

HOUSE OF ASSEMBLY

Wednesday, 12 May 2021

The **SPEAKER (Hon. J.B. Teague)** took the chair at 10:30 and read prayers.

The SPEAKER: Honourable members, I respectfully acknowledge the traditional owners of this land upon which the parliament is assembled and the custodians of the sacred lands of our state.

Parliamentary Procedure

SITTINGS AND BUSINESS

Dr CLOSE (Port Adelaide—Deputy Leader of the Opposition) (10:32): I move:

That consideration of Order of the Day No. 39, the Voluntary Assisted Dying Bill, take precedence over all other Private Members Business, Bills, Notices of Motion and Private Members Business, Bills, Orders of the Day.

Motion carried.

Bills

VOLUNTARY ASSISTED DYING BILL

Second Reading

Dr CLOSE (Port Adelaide—Deputy Leader of the Opposition) (10:32): I move:

That this bill be now read a second time.

I am pleased to introduce the Voluntary Assisted Dying Bill into this house. For the avoidance of any confusion, a bill of the same name that I introduced in December last year has been withdrawn. The bill before us has been passed in the other place and it is now for this chamber to decide if it continues on its path to becoming law in South Australia.

Both the bills introduced in December last year were effectively copies of the Victorian legislation that was passed in 2017. The bill before us today, which has come from the other place, includes only very minor changes. The main change is an additional safeguard that doctors cannot be the coordinating or consulting medical practitioner if they are a family member of the patient or if they may benefit in any way from the death of the patient.

Another change made by the other place was an amendment to clause 4, moved by the Minister for Health and Wellbeing and supported by the council, which states that the administration of a voluntary assisted dying substance is not palliative care under law.

The amendment then makes two important provisos: it makes it clear that the first statement in the amendments in no way prevents a person or institution that provides palliative care from involvement in activities under voluntary assisted dying legislation, and it also makes it clear that voluntary assisted dying legislation does not place any limits on part 3, division 2 of the Consent to Medical Treatment and Palliative Care Act that deals specifically with the care of people who are dying. Overall, this amendment reinforces the idea that our end-of-life choices include three important areas: advance care directives, which cannot include voluntary assisted dying; palliative care; and voluntary assisted dying.

This place is no stranger to bills on this topic. Over a quarter of a century, 16 bills have been introduced a total of 22 times. Many members will recall the most recent vote in this place for a voluntary assisted dying system back in 2016. It resulted in a tied vote on the floor of this chamber for a bill that was progressed by the then members for Morphett and Ashford, Dr Duncan McFetridge and Steph Key.

Prior to their efforts the late Dr Bob Such did a huge amount of work. Voluntary assisted dying bills were introduced in his name in 2006, 2007, 2008, 2010 and 2012. He alone was responsible for between one-quarter and a third of the past attempts to legislate on this matter. In moving this bill today I wish to pay tribute to my old neighbour Dr Bob Such and his contribution to this community.

I also wish to thank the Hon. Kyam Maher for his moral leadership on this issue and for his personal courage to tell the tale of his own experience watching his mother suffer unbearably, and for entrusting me with introducing this bill in this chamber. Compared with all the previous attempts, a key point of difference is that all bills would have made South Australia the first state to approve voluntary assisted dying in Australia. Since that time, Victoria passed its law in 2017, Western Australia passed its law in 2019 and Tasmania passed its law this year. Queensland is currently preparing legislation, and a New South Wales member of parliament has indicated their intention to introduce a bill this year.

As the Minister for Health and Wellbeing said in another place, the introduction of schemes in other jurisdictions means there is an additional question beyond whether voluntary assisted dying should or should not exist. The emergence of schemes across Australia means that we need to consider the issue of equity of access to end-of-life choices. Further, the minister referred to the emergence of a national model, or an Australian model, for voluntary assisted dying. This bill builds on the work of other jurisdictions and seeks to align the South Australian approach with other parts of Australia.

Since the last time a bill was introduced in South Australia, the end-of-life choices committee considered this issue for 18 months. The committee heard evidence or received submissions from dozens of interested parties, ranging from doctors to religious organisations and government agencies. SAPOL rarely make a public comment on proposed laws beyond criminal matters, but they wrote to the committee about suicides and about how voluntary assisted dying legislation may improve current arrangements, and I quote:

Many deaths in those circumstances are undignified, violent and often committed in isolation, which on occasion results in the death not becoming known to others for some time. There may also be a degree of pain and suffering depending on the method and the level of expertise of the person when they take their own life. SAPOL is supportive of a legislated scheme that would allow for a person, under certain and prescribed circumstances, to die with dignity and under proper medical supervision.

I wish to take this moment to read into *Hansard*, into this speech, a letter I received from a constituent, Vicki Bennett, a doctor who lives in Semaphore:

Dear Dr Close,

I write to thank you for your advocacy for Voluntary Assisted Dying and to share, ahead of the pending vote in state parliament, an all-too-recent story.

At approximately 11pm on 25th April 2021 my father, Norman Bennett, killed himself by stepping into the path of an oncoming train at the Harris Street rail crossing between Peterhead and Largs Bay stations.

His suicide note included the words 'I am sorry that I can't cope with another day living like this. I don't think any one of us would wish me a slow and lingering death.'

It is horrific that he died in a way that is likely to have deeply traumatised other people; including the train driver, any witnesses and the personnel involved in the clean-up and other work at the scene of death.

It is desperately sad that he died with loved ones neither present, nor aware that he was going to take his own life.

If there had been an humane and legal way for his death to have been voluntarily assisted, this would not have happened and so much unnecessary agony would have been avoided.

I commend you, and your colleagues from across the political spectrum, for advancing this bill.

After the committee completed its work, bills were introduced to both the House of Assembly and Legislative Council six months ago, in December last year. The combination of all this work means that the community and parliamentarians have had many opportunities over a number of years to consider the issue and contribute to the conversation.

As I noted earlier, the South Australian bill is based on the Victorian legislation. This means that we have also benefited from the expert work that went into developing the Victorian system. We have benefited from the ongoing reviews and reports from the Voluntary Assisted Dying Review Board. This work has addressed many practical issues that are often raised as concerns when these schemes are proposed. For example, the Chair of the Voluntary Assisted Dying Review Board, Justice Betty King, addressed the issue of coercion in one of her regular reports, and I quote:

I have not seen—and I have been looking, believe me—I have seen no indication of any type of coercion. The feedback has been predominantly about how peaceful it was, how it was fabulous for my parent or my loved one to be able to choose, to be surrounded by family, to play music and to just quietly go to sleep, and we all sat there and rejoiced at the end at the fact that they've had a wonderful life.... we consistently see that the children are initially pushing more the other way, keen to talk their parent out of going down the path allowed by these laws.

A number of my colleagues support the concept of a person's ability to die with dignity under certain circumstances. They are all concerned that we should have appropriate safeguards in place. The Victorian model on which this bill is based has been described as the safest and most conservative scheme in the world by the Victorian Premier, with some 68 safeguards in place. With the addition of the amendments made in the other place, we are now at essentially 70 safeguards. The three essential elements, as described by the Victorian department, for someone to access the Victorian scheme include:

1. They must have an advanced disease that will cause their death and that is likely to cause their death within six months (or within 12 months for a neurodegenerative disease like motor neurone disease) and is causing the person suffering that is unacceptable to them.
2. They must have the ability to make and communicate a decision about voluntary assisted dying throughout the formal request process.
3. They must also be an adult—18 years or over—and have been living in Victoria for at least 12 months and be an Australian citizen or permanent resident.

Both of the doctors involved in the assessment process must have completed approved training in assessing people for voluntary assisted dying. Each doctor must make sure that the person is fully informed about their disease and their treatment and palliative care options. They must make sure that voluntary assisted dying is the person's own choice. They must let the person know that they can change their mind about accessing voluntary dying at any time and they must not raise the issue of voluntary assisted dying with a patient. It is against the law in Victoria for a doctor or other health practitioner to suggest a person seeks voluntary assisted dying. I reiterate: a doctor cannot talk about voluntary assisted dying unless the person asks them about it first.

One or both of the two doctors who are the coordinating and consulting medical practitioners must have both expertise and experience in the illness or condition that is expected to cause the patient's death. At least one of the two doctors must also be a specialist. Further, doctors and other registered health practitioners, such as nurses and pharmacists, whose beliefs and values conflict with voluntary assisted dying may conscientiously object to being involved. To make sure the decision is not rushed, the process to allow voluntary assisted dying cannot be completed in fewer than 10 days, unless a person is expected to die within 10 days.

These safeguards are becoming the Australian model of voluntary assisted dying as state by state this legislation is adopted. There are passionate and strong views about voluntary assisted dying. Reasonable people can and do disagree about these matters and, as with all conscience issues, showing respect to people with different views must be paramount in our minds. I am confident the debate in this chamber, particularly should we move to the committee stage, will be characterised by respect, by genuine effort to understand the issues and the detail of the bill and by some tears, not all of them mine. Such an important issue deserves nothing less.

I recently listened to the Andrew Denton podcast about Victoria's legislation. It is a moving experience and I had to stop several times to compose myself, so wrenched in sadness at what some people—many people—have to experience in this world and so inspired by their courage in facing their final days. One sentence uttered by a brave soul called Ron I think summed up what people facing the choice of voluntary assisted dying confront. He said, 'When you have a terminal illness, there is no rainbow at the end. But I'd rather go my way than the hard way.' That is what confronts too many people in the end stages of life when death is coming and the only question is the amount of suffering that must be endured before the final moment.

I commend this bill, hoping that we find our way to allowing people in Ron's circumstances to take their way and not force them to go the hard way.

Debate adjourned on motion of Dr Harvey.

EQUAL OPPORTUNITY (DOMESTIC VIOLENCE) AMENDMENT BILL*Introduction and First Reading*

Ms HILDYARD (Reynell) (10:45): Obtained leave and introduced a bill for an act to amend the Equal Opportunity Act 1984. Read a first time.

Second Reading

Ms HILDYARD (Reynell) (10:46): I move:

That this bill be now read a second time.

I first introduced this bill in early 2019 because it is absolutely incumbent on all of us to do whatever we can to prevent and end the horrific scourge of domestic violence. These are words that I and many others have uttered before in this place, words that we must bring to life at every opportunity. I introduce the bill again today because, sadly, since introducing it in 2019 and its not being supported by those opposite, our need to do more, to say more and to act more has intensified as we saw, just last year, a shocking increase in domestic violence cases and as we heard awful accounts emerge from women locked at home with their abusers during COVID.

The impact of domestic violence is profound. It affects all aspects of the lives of those who experience it, including their working lives and, in turn, their economic security. The original introduction of this bill was the culmination of many conversations with domestic violence service providers, with people experiencing domestic violence, with advocacy organisations, with unions, with the Working Women's Centre and others.

Since that time, domestic violence has continued to plague our community, with more than 1,000 additional offences reported in South Australia in the past year. Tragically, we have continued to see women killed by partners and former partners in the most horrific and degrading circumstances. We have seen the murder of Hannah Clarke and her three beautiful children by their estranged husband and father. Just recently, a Gold Coast mother of three, Kelly Wilkinson, was allegedly murdered by her controlling and violent ex-husband in front of her three children in the most violent and horrible way.

Here in South Australia, the murder of baby Kobi by her father, the person whose role it was to protect her, has sent shockwaves throughout our community and, rightly, an outpouring of love and support to her mother and all who loved her. Every day, we hear shocking reports of women who are assaulted, controlled and subjected to psychological and other forms of violence. I have women contact my office, scared, worried and frustrated and desperately wanting to live their lives without fear, wanting the behaviour to cease and wanting the financial security to enable them real choices as they rebuild their lives. There are many examples where those experiencing domestic violence, so often women, are sadly discriminated against in the workplace and elsewhere simply because of their experience of domestic violence.

When I first introduced this bill in 2019, the government dismissed it as well intentioned but 'ill informed'. The comment was: 'The act as it currently stands does not have the carve-outs of any specific victim of crime.' Ensuring victims of domestic violence cannot be discriminated against at work or anywhere because they have experienced violence is not a carve-out: it is a basic right that should and can be enshrined within the Equal Opportunity Act.

I believe it is our job to ensure those who experience domestic violence are not further victimised. It is our job to ensure that they are not discriminated against and that, if they are discriminated against, there is redress available to them, just as those who are discriminated against on the basis of other experiences rightly have a place to go. The bill provides that right for those who have been discriminated against as a result of their experience of domestic violence.

Like all other complaints to the Equal Opportunity Commission, robust processes will apply as the complaint is heard, investigated and determined. By making domestic violence a ground for discrimination under the Equal Opportunity Act, there will be an avenue for these matters to be considered. Currently, there are no remedies for these circumstances. The bill is straightforward. It is stringently focused on providing a right to complain, protection, redress and education around domestic violence and discrimination.

We know that domestic violence knows no boundaries and that it happens in every suburb, in every region, in the big houses and in the small ones, in the families who have spent their entire lives here and in those who arrived yesterday. This is why we must not limit our responses to it. We must do whatever is within our power to speak, to act, to spread the word that there is no excuse and that violence is never, ever an option.

In this place, we must exercise the power that we have to legislate and in doing so give those impacted a voice. Supporting the bill is something we can do together as a parliament. It is a very practical way that we can support and empower those who experience domestic violence. It gives those who experience domestic violence a way forward.

There is a body of evidence that shows that those who are experiencing domestic violence can be subject to discrimination in the course of employment, with people too often wrongly judged for the terrible actions of others. Nobody should be discriminated against because they are absent or late for work due to domestic violence, nor should their chance of getting a job be impacted. Nobody should be discriminated against because an abusive partner or ex-partner turns up to menace them at work or repeatedly calls their office line. Nobody should be worried about losing shifts whilst they are trying to protect themselves and their children from a violent partner or ex-partner.

I have heard accounts of a woman being raped by her ex-partner after he broke into her home. Her manager was deeply shocked by what the woman revealed about the abusive relationship when they accompanied her to make a police statement. Upon returning to work, she was urged to consider moving on from the workplace to seek a fresh start. In another case, a woman revealed to a new prospective employer that she had an intervention order in place and she was advised that her services would not be required.

We need to support people when this behaviour occurs. They need to be able to make a complaint about these circumstances and have an independent person listen and make an assessment in relation to that complaint. The Equal Opportunity Commissioner currently has no scope whatsoever to hear such matters because the experience of domestic violence is not a ground for discrimination under the act. We can change this.

More than ever, we must listen to the voices of those impacted by domestic violence and ensure they are supported. This means ensuring that they are not subject to discrimination for sharing and living their experience of domestic violence and that, should they be discriminated against, they have a right to be heard in relation to that discrimination. There is so much that we can and must do to prevent and end domestic violence.

As I have spoken about, Labor has a four-point plan for some of the immediate actions we can take in parliament to address domestic violence. It will not change everything, but they are clear steps that we can take right now. We can progress this bill to include domestic violence in the Equal Opportunity Act. I am very pleased that our other bill for increasing penalties for breaches of intervention orders is being supported by the crossbench and the government. We can progress our legislation, criminalising coercive control and we can hold an inquiry into the efficacy of consent laws and education. These are steps we can take together now to improve women's safety here in South Australia.

This bill will provide people experiencing domestic violence who are discriminated against because of that experience with an avenue to clearly seek redress. Right now, the equal opportunity commissioner has no jurisdiction. Sadly, she must turn potential complainants away. The Australian Human Rights Commission has been advocating for inclusion of this provision, as have former equal opportunity commissioners, domestic violence service providers, the Working Women's Centre, women's organisations and advocates.

It is an issue that we can and absolutely should progress. The amendments themselves are minor, but the positive outcomes and rights for individuals will make a difference for those in the most difficult of circumstances. If we are true to our oft repeated words that we must do everything we possibly can to prevent and end domestic violence and to support those who experience it, we should progress this bill and I commend it to the house.

Debate adjourned on motion of Dr Harvey.

STATUTES AMENDMENT (INTERVENTION ORDERS AND PENALTIES) BILL*Committee Stage*

In committee.

(Continued from 5 May 2021.)

Clause 1 passed.

New clause 1A.

The Hon. V.A. CHAPMAN: I move:

Amendment No 1 [AG-1]—

Page 2, after line 5—After clause 1 insert:

1A—Commencement

This Act comes into operation on a day to be fixed by proclamation.

This is to insert a new commencement provision to provide for the act to come into operation on a day to be fixed by proclamation. This replaces the assent process and largely comes about as a result of requests from SAPOL and the Courts Administration Authority (CAA) to enable them sufficient time to implement the changes. I understand that has been acknowledged.

New clause inserted.

Clause 2 passed.

Clause 3.

The Hon. V.A. CHAPMAN: I move:

Amendment No 2 [AG-1]—

Page 2, line 14 [clause 3(2)]—Delete subclause (2) and substitute:

(2) Section 31(1), expiation fee—delete '\$160' and substitute '\$315'

This is an amendment to substitute subclause (2) of the current subclause (2), as written. The government notes that clauses 3(1) and 3(2) of the bill remove the ability to expiate for the offence of failing to comply with a term of an intervention order to undertake an intervention program under section 31(1) of the Intervention Orders (Prevention of Abuse) Act 2009 and increase the penalty for the offence from \$1,250 to \$2,000 and provide for a maximum term of imprisonment of two years.

Although the government supports the increase in the maximum penalty in the imposition of a term of imprisonment, it considers that the option for the expiation fee should be retained. Amendment No. 2 standing in my name retains the ability to issue an expiation notice for the offence and increases the expiation fee from \$160 to \$315. Failing to comply with the term of an order to undertake an intervention program may be very trivial, for example failing to attend the intervention program on one occasion.

A breach of this nature does not involve any behaviour directed towards the protected person or their children. As a result, it is appropriate for it to be possible to expiate for such an offence, rather than laying a charge to be dealt with by the courts. In moving amendment No. 2 standing in my name, I indicate the importance of retaining this power for such matters.

Amendment carried.

The Hon. V.A. CHAPMAN: I move:

Amendment No 3 [AG-1]—

Page 2, line 17 [clause 3(3)]—Delete '5 years' and substitute '3 years'

Amendment No 4 [AG-1]—

Page 2, line 18 [clause 3(3)]—Delete '7 years' and substitute '5 years'

These amendments essentially substitute five years for three years and seven years for five years respectively. At present, a person who breaches an intervention order under section 31(2) of the act is liable to a maximum penalty of \$10,000 or two years' imprisonment. Clause 3(3) of the bill removes the monetary penalty and increases the maximum term of imprisonment for the basic offence of breaching any other terms of an intervention order under section 31(2) of the act to five years and also creates a new aggravated offence for the maximum penalty of seven years' imprisonment.

The government supports the creation of an aggravated offence and an increase in penalties. However, the penalties proposed by the bill are inconsistent with other offences under the Criminal Law Consolidation Act 1935 and would, in the case of an aggravated offence, require the offence to be dealt with in the District Court as a major indictable offence. As a result, amendment No. 3 reduces the proposed maximum term of imprisonment for the basic offence in 31(2) to three years' imprisonment, and amendment No. 4 reduces the maximum term of imprisonment for the new aggravated offence in 31(2) to five years.

The government amendments will ensure that a breach which is a first offence and which does not involve physical violence, or the threat of physical violence, can continue to be dealt with in the Magistrates Court as a minor indictable offence. They also ensure that the penalties are consistent with the following penalties in the Criminal Law Consolidation Act—namely, three years' imprisonment for aggravated assault under section 20(3) and four years' imprisonment for aggravated assault causing harm under section 20(4) and, where the offence is aggravated by the use of, or threat to use, an offensive weapon, five years' imprisonment. I have moved those amendments standing in my name.

Ms HILDYARD: I have a very brief question and that is that I understand that these amended penalties that the Attorney-General has put forward will bring these penalties into line with the penalties around strangulation and choking offences; is that correct? Could you talk about how they interact?

The Hon. V.A. CHAPMAN: This brings it into line in relation to assault and aggravated assault, including using a weapon in the sections I have just referred to in the Criminal Law Consolidation Act. Strangulation is a different offence, and that stands in its own right under the Criminal Law Consolidation Act and, from memory, has up to 15 years' imprisonment, but that is a different matter.

If there is strangulation, which does not require the oxygen to be cut off to the victim but is a very serious offence, we are not treating that in this category. We are saying that if this is an assault or an aggravated assault, as distinct from strangulation, which is a really serious matter, then it is comparable with the current criminal law relating to assault and aggravated assault and the sections I have just mentioned.

Amendments carried.

The Hon. V.A. CHAPMAN: I move:

Amendment No 5 [AG-1]—

Page 2, line 21 [clause 3(4)]—Delete '10 years' and substitute '7 years'

Amendment No 6 [AG-1]—

Page 2, line 22 [clause 3(4)]—Delete '12 years' and substitute '10 years'

These amendments essentially delete 10 years' imprisonment and substitute seven years, and 12 years' imprisonment and substitute 10 years. The government notes that there is currently a maximum penalty of \$20,000 or four years' imprisonment for an offence order where either (a) the contravention constitutes a second or subsequent such contravention or (b) the act or omission alleged to constitute the contravention involves violence or a threat to physical violence. The bill proposes to amend this provision to remove the monetary penalty and increase the term of imprisonment to 10 years for a basic offence and 12 years for an aggravated offence.

While the government supports the creation of an aggravated offence and an increase in penalties, the significant increase proposed by the bill is inconsistent again with other offences under the Criminal Law Consolidation Act. As a result, amendment No. 5 reduces the proposed maximum term of imprisonment for the basic offence under 31(2aa) from 10 to seven years and amendment

No. 6 reduces the proposed maximum term of imprisonment for the new aggravated offence under 31(2aa) from 12 to 10 years.

These penalties are consistent with the aggravated offence of causing harm under section 29(3) of the Criminal Law Consolidation Act, which has a maximum penalty of seven years. Again, to ensure that there is consistency, I have moved these amendments.

Amendments carried.

The Hon. V.A. CHAPMAN: I move:

Amendment No 7 [AG-1]—

Page 3, lines 2 to 10 [clause 3(5), inserted subsection (5)]—Delete inserted subsection (5) and substitute:

- (5) For the purposes of this section, an aggravated offence is an offence committed in circumstances where the offender knew or suspected, or ought reasonably to have known or suspected, that there was a reasonable likelihood that a child would see, hear or otherwise be exposed to the conduct constituting the offence or to any effects of that conduct.

