:** Can you just ask that it be taken on notice because we are over time. If you want to ask that?

**Mr TEAGUE:** Yes. Will minister take those questions on notice?

**The CHAIR:** Taken on notice, okay. Good. The time allotted having expired—

**The Hon. K.A. HILDYARD:** I think I have already answered it.

**Mr ODENWALDER:** If she says she has answered it, she has answered it.

**The CHAIR:** —I declare the examination of the portfolio of the Office for Women completed. The examination of the proposed payments for the Department of Human Services and Administered Items for the Department of Human Services are now complete.

*Sitting suspended from 13:02 to 14:00.*

**DEPARTMENT FOR HEALTH AND WELLBEING, \$5,231,002,000**

**COMMISSION ON EXCELLENCE AND INNOVATION IN HEALTH, \$6,766,000**

**WELLBEING SA, \$25,884,000**

**Membership:**

Hon. J.A.W. Gardner substituted for Mr Teague.

Ms Hood substituted for Mr Odenwalder.

**Minister:**

Hon. C.J. Picton, Minister for Health and Wellbeing.

**Departmental Advisers:**

Dr R. Lawrence, Chief Executive, Department for Health and Wellbeing.

Ms J. TePohe, Deputy Chief Executive, Commissioning and Performance, Department for Health and Wellbeing.

Ms L. Cowan, Deputy Chief Executive, Clinical System Support and Improvement, Department for Health and Wellbeing.

Mr J. Woolcock, Chief Finance Officer, Department for Health and Wellbeing.

Ms S. Jacobi, Interim Deputy Chief Executive, Strategy and Governance, Department for Health and Wellbeing.

Mr T. Packer, Executive Director, Infrastructure, Department for Health and Wellbeing.

Ms K. Swaffer, Manager, Executive Services and Correspondence, Department for Health and Wellbeing.



**The CHAIR:** Welcome to today's hearing for Estimates Committee B. I respectfully acknowledge the traditional owners of this land upon which the committee meets today and pay our respects to them and their cultures, and to the elders both past and present.

The estimates committees are a relatively informal procedure and, as such, there is no need to stand to ask or answer questions. I understand that the minister and the lead speaker for the opposition have agreed on an approximate time for the consideration of proposed payments, which will facilitate a change of departmental advisers. Can the minister and the lead speaker for the opposition confirm that the timetable for today's proceedings previously distributed is accurate?

**Mrs HURN:** Yes.

**The Hon. C.J. PICTON:** Yes.

**The CHAIR:** Changes to committee membership will be notified as they occur. Members should ensure the Chair is provided with a completed request to be discharged form. If the minister undertakes to supply information at a later date, it must be submitted to the Clerk Assistant via the Answers to Questions mailbox no later than Friday 8 September 2023.

I propose to allow both the minister and the lead speaker for the opposition to make opening statements of up to 10 minutes each, should they wish. There will be a flexible approach to giving the call for asking questions. A member who is not on the committee may ask a question at the discretion of the Chair.

All questions are to be directed to the minister, not to the minister's advisers. The minister may refer questions to advisers for a response. Questions must be based on lines of expenditure in the budget papers and must be identifiable or referenced. Members unable to complete their questions during the proceedings may submit them as questions on notice for inclusion in the assembly *Notice Paper*.

I remind members that the rules of debate in the house apply in the committee. Consistent with the rules of the house, photography by members from the chamber floor is not permitted while the committee is sitting. Ministers and members may not table documents before the committee; however, documents can be supplied to the Chair for distribution.

The incorporation of material in *Hansard* is permitted on the same basis as applies in the house; that is, it is purely statistical and limited to one page in length. The committee's examinations will be broadcast in the same manner as sittings of the house, through the IPTV system within Parliament House and online via the parliament website.

I now proceed to open the following lines for examination. The portfolio today is SA Health. The minister appearing is the Minister for Health and Wellbeing. I declare the proposed payments open for examination. I call on the minister to make an opening statement, if he so wishes, and to introduce the advisers.

**The Hon. C.J. PICTON:** Thank you very much, Mr Chair. I introduce my advisers first. On my left is Dr Robyn Lawrence, who is the Chief Executive, Department for Health and Wellbeing, enjoying her first South Australian estimates committee. No strangers to the estimates committees are Julianne TePohe, Deputy Chief Executive, Commissioning and Performance, and Lynne Cowan, Deputy Chief Executive, Clinical Systems Support and Improvement. Behind me are Skye Jacobi, Interim Deputy Chief Executive, Strategy and Governance; Jamin Woolcock, Chief Finance Officer; Tim Packer, Executive Director, Infrastructure; and Kris Swaffer, Manager, Executive Services and Correspondence.

I will make a brief opening statement. This 2023-24 state budget delivers a further \$2.3 billion investment in health, reflecting our continued focus on improving ambulance response times, reducing hospital bed block and ultimately fixing the ramping crisis. The investment includes \$200 million of new initiatives directly targeted at reducing ramping and hospital bed block, comprising:

- \$27.6 million for more doctors, physios, pharmacists and other clinical staff to work weekends in our major metropolitan hospitals to tackle increased bed block on Mondays;

- \$67.8 million to expand our Virtual Care Service tasked with a clear agenda of reducing ED admissions, and a further \$30.8 million to permanently extend the highly successful virtual service at the Women's and Children's Hospital;
- \$30.15 million to fully upscale our State Health Control Centre, enabling system-wide oversight of our hospitals to better coordinate hospital demand and flow;
- funding to help patients exit hospital when they are medically ready to leave, including \$17.6 million in supports for long-stay patients and \$22.3 million to continue the operation of 24 beds for transitioning NDIS patients; and
- funding to establish an additional two emergency department avoidance hubs, in the north and in the western suburbs, off the back of successful hubs in the central and southern suburbs.

We are also investing \$20 million to upgrade the Women's and Children's Hospital's Paediatric Intensive Care Unit, which saw the reinstatement of training accreditation for paediatric doctors at the hospital less than 24 hours after the announcement of this funding.

All of these initiatives build on the significant work undertaken in our first year and the significant investments in our first budget. In just the first 12 months of this government, we have boosted our clinical workforce by an extra 550 clinicians, including 278 extra FTE nurses, 89 extra FTE doctors, 141 extra FTE ambos and 42 extra allied health workers.

We doubled the 2023 intake of nurses. We rolled out up to \$15,000 in relocation payments to attract interstate and overseas workers. We deployed recruitment campaigns nationally and internationally. As of this week, we have seen those efforts reap rewards, with the Central Adelaide Local Health Network reporting that they have now recruited 41 overseas trained doctors to come on board between August and November this year, including 23 of those coming from the United Kingdom.

We are delivering on our election commitments to significantly boost bed capacity across the system. We have released the master plan for the bigger and better new Women's and Children's Hospital, delivering a substantially larger hospital with more beds while protecting future expansion space at the Royal Adelaide.

We have commenced the process of the 136-bed Flinders Medical Centre upgrade, which is starting already with upgraded imaging services under construction now, and with the first fast-tracked beds of that project to start very soon. Design works are fully underway for the new Mount Barker hospital, tripling the size of the inpatient beds at that hospital. We have commenced construction on 48 beds at Lyell McEwin Hospital and have already opened up additional beds at Flinders Medical Centre.

We have selected sites for brand-new ambulance headquarters, and Woodville, Norwood, Golden Grove, Gawler and Edwardstown ambulance stations. We are also delivering beyond the election commitments—significantly, policy reforms to benefit South Australians. This includes additional crackdowns in relation to vaping and the tobacco industry as well as tackling vaping issues in our schools. We have implemented the Voluntary Assisted Dying Pathway in South Australia, offering dignity to South Australians in their final moments. We have rolled out nation-leading expansion of pharmacy-administered vaccinations. We have doubled the fuel subsidy for regional South Australians and we are investing in electronic medical records for all our regional hospitals. We have delivered pay boosts for paramedics and nurses.

Of course, there is more work to be done. There is a lot more that needs to happen but we are starting to see positive signs, with last month ambulances reaching priority 1 cases within the recommended eight minutes 68 per cent of the time. That compares with just 47 per cent in January 2022 and 55 per cent in May last year. For priority 2 cases, paramedics were reaching patients within 16 minutes 59.1 per cent of the time, compared with just 36 per cent of the time in January 2022.

I would like to place on the record my thanks to the thousands of clinicians and staff who do incredible work across SA Health each and every day. This is a budget that continues to back them and back the investment that we need in South Australian health.

**The CHAIR:** The lead speaker wishes to make an opening statement.

**Mrs HURN:** I would like to briefly thank the minister for being here and thank all of the SA Health officials who are here to support him in hopefully answering some of the questions. I, too, would like to put on the record my thanks to all of the frontline health workers and all of those who work within SA Health. Thank you. With that, I would like to get into questions because there is a lot to ask. Minister, could I just refer you to Budget Paper 4, Volume 3, page 13, workforce summary. How much funding has the government allocated towards incentive packages for frontline health workers?

**The Hon. C.J. PICTON:** Thank you very much for the question. I think it is an important question because obviously a component of what the budget outlines in terms of the expenditure of SA Health, which is substantial in relation to workforce and wages, does go in terms of the expenses that we undertake in relation to attraction and retention of staff.

That takes a number of different components. One of those clear components that I referenced in my opening statement is in relation to the new subsidies that we are providing and the new scheme that we have put in place that was not in place previously in relation to relocation expenses across the board. That is up to \$15,000 where we will support relocation expenses for staff who have come from overseas, who have come from interstate but also intrastate where people have transferred from, for instance, metropolitan to regional areas. We will assist them with the relocation expenses there.

Since this is a new payment and a new scheme that has been put in place, this is something where we are monitoring what the costs of that will be. We will certainly take it on notice to see if we can provide any further breakdown in terms of the specific elements of the cost that is part of an overall cost that we are spending in relation to staff and expenses. Of course, that is not the only element in which we pay in terms of attraction and retention issues.

For instance, I know a number of the figures that the shadow minister references when she talks about in relation to Victoria; some of those, in terms of scholarships, for instance, for nurses that are pointed to in Victoria we also provide here in South Australia. There is also an extent of what the scholarship payments are for our staff across the board. There is also a number of areas where the chief executive through the appropriate industrial agreements has approved attraction and retention payments either for particular staff at particular sites or in some instances for broader categories of workers in SA Health. Across all of those areas, it is a complex picture in terms of what those amounts are.

You can see very clearly that the budget allocates for employee expenses \$4.855 billion, so the vast majority of what we spend in SA Health on health services—this is on page 32 of Budget Paper 4, Volume 3, in relation to employee expenses. The vast majority of what we receive we spend on our staff. That is always going to be the case in terms of running a health service. We will have to follow up on if there is a more specific breakdown that we can get in relation to all those different types of incentives and attraction.

Probably the other component that we will have to check as well is that we spend a significant amount of money in terms of recruitment campaigns. We are increasing that at the moment. We spend money on recruitment agencies as well, looking for particular types of workers and advertising for those. All those components would form part of that.

**Mrs HURN:** In relation to the campaign that you just mentioned, I presume that is in specific reference to the one for the UK at the moment and more broadly; is that correct?

**The Hon. C.J. PICTON:** Yes. We are running a campaign called 'For Work. For Life.', which is running not just in the UK but internationally at the moment. It is getting a lot of interest, though, from the UK. We are very pleased with what we have seen already so far in relation to the interest we have had from the UK. They are obviously facing some issues in terms of their own junior doctors at the moment in the UK.

A comparison is being drawn between the much more attractive rates of pay and conditions that are offered in Australia, and obviously I want to make the case for South Australia as part of that. It was great even to be able to talk to *BBC Breakfast* TV yesterday about that. Clearly, in relation to

that work that is undertaken, we have launched that campaign at the moment, and I am just seeing if we have the figures on what we are spending.

**Mrs HURN:** That would be great.

**The Hon. C.J. PICTON:** I do not have them, but if we can get them, we will chase them up.

**Mrs HURN:** I was going to ask that question: what is the total cost for the current campaign at the moment and, in fact, any promotional activity that you do to attract workers here to South Australia specifically? I am also interested in how the government is measuring the success of that campaign and the effectiveness of that campaign. To be able to measure that success, you need a recruitment target, I would assume. Do you have a recruitment target that is associated with that?

**The Hon. C.J. PICTON:** Of course, we have a budget that outlines what we need to allocate in relation to employee expenses across the board, but obviously it is a much more complex picture than that when you look at, off the top of my head, the roughly 47,000 headcount of staff who work in SA Health. A lot of our effort is focused on where we have particular areas of vacancies. While there would be some areas where it is easier for us to attract staff, where we know that we can get more staff when we need them, there are other areas where that is more difficult.

Obviously, in relation to medical staff, that is more difficult. I think that is an accepted fact. This is an area where we are advocating to the federal government that we need to increase the training of Australian students in medicine because we are seeing a greater need there. That is right across the board. There are other areas—for instance, some of the allied health professions—where it is more difficult, and then there are some regional areas that face more difficulties in terms of the attraction of staff than others.

Obviously, our attempts at workforce attraction and retention campaigns and advertising are directed to where we need to place people in those vacancies to make sure that we have a sustainable workforce right across the state. Of course, when you have such a massive workforce, there are always people coming and going as well. We always need to recruit because there are always going to be people retiring, etc., at the same time, and then we have ambitions to grow that above attrition.

The short answer is that we set targets before the last election in terms of what our targets as a government were for increasing that health workforce. That was very specific, with 300 extra nurses, 100 extra doctors and 350 extra ambos, and that was broken down appropriately within those election commitments. Obviously, there is demand that we face that has seen us well ahead of schedule in terms of that workforce recruitment compared with what we said at the election, because a number of measures have had to be put in place to deal with the demand we are seeing in our hospitals at the moment.

**Mrs HURN:** If you could take on notice the total cost of the advertising, that would be fantastic; if there are any recruitment targets, that also would be fantastic. You mentioned vacancies: what is the current level of vacancies within SA Health, and are you able to provide a breakdown via LHN? Please feel free to take it on notice, if that is appropriate.

**The Hon. C.J. PICTON:** We will take that on notice.

**Mrs HURN:** In relation to workforce plans, I think last budget we had this discussion in estimates and you said that you were commencing the appropriate workforce planning. Do you have a workforce plan in place for each health profession? For instance, is there a plan specific for doctors, is there a plan specific for nurses, is there a plan specific for midwifery, or is it more of an overarching global workforce plan?

**The Hon. C.J. PICTON:** That work is underway and there has been some publicity and media reporting around that. Understanding the particular modelling requirements we need in terms of looking ahead at what our workforce needs will be, the department has engaged support through KPMG to assist that work. That work is still being drafted, but we are hopeful that by the end of the year we will see the finalisation of that plan. That is across the board.

It is important that it takes an holistic view across all our professions, because they are interconnected. We need to be thinking of what is the future of different professions and what would be the mix of those professions that we might need in future. That aligns with what our future acute service demand is likely to be; therefore, what sort of services will we need in future and what type of workers will we need. You then have to factor in the age and profile of the current workforce so that you can determine what workers will need to come into those areas in the future.

All that is quite a complex picture in terms of the modelling work being undertaken at the moment. There has been work in relation to that and the department and the consultants we have engaged have been working with employee groups and subject matter experts to get that whole picture of the supply and demand going into developing the plan, and we are now at the stage of working through that detailed strategy. That obviously will have to look at the whole workforce and the different components of that workforce.

As to whether other specific plans are in place, I know the previous government did some work on specific workforce plans for regional areas, and those plans are still being utilised and considered. A lot of ideas were put up in those plans that did not necessarily result in any action when they were established by the previous government, and I know that a lot of those things are still being considered.

The approach we are trying here is to have a holistic view of where we want to be in the future. This is not necessarily just thinking about next year or the end of this year, but in a time when, God forbid, I might not be the health minister and somebody else is in the job. I think it is important that this work is done now so that we are in a better position with that planning done for the future.

**Mrs HURN:** I refer you to Budget Paper 3, page 23, operating expenses. In the context of such a budget, well over \$8 billion, I am interested that the government did not actually consider putting additional incentives on the table, particularly when you look at what is happening in Victoria, Western Australia and even in Tasmania.

I wonder, just in the context of that budget, whether the government considered interstate options and matching those so that we do not fall further behind in terms of workforce. I am also interested in whether the government did any modelling on what the cost would be, for instance, for partially paying for HECS fees for nurses, or indeed whether you have considered paying all of the HECS fees. Is that something that you are in a position to answer?

**The Hon. C.J. PICTON:** I refer you back to what I previously said in relation to that: we are offering a variety of different incentives in South Australia, and that program, in terms of relocation expenses, was never in place across the board previously, so we are excited in terms of that.

If you look in terms of our international recruitment, I think we have a very compelling case to make and I think that it is showing benefits. We can see that firstly in terms of the recruitment that we have already done, just in our first year, of increasing that workforce. We can see that in the recruitment that is being undertaken now, as you can see extra doctors coming online into the system.

When you look at, for example, the discussion that we have had recently about the UK and doctors coming from the UK, I was on TV in the UK yesterday with one of our junior doctors who works in SA Health and he was saying that he is effectively getting paid 50 per cent more than what he was being paid in the UK and is doing 20 per cent less hours. That is obviously a very significant incentive in itself.

We will continue to monitor the situation in regard to our workforce situation and in relation to what incentives we have on offer. We think that we have substantially improved that in the short time that we have been in office, and we think that we have a competitive case to make interstate, as well as internationally, particularly when you factor in cost of living, and particularly when you factor in enterprise bargaining agreements that have been struck as well in South Australia. It is a whole picture of all of those things that need to be considered.