Clause 3(5) of the bill specifies that an offence under section 31 of the act is aggravated. Under paragraph (b), the offence is aggravated if the offender, in the course of committing the offence, threatened to restrict a person's access to the person's child. This may involve a simple threat to go back to the Family Court to seek changes to access arrangements or—of course, more seriously—a threat to kidnap a child.

While the government supports the creation of aggravated offences, it is concerned about the potential for a simple threat to cause an offender to face significantly higher penalties under section 31. As a result, amendment No. 7 removes paragraph (b) from the bill.

Amendment carried.

The Hon. V.A. CHAPMAN: I move:

Amendment No 1 [AG-2]—

Page 3, after line 13 [clause 3(5)]—After inserted subsection (6) insert:

- (6a) An offence against this section must be prosecuted, and dealt with by the Magistrates Court, as a summary offence but if the Court determines that a person found guilty of such an offence should be sentenced to a term of imprisonment exceeding 5 years, the Court must commit the person to the District Court for sentence.

I read that out to ensure that all members are familiar with that because I understand that extra copies are not currently available. To explain the situation—and this was information that we were advised on from the drafters relatively late in the discussions on this matter—the government proposes a final amendment to the bill to ensure that offences against section 31 of the act can continue to be dealt with by the Magistrates Court.

The increased penalties proposed by the bill and the government amendments make the offences under section 31 of the act major or minor indictable. This means that, in the absence of this amendment, for the major indictable offences the Magistrates Court would no longer deal with them and they would be committed to the District Court. For the minor indictable charges, the defendant would be able to elect to be dealt with in the District Court before a jury.

It is anticipated that making these offences either major or minor indictable will lead to a significant increase in the number of matters to be dealt with by the District Court, including by way of a jury trial. This would require a significant increase in resourcing for the District Court to manage the increased volume in trials, as well as the DPP who would prosecute them. It was therefore submitted to the government—and, therefore, accordingly I advise the parliament—that it is preferable that, even with the availability of increased penalties, these matters continue to be prosecuted in the Magistrates Court, the same forum where they are currently managed.

Amendment No. 1 that I am presenting in [AG-2] provides that offences under section 31 will continue to be dealt with by way of the Magistrates Court as a summary offence. However, and importantly, in order to ensure that offenders are subjected to the appropriate penalty once found

guilty, if the Magistrates Court determines that a penalty of more than five years' imprisonment should be imposed, then it must—not may or think about it—commit the defendant to the District Court to be sentenced. With that, I commend this amendment, acknowledging the significance of the seriousness of these breaches, but obviously to also take into account the practices and operation of the courts.

Amendment carried; clause as amended passed.

Clause 4.

The Hon. V.A. CHAPMAN: I move:

Amendment No 8 [AG-1]—

Page 3, line 21—Delete 'Section 52(1), definition of *serious offence*—after paragraph (g)' and substitute:

Section 52, definition of *serious offence*, (b)—after subparagraph (x)

Amendment No 9 [AG-1]—

Page 3, line 22—Delete '(ga)' and substitute '(xa)'

These are technical amendments which are required because the Sentencing Act has been amended since the bill was first introduced and, as a result, the government proposes to amend clause 4 of the bill to fit with that current paragraphing.

Amendments carried; clause as amended passed.

Title passed.

Bill reported with amendment.

Third Reading

Ms HILDYARD (Reynell) (11:15): I move:

That this bill be now read a third time.

I have spoken earlier this morning, and indeed many times in this house, about the fact that our community has absolutely had enough of the appalling scourge of violence against women and children. Almost two months ago we saw women take to the streets to march for justice, calling out that enough is enough. On coming into this place, and every day since, I have committed myself to doing whatever is within my power to ensure we work together to end this terrible scourge of domestic violence.

Our community is rightly demanding change. Our community is demanding an end to this utterly unacceptable level of domestic violence that sees more than one woman killed every week in this country at the hands of a partner or former partner, demanding an end to any victim blaming, an end to any softening regarding these appalling and inhumane acts of violence. Our community is absolutely united in wanting everyone to get the message that violence is never, ever an option, that it is utterly unacceptable and that there is never an excuse.

Our community is united in wanting us to find a way to end the terrible gender inequality we know lies as the root cause of domestic violence, and our community is saying very loudly that it calls on us as parliamentarians to do whatever is in our power—to say more, to act more and indeed to legislate more—to end this terrible scourge. That is why I introduced this bill after lengthy consultation with the Women's Legal Service, with women who have experience with domestic violence, with a number of women's organisations and advocates, who repeatedly advised me that fines, as a deterrent for breaches of domestic violence intervention orders, are simply not working and that they wanted change.

I am very grateful for the advice of the Women's Legal Service, particularly Zita Ngor, and for the advice of other women's organisations and domestic violence service providers, about how fines are not working as a punishment option. That is why I moved a bill that essentially takes away using fines—which largely go unpaid in relation to breaches of domestic violence intervention orders—as punishment options, and moves to custodial sentences. This bill is all about sending a message that domestic violence will not be tolerated and that if you repeatedly breach domestic violence intervention orders you will be much more severely punished.

I am very pleased that the government have now changed their mind and decided to support the bill. I am very grateful for that support. Whilst I would have preferred the penalties to remain at the strongest possible penalties, I am very pleased that we got to a position where fines are no longer a punishment option and that custodial sentences remain as the punishment option for repeated breaches of domestic violence intervention orders.

I thank the Attorney for her negotiation around these issues and for supporting this bill. I wholeheartedly thank the crossbenchers for their support of and backing for this measure. Of course, I thank all my Labor colleagues for their support of this bill, particularly the member for Elizabeth, who has been an advocate for any measures we can put in place in this place to help end the terrible prevalence of domestic violence in our community. Again, I thank all those advocates who have spoken with me about the need for these changes.

As I said earlier this morning in relation to debate on another bill, as parliamentarians it is absolutely incumbent upon us to do everything we possibly can to prevent and end domestic violence. There are many preventative and educational measures that we must put in place. On a couple of occasions, I have also set out in this parliament the need for us to progress four pieces of legislation—legislation that we can progress immediately. I am pleased that we have moved forward on this measure and I look forward to working with all members of this house to urgently progress the others I outlined earlier this morning.

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (11:21): Firstly, I congratulate the member on introducing legislation that, although significantly amended, has now been successful in this place. Whilst the idea here is to change the penalties from fines and imprisonment to imprisonment, and in a much more modified way, I am grateful that again the member saw the sense in maintaining the provision for notices to be issued under our expiation procedure. That would have otherwise created a nightmare for the courts, I suggest. In any event, I think a sensible compromise has been reached.

In the event that an extra penalty as to imprisonment does save someone's life or does protect children in these circumstances, then of course I am sure it is the will of the whole house that that be successful and that that be the case. I will not comment on other bills, as they are not really the subject of the matter before us. However, it is incredibly important that we continue to remain vigilant to what can work and what improvements can be made.

I will be making some statements in due course as a result of the massive amount of money that has been allocated under the federal budget, handed down last night, in relation to women's safety and how that might apply and benefit women and children in South Australia and how we will work with the commonwealth to ensure that is done. I am sure a lot of agencies in South Australia will welcome those funds and resources to enable us to continue this attack on what is obviously known as household terrorism and so we will work in that regard.

Bill read a third time and passed.

STATUTES AMENDMENT (BAROSSA RAIL CORRIDOR) BILL

Second Reading

Adjourned debate on second reading.

(Continued from 17 March 2021.)

The ACTING SPEAKER (Mr Pederick): The member for Schubert?

Mr KNOLL: I have spoken, but can I seek a point of clarification, Mr Acting Speaker. Can we put the motion in the absence of the mover?

The ACTING SPEAKER (Mr Pederick): A point of clarification has been raised by the member for Schubert. We are just checking whether the bill can be moved in the absence of the mover.

The Hon. A. KOUTSANTONIS: Sir, I draw your attention to the state of the house.

A quorum having been formed:

The ACTING SPEAKER (Mr Pederick): If the member speaks, he closes debate.

The Hon. A. PICCOLO (Light) (11:28): I would like to just thank those members who have spoken on the bill. It would not be strange to know that I do not agree with some of the views expressed by those across the chamber but, that said, the bill does have support in the Barossa Valley. The people I have been speaking with who have been part of the task force certainly support it, right across a number of industry organisations and also the two councils, both Gawler and the Barossa councils.

It is interesting that in more recent times since this bill has come up, it has been speculated that the reason the government are so keen to knock off this bill is that they propose to actually further do damage to it. With those comments, I commend the bill.

The house divided on the second reading:

Ayes 20
Noes 24
Majority 4

AYES

Bedford, F.E.

Boyer, B.I.

Close, S.E.

Hughes, E.J.

Michaels, A.

Piccolo, A. (teller)

Szakacs, J.K.

Bettison, Z.L.

Brock, G.G.

Cook, N.F.

Koutsantonis, A.

Mullighan, S.C.

Picton, C.J.

Wortley, D.

Bignell, L.W.K.

Brown, M.E.

Hildyard, K.A.

Malinauskas, P.

Odenwalder, L.K.

Stinson, J.M.

NOES

Basham, D.K.B.

Cregan, D.

Gardner, J.A.W.

Luethen, P.

Murray, S.

Pisoni, D.G.

Speirs, D.J.

van Holst Pellekaan, D.C.

Bell, T.S.

Duluk, S.

Harvey, R.M. (teller)

Marshall, S.S.

Patterson, S.J.R.

Power, C.

Tarzia, V.A.

Whetstone, T.J.

Chapman, V.A.

Ellis, F.J.

Knoll, S.K.

McBride, N.

Pederick, A.S.

Sanderson, R.

Treloar, P.A.

Wingard, C.L.

PAIRS

Gee, J.P.

Cowdrey, M.J.

Second reading thus negatived.

Motions

INTERNATIONAL MIDWIVES AND NURSES DAYS

Ms COOK (Hurtle Vale) (11:35): I move:

That this house—

- (a) recognises both International Nurses Day and International Midwives Day;
- (b) notes their key themes, 'Nurses: a voice to lead—a vision for future healthcare' and 'Midwives: changing the world one family at a time';
- (c) notes that International Nurses Day is celebrated all around the world every year on 12 May;
- (d) notes that International Midwives Day is celebrated all around the world every year on 5 May; and
- (e) sincerely thanks all nurses, midwives and care assistants for the important work that they do in our communities, hospitals and homes.

As to paragraph (b), I will explain this in a minute. Thank you very much to the parliament for the capacity for all of us to move private members' motions such as this to recognise the important work that so many in our community undertake. I did allude to 'I will explain this in a minute', but the best research sometimes falls flat, is all I will say. The motions were moved last year and the chaos of the parliament has caught up with us with some wording, but I will correct the themes during the course of my speech. But I explain to members that the motion as moved does have a little bit of folly in it regarding wording—not that they are not important themes but I will explain it in a moment.

I also would like to acknowledge some really amazing people who have joined us today in the gallery. I will just list their names and not talk about where they work. They all know they are incredible leaders in our community. They are: Dr Julie Fleet; Professor Jeroen Hendriks; Dr Kevin O'Shaughnessy; Associate Professor Lynette Cusack; Jancy Roy; Tiggy Koshy; Mariamma James; Yolanda Pinda; Dr Angela Brown; Associate Professor Frank Donnelly; Sue Lushington; Kylie South; Janet Cashmore; Professor Mary Steen; Rosemary De Fazio; Adjunct Associate Professor Elizabeth Dabars, of course the leader of the Australian Nurses and Midwifery Federation—thank you for your ongoing support in this place; Tricia Bates; Gill Stanton; Zoe Yates; Paula Medway; Alison von der Borch; Sue Burton; Leanne Wells; and Angela Faulkner.

If I have missed anyone I humbly apologise. All of you play a very important role in our community and I admire your strength and resilience. Thank you for your friendship that is ongoing and relentless.

Last Wednesday, 5 May, was International Day of the Midwife. The actual theme 'Follow the data: invest in midwives' is a very important theme. Yearly, the International Confederation of Midwives inspires leaders, decision-makers and bean counters around the world to invest in quality midwifery care, but this year they have made a statement: that is what needs to be done.

Of course, midwives undertake a whole range of work, including sexual, reproductive, maternal, newborn, child and adolescent healthcare, education and support. The 2021 State of the World's Midwifery report was also launched last week. It is a pretty confronting read. It is produced by a number of global partners, including the WHO and the Confederation of Midwives. It is used to inform investment with an evidence-based foundation. Who knew that nurses and midwives were evidence based?

Within the report is a detailed analysis on the impact of midwifery care globally, on maternal and newborn health outcomes, with the global mission of best practice midwifery care to reduce the global maternity mortality ratio to less than 70 per 100,000 live births by 2030. It is a lofty ambition, but surely in this day and age we can achieve this. The report identifies that there is a global shortage of some 900,000 midwives. To think that I used to think it was really hard to staff a hospital and find 50 staff for a shift: imagine trying to lump it together and find 900,000 skilled midwives.

How do we speak about any kind of health care without speaking about the pandemic? The journey to the other side is a challenge, and now we must invest in our hospital and health systems more than ever. The theme of 'follow the data' is highly appropriate. However, what was the journey like during the pandemic? The stories I was told, the cries that I heard from midwives throughout the pandemic, were those of absolute despair about their loss of skin-to-skin contact with the mothers, families and babies they were caring for. The loss of the ability to hold people close and offer that connection and support during the birthing process is something that people really found difficult to get through.

We received representation not just from midwives but from expectant grandparents about the worry of their daughter or their son having their first birthing experience in an environment where people are clad in plastic and masks. That, to me, demonstrates the understanding people have in our community about the importance of the midwife and the knowledge of the midwives' value in terms of that love and care they can offer families during the time that is so challenging for them.

They talked to me about the challenges of doing antenatal classes via Zoom. Well, turn the camera on, Jan! The microphone-camera issue that we all face must have been magnified for midwives trying to show that support and love to people. Amongst all of that, in South Australia we broke new ground. I am so proud. I think I am the first Labor opposition person in a long time to get a bill through. I think my colleague and friend Katrine Hildyard will get some more bills passed for

women in this parliament. We got the safe access zones passed last year with the support of the Hon. Tammy Franks in the other place, with the hard work of all the women, and men, in our parliament.

It was a theme that had support across the genders, across the parties, with some people choosing not to support it, but the majority did. The Attorney-General, Vickie Chapman, with guidance and support, has since got a bill across the line to take abortion out of the criminal code. It is now a healthcare procedure under law and the access is much more improved, so I am very proud of that.

Today we say 'Happy birthday' to Florence. It is Florence Nightingale's birthday, and that is why we celebrate International Nurses Day today: because of one of the most iconic and superinteresting nurses. The theme is 'A voice to lead—a vision for future health care', and it gives us a chance to focus on changes and innovations in nursing and how that will shape the future of health care, and that is so important.

COVID provided us with an incredible set of challenging times to learn from, and we have to learn from that. While we did a great job, because we had great health care and police leaders in the community spreading positive messages and a compliant set of citizens, do not underestimate the stress clinicians were placed under last year. We truly have been let off lightly, and my thoughts go out to clinicians, midwives, nurses and support workers across the globe who are still battling daily with the horrors of COVID.

The pandemic is not over and, frankly, I do not see life as we knew it coming back any time soon, but it is a good time for us all to reflect on those challenges and learn from them because we were not ready. Our government was not ready. The governments across Australia were not ready. There were many things that arose that created problems that we were not able to address quickly enough to save lives and there were lives lost. Changes are now in place forever to make us ready should we be faced with something again like this in the future, and who is to say we will not be?

Our nursing leaders and clinicians—many of them here today—my friends, colleagues and comrades, are so important moving forward in terms of getting this messaging right and ensuring that South Australians will respond in the best possible way.

I want to acknowledge the people who have messaged me over the past few years in my role here in parliament. I have deep connections with many hundreds of clinicians—more than 1,000—across South Australia. Thank you for paying attention to what happens sometimes in here and providing me with support to be your voice. You have to be a brave sometimes and you have to be a bit thick-skinned, but I know that you have my back—and that is not with a knife—so I am very happy to have these relationships. I want to read a few messages out. Comments from the coalface, we might call these. It starts off with a summary, and I quote:

While the government tells us they're investing record amounts of money and they tour and smile for the cameras [this is the reality.]

[During COVID] we were stood down and had no pay for months and were totally ignored. [We have not recovered from this.] We still can't get the supplies [at the coalface that] we need. Shifts don't get filled and we are...exhausted and overworked because we will not ignore a cry for help. [We will stay on at the end of our shift.]

The government is still hell bent on ignoring our psa's and won't negotiate with them or offer them any certainty. [I find them crying in the corridors.]

We have been let down by the federal government who simply have not funded or ran aged care or the NDIS properly. We have people in hospital for months and even years waiting for beds and houses. This has not improved it has gotten worse.

Aged care staff ratios are essential not optional. The federal government has ignored this and the state government is silent on it. As well as the training sector is broken with far too many terrible providers allowed to offer short and online training courses that does not make for good outcomes.

Beds are blocked. Wards are full. Staff are doing double shifts.

Discharges in hospitals that contribute to bed blocking is a huge issue...Doctors do not have the time to review and clear patients, so they stay extra nights and have to wait until the morning. Patients are dictating when they will leave despite being medically clear! [because they are frightened of what waits for them.]

I have pages of these, and I continue:

Aged care—enough said. Adequate training, pay and staffing levels.

Increasing rural services (centralisation of care means moving people from big regional centres when they prefer to stay near their support networks).

I know the person who told me that is here. She does an incredible amount of work in the rural community and I will listen to her. I continue:

Public education campaigns [are vital. Keeping people where they are with their family. The ageing population]...nursing home funding. [All of it is failing.] Public health initiatives across the lifespan that are evidence based, culturally safe, reliably funded to see long term health outcomes beyond an election cycle. [Have long-term vision]...it's a hard sell. Denying code Yellows are called is not helpful. They are a cry for help. Another code yellow (internal disaster) was called at FMC [Flinders Medical Centre] yesterday.

These were denied last week, if you remember. This is because there were 30 patients who were admitted and fully worked up still sitting in the emergency department. There were no beds. Stop denying that it is happening. Start doing the work. Listen and do something instead of denying there is a problem. I continue:

We are constantly threatened with action if we speak out. We must be allowed to voice our concerns.

I am voicing them for you because I will not be threatened. I continue:

We need permanent contracts. We need assurity. Enough of the casual and temporary rolling over. The government promised more and it's worse.

The assisted dying subject was brought up. I will not talk on that now, except to say that we will get voluntary assisted dying through. I am confident we will get this through. I will not sit up until four in the morning again, debating this, to end up in tears and not have this through. The suffering is enough.

I think there is a wish list that is being ignored: a fix for mental health. If it means more mental health nurses and increasing mental health beds, then let's do it, as well as more subacute beds, paying nurses enough to work in them, permanent contracts, skills and emergency departments. Before I retire, please fix this. The urgent mental health service is only open during day hours. This is not working; it needs to be open more. Every day, we have one person who spends 100 hours in the ED. Every day, there are a large number of patients on level 1 treatment orders. The effects can be measured. It is not good enough. Urgent care is unlikely to address any of this in the short term; we need a circuit-breaker right now.

Thank you for keeping this front and centre. The pressure on the whole system is massive. I will keep it front and centre. I know there are many in here who will keep it front and centre: Chris Picton, as the member for Kaurana and the shadow spokesperson for health, does not get a choice, and Mr Malinauskas, as our leader, does not get a choice. We will keep it front and centre for you. I commend the motion.

The DEPUTY SPEAKER: Before I call the next speaker, there are a couple of things I would like to say. This is not to in any way detract from the motion, which I support wholeheartedly, given that my wife of the last 30 years is also a nurse. I want to remind members of standing order 104, and that is that a member who wishes to speak rises in his or her place and addresses the Speaker. I remind members of that. The other thing I would like to say is about a convention in this place, and that is that the Speaker welcomes people to the public gallery, rather than members themselves. As I said, that is not to detract from the motion brought to us today by the member for Hurtle Vale—I congratulate her on that—but I would just remind members of that.

Parliamentary Procedure

VISITORS

The DEPUTY SPEAKER: I wish to welcome all those in the gallery involved in health care.

Motions

INTERNATIONAL MIDWIVES AND NURSES DAYS

Debate resumed.

The Hon. C.L. WINGARD (Gibson—Minister for Infrastructure and Transport, Minister for Recreation, Sport and Racing) (11:51): I rise to support the motion as well and note that my

wife, too, is a nurse. We celebrated the International Day of the Midwife on 5 May and today we are celebrating International Nurses Day. Among many others here, I value the opportunity to say thank you to our capable and hardworking nursing staff. Furthermore, I want to recognise the immense contribution of our nurses and midwives to our community. They work day and night, they tend to the sick, they advocate for better health and wellbeing, they administer medication and treatment and they take on the special responsibility of helping to deliver new life into this world. If I have time, I will come back to that in a personal reflection on my granddaughter being born at my house.

With the declaration of a global pandemic last year, nursing staff embraced new roles. Their importance here and around the world, then and now, cannot be underestimated. Locally, South Australian nurses have been involved with airport screening, contact tracing and the repatriation of international travellers, among many other important tasks, to protect our community during the COVID-19 pandemic.

Nurses in our community have a long history of supporting the health and wellbeing of South Australians. In my own electorate, I have been privileged to hear from many nurses and past nurses. Wendy Murphy from Marion, for example, told me that she has been a nurse for more than 50 years—that is half a century and how long I have been alive. Wendy wrote to me to share some of her observations and insights during her time in this profession. I am grateful to Wendy and the other nurses just like her who have dedicated their lives to providing quality care.

Another example of the outstanding local nurses is Helen Wright, who worked at the Repat, where she spent 20 years as a registered nurse and 10 years managing five specialised clinics, including a dementia clinic. Helen's voice is one of the many that I have heard in support of the Repat. Of course, the Marshall Liberal government has been committed to revitalising this health precinct, which was closed by the disastrous decision of the former Labor government as part of their Transforming Health program, despite their promises that they would never close the Repat. Thankfully, the Marshall Liberal government was elected, and now we are investing in this site to provide South Australians with better care closer to home.

Earlier this year, we opened the Neuro-Behavioural Unit, featuring 18 beds. It is an Australian-first specialised unit to care for people living with the severest dementia symptoms. Next to it is the Specialised Advanced Dementia Unit. Patients with complex dementia and medical conditions will be able to access this 78-bed dementia care facility to receive the quality care they need. I was lucky enough to tour there just recently before it opened and I can say it is a wonderful facility, designed impeccably well, and I thank everyone for their involvement with that project.

The Repat's Bangka Strait Ward, a 26-bed ward, opened earlier this year, and cares for patients awaiting services such as NDIS, equipment and housing or other rehabilitation services. Of course, the Repat's 48-bed brain and spinal injury rehabilitation facility provides a patient and family-centred service that includes exercise physiology and a sports gymnasium to support rehabilitation and I thank all the workers there. In fact, that is my area of study as well and I know how important that facility is.

Our Veteran Wellbeing Centre was also opened earlier this year to integrate veteran community services with government support. So again you can see that we are revitalising that site that, as I mentioned, was going to be sold off by the previous government. As veterans transition to civilian life, they will be able to access a range of services at the centre, including advocacy, education, employment and housing support. These upgrades are vital to supporting our local veterans.

There are several groups in my electorate that I know welcome the support and assistance we can offer veterans: the Marion RSL, the Brighton RSL and the Vietnam Veterans' Federation, currently led by Ken Parnell, Jim Nicholson and Bob Ellis respectively. They are among the local community groups benefiting from our support for this vital health precinct at the Repat hospital. I thank each of these groups for their support that they provided directly to their members, local veterans and families. They do an outstanding job.

The investment into the Repat also complements the investment we are making into the Flinders Medical Centre in my local community. At the Flinders Medical Centre, construction is underway to build the largest emergency department. This expansion is part of the \$86 million Southern Health Expansion Plan, with \$8.5 million being invested directly into the emergency department. Previously, it was 56 beds, but under our expansion there will be another 30 beds, taking

it to 86, which I think is absolutely wonderful. I know that a number of the other hospitals are being expanded, but in my area that expansion of the Flinders Medical Centre is greatly appreciated.

As we continue to roll out state-of-the-art infrastructure across the state, we are supporting our health professionals, including our fantastic nurses and midwives, to deliver quality care. Nurses and midwives make a real difference in our community. They so often bear enormous responsibilities with optimism, expertise and energy, having a positive impact on their patients.

The Marshall Liberal government is committed to supporting nurses and midwives as we develop our health system and to ensuring equitable quality access to health care for our local community. We are committed to undoing the damage done by Labor's ill-fated Transforming Health debacle. I am grateful to all nurses and midwives for their work day in, day out in service of our state's health system and for their ongoing support for the physical and mental wellbeing of South Australians.

I will now share a personal story of the wonderful experience I witnessed in my own home when my granddaughter was born. The midwives and the healthcare professionals who helped were outstanding and I was very lucky to have that experience. It was during COVID, when it was hard to get into hospitals and there were a number of things that were going on. My daughter elected to have a homebirth. Unbeknownst to me, she decided that it would happen at my home. I thought a homebirth always happened at your home. It was a wonderful experience.

She rang when her waters broke and told me she was coming to have the homebirth at my home. Clearly this was orchestrated with her mother and I was left out of the loop. I was then very much brought into the equation of having to move the dining table. I asked why we were moving the dining table. My wife said, 'Because we are going to put a pool here.' I thought, 'We have just finished building a brand-new home and a pool in my dining room was not in the plans,' but we built a pool in our dining room and our beautiful granddaughter was born there.

I thank the team that was there. They did an absolutely outstanding job. My granddaughter was actually taken to hospital at the end and had exceptional care at Flinders, where the team was outstanding as well. The note I make to everyone is that if your child says they are having a homebirth check that they are doing it at their home because otherwise you could be duped like me. My granddaughter's name is Olive and we have a little olive tree by our front door. Thank you again to all the wonderful nurses and midwives. In fact, I have to mention that it was a good friend of ours who actually delivered the baby too, so it was very special. Thank you, all.

Mr PICTON (Kaurua) (11:59): Firstly, can I acknowledge my good friend and colleague—

Ms Cook: And nagger.

Mr PICTON: —and she says nagger—the member for Hurtle Vale, Nat, who has moved this motion over a number of years. Thankfully, today we actually got it on International Nurses Day, which is the luck of the parliamentary draw.

As Nat says, she is very good at making sure that I as the shadow minister for health am across every single thing that nurses in South Australia want and need at every minute of the day. That is an incredible asset for me to have and it is an incredible asset for the nurses and midwives of South Australia to have Nat in the parliament and so strongly advocating on behalf of nurses. Nat has said on a number of occasions that she would like to see parliament filled with nurses—no doubt we would be a better state—but, certainly, I think our parliament is well served by having Nat here, particularly with her longstanding experience as a very senior intensive care and retrieval nurse at Flinders Medical Centre before she was elected here.

Can I acknowledge your acknowledgment of the people here, Deputy Speaker. It is fantastic to have so many nurses and midwives in the chamber today to hear this motion being debated. We thank you for your hard work and for your many years of experience serving the people of this state. We know that nurses and midwives are really the backbone and probably the heart of the healthcare system in terms of making sure people can get the care and compassion they need as part of health care, and we also know that it is an incredible professional service to be a nurse or a midwife.

The list we had of a number of professors, doctors and people like that really speaks to the high professionalism and high education that nurses and midwives in South Australia have. I

particularly thank all those people who work as part of our three university programs and who are training and researching for the future as well.

As other speakers have said, we all have personal experiences of the benefits and impacts that nurses and midwives have had on our lives. Just last week, I made a post on my social media acknowledging international midwives' day. Rather than just posting the usual graphic or whatever, I posted a picture we took after my son Alex was born of the midwife Emily. She was really the spearhead of giving birth to Alex. She was paid a lot less than the obstetrician but certainly did a lot more work, as good as the obstetrician was.

Ever since, we have just been in awe of the care and professionalism that Emily gave to us and particularly to Connie, my wife, that night. Connie to this day still cannot speak highly enough of her, so I gave a little tribute to Emily. I was very touched the other day when I then received an email from Emily's dad, Greg, who said:

Dear Mr Picton,

Yesterday you posted on Facebook an image of your newly born son Alex and my daughter the midwife. It was a thoughtful and affirming gesture. Thank you. My heart burst with pride. My eyes filled with tears. I was so proud. Emily was my baby once, and now she lives such significant life. How did that happen? Thank you for the support and the public recognition of a group of nursing practitioners who make such a difference to people's lives. I trust that Alex is well and that you spend many hours with a heart flushed with pride and tears in your eyes. They grow so quickly and so does love. Well done Mr Picton.

Regards

Greg Hay

I think that just shows how proud families and the community are of our nurses and midwives, the work that they do and the impact that they have upon people's lives. We do know that there have been significant challenges, as this year we have obviously faced the pandemic and that has presented additional challenges and strains.

We know about the issues with PPE. We know about the issues when casuals in our state health system were not supported through the elective surgery shutdown and lost significant income. We know about the huge number of hardworking nurses working in our hotel quarantine program who put themselves at risk through being part of that very important program.

We know about the huge challenges in aged care. It is good that there is some additional money, but I do not think it goes nearly far enough to addressing the problems in aged care and making sure that we can provide enough nursing care and provide the care that we all know is needed. We know there are huge challenges in regional health care in making sure that we have enough nurses across the state in enough places, and we know that those nurses who are there are under additional strain and pressure.

We know that mental health care is a continuous crisis, where we see patients not getting the care they need because there are not enough resources, not enough mental health resources and not enough mental health nurses. That leaves patients in desperate situations and puts outrageous pressure on the staff we do have.

Clearly, we are in the midst of a ramping and hospital overcrowding crisis at the moment. We absolutely hear you very clearly about the impact that that is having every single day on our healthcare system and our hospital system. We hear you about the pressure that the administration is putting on about budgets rather than patient care. We hear you about the threats to security at work that you face on a day-to-day basis.

We hear you about the shortage of staff that you face in our healthcare and hospital system. We hear your concerns about job security. We hear you about the concern that you have primarily for the patients who are suffering and cannot be helped because of the outrageous strain staff are under in situations where there is not enough staff, there is not enough budget and there are wrong priorities. And the government is not listening to any of those concerns.

We see that even just looking at the last official statistics in the Auditor-General's Report, which shows that usually the number of nurses goes up every year. Last year, even during the pandemic, the number of nurses in South Australia working in our healthcare system went down by 112 nurses overall. This was at the same time the government was putting out calls for redundancies,

not for back office workers but for frontline nurses and midwives, 120 of whom had their positions made redundant. Those positions were abolished, which then put more pressure on everybody else. There are still more calls from the government for more people to take redundancy packages. That is only making the situation worse. We need more staff, not less.

I would like to acknowledge the hard work and the importance of the Australian Nursing and Midwifery Federation and acknowledge Associate Professor Elizabeth Dabars AM, who is here today, and thank her and the federation for their advocacy on behalf of nurses and midwives in this state. On this side of the house, we believe in the importance of unions and we believe in the importance of workers having strong representatives and strong advocates to make sure that their pay and conditions are as good as they can be.

Certainly, through the ANMF there is a very strong voice on behalf of nurses and midwives in this state. We have seen that through the concerns raised about safe staffing, ramping and overcrowding. We have seen that through the concerns raised about the security of staff getting to and from hospitals as well as inside hospitals. We have heard concerns raised about the privatisation of services across the board. No doubt, the ANMF will continue to strongly raise these concerns going forward to make sure there is a strong voice for nurses and midwives in this state.

Lastly, we heard, largely in the notes no doubt prepared for the previous speaker by the minister's office, about a litany of infrastructure upgrades and things like that. Fundamentally, this motion and our healthcare system are about people, about hardworking women and men who are nurses and midwives in this state and for whom we should be so thankful. We should acknowledge the pressure they are under.

We should be making their lives easier, not harder, but unfortunately we are now faced with a crisis situation where so many people are under an outrageous level of pressure. We will continue to fight for you. The member for Hurtle Vale and I, the Leader of the Opposition and all of us will continue to stand up for the nurses and midwives in this state, but particularly today we say thank you for the work that you do every single day on behalf of the people of this state.

Mr PEDERICK (Hammond) (12:10): I rise to speak on this motion moved by the member for Hurtle Vale:

That this house—

- (a) recognises both International Nurses Day and International Midwives Day;
- (b) notes their key themes, 'Nurses: a voice to lead—a vision for future healthcare' and 'Midwives: changing the world one family at a time';
- (c) notes that International Nurses Day is celebrated all around the world every year on 12 May;
- (d) notes that International Midwives Day is celebrated all around the world every year on 5 May; and
- (e) sincerely thanks all nurses, midwives and care assistants for the important work that they do in our communities, hospitals and homes.

I rise today to speak in support of this motion and to express my heartfelt thanks to our dedicated and remarkable nurses and midwives in South Australia. This year, 2021, has been designated by the World Health Organization as the International Year of Health and Care Workers, in recognition and appreciation of their unwavering dedication in the fight against COVID-19.

In South Australia, like our European counterparts we have extended our acknowledgement and recognition of our nurses and midwives as part of the international year of the nurse and midwife 2020 celebrations. It is very important for us to take the time to recognise both International Nurses Day and the International Day of the Midwife. It gives us an invaluable opportunity to celebrate the achievements and to recognise the contributions that all nurses, midwives and carers make in ensuring South Australians are receiving high-quality and safe care.

I recognise the contribution and how hard all our nurses and midwives work and realise how important it is for us to honour our entire nursing and midwifery workforce. They are to be acknowledged for their efforts and their significant contributions enabling the improvement and effectiveness, efficiency and quality of actions that support and promote public health and wellbeing. Certainly, during last year I needed to have some elective surgery—it became a bit less elective as

it got closer. I had my right hip replaced, and I just want to acknowledge the excellent care that I had at Flinders. The nursing staff were absolutely fantastic.

Every year, on 5 May, the International Day of the Midwife is celebrated around the world. The theme for this year's International Day of the Midwife is 'Follow the data: invest in midwives'. It is significant in highlighting the wonderful work midwives do to ensure the women in their care have a positive birth experience. Midwives play a critical role in promoting healthy women and in ensuring the health and wellbeing of women and babies and the family unit.

Midwives also have a key role in health counselling and education, not only for women but also for those within the family unit and the community. So 12 May is International Nurses Day, an annual celebration to commemorate Florence Nightingale's birthday. The focus for this year's theme is 'Nurses: a voice to lead—a vision for future healthcare'.

I would like to take this opportunity to commend the nurses and midwives in South Australia and across the world for their understanding and caring, their selflessness, their patience and their dedication. They are the people whom we depend upon at some of the toughest times we all experience in our lives. They are the people who are there for us and those closest to us in the most difficult of times.

Every year, as an important part of the week of celebrations for International Day of the Midwife and International Nurses Day, we have the SA Health South Australian Nursing and Midwifery Excellence Awards. Once again, this year we want to pause and pay tribute to South Australian nurse Kirsty Boden, the recipient of the Australian Bravery Decorations Bravery Medal, the Queen's Commendation for Bravery and the Red Cross Florence Nightingale Medal in recognition of what happened in the 2017 London Bridge terrorist attack. Kirsty, without hesitation, ran into danger offering her nursing expertise and qualities to save others. She truly put herself before others. Kirsty's courage, dedication and her strong will to care for the injured as a nurse and as a caring person will be remembered.

To our nurses and midwives, on behalf of the South Australian government, and all South Australians, I thank you all for the dedication, compassion and commitment to making a difference every day to the lives of the South Australian community and beyond. I thank our nurses and midwives who lead, innovate and care for our South Australians, demonstrating their values of generosity, empathy and integrity but, importantly, the value and art of the human touch which, as has been mentioned before, was so sadly missed at times over the last 12 months and ongoing. I acknowledge the art of the human touch in caring for the South Australian community. I commend the motion.

Mr HUGHES (Giles) (12:16): I also rise in support of this commendable motion. It is entirely appropriate that the motion has been moved by the member for Hurtle Vale, with such a background—so many experiences in the nursing profession. We on this side are incredibly fortunate to have such a member, and a member with such a huge amount of lived experience. It is always good to have someone with lived experience, and not just relying upon abstract knowledge to make comment on some of the most important issues that we face.

I am sure many of us in this chamber have met midwives and nurses, often in not great circumstances, but I have to say that the most profound and happiest days of my life were in the company of midwives, with the premature birth of our twins. An obstetrician was involved—and he had to do some heavy-duty work because it was a caesarean—but there was a midwife there. The obstetrician was fantastic, but the degree of human warmth during that process was not exactly as great as it was with the midwife who, with skill, experience and warmth, brought something else to that particular experience.

It is worth reflecting on as a country member with a vast electorate. The challenging births that used to take place as a matter of routine in country hospitals are now much rarer. I come from Whyalla, one of the larger regional communities. The delivery of our twins could no longer happen in a place like Whyalla. You would have to go either to Port Augusta or to Adelaide for a birth of that nature.

Indeed, someone with relatively minor complications—they might be overweight; there might be a number of other factors—would now have to go to Port Augusta or to Adelaide for that birth. Whereas once upon a time we did have resident obstetricians in communities like Whyalla, that no

longer occurs, but we still have midwives and we still have midwives capable of doing amazing work in the absence of obstetricians.

When it came to our third child, the obstetrician only turned up right at the last minute when all the work had been done. The midwives did all the work and that was a long birth. I remember that incredibly well. It was not a caesarean. It was a very long birth, and my partner at the time was very annoyed with us because we were already quaffing champagne and eating pizza while she was in the process of giving birth. The language she used was incredibly abusive—and understandable. But that is reflecting upon the way the delivery of health in country communities has changed.

One of the things about having such a large electorate is that there are a number of nurses who live and work in very remote communities, and they serve those communities incredibly well. Their level of dedication is something to behold, but it does carry risks. Back on 23 March 2016 there was the brutal death of Gayle Woodford, someone who was incredibly dedicated and who ended up losing her life in a very remote community in the APY lands.

The things nurses are exposed to at times in remote communities are deeply concerning. It is important that in this place, with the introduction of Gayle's Law, we need to ensure it is properly managed. We need to ensure that people in remote locations, doing outstanding and very necessary work, are looked after. Even in our larger communities there have always been issues, and it is usually in relation to alcohol.

Alcohol is still one of the big contributors, and in our hospital up at Whyalla, a large hospital, there is exposure to violence. At times it is not the fault of the person who is putting people's safety at risk—it can be the result of trauma or mental health conditions or psychotic episodes—but we do have our unfortunate share of people who are off their faces on this or that and who are directing violence against people who are there to help them.

That was one of the really concerning things in the hospital in Whyalla, that we did not have 24-hour security for a long time, despite all the Code Blacks, so I was proud to be involved in the campaign to get that changed. Once again, we saw the incredible worth and power of unions, of people collectively organising to try to get a result. There is now going to be 24-hour security at the hospital, but we just need to make sure it is appropriate and skilled security, with the capacity to protect people and de-escalate situations when needed. As I said, it is a large electorate, with nurses at Whyalla, Roxby Downs, Coober Pedy, Quorn, Hawker, Cowell, Kimba, the APY lands and Marla, and people working through that vast electorate to deliver essential services.

The issues we have in aged care and the role nurses play in that sector have also been touched upon by our shadow minister. There are insufficient nurses in aged care. I have not yet been through the detail of the budget announcements, but we clearly need to bring back staffing ratios in terms of both nursing and the general workforce in aged-care facilities. The fact they were even removed all those years ago—under the Howard government, I think—was a disgrace, and the consequences of that have been very serious at a number of facilities.

In common with all other members here, I commend the work done by nurses and the work done by midwives, incredibly essential work by incredibly valued members of our community. They should be treated with respect. I will just touch on the difficulties now with accessing GPs, which is extending beyond the smaller regional communities. I think that whole idea of having additional trained nurse practitioners—I know GPs hate this and I know doctors hate this, in the main—means they could play an even bigger role than they are playing now.

Ms LUETHEN (King) (12:25): I rise today to speak in support of this motion from the member for Hurtle Vale and to express my heartfelt thanks to our dedicated and remarkable nurses and midwives in South Australia. This year, 2021, has been designated by the World Health Organization as the International Year of Health and Care Workers in the recognition and appreciation of their unwavering dedication in the fight against COVID-19.

It is very important for us to take the time to recognise both International Nurses Day and International Day of the Midwife. It gives us an invaluable opportunity to celebrate the achievements and to recognise the contributions of all nurses, midwives and carers in ensuring South Australians are receiving high-quality and safe care. I recognise the contribution and how hard all our nurses and midwives work.

Furthermore, it is significant in highlighting the wonderful work midwives do to ensure women in their care have a positive birth experience and outcome. I remember, when I had one of my two children, the obstetrician accidentally cut me in a very painful way in the process of giving birth and the midwife pushed him aside, took over and sent him away. My husband said he could smell alcohol on the obstetrician and I am very glad the midwife was there to safely deliver my child and keep me well. Midwives also have a key role in health counselling and education, not only for women but also for those within the family unit and the community.

Both International Nurses Day and International Day of the Midwife have intriguing histories. While International Nurses Day has been celebrated since 1974, the story of its observance stretches back to the Crimean War in the 1850s. International Nurses Day is celebrated in honour of Florence Nightingale whose work as a nurse during the war led her to becoming the foundational philosopher of modern nursing. Appalled by the conditions of the facility she worked in during the conflict, Nightingale spearheaded an assiduous campaign for health and nursing reform and established several nursing schools across the world, including in Sydney, London and New York.

In contrast, the idea of an international midwives day was initially floated by an Australian delegation to the 1987 International Confederation of Midwives in the Netherlands. In Australia, the importance of midwives is recognised each year with the Walk with Midwives celebrations nationwide. I understand this event is scheduled to occur in Glenelg for this Saturday morning and I hope there is fine weather.

I take this opportunity to sincerely thank all nurses, midwives and other health professionals who have reached out to me to have their say, sharing their experiences over the past six years about our health system and how it needs to be improved to offer better patient care. Locally, I remember visiting the Lyell McEwin Hospital part way through the pandemic just as some of our nurses had volunteered to go to Victoria to help out when their COVID cases were high. I asked a nurse about this decision and whether they were scared and she said she was committed to a belief that it was just part of the job to care for our whole community.

This year, when the vaccine was being rolled out to frontline staff, our nurses again were at the front of the queue, bravely rolling up their sleeves. Throughout the countless hours I have spent hosting listening posts and doorknocking, I have been touched by the stories of hundreds of nursing staff working in our local hospitals. In particular, I can recall a nurse who visited one of my listening posts in The Grove SA shopping centre in 2017 actually crying to me about the lack of resources that made her job so painfully difficult under the previous government.

When I doorknocked and listened to my community in 2017 and 2018, other nurses sat me down in their lounge rooms—one for over an hour—to give me countless examples of Labor's torrid management of our health system. All these stories I relayed to our extremely hardworking Minister for Health. It is these stories from my constituents, our nurses, who, like Florence Nightingale, inspire me to advocate for a better healthcare system, a better Modbury Hospital and a better Lyell McEwin Hospital.

We are seeing promised improvements and milestones delivered locally, and that is why I am proud to be a part of the Marshall Liberal government delivering what matters not only to all constituents but also to these hardworking nurses. We acknowledge that there is a lot more to do, but we are absolutely committed to better health services.

As part of Modbury Hospital's \$98 million redevelopment, residents and staff in the Adelaide's north-east recently got access to a brand-new state-of-the-art outpatient building. Designed over two levels, the new outpatient department at Modbury Hospital will provide more streamlined access for people visiting the hospital for treatment or diagnosis. A nurse at Modbury of over 30 years recently told me that the new facilities had greatly improved patient flow, making her job better.

I am also proud to be delivering with my colleagues the \$58 million expansion and refurbishment of the Lyell McEwin Hospital's emergency department. Additionally, I was pleased to hear about the hospital's new pharmacy robot last month, which will give nurses more time for other tasks, such as educating and supporting patients regarding their medicines.

I thank health and medical professionals in my electorate for raising their concerns with me over the years, as this is absolutely critical in helping me understand what I should be advocating for, how I should advocate for better outcomes in health. It also gives me better questions to ask of

my colleagues, and I urge these health and medical professionals to keep their feedback coming because I am certainly listening. One ex-nurse, Ellen Gillespie, has been particularly vocal at the three health forums we have held in our local community, and this has been incredibly helpful.

At a recent Modbury Hospital community forum we held at the Modbury Bowling Club many recent positive experiences at our local hospitals were shared by my local community members. My constituents provide me good feedback about nursing staff all the time, and I pass this great feedback on to the CEO of the northern alliance each time I see her, which is often because we have been delivering so many milestones in our local hospitals, and this is great because we are taking a step towards better health outcomes. I urge constituents to tell more of the positive stories of the great care that our local nurses provide. These hardworking nurses and midwives deserve to be acknowledged, and I hope the good stories I pass on to the leadership are getting back to the nurses.