As part of this campaign that we are doing, we have been doing research. We have been speaking to doctors and nurses around the world in terms of people who might consider coming here and what are the best, most attractive offerings to put to them. A lot of the time it is not money. A lot

of the time it is the lifestyle that we can offer here and the work-life balance that they are looking for in terms of working in the hospital system. But, clearly, one of those factors was the relocation and that is why we took that action to put it in place across the board for the first time.

**Mrs HURN:** Just in terms of the relocation allowance, you made mention that there are 41 people who have utilised that and 23 or so who have come from the United Kingdom; is that correct?

**The Hon. C.J. PICTON:** No. That is a particular recruitment that has happened at the Central Adelaide Local Health Network for medical officers through the Royal Adelaide Hospital and The QEH. That is not the totality of what is happening in terms of recruitment across the board, but it is an example of what is happening.

**Mrs HURN:** In relation to the reimbursement cost that we have—\$15,000, \$13,000 and \$10,000—how many payments have been paid out to people who have either moved from interstate or overseas, and are you in a position to break that down in terms of how many people have moved from interstate and, if so, which state, and how many people have moved from overseas and, if so, where from?

**The Hon. C.J. PICTON:** Particularly since this has been in place I think for a couple of months, they are not figures that we have to hand but we will take them on notice.

**Mrs HURN:** In terms of some workforce questions more broadly, workforce in specific relation to paramedics: how many paramedics and ambulance officers are expected to be recruited over the forward estimates, and what proportion will be due to activity growth rather than increased staffing promised by the government? What is the current level of vacancies in relation to paramedics, and can you break down the vacancies by SAAS regions?

**The Hon. C.J. PICTON:** That was a multipronged question. I will do my best. I can answer a previous question—

**Mrs HURN:** I know you can juggle many things, minister.

**The Hon. C.J. PICTON:** I do. In relation to your previous question about the cost of our workforce campaign, I have been provided advice that the cost of the campaign that we are operating at the moment is \$1.7 million. That started in February, and it is going until August this year.

In relation to paramedics, we are, of course, excited that a significant election commitment we are delivering on is in relation to extra paramedics and ambulance officers. That totalled 350 extra ambulance officers, ambulance paramedics and emergency medical dispatchers over the course of the four years. I am happy to go into the very specific detail into how that breaks down between metropolitan and regional as different crews come online to add those resources.

For instance, the first financial year delivered 68 extra paramedics in the metropolitan crews, 12 in the Adelaide Hills, 12 in the Gawler region and eight clinical leadership, I am advised, and that then increases over the course of the four years. On top of that, there are also 12 metropolitan emergency support service crews and 10 emergency medical dispatchers, leading to 122 in that first year, and that then increases to 182, to 273 and then to 350.

The Ambulance Service, unlike other elements of SA Health and local health networks in particular, is not funded historically on an activity basis; it is funded through funding that is provided in the budget for particular things. These are crews that have been funded to come online and these are to meet both the current and expected demand across metropolitan and regional locations across the state.

I should add that, of course, these are extra positions. Every year, there is already recruitment underway in relation to attrition that happens in the SA Ambulance Service, so this means that this is recruitment above that level. What it means is that there are going to be a lot more people coming through in terms of internships.

For instance, I am advised that we are offering more than 100 internships for graduate paramedics across SAAS every year. That is way more—in fact, tripling—than the standard rate of 32 per year. That is a high level of graduates who are coming in and we can do this because—and

this goes back to the workforce question more broadly—in relation to paramedicine training at Flinders University, there have historically been a lot more people going through that course than there have been jobs available at SA Ambulance, so we have seen people graduating that course and then jumping on a plane and going to Melbourne because they cannot get a job here or going to London or going wherever or working in a completely different industry. This means that we can employ a lot more people who are going through that course.

Of course, it is still a competitive process. There are still people who might apply from elsewhere around the country for those courses as well, but this is an area where the supply of training matches what is happening in terms of our demand and there are other areas where that is simply not the case. I have touched on medicine, where we know that the supply of people coming through the university system is nowhere near what the demand is in the community or in hospitals.

Another example is in relation to psychology, which we are doing work on with the universities and the federal government as well. We are trying to increase the number of pipeline people who can come into psychology because we know the demand is absolutely there.

**Ms HOOD:** I refer to Budget Paper 4, Volume 3, page 31, line 1, Program 2: Health services. How are barriers in securing aged-care placements for older long-stay patients impacting hospital capacity?

**The Hon. C.J. PICTON:** Thank you very much, member for Adelaide, for asking this question. I think this is a critical question in terms of addressing blockages in the system. We know that we have a big blockage not just in terms of people coming into the health system but also people leaving our hospitals. I think it was in the last estimates that we talked about the issues that we were facing in relation to the NDIS. There has been a lot of work that has happened in relation to NDIS, which is starting to make a difference, but we are seeing increasing issues in terms of that bed block being caused by people who are waiting for places in residential aged care who cannot leave a hospital because of barriers to doing so.

Often there are people who are older who need to get somewhere, either safely home or into a residential aged-care facility, and being in hospital is not a good outcome for them. They can decondition inside the hospital—that is the lingo that is used for that—so it is not a good outcome for them, but of course it is not a good outcome for the next person who needs that hospital bed in the system as well.

Unfortunately, what we are seeing is that there is a number of aged-care providers who are no longer offering these temporary placements for people who are leaving hospital—TCPs, as they are called—because of the costs of them, regulatory challenges, acuity and complexity. That has resulted, I am advised, unfortunately in a massive, 100 per cent increase in patients who are waiting for an aged-care placement. In August last year, there was an average of 88 patients each day in our metropolitan hospitals awaiting placement beds who were well enough to be discharged but were waiting on a placement in an aged-care facility. As of this week, that number has risen to 175.

Not only does that have an issue for those patients; it also is having an impact upon our hospital capacity. Hospital workers are experiencing challenges in accessing some of the pathways for patients, including the Transition Care Program, otherwise known as TCP, and the Care Awaiting Placement beds. Both programs offer short-term placements outside of a hospital setting while more appropriate arrangements are made for the patients' ongoing care.

From 1 July, three of those providers are removing themselves from that federal-state program. Challenges cited relate to the new regulations and also some of the regulatory issues that they are facing as well as funding issues across the board. They are reporting high costs of allied health to deliver therapy. Due to that change, placements are set to reduce, unfortunately. However, we have been working across SA Health to try to address this, and thankfully we have been able to see some increase from what was expected to a dramatic fall in terms of those places.

Despite best efforts, however, it means that those important beds are likely to reduce by 30 per cent. The number of Care Awaiting Placement (CAP) beds are also likely to see a 30 per cent reduction, declining from 65 to 44 available beds in residential aged care. There is no doubt that the

reduction of those beds will have an impact upon public hospitals, which are already, of course, under significant pressure.

Our government is working very hard in terms of trying to support people in aged care not having to come into hospital in the first place. We are working through our Virtual Care Service, which is now providing outreach to residential aged care. When people need support from a doctor they can now use our Virtual Care Service to get that service without having to call 000. Arguably, that could be something where we could say, 'This should be the responsibility of the commonwealth.' We are doing it anyway because we think it is an important measure.

We have rolled that out to 190 residential aged-care facilities and over 12,000 aged-care residents within those facilities across the state. Since then, we have seen residential aged-care residents presenting to EDs reduce. I am advised it is in the order of about 50 per cent per day, some days, that we are seeing. That eases pressure on our EDs and also means hospital beds are available for those needing acute care. However, we do need to address that issue in relation to those Care Awaiting Placement and the TCP beds because if we see that reduce, then that is going to lead to more bed block and more issues for the hospital system.

We are working with the federal government. We are contacting them. I am looking forward to more discussions with both Minister Butler and Minister Wells about how we address this, because clearly the federal government controls the aged-care side of things, but the impact hits the states and territories when that is not able to be there.

There is good precedent: we have been able to work very hard on the NDIS front, and we have seen some progress in relation to that. For instance, in August last year, on a daily basis we were seeing 120 NDIS long-stay patients who were ready for discharge. That, I am advised, has dropped to 68 as of last week. Part of that is the investments that we have made in doing that; part of that has been the work from the NDIS and the federal government. We are now having to address this new issue of the aged-care side of things because we cannot have that be a substantial barrier.

I am also going to be re-establishing a round table with our aged-care providers, with SA Health, because I am hoping that we can work between the sectors, and of course with the federal government as well, to try to address what those barriers are in terms of helping people get out of hospital and avoid ultimately a bad outcome for them and a bad outcome for the health system at large.

**Mrs HURN:** Minister, just referring you to Budget Paper 5, page 45, if I can. Can you guarantee that the government's investment in health will fix ramping like you promised at the election, and can you please confirm that fixing ramping in your mind does mean getting the transfer-of-care data down to 2018 levels before the next election?

Just to probably give you a little bit more context on that, on 15 March this year in Budget and Finance, Dr Lawrence, who is there—I am sorry to quote this back to you, Dr Lawrence—was asked by the Chairperson what substantial inroads are when it comes to ramping, and Dr Lawrence said, 'I think the commitment is to return to our 2018 levels of transfer of care.' The Chairperson responded, 'In three years? Is that the commitment?' and Dr Lawrence said, 'In three years.'

The other statement that I would like to put back to you is one that the Premier made at a Press Club debate where he was asked about ramping and he said, and I quote:

We will fix the ramping crisis within our first four years. And what does fixing the ramping crisis mean? Fixing the ramping crisis is about reducing dramatically, hopefully down to the 485 per cent level that it was, well below 485 per cent from where it was now.

The other statement that I want to put to you just because I think that the context is relevant is, in a press conference just days before the election on March 17 in 2022, the Premier was asked a question and he said, 'Ambulance ramping has increased by 485 per cent.' He then went on to make some references about the difference in response times, so a clear acknowledgement that obviously there is the transfer-of-care data, which was that 485 per cent increase, as well as the response times.

I have done some calculations, but you might like to tell me on what basis that 485 per cent is made, because I actually believe it is based on the January 2018 ramping hours of 517—that was



the transfer of care—as well as February 2018, which was 652. When you have a 485 per cent increase on both of those months, and divide it by two, giving you an average, that leads to 2,837 hours, which was the closest to the worst month under the former Liberal government, which was 2,868. My question is: will the investments that you have made deliver ramping down to the extent that it was in 2018?

**The Hon. C.J. PICTON:** That was a multifaceted question.

**Mrs HURN:** To make sure you have all of the relevant information.

**The Hon. C.J. PICTON:** That is right, including your maths calculations.

**Mrs HURN:** If you would like to confirm what your calculation was or the Premier's on the basis of that 485, that would be great.

**The Hon. C.J. PICTON:** I will, because what we did see was a very substantial increase in terms of ramping over the four years of the Marshall Liberal government. I will take this on notice, and if I am incorrect then we will provide the full data to reflect that. This is obviously referring to statements that were made before the election, so arguably the government of the day and officials are not responsible, but I am very happy to provide my recollection of what was said before the election, which was: in relation to the 485 per cent increase figure that was used, that was a comparison for the full year transfer-of-care times from 2017 (the last full year of the Weatherill government) to 2021 (the last full year of the Marshall Liberal government). Adding all of those months up together across that calendar year is, off the top of my head, the way that figure was calculated at the time, but as I said we will take that on notice and provide information if we can to update that more fully.

In relation to the issue of ramping generally, this is clearly the government's top priority. Why it is such a priority is because ramping has an impact not just on people within the health system who are at the emergency department in the ambulance ramps, it also means that those ambulances cannot get released to people in the community who are waiting on 000 calls. It is obviously a very risky situation if you are calling for an urgent ambulance and cannot get one because they are all stuck outside of hospitals with patients waiting to get into hospital.

That is why we have made very clear before the election—and there are all sorts of attempts to find quotes that you are using—but I think there were many times that the Premier was very clear in terms of our ambition before the election in relation to making sure that we can reduce ramping so that ambulances respond on time—

**Mrs HURN:** Fix ramping.

**The Hon. C.J. PICTON:** —fix the ramping crisis so that ambulances can respond on time to the extent that we can get ambulance response times for priority 2 cases back to where they were before the Marshall government was elected. To do that, obviously we need to absolutely substantially reduce the ramping times across the board.

**Mrs HURN:** By 485 per cent.

**The Hon. C.J. PICTON:** What we are doing is, right across the board, taking measures to address each and every part of the blockages in our system that are leading to that ramping and those delayed ambulance response times occurring. In relation to that, the Premier made a statement in the house just two days ago answering this exact question, so I refer you to his statement in terms of his comments before the election. I am very happy to talk to what we are doing right across the board in terms of our plan to address that, and it goes right before somebody might need to call 000, right through to when people are leaving hospital and getting supports elsewhere. Each step in that process needs to be addressed.

I think the most critical of all of those components that we are doing is making sure that we have the capacity in the system so that people who have been admitted to the hospital, who are waiting for a bed inside the ward of the hospital, can get out of the emergency department. That means that the next patient can get into the emergency department and then the next patient can leave the waiting room or the ambulance and the ambulances can respond to cases in the community

appropriately. That is the critical component. That is why the vast majority of our measures, particularly in the last budget, are around those additional beds in the system.

We are in fact delivering, through our investments, a lot more than what we originally set forth in our election commitments. For example, at Lyell McEwin, we said we would do 24 beds: we are doing 48; at Noarlunga Hospital, we said we would do 24 beds: we are going to do 48; at Flinders Medical Centre, we said we would do 24 beds: we are going to do over 130. We are going to do 24 beds at the Repat and that was not on our election commitment list either. Right across the board we are doing a lot more than even what our election commitments were because we recognise that that is such a critical issue.

In addition to that, we recognise that even where there are days where there is very little ramping, the paramedics were not able to respond to cases in the community appropriately. There were clearly issues in terms of not enough ambulance resources, even taking ramping out of the equation. So there has been an investment in terms of additional ambulance resources and that continues across all four years. We are very pleased that that is starting to make a difference.

We have gone from a situation where in January 2022, priority 2 cases where somebody with chest pains, somebody with breathing difficulties was not getting an ambulance responding to them on time within 16 minutes—

**Mrs HURN:** But they are now on the ramp longer.

**The Hon. C.J. PICTON:** —two-thirds of the time that was not happening. There have now been substantial improvements. We are getting those response rates back up to over 59 per cent—

**Mrs HURN:** They are just on the ramp.

**The Hon. C.J. PICTON:** —but there is still a lot more work to do. We know that there is still a lot more work to do on ramping as well. We are pleased in terms of there having been a downward trajectory over the course of the last six months, but there is a lot more work that needs to happen there. The most critical component, in my belief, is the additional beds that need to come online, but there are a lot of other things that need to happen in relation to that as well.

So what you can see—and you referenced the budget papers in terms of Budget Paper 5, page 45—are a number of measures that will help in this regard. One of those critical areas is in terms of helping people to leave the hospital system when they do not need to be in the hospital, and having people working across the weekend who can provide that clinical support, that diagnosis, those assessments that need to happen that might otherwise keep somebody in hospital who can be discharged, who can be back at home, who can be in other supports outside of hospital when they do not need to be in there. That obviously helps to free up beds, it helps to free up beds in the ED, and so forth. That is very important.

There are also the other investments in terms of helping people to avoid coming to an emergency department or having to call an ambulance in the first place. That involves the Virtual Care Service and also what we have announced today, working with the federal government in relation to additional supports that will be going in to Healthdirect to help people, through that service, identify other services, or to have a telehealth connection with a GP so that they might be able to avoid coming to an emergency department, and additional support for GPs to do that.

All of these measures in their totality, right across every step of the process, are needed to make sure that we can address those issues and to make sure that South Australians can get the health care they need at each step along the journey.

**Mrs HURN:** Just acknowledging that we certainly do appreciate that the transfer-of-care data and the response times are two completely separate metrics and we acknowledge that they are inextricably linked; however, it was the 485 per cent figure that was referred to on multiple occasions prior to the election.

I refer you to Budget Paper 4, Volume 3, page 63, which is in relation to SAAS, looking at the targets. There does not appear to be any target at all in relation to the government's number one election promise, which was to fix ramping in South Australia. More than that—sorry to make you look at multiple pages at once, but just back to Budget Paper 5, page 45, on measures to reduce

ramping—there does not seem to be anything in there that indicates that, as a result of this, the government will deliver on its election promise to fix ramping. It does say that it will assist in the reduction of ramping.

In the minister's mind, or in the view of the government, what is an appropriate level of ramping if they are seemingly walking away from their commitment to fix it and get it back to 2018 levels? While you are there, what is the government's definition, or the agency's definition, of ramping for the purpose of this measure?

**The Hon. C.J. PICTON:** Of all the challenges I was expecting today, I was not expecting the challenge of trying to remember six different questions all in the one go, but I will do my best.

**Mrs HURN:** Thank you.

**The Hon. C.J. PICTON:** In relation to the definition of ramping, the definition—as I understand it, and we can correct this if there is a technical issue that we need to do on notice—is essentially the transfer-of-care time beyond 30 minutes. When an ambulance arrives at a hospital there is an automatic GPS tracker at each of the hospital sites in the metro area that switches on at that stage. The time after 30 minutes where transfer of care has not been completed, those minutes added up in each case are what we define as ramping. Effectively, the issue is ambulances waiting longer than they need to at our emergency departments.