Every year, as an important part of the week of celebrations for International Day of the Midwife and International Nurses Day, we have the SA Health Nursing and Midwifery Excellence Awards, and once again this year we want to pause and pay tribute to South Australian nurse Kirsty Boden, the recipient of the Australian Bravery Decorations—Bravery Medal, the Queen's Commendation for Bravery and the Red Cross Florence Nightingale Medal. In the 2017 London Bridge terrorist attack, Kirsty, without hesitation, ran into danger, offering her nursing expertise and qualities to save others. Kirsty's courage, dedication and her strong will to care for the injured as a nurse and as a caring person will be remembered.

There was good news for our hardworking nurses in the federal budget today. Tradies, teachers, truckies, farmers and nurses on low and middle incomes will score a \$1,080 tax cut in the budget. In addition, it was great to hear that in aged care the government will invest in training and upskilling aged-care workers and introduce retention bonuses for nurses to ensure that the workforce of 366,000 can meet the growth in demand.

In South Australia, there is no denying that more capacity is needed in our emergency departments, and that is why we are in the midst of delivering a landmark hospital build program, which will see a substantial increase in treatment spaces. We inherited a health system where hospital emergency departments had been downgraded and the Repat closed. In contrast, we are implementing a comprehensive plan that not only increases beds and treatment spaces but reduces the number of people needing hospital admission.

We have more budget, more doctors, more nurses, more midwives and more ambulance officers in South Australia than ever before in the state's history. Yesterday, we were told that since the government came to office in 2018, in the period 2018-20 there was an increase of 286 nurses and midwives. Today, I thank our nurses and our midwives. I thank them for the care they provide and the amount of times they go above and beyond. You really deserve this recognition. Thank you.

Mrs POWER (Elder) (12:35): I stand today to support this motion and acknowledge the exceptional work of nurses and midwives everywhere on the frontline of caring for our community, never more so than in the last 12 months, when they have been part of the front line in the fight against COVID-19. Whether in hospitals, clinics, schools, visiting homes, rural communities or the outback, being a nurse is much more than simply carrying out health care. Being a nurse is understanding a patient—getting to know them and their needs, talking to them—and alleviating their fears. It is picking up the things others might miss. It is comforting and encouraging. It is professional, and it is personal.

I know this because I am surrounded by so many incredible nurses in my own life. My mum is a registered nurse. She works in Alice Springs. She came to Australia from Canada and fell in love with my dad in Alice Springs and has had some incredible times nursing in Indigenous communities. She still works as a public health nurse with the Central Australian Aboriginal Congress there.

My sister-in-law, Leslie, is in Canada, and she has shared with me her stories as a nurse and carries out her care in the same way that I know nurses do in our own country. A very good friend of mine, Shelley Fox, works as a neonatal nurse at the Flinders Medical Centre, and I am always in awe of and inspired by the work she does and the things she faces in her everyday work.

So to all the nurses, we do see you, we do hear you, and I can assure you that you do have the backing of this government. I would like to call out some of the comments the member for Kaurna

made. I think that they are absolutely outrageous—to suggest that those on this side of the house do not equally acknowledge and care and fight for our nurses and midwives. To suggest this is just hypocritical. I know all too well that people in my community remember Labor's failed Transforming Health, and I can assure you the nurses who worked at the Repat certainly have not forgotten what happened there.

But, unlike some of those opposite, I do not think today is about playing politics. I really want to focus on this important occasion to recognise and commend the work of all nurses and midwives across the world but particularly the amazing ones we are lucky to have here in South Australia. I say thank you to all the nurses and midwives in our state for your dedication, your professionalism and your understanding as you care for us all during our times of need. Unfortunately I have had quite a few experiences in hospital, from third-degree burns as a child to a spinal fusion and all sorts, and I know I would not have got through those times if it were not for the nurses. For your efforts, your courage and your hard work during the pandemic today and every day, we say thank you.

These international days are also an opportunity to pay tribute to the nurses and midwives who have been heroes throughout our history. With the recent ANZAC Day services, it is timely to remember those in this profession who went above and beyond, those nurses in war, many of whom made the ultimate sacrifice to care for injured and dying soldiers in horrendous conditions. More than 3,000 Australian civilian nurses volunteered for active service during the First World War, and around 1,500 nurses across a number of countries lost their lives. We pay our respects and give our greatest thanks to the nurses past and present.

This is an issue that is very important and close to my heart, particularly in my local area where we hold the annual Bangka Day Memorial Service, held at the Women's Memorial Playing Fields. It is held in recognition of the 22 Australian Army nurses who were gunned down during the Bangka Island massacre in World War II. A special service is rightly held in their honour. Each year, I am so moved by the courage of those nurses and that courage that remains in nurses who work today. Sadly, these times are not entirely passed. As some of my colleagues have mentioned, it was only a few years ago in 2017, more than 70 years after the Bangka Island massacre, that a South Australian nurse was killed in her selfless act of caring for others.

Our nurses who work every day on the frontline are courageous, dedicated and selfless. There is no doubt that in the past and today nurses and midwives are the people whom we depend upon at some of the toughest times we experience in our life. They are the people who are there for us and those closest to us in the most difficult of times. I would like to acknowledge all the members on this side and the other side who have shared some of their personal experiences with nurses they have had that have touched their lives.

They are without a doubt our heroes, particularly during the pandemic. I celebrate their success and I extend deep thanks for their hard work in caring for all of us. As the member for King mentioned, you do inspire us. You do drive us to want to work harder, to fight harder and to make sure that you have the resources you need.

As a government, we will absolutely continue to invest more in health as required. I would like to acknowledge the Minister for Health in the other place, who I know is undertaking an incredible body of work, upgrading every metropolitan hospital in our state. In my local area, the Flinders Medical Centre emergency department is almost about to double in capacity. He is not only undertaking upgrades across metropolitan hospitals but also overseeing a range of initiatives that can ensure that people get the right care in the right setting, and that may or may not be at a hospital.

With all this investment, whether that is expanded emergency departments or piloting the priority care healthcare centres or the My Home Hospital program, at the end of the day it is the nurses who really determine the quality of care that South Australians receive. We take this moment to acknowledge you, to say thanks, to reassure you that, whilst we have done so much in the last three years and sometimes we cannot make the concrete dry any faster, as the Premier often says, we are doing all that we can to ensure that you have a better setting, more support and more resources to continue the great work that you do. We have done a lot, but there is certainly more to do, and we are here to do it with you. Thank you so much for all that you do.

The Hon. D.G. PISONI (Unley—Minister for Innovation and Skills) (12:42): Firstly, I stand in support of the motion. International Nurses Day does give you reason to pause and think about experiences that you may have had with nurses and midwives in your life. Fortunately, I have not

had a lot of them, except of course the two times I accompanied my wife during her birthing of our two children. The first birth was a very, very long labour, and there is no doubt that the support she had in hospital from the several shifts of midwives during her labour helped her to get through that process. We have never forgotten the support that we received during that process.

We also know that it is one of those areas over various specialities of nursing where it has been predominantly feminised. Because of that, I think we have seen that the pathways into nursing are not perhaps as broad as they are for some other areas. I was surprised when I started in this role, first as the shadow minister in skills training and then as the minister, to have it confirmed how much of that allied health support in aged care and disability care is delivered almost entirely institutionally.

Those students are then expected to work basically for free for up to eight weeks, in what they call a placement, in order to get their on-the-job training or their real-life experience to combine with classroom training, whether it be a Cert III in Individual Support or enrolled nursing. Of course, these are very good pathways into other areas of registered nursing and midwifery.

I am very pleased to say that as a government we identified that it was not satisfactory that that be the only way to enter the care sector and we started almost immediately to develop paid pathways where enrolled nurses would have an opportunity to be paid over a 12-month period in order to combine their on-the-job training and their classroom training. Certificate III in Individual Support was another area where we were able to run some pilots. I think there are about 1,000 successful paid traineeships in that space at the moment.

This is a philosophy and a practice that we have seen in many male-dominated industries for a very long time, where people are actually paid to learn. The ambition of this government is to ensure—and I am very pleased with the additional funding that was announced in the federal budget yesterday—that we work with the federal government to deliver more paid training pathways in the care sector.

The fact that there is now a 50 per cent subsidy on the first year of a traineeship is a tremendous hook, if you like, for employers who are not used to the paid traineeship model to give it a go. I know that those who have used the paid traineeship model will not return to other models as they have found it very beneficial. I know that they will continue working together with industry and working together with the ANMF.

We have had a very successful relationship in expanding services through the registered training organisation that is run by the Australian Nursing and Midwifery Federation. I think one of the reasons that we have been successful is that they are connected with the industry and practices that happen within the industry. I think our relationship has grown from just over half a million dollars in paid training in the financial year ending 2018, to more than \$1.3 million in training nurses, or enrolled nurses with individual support. A special shout-out to Rob Bonner, who runs that organisation for the federation, for his passion and commitment in nursing.

We have an ambition in the government to see many more paid training opportunities and stackable skills. I recall that there have always been periods while I have been in politics when there have been shortages of qualified nursing. I remember one scheme that was announced by John Hill, probably around about 10 or 12 years ago, where the state government was going to train nurses in Vietnam and bring them out to work in our hospitals in South Australia. I remember the press release. I remember the discussion at the time, but I am not quite sure that I am aware of any of the outcomes of that.

Our view is that we have people here who would like to enter the care sector and may have ambitions to be registered nurses. We would like to see those pathways developed through paid traineeships, stackable paid traineeships. There are a couple of universities in Australia that have come up with generic models of stackable qualifications where you start as a cert III or cert IV, jump out at that level and work at that level, or continue on to another paid traineeship and a diploma in that particular area, and then jump out at that level if you wish and work at that level, or then go on to complete a bachelor's degree in that related area. Of course you are getting credits right the way through while you are being paid to learn in that sector.

This is a very exciting change to the way in which you can start a career in nursing and in the care sector, and it is that very word—it is not just a job, it is a career—and having those career pathways that can support predominantly women in the workforce who want to continue advancing their careers, being able to support them to do that through paid traineeships, paid diplomas and supporting them to go on to get their bachelor degree or working in management through this process.

I am very pleased with all the partners we have been working with in this place, whether it be the ANMF or many of the private providers and TAFE, which will also continue to offer these services in regional South Australia. There are now pathways into nursing through our vocational pathway program in schools that the Minister for Education has been building since coming to office. Next year, grade 7 will be in high school. In that year, students will be introduced to a program called The World of Work, where they will have 100 hours of exposure to industries and opportunities for careers, in which the care sector and nursing will play a critical role.

By the time those students get to year 10, they will be in a position to decide what interests them and what pathways are available to them, whether it is through a vocational pathway that could also end up in a university degree or, alternatively, going straight to university after finishing year 12. We even have situations where in year 12 people could do a Cert III in Individual Support or enrolled nursing while they are completing their high school certificate.

It is a very exciting time for careers right across South Australia, and the allied health career area is one we have a very strong focus on. Again, congratulations and a big thank you to nurses and midwives for what they do for us every day, even though many of us are not exposed to it personally on a daily basis.

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (12:52): I will be quick for a few reasons—because a lot has been said already and because the member for Hurtle Vale tells me that the nurses are getting hungry and looking forward to some lunch. Given that my wife is a nurse, I understand exactly how difficult it can be to squeeze in a meal break or a tea break and how often you go without them, so I will make sure that does not happen today.

I wholeheartedly support the member for Hurtle Vale's motion for International Nurses Day and International Midwives Day and wholeheartedly support the key themes: for nurses, 'A voice to lead: a vision for future healthcare', and for midwives, 'Changing the world one family at a time'. Let me say, through you, Mr Deputy Speaker, to the people in the gallery that it is a pretty special mark of respect when one of these motions continues on for the whole 90 minutes of time that is allowable. Normally, we get through three, four, five or six motions. When you have this many members of parliament wanting to speak and wanting to contribute, you know that a good motion has been brought to the house and that a lot of MPs feel strongly about it.

My main contribution is to share an opinion that nurses are the glue that holds the whole healthcare system and the health industry together. There is an enormous range of professions other than nursing in health care and an enormous range of subprofessions, I suppose, within nursing. My wife is a theatre nurse. She loves her work; she has been doing it for over 30 years and every day she thoroughly enjoys her work. She often likes to say that she is one of the old guard who is hospital trained and that they are much better than any of the newer ones coming through these days, but I know that—

The DEPUTY SPEAKER: Be nice there, minister.

The Hon. D.C. VAN HOLST PELLEKAAN: —there are some outstanding nurses coming through these days as well. As a particularly strong advocate for country health services throughout South Australia, nurses play a huge role. I am especially keen on doing what our government and our parliament can to support the ongoing development of nurse practitioners and extending the practical hands-on professional role nurses play through a wide range of opportunities, which in my observation typically exist more in the country than they do in the city, as it is for GPs.

A wider range of work is available to a GP in the country than in the city because a specialist is not necessarily right there on hand, so GPs—sometimes because they want to, sometimes because they have to—learn to do a wider range of things and become comfortable doing a wider

range of things, and it is exactly the same for nurses. Nurses are the glue that holds together health care and the health industry.

Finally, it dawned on me while listening to this range of speeches that, certainly in this chamber and certainly on this side of the chamber, there are a significant number of MPs whose partners are nurses. I know that we are all very proud of what they and all their colleagues throughout the state do.

Ms COOK (Hurtle Vale) (12:55): Thank you very much to everybody who contributed. I also acknowledge the member for Torrens, who really did want to make a contribution, but we are running out of time. I am sure you appreciate that she supports you as well. Thank you very much to the Speaker for his kind words and words of guidance. Thank you to the members for Gibson, Karna, Hammond, Giles, King, Elder, Unley and Stuart for their contributions. There are differences in opinion across the chamber and I appreciate—as I am sure the nurses and midwives in the audience appreciate also—that we come from different philosophical bents but that we want the very best for the workforce and the outcomes.

I do not deny that nurses and midwives have reached out to people across all parties within the parliament to express their concern for the patients they care for and the families they look after, and they have done that in the best and strongest possible language. I think that the way the interpretation has been made may differ from one party to another. My very clear message is that capital is not everything, infrastructure is not everything and concrete is not everything.

The issue that we have right now is about the people, about the workforce and about how we support them and truly listen to and address the concerns they are expressing to us over and over again. That should not always translate to a new building. Collectively, the people in here have centuries of experience. They saw the upgrades to the Flinders Medical Centre, they saw the upgrades to the Lyell McEwin and they saw the building of the new Royal Adelaide Hospital, so they will not be lectured to by anybody who alleges that new concrete and new walls and changes to infrastructure will change their world. They just want people to listen and to invest in the people.

I want to make a couple of quick points regarding that; one is that the unions are doing an incredible job to raise awareness around some of the staff disputes and contradictions that are going on. I acknowledge the ASU for their support, particularly for the disability workforce. I support the United Workers Union, which is currently running a campaign to try to raise awareness of their workers who have been trying to negotiate to get some certainty for their future and some decent conditions for some of the lowest paid workers in our healthcare sector for the last three years. Enough is enough—get on with it, get to the table and give them some certainty. Then there is the ANMF—

The DEPUTY SPEAKER: Member for Hurtle Vale, I do not mean to interrupt, but do you wish to have this passed?

Ms COOK: Yes, I do. I will get it done really quickly now. Head to www.anmfsa.org.au for their campaign. Unlike the Minister for Health, who made you bring your own cuppa for midwives day, I will supply the pies and pasties for you today. I commend the motion.

Motion carried.

Sitting suspended from 12:59 to 14:00.

Petitions

BRIGHTON ROAD

The Hon. A. KOUTSANTONIS (West Torrens): Presented a petition signed by 103 residents of South Australia requesting the house to urge the government to provide the community with a comprehensive business case for proposed roadworks on Brighton Road.

GIANT AUSTRALIAN CUTTLEFISH

Mr HUGHES (Giles): Presented a petition signed by 3,611 residents of South Australia requesting the house to reinstate the no-take zone for the giant Australian cuttlefish north of a line across Spencer Gulf from just north of Wallaroo to just north of Arno Bay.

*Parliamentary Procedure***PAPERS**

The following papers were laid on the table:

By the Attorney-General (Hon. V.A. Chapman)—

Summary Offences Act 1953—

Dangerous Area Declarations return pursuant to section 83B—Report for Period
1 January to 31 March 2021

Road Blocks return pursuant to section 74B—Report for Period 1 January to
31 March 2021

*Parliamentary Committees***LEGISLATIVE REVIEW COMMITTEE**

Mr TRELOAR (Flinders) (14:03): I bring up the 37th report of the committee, entitled Subordinate Legislation.

Report received.

*Question Time***YOUTH DEATH, PORT LINCOLN**

Ms HILDYARD (Reynell) (14:04): My question is to the Minister for Child Protection. When was the minister briefed about the tragic incident in Port Lincoln yesterday, in which a 13-year-old boy sleeping in an industrial bin died?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:05): I was briefed yesterday morning.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:05): My question is to the Minister for Child Protection. Who briefed the minister?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:05): My department—the CE and deputy.

CHILDREN IN CARE, PORT LINCOLN

Ms HILDYARD (Reynell) (14:05): My question is to the Minister for Child Protection. How many children in care have gone missing in the Port Lincoln region in the past year?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:05): That's obviously a figure I don't have off the top of my head, but I will seek to get an answer to bring back to the house.

CHILD PROTECTION DEPARTMENT, PORT LINCOLN

Ms HILDYARD (Reynell) (14:05): My question is to the Minister for Child Protection. What currently are the staffing shortages in the Department for Child Protection's operations in Port Lincoln?

The Hon. D.C. VAN HOLST PELLEKAAN: Point of order, sir: standing order 97. The question contained argument.

The SPEAKER: The question proceeded on the basis of a premise of fact. If the member for Reynell wishes to seek leave to introduce any fact, I will give the member for Reynell an opportunity to do so. Is the member for Reynell seeking the call? I uphold the point of order.

Ms HILDYARD: Thank you, Mr Speaker. My question is to the Minister for Child Protection. Are there staffing shortages in the Department for Child Protection's operations in Port Lincoln?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:06): I thank the member for her question. Just to remind the house that, when I came to government in March 2018, when I became the minister, there were 279 FTE vacancies—

Members interjecting:

The SPEAKER: Member for Badcoe!

The Hon. R. SANDERSON: —across the Department for Child Protection. I can assure the house that as of now there are more staff than ever before employed in my department. We have worked very hard as a department. One of our first policy announcements that was enacted within the first 100 days was to broaden the qualifications that were accepted in order to help fill the long-held vacancies.

Allegedly, the vacancies were held in order to hide the blowouts in the budget of the Department for Child Protection (then Families SA). We are now at less than 60 FTE vacancies across the entire state. I am not sure how many exactly there might be in Port Lincoln but, as far as I am aware, it would be very few and there is no issue with staff in the Port Lincoln office.

The SPEAKER: Before I call the leader, I call to order the member for Badcoe.

SOUTH AUSTRALIA-JAPAN RELATIONSHIP

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:08): My question is to the Premier. Can the Premier please update the house and the people of this state on the relationship between the South Australian government and Japan?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:08): I thank the Leader of the Opposition for his question, and I acknowledge today in the gallery His Excellency the Ambassador of Japan to Australia, Ambassador Yamagami, and his wife, Kaoru Yamagami, and also the Consul-General from Japan, Shimada-san. It is a great honour for us to have this delegation here in South Australia.

As members would be aware, the ambassador replaced Ambassador Takahashi, who had served Japan here in Australia for an extended period of time and fostered a great working relationship between Japan and Australia. The new ambassador has arrived. He has made South Australia a priority, and I think that's a great act of respect to the great working relationship we have had in South Australia with Japan over an extended period of time.

Both the Leader of the Opposition and I were recently at the Adelaide Airport, when Mitsubishi Motors Australia Limited opened their brand-new headquarters for Australia right here in South Australia, which I suppose extends that wonderful decades-long relationship we have had with Mitsubishi Motors Australia Limited. We thank you, sir, for coming to South Australia.

The ambassador has a wonderful program. Whilst we're here in question time, slaving away, representing the people of South Australia, the ambassador will be going to the wonderful Art Gallery of South Australia. One of the things that he will see when he visits our wonderful Art Gallery is the installation of Chiharu Shiota, a wonderful installation there that is a favourite for all people visiting our Art Gallery.

The Ambassador His Excellency is very keen on promoting two-way trade with Japan, especially focused on tourism, but he has a special love for South Australian wine and food. I know that this is going to be a great focus for us. As members would be aware, we have significantly expanded our presence in Tokyo. For more than two decades, we have had Tanaka-san, Tin Tanaka, representing tuna sales from South Australia to Japan. In recent times, we have expanded that with an office headed by Sally Townsend. She is very much focused on building the team that we have in Tokyo so that we can build that relationship with Japan.

I think it's no coincidence that the only trip that our Prime Minister has made during the coronavirus pandemic has been to Japan. Obviously, on the resignation of Prime Minister Abe, our Prime Minister, the Hon. Scott Morrison, was very keen to establish a good working relationship with our friends in Japan and the new administration under Prime Minister Suga. I think that the relationship is going from strength to strength.

It was a great honour for us in South Australia last year to host many technical people from JAXA, the Japanese space agency, for the return of Hayabusa2 to Earth. That was a wonderful time for us. I think that space is a great opportunity for us to work together. We now have a space agency

and JAXA is, of course, one of the great space agencies in the world and we now have many things that we can collaborate on in space.

Also, in the area of hydrogen, my last trip overseas before the coronavirus was to Tokyo, where I spoke at the Tokyo University, His Excellency's alma mater, on the opportunity between South Australia and Japan in terms of clean, green hydrogen produced in South Australia but for export to Japan.

To His Excellency, who sits in the gallery today, can I offer a hand of friendship from this parliament to you. We hope that you enjoy your time here in South Australia.

The SPEAKER: Can I add my words of welcome to Your Excellency and Mrs Yamagami, to the Consul-General and also to the Honorary Consul-General, Adam Wynn, the long-time honorary consul in Adelaide also present. Welcome to you all.

CHILD PROTECTION DEPARTMENT, PORT LINCOLN AND CEDUNA

Ms HILDYARD (Reynell) (14:12): My question is to the Minister for Child Protection. Are all manager roles in DCP Port Lincoln and Ceduna currently filled?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:12): That's obviously an operational question. I will need to get information and bring that back to the house.

CHILD PROTECTION DEPARTMENT, PORT LINCOLN AND CEDUNA

Ms HILDYARD (Reynell) (14:13): My question is again to the Minister for Child Protection. Have any manager roles in DCP Port Lincoln and Ceduna been vacant in the past year?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:13): Again, I will seek information and get back to the house.

CHILD PROTECTION DEPARTMENT, PORT LINCOLN

Ms HILDYARD (Reynell) (14:13): My question is to the Minister for Child Protection. How many full-time equivalent DCP positions are there in Port Lincoln and how many of those are currently unfilled?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:13): What I can let the house know, as I already indicated, is that there were 279 vacancies when I became the minister in 2018. We now have over 244 extra social workers and 53 extra case managers and have filled the vast majority of the vacancies that were held for years—empty—under the former government.

Members interjecting:

The SPEAKER: Order!

CHILD PROTECTION DEPARTMENT, PORT LINCOLN

Ms HILDYARD (Reynell) (14:14): My question is to the Minister for Child Protection. Have any shifts gone uncovered in DCP operations in Port Lincoln in the past three months?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:14): This is, again, obviously an operational matter. I will need to seek information to bring back to the house.

CHILD PROTECTION DEPARTMENT STAFFING

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:14): Supplementary question to the Minister for Child Protection: why is the minister able to avail the house of information regarding job vacancies from three years ago but can't furnish the house with information regarding job vacancies today?

Members interjecting:

The SPEAKER: Order, members on my right!

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:14): The Leader of the Opposition, it is good of you to bring up the 279 vacancies that were held under the former Labor government for several years and—

Members interjecting:

The SPEAKER: Leader!

The Hon. R. SANDERSON: —I would be very interested—

Members interjecting:

The SPEAKER: Member for Badcoe!

The Hon. R. SANDERSON: —to know if the Leader of the Opposition could tell me every vacancy and in which office when they were in government, because I bet that he couldn't.

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON: What I can say is that we have more people employed in the Department for Child Protection than ever before. The former Labor government have no credibility in this area. As I have already stated, we have 244 extra social workers across the state and an extra 53 case managers across the state.

The Hon. D.G. Pisoni interjecting:

The SPEAKER: Minister for Innovation and Skills!

The Hon. R. SANDERSON: That is almost 300 extra frontline workers—more—than under the former government and, as I said, more workers than ever before. The vacancy rate is below 60. So, yes, I do know the number; however, it is a whole of state number. I am not the operations manager who does the rostering for every department office.

Members interjecting:

The SPEAKER: The member for Badcoe is warned.

The Hon. R. SANDERSON: However, I am focused with my CE on getting those vacancies down as fast as we can. We have made significant inroads. Remember, there were 279 vacancies under Labor and there are less than 60 now. This is better than ever before.

The SPEAKER: Before I call the member for Newland, I call to the order the member for Wright, the Minister for Innovation and Skills, the Minister for Energy and Mining, the Deputy Premier, the member for West Torrens and the leader.

Parliamentary Procedure

VISITORS

The SPEAKER: I take this opportunity to bring to honourable members' attention the presence in the Speaker's gallery of Lisa Knight and Valerie Timms, both of Bradbury. Lisa Knight is the captain of the Bradbury CFS brigade, who led the effort in response to the recent Cherry Gardens fires that caused so much damage at Scott Creek Conservation Park and Mount Bold Reservoir. They are my guests today and I extend a welcome to you both.

Question Time

FEDERAL BUDGET

Dr HARVEY (Newland) (14:17): My question is to the Premier. Can the Premier please update the house on how the Marshall Liberal government is working with the commonwealth government to deliver for South Australians? With the leave of the house, I will explain.

Leave granted.

Dr HARVEY: Last night, the federal Liberal government announced its budget, which included significant measures for South Australia.

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:18): I thank the member for Newland for his excellent question. Last night's budget that was handed down was a very strong budget and a very good budget for the people of South Australia. It was a high-spending budget, but it was

designed for one thing, and that is to promote ongoing economic growth and the bounce back from the coronavirus. The good news about that is that it means jobs for Australia and, more specifically, jobs here in our state, which is absolutely fantastic news.

There were, of course, very significant spends in terms of infrastructure and that is an area where South Australia did extraordinarily well. We saw more than \$15 billion being committed to new infrastructure projects, of which South Australia got in excess of \$3 billion or more than 20 per cent. So we are the 6 per cent state and we received more than 20 per cent of that new infrastructure money.

Members interjecting:

The Hon. S.S. MARSHALL: Whilst those opposite complain about this, the reality is I know—

Members interjecting:

The SPEAKER: Member for Lee!

The Hon. S.S. MARSHALL: —this is good for South Australia because I've got every other Premier and every other Treasurer in the entire country complaining about how much South Australia got. This is important because it means that we are going to be able to deliver on that north-south corridor—

Members interjecting:

The SPEAKER: Order, member for West Torrens!

The Hon. S.S. MARSHALL: —a very important project for our state, an extraordinarily important project for our state.

Members interjecting:

The SPEAKER: The member for West Torrens is warned.

The Hon. S.S. MARSHALL: When we came to office we were committed to the north-south corridor's completion—

Members interjecting:

The SPEAKER: The member for Lee is called to order.

The Hon. S.S. MARSHALL: It was a project that was on the table since 1968, the year that I was born. That project had previously been scuttled by hopeless, incompetent, previous Labor governments, and, of course, it was only recently that we got the north-south corridor back on track.

We had a very strong commitment from the Coalition when they were re-elected in 2013, and since then South Australia has done very well with a flow of infrastructure money to South Australia, and that was continued last night—

Members interjecting:

The SPEAKER: Member for Schubert!

The Hon. S.S. MARSHALL: —in the budget, and what we see now going forward is approximately \$1 billion committed to South Australia every year—

Members interjecting:

The SPEAKER: The leader!

The Hon. S.S. MARSHALL: —in terms of this important road infrastructure funding for South Australia. I took the opportunity to look at what the situation was before we came to government—it was about half that.

Members interjecting:

The SPEAKER: The member for Lee is warned.

The Hon. S.S. MARSHALL: So we have doubled the money flowing to South Australia. We've got a pipeline going forward. We are going to complete the north-south corridor, and that is

going to be great for commuters in South Australia. It will cut 24 minutes off the commute time for South Australians.

Importantly, we won't be building a trench north-south in South Australia. We will be keeping South Australia connected east-west, which is an important aspect of the dual tunnel plan that the Minister for Trade and Investment of this government has put forward—a very important plan for South Australia. There were other excellent components of this excellent budget to stimulate South Australia and Australia out of the coronavirus. We see that the economic growth is due to be above 4 per cent, making it one of the strongest economies anywhere in the world.

We commend Treasurer Josh Frydenberg, we commend our Prime Minister, the Hon. Scott Morrison, and in particular we acknowledge the work and the money that is being put into aged care, disability care, women's security and women's safety here in South Australia. I particularly want to acknowledge the commitment the federal government has made to the digital economy in Australia, which is a very important one for South Australia, and also the focus that they have had on mental health.

The money that is going into mental health will change lives. The money that is going into suicide prevention will also change lives. These are important areas. The federal government has focused on them. We commend this federal government budget. It is extraordinary for our country. Most importantly, it is a great budget for South Australia.

The SPEAKER: Before I call the member for Reynell, I call to order the member for Schubert, I warn the member for Wright, I call to order the member for Playford, and I warn for a second time the member for Lee.

The Hon. S.C. Mullighan: You haven't warned me once yet.

The SPEAKER: The member for Lee hasn't been listening. The member for Reynell.

CHILD PROTECTION DEPARTMENT, PORT LINCOLN

Ms HILDYARD (Reynell) (14:22): My question is to the Minister for Child Protection. Did you ask in yesterday's briefing about current staffing and vacancy levels in Port Lincoln?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:22): I will not be discussing details of a private conversation.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:22): My question is to the Minister for Child Protection. Prior to yesterday, were any issues raised about the care arrangements or general safety of the 11 and 12-year-old boys involved in the industrial bin incident in Port Lincoln?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:23): As this house is well aware, I will not be commenting or giving information on individual cases. It is actually against the act, section 164.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:23): My question is to the Minister for Child Protection. Were any of the boys involved in the incident in Port Lincoln yesterday reported missing at any stage?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:23): I refer to my previous answer.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:23): My question is to the Minister for Child Protection. Were any of the children involved in yesterday's horrific incident in Port Lincoln subject to a CARL report or any other notification to DCP?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:24): I refer to my previous answer.

Members interjecting:

The SPEAKER: The member for Hurtle Vale is called to order. The member for West Torrens is warned for a second time.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:24): My question is to the Minister for Child Protection. Were the 11 and 12-year-old boys who survived the horrific incident that killed a 13-year-old boy in Port Lincoln yesterday in state care?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:24): The death of a young person that occurred yesterday in Port Lincoln is an absolute tragedy, and my sincere condolences are with the family, friends and the Port Lincoln community who are rallying around the family. We need to respect the wishes of the Aboriginal elders and the family not to raise this issue here. This is clearly not appropriate and not necessary, and I will not be discussing any individual cases in this parliament.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:25): My question is to the Minister for Child Protection. Who informed the next of kin of the three boys about the incident in Port Lincoln yesterday?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:25): I thank the member for this important question. What I can report to the parliament is that multiple ministers received a briefing on this because many ministers are interested in this particular tragedy—and it is a tragedy—and I want to begin by acknowledging and sending my condolences to the family, to the friends and also to the broader Eyre Peninsula community who are all suffering at the moment. We wanted to make sure that straightaway services were provided to that family and that community through the Department of Human Services, through the Department for Child Protection and also through the Department for Education.

The Minister for Police has been in correspondence with SAPOL. They will be conducting a thorough investigation of this tragic incident and providing information to the Coroner. We await the information that flows from this investigation. I note the comments yesterday from the SAPOL officer that they were not aware of people sleeping rough like that in Port Lincoln. It seems to me on the surface that this is an extraordinarily unfortunate accident and incident, but we will await that investigation and we will take whatever action is necessary following that investigation.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:26): My question is to the Minister for Child Protection. What steps did DCP take following the incident to ensure the safety and wellbeing of the two surviving boys?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:27): I can assure the house that supports continue to be provided to the family and the children involved by both government and non-government agencies.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:27): My question is to the Minister for Child Protection. Did the two surviving boys spend last night with their families or in the care of DCP?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:27): I think I have made it very clear to this house that I will not be discussing individual cases or details.

The Hon. A. Koutsantonis: No—it might incriminate you.

The SPEAKER: The member for King will resume her seat for a moment. The Minister for Energy and Mining on a point of order.

The Hon. D.C. VAN HOLST PELLEKAAN: Yes. The Member for West Torrens interjected across the chamber that the minister's appropriate answer, which is not to share information, might incriminate her. I ask you to ask him to stand up, apologise and withdraw.

The SPEAKER: Did the Minister for Child Protection hear an interjection across the floor?

The Hon. R. SANDERSON: Absolutely I did, and I would ask the member to apologise and withdraw the comment.

The SPEAKER: The Minister for Child Protection, having asked the member for West Torrens to withdraw and apologise, I ask the member for West Torrens to do so.

The Hon. A. KOUTSANTONIS: Sir, I apologise and withdraw.

EDUCATION SYSTEM

Ms LUETHEN (King) (14:28): My question is to the Minister for Education. Can the minister update the house on how the Marshall Liberal government is working with the commonwealth in order to deliver world-class education across South Australia?

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (14:28): I thank the member for King for this important question. I know that she cares passionately about education and that she supports the government's ambition to deliver world-class education for every child in South Australia at every preschool and school, in every town and suburb in our state, where we want our children to get the support to get a year's growth in their education every year, to then see them supported to fulfil their potential to be on a pathway to success.

Last night in the federal budget, it was very clear that we have a partner in that ambition in the Morrison federal Liberal government, and we are very pleased to continue working with them to that effect. It is a new approach that has been taken over the last three years, where we seek to work with the federal government rather than to fight with them all the time for media appearances. We find there is great advantage to our communities, our families and our students in working with our partners rather than constantly fighting with them, as was the approach taken previously.

There are a couple of things to particularly reflect on in relation to last night's federal budget. In the first instance, I want to congratulate the commonwealth for the increased funding to support families through an additional investment of \$1.7 billion committed to child care. That is a measure that will reduce the cost of living for 250,000 families across Australia by an average of \$2,200 per year. It will increase workforce participation by women and will be of benefit to tens of thousands of South Australian families.

There are 449 long day care, centre-based childcare services in South Australia that are accredited for the Australian government childcare subsidy, and families at those centres will benefit. Nineteen of those centres, particularly in the regions and rural areas, are government run, but the benefit is particularly for families, and that is very welcome.

I am really pleased that the commonwealth has committed \$1.6 billion over the next four years and then ongoing—in excess of \$589 million per year thereafter—to fulfil a commitment where 15 hours of preschool education in the year before a child attends school will be available to every child in Australia. That is tremendously important because there has never been that ongoing funding commitment from the commonwealth previously.

There was originally a three or four-year deal done with Julia Gillard and then the funding was to end. There have been incremental extensions year by year since then, and we have worked with the commonwealth to get an outcome that sees that funding ongoing. It is tremendously important for our workforce planning. It is tremendously important for people working in the sector.

Mr Malinauskas interjecting:

The SPEAKER: Order!

The Hon. J.A.W. GARDNER: Of course, the Leader of the Opposition indicates that it shouldn't have been stopped in the first place. It was indeed a federal Labor government that put an end date to that funding—

The SPEAKER: The minister won't respond to interjections.

The Hon. J.A.W. GARDNER: —and then put in a situation where it wasn't ongoing funding. It is to Alan Tudge's credit, to Josh Frydenberg's credit and to Scott Morrison's credit that they are the first federal government that have ever committed to that in an ongoing fashion—

Members interjecting:

The Hon. J.A.W. GARDNER: —and I commend them for that and look forward to working with them to see that funding delivered in an ongoing fashion. The interjections from those opposite highlight one of the real concerns about the way they governed. The National School Reform Agreement was their favoured tool to argue with the government at the commonwealth level, where they constantly talked about how they refused to sign up to federal deals that weren't enough. Since signing that deal in 2019, we have seen billions of dollars extra from the commonwealth come in.

Mr Malinauskas interjecting:

The SPEAKER: The leader!

The Hon. J.A.W. GARDNER: We have seen support guaranteed for students with disability so that when a student has a functional need identified—not even a diagnosis, but a functional need—they are supported by state and federal governments.

We discovered on coming to government that the biggest problem the former government had was that it would have required extra state funding to sign that agreement, \$700 million extra that we put in that they didn't want to put in. We will continue to work with the government to deliver world-class education for all South Australian students.

The SPEAKER: Order! The time for answering the question has expired. Before I call the member for Reynell, I warn the member for Playford, I call to order the deputy leader, I call to order the Premier, I warn the leader.

CHILDREN IN STATE CARE

Ms HILDYARD (Reynell) (14:33): My question is to the Minister for Child Protection. How many children in state care are currently missing?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:33): Missing children is a longstanding issue not only in South Australia but throughout Australia. This is something that my department has been working very hard on and that we as a government have been working hard on right from when I was first elected.

We need to remember that for over a decade the Guardian for Children and Young People called on the then Labor government to close the large bed facilities, the residential care facilities, which is where most of the missing persons reports are from and most of the care concerns. They ignored that for a decade—16 years, in fact—and instead they built more. Rather than closing them, they built more.

What we have done is close the Queenstown large bed facility, we have decommissioned the Gilles Plains large bed facility, we have decommissioned the Morphett Vale large bed facility and we have capped the numbers in the other residential care facilities to improve the care for children. We have also implemented the My Place program which allows children to decorate the home's soft furnishings and make them more homelike.

We have invested in purchasing and renting more homelike facilities so that they do feel part of a family. We have put a lot of effort into assisting the non-government organisations to recruit more foster carers because we know that families are the best place for our young people. We also know that the former government neglected intensive family support services. There were so many children coming into care that we had to stem the flow. This government is very proud to say we have been—

Members interjecting:

The SPEAKER: Deputy leader!

The Hon. R. SANDERSON: —investing in intensive family support services through the Department of Human Services. We have Anglicare working in the north and KWH in the west. More recently, we announced the social impact bond by the Benevolent Society, which will be starting another intensive family support service.

The Hon. A. KOUTSANTONIS: Point of order, sir.

The SPEAKER: The minister will resume her seat. The member for West Torrens rises on a point of order.

The Hon. A. KOUTSANTONIS: My standing order is 98: the minister must answer the substance of the question. The minister is debating the question, not answering the substance. The question was very specific: how many children are missing currently?

The SPEAKER: I have the point of order and I don't uphold the point of order for the time being. I do observe that the minister is now two minutes in, providing context in relation to the question. The minister has the call.

The Hon. R. SANDERSON: Thank you, Mr Speaker, and this information is completely relevant to the missing persons report that I was questioned about because this is what the Liberal government has been doing since coming into power over the last three years. I have 16 years of chaos and mess under Labor to fix. I have had three years. We are making significant inroads, but you cannot fix 16 years of mismanagement of a department; it cannot be fixed in three years.

As I have said, we have reduced the number of large bed facilities because we know that is where most of the missing persons reports come from. We have capped them, we have made them more homelike, we have invested in more homes and rented more homes. We have had a large campaign to attract more foster carers because we know families are the best place for children. We also know that children, wherever possible, should be with their own family.

The Hon. A. KOUTSANTONIS: On a point of order, sir.

The SPEAKER: The minister will resume her seat. The member for West Torrens on a point of order.

The Hon. A. KOUTSANTONIS: The question was not about what the government had done to reduce missing children in care. The question was: how many children, who are currently in care, are missing? Standing order 98, sir.

The SPEAKER: I know very well—

Members interjecting:

The SPEAKER: Order, members on my right! I understand very clearly what the question was. I draw the minister's attention to the question. The minister has the call.

The Hon. R. SANDERSON: It is important to see what work is being done and we do know that children, wherever possible, would prefer to be with their biological family, so we are investing in the supports for the family and family group conferencing as well as reunification wherever possible. I am very proud of this government's work in this area to reduce the numbers of missing persons reports. However, I do not have the specific number.

The SPEAKER: Before I call the member for Kavel, I warn the member for Badcoe for a second time, I call to order the member for Chaffey, I warn the deputy leader.

INFRASTRUCTURE PROJECTS

Mr CREGAN (Kavel) (14:38): My question is to the Minister for Infrastructure and Transport. Can the minister update the house on projects the Marshall government is delivering and touch on the jobs that are being created from those projects?

The Hon. C.L. WINGARD (Gibson—Minister for Infrastructure and Transport, Minister for Recreation, Sport and Racing) (14:38): I thank the member for Kavel for his interest in the number of projects the Marshall government is rolling out. Can I start by saying how wonderful it was last night to hear the federal Morrison government's delivery of the budget—a recovery budget and a jobs budget.

I want to point to our great relationship and thank the federal government for that great relationship. It's wonderful working with them to see us get a 22 per cent share of the new infrastructure funding—22 per cent for South Australia, never heard of before. That is absolutely outstanding. We know, as the Premier pointed out, the other states still aren't happy. In fact, the Labor Treasurer in Queensland I think is still spinning because of the wonderful work that we got. This is an outstanding result.

I know those opposite hate it when South Australia bats really well, does a great job and gets a really good slice of the pie. So now we have this to add to our record pipeline of infrastructure: a \$16.7 billion infrastructure spend. We know how happy we are to have that much money being spent on infrastructure in South Australia over the next four years and, last night, more money coming into that pipeline and creating jobs for the people of South Australia.

What I can say is it's a massive gulf compared to what Labor delivered. They are out there making a whole song and dance. The member for West Torrens doesn't like it when we do so well. He really doesn't like it when South Australia does such a good job. If we have a look at the next four years, as I said, roughly a billion dollars a year is coming from the federal government over the forward estimates.

If we look back at what the average was when they were in government, it was half that. That's all they got from the federal government for infrastructure projects. We've got our \$16.7 billion, as we know, and more came last night, and we are grateful for that: \$7.6 billion of that is going to roads and transport infrastructure, \$1.7 billion into health, \$1.3 billion into schools and the great projects there that are being rolled out by the Minister for Education, \$2.2 billion into SA Water infrastructure and \$772 million into housing.

All of that is creating 19,000 jobs. We know how important jobs are, and our plan and our pipeline are delivering just that. Again, those on the other side are out there whingeing and complaining about jobs; it is hard to believe. Let's have a look at the pipeline and what we're rolling out. Let's have a look at what we are doing.

Members interjecting:

The SPEAKER: Member for Playford!

The Hon. C.L. WINGARD: Again, from the COVID stimulus package, shovel-ready and targeted road safety projects, 405 jobs. They don't like it. The COVID stimulus 2 package, a road safety package, 430 jobs. If you drive around the regions, you see this work being done and you see the bitumen literally hitting the road. Sealing the Strzelecki Track is 180 jobs, Regency Road to Pym Street, we are just finishing that up, 210 jobs—sensational, and the Gawler line electrification is 535 jobs.

The Goodwood/Springbank/Daws intersection is going wonderfully well in the member for Elder's electorate, with 48 jobs there. The Portrush-Magill intersection, I got a phone call yesterday and they were telling me how well that is going, with 78 jobs there. The Granite Island Causeway is 43 jobs.

Members interjecting:

The Hon. C.L. WINGARD: The more I mention jobs, the more noise they make—I can't understand it. The regional road network package, 110 jobs. Raising the speed limits—they don't like this one; there will be noise here—we put the speed limits back up on eight country roads, 245 jobs. Their solution was no jobs, just drop the speed limit; that's the answer. The Victor Harbor Road duplication and Main South Road, there are hundreds of jobs there as well. The ROSI Eyre Highway upgrade, 150 jobs.

Members interjecting:

The Hon. C.L. WINGARD: I mention jobs, they make noise; it's hilarious. The Augusta Highway duplication—

Members interjecting:

The SPEAKER: The member for Mawson is called to order.

The Hon. C.L. WINGARD: —is 110 jobs, and we will add to that with the funding we received last night as well. The Princes Highway infrastructure investment program, 135 jobs. This list keeps getting longer. The South Eastern Freeway asphalt works, 165 jobs. Golden Grove park-and-ride—don't the people of the north-east love both members out there doing a great job—150 jobs, with the member for King doing wonderful work. The Hahndorf township improvements project, 350 jobs. I am out of time, but there are more jobs.

Members interjecting:

The SPEAKER: Order! The time for answering the question has expired.