Sometimes there may be a good reason why that transfer of care would have to be longer than 30 minutes, but I suspect that is a very small minority of cases. I think that is a very good, clear measure in terms of a definition of ramping. Historically, there have been different measures of that used at various different times. I think at some stage the state government, from memory, was using 45 minutes as a measure in terms of ramping. I think that 30 minutes is an appropriate time for us to use in relation to that ramping time. It is now well understood by the community and I think it is the appropriate measure.

In relation to why that is not a performance metric for the Ambulance Service: obviously, we want the Ambulance Service to be part of our work. They are a key part of our work in terms of helping to address the issues, but I think the Ambulance Service is absolutely correct when they identified that the transfer-of-care time is predominantly an issue for the hospitals. It is an issue for hospitals to manage and the key focus on reducing that should be on the hospital side, not that of the ambulance.

However, there can be components that impact the ambulance response times that are not ramping related as well. There are issues that we look to the Ambulance Service for in terms of improving their response times that are not necessarily related to ramping because, as I mentioned previously, one thing that has become clear over the past few years is that, even on days where there is very little or no ramping, there are still issues in terms of ambulance response times.

In fact, there have been a number of coronial inquests, and from memory a number of them happened around COVID shutdown times, because of a reduction in elective surgery being undertaken and a reduction in people going to emergency departments during those periods. There was very little ramping happening comparatively, but there were still issues in terms of ambulance response times. So that is the key focus for them.

In relation to the budget papers, and I will correct this if I am wrong, we have not sought as a government to change any of those particular targets that are in the budget papers—or it certainly has not been something that I have been involved in in terms of changing those targets compared with the targets that were in place previously—but I can assure you that each chief executive of each local health network, each board member of each local health network board, is very clear in terms of what the priority is in terms of transfer-of-care times. I will take that on notice in terms of whether considering in future budgets whether we list transfer-of-care times in there as well.

**Mr ELLIS:** I have two questions that I hope the committee will indulge me in. The first being in regard to Budget Paper 4, Volume 3, under the rather broad heading of 'Workforce summary'. I wonder whether the minister might investigate whether any of those FTEs in that summary take the form of a CaFHS nurse at the southern Yorke Peninsula. It is my information or understanding that a couple have retired recently over the past 12 months and not been replaced. Through necessity,

there is a local mother's group which is volunteering to weigh babies down there and there are up to 18 mums who are visiting there on a weekly basis. Are the CaFHS nurses being replaced, or have those FTEs been pulled out of the southern Yorke Peninsula?

**The Hon. C.J. PICTON:** Thank you very much to the member for Narungga for his question. It is an important question. I think CaFHS is an area of our health system which is easy, amidst all of the other issues, to go under the radar, but it is something that I have sought in my short time in office to pay a bit of attention to in terms of my discussions with the Women's and Children's Health Network because I think it is absolutely important, particularly in that it is connected to a lot of the other issues across government. Whether it be early education, whether it is child development, whether it is child protection, CaFHS plays an important role across all of those issues.

I am aware that there have been concerns raised in your community in relation to CaFHS services. I have been provided with some information from the Women's and Children's Health Network in the past couple of weeks, assuring me that some of the rumours going around are not the case and that there is no desire or attempt from the Women's and Children's Health Network to withdraw resources from CaFHS on the Yorke Peninsula and in fact recruitment is underway in relation to CaFHS staff there. It might be that somebody from my office is going to quickly get me this information so that I can provide more fulsome updates, but certainly there is no desire from this government to withdraw that service.

**Mr ELLIS:** We might well get the answer in answering my next question, which is, rather briefly, at Budget Paper 4, Volume 3, under Yorke and Northern Local Health Network and specifically under targets. Are there any plans to upgrade the Wallaroo Hospital specifically over the coming years? It is a 21-bed facility. I know the LHN submitted plans to Infrastructure SA during the last government. Are they going to come to fruition in the not too distant future?

**The Hon. C.J. PICTON:** I thank the member for Narungga for this question and for his very strong advocacy in relation to the Wallaroo Hospital. It is one of our larger regional health sites, and it is certainly one of the three key sites within the Yorke and Northern Local Health Network, providing services not just for that local catchment but for people right down the peninsula. I was very pleased to visit the Wallaroo Hospital with the member only recently when we had country cabinet there.

There is planning that has been undertaken in relation to that. I think there clearly will need to be investment in that hospital in the future. There has already been some investment made, as I know the member is aware, in relation to establishing rehabilitation services at that hospital, which I think is very much welcomed by the community on Yorke Peninsula. There is not a new allocation of funding in this budget in relation to capital upgrades at Wallaroo Hospital, but it is something that will be under active consideration, I am sure, in relation to future budgets and future health infrastructure discussions.

**Mrs HURN:** Minister, I refer you to Budget Paper 5, page 45; again, the measures to reduce ramping. Could you explain how often you receive information about ambulance response times in South Australia, and could you also explain where the public can find that information as well, not just the monthly figure but if there is frequent, weekly or daily information in terms of response times?

**The Hon. C.J. PICTON:** The key metric we use is in relation to monthly. That is a figure that means that SA Ambulance Service can undertake the appropriate management of their data to make sure that it is an accurate figure. That is why we publish that information. We publish that on the website as well, so we are very clear in relation to that monthly figure. That was not something that was previously published, that was not something that was previously released, but I think that it is important that people see that on a monthly basis.

That is a key metric in which, as I said, we can now see that improvement trajectory of ambulance response times, particularly across metropolitan Adelaide. There are, of course, a lot of interim measures where the department, SAAS, is monitoring ambulance response times on an almost minute-by-minute basis across the system. One of the really important measures that we have now put in place is in relation to a health system—what are we calling it?—the state health coordination centre.

**Mrs HURN:** And you said you did not need your advisers.

**The Hon. C.J. PICTON:** That is right, exactly—the first time. The problem is that it will be hard for me not to continually call it the control centre, but its technical name is the state health coordination centre. That is being led so that, for the first time, we have a picture of what is happening minute by minute across the health system 24 hours a day. Going back to the previous answer in relation to the question of ramping more broadly, it is looking at how we can make sure that, from the 000 calls coming in right through to hospital discharges, we have eyes on the entire system.

The key situation in relation to that is in terms of making sure that ambulances are able to respond to cases as they are coming in appropriately. That centre works between SAAS, between the local health networks, whereas previously it was a much more siloed arrangement. So the short answer is that the key metric, the key measure, that we are using, that we are confident has gone through the appropriate verification, is being reported publicly monthly, but there is obviously a lot of other data used in the management of the system on almost now a minute-by-minute basis that the whole system, but particularly that coordination centre, uses.

**Mrs HURN:** But it is not necessarily accurate to the point that you want to release it to the public?

**The Hon. C.J. PICTON:** Correct.

**Mrs HURN:** I asked the question in the context that the Premier in question time this week referred to the response times for last week. It seems that the Premier has access to weekly data that South Australians do not. Have you provided him with information that should not be relied upon, because it is going through the relevant sifting process?

**The Hon. C.J. PICTON:** Hopefully it will give you and the people of South Australia confidence that the Premier is very focused on this issue and he is—

**Mrs HURN:** I do not mean to interject, but I am trying to understand that you have said that you use monthly data because it is accurate, yet the Premier seems to have access to information on a weekly basis, because he said, 'Just last week I had information'.

**The Hon. C.J. PICTON:** Yes. The Premier has a very particular focus on making sure that we seek improvements in this area and will regularly seek updates in terms of what the state of the health system is, particularly in terms of ambulance response times. I do not recall the particular question he answered, but I am sure it was preceded by information that he received on an interim basis from SA Ambulance Service in terms of the performance against those metrics. On a systemic and regular basis we will continue to publish those figures on a monthly basis.

**Mrs HURN:** I suppose as an extension of that, we have had this conversation before in terms of the weekly ambulance ramping data as well, and we have been told that we cannot have access to that because of the verification it has to go through. If the Premier can have access to ambulance response times that are still not at a point where they should be consumed by the public because there might be some changes, why then cannot South Australians have access to the weekly ramping data as well?

**The Hon. C.J. PICTON:** I have taken the approach that, compared with what was in place previously where those figures were put out every three months, we should put out those figures every month and we should make sure that ambulance response times and the transfer-of-care times are published on a monthly basis. That I think is equal best data provision—

**Mrs HURN:** After not doing it for 16 years.

**The Hon. C.J. PICTON:** —that you can see around the country, and certainly was never done by any previous government, whether the previous Labor government or previous Liberal government. I think that gives a regular flow of information to the public in relation to how we are tracking on those key metrics.

**Mrs HURN:** You therefore do concede that it is possible to have weekly ramping data, it is just that you do not want release it? If the Premier is able to have weekly response time data that the government only releases to the public per month, it is therefore absolutely possible and feasible for the public to see both metrics on a weekly basis as well?

**The Hon. C.J. PICTON:** I refer you to my previous answers.

**Ms HUTCHESSON:** I refer to Budget Paper 4, Volume 3, page 20, line 10, Sub-program 1.1: Public Health, regarding the APY lands tuberculosis outbreak response. How is the government responding to the recent reporting of tuberculosis cases in the APY lands?

**The Hon. C.J. PICTON:** I thank the member for Waite for her question, but I know it will be of significant interest to the member for Giles, as the Chair, as well. This is some that the government and particularly SA Health is taking very seriously. Our government is very committed to addressing the issues that we have seen in relation to the tuberculosis outbreak on the APY lands.

I am very pleased to be able to announce today that the Department for Health and Wellbeing is allocating \$1.9 million to bolster the community response to tuberculosis in this outbreak. This will ensure that the public health division of SA Health is able to dedicate resources to increase community engagement and awareness in the APY community for the next 18 months. We know that community engagement and co-design will play an essential role in any outbreak response, and no more so than in this response.

Extensive work in engaging the community has been occurring already. This has been coupled with community education around TB and raising awareness and support of the proposed response. To date, there have been three in-reach deployment trips undertaken by TB services: in December last year and in February and May this year. These trips were developed in collaboration with the public health team in the department. I am advised that a further trip from the Department for Health and Wellbeing and the SA TB services is scheduled to be undertaken in mid to late next month.

This continued engagement will need to be ongoing and targeted. Underpinning the engagement will be a commitment to safe information sharing between SA Health and the APY lands at Nganampa health services, paving the way for community education and raising awareness. Dedicated Aboriginal engagement officers will also play a pivotal part in the success of the response. These officers will work on-ground with communities to co-design the response, ensure communities are well informed, understand the significance of the outbreak, and can work in partnership to find solutions for treatment compliance and other issues as they arise.

In recruiting to these positions, every effort will be made to employ Aboriginal people. Both the Minister for Aboriginal Affairs and I are working to ensure that culturally appropriate responses are undertaken to ensure that the communities are informed and able to manage TB in a culturally safe manner. Communications will also be informed by engagement with community leaders, the community and elders on the lands. Resources will be developed in language and will be utilising video as recommended by the community. There will be a focus on empowering communities by providing culturally appropriate information about tuberculosis, the importance of treatment and how to reduce risk.

Another key part of this response is upskilling the healthcare professionals within the community, who are able to treat and provide advice to patients in a culturally safe and appropriate manner. To provide an evidence base for this communication, focus group testing and research will be conducted to ensure communications are tailored appropriately to the community.

This work will be undertaken alongside the activity of SA TB services, who are responsible for the clinical activity, screening, management and treatment. SA TB services is a statewide service through the Central Adelaide Local Health Network. These works are ongoing. I would like to assure the committee that this is something that the government is taking extremely seriously, and that is why this dedication of funds from the department has been made.

**Mrs HURN:** I refer you to Budget Paper, Volume 3, page 65, the SAAS performance or activity indicators. How do you reconcile the fact that looking across the number of incidents across priority 1, 2, 3, 4, 5, 6, 7 and 8, they have gone backwards? Noting that the total number of incidents in 2021 and 2022 was 322,582, and the estimated result for the 2022-23 period is 319,227, how do you reconcile that they have gone down but we now have record ramping in South Australia?

I would like to put on the record some facts, Chair, because the minister has said that progress is being made and I think it is important to note that that progress is actually not relevant to

the election because at the election there were 1,522 hours stuck on the ramp in February. I am interested in your views, minister, or the explanation as to why the activity indicators have gone backwards and yet ramping is at record levels.

**The Hon. C.J. PICTON:** I am happy to answer this question. Firstly, let me correct the error that was made by the member in relation to the figures in terms of ramping as of the election. The March 2022 figures for ramping were 2,712 hours of ambulances on the ramp.

**Mrs HURN:** Half of which was your time in government.

**The Hon. C.J. PICTON:** The last month that the Liberal Party was in office was in March 2022 and there were 2,712 hours. To refer to a time when elective surgery orders were made under emergency declaration to be cancelled across the state, thereby meaning that significant numbers of beds were made available all of a sudden in public and private hospitals, really highlights the point that the issue that needs to be addressed is in terms of bed numbers in terms of the issue of ramping because what we saw was that, as soon as that order was lifted cancelling elective surgery at the end of February 2022, ramping shot right back up as soon as that order to cancel elective surgery was rescinded.

Clearly, there is absolutely more to do, and I do not deny that for one instant, but I think it is not accurate and I think it is misleading to the public to point to a time when there was an emergency declaration order in place cancelling elective surgery in public and private hospitals.

**Mrs HURN:** That is the context in which you promised to fix ramping, though, minister. It is in the context of that month.

**The Hon. C.J. PICTON:** In March 2022, 2,712—

**Mrs HURN:** When did you promise to fix ramping?

**The Hon. C.J. PICTON:** In March 2022, there were 2,712 hours of ambulances on the ramp. In relation to SA Ambulance figures, obviously, these are estimated results. Today is the last day of the financial year and I understand that these budget papers were prepared some time ago, so these are estimated results. We will have to wait to see what the final figures present for the full financial year.

In terms of the critical cases that are likely to end up at hospitals, you can see that they involve both priority 1 and 2, but also priority 3,4 and 5. Priorities 6,7 and 8 are not necessarily the cases that would return to hospital, so I think that when you look at the totality of priorities 1,2,3,4 and 5, there is a more accurate picture in terms of looking at how they add up across the years. I am not going to try to do the maths in front of me, but it is different to what is being presented by the member.

The other issue goes back to what we were talking about before, in that you cannot say that ramping is the Ambulance Service's issue: it is the whole health system and particularly the hospital side of things that leads to ramping occurring. What is not featured in these figures are presentations at hospitals and what is not featured, even if we did that, is the acuity of presentations at hospitals. Obviously, the other issue is blockages, in terms of people getting through hospitals, the length of stay that people are staying inside hospitals and the barriers that we have to discharging people from hospitals.

I apologise for giving a sermon and tutorial on the facts that lead to this, but looking at ambulance call-out figures alone is not necessarily an indicator in terms of what is leading into the pressure in terms of ramping. It is a much trickier issue because there are so many things that factor into that right across the health system.

**Mrs HURN:** In relation to Budget Paper 5, page 45, measures to reduce ramping, I am keen on asking a couple of quick questions in relation to the formalised fit to sit policy. First of all, where can the public find the terms of reference for that new protocol, and if there are no terms of reference, I am interested in knowing what types of clinical issues patients are presenting with that makes them fit to sit? I am also interested in knowing who actually decides if a patient is fit to sit and whether this is a policy that is exclusive to patients who are arriving via an ambulance who would otherwise be ramped?

**The Hon. C.J. PICTON:** We are a bit confused by the question in relation to terms of reference for a protocol. We are not quite sure what that means, but what is—

**Mrs HURN:** There is a formalised protocol, I understand, for fit to sit.

**The Hon. C.J. PICTON:** Yes, but we are not quite sure what you mean by the terms of reference.

**Mrs HURN:** Protocol.

**The Hon. C.J. PICTON:** I am very happy to talk about what is happening in relation to this. There has always been, here and in any health system you would like to look at, cases that come to an emergency department in an ambulance that are not necessarily the most urgent or the most serious cases in which it is appropriate for clinicians, whether that be inside the hospital, and the ambulance officers to work together to make a decision that it is appropriate for somebody to wait in the waiting room rather than be rushed inside the hospital.

That has been something that happened under the previous government, and it happened under the government before that, but it is a process that has happened on a hospital-by-hospital basis without clear, understood criteria for how that would happen across the board. Work has been happening, involving the SA Ambulance Service, involving our local health networks, in consultation with staff, in consultation with industrial bodies, about how we can formalise that arrangement.

One of the benefits of doing that is that of course ambulance staff do not just work in one health network and they do not just work in one hospital, so to have a clear, understood protocol that works across those hospitals is obviously important for the Ambulance Service to have an understanding of which cases would fit into those criteria. But it has to be done on a clinically safe basis and it has to be done by looking at the clinical needs of that particular patient.

So there has been work underway. There has been a draft policy that the department has been working on. It has been consulted on with people. The advice I have is that it is not finalised yet, that there is still work in terms of listening to that feedback to make sure that we get that right before it is finalised. If you talk to clinicians: this is not a new process. This is not something that is unheard of. This is something that happens but has been happening without an agreed statewide protocol that would be put in place.

**Mrs HURN:** In relation to who decides whether a patient is fit to sit, is that a SAAS official, or is that a triage nurse? Who is the official who decides whether a patient is actually clinically fit to sit? Also, could you please provide the numbers with how many people have been deemed fit to sit in every ED right across CALHN, SALHN and NALHN and break it down per hospital?

**The Hon. C.J. PICTON:** The advice is that there is no data capture that would be able to identify the statistics that you are seeking. In relation to your question in terms of who makes the decision, it is cooperatively between the clinicians, both the clinicians in the hospital and the ambulance officer clinicians.

**Mrs HURN:** If I could just have an extension and understand that there is no possibility of being able to measure it, if someone arrives at the RAH, for instance, via an ambulance and they potentially wait 45 minutes and then are determined fit to sit and then wait up to two hours, say, within an emergency department, how is that wait time captured? Is it captured in the transfer-of-care data, or is it captured in the wait times for an emergency department waiting room? Can you just talk me through how the length of time a patient is waiting is captured?

**The Hon. C.J. PICTON:** Sorry, member, which budget line are we looking at here?

**Mrs HURN:** I am happy to refer you to measures to reduce ramping, which is Budget Paper 5, page 45, or I can also refer you to Budget Paper 4, Volume 3, page 64, for SAAS.

**The Hon. C.J. PICTON:** There is nothing in Budget Paper 5, page 45, in relation to this measure, but in relation to the SA Ambulance Service we have already talked about the measurement that has been in place for a long period of time—

**Mrs HURN:** We are told there is no measurement.



**The Hon. C.J. PICTON:** If you just let me answer the question, member for Schubert, we have already talked about the measurement that has been in place for a long period of time under both governments in relation to transfer-of-care time and how that is measured. That is the time between when the ambulance arrives at the hospital to when their care has been transferred and called in by the paramedics to their headquarters, and that is what is measured in terms of that time.

Separately, of course, the time is measured for patients who are waiting at hospital to be seen, and that is a nationally consistent, nationally benchmarked and mandated waiting time parameter, and that is the same metric that you would find in any hospital network around the country.

**Mrs HURN:** If a patient has waited 45 minutes in an ambulance on a ramp, and they are then deemed as fit to sit so they are then moved within an ED and they are waiting two hours, for instance, is that entire two hours and 45 minutes captured for that patient?

**The Hon. C.J. PICTON:** Captured in what?

**Mrs HURN:** Is the 45 minutes that the patient has waited, presumably in an ambulance, counted towards the transfer-of-care data, and then, in addition, that same patient who is deemed clinically fit to sit goes inside the Royal Adelaide ED waiting room and waits another two hours before they go in and get a bed, or whatever it may be, is that two hours counted as well?

**The Hon. C.J. PICTON:** As well as what?

**Mrs HURN:** As well as the 45 minutes that patient has spent on a ramp.

**The Hon. C.J. PICTON:** As I said, the transfer-of-care data is captured in exactly the same way as it has always been captured, and the waiting room time is captured in exactly the same way as it has always been captured, and this has been happening for a very long period of time in relation to patients of lower acuity who are appropriate to be able to wait in a waiting room. It happened under the previous government. There is no change in terms of the data.

What is happening is in terms of a protocol to make sure that there is an understanding between the health networks in terms of the clinical appropriateness, so that there is common understanding for when SA Ambulance is going to different hospitals, particularly in terms of the criteria of patients for who it would not be appropriate for this to happen as well, and that is a key part of the work that is happening.

**The Hon. D.R. CREGAN:** If I can take the committee and the minister to Budget Paper 4, Volume 3, page 16. It might be the 14<sup>th</sup> line item, the Mount Barker hospital emergency department. Has the scope of work for the new Mount Barker hospital changed in line with the additional funding commitment? I have in mind, for example, whether there will be an increase in paediatric and neonatal care support, and whether there is any capacity for a dedicated palliative care hospice?

**The Hon. C.J. PICTON:** Thank you very much to the member for his question and I note his very strong interest in the new Mount Barker hospital. It would be difficult to describe as anything other than fanatical about the Mount Barker hospital as the member for Kavel, so I appreciate the question. We are pleased that we have been able to secure additional funding in this year's budget to increase the total budget for the new Mount Barker hospital, essentially because that means that we can get this project right and we are able to deliver a quality of new hospital that is going to meet the needs of the Mount Barker community for many decades to come.

There has obviously been a lot of work in terms of the design of this project, and achieving this additional funding means that we can achieve not just the requirements that we set out in terms of the election, which was 102 beds, which was a number of the other key requirements in terms of operating theatres and the like, but also making sure that we have the room for clinical support, for community services, for outpatient services, which we can do at a scale that is needed for that community into the future. It is going to allow us opportunities to partner with higher education providers and provide more training for healthcare workers in the Adelaide Hills. I know that the hospital has a lot of ambition to expand the work that they are doing in that area.

There always has been a plan to deliver paediatric beds at the hospital and palliative care beds as well and so that is an important component of the work that has been done. In relation to how they will be ultimately delivered, we are still going through the planning process, and I have

been very clear with the Barossa Hills Fleurieu Local Health Network and also the department infrastructure team that we want a very good level of engagement with the community and the clinicians in relation to how the planning work is done.

We have spent the first period of that planning work undertaking the analysis that we need to build the hospital on the current site, rather than building a new site. We have enabled a pathway for that to happen without significant disruption that would make it difficult, and a key part of that is making sure that we can bring on services earlier rather than having to wait until the entire project will be finished to move the entire hospital.

So the short answer is: a number of those services the member raised will be part of the hospital, but there is still more planning work to do on whether, for example, it would reach the level of what your ambition is in relation to a hospice, for instance.

**The Hon. D.R. CREGAN:** Remaining on that line item: in advance of the delivery of the new hospital, minister, has additional planning work been undertaken to meet the increasing demand for paediatric and neonatal care in Mount Barker and, indeed, the broader Adelaide Hills in advance of the hospital?

**The Hon. C.J. PICTON:** I know that this is something that the member is speaking to parents about in the Adelaide Hills and also to clinicians, and we are obviously seeing that becoming a very large growth corridor in terms of the metropolitan—no, it is not metropolitan; I would not want to make the mistake of the Leader of the Opposition.

**The Hon. D.R. CREGAN:** The regional centre of Mount Barker, minister.

**The Hon. C.J. PICTON:** This is part of regional South Australia.

**Ms PRATT:** Dare I say it: shadow minister for regional health services.

**The Hon. C.J. PICTON:** That is right. I do not know what the member for Black was thinking there. This is clearly a growing service in terms of delivery of babies and therefore the delivery improvements for children. Obviously, it was great to join the member in relation to the opening of the new emergency department, which now has some dedicated spaces for children in that emergency department compared to what was some very ad hoc arrangements for children that had to be placed in a very small, outdated facility.

We are continuing to have discussions with the Barossa Hills Fleurieu Local Health Network. They are continuing to consider further steps that we need to put in place in relation to both the care of newborns but also paediatric care in the Adelaide Hills. This is going to have to be something that grows as the community grows in terms of the additional support that is being provided, and we are continuing to work with the board in terms of their activity base budget in terms of delivering those services.

**The Hon. D.R. CREGAN:** For completeness, whilst we are on this line item, what is the anticipated relationship between the neighbouring Priority Care Centre operated out of the Summit Health clinic and the new Mount Barker hospital?

**The Hon. C.J. PICTON:** We are working between the Country SA Primary Health Network, Barossa Hills Fleurieu Local Health Network and Summit Health on how the future of those arrangements will work. There are discussions underway at the moment. Obviously, we see that there is pressure on our primary healthcare services everywhere in the state. It means that increasingly the state government is having to step in and provide these services, which are really outside of our responsibility and really should be the commonwealth's responsibility in terms of the services.

We will continue to have discussions in terms of the future of those services. We know that they have been very much welcomed by the community, and we will be continuing to engage with the Country SA Primary Health Network in terms of future funding of those services into the long term.

**The Hon. D.R. CREGAN:** When does the minister anticipate that early site works might commence for the new Mount Barker hospital?

**The Hon. C.J. PICTON:** The advice I have at the moment is that we expect early site works could be underway by late this year or early next year at the latest. One of the key things that I know the team is looking at is in relation to car parking because that will be a key issue on the site. This is similar to the process that was undertaken in relation to the stage 3 redevelopment of The Queen Elizabeth Hospital, where a key enabler for those works to happen was making sure that the car parking was able to be put in place.

That work is continuing. The time lines will be very clear once we go through the concept design and move into that detailed design process, but we are hopeful that we will see some works by the end of this year or early next year.

**The Hon. D.R. CREGAN:** If I can direct you to Budget Paper 4, Volume 3, page 15, ambulance station boost, what proportion of additional funding committed might be allocated to works on the new Mount Barker ambulance station site?

**The Hon. C.J. PICTON:** We have now increased the budget for that particular station, looking at what the cost of the land was and the needs of that site and particularly also considering that it is going to be a site that is going to grow into the future as well. Part of the consideration was that the current site at Mount Barker is a very constrained site, as I know the member knows, and the analysis that we have done was that rebuilding on that site was not going to be an option.

To futureproof those services, we are moving it to a new location. That new location, which the member and I were at when we made the announcement, has ready access to the freeway on/off ramp at the Bald Hills Road interchange. The overall budget for that station is, I am advised, \$9 million. That involves not only the construction of the station but also the purchasing of the land at the corner of Bald Hills Road and Springs Road.

**The Hon. D.R. CREGAN:** Just to be clear, minister, has the scope of work actually changed for that site?

**The Hon. C.J. PICTON:** I will take on notice in terms of the scope, but I know that this is a project we are being mindful of in terms of making sure we are futureproofing. As the member knows, we have gone from one 24-hour ambulance on that site, we have already delivered another one, and then there is another regional transfer crew at that station to come. I think it would be clear to everybody that this is probably not going to be the end of the long-term investment that needs to happen in terms of the very much growing community in the Hills, so making sure that we have the capacity for that to grow is important.

**The CHAIR:** We might move back to the member for Schubert, unless you have any additional questions, if you have time?

**The Hon. D.R. CREGAN:** Perhaps I can be very brief. There are two, and it may be that the minister can take them on notice and therefore we can revert to the member for Schubert very quickly.

**The CHAIR:** Okay, if you are quick.

**The Hon. D.R. CREGAN:** If I can direct you to Budget Paper 4, Volume 3, page 49, there are some percentage figures which deal with the time for treatment in relation to the Barossa Hills Fleurieu Local Health Network. The estimated result for 2022-23 of 73 per cent falls well below the target of 90 per cent set for both the 2022-23 and 2023-24 years. The minister might be able to take on notice: what are the primary reasons for only 73 per cent of patients in the Barossa Hills Fleurieu LHN being seen within four hours, and what specific measures are being taken to bring this figure closer in line with the 90 per cent target?

With your ongoing indulgence, Mr Chair, can I also ask the minister to take on notice, considering Budget Paper 4, Volume 3, page 23, targets for 2023-24, what actions will be taken to implement the non-legislative recommendations of the recent review of the Retirement Villages Act 2016? Thank you, Mr Chair, and member for Schubert for your forbearance.

**The Hon. C.J. PICTON:** I take that on notice.

**Mrs HURN:** Minister, in relation to Budget Paper 3, page 23, can you explain why there was a \$754 million budget overspend?

**The Hon. C.J. PICTON:** Budget paper?

**Mrs HURN:** I refer to Budget Paper 3, page 23, the operating expenses for SA Health.

**The Hon. C.J. PICTON:** Someone will get me a detailed explanation in relation to this, but I think one of the fundamental factors is clearly that the health budget that was in place if you go back to the 2021-22 state budget was bearing no resemblance in terms of the expenditure and the demand on SA Health services. This is quite a helpful table in that you can see bit by bit how different measures have addressed that to end up with the overall health expenditure that is in place.

If we had come in and kept the budget that was in place from our predecessors in relation to SA Health without changes, there would have had to be wholesale cuts to SA Health—massive cuts to staff, massive cuts to services—because the underlying budget that was in place was far below what the previous government spent in its last year in office, let alone all of our other ambitions to invest extra in our healthcare services.

There are a number of different components that this table accurately describes in terms of additional investments being made. Clearly, though, we were not comfortable with undertaking a big cuts agenda in terms of health. There may be people who argue that that should be the case and I think we always have to be mindful in terms of our budget in SA Health. I know Dr Lawrence as the chief executive is always mindful of the responsibilities of not only delivering the performance outcomes that we need but also the budget outcomes which obviously affect the rest of the state budget as well.

To undertake such wholesale reductions in expenditure as we would have had to do in terms of meeting the original budget that was set by previous Treasurer Lucas would have been very difficult. In the last year's budget we took a number of steps to make the health budget much more sustainable. Across the five years, I think the figure Treasury had in the budget at the time was \$2.4 billion.

In this year's budget, there are even more steps to make that more sustainable into the future. Acknowledging a number of costs that we are facing from increased length of stay, from increased staffing that we are facing right across the board, that now equates across the five years in this year's budget to \$2.3 billion. I know there were claims of, 'You have overspent your budget,' and that is the claim that the opposition makes.

**Mrs HURN:** Well, it is true.

**The Hon. C.J. PICTON:** However, I would invite the opposition, if that is their argument, to identify where it is they would like to see cuts being made to health services being provided, because that is certainly not the approach of this government.

**Mrs HURN:** Respectfully, minister, we are just asking you to explain the \$754 million blowout. Can you confirm whether the \$754 million blowout is included in the \$2.3 billion additional spending in health? Is that figure included in that? Is the budget blowout of \$754 million included in the government's claim that they have an additional \$2.3 billion in health?

**The Hon. C.J. PICTON:** I will take it on notice in terms of the full explanation for the \$2.3 billion. That is obviously a figure that Treasury has put in for its highlights of the budget. We just want to make sure that our analysis of that is correct. However, I think that we are looking at the accurate table in terms of identifying that. If you look at, for example, the additional hospital activity line, which is the first line, that not only covers this financial year of 2022-23, ending today, of \$161 million, but includes between \$260 million and \$286 million across the forward estimates in each of those years. I am advised that is roughly \$1.3 billion of the \$2.3 billion in terms of additional activity.

Add to that the next line of that table, which is the additional resources particularly for living with COVID, and that is where, as I highlight, particularly a lot of the issues we are facing in length of stay and additional costs in terms of treating people in the health system at the moment have been recognised by Treasury, in that particular funding line. That goes from 2022-23 through to 2025-26.

On top of that, obviously there are the additional measures to reduce ramping, which we have touched on before. That is the \$200 million across the forward estimates.

So in terms of the question about this financial year, you can see how that is broken down into additional hospital activity and additional costs of operating our services amidst COVID. The other substantial part of that is other adjustments that have been made. That includes a variety of different measures, including where there will be enterprise bargaining agreements that have been struck where that requires additional payments that have been made centrally from Treasury to SA Health to provide for those payments that have been made.

**Mrs HURN:** I am just confirming that the minister is going to take on notice whether the \$754 million is or is not part of the \$2.3 billion that is claimed to be new money in health.

**The Hon. C.J. PICTON:** I think I have answered the question.

**Ms PRATT:** Minister, I would have loved two hours just focused on regional health but, alas, it was not to be.

**The Hon. C.J. PICTON:** You should talk to the member for Schubert.

**Ms PRATT:** We have collected a lot of answers today that will assist us in understanding investment in regional health. I am looking at page 26, Sub-program: Commissioning and Performance.

**The Hon. C.J. PICTON:** Which budget paper?

**Ms PRATT:** It is Budget Paper 4, Volume 3, page 26, SA cancer care action plan. Minister, the budget is littered with references to investment in cancer services, whether that is BreastScreen, the Bragg comprehensive or the genomics laboratory. In terms of trying to identify funding or a budget line for the SA Cancer Plan, I know that you have stated we will hear more about that later this year. I would be happy to hear more from you on the cancer plan.

Given that South Australia is the only state in the country without any regional service for radiation treatment therapy, what reason do you give for your agency not making it a priority for submitting to the federal government to identify the Limestone Coast as a priority area of need for the radiation oncology health grant program by November this year?

**The Hon. C.J. PICTON:** Thank you, member for Frome, for the question. It is an important question in terms of the SA Cancer Plan and SA Cancer Services. First, the previous SA Cancer Plan expired a number of years ago. I was concerned before I was elected into this role that we no longer had a plan in operation; in fact, the last statewide cancer plan was 2011 to 2015. That is a long period of time in which the state had been operating without plans for cancer, and there has been a lot of development in terms of cancer services and cancer incidence over that period of time.

Already, we have made a number of commitments. Probably the largest particular commitment we have announced in relation to this is a new cancer centre at Modbury Hospital, which will deliver chemotherapy and other cancer services to people in the north-eastern suburbs. However, of course we understand that that is not the only element in terms of cancer services that need to be considered into the future.

In relation to the Limestone Coast radiation oncology proposal, this was a proposal originally considered under the federal Liberal government and the state Liberal government, and I cannot answer for previous ministers Hunt and Stephen Wade in relation to why that proposal was not considered and in fact was dismissed by those Liberal governments. That was dismissed I understand in 2021.

Since this has re-emerged as an issue now two years after it was rejected by the previous Liberal government, we have now worked with the Limestone Coast Local Health Network, which is the process of undertaking a feasibility study in relation to whether these services can be provided in the Limestone Coast, looking at the full analysis in relation to those services, a full analysis of what requirements would need to be put in place, a full analysis of the safety and quality issues that would need to be addressed for such services to go ahead.

I thank the local board for that, particularly presiding member Grant King, for his work in this area. I understand this is a subject where there are a number of very passionate community members, but I think it is appropriate, particularly given that this project was rejected under the Liberal government two years ago, that this now needs to go through a proper assessment through that feasibility study, and that is what we are doing.