Members interjecting:

The SPEAKER: Order, members on my left!

Members interjecting:

The SPEAKER: The leader! Before I call the member for Reynell, I warn the member for Mawson, I call to order the Minister for Trade and Investment, I warn the member for Hurtle Vale, I warn for a second time the member for Playford and I call to order the member for Kaurna. The member for Badcoe will leave for 20 minutes in accordance with standing order 137A.

The honourable member for Badcoe having withdrawn from the chamber:

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:43): My question is to the Minister for Child Protection. What does section 164 of the Children and Young People (Safety) Act 2017 state?

The Hon. V.A. CHAPMAN: Point of order: no-one here in the government is here to give legal advice.

Members interjecting:

The SPEAKER: Order! There is no point of order.

Members interjecting:

The SPEAKER: The Premier!

Members interjecting:

The SPEAKER: Order! The Premier will cease interjecting.

Members interjecting:

The SPEAKER: The Premier is warned.

Members interjecting:

The SPEAKER: Order! The Premier will cease interjecting.

Members interjecting:

The SPEAKER: The member for Wright!

Members interjecting:

The SPEAKER: Order, I'm on my feet! There is no point of order. Does the Minister for Child Protection seek the call?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:44): Thank you, Mr Speaker. That is on the public record, but I am happy to read it if you are not able to get a copy yourself. Section 164 of the Children and Young People (Safety) Act 2017 relates to confidentiality. Subsection (1) provides:

- (1) Subject to this Act, a person engaged or formerly engaged in the administration, operation or enforcement of this Act must not disclose personal information obtained (whether by that person or otherwise) in the course of performing functions or exercising powers under this Act—

Then there are some exceptions, of which none are relevant in these circumstances.

Members interjecting:

The SPEAKER: Order! The Premier and the Deputy Premier will cease interjecting. Before I call the member for Reynell, the member for Wright will leave for 20 minutes in accordance with standing order 137A, the member for West Torrens will leave for 20 minutes in accordance with standing order 137A and I warn the Minister for Innovation and Skills. I remind all members that the member asking the question is entitled to be heard in silence. Members are entitled to raise a point

of order. If they do so, I will rule on the point of order. A minister answering the question is entitled to be heard in silence. The interjections will cease.

The honourable members for Wright and West Torrens having withdrawn from the chamber:

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:46): My question is again to the Minister for Child Protection. Does the minister agree that subsection (2) of section 164 of the Children and Young People (Safety) Act 2017 states that individual details of cases can be discussed as long as it cannot reasonably be expected to lead to the identification of any person to whom they relate?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:46): The member for Reynell continues to push for personal and private information and I will not be releasing that.

Members interjecting:

The SPEAKER: Order!

TRAINING AND SKILLS FUNDING

Mr TRELOAR (Flinders) (14:47): My question is for the Minister for Innovation and Skills. Can the minister update the house on how the Marshall Liberal government is working with the commonwealth to deliver more training and skilled jobs?

The Hon. D.G. PISONI (Unley—Minister for Innovation and Skills) (14:47): I thank the member for Flinders. I am sure that, like me, he was there rejoicing with every word of the federal Treasurer last night as we heard about the benefits that the budget was delivering for South Australia. Of course, the Marshall and Morrison governments have worked together in partnership to deliver increased and targeted training focusing on getting South Australians skilled and into sustainable long-term careers first under Skilling South Australia, and we were the first state to sign in September 2018.

Then, of course, when COVID hit we signed up with the federal government with the JobTrainer program, which was another support for training particularly aimed at young people and jobseekers. We have worked together to provide opportunities for vocational education and training, delivering the skills required by employers and raising the status of VET—not just raising the status but also raising the participation of apprenticeships and traineeships. We are leading the nation.

We all know that from 2012 to 2018 there was an average of a 19 per cent decline in the number of commencements of apprenticeships and traineeships under those opposite. By March 2019, we had reversed that trend and, since then, we have been leading the nation in commencements and apprentices in training. There was a 7.6 per cent increase in the number of apprentices and trainees in the latest figures from September last year. Every other state and territory went backwards. The commonwealth budget continues the strong focus on training with new funding announcements.

When was the last time, Mr Speaker, that you saw such an emphasis on skills training in a federal budget? When was the last time that happened? I can't remember, and I have been around politics for a very long time. The Prime Minister is pushing apprenticeships and traineeships, the Treasurer is pushing apprenticeships and traineeships, the Premier is pushing apprenticeships and traineeships, and I am doing a bit of it myself too.

Members interjecting:

The Hon. D.G. PISONI: The education minister asks me: do I know anything about apprentices? Well, I was an apprentice once. Of course, there is \$652.1 million to train the existing aged-care workforce and encourage more people to enter the industry. This is in line with what we are doing here in South Australia. When we first came to office, one of the very first projects that we rolled out was in the care sector for paid traineeships. The system that those opposite left us here was for people to—

Members interjecting:

The SPEAKER: The member for Cheltenham!

The Hon. D.G. PISONI: —study in their own time and work for free to get their on-the-job training. We are rolling out paid traineeships, and we support the federal government in its partnership to do that. There are 5,000 extra training positions for women wanting to start in non-traditional roles for women. We have already been doing that work here in South Australia, with organisations like PEER, the MBA, the Civil Contractors and Naval Group.

We saw an extension to the JobTrainer program for another 12 months and an additional \$2.7 billion for employers to take on 170,000 new apprentices and trainees. This is the expansion of the Boosting Apprenticeship Commencements until March next year. This is directly aimed at young people, giving young people more opportunities and, of course, for those who have pivoted out of industries that are not as relevant as they were before COVID to get new skills and to upskill through taking on an adult apprenticeship or traineeship.

There has never been a better time to take on an apprentice or a trainee. The federal government has recognised that, the state government has recognised that and we are working together to deliver those outcomes.

CHILD PROTECTION DEPARTMENT

Ms HILDYARD (Reynell) (14:51): My question is to the Minister for Child Protection. Are any DCP staff currently the subject of CARL reports?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:51): I will take that question on notice.

CHILD PROTECTION DEPARTMENT

Ms HILDYARD (Reynell) (14:51): My question is to the Minister for Child Protection. Is the minister aware her deputy chief executive has revealed five departmental staff are the subject of CARL reports? With your leave, and that of the house, Mr Speaker, I will explain.

Leave granted.

Ms HILDYARD: In evidence to the Budget and Finance Committee last week, the Deputy Chief Executive of the Department for Child Protection, Ms Fiona Ward, indicated that the department had received up to five CARL reports in the past two years relating to staff.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:52): There was extensive questioning in the Legislative Council's Budget and Finance Committee, and it appears that the member for Reynell has a copy of that information, just as I do. I am not sure why you are asking me to read a report you could read yourself.

CHILD PROTECTION DEPARTMENT

Ms HILDYARD (Reynell) (14:52): Supplementary to the Minister for Child Protection: how many of those has the minister been made aware of?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:53): I am briefed regularly by my department about significant incidents.

Mr Malinauskas: What's the answer to the question if you have been briefed?

The SPEAKER: Order, the leader! The member for Reynell seeks the call.

CHILD PROTECTION DEPARTMENT

Ms HILDYARD (Reynell) (14:53): My question is to the Minister for Child Protection. Can staff with CARL reports access and view those reports?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:53): I will take that question on notice.

Mr Malinauskas: I thought you were briefed regularly by the department.

The SPEAKER: The leader will cease interjecting.

Members interjecting:

The SPEAKER: Deputy Premier!

CHILD PROTECTION DEPARTMENT, C3MS SYSTEM

Ms HILDYARD (Reynell) (14:53): My question is to the Minister for Child Protection. Can the minister reassure the house that a staff member who has had a CARL report made against them cannot in any way alter or delete that report?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:54): The C3MS system that was implemented by the former government is the program that is currently being used. It has many, many issues. That is why when I was in opposition asking for questions about drug testing and reports, they were never able to be provided. We have made amendments to the program so that they can be reported on. There are many issues with C3MS. It would be my expectation that if somebody has a report made against them steps would be taken in order to stop them from being able to make changes.

What I do know about C3MS, however, is that it keeps a log of everybody who has been on, so if they did have the ability to go on and make a change it would be on the auditable log and we would be able to determine that—and there are regular audits.

CHILD PROTECTION DEPARTMENT

Mrs POWER (Elder) (14:55): My question is to the Minister for Child Protection. Can the minister update the house on how the Marshall Liberal government is working with the commonwealth to deliver additional services so children in care are able to be safely reunified with their families?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:55): I thank the member for Elder for her question and her interest in children and young people. I am pleased to inform the house about the exciting new developments the Marshall Liberal government, in conjunction with the commonwealth government, is delivering in family reunification.

Earlier this year, we announced the Marshall Liberal government's commitment of \$15.05 million to the Newpin reunification program to support hundreds of families across metropolitan Adelaide to reunify with their children in our care system when it is appropriate and safe to do so. The federal government's contribution of \$3.15 million will bring the total contribution to \$18.2 million. This is another major step towards improving social outcomes for families and children in South Australia.

The funding arrangements of the Newpin reunification program will be delivered through social impact bonds, which I have strongly advocated for for many years. This innovative funding arrangement develops joint partnerships between government, non-government sectors and investors to achieve better social outcomes for families. Newpin will encourage families to engage in activities that promote family wellbeing, repair relationships and develop parenting capacity for families and children who are vulnerable.

It is important that where it is safe to do so, we support children and families to reunify because children who are able to live with their families in a loving and safe environment will always have better outcomes in life. Children who are loved, nurtured and supported will have better health, better education and achieve better long-term life outcomes, such as employment.

The Newpin program will be delivered by Uniting Communities and is an evidence-based intensive, therapeutic centre-based program that provides early intervention and prevention services. We are doing a great deal of work in this area and working across government to support our most vulnerable children, young people and their families. We are ensuring that we provide support by using evidence-based research and practice that has proven results both interstate and overseas to prioritise those families who need help the most.

Newpin is one of a series of new programs that the Marshall Liberal government has invested in to help our most vulnerable families who have at least one child who is below school age and is in care. Three Newpin centres will open in metropolitan Adelaide: one in the north, one in the north-west and one in the southern suburbs. The first centre is scheduled to open in the northern suburbs in July.

Another social impact bond initiative that we are working on with the commonwealth government is the resilient families program due later this year. This is an \$11.3 million program to be delivered by the Benevolent Society and will work closely with families to support up to 300 children over the next five years. This early intervention program is to prevent children entering the child protection system.

I am looking forward to seeing the positive results, reconnection and improved outcomes these will give hundreds of South Australian families. This exciting announcement is just one way the Marshall Liberal government is delivering on our commitment to child protection and supporting families.

CHILD PROTECTION DEPARTMENT, C3MS SYSTEM

Ms HILDYARD (Reynell) (14:58): My question is to the Minister for Child Protection. Has the minister been made aware of any DCP staff inappropriately accessing the C3MS system?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:59): I refer to my previous answer.

CHILD PROTECTION DEPARTMENT, C3MS SYSTEM

Ms HILDYARD (Reynell) (14:59): My question is to the Minister for Child Protection. How many times has the minister been made aware of DCP staff inappropriately accessing the C3MS system?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:59): I refer to my previous answer.

ROAD SAFETY

Mr McBRIDE (MacKillop) (14:59): My question is to the Minister for Police, Emergency Services and Correctional Services. Can the minister please update the house on how the Marshall Liberal government is working with the commonwealth to improve road safety in South Australia?

The Hon. V.A. TARZIA (Hartley—Minister for Police, Emergency Services and Correctional Services) (14:59): I thank the member for MacKillop for his question and his interest in this very important area. Members of this place would agree that ensuring Australians are safe on our roads is a key priority for every government across the country, and our government is committed to improving the quality and safety of our roads for all road users.

The federal government obviously shares this commitment, which is why it is important that we have a state government that wants to work with the federal government. Last year's federal budget saw the announcement of \$210 million for road safety programs in South Australia as part of the commonwealth's \$2 billion Road Safety Program. These projects include improvements such as shoulder sealing, installing audio tactile line markings and also improved safety barriers.

We wasted no time in partnering with the commonwealth government on this program, and we are delivering projects including \$9 million for shoulder sealing, curve widening and surface improvements on nearly 300 kilometres of the Eyre Highway; \$15.9 million for road safety improvements, including widening on the Rocky River Bridge along the Horrocks Highway; and also \$14 million for road improvements along a 40-kilometre stretch of the Stuart Highway, from Pimba to just north of Coober Pedy.

That is why we are taking this partnership even further. Last night's federal budget included a further billion dollar investment into the Road Safety Program, which will mean that we will once again partner with the commonwealth to receive what will be our fair share of that funding, which will deliver high-priority road safety improvements right across the state. This type of partnership funding is what a state government can achieve when they have a good, respectful relationship with the federal government.

The massive funding injection will not only result in new infrastructure projects but also contribute towards safety improvements, surface upgrades and a safer driving experience for South Australian road users. We are also working with the commonwealth government as we develop South Australia's Road Safety Strategy to 2031. Importantly, our strategy will be closely linked to the

National Road Safety Strategy 2021-30, which is also being developed as we speak. This close cooperation with the commonwealth will put us in the best place possible to reduce lives lost and serious injuries on our roads.

I am also pleased to inform the house that South Australia will this year host the 2021 Yellow Ribbon National Road Safety Week that runs from 16 May to 23 May. This year's theme is simple but conveys a message that all road users should heed: 'Drive so others survive'. Of course, we need to think about others when we are on the roads; it is not just our own lives that could be at risk but also those of other road users. Yellow Ribbon National Road Safety Week will see a number of key events in South Australia to highlight that key point to South Australian road users.

It is a real privilege for South Australia to host the week and I particularly want to thank Mr Peter Fraser, the president and founder of Safer Australian Roads and Highways, for his outstanding efforts in establishing Yellow Ribbon National Road Safety Week. I look forward to continuing to work with him and also the individuals and all the groups who are very dedicated to making sure that our roads are as safe as possible. I hope to see many members of this place at many of these events.

CHILD PROTECTION DEPARTMENT BUDGET

The Hon. S.C. MULLIGHAN (Lee) (15:02): My question is to the Minister for Child Protection. Have all the savings required of the Department for Child Protection in the government's 2018-19 budget been delivered? With your leave, sir, and that of the house, I will explain.

Leave granted.

The Hon. S.C. MULLIGHAN: In the government's 2018-19 budget, \$4.4 million a year of savings were required from the Department for Child Protection from that year onwards.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (15:03): That was obviously a few years ago, the 2018-19 budget. As far as I am aware, and I will certainly get back to the house to confirm this, I believe my CE was so excited to have actually met a budget because it was just so unusual and extraordinary. I believe my department is doing a fantastic job at keeping to their budget.

CHILD PROTECTION DEPARTMENT BUDGET

The Hon. S.C. MULLIGHAN (Lee) (15:03): My question is to the Minister for Child Protection. Have the additional savings required of the Department for Child Protection in the government's second budget, the 2019-20 budget, been delivered? With your leave, sir, and that of the house, I will explain.

Leave granted.

The Hon. S.C. MULLIGHAN: In the government's second budget, the 2019-20 budget, over \$5 million a year of additional savings were required from the department in addition to the previous year's budgeted savings.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (15:04): We have a budget and estimates process where this line of questioning is really the correct place. You can save it for then.

Members interjecting:

The SPEAKER: Order! The leader will not interject in the course of the minister's answer. The member for Lee is seeking the call.

CHILD PROTECTION DEPARTMENT

The Hon. S.C. MULLIGHAN (Lee) (15:04): My question is to the Minister for Child Protection. Can the minister explain to the house why the minister's department spent nearly \$8 million on targeted voluntary separation packages for over 90 full-time equivalent staff in the first two years of this government if there were ongoing staff vacancies? With your leave, sir, and that of the house, I will explain.

Leave granted.

The Hon. S.C. MULLIGHAN: Information provided in response to questions on notice to the Treasurer indicates that \$7.841 million was spent on targeted voluntary separation packages to 91.2 FTE equivalent staff in the Department for Child Protection.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (15:05): What I can say is that my department has more staff than it has ever had before.

COVID-19 INDIA

The Hon. G.G. BROCK (Frome) (15:05): My question is to the Premier. Can the Premier update the house on any state government type of assistance that may have been offered to the people of India to assist them in combating the pandemic currently happening in that country? With your leave, sir, and that of the house, I will elaborate further.

Leave granted.

The Hon. G.G. BROCK: Our state is a very multicultural community, and we have seen the media coverage on the plight happening in India with regard to the shortages of oxygen, vaccines and other commodities. My information is that we have roughly 30,000 Indians born in South Australia and a further 34,000 of Indian descent, plus the Indian students.

In my community, we have private people spending their own money to provide equipment and assistance to their fellow countrymen, and they are asking me: what assistance is the state government giving to India?

The Hon. S.S. MARSHALL (Dunstan—Premier) (15:06): I thank the member for his question. I did provide an extensive ministerial statement on this to the house last week. I am happy to provide the member with a copy of that, and I will also get an update from my department.

As I said last week, we are working with the commonwealth to identify the methodology in terms of sending, in particular, surplus medical supplies to India. Our thoughts are with the Indian community at the moment. They are suffering very significantly at the moment with this very devastating wave of the coronavirus. They have shortages in many areas, but we are working in a coordinated way with the commonwealth to make sure that we can help support the overall coordinated Australian effort.

GLASSESSA

Mr DULUK (Waite) (15:07): My question is to the Attorney-General in her capacity of representing the Minister for Human Services. Attorney, will the state government commit to ensuring that the GlassesSA scheme is accessible and non-discriminatory for all those wanting to access this initiative? With your leave, sir, and that of the house, I will further explain.

Leave granted.

Mr DULUK: A constituent of mine, Mr Bryan Williams, must wear contact lenses as a result of a motor vehicle accident. Mr Williams brought to my attention that under the GlassesSA scheme contact lenses are not covered to the same level as prescription glasses. Mr Williams desires that the scheme consider those who are diagnosed with a prescribed eye condition, for which contact lenses are the only means of vision correction and change, so that everyone can visit their regular optometrist and have access to this important service.

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (15:07): Can I just indicate that I am happy to inquire of the minister as to the particular circumstances of what is being sought there. As I understand it, this relates to someone who has a condition for which only contact lenses are the suitable receptacle for the purposes of sight enhancement, and I will make some inquiries about that. If he has any particulars that he has in relation to the specific constituent, I am happy to get that further information.

FEDERAL BUDGET

Ms BEDFORD (Florey) (15:08): My question is to the Minister for Education representing the Minister for Health in the other chamber. How many of the 80,000 aged-care packages announced in last night's federal budget are earmarked for South Australia?

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (15:08): I thank the member for the question. I will take that on notice and bring back an answer.

FEDERAL BUDGET

Ms BEDFORD (Florey) (15:08): Supplementary, Mr Speaker: could the minister also find out how many approved applications here in South Australia will remain unsupported?

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (15:08): If there is further information that the first question taken on notice does not provide, then I will endeavour to provide one response to the house.

COVID-19 TRAVEL RESTRICTIONS

Mr BELL (Mount Gambier) (15:09): My question is to the Premier. Can the Premier inform the house and the residents of South Australia who live near a Victorian border about the new travel restrictions?

Members interjecting:

The SPEAKER: Order!

The Hon. V.A. TARZIA (Hartley—Minister for Police, Emergency Services and Correctional Services) (15:09): I thank the member for the question. A short time ago, earlier today, there was an announcement made about those restrictions, and they should be publicly available. If the member for Mount Gambier hasn't got them—

Mr Odenwalder: Does no-one in the government know what they are?

The Hon. V.A. TARZIA: —I will certainly make them available to him. They were only released a short time ago.

The SPEAKER: The member for Elizabeth is called to order.

FEDERAL BUDGET

Ms BEDFORD (Florey) (15:10): My question is to the Minister for Human Services. In light of the Royal Commission into Aged Care Quality and Safety, which stated, and I quote, 'the sector exploits the good hearts of the low-paid workers most of whom are women', what assurances can this government make to guarantee aged-care workers in South Australia will benefit from the increase in funding announced in yesterday's federal budget?

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (15:10): I thank the member for the question. It's a question for either the Minister for Human Services or Health. In either event, I will take that on notice and seek information from the relevant minister and bring it back to the house.

TAFE SA

The Hon. G.G. BROCK (Frome) (15:10): My question is to the Minister for Education. Can the minister update the house on his response of 30 March to my question of 3 March this year regarding the regional consultation of the future direction of TAFE SA? With your leave, and that of the house, sir, I will explain further.

Leave granted.

The Hon. G.G. BROCK: In the minister's response, he stated:

TAFE SA is currently identifying opportunities for how it can improve transparency around its regional delivery and its support for regional industries and communities.

Minister, how long will it take before we get some direction from that consultation?

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (15:11): I thank the member for the question. If I heard him correctly, he is concerned about a question that he raised in early March about TAFE SA's proposed approach to their regional strategy, so that was some two months ago. As the member was indeed a minister for regional development, I'm not sure how long consultations took under his period as a minister, but I'm not necessarily going to be terribly of the view that two months is an unreasonable amount of time to go from the question being raised to

providing a final document. Indeed, as he asks me about the time frame, I look forward to TAFE SA issuing the final response.

SCHOOL INFRASTRUCTURE PROJECTS, MOUNT GAMBIER

Mr BELL (Mount Gambier) (15:12): My question is to the Minister for Education as well. Can the minister inform the house of upgrades to Grant High School and Moorak Primary School?

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (15:12): I thank the member for the question. It was a pleasure to join the member for Mount Gambier visiting the Grant High School when I was in Mount Gambier a little while ago now.

One of the things that I'm sure the member for Port Adelaide would agree with me is that there is nothing quite as enjoyable as seeing outstanding work going on in our schools when they don't know you're coming—and it was, indeed, with the member for Mount Gambier. We had a schedule of visits. We found ourselves with a spare 20 minutes in between two other schools, and we just dropped into Grant High School to see some of the work they were doing.

It has been an important set of communications with the principal of Grant High School, who came into Parliament House with the member for Mount Gambier not so long ago, talking about some of those opportunities. Grant High School has a \$7 million project currently underway. It's in construction. It includes a new performing arts space, refurbishment to allow an additional science laboratory, new learning spaces to accommodate the year 7 students, and there is a body of other work that's been going on at school in related works, but those are the main aspects of it. My understanding is that that's on track for completion in August.