**Ms PRATT:** The essence of the question, minister, was more broadly, beyond the Limestone Coast Local Health Network—and we look forward to that feasibility study. South Australia remains the only state without a regional centre for radiation treatment, and part of the process would be SA Health, the state government, submitting to the federal government to identify a region of priority, whether that is the Limestone Coast or another region that you deem fit, but the time is ticking for that submission to be made by November. What reason does your agency give for not pursuing that with the federal government?

**The Hon. C.J. PICTON:** This was a proposal that was rejected under the previous government—the member for Frome was a Chief of Staff in that government, so she may have more information in relation to that than me.

**Ms PRATT:** It had nothing to do with child protection and I am asking about this government now.

**The Hon. C.J. PICTON:** So that was a decision made under the previous government. I have outlined that, unlike the previous government, which rejected this submission completely, we are actively taking steps in relation to considering this—

**Ms PRATT:** So, no radiation treatment in regional South Australia is necessary anywhere?

**The Hon. C.J. PICTON:** —and we are taking action in relation to undertaking a feasibility study.

**Ms PRATT:** But that is just for the Limestone Coast.

**The Hon. C.J. PICTON:** I think that is a much more appropriate step than was taken to completely reject this proposal two years previously.

**Ms HOOD:** I refer to Budget Paper 4, Volume 3, page 44, line 27, Sub-program 2.4: Women's and Children's Health Network, regarding the upgrade of the Paediatric Intensive Care Unit. Can the minister please provide an update regarding the implementation of the 2023-24 target to update the PICU, as highlighted in the budget paper?

**The Hon. C.J. PICTON:** Thank you very much to the member. I acknowledge the member for Adelaide's ongoing advocacy in relation to services at the Women's and Children's Health Network, and in particular these services that we are speaking in relation to, the paediatric intensive care unit.

This is an area in which, I am advised, back in 2018 there were issues raised in relation to the accreditation of that service when it last went through accreditation. At the time, the College of Intensive Care Medicine raised concerns that if those issues were not addressed then it would threaten future accreditation of those services. In particular, one of the key concerns that was raised was in relation to the infrastructure of those services.

Unfortunately, in the years subsequent to that there was not action taken in relation to the infrastructure of those services and, unfortunately, at the next accreditation that took place last year the accreditation for that service was lost. It would have meant that as of next year we would not have been able to train doctors in that service.

A lot of work has happened in very quick succession since then, both in terms of working on the model of medical staff through that unit that can satisfy the concerns that were raised by the college and also in terms of the infrastructure needs of that unit. A plan has been developed by the Women's and Children's Hospital to meet those needs.

We were very pleased that we were able to receive funding from the Treasurer in terms of \$20.1 million that has been allocated over two years to enable that work to happen. Even before then, we had been undertaking minor works that commenced earlier this month and expected to be

completed in September to address some of the critical needs that were highlighted by the college, but the full scope of works that were highlighted by the college was a much larger piece of work and is requiring that \$20.1 million.

I am very pleased that after the budget was released we were able to present those plans to the College of Intensive Care Medicine of Australia and New Zealand, which was able to immediately provide that accreditation, only subject to the condition that we implement our plans as we have outlined to them. This is great news, because it means that that training accreditation for our staff is restored and we will be able to continue to recruit and train staff working in that absolutely essential service for the children of this state in the future.

**Mrs HURN:** Minister, I have to ask you about the Barossa hospital, in Budget Paper 4, Volume 3, page 48. Can you advise the status of the site selection for the Barossa hospital and whether the government has made a decision and selected a site and, if so, when that will be confirmed?

**The Hon. C.J. PICTON:** Thank you to the member for her question. I can advise the member that my advice is that the allocation of that funding that was made for the purchasing of the site by the previous government was not in the financial year that has just ended. I do not believe it was in the next financial year either but was in the following financial year after that. That work will start when we are closer to the time in which we have that money in the budget that was set by the previous Liberal government.

**Mrs HURN:** I know that when the former Liberal government did lose the election, unfortunately, that the sites had been distilled down to two after looking at 16, and that SA Health was very close to being able to choose one of those two sites. Is that still something that the government is working on? Obviously, as per my question in the house where the minister said that the finalisation of the plans was near the end and that the government would release that accordingly, can you also advise where we are up to for that?

**The Hon. C.J. PICTON:** That is news to me in terms of what the member is saying, and it is sort of incongruous with the funding allocation that was made. If you are suggesting that the previous government was close to selecting a site but then was not going to make a purchase of that site for three or four years down the track, that does seem like an odd decision to me. But we will appropriately make that decision when we have the funding available to do so, and there has been no change in terms of that funding compared with what was there under the previous government.

**Mrs HURN:** Minister, have you considered bringing the funding forward?

**The Hon. C.J. PICTON:** No, there has been no change to that funding.

**Mrs HURN:** In relation to the Gumeracha emergency department and the new model of care that is there for the out-of-hours service—and the community are very much appreciative of the work that the working group did—is there going to be a review that is done on the back of that? I think there was reference to after six months of that being in operation there was going to be review. Is that still the case?

**The Hon. C.J. PICTON:** I will take that on notice.

**The CHAIR:** The time allotted having expired, I declare the examination of the portfolio of SA Health completed.

*Sitting suspended from 16:00 to 16:15.*

#### **Membership:**

Mr Patterson substituted for Hon. J.A.W. Gardner.

#### **Departmental Advisers:**

Dr R. Lawrence, Chief Executive, Department for Health and Wellbeing.

Mr J. Woolcock, Chief Finance Officer, Department for Health and Wellbeing.

Dr J. Brayley, Chief Psychiatrist, Department for Health and Wellbeing.

Ms L. Prowse, Executive Director, Mental Health Strategy and Planning, Department for Health and Wellbeing.

Ms M. Bowshall, State Director, Drug and Alcohol Services South Australia, Department for Health and Wellbeing.

Ms K. Swaffer, Manager, Executive Services and Correspondence, Department for Health and Wellbeing.

**The CHAIR:** The portfolio is mental health and substance abuse. The minister appearing is the Minister for Health and Wellbeing. I advise that the proposed payments remain open for examination. I call on the minister if he has an opening statement and to introduce his new advisers.

**The Hon. C.J. PICTON:** Excellent. Thank you, sir. I will do that in introducing to my right Dr John Brayley, Chief Psychiatrist, for his sixth estimates—I would have thought it would have been more than that personally, but he obviously got out of a few—Liz Prowse, Executive Director of Mental Health Strategy and Planning, and Dr Robyn Lawrence, Chief Executive, who has to stay, as does Jamin and Kris Swaffer. We also welcome Marina Bowshall, State Director of Drug and Alcohol Services South Australia.

I will very quickly just add to the answer to the member for Narungga's question in the previous session in relation to CaFHS services on the Yorke Peninsula. I have received some advice that CaFHS will continue to provide services in the Yorke Peninsula region, including initial contact for newborn infants through clinic and home visits as required, face-to-face clinics and virtual and telehealth appointments. This includes clinic appointments at Maitland, Minlaton and Kadina, in addition to being available for virtual and telehealth appointments. Additional staff are expected to commence in July, and they will continue to provide services to families living in the Yorke Peninsula region.

**The CHAIR:** Thank you. Member for Schubert, do you have an opening statement or questions? Member for Frome, do you have an opening statement or questions?

**Ms PRATT:** I have no opening statement, other than to echo the sentiments of the minister and to thank the public servants who have come today to support us through our estimates committee.

With that, minister, I would like to start with Budget Paper 4, Volume 3, page 22, targets, line 1. That is unfortunate. Minister, I am looking for my reference that is going to be about the SA Mental Health Services Plan. I am apologising to you already that that budget line has been mistyped, but will you indulge? It is a typo, unfortunately, but my question to you is going to be about the SA Mental Health Services Plan, which stipulates generally that it is an enhanced role for the NGO sector, focused on mental health and providing essential psychosocial services.

I am interested in the unmet needs study that has been undertaken and if you can advise when the Office of the Chief Psychiatrist will release the unmet needs study that it funded and whether the report will be released in full? I was correct in my line, minister, making sure that I am speaking to the sub-program for the OCP and looking at the target on page 22, line 1. It was my mistake. I understand that the unmet needs study report has been completed. It was commissioned by the former minister, but there is great interest in the sector for its release.

**The Hon. C.J. PICTON:** The short answer is that it will be released shortly through the Office of the Chief Psychiatrist and it will be released in full, I understand. It is also something that we are going to engage with the federal government about, in relation to this matter, because there are obviously issues here, not just for the state government but also for the federal government. There were a number of programs that the federal government previously ran in this area of psychosocial support which were closed when the NDIS services were scaled up.



However, clearly a number of the issues that have been identified are people who do not receive appropriate access to NDIS services who may well have received services through one of those other federal programs that have been wound up, or would appropriately like to seek services through a state psychosocial services program. Part of our consideration is going to be talking to the commonwealth as well because, clearly, there is an issue there that sits between the federal government and the state government.

**Ms PRATT:** Given this report was commissioned two years ago and has been anticipated by the government now, has any funding been allocated to recommendations that may or may not exist in this study?

**The Hon. C.J. PICTON:** We continue to invest in psychosocial programs. There has not been an increase in relation to budget allocations in this year's state budget in those areas, but there are additional mental health investments that have been made in a number of areas, the vast majority of which were in last year's state budget in what we regard as a real generational increase in terms of our investment in mental health, both in terms of additional acute care and also a number of community care services, many of which are in the process of being rolled out and delivered at the moment. Clearly, as I said previously, I think this is something where future consideration of that report does not just sit with the state government but is also going to be something for us to engage with the federal government on as well.

**Ms PRATT:** Budget Paper 4, Volume 3, page 22—the same page—dot point 6, in reference to the Adult Mental Health Centre: the Adult Mental Health Centre expanded services to 24/7 with expenses increased by \$2.2 million. Can you just expand on what those expenses were related to? Perhaps at the same time—as it may assist us both—can you clarify that the Adult Mental Health Centre is in fact the Urgent Mental Health Care Centre on Grenfell Street, or are they different?

**The Hon. C.J. PICTON:** Which budget paper are you looking at?

**Ms PRATT:** I am looking at the Chief Psychiatrist's sub-program. At page 22 there is a reference, a dot point, under 'Explanation of significant movements'. The \$2.2 million increase in expenses relates to increasing the capacity of the Adult Mental Health Centre.

**The Hon. C.J. PICTON:** Yes. We do believe that is something for Mr Woolcock to pick up in the next budget paper. That is a reference to the Urgent Mental Health Care Centre. My advice is that that increase, because this is a project that is essentially contracted from the government to Neami to operate, with partners as well, that our expenses in relation to that are contractual expenses in relation to that contract with Neami. It is not necessarily an itemised arrangement, but obviously there were negotiations that happened in terms of what expenses Neami would have to incur in going from smaller operating hours to that full 24/7 operating hour footprint.

**Ms PRATT:** That helps a lot because I was confused by the variation in language, wondering why there was not that consistency. If the minister is nodding that perhaps it was an error in formatting, I will move on to the next question. How much state government funding has been allocated to the Urgent Mental Health Care Centre? Is there a commitment to fund it beyond 2024?

**The Hon. C.J. PICTON:** We are going to take that on notice. Essentially there is a complication in that part of this project is a commonwealth-funded project as well. We just want to check those arrangements in terms of what is in place between the state and commonwealth before we can provide a full answer in relation to beyond the nominated year you highlighted.

**Ms PRATT:** Minister, there were two parts to that question. You may be taking on notice how much it is being funded by, but are you also taking on notice a commitment that it will be funded beyond 2024?

**The Hon. C.J. PICTON:** Sorry; I really was taking on notice the second part of that question. In relation to the first part of the question, I do have some figures in relation to what we are expending on that service. For instance, in 2022-23 the total expenditure, a combination of state and commonwealth funding, is \$8.9 million, and that rises to \$9.2 million in the next financial year.

**Ms PRATT:** It is highly regarded as an important service. Can I ask you, minister, what you or the department, or the Office of the Chief Psychiatrist, are doing to further promote the existence

of this centre, given the nature and perhaps need for it to be a discreet location to maximise its benefit?

**The Hon. C.J. PICTON:** This is an issue we have been looking at, and it has been raised in this chamber by the Hon. Sarah Game as well. We have been working with Neami in relation to how we can increase awareness of the service, because it is fair to say that there is the capacity to see more people through there than what is currently happening. Neami, working with us, is going to be launching an advertising campaign, particularly focused through social media, and that will be happening within the next month to increase awareness of people being able to access the service.

**Ms PRATT:** Would you imagine that there would be paid advertisements that would be part of that social media campaign to find those users, simply speaking?

**The Hon. C.J. PICTON:** Yes.

**Ms PRATT:** Can you speak to the delivery date of the new Head to Health centre in Mount Barker?

**The Hon. C.J. PICTON:** The advice I have received in relation to that is that it is expected to be within the next financial year, the one starting tomorrow, and it is a joint commonwealth and state project, where that funding will be provided in the next financial year; so some time in the course of the next 12 months it is expected that the service will be provided. In relation to this particular service, while the state is contributing funding, the advice I have received is that the lead negotiation and contracting arrangements are being undertaken by the SA Country Primary Health Network, who are undertaking that on behalf of the state and commonwealth.

**Ms PRATT:** Because there is some debate about whether Mount Barker is regional or not, minister—

**The Hon. C.J. PICTON:** Not from the member for Kavel there is not.

**Ms PRATT:** —I am interested in whether any similar services are earmarked for regional South Australia that you can speak to?

**The Hon. C.J. PICTON:** Next people will be saying the Barossa is not regional.

**Ms PRATT:** Outrageous. It definitely is. Who are those people? Are any similar urgent mental healthcare centres identified for regional South Australia?

**The Hon. C.J. PICTON:** There is one. In fact, an announcement on this was made, I believe just yesterday, by Senator Grogan on behalf of the federal health minister, Mark Butler, in relation to Port Pirie. We welcome a Head to Health service in Port Pirie and we think that is an area where there is significant unmet need in terms of mental health services, so that is a very welcome investment there.

**Ms PRATT:** Minister, I know that you are aware of the Lifeline Broken Hill Country to Coast facility service centre based in Clare. Would you say that that is a different model to the Head to Health centre that has been announced for Port Pirie?

**The Hon. C.J. PICTON:** I do not think it is for me to judge between what an NGO is doing and a federal government auspice service. I think that they are different models. I do not want to speak on their behalf, but I suspect there is a clear focus in terms of suicide prevention being the main focus in relation to the work that Lifeline is doing, whereas perhaps a broader range of mental health issues is being seen through other services. Just to add to my previous answer as well, I just clarified with the Chief Psychiatrist that there are also plans for a Head to Health service, I understand, through the federal government in Mount Gambier.

**Ms PRATT:** I am going to move to a different budget paper, Budget Paper 3, page 113, looking at major projects for Mount Gambier hospital mental health beds. There is another line we can reference in Budget Paper 4, Volume 3, page 60, Limestone Coast. A major project listed is the delivery of mental health beds at Mount Gambier hospital by June 2026; is that still on track?

**The Hon. C.J. PICTON:** Yes, I believe so.

**Ms PRATT:** Bed stays for that hospital have a target, and I will need to refer you to the Limestone Coast LHN, page 60, to complete this question, looking at bed stays. Bed stays for that hospital have a target or acute care days being lower than expected, as per the table on page 60. According to the Mental Health Coalition, there is a recognised statistic that South Australia pays 61 per cent more per person, per day for an inpatient bed in mental health than the national average. I am interested in knowing about the beds allocated to Mount Gambier, which I understand to be six. That is my question: can you clarify how many mental health beds are being allocated through that major projects budget line to Mount Gambier hospital?

**The Hon. C.J. PICTON:** Six.

**Ms PRATT:** I am doing some crude maths, minister.

**The Hon. C.J. PICTON:** Are you going to stake your reputation on it?

**Ms PRATT:** It is quicksand here. If I am to interpret that \$9 million is the estimated cost for those six beds, then would you agree that that is \$1.5 million per bed? Can you speak to the understanding that South Australia is indeed paying more per mental health bed than the national average?

**The Hon. C.J. PICTON:** Can I seek clarity in terms of your question? When you are saying spending more per bed, are you referring to the infrastructure cost of building the beds or the operating costs in terms of running the beds?

**Ms PRATT:** The operating costs.

**The Hon. C.J. PICTON:** We will check, but I think the majority of that money at least, if not the entirety of the money that you are referring to, is in terms of—

**Ms PRATT:** Is infrastructure.

**The Hon. C.J. PICTON:** —infrastructure costs of the building of the beds. Obviously, there is work that is done in terms of looking state to state in terms of making sure that we are on par with respect to the delivery of infrastructure projects, but then there is a separate question in terms of the delivery and operating costs of those beds as well.

**Ms PRATT:** I will clarify my final question on that line, then. If you can speak to it now or take on notice across all LHNs with mental health beds in their hospitals, what is the total number of inpatient beds across our system, can it be broken down by LHN, and what is the total operating cost of those beds?

**The Hon. C.J. PICTON:** I will take on notice to see if we can get those figures.

**Ms PRATT:** Thank you. I would like to move us on to Budget Paper 4, volume 3, page 22, line 2, again looking at the Mental Health Services Plan. I am also referencing page 68, targets, line 2 and part of the sub-program of the Chief Psychiatrist. My set of questions is about Mental Health Commissioners and the process that is currently underway. What is the role and the function of the new Mental Health Commissioner, and when will that person be announced?