What usually happens in those circumstances is that, while the expectation is that it will be ready for next year, it's really exciting that we can get some of these works used by students this year. In relation to Moorak, there is a significant project at Moorak. I don't have the details here right now, but it is one where I know that there has been a significant level of interest from the governing council at Moorak. Particularly, from recollection, it's the early learning facility that needed some extra support, and I'm really optimistic about where that project is going to end up, and I will bring back further information for the member for Mount Gambier.

FUEL PRICE MONITORING

Ms BEDFORD (Florey) (15:14): My question is to the Attorney-General. What investigational research is the government conducting to determine the market impact of the 30-minute fuel price publications scheme currently on trial and its effect following the petrol price rising sharply above the terminal gate price?

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (15:15): I'm not specifically aware of any project research that has been referred to in relation to that. What we have been very clear about is, firstly, that the supervision of the compliance of this project, which is a two-year program, comes under Consumer and Business Services.

Mr Dini Soulio, as the commissioner, is responsible for both the compliance and enforcement of all fuel retailers, that is, advising of change of fuel price within, of course, the 30-minute time frame. There have been some notices issued by the commissioner, but he has the responsibility of monitoring that at present, issuing notices and enforcing compliance. As I have said before in the debate, and many times in answer to the member's questions, at the conclusion of the trial period it is expected it will be reviewed.

We have had the benefit of the Productivity Commission to assess this whole question of fuel pricing in South Australia and what models, if any, would be useful or would support a capacity for consumers to be able to monitor, select and have a choice to ensure they have the greatest accessibility to the best prices at any time. It may be that they are called upon in due course, but I'm not aware of any current research being undertaken, other than the compliance monitoring that is occurring by CBS.

SOUTH EASTERN FREEWAY

Ms BEDFORD (Florey) (15:16): My question is to the Minister for Infrastructure and Transport. In relation to the South Eastern Freeway truck and bus laws, how many people were subject to wrongly applied first, second and subsequent offence penalties, and how many of these have been corrected? With your leave, sir, and that of the house, I will explain.

Leave granted.

Ms BEDFORD: Since December 2019, a first offence against the South Eastern Freeway law has not attracted disqualification of licence. The Registrar of Motor Vehicles agreed, on 12 April 2021, that they had misinterpreted the first, second and subsequent offence provisions as, under section 81BC of the Motor Vehicle Act, they should be considered a first offence.

My concern is that some of my constituents who sought legal advice before expiation and addressed the incorrect actions of the Registrar of Motor Vehicles were able to have their disqualified licence reinstated, even though they suffered longer periods of suspension than was legally necessary. However, more broadly my concern is for the many other people who expiated their fines and have consequently been similarly wrongly penalised without their knowledge and without any action being taken to reinstate their licence.

The Hon. C.L. WINGARD (Gibson—Minister for Infrastructure and Transport, Minister for Recreation, Sport and Racing) (15:17): I think I got that; I won't ask the member to repeat the question. I have to say that I think the member will find that is a matter for the police commissioner, so I will happily take that on notice and get a response back to the member.

FRUIT FLY

Ms BEDFORD (Florey) (15:18): You can see that I'm having a very good day today, sir. My question is the Minister for Primary Industries. Can the minister inform the house about fruit fly eradication and the enforceable rules surrounding orchard maintenance? With your leave, and that of the house, sir, I will explain.

Leave granted.

Ms BEDFORD: As we know, individuals have been fined for carrying fruit when crossing the border, yet there appear to be no enforceable rules to clean up under orchards, and no fines have been placed on individuals who have abandoned orchards and the tonnes of fruit that have been dropped on the ground.

The Hon. D.K.B. BASHAM (Finniss—Minister for Primary Industries and Regional Development) (15:18): I thank the member for the question; it is a very important one. Fruit fly is a very difficult issue to deal with, as we have seen in this current season when seasonal conditions have been very conducive to fruit fly moving around the state. We have seen significant outbreaks across different parts of the state, including here in the city and up in the Riverland.

The Department of Primary Industries and Regions is doing everything it can in response to these outbreaks. We have 450 people on the ground, out working both in Adelaide and the Riverland, addressing these outbreaks. We have bait traps out there to trap these flies and get detections. Sadly, we are still seeing those detections and we are doing what is needed to get on top of this. It's in a period of the year when fruit flies go into dormancy when it becomes more difficult to go through that eradication process.

But we are continuing to work in this space. We do encourage people in the city to make sure they look after their fruit trees just like we do in the Riverland, also encouraging those orchard owners to make sure that they operate their properties appropriately. We will continue to work closely with industry to make sure that we get on top of this. It is such an important thing to our horticulture industry of \$1.3 billion and the workforce out there to make sure that we get on top of it.

*Grievance Debate***YOUTH DEATH, PORT LINCOLN**

Ms HILDYARD (Reynell) (15:20): I rise today deeply saddened by the horrific events that unfolded yesterday in Port Lincoln. I offer my love and condolences to the loved ones of the child who tragically lost his life and to the two boys who were faced with, and will continue to deal with,

the most heartbreaking of situations. I pray that they and all their loved ones have the support they need as they face the difficult days, weeks, months and years ahead.

Our whole community, particularly community members in Port Lincoln, are deeply shocked by what unfolded yesterday and deeply concerned that three children aged 11, 12 and 13 felt the need to find their place to rest in an industrial bin, not safely indoors, not warm and surrounded by loved ones. They are right to be concerned because children should never feel that that is their best or only option.

These tragic circumstances fill us all with sorrow. They are deeply unacceptable and a call to action to discover why on earth these children were asleep in a bin and what can and must be done to better support vulnerable children, their families and communities.

Our child protection system is in crisis with record numbers of children in care, children constantly going missing, a staffing crisis, foster carers feeling undervalued, and far from enough prevention and early intervention programs to meet need. In the Budget and Finance Committee less than a fortnight ago, we heard that staffing numbers are so bad in residential care homes that the department cannot honour its MOU with SAPOL to look for missing children.

Despite the minister's assertions today, department figures show that more than 10,000 missing person reports concerning children in state care were made in just 12 months, up from 8,968 the previous year. Our community is horrified and deserves to have questions answered about these tragic circumstances. They must be reassured that more will be done to ensure nothing like this ever happens again.

Questions that shine a light on what must change must be responded to. Vulnerable children and their families and communities deserve these questions to be responded to. Had anyone been alerted to the fact that these children were missing? Who was alerted? What circumstances were these children in in the lead-up to the early hours of yesterday morning? Had concerns been raised about these children, and how and by whom were these concerns acted upon and when?

Were these children in contact with the Department for Child Protection? Were there enough staff to appropriately and fully respond to any concerns raised about the safety and wellbeing of these children? Were any shifts in the DCP Port Lincoln operations uncovered? Had any reports been made to the Child Abuse Report Line about these children's wellbeing? Was it one of the calls amongst the 14,500-odd that so sadly went unanswered, unheard and unresponded to last year?

All children, including children who may be in care, must be supervised and safe. This means someone knowing where they are, what they are doing and who they are with. When children are unsupervised, when they go missing, they are vulnerable. Despite this stark reality, the minister has not acquiesced to the Guardian for Children and Young People's request for a community visitor scheme for children in care. She has not implemented Nyland recommendation 150 to ensure there are always two staff members in residential care homes.

Productivity Commission figures show South Australian children are going into care in record numbers, and this contributes to the staffing crisis currently gripping DCP. Despite this, the minister's department underspent \$10 million on staffing in the last financial year, and she continues to ignore the enormous pressure on staff and the impact on the care afforded children most needing support that this staffing crisis causes.

The minister continues to ignore the many generous foster and kinship carers who repeatedly express dissatisfaction with the way they are treated by this government. We have repeatedly called on the minister to urgently address the systemic issues impacting child protection in South Australia. It is absolutely past time that this minister acts.

KING ELECTORATE INFRASTRUCTURE PROJECTS

Ms LUETHEN (King) (15:25): This year, our government's focus has been steadfastly on keeping us safe, the COVID vaccine rollout and delivering economic recovery for our state. We are creating local jobs. We can see the huge amount of investment and construction happening in and around the electorate of King, which is creating jobs and delivering on our promises to people in King.

I thank my colleagues in the Marshall Liberal government for listening and delivering on the priorities raised by my King community. All around my local area we can see a \$254.5 million investment in infrastructure being delivered right now, and that is just on a few of the projects. The state government announced an additional \$25 million in funding over two years for the Golden Grove park-and-ride, bringing our total funding for the project to \$33 million. This site is now under construction, and everyone can see that driving down The Grove Way.

The aim of this project is to meet demand for the park-and-ride commuters and to increase public transport usage. Excitingly, the new Golden Grove park-and-ride will provide 450 car parking spaces, which will include 10 disability-compliant car parks and provision for secure bicycle storage. Furthermore, the new park-and-ride will provide seven kiss-and-drop parks for the Golden Grove High School community to help us manage the growth in the local school community and improve traffic flow around our three fantastic schools at this site.

Importantly, the project is also supporting 150 full-time equivalent jobs over the course of construction. From the Golden Grove park-and-ride site, you can see the roof going on the new building at the Golden Grove High School. The Marshall Liberal government's \$1.3 billion capital works program is supporting thousands of jobs across the state and forms part of the biggest investment into education by any state government in South Australia's history. Our King promise was to deliver a \$15.5 million investment in our local high school, creating an average of 38 jobs per year. This will enable Golden Grove High to expand by a large cohort of year 7 students, who will be taught in high school for the first time in term 1, 2022.

Just down the road is the Golden Grove Road upgrade project, which is being delivered by South Australian local business CATCON. Stage 1 is complete, and I continue to receive positive feedback from constituents about the new roundabout, the footpaths and the improved traffic flow. No longer do we need to plant our foot to get from Hancock Road to Golden Grove Road. Under construction right now is stage 2, and roads are expected to be open to traffic by late 2021, weather permitting.

The South Australian Marshall Liberal government has committed \$50 million towards delivering stage 1 and stage 2, which includes four key intersection upgrades, which will speed up traffic flow, especially for commuters to Tea Tree Plaza. Stage 2 will support around 70 full-time equivalent jobs over the life of the project.

Lastly, I am so pleased to be able to highlight the investment into returning our local health services for people living in King. Modbury Hospital is undergoing a \$98 million redevelopment. We have listened to feedback of people living in the north and north-east, and we are bringing back services. We are easing pressure on our emergency departments, providing access to a higher level of care closer to home. Over 1,378 people have been involved in the construction at Modbury Hospital so far. While Labor downgraded services at Modbury Hospital as part of their failed Transforming Health plan, under the leadership of the Leader of the Opposition, the Marshall Liberal government is investing into world-class infrastructure and creating jobs.

At Lyell McEwin Hospital, \$58 million is being invested to expand and revitalise the emergency department and build an eight-bed mental health short stay unit. The redevelopment set to almost double the capacity of the ED is critical to meeting the increased demand and future needs of our growing northern population. We are listening, we are building what matters in King and we are creating jobs and a stronger economy. We are completely focused on being safe and strong in South Australia.

ARMENIAN, GREEK AND ASSYRIAN GENOCIDE

The Hon. A. KOUTSANTONIS (West Torrens) (15:30): Today, I rise to talk about the genocide of Greeks, Assyrians and Armenians in Asia Minor. This has caused controversy among some sections of the Australian community by those who ask, 'Why talk of past murders, past genocides, past trials that affect people who are currently not living in Australia?'

The reason I think it is important that we raise awareness about the Armenian, Greek and Assyrian genocides is the same reason that in a speech to his generals in 1939 Hitler argued for 'lebensraum'—that is, breathing space for the German people to be as brutal as possible and to cleanse those eastern regions of populations—because, after all, who still speaks of the Armenian slaughter? His rationale was to be as brutal as possible because no-one talks of the Armenians

anymore. If we do not speak out today, what happened 100 years ago in Asia Minor can occur again. Nationalist tensions are rising again.

Reports of what occurred in Asia Minor—in Anatolia, between the Black Sea heading south—are horrific. Over a million Greek Christians were murdered, over 1½ million Armenians were murdered and 500,000 Assyrians were murdered. It was wholesale slaughter of the Christian population of Asia Minor and desecration of Christian places of worship. People were sold into slavery, people were sold into brothels and people were murdered, they were raped and they were tortured. It was called the 'Turkification of the peninsula'.

It is one of the most brutal chapters of world history. It is one of the most brutal chapters that any foreign correspondent or ambassador has witnessed. President Woodrow Wilson at the time said, and I quote:

I am in hearty sympathy with every just effort being made by the people of the United States to alleviate the terrible sufferings of the Greeks of Asia Minor. None have suffered more or more unjustly than they.

His ambassador to the Ottoman Empire at the time, Mr Morgenthau, was so moved by what he saw in Asia Minor that he wrote a book in which he talked at length about the atrocities he witnessed firsthand. He was appalled that this was occurring in what he thought was a civilised time, a time when modern nations settled their differences through battle, through organised military structures or through diplomacy, but the targeting of civilian populations in this way was, quite frankly, unprecedented in an organised way. In his memoir published in 1981, he states:

Will the outrageous terrorising, the cruel torturing, the driving of women into the harems, the debauchery of innocent girls, the sale of many of them at eighty cents each, the murdering of hundreds of thousands and the deportation to, and starvation in, the deserts of other hundreds of thousands, the destruction of hundreds of villages and cities, will the wilful execution of this whole devilish scheme to annihilate the Armenian, Greek and Syrian Christians of Turkey—will all this go unpunished?

I can go on and read quote after quote about the atrocities that occurred. The atrocities that occurred still reverberate today in communities in Canada, in Australia, in Great Britain and all around the world wherever Armenian, Syrian, Lebanese and Greek populations reside.

My mother-in-law's family were refugees from Asia Minor who fled to the island of Lesbos at the exchange of populations; therefore, my children are descendants of those of Asia Minor who fled. It always moves me when I go to the Pontian Brotherhood and hear the songs and see the costumes of communities against whom an organised plan of extermination was perpetuated to try to extinguish their culture, yet we are still here. The day of 19 May will be remembered as a day of mourning for all those who suffered at the brutal and murderous hands of the Turkish occupiers.

CHAFFEY ELECTORATE

Mr WHETSTONE (Chaffey) (15:35): I rise today to acknowledge some of the fantastic people in the electorate of Chaffey who have been recognised in recent times. In tennis, we have a rich sporting culture in the electorate, with passion and commitment from those who have contributed to our great sporting past, giving our young aspiring athletes inspiration for the future. We have a very rich tennis history that dates back decades and fantastic people in the community who volunteer their time to ensure the competitions run each year.

The Tennis SA awards celebrate and recognise players, coaches, clubs, communities, volunteers and officials for their service to the sport here in South Australia. The awards were held on 1 May in Adelaide, and three awards went to the Riverland. The Most Outstanding Competition in regional South Australia went to the Riverland Lawn Tennis Association. The award recognises a competition that has demonstrated commitment to inclusivity and diversity, ensuring that players of all ages, abilities and backgrounds have access to a variety of competitive playing options. It is a credit to the hard work and dedication of the team and a recognition of the important role the association plays in our Riverland community.

The Most Outstanding Tennis Club in the regions went to the Renmark Tintra Lawn Tennis Club, where I have played many a time. The club was recognised for providing facilities and programs to the community that get people out there playing tennis. This is the second time the club has taken home the award after winning in 2019. Local legend John Pick accepted both awards, as he is the president of both organisations. Picky, as he is affectionately known, has been a legend in the tennis

scene in Renmark for over 25 years, and he was officially recognised with a Volunteer Achievement Award at the Tennis Australia Awards in 2019.

The Most Outstanding School award went to Cobdogla Primary School, and I acknowledge principal David Ness. This award recognises schools that play an important role in tennis and the community by introducing primary and secondary students to tennis and providing links to their local club and coach in order to provide a pathway for opportunities that really go to the next level. It is a fantastic effort by Cobby primary school, with just over 100 students to receive the award. Cobby primary school has a longstanding history in tennis development, with Wimbledon and Australian Open champion Luke Saville hailing from Cobby.

I would also like to commend Shane Nettle for his lifetime of playing, dedicated coaching and community leadership. Of course, I cannot go without acknowledging his brother Shannon, who is a long-time pro circuit player and now a mentor. What we have seen in Cobdogla is really a great achievement. It is a credit to the school and the staff who go the extra mile to ensure students are given the opportunity to participate and the encouragement to compete.

I would also like to acknowledge International Nurses Day, a day to recognise and express our gratitude for the perseverance of nurses who work tirelessly to keep us healthy. Of course, the COVID-19 pandemic has made evident the vital role that our frontline nurses play, so my sincere thanks go to all the nurses in Chaffey, and indeed right around the country, on International Nurses Day.

A special shout-out goes to Julie Webber, who works at Pioneer Haven in Waikerie. Julie was recently awarded the Excellence in Practice in Aged Care at the South Australian Nursing and Midwifery Excellence Awards. This award recognises the outstanding performance of a registered or enrolled nurse who provides an exemplary standard of care, epitomises professionalism and is committed to providing evidence-based and person-centred care to older people. I would also like to recognise Katherine Seiboth from the Loxton Hospital, who was a finalist in the Early Career Nurse/Midwife award.

Congratulations also go out to Tim and Julie Vivian at the Loxton Country Bakehouse. They are finalists for one of the five best country bakeries. If any of you heading up to the Riverland pass through Loxton, make sure you drop into the Country Bakehouse. They have great friendly staff and their reputation is second to none. They always provide beautiful pies, pasties and condiments, and I must say that their custard tarts are just a dream to eat. Anyone heading up to Loxton, drop into the Country Bakehouse.

NATIONAL VOLUNTEER WEEK

The Hon. A. PICCOLO (Light) (15:40): Today, I would like to touch upon an event happening next week right across Australia, and that is National Volunteer Week, when we acknowledge and celebrate the work undertaken by volunteers in our community.

Volunteering has been put to me as 'time willingly given for the common good without financial gain', and I think that sums up what volunteers do: they give up their time freely and they expect no financial gain. Even though that is such a simple definition of volunteering, it means so much more to our communities. In fact, I would say that without the work of volunteers our communities would be a lot poorer, and I will explain why in the next few minutes.

There is not an area of our community that is not touched by the hand of volunteers, whether it is aged care, disability support, emergency services, the arts, education, sport, environment, health, tourism, and general community wellbeing. In every nook and cranny of our communities, there is a volunteer presence helping out. The importance of volunteering is that they pick up where both governments and the market fail. They fill the gaps in our communities where both governments and free market enterprise do not deliver. That is important because there are a lot of people whose lives would be worse off without the important volunteers.

It has been estimated that from an economic point of view volunteers make a \$46 billion contribution to Australia's economy—\$46 billion. While that is important, I think some of the greater work that volunteers do is the social aspect of their work, connecting people and helping people to be connected. We just have to look back over the last 12 months, when the COVID-19 pandemic has meant that more people have been isolated because of restrictions in movement, etc. It is the work of volunteers over the past years and decades that has helped connect people.

A small but important example of this is Meals on Wheels, who deliver food to people who, for whatever reason, are not able to care for themselves. The reality is that for a lot of people that contact with the Meals on Wheels person at their door on a weekly or twice-weekly basis or whatever is the case may be the only contact they have with their community. That is sad but also important to note. Volunteers do a lot of work connecting communities and preventing people from being isolated.

As I mentioned, volunteers work in a whole range of areas. I am fortunate enough to have a number of volunteers working in my own office who help me and my staff to serve the community and they are happy to do so. I have a number of volunteers who provide a JP service in my office, and in my electorate we are the only nine to five JP service in the town, and that is only achieved because of the number of volunteers. I would like to acknowledge those volunteers who come in every week and do a half-day shift of JP duties, which means that my staff can perform other work. I would like to acknowledge Pat Adams, Shane Hennessy, Kym Reynolds, Jeff Jedani, Michael Johnson, Sandra Sullivan, Barry Neylon, Kim Potger, Jacqueline Raphael, Judy Gillett-Ferguson, David Pedler, Paul Little, Terry Francis and Linda Hopgood, who all provide support through the JP service in my office.

We have some volunteers who help out in the office: Rosanna Rigliotti, Kathryn Krieger and Muhammad Zaki Muhammad Sharif. We also have a number of volunteers who help from time to time with events: Pat Fabian, Isaac Solomon, Rebecca Vandeppear, Lea Rebane, and Charlie and Maureen Costin. We have a wonderful couple who come in regularly to help stuff envelopes in my office. It is one of those tasks that has to be done, a time-consuming but important task, and so I would just like to acknowledge Denise and Trevor Earl for their contribution in helping me to serve my community.

Another thing I would like to quickly touch on is the challenge we face in rebuilding our volunteer effort because of COVID-19. Some research has shown that up to two-thirds of volunteers no longer volunteer as a result of COVID. It is so important that we as a community and as a government help support the volunteer effort and work out what we need to do now to make sure we get those volunteer numbers up. Our communities need our volunteers. Thank you to all our volunteers.

NEIGHBOUR DAY

Mrs POWER (Elder) (15:45): I rise today to recognise the outstanding efforts of local residents and groups throughout my electorate of Elder who have recently taken part in the City of Mitcham's Neighbour Day, which brought together neighbours and celebrated our amazing local neighbourhoods.

During the time of the COVID-19 pandemic, many of us have come to appreciate our neighbours in a way we did not before, and rightly so. At the height of the pandemic last year, those physically closest to us, our neighbours, became a vital part of staying social while staying socially distanced. I have heard lots of stories recently of how people have connected with their neighbours in their streets, in their driveways or across their fence.

Thankfully, this year we have been able to come together and gather as we normally would to celebrate Neighbour Day. Thanks to the City of Mitcham Neighbour Day competition, such celebrations were well supported with vouchers and barbecues. Locally, I have had the pleasure of attending three barbecues organised as part of the City of Mitcham Neighbour Day competition.

The first was held in Melrose Park, and the local park certainly sizzled not only because of the barbecue but because of the lively, friendly group of residents who all got involved. A big congratulations and thanks to Emma, Paul, Karyn, Mandy and Phoebe for their incredible work organising the event and to everyone who attended and made it the great fun it was.

Local councillors John Sanderson and Katerina Steele also both attended and it was the first Brad, my husband, had even heard of let alone participated in a thong toss. It all made for a rather funny and fun day. I am not the most coordinated person, so I was a bit nervous throwing the thongs that I might hit a kid or two standing next to the target, but fortunately it was all done in a safe way.

Following that, another great Neighbour Day barbecue was held in St Marys at the Little Library on Lloyd Street. Congratulations to Jo and Simon Moate on their efforts in organising this gathering. The event was all the more special in their beautiful butterfly-friendly garden with their vegan salads.

Finally, on Saturday 24 April, I joined Colonel Light Gardens residents for a gourmet sausage sizzle in Mortlock Park. It was organised by the residents' association group and it was a really special day. It was one of those cool but sunny winter days in Mortlock Park, which, for those people who do not know it, is just stunning with its gum trees. Both ward councillors Coralie Cheney and Rod Moss were also in attendance and I know they enjoyed the day as much as I did.

I would like to congratulate the City of Mitcham on helping facilitate these terrific community events, encouraging everyone to get to know their neighbours. To everybody who either organised a barbecue or attended one of them, well done. We are in this together and great neighbourhoods are made by individuals being great neighbours. I also held a special event in Parliament House where I spoke about the importance of communities and the role that we all play as individuals in creating a great community starting by being a great neighbour.

While Neighbour Day has come and gone for 2021, I would like to challenge everyone to be a better neighbour each and every single day. Neighbours connect and provide support to those living next door and to those further away. I encourage everyone to continue to grow stronger, well-connected communities through our everyday actions. It might be as simple as helping your neighbour bring out the garbage, or picking up some rubbish outside the front of your neighbour's lawn, or even just saying hello and goodbye as you come and go when you go about your everyday lives.

It makes such a difference to live next to people who are friendly, and so you can start that by being the friendly person who says hello first. Congratulations to all.

TIMBER INDUSTRY

Mr BELL (Mount Gambier) (15:50): I rise to talk about timber exports. This is a perennial issue that seems to cycle through from time to time, but it is a very serious issue. I guess it has been started again by photographs sent through to me by members of my community who are quite disappointed at the amount of raw product—log—being exported from the Port of Portland.

When you look at photographs from two weeks ago, the number of logs, the pile of saw chip, is quite staggering. I guess that has been reinforced by the Australasian publication *Timberbiz*. One of its articles of 10 May 2021 entitled, 'Softwood exports triple in March', states:

Australia's softwood log exports almost tripled in March, lifting to a four-month high of 183 km³, with prices stable, but below their peaks of just a few months earlier. With Australia's logs unable to access the mainland Chinese market, shipments are increasing to India and Korea in particular.

We face this situation in Australia where we have a housing boom occurring. A number of builders are contacting me saying that they cannot get enough structural timber for the projects they have on their books, yet we have a booming market of raw product leaving our state, and in particular heading overseas as a raw product.

It is a shame, and we have got to come together as a state and as a federal government and sit down with these companies. One approach is to say, 'Well, these forest estates are privately owned. They are companies,' normally superannuation trusts from overseas, and 'they've got a right to do with that asset as they please'. However, on the other hand we have a responsibility to the people of our state to maximise that resource, to provide jobs and to provide the finished product, and of course the benefits to the state that go with that, including an increase of GST (because it is manufactured here), as well as the jobs, the wages, and, of course, the taxes that would be collected from those wages.

An approach I would like to see taken is a code of conduct for the industry where domestic manufacturing is the first priority, and for our Premier, and even our Prime Minister, to sit down with these superannuation funds to see what can be done to maximise that product being developed and finished in Australia—Australian logs for Australian jobs.

My good friend the member for Frome just yesterday was asking questions about the ForestrySA estate. That is a state-owned asset, and I would be horrified to see a local saw

manufacturer or timber operation—Morgan's at Jamestown—losing that resource and for it to be exported in an unfinished state overseas to some of these ports I have been talking about. To a small community, that would be 70 to 75 jobs. More than that, the finished product is a product we need in Australia.

What is happening is that we are exporting the jobs overseas. The raw product leaves the ports of Australia, but then we need to import the structural timber back in, the timber that you would see in your house. Those hundreds and thousands of jobs—tens of thousands of jobs when you add in allied industries—are all overseas. We need some leadership in this area and, particularly from the point of view of ForestrySA, which is state owned, those jobs need to be for South Australians.

AUTUMN GARDEN FESTIVAL

The Hon. G.G. BROCK (Frome) (15:55): Today, I would like to talk about an event which was held recently to celebrate the 10th anniversary of the SA Autumn Garden Festival at the Clare Showgrounds. This event is part of South Australia's Autumn Garden Festival program and has grown tremendously at Clare since its inception 10 years ago. As I said, this is South Australia's premier garden festival. I can remember vividly discussing the opportunity with the committee at the time and thinking, 'Yes, this sounds very good, but how can a small community such as Clare be able to hold an event of this magnitude?' How wrong was I.

This event has grown from the first year when there were lucky to be 600 people and just 25 sites on a magnificent and massive bit of ground. However, the event for the 10th anniversary—which adhered to the relevant COVID-19 management plan—was very well attended with people coming from across South Australia, which was very good for the local community, businesses, tourism and the image of the Clare Valley.

The vast number of stalls ranged from those with several species of plants to a great variety of food stalls. The event this year was opened by Geoffrey Fuller, past CEO of the Nursery and Garden Industry of South Australia, who was also at the very first event. The festival offers a great series of garden expert talks from the accessible stage and has much to offer and discover for young and older gardeners, such as demonstrations to showcase your garden and how to grow plants.

The special guest this year was Costa Georgiadis, from ABC *Gardening Australia*, and also cook and sustainability advocate Rebecca Sullivan. Rebecca was sharing her tips and tricks for cooking with native food, and Rebecca Paris, from the Australian Native Food Co., was making a crunchy crocodile salad and Golden Gaytime. I must admit that I did not try the crocodile salad.

This year, for the Welcome to Country there was something very different—a very beautiful ceremony from the Saddleworth early learning childcare centre. Saddleworth is a very small community in the Clare Valley. The children formed a circle displaying the various attributes of our Aboriginal heritage.

However, the credit for the longevity of this event has to go to a very dedicated small committee that has been in place since its inception. As mentioned earlier, the very first event with a very small attendance could have been a deterrent for the committee to just say, 'It's too hard. We cannot do this.' However, with their determination and persistence, this event has reached its 10th anniversary and is now known across not only South Australia but all of Australia.

Although many dedicated community people have been part of this great event since its inception, there is one person who was singled out very clearly by Geoffrey Fuller in his opening speech, and that was Cheryl Koglin. Cheryl has been the event coordinator for all these years. Not only has she been part of this group but she has also been on several other community groups giving her time very graciously and always without any concerns—and I am not saying that everything would have gone without a hitch.

Regional South Australia faces many challenges with economic issues, but it should also be acknowledged that regional South Australia can and certainly does carry out very professional and sustainable events. Publicity of these events in regional South Australia not only gives publicity that we do exist but also gives very welcome exposure to the lifestyle that is available for people who are living in metropolitan Adelaide.

In closing, in regard to this year's event, there was a very memorable moment when I was talking to Costa from *ABC Gardening Australia*. A small child came up to him and asked if he could grow a money tree. As he bent down, he explained, 'Yes, but we need to plant a seed there, water the plant and see what happens.'

Alongside this child was a gentleman with a bag that contained a small plant, and the child started to look through its foliage to see if there was any money on the plant. Costa looked at me as if to ask what he should do. I gave Costa a \$2 coin that he very quietly and discreetly placed near the stem of the plant. The child found it and was so excited that he took the coin and raced back to tell his parents he had found the money tree.

To our amazement, he came back and looked through the small plant again. As this search did not reveal any more money, I very discreetly placed another coin in the foliage and the child found another coin. Again, he raced back to his parents to tell them about this great discovery. Unbeknownst to me at the time, his parents live in Port Pirie. They have seen me since and wanted to know where they could find the money trees, as the child keeps asking his parents to purchase numerous plants with a view to their becoming these money trees. It is good for the nursery in Port Pirie, but it is certainly not good for the parents.

Bills

STATUTES AMENDMENT (LOCAL GOVERNMENT REVIEW) BILL

Final Stages

The Legislative Council agreed to the bill with the amendments indicated by the following schedule, to which amendments the Legislative Council desires the concurrence of the House of Assembly:

No. 1. Clause 5, page 9, after line 7—Insert:

(5a) Section 4(1)—after the definition of regional subsidiary insert:

registered industrial association means an industrial association or organisation registered under a law of the State or of the Commonwealth;

No. 2. Clause 6, page 9, lines 35 to 39—Leave out the clause.

No. 3. Clause 9, page 10, line 23 [clause 9, inserted section 11A(1)]—Delete '12' and substitute '13'

No. 4. Clause 9, page 10, line 23 [clause 9, inserted section 11A(1)]—After 'members' insert:

, unless the council is granted an exemption certificate under section 12(11b) in connection with its most recent representation review

No. 5. Clause 10, page 11, line 29 [clause 10(2)]—After '(inclusive)' insert:

and substitute:

(11a) If—

- (a) the report proposes that the composition of the council be altered so that it is constituted of more than the number of members that a council may be comprised of under section 11A(1) (the member cap); or
- (b) the council is constituted of a number of members that exceeds the member cap and the report does not propose an alteration in the composition of the council so that it is constituted of a number of members equal to or less than the member cap,

the report must be referred to the Electoral Commissioner.

(11b) On receipt of a report, the Electoral Commissioner must give the council a certificate authorising the referral of the report under subsection (12) (an exemption certificate), unless the Electoral Commissioner considers that exceptional circumstances exist that justify a refusal to give an exemption certificate to the council.

(11c) In subsection (11b)—

exceptional circumstances means circumstances where the report does not—

- (a) examine the matters referred to in subsection (6)(a); or

- (b) set out the reasons for the council being constituted in a manner referred to in subsection (11a)(a) or (b).
 - (11d) If the Electoral Commissioner refuses to give an exemption certificate under subsection (11b), the Electoral Commissioner must refer the matter back to the council and must provide written reasons to the council for the refusal.
 - (11e) If the matter is referred back to the council under subsection (11d), the council—
 - (a) must take such action as is necessary (including by altering the report) so that the report proposes an alteration in the composition of the council so that it is constituted of a number of members equal to or less than the member cap; and
 - (b) must comply with the requirements of subsection (7) in relation to the report (as if the report (as altered) constitutes a new report); and
 - (c) must then refer the report to the Electoral Commissioner under subsection (12).
- No. 6. Clause 10, page 11, after line 31—Insert:
- (3a) Section 12(12)—after 'Commissioner' insert:
(and, if relevant, provide with the report a copy of an exemption certificate given to the council)
- No. 7. Clause 10, page 11, after line 38—Insert:
- (7) Section 12(19)(b)—delete 'by the Electoral Commissioner under subsection (13)(b)' and substitute:
under subsection (11d) or (13)(b)
- No. 8. Clause 79, page 44, after line 21 [clause 79, inserted section 120A]—After subsection (1) insert:
- (1a) An employee behavioural standard must not diminish a right or employment condition under an Act, award, industrial agreement or contract of employment.
- No. 9. Clause 79, page 44, after line 25 [clause 79, inserted section 120A]—After subsection (3) insert:
- (3a) Before a council—
 - (a) adopts employee behavioural standards; or
 - (b) alters, or substitutes, its employee behavioural standards,
 the council must consult with any registered industrial association that represents the interests of employees of councils on the employee behavioural standards, alteration or substituted standards (as the case may be).
- No. 10. Clause 91, page 54, after line 17—Insert:
- (1) Section 131—after subsection (1) insert:
 - (1a) The annual report must include the amount of legal costs incurred by the council in the relevant financial year.
- No. 11. Clause 91, page 54, after line 17—Insert:
- (1) Section 131(5) and (6)—delete subsections (5) and (6) and substitute:
 - (5) A copy of the annual report must be submitted by the council to the persons or bodies prescribed by the regulations on or before a day determined under the regulations.
- No. 12. Clause 103, page 56, line 21 to page 57, line 33—Leave out the clause and insert:
- 103—Amendment of section 194—Revocation of classification of land as community land
- Section 194(2)(b)—delete 'follow the relevant steps set out in its public consultation policy' and substitute:
- undertake public consultation on the proposal
- No. 13. Clause 104, page 58, line 1 to page 60, line 19—Leave out the clause
- No. 14. Clause 105, page 60, lines 20 to 22—Leave out the clause
- No. 15. Clause 129, page 68, after line 38 [clause 129, inserted section 262F(3)]—After paragraph (c) insert:

and

- (d) a member nominated by a registered industrial association that represents the interests of employees of councils specified by the Minister by notice in the Gazette.

No. 16. Clause 129, page 69, line 26 [clause 129, inserted section 262G(3)]—Delete 'unless the LGA consents to the making of the recommendation.' and substitute:

unless—

- (a) in all cases—the LGA consents to the making of the recommendation; and
- (b) in the case of a member appointed following nomination under section 262F(3)(d)—the registered industrial association that made the nomination consents to the making of the recommendation.

No. 17. Clause 150, page 85, line 13 [clause 150(1)]—Delete '12 members' and substitute:

the number of members that a council may be comprised of under section 11A(1) of the principal Act

No. 18. Clause 150, page 85, line 16 [clause 150(1)]—After 'section 11A' insert:

(unless the council is granted an exemption certificate under section 12(11b) of the principal Act (as amended by section 10 of this Act))

No. 19. Clause 170, page 94, after line 17—Insert:

- (1) Section 37(1)—delete 'Voting' and substitute:

Subject to section 41A, voting

No. 20. New clause, page 95, after line 11—Insert:

172A—Insertion of section 41A

After section 41 insert:

41A—Assisted voting

- (1) The regulations may make provision in relation to voting in an election or poll by prescribed electors by means of an assisted voting method.
- (2) Without limiting the generality of subsection (1), regulations made for the purposes of this section may—
- (a) determine, or provide for the determination of, 1 or more assisted voting methods and, in relation to each such method, determine, or provide for the determination of, the following:
- (i) matters related to voting using the assisted voting method, including the provision of assistance to electors using the method, requirements to be followed after an elector has used the method and matters of privacy and secrecy;
- (ii) the number of places where the assisted voting method is to be available, the location of those places (if relevant) and the days and times at which the method is to be available;
- (iii) which electors may use the assisted voting method; and
- (b) require the making of a record of each person who has voted using an assisted voting method; and
- (c) specify the information that is to be included in a record; and
- (d) provide for the production of a record of the vote each person has cast, which must not contain any means of identifying the person who cast the vote; and
- (e) provide for the appointment by the returning officer of officers in relation to the conduct of an assisted voting method; and
- (f) provide for the application of this Act, or provisions of this Act, in relation to votes cast using an assisted voting method, including the modification of the application of this Act or a provision of this Act in relation to such votes; and
- (g) make provision for any other matters related to assisted voting.
- (3) To avoid doubt, nothing in this section (or in regulations made for the purposes of this section) authorises any elector to vote in more than 1 capacity at an election or poll.

- (4) An assisted voting method must be such that an elector using the method in relation to an election or poll—
- (a) receives the same information (in the same order), and has the same voting options, as would appear in the ballot paper for the election or poll that the elector would be given if the elector were voting by postal vote under this Part; and
 - (b) is able to indicate a vote in a way that, if the elector were marking a ballot paper, would not be an informal ballot paper.
- (5) Subject to this section, if an elector votes using an assisted voting method (an assisted vote)—
- (a) this Act applies (subject to any modifications prescribed under subsection (2)(f)) in relation to an assisted vote as if it were a vote delivered to an electoral officer for the relevant council in a sealed envelope; and
 - (b) the record of the assisted vote produced in accordance with the regulations is to be taken to be a ballot paper for the purposes of this Act; and
 - (c) the requirements of this Act in relation to the elector's right to receive a ballot paper are to be taken to have been satisfied.
- (6) The returning officer may, by notice in the Gazette, determine that an assisted voting method is not to be used either generally or at 1 or more specified places.
- (7) A notice under subsection (6) must specify the election or poll in respect of which the determination applies.
- (8) In this section—
- prescribed elector means a sight-impaired elector or an elector of a class prescribed by the regulations for the purposes of this definition;
- sight-impaired elector means an elector whose sight is impaired such that the elector is unable to vote without assistance.

No. 21. Clause 181, page 98, line 33 [clause 181, inserted section 80(1)(a)]—Delete 'within 30 days after the conclusion of the election' and substitute:

at the prescribed times

No. 22. Clause 181, page 98, after line 38 [clause 181, inserted section 80]—After subsection (2) insert:

- (3) For the purposes of this section, the prescribed times for furnishing a campaign donations return are—
- (a) within 7 days of the end of the period commencing from the start of the disclosure period for the election (within the meaning of section 81B(a)) and ending—
 - (i) in the case of a periodic election—21 days after the close of nominations; or
 - (ii) in any other case—7 days after the close of nominations; and
 - (b) within 30 days after the conclusion of the election.

No. 23. Clause 188, page 101, lines 29 to 31 [clause 188(1), inserted subsection (2)(b)]—Delete paragraph (b) and substitute:

- (b) in the case of a campaign donations return required to be furnished at the prescribed time applying under section 80(3)(a)—within 7 days after that prescribed time; and
- (c) in the case of a campaign donations return required to be furnished at the prescribed time applying under section 80(3)(b)—within 8 weeks after that prescribed time,

No. 24. Clause 198, page 109, lines 14 to 18 [clause 198(18), inserted clause 23(1)(a)]—Delete paragraph (a) and substitute:

- (a) at the prescribed times—a campaign donations return under this Division; and
- (ab) within 30 days after the conclusion of the election—a campaign expenditure return under this Division; and

No. 25. Clause 198, page 109, after line 23 [clause 198(18), inserted clause 23]—After subclause (2) insert:

- (3) For the purposes of this clause, the prescribed times for furnishing a campaign donations return are—
- (a) within 7 days of the end of the period commencing from the start of the disclosure period for the election (within the meaning of clause 24B(a)) and ending—
- (i) in the case of a periodic election—21 days after the close of nominations; or
- (ii) in any other case—7 days after the close of nominations; and
- (b) within 30 days after the conclusion of the election.

No. 26. Clause 198, page 111, after line 40 [clause 198(30), inserted subclause (2)]—After paragraph (a) insert:

- (ab) in the case of a campaign donations return required to be furnished at the prescribed time applying under clause 23(3)(a)—within 7 days after that prescribed time; and
- (ac) in the case of a campaign donations return required to be furnished at the prescribed time applying under clause 23(3)(b)—within 8 weeks after that prescribed time; and

STATUTES AMENDMENT (TRANSPORT PORTFOLIO) BILL

Final Stages

The Legislative Council agreed to the bill without any amendment.

FINES ENFORCEMENT AND DEBT RECOVERY (MISCELLANEOUS) AMENDMENT BILL

Introduction and First Reading

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (16:02): Obtained leave and introduced a bill for an act to amend the Fines Enforcement and Debt Recovery Act 2017 and to make related amendments to the Enforcement of Judgements Act 1991. Read a first time.

Second Reading

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (16:02): I move:

That this bill be now read a second time.

I am pleased to introduce the Fines Enforcement and Debt Recovery (Miscellaneous) Amendment Bill 2021. This bill amends the Fines Enforcement and Debt Recovery Act 2017 to make the process of recovering moneys owed to government fairer and more efficient.

The Fines Enforcement and Debt Recovery Act 2017 established the Chief Recovery Officer as a central authority for recovering debts owed to government, covering expiation fees, criminal fines and civil debts. After several years in operation, various technical issues and opportunities for improvement have been brought to my attention, primarily by the Chief Recovery Officer.

The Fines Enforcement and Debt Recovery (Miscellaneous) Amendment Bill 2021 proposes amendments to deal with these issues. The bill will reform the way late penalties are imposed on criminal fines so that the debtor will no longer incur extra sums before they have been reminded of the obligation to pay.

The bill allows late fees to be added to an existing debt if the person was initially under a payment arrangement but the arrangement is terminated for noncompliance. This will provide an incentive for debtors to comply with their instalment obligations. The bill will impose late fees according to the date that the sum fell due rather than imposing one late fee per criminal charge. The bill also ensures that victims of crime are prioritised by directing the Chief Recovery Officer to ensure that court-ordered compensation is paid fully before moneys received from an offender are directed to any other recipient.

The bill repeals two sanctions for non-payment of debt that are harsh and ineffective. First, it removes the option for the court to order that a non-paying criminal debtor undertake a treatment program. Whilst the government is committed to addressing the underlying causes of offending, such as drug and alcohol addiction, there is doubt as to the efficacy of involuntary drug and alcohol treatment by these debtors. Additionally, penalty for noncompliance with mandatory treatment is

imprisonment, which would not assist the debtor's underlying problems and may make the situation worse.

I emphasise that this bill only proposes to remove involuntary treatment from the fines enforcement regime. The debtor may still undertake voluntary treatment in lieu of paying a criminal fine. The bill also removes the potential for imprisonment for not paying a civil debt both under the Fines Enforcement and Debt Recovery Act 2017 and for the enforcement of court monetary judgements generally. No civil debtor will be at risk of going to prison. Imprisonment will be replaced by a monetary penalty which can be added by the court if it is proved that the debtor has failed to comply with a payment order without reasonable excuse in circumstances where they could afford to pay without suffering hardship.

The bill will also allow for more efficient administration of government debt matters, saving time for both the fines unit and the debtors, which I will outline now. The Chief Recovery Officer will be able to add a new debt to an existing payment arrangement unless the debtor opts out. The Chief Recovery Officer will be able to apply overpayments of one form of debt to another debt unless the debtor opts out. The Chief Recovery Officer will be able to have the ability to revoke, vary or suspend a civil debt determination on their own initiative so as to respond flexibly to unique circumstances without needing to go to court. Instalment plans for civil debts will be able to last longer than 12 months.

The bill also expands some of the civil debt recovery provisions in part 8 of the act in order to address potential overlap and provisions in the act to create a statutory debt. The bill clarifies the central role the Chief Recovery Officer is to have in dealing with civil debts and explains how the fines act and debt referring act are to interact with each other. However, some statutory debt might exist under acts that allow the South Australian Civil and Administrative Tribunal or other tribunal to review administrative decisions under the act. The bill allows as a rule that when reviewing, if a debt is owed, the Magistrates Court is bound by any previous tribunal reviews in relation to the debt.

I emphasise that this does not take away any of the rights a person might have to appeal the tribunal ruling. It just ensures that they do so in the appropriate forum. The bill also addresses more minor and technical overlap such as specifying the correct application of interest rates on unpaid civil debts and providing that confidentiality requirements do not prevent an agency providing information to the Chief Recovery Officer for the purpose of debt enforcement.

There are some statutory debts that have separate enforcement schemes so comprehensive and specialist that it would be undesirable to deal