**The Hon. C.J. PICTON:** As has been already publicly ventilated, we have taken steps in relation to moving from what was an arrangement where there were three part-time Mental Health Commissioners and establishing a full-time Mental Health Commissioner. There has been a state, national and international search undertaken for who the best person to lead that role in terms of Mental Health Commissioner will be. There is a job description that has been worked through in terms of the role that this person will play. It will be working through Wellbeing SA but obviously having a broader role across government and across the community as well.

That search has been going well. I have had updates in relation to the interview process that is underway, and I think that we are hopefully close in terms of announcement of the person who will fulfil that role, which I am very confident will play a really important role in furthering the development of mental health in this state.

There are a number of different potential propositions that you can do for a Mental Health Commissioner. The experience in WA was that the Mental Health Commissioner effectively takes

the role of the department and LHNs in relation to mental health and commissions all the mental health services. I think my advice is that WA is moving away from that model at the moment, so I do not think that is something that we necessarily want to repeat.

There are other suggestions, including in the South Australian Law Reform Institute Report, that the Mental Health Commissioner should take on a series of complaint management processes in a way which is to my mind similar to what the Health and Community Services Complaints Commissioner does at the moment. There are varying models around the country and around the world where some of that happens through Mental Health Commissioners.

I think what we should be aiming for is similar to what we have had, and also the previous Mental Health Commissioner, and also similar as well to what the federal Mental Health Commission's role is, which is that it is a leadership role. It is a role that can provide leadership across government and across the community, recognising that the importance of mental health does not sit just neatly within the health department but is a right-across-our-community role.

I think we do need to resolve that to the point where we legislate that role. It is something where, once we have this person onboard, we will obviously be working with them in relation to consideration of how that is legislated in the end. What we have seen over the past six or seven years are changes and uncertainty in that role, which I do not think is helpful. I think that we should as a parliament decide what the function of that role is and then have that permanently in place.

**Ms PRATT:** Thank you, minister, for introducing reference to the SALRI review of the Mental Health Act, and I would like to keep us there just for a bit longer. Going back a step to your answer about the announcement, the website is currently under construction so can I assume that they are tied and we will see more information on the website when the commissioner has been identified?

**The Hon. C.J. PICTON:** Yes.

**Ms PRATT:** There were a number of terms of reference and now recommendations tied to the SALRI review of the Mental Health Act. You have touched on the nature of possibly legislating that role. The recommendations speak to making the role of the Mental Health Commissioner statutory. If you can expand a little bit further, what is your view on the recommendation that the commissioner role should become a statutory one?

**The Hon. C.J. PICTON:** I support that it should become a statutory role. The nature and form of that about which the SALRI report made some specific recommendations to, is where my view may differ in terms of the recommendations that they made in terms of whether that becomes a complaints handling body. That is obviously a matter that we are considering in relation to the entirety of the SALRI report. I thank the team for their work; it is a very substantial piece of work that has been done.

**Ms PRATT:** It is.

**The Hon. C.J. PICTON:** It is the sort of report that I think can only be done justice by further consultation on all elements of that—there is targeted work being done—prior to bringing something to the parliament. As you would know, there are a lot of different interests and perspectives when it comes to mental health, and we want to make sure that we hear from all of them in relation to those recommendations before we reach the government's final conclusions on them.

**Ms PRATT:** Minister, we will not interrogate all the recommendations today, that is not my intention—we do not have the time; we might have the inclination—but I do note that recommendation 50 suggests that a child and adolescent mental health commissioner should be established. Can you speak to that recommendation?

**The Hon. C.J. PICTON:** That will be considered alongside the other recommendations.

**Ms PRATT:** You mentioned a consultation period. It is quite a tome to work through, but I commend the work that has gone into it. Without cutting your lunch, can you speak to a consultation period that you predict is coming ahead of legislation that will come to the house? What is your process?

**The Hon. C.J. PICTON:** The department will be undertaking that consultation between now and the end of the year and working with all the relevant key groups in mental health, but also working with groups of consumers and carers to get their input into it. They are also working through the process in terms of how we will be providing online avenues for people to have their say on those recommendations as well.

I guess part of the thinking they are working through at the moment—given, as you say, it is a tome, and I remember in my short period as a consultant people talked about 'it has a thud factor' as the report hits the deck—is how do we break down that report in a way in which best enables people to interact with it and to elicit their responses?

**Ms PRATT:** Moving on to Safe Haven sites, in reference to the Northern Adelaide LHN. Budget Paper 4, Volume 3, page 36, Sub-program: NALHN. In a government media release on 28 February this year it was announced that the peer-led mental health service Safe Haven had relocated and expanded its services. The release states that the service is funded by NALHN, as per my budget line. How much is the funding for that centre per annum or by contract?

**The Hon. C.J. PICTON:** We will have to take that on notice because that does sit within NALHN's budget, but it is an appropriate moment for me to make some comments in relation to that Safe Haven service. This has really come about from the work that has been done through NALHN and the Northern Adelaide Mental Health Alliance. If I have that name wrong, I apologise. That has been led by one of their board members, Anne Burgess, who has done a sterling amount of work in connecting all of the various people who are involved in mental health across the north and identifying where gaps are and how they can best be addressed.

Work has been done looking at that Safe Haven model, and while we will chase up the exact figure, from the information I last saw on this, particularly compared with what we were talking about before in relation to the Urgent Mental Health Care Centre, it is a relatively modest amount of money that is being put into this. It is something that NALHN is working on in conjunction with the Adelaide PHN, and I believe they are contributing some funding to it as well, and from recollection it is being worked through with Sonder as the service provider, but it is a service that is operating comparatively very efficiently and filling a need in an area where we know there is a lot of unmet need.

**Ms PRATT:** Are there any more plans to roll out similar Safe Haven sites across the state?

**The Hon. C.J. PICTON:** Not at this stage, but it is something that is actively being considered, I know, by even NALHN as well. They are looking at it in terms of whether there may well be further consideration in the north as well. It has been operating for a number of months, but I think it is something that we need to see the full analysis in terms of its operations. The early indications are positive, but for future commissioning of that, either centrally or by local health networks or by the Adelaide PHN, I suspect everyone will want to see the further analysis in terms of what impact it has had.

**Ms PRATT:** I refer to Volume 3, page 69, Sub-program: Wellbeing SA. I am looking at explanation of significant movements. What does the budget paper mean by 'transfer of the integrated care systems functions', which explain the decrease in expenses of \$61.8 million?

**The Hon. C.J. PICTON:** This is not really in relation to mental health, it is probably a topic for the previous discussion, but I am happy to quickly answer it. This is the services that were originally moved from the department into Wellbeing SA when it was created that provide a lot of the out-of-hospital services, so there are the home and community care services that are provided, as well as services such as Priority Care Centres. They were moved into Wellbeing SA.

There was a high degree of advocacy from the local health networks that those services should come back into the department so that there is a greater degree of connection with the hospitals themselves. They are not necessarily preventative health services; they are out-of-hospital services, and that movement has happened. This is an area where there needs to be continued investment, but it is now happening through the department rather than through Wellbeing SA.

**Mr PATTERSON:** Budget Paper 4, Volume 3, page 23, targets 2023-24, refers to additional alcohol and other drug residential rehabilitation beds. Of course, it has just been found out by my community—one of the people on Maturin Road was speaking to a worker opposite her house and

found out that a drug and alcohol rehabilitation facility was going to be established there, unbeknownst to themselves and, as it turns out, unbeknownst to the council and unbeknownst to me as the local member of parliament.

There have been attempts to try to consult with Uniting Communities. We have a statement from DASSA's State Director, Marina Bowshall, in which she says, 'Following a competitive tender process, Uniting Communities has been awarded the contract to deliver a 12-bed drug and alcohol rehabilitation service in Glenelg. This service will operate from a building that has previously delivered health services over many years and therefore does not require a change in use through planning.' That is just to frame it.

In terms of those tender documents—one of the tender documents that was issued in 2022—part B of the invitation to supply, entitled Specification Services, has a section 1.7 that outlines that one of the non-weighted evaluation criteria that was considered essential for an application to be considered was complying locations. These complying locations were specified to be in the outer northern suburbs, the north-western suburbs and the outer southern suburbs. None of those complying locations listed Glenelg, amongst many other suburbs in Adelaide, as a suburb to be considered. The ultimate successful tenderer was Uniting Communities. Did they submit a conforming offer, as required in accordance with the tender?

**The CHAIR:** Is there a budget line for that?

**Mr PATTERSON:** Yes, there is. It is the first point of targets 2023-24.

**The Hon. C.J. PICTON:** I thank the member for Morphett. As we said in question time the other day, I note his position on this project. It is something that the government very strongly supports—the need for additional drug and alcohol services. We believe that those services are needed in our community. They have previously been able to be successfully provided across metropolitan Adelaide by Uniting Communities, and we believe that they will be able to continue to do that. As you have alluded to, this is a competitive tender process. Of course, as the minister, I am not involved in that process. There is an appropriate probity process undertaken by the department in relation to that.

The advice that I have from the director in relation to the tender documents that you refer to is that there was also provision for other areas to be considered as well. The other thing to note is that this is the temporary location while we are building and in the process of firstly identifying the site and then constructing a permanent location for these services. When we made this commitment we provided the funding for these services to be provided, and we have also got the capital funding to build new facilities into the future as well.

I am very confident in Uniting Communities as an NGO. They have a proven track record in this area. I am very confident in the appropriateness of the tender process that happened in this regard. I am very confident that these services will be able to be delivered, as they have been delivered across metropolitan Adelaide successfully in the past. I think they are absolutely necessary, not just from a health perspective but from a broader society perspective. I am absolutely very concerned in terms of any move from people, particularly within this parliament, to seek to demonise such services or to stigmatise people who have drug and alcohol addiction, which could happen to any one of our family members, no matter where they live across South Australia, at any time.

**Mr PATTERSON:** What reasons did the department have for ultimately selecting a facility that was in a noncompliant suburb that was listed in the tender?

**The Hon. C.J. PICTON:** The advice that I have is that the assertion in that question that it was noncompliant is not correct, based on the tender documents that were put out.

**Mr PATTERSON:** It specifically says 'complying locations' and it lists those locations. I can read them out, if you like. The complying locations in the outer northern suburbs are: Elizabeth North, Elizabeth Downs, Elizabeth, Davoren Park, Munno Para, Hillbank, Craigmore, Smithfield. In the north-western suburbs they are: Pennington, Ottoway, Angle Park, Ferryden Park, Kilburn, Blair Athol, Queenstown. In the outer southern suburbs they are: Christies Beach North, Christies Beach, Morphett Vale, Huntfield Heights, Hackham, Hackham West, Onkaparinga Hills.

**The Hon. C.J. PICTON:** My advice that I have is that the tender documents were clear that other locations could be considered as part of the assessment process and that is what happened in relation to this. It was done by the appropriate public servants in the appropriate way through the appropriate public sector management of what is an important project to ensure that people who need health assistance can receive it.

**Mr PATTERSON:** On the same budget line: as part of the approval process for the tender, was consideration given when selecting this location as to how far away it is from the entrance of a primary school with an early learning centre—St Peters Woodlands—which has an entrance 200 metres from the proposed drug and alcohol facility, and the facility's only outdoor space is at the front of the property where primary school children walk past on the footpath on the way to school? In the tender documents, again, it says:

These facilities need to deal with clients who may present with complex and diverse needs. These may include people who are at risk to others.

**The Hon. C.J. PICTON:** My advice is that as part of the tender evaluation by the public servants through the appropriate process, there was an analysis in relation to the location by the team, including the clinical director. My advice as well is that we already have services operating right throughout our state, including near a variety of different services, including being provided by Uniting Communities, and we do not see the sorts of issues that the member for Morphet is raising.

**Mr PATTERSON:** Did those staff do a site visit?

**The Hon. C.J. PICTON:** Yes.

**Mr PATTERSON:** I have also been advised that the City of Holdfast Bay has investigated this property and found that there is either no permitted use or its permitted use is of an office, but no permitted use is to provide health services out of the facility. What consideration was given, or were there conditions of the tender that the facility does not require a change of use to be awarded the tender?

**The Hon. C.J. PICTON:** My advice is that, as part of the tender assessment process that was appropriately conducted by the public servants involved, there was advice from Uniting Communities that the site was being used previously in relation to aged care and other health services, but was no longer needed for those purposes. My advice is also that Uniting Communities is going through the appropriate processes that they need to in relation to any other regulatory approvals.

**Mr PATTERSON:** At present, the facility does not have a licence to operate, which, of course, may affect its ability to have insurance, which is another stipulation. Would you have awarded a tender to a location that is not, at the time of awarding the tender, permitted to operate as a drug and alcohol rehabilitation facility? Is that standard practice?

**The Hon. C.J. PICTON:** The advice that I have is that in relation to the Health Care Act or other acts these are services that are provided not in the same way as operating with a licence, say in the regard that you might if you were operating as a private hospital, etc., so the premise of that question is not applicable in this circumstance.

**Mr PATTERSON:** Previously, you said that the tender was an open tender, so it was open to multiple potential companies, to enable not-for-profits to apply for this. Is that correct, or was it a sole sourced tender, open only to Uniting Communities?

**The Hon. C.J. PICTON:** It was an open tender, is my advice.

**Mr PATTERSON:** In terms of the documents that were put out as part of the process, there was part (c) of the application to supply tender documents in the draft contract that was supplied that all the tenderers would have considered as part of their decision to apply. On the footnote of that draft contract, issued at the time, was printed 'SAH 2019–329 Uniting Communities residential rehabilitation'. Given that Uniting Communities are referenced on the footnote of that draft contract that is issued at the time of the tender, do you believe that the integrity of the tendering process which occurred here needs to be reviewed?

**The Hon. C.J. PICTON:** There is an accusation that has been made. I do not have the document that you are referring to. If the member for Morphett is going to provide it, then we will see what we can do.

**Mr PATTERSON:** I am happy to table it if you need to. I cannot table it straightaway, but I can get that printed. So you do not have an answer to that? I will come back when I have tabled it. You do not believe there is a problem if that is the case?

**The Hon. C.J. PICTON:** Is there a question?

**Mr PATTERSON:** You do not believe there is a problem with the tender? You think that does not affect other tenderers? They might think it is an open and fair process.

**The Hon. C.J. PICTON:** I cannot comment on a document that I have not seen and that has not been provided.

**Ms PRATT:** Returning to Budget Paper 4, Volume 3, Office of the Chief Psychiatrist, page 22. Apologies for the switch round. What, if any, vacancies exist within the SA mental health services? If appropriate, can you break that down across the Office of the Chief Psychiatrist and Wellbeing SA?

**The Hon. C.J. PICTON:** I think it is worth explaining that there is the Office of the Chief Psychiatrist, in which there is a number of FTEs, a relatively small number of FTEs in the context of SA Health, but the vast majority of mental health services are provided through local health networks. We would have to try to seek information, even if that was possible, to extrapolate the basis of vacancies, but if the question is specific to the Office of the Chief Psychiatrist and Wellbeing SA, we will certainly get some advice and provide it on notice in relation to whether there are any vacancies.

**Ms PRATT:** Thank you. I understand what you are saying. I will keep it specific to the Office of the Chief Psychiatrist, noting a shift in the number of FTEs. Can you speak to the difference, looking at FTEs as at 30 June, 2023 budget, 34 FTEs?

**The Hon. C.J. PICTON:** The 2022-23 budget was 27, but clearly there have been in the course of the year decisions made to increase that by four FTEs and then there is a decision that that will increase by another three over the course of the next year in the budget. I am advised that the vast majority of these changes relate to the work that is happening in relation to the bilateral work that is happening between the commonwealth and the state government. You have referred to a number of those projects in relation to Head to Health and other things.

**Ms PRATT:** We spoke earlier about the Urgent Mental Health Care Centre and data and submissions that have been presented to parliamentary committees. I am interested in the different avenues whereby people can access this facility, whether it be by walk-in or referral or ambulance. Can you provide more information or break down the difference in wait times between a walk-in and a SAAS admittance?

**The Hon. C.J. PICTON:** Under the contract with Neami, there is reporting that needs to take place regularly in relation to the delivery of their services. We can check if that goes into the specifics in terms of waiting times. However, I do have advice in relation to—if you are coming by SAAS or by police, then the advice is that the standard is that people will be appropriately seen within 15 minutes through those avenues. People coming through the front door may well have to wait, depending upon the number of people who are in the centre at that particular time.

**Ms PRATT:** In relation to page 21, Office of the Chief Psychiatrist and Agency Statements in this volume, I understand that Parents for Change held a brainstorming session in July. One suggestion to come out of that session was the need for a similar service, so an urgent mental health centre for young people. Can you speak to the benefit that you would see in a similar model for young people, children and adolescents, and would there be consideration for a service like that?

**The Hon. C.J. PICTON:** It is a good question. There is certainly work being done in consideration of, essentially, everything to do with mental health care for young people. One of the components of the bilateral with the commonwealth is in relation to a new Head to Health centre for up to 12 year olds. It is obviously shocking that that needs to be put in place, but we do see increasing need for young kids in terms of their mental health. The operation of that centre would not necessarily



be the same as the Urgent Mental Health Care Centre but as an avenue for people to be able to get help.

The Urgent Mental Health Care Centre advice is that this service is from 16 and up, so that does cover a cohort of young people, but then obviously that leaves people under the age of 16, and this is an area where we are seeing increasing numbers of presentations at the Women's and Children's Hospital. There has been a lot of work between the hospital and its CAMHS service in improving care for that cohort. There have been additional nurses hired to help support young people in that situation.

This is an area where traditionally, and probably technically, that care for people in a community setting is provided through the Headspace network. But we are seeing that Headspace services are significantly under the pump as well. They were historically funded through the commonwealth government and this is an area where we are continuing to work with the commonwealth.

This is also an area where we are looking at that whole continuum of services for children and mental health, and we are also of course increasing the services that are going into the CAMHS program because we understand there are kids who need help who cannot necessarily get it with the current cohort. The CAMHS review is being undertaken through WCHN and the Office of the Chief Psychiatrist and that will also give some guidance in this area.

The other area where there are investments that affect young people as well is the work that is being done through the education department where we are increasing mental health and other support workers in our schools. I understand there are up to 100 of those and there has been very significant progress in recruitment for those.

**Ms PRATT:** Minister, I understand that I am limited in the scope of questions I can ask on the health budget given the session we are in. This is not about putting questions to you about where services are being provided by local health networks, but I do really want to engage with you while I have access to you on this broader conversation about mental health services. I will apologise in advance if I am asking you questions about Wellbeing SA or mental health generally that do not fit in to this session.

You have rattled off a number of services that are critical to people who are diagnosed or have an awareness of a mental health illness. Whether that is CAMHS, wellbeing officers or psychiatrists in schools, I cannot prosecute those questions here today. Regarding the confluence or the coming together of partnerships between federal and state funding, I am asking you in good faith to keep the conversation going about the seriousness of a mental health crisis that I think the state is experiencing. I am getting to the question, but I am trying to paint a picture about the frustration I feel that I am limited to questions that are bound perhaps to only a couple of pages, but actually nearly every agency would be impacted by mental health concerns.

What information can you provide to me as the shadow minister for regional health services and holding the mental health portfolio when we look at the number of Head to Health services that might be around the state? Can you speak more broadly to services that exist in regional South Australia that people living in regional South Australia can access? It is quite confusing and not knowing how to find a service can be a barrier to people accessing it, and there is also the barrier of referral and wait times. With that warm-up statement, can you speak to me, please, about existing mental health services in regional South Australia?

**The Hon. C.J. PICTON:** Yes, that was a good warm-up statement. I think this is a very good question in terms of the impact of mental health in our regions. We know there is significant mental health impact right across South Australia and, for essentially a lot of workforce reasons, a lot of those services are centred in Adelaide. The number of psychiatrists who work in regional South Australia is very low. There have been some benefits through the use of telehealth in being able to increase the availability of services right across the state but I think we acknowledge that there is more that needs to happen.

We are looking very closely at a number of our election commitments, particularly in relation to community mental health services, as to how we can best provide those services to meet the

greatest gaps. It has become apparent to us that the greatest gaps affect regional areas. In a similar way, when we announced at the election 10 palliative care nurses and we are now delivering those right across regional South Australia, we are looking very closely at the delivery of those community mental health services in terms of how we deliver them across the state. I think regional South Australia is where those key gaps are.

As you mentioned, through Head to Health services and that agreement with the commonwealth, there are going to be a number of investments made into regional South Australia. We were talking about the work that my colleague is undertaking in relation to additional mental health workers in our schools and obviously that will improve in regional South Australia as well.

We can increase a lot of those community elements. One area in which it is difficult to do so is the really pointy end of the mental health care system in relation to acute admissions. It is more difficult to run sustainable models of inpatient care in regional locations. We were talking about Mount Gambier and that is a service that we will be able to expand, but for the vast majority of people from regional South Australia who need an acute mental health admission, it will be necessary for them to come to Adelaide.

We have dedicated regional beds available for that. There has been a recent upgrade of a number of those at Glenside Campus. This is obviously not just an issue in terms of access to care for people coming from the regions to Adelaide for that mental health care inpatient treatment; it also connects to the other issues in terms of patient flow through the metropolitan system in terms of mental health as well.

The short answer is that the government is mindful that we need to invest in regional mental health care and there are some limitations particularly when it comes to workforce in doing so, but we need to always be mindful that when people need to come to Adelaide we make that journey as easy as possible, acknowledging that it would never be as easy for them as if we could provide inpatient mental health beds in regions right across the state.

**Ms PRATT:** To keep that going and to keep the focus on access to mental health services for people living in regional South Australia and the excellent work that is taking place at Grenfell Street, is there any consideration for enabling people from the country to access that service, supporting them with a transport subsidy—separate from PATS; I do not imagine they would qualify, unless you can clarify that—a voucher system or something that reduces the barriers for people from the country needing access to an urgent mental health care centre that is not present for them currently?

**The Hon. C.J. PICTON:** The short answer is there is not. I think the longer answer is it would be better if we saw more of these sorts of services, perhaps not at the same scale as what is in place in Grenfell Street but operating closer to where people live. Yorke and Northern have recently started a service at Port Pirie in the community services being provided there, which enables a walk-in, a drop-in, easy to access appointments for that support. From recollection, I understand that they are using some peer support workers as part of that work as well. In some ways it is similar to what we are seeing in NALHN with the Safe Haven.

So I think there are opportunities where we can start to improve that in regional locations, rather than saying, 'You have to come from Port Pirie to the city to be able to get that care.' I think that is also acknowledgement by the Yorke and Northern Local Health Network that providing that avenue locally can help reduce some of the pressure on their emergency department as well and provide better care for people in a less high-intensity setting than an emergency department, too.

**Ms PRATT:** What do you say to farmers who I interact with, members of my community, who may have a family member requiring treatment at the Adelaide Clinic? Again, it is highly regarded, but once they are discharged and return to rural and remote communities that are not Pirie, that are not Mount Gambier, without these low-barrier referral services, what is the long-term strategy but what is the short-term access, immediate access, once they are discharged from city treatments that enables them to live their best life?

**The Hon. C.J. PICTON:** Thank you for the question. The Adelaide Clinic, for people who are not aware, is a private mental health hospital, the only private mental health hospital in South

Australia. It is operated by the Ramsay group. In the hypothetical, you are talking about somebody who is discharged from the Adelaide Clinic. That could be as a private patient. The only way you can get in, as I understand, is through referral by a private psychiatrist, so presumably you would be in regular contact with that private psychiatrist.

However, there are a number of beds that we utilise and contract for public patients in the Adelaide Clinic. If you are a regional-based patient and you have been discharged from the Adelaide Clinic, my advice is that you would have, in most regards, potential follow-up appointments with your local community-based mental health team. I think that is where we have acknowledged and we can see that there is greater need and there is strong demand on those community mental health teams across regional South Australia.

**Ms PRATT:** With the contracting of those private beds, what is the cost to SA Health for that, or can you direct me to a budget line for me to understand better?

**The Hon. C.J. PICTON:** We have to take on notice the amount. My advice is that a bit of it is through CALHN, a bit of it is through Barossa Hills Fleurieu and a bit of it is through Northern Adelaide Local Health Network, so we will have to collate all that information in relation to the payments that are being made to the Adelaide Clinic.

**Ms PRATT:** Are they contracted on a needs basis, or is it per annum?

**The Hon. C.J. PICTON:** We can include that specifically in relation to the same question on notice, but the advice is that it is for a specific number of beds, which we believe is in the order of between 12 and 15.

**Ms PRATT:** Not to be pedantic, but that was the question: are the contracts per bed on a needs basis, or are the beds contracted in lots of 12 or 15 whether they are used or not?

**The Hon. C.J. PICTON:** I am advised that it is the latter.

**Ms PRATT:** I go back to the Urgent Mental Health Care Centre. I understand that we have an arrangement of federal money—it is an NGO—but I am interested in what data is collected that you can speak to today. For example, do you know how many people who use the centre would have already seen their GP?

**The Hon. C.J. PICTON:** If we can, we will take that on notice, if that information is available.

**Mr PATTERSON:** I have just one more question. I take you back to my previous line of questioning, so that is Budget Paper 4, Volume 3, page 23, targets. I asked the question around the tender documents for the open tender, one of the draft documents there. I draw your attention to the footnote of that draft contract where it specifies Uniting Communities residential rehabilitation. Given there is an open tender and that Uniting Communities are referenced in the footnote of the draft contract itself, do you believe that this affects the integrity of the tendering process which occurred here and it needs to be reviewed?

**The Hon. C.J. PICTON:** Thank you for the question from the member for Morphett, and thank you providing the documents. DASSA have had a very quick look at it, and they have been able to identify that on a number of pages clearly there was a change to the footnote, and on some pages there was not a change to the footnote, but the early advice seems to be that this was a draft of an old agreement that was already in place with Uniting Communities, hence why there is a reference to 2019 in the code there.

As I am sure the member can understand, when there is a drafting of a new agreement that would be potentially put out for potential tenderers, they do not start from scratch. They look at the last one that was used. As we have talked about previously, Uniting Communities have a lot of work in this space previously. We will get more advice and I am happy to take it on notice further, but that is the early advice that we have, in relation to this was an example that was provided, which was based on old agreement from 2019.

**Ms PRATT:** Minister, I am sorry that I keep asking questions that swap out your public servants; my apologies to you both. Again, my questions seem to be limited to pages 21 and 22. I am anticipating that I will be shut down, so with that disclaimer I am interested to hear from you,

minister—and I believe a letter was received also by your CEO—what update you can provide us about James Nash House, the welfare of staff and patients, and what actions have been taken since media reports to reassure staff about safety in their workplace.

**The Hon. C.J. PICTON:** Thank you very much for the question. As has been aired publicly, there has been an anonymous letter that has been written and circulated in relation to a number of concerns, particularly in relation to the management of staff at James Nash House. As people will know, this is our forensic mental health inpatient facility in South Australia. It is obviously a very difficult environment, as all forensic mental health inpatient facilities are, when you are dealing with difficult clients in many cases, often who have a history of violence, etc., who need to be carefully managed as well as their mental health conditions and treatment.

This has been taken seriously by the government and by the Northern Adelaide Local Health Network, and because of that there is a commitment from the Northern Adelaide Local Health Network to an interstate reviewer to review operations in relation to James Nash House to make sure that we have people with history and experience in the delivery of forensic mental health services who can review what has happened here and review the allegations that have been made in that letter about the management of staff, and I think that is an appropriate way of treating this matter seriously so that we can get to the bottom of those concerns that have been raised.

**Ms PRATT:** I am sorry if you said this, but when will that review be complete and what, if any, findings will be made public?

**The Hon. C.J. PICTON:** I will have to take that on notice.

**Ms PRATT:** You do not have a time frame for the completion of the review?

**The Hon. C.J. PICTON:** Not in front of me, no.

**Ms PRATT:** How many FTEs are allocated to James Nash House?

**The Hon. C.J. PICTON:** I know you were professing your maths skills, but we are not confident in our ability to add them up quickly enough. From my quick maths, I think it is somewhere in the order of between 60 and 80, but we will take that on notice.

**Ms PRATT:** That is a good guide for the next question, which is: can you speak to any breakdown of those numbers in terms of roles and responsibilities? Of the 60 to 80, there is—

**The Hon. C.J. PICTON:** We will take that on notice as part of the same answer.

**Ms PRATT:** Can you advise me how many vacancies exist?

**The Hon. C.J. PICTON:** We will take that on notice as part of the same answer.

**Ms PRATT:** In relation to the sub-program of the Office of the Chief Psychiatrist, I understand that a team of three reviewers were commissioned to undertake a review back in July last year, and an interim recommendation was made that related to safety and high-quality mental health care. It seems that work is underway in collaboration with the OCP. Can you provide an update on those recommendations and that review?

**The Hon. C.J. PICTON:** We will take it on notice. My advice from the Chief Psychiatrist is that we will need to do a bit of a stocktake in terms of discussions with all of the six regional local health networks in relation to where they are up to with those recommendations.

**Ms PRATT:** The Chief Psychiatrist did a report into mental health services at the Women's and Children's Health Network. Have all the recommendations from that report been accepted and implemented?

**The Hon. C.J. PICTON:** The advice I have from the Chief Psychiatrist is that they were all accepted, either in full or in principle, with some nuance about some of the implementation. The Chief Psychiatrist is due to be meeting shortly with the Women's and Children's Health Network in relation to seeking an update in terms of the implementation of those recommendations.

**Ms PRATT:** So all of them in full or in part? Were there any recommendations that were not accepted, or would they be a part of the conversation coming up? Were there any not accepted?

**The Hon. C.J. PICTON:** I do not think there were any not accepted. I think there was at least one where there was some nuance about the way that it would be—as you sometimes find with these reports, in terms of whether somebody has a view that it could be implemented in a different way. I will take that specific on notice.

**Ms PRATT:** Can you advise how many complaints were received by the Office of the Chief Psychiatrist in the last 12 months?

**The Hon. C.J. PICTON:** The advice is that that will be a feature of the annual report from the Chief Psychiatrist, which gets tabled in parliament.

**Ms PRATT:** I look forward to reading that, but I will not have an opportunity to put these questions to the panel. Minister, just pre-empting that report and accepting that perhaps one or two complaints are made, can you just advise me on the complaint process. What might prompt someone to make a complaint to the OCP and how is that triaged?

**The Hon. C.J. PICTON:** The short answer is: anyone can make a complaint to the Office of the Chief Psychiatrist, and essentially then the Chief Psychiatrist and his team can then undertake a triage of that. There will be some matters which, in the Chief Psychiatrist's view, will be appropriately managed by, for instance, the Health and Community Services Complaints Commissioner and will be triaged there. Where the Chief Psychiatrist will focus will be on matters of a more systemic nature, where they will focus their efforts.

**Ms PRATT:** What role does the Office of the Chief Psychiatrist play in providing supervision or support to the Urgent Mental Health Care Centre—what communication exists, what partnership is there, and is there any oversight or are they separate?

**The Hon. C.J. PICTON:** There are two elements. One is in terms of the management of the contract, and that now essentially sits with Liz's team and the commissioning team. The Chief Psychiatrist will manage it as a service that is gazetted under the Mental Health Care Act. That, as I understand it, when it was originally opened, went through a substantive process, being a unique service that we had not had before, utilising advice from interstate to make sure that we could appropriately gazette. That is part of the ongoing monitoring that the Chief Psychiatrist does of all gazetted mental health facilities and services in the state.

**Ms PRATT:** On page 22, the table that exists in relation to subacute services, there is a descriptive statement that speaks—and I am asking for clarification. What does it mean for the budget to differ in its agency statements and how it is reflecting changes of the new Department for Health and Wellbeing program structure? There is a change in expenses and I am asking for an explanation.

**The Hon. C.J. PICTON:** I think this relates to two things: one is that there has been work done across the department since Dr Lawrence came into the role in terms of restructuring the department and, secondly, there has also been a realignment specifically in relation to mental health services. What that has done—even though, of course, they still work very closely together—is to create an increased focus in terms of the Chief Psychiatrist's role in terms of the statutory responsibilities, and then a role that Liz has in relation to the delivery and coordination of mental health services across the state whereas previously they were combined. This was also the subject of a previous governance report into mental health services under the previous government that recommended that over time these functions should be realigned to enable that split to occur.

**Ms PRATT:** While you are in the groove, minister, just to round out that explanation of significant movements in that set of data, can you explain the \$600,000 reference? What is the reduction in expenditure referring to?

**The Hon. C.J. PICTON:** As it outlines, there was some specific funding that was in relation to some specific COVID-19 measures that were allocated to the office in relation to mental health.

**Ms PRATT:** Minister, I am mindful of the time, and I have kept away from Wellbeing SA based on comments you have been making about the purpose of this session, mental health and substance abuse, but I tie wellbeing and mental health together and I have not asked you questions about the Suicide Prevention Council. Again, perhaps anticipating a rejection of this question, but

does that council report to you, even though it convenes in the Premier's name? Has the Suicide Prevention Council re-established its issues group of senior public servants as a subcommittee?

**The Hon. C.J. PICTON:** We are just checking. I think the act is assigned to me. I recall appointing the members.

**Ms PRATT:** At page 68 it certainly is.

**The Hon. C.J. PICTON:** It suggests that. As you will know, we have appointed the member for Elder, as the Premier's advocate for suicide prevention, as the chair of the council, and she has been undertaking that work. My advice is that there have not been subcommittees of the council that have been established, but, yes, it is a council which I appoint under the Suicide Prevention Act 2021.

**Ms PRATT:** Does it report to you? Have they met this year? Have you received a report? How often would you receive a report?

**The Hon. C.J. PICTON:** I have been in regular dialogue with the member for Elder, as the suicide prevention advocate and as the chair of the Suicide Prevention Council. They have been supported by Wellbeing SA in the work that they do. The main work they have been undertaking is in relation to the finalisation of the state Suicide Prevention Plan, which we will hopefully be releasing soon.

**Ms PRATT:** To round out this afternoon's session, in relation to the Mental Health Services Plan 2020-2025 we are halfway, effectively, so what can we anticipate as the priorities of this government working towards delivering that plan in full?

**The Hon. C.J. PICTON:** In fact, there is also some work to be done as a midpoint, as you say, in terms of updating the plan. We are looking at new data, the new trends that have happened since the beginning of the plan and also incorporating a number of those additional investments that we made in last year's state budget that we are delivering to increase mental health services.

**The CHAIR:** The time allotted having expired, I declare the examination of the portfolio of mental health and substance abuse completed.

#### **Departmental Advisers:**

Dr R. Lawrence, Chief Executive, Department for Health and Wellbeing.

Mr J. Woolcock, Chief Finance Officer, Department for Health and Wellbeing.

Ms C. Mason, Executive Director, Office for Ageing Well, Department for Health and Wellbeing.

Ms K. Swaffer, Manager, Executive Services and Correspondence, Department for Health and Wellbeing.

**The CHAIR:** The portfolio is the Office for Ageing Well. The minister appearing is the Minister for Health and Wellbeing. I declare the proposed payments remain open for examination. If the minister so wishes, he can make an opening statement and introduce his new advisers.

**The Hon. C.J. PICTON:** Excellent. Thank you, Chair. I welcome Cassie Mason, Executive Director, Office for Ageing Well, and I thank Dr Lawrence, Jamin and Kris for sticking around, probably not by choice. I have no opening statement.

**The CHAIR:** Straight to questions.

**Mrs HURN:** I might start with the omnibus questions for all agencies. The omnibus questions are:

1. For each department and agency reporting to the minister, how many executive appointments have been made since 1 July 2022 and what is the annual salary and total employment cost for each position?

2. For each department and agency reporting to the minister, how many executive positions have been abolished since 1 July 2022 and what was the annual salary and total employment cost for each position?

3. For each department and agency reporting to the minister, what has been the total cost of executive position terminations since 1 July 2022?

4. For each department and agency reporting to the minister, will the minister provide a breakdown of expenditure on consultants and contractors with a total estimated cost above \$10,000 engaged since 1 July 2022, listing the name of the consultant, contractor or service supplier, the method of appointment, the reason for the engagement and the estimated total cost of the work?

5. For each department and agency reporting to the minister, will the minister provide an estimate of the total cost to be incurred in 2023-24 for consultants and contractors and, for each case in which a consultant or contractor has already been engaged at a total estimated cost above \$10,000, the name of the consultant or contractor, the method of appointment, the reason for the engagement and the total estimated cost?

6. For each department and agency reporting to the minister, will the minister advise whether it met the 1.7 per cent efficiency dividend for 2022-23 to which the government committed and, if so, how was the saving achieved?

7. For each department or agency reporting to the minister, how many surplus employees are there in June 2023, and for each surplus employee what is the title or classification of the position and the total annual employment cost?

8. For each department and agency reporting to the minister, what is the number of executive staff to be cut to meet the government's commitment to reduce spending on the employment of executive staff and, for each position to be cut, its classification, total remuneration cost and the date by which the position will be cut?

9. For each department and agency reporting to the minister:

- What savings targets have been set for 2023-24 and each year of the forward estimates; and
- What is the estimated FTE impact of these measures?

10. For each department and agency reporting to the minister, will the minister advise what share it is receiving of the \$1.5 billion the government proposes to use over four years of uncommitted capital reserves held in the budget at the time it took office and the purpose for which this funding is being used in each case?

11. For each department and agency reporting to the minister:

- What was the actual FTE count at June 2023 and what is the projected actual FTE count for the end of each year of the forward estimates;
- What is the budgeted total employment cost for each year of the forward estimates; and
- How many targeted voluntary separation packages are estimated to be required to meet budget targets over the forward estimates and what is their estimated cost?

12. For each department and agency reporting to the minister, how much is budgeted to be spent on goods and services for 2023-24 and for each year of the forward estimates?

13. For each department and agency reporting to the minister, how many FTEs are budgeted to provide communication and promotion activities in 2023-24 and each year of the forward estimates and what is their estimated employment cost?

14. For each department and agency reporting to the minister, what is the total budgeted cost of government-paid advertising, including campaigns, across all mediums in 2023-24?

15. For each department and agency reporting to the minister, please provide for each individual investing expenditure project administered, the name, total estimated expenditure, actual expenditure incurred to June 2023 and budgeted expenditure for 2023-24, 2024-25 and 2025-26?

16. For each grant program or fund the minister is responsible for, please provide the following information for the 2023-24, 2024-25 and 2025-26 financial years:

- Name of the program or fund;
- The purpose of the program or fund;
- Budgeted payments into the program or fund;
- Budgeted expenditure from the program or fund; and
- Details, including the value and beneficiary, or any commitments already made to be funded from the program or fund.

17. For each department and agency reporting to the minister:

- Is the agency confident that you will meet your expenditure targets in 2023-24;
- Have any budget decisions been made between the delivery of the budget on 15 June 2023 and today that might impact on the numbers presented in the budget papers which we are examining today; and
- Are you expecting any reallocations across your agency's budget lines during 2023-24, if so, what would be the nature of this reallocation?

18. For each department and agency reporting to the minister:

- What South Australian businesses will be used in procurement for your agency in 2023-24;
- What percentage of total procurement spend for your agency does this represent; and
- How does this compare to last year?

19. What protocols and monitoring systems has the department implemented to ensure that the productivity, efficiency and quality of service delivery is maintained while employees work from home?

20. What percentage of your department's budget has been allocated for the management of remote work infrastructure, including digital tools, cybersecurity and support services, and how does this compare with previous years?

21. How many procurements have been undertaken by the department this FY, how many have been awarded to interstate businesses, and how many of those were signed off by the chief executive?

22. How many contractor invoices were paid by the department directly this FY? How many and what percentage were paid within 15 days, and how many and what percentage were paid outside of 15 days?

23. How many and what percentage of staff who undertake procurement activities have undertaken training on participation policies and local industry participants this FY?

**The CHAIR:** One day these will be automatically incorporated, and we will not have to go through this charade. But anyway, questions?

**Ms PRATT:** Minister, how does your agency, the agency of SA Health, define the Office for Ageing, given there is no apparent budget line or sub-program and the word 'ageing' only seems to appear twice in the entire budget?

**The Hon. C.J. PICTON:** It is actually defined in legislation. It was legislation that was considered and updated in the last parliament in relation to the Office for Ageing Well, and there is a



specific directorate within the department, a specific executive director and a number of statutory tasks which the office undertakes.

**Ms PRATT:** For clarification, Chair, I will be referring to Budget Paper 3, page 23, the operating budget of the Department for Health and Wellbeing. Through the budget what evidence is there of the government's commitment to people ageing well—people over the age of 50—where the budget does not really specifically address older South Australians and when there are 700,000 of them aged 50 or over, how do they see themselves in the budget in that context?

**The Hon. C.J. PICTON:** The chief executive is not happy with the description of 50 as being aged. I, obviously, reject the premise in relation to the budget as a whole in terms of its focus on people who are aged in South Australia. I think clearly there are a number of measures across a variety of different portfolios that will impact on and benefit people, no matter what their age, but obviously people in the ageing population in this state.

Obviously, there is a lot of support—a record level of support—going in for energy concessions. I think that will by and large benefit people who are in the older population in South Australia. Clearly, within our own portfolio, we know the greatest users of health services proportionately are older people as well, so all of that extra investment in our healthcare system and health services is obviously going to directly benefit older people in this state.

Specifically what we are talking about here, the Office for Ageing Well continues to do that work. It was mentioned that there are not specific budget items. In fact, there is specific funding in the budget identified for the work that the Office for Ageing Well is doing in increasing the staffing for the Adult Safeguarding Unit, which fits within the Office for Ageing Well as well. We know how important it is in terms of preventing elder abuse, and that office provides an important role, fulfilling its statutory requirements with an ability to either itself look into or refer to other agencies reports it receives in relation to elder abuse. Now that scope has broadened to people of all ages as well.

**Ms PRATT:** What is the operating budget of the directorate of the Office for Ageing Well?

**The Hon. C.J. PICTON:** I am advised that the net cost service of the Office for Ageing Well in the last financial year was \$9.6 million.

**Ms PRATT:** Is there a projected budget for the upcoming financial year?

**The Hon. C.J. PICTON:** That will be increasing, you will be glad to know, to \$11.2 million recurrent operating expenditure this financial year.

**Ms PRATT:** Can you speak to the increase and what programs are associated with that?

**The Hon. C.J. PICTON:** This refers to the previous announcement that is outlined in the budget in relation to the additional funding of \$8.7 million over four years to enable the Adult Safeguarding Unit to continue to deliver those important services for adults who may be vulnerable and experiencing abuse.

**Ms PRATT:** So that increase in net cost from last financial year to the upcoming is a contribution towards that \$8.7 million?

**The Hon. C.J. PICTON:** I am advised it is \$2.241 million in 2023-24 in relation to adult safeguarding.

**Ms PRATT:** Can you provide me and the house with an update on the expansion of the Adult Safeguarding Unit since October 2022?

**The Hon. C.J. PICTON:** I can do so. Since October last year, the remit of the unit expanded to the full scope for any adult over the age of 18 who could be vulnerable, whether that is because of their age, ill health, disability, social isolation, dependence on others, or other disadvantage. Reports can be made to the Adult Safeguarding Unit phone line, email, or by submitting an online form. If they have concerns about an adult who may be vulnerable, they can contact the unit. The unit can take a report or provide free confidential advice and information.

For instance, between July last year and the end of May of this year—we do not have the June figures yet—the unit received 2,811 contacts from individuals seeking information and advice

to make a report. Clearly, with the increased number of reports, increased scope, it has therefore been appropriate that the government make provision to enable that additional investment to be made. So there is now that \$8.7 million over the four years and we are very thankful to Treasury for that. That will enable the unit to continue to have existing 13 FTE that was funded temporarily until June this year, plus establish a further three FTE, which will reduce to two FTE in 2024-25 to support the service delivering the Adult Safeguarding Unit.

**Ms PRATT:** Over the funding allocated across four years, given there has already been an expansion of services, is there capacity for a broader scope? How might the safeguarding unit continue to expand in its services and support in that time frame, or will it just be contact?

**The Hon. C.J. PICTON:** Yes, the main way is that this will enable increased contact but also increased staff to look into those complaints and to either manage them through the unit and the legislative powers that the unit has or to appropriately refer people to other services.

The other thing to mention in this regard is that we have had a South Australian Law Reform Institute report into the act. That has made a series of recommendations, not quite as hefty as the mental health one but it is verging on that. We have gone through the process of considering those recommendations and we are working on amendments that will need to be made to the act that we will appropriately bring to the parliament.

**Ms PRATT:** Can you speak more to the time line of that?

**The Hon. C.J. PICTON:** Depending upon the time frames, it will either be towards the end of this year or early next year.

**Ms PRATT:** Thank you for providing the FTEs for the safeguarding unit. I think you said currently, or to mark the end of this financial year, it is 13 with a growth of three?

**The Hon. C.J. PICTON:** There are temporary staff to the end of this financial year of 13. Without the funding that has been in the budget, the staff would have retracted down to 12.8 FTE, but they will now be increasing it to 28.8 FTE.

**Ms PRATT:** Are those FTEs in the budget papers?

**The Hon. C.J. PICTON:** Yes.

**Ms PRATT:** What is the total allocation of FTEs for the directorate separate to the safeguarding unit?

**The Hon. C.J. PICTON:** The expected result this year was 51.3, and then that is expected to increase in line with the budget that we have talked about to 54.3 next year.

**Ms PRATT:** Minister, in regard to the Retirement Villages Act, consultation on YourSAy has now concluded, but can you provide an update on the next steps the government is taking in terms of, perhaps, broader consultation ahead of parliamentary debate?

**The Hon. C.J. PICTON:** Yes, I can. We were very delighted with the response we received to the consultation on the Retirement Villages Act potential legislative reforms. I thank the staff from the Office for Ageing Well, who undertook a number of sessions going out and about across the state, and a number of very well attended sessions. There is clearly a lot of interest in this.

The advice that I had just before this session—while the member for Schubert was reading the omnibus questions—was that we had about double the number of submissions made to this as to the original PEG Consulting inquiry that led to these changes, so it has elicited a significant number of responses, and that is obviously a lot of work that the team is now going through in terms of analysing those responses, and ultimately they will provide me and the cabinet with advice in relation to which direction that will bring our legislation to the parliament.

**Ms PRATT:** It is going to be a busy end of the year in ageing.

**The Hon. C.J. PICTON:** Busy, busy. I am sure everyone in the Office for Ageing Well is always very busy.

**Ms PRATT:** The Retirement Villages Act has certainly sparked a lot of community engagement. Talkback lights up, we have colleagues, certainly in the lower house, who are making submissions I am sure, and working on amendments. In terms of the consultation process, engagement with community, can you state whether there were any consultations or information sessions provided in regional South Australia, where were they, and what was the turnout like?

**The Hon. C.J. PICTON:** Yes, there were, and we are currently jogging the executive director's memory: Port Lincoln, Kadina, Mount Gambier. I know, further to our previous conversations, Mount Barker, Berri—

**Ms PRATT:** Clare? Jamestown? Kapunda? None in Frome.

**The Hon. C.J. PICTON:** —Nuriootpa and Murray Bridge. If there are any others then we can provide that on notice.

**Ms PRATT:** I am going to ask specifically: was Port Pirie part of that? I am asking, firstly, because we want to see that regional South Australia is engaged, but Frome does seem to be the second cousin sometimes in not having those big country centres and therefore people are having to travel further, even when it looks like country, so was Port Pirie one of them?

**The Hon. C.J. PICTON:** We will take that on notice.

**Ms PRATT:** Minister, what grant opportunities and benefits are currently on offer via the budget through the Office for Ageing Well?

**The Hon. C.J. PICTON:** There are many grant opportunities. There is the Ageing Well Community Grants program, which is a competitive grants program. There is Grants for Seniors, which is for non-profit incorporated community organisations. Then there is Positive Ageing Fellowship Grants for community organisations to apply for a one-off ageing specific capability grant, and then there is Age Friendly SA Grants, which enable local governments and equivalent organisations to apply for one-off grants for projects to contribute to an age-friendly South Australia.

There is also the newly developed Impact Research Grants for Ageing Well in South Australia, developed in partnership with the Centre for Health in All Policies Research Translation, and \$100,000 has been allocated for three research organisations for grants in two streams: seed grants for a research project of up to 12 months and a major project grant for a research project of up to 24 months.

**Ms PRATT:** If we could stay with that briefing document, minister. Lower house members know very well that communities love to receive notification about grants that are available for them to apply for. You whizzed through that list fairly quickly, so is there a breakdown for each of those grants on the funding allocated to them in total, and then what is the grant money available per application?

**The Hon. C.J. PICTON:** The grants for seniors is a total \$150,185 GST exclusive, and that is for projects either for goods up to \$5,000 or projects up to \$10,000. For the Positive Ageing Fellowship Grants the total is \$199,600 GST exclusive, and the capability-building grants are up to \$40,000. An additional \$50,000 was through direct negotiation with the Australian Centre for Social Innovation for ongoing coaching, mentoring and support to Positive Ageing Fellowship Grants recipients. The Age Friendly SA Grants are one-off grants of up to \$40,000 for organisations and \$60,000 for regional partnerships, and a total of \$198,037 was allocated in that. As I think I said in relation to the Impact Research Grants, there is \$100,000 that has been allocated through those streams.

**Ms PRATT:** What progress has been made with the residential aged-care strategy for SA Health?

**The Hon. C.J. PICTON:** We are working across the Rural Support Service, the department and all the local health networks in relation to the Regional Aged Care Strategy, and the publication of that that happened in February 2022. All of those LHNs and the RSS and the department are working together on a number of fronts. One is in relation to their future business plans, the other is in relation to the commonwealth changes and the commonwealth reforms and the potential impacts

there might be on our state-run aged care. Obviously, there are always issues in terms of workforce matters that they are considering as well.

This is an area where there is a lot of work that is happening. It is being coordinated by the RSS. I was happy to attend one of the sessions recently being coordinated, going through this work that is happening across the state. It is a combination between some things that we need to consider at a state level, and we are advocating to the commonwealth in relation to how a number of their reforms might impact upon local health networks and their aged-care delivery, but also there is obviously a lot of work that needs to happen at the local level in terms of the sustainable future of local aged-care services, factoring in workforce needs, factoring in what the future projections would be for local communities in terms of demand on those services as well.

**Ms PRATT:** The crossover of funding between federal and state has popped up quite a bit today. In terms of workforce and the mandatory allocation or staffing of registered nurses in aged-care facilities, my question is around workforce. What steps have you been taking at the state level to support our facilities and centres meeting that federal legislative requirement? Are you concerned about centres that have had to close their services in South Australia?

**The Hon. C.J. PICTON:** The advice I have is that all sites are expected to be compliant with an alternative arrangement from 1 July.

**Ms PRATT:** Which is tomorrow.

**The Hon. C.J. PICTON:** Sorry, this is in relation to Barossa Hills—it is LHN by LHN. Barossa Hills Fleurieu all expected to be compliant with an alternative arrangement from 1 July. Limestone Coast, the requirement does not apply to the MPS sites that they have. Riverland Mallee Coorong—I have been given a lot of complicated information with zero minutes to go. I think the short answer is that either there are alternative arrangements in place or compliance is what we expect in terms of our sites. But I will provide a more fulsome answer, if there is any update or correction to that, on notice.

**The CHAIR:** Thank you, minister. The time allotted having expired, I declare the examination of the portfolio of the Office for Ageing Well completed. The examination of the proposed payments for the Department for Health and Wellbeing, the Commission on Excellence and Innovation in Health and Wellbeing SA are now complete.

Before calling on the member for Adelaide, I would like to thank all those public servants who have worked so diligently in the lead-up to estimates. I would also like to thank the opposition for the very civil and decent way you have approached estimates, and I hope you have got the information that you needed. I thank the minister for his comprehensive responses. I thank the long-suffering backbenchers for their patience, having to sit there. Last but not least, I thank the parliamentary staff. During estimates there is no escape, so thank you, everybody. I now call upon the member for Adelaide.

**Ms HOOD:** We thank you, Chair, for all of your hard work.

At 18:17 the committee adjourned to Monday 3 July 2023 at 09:00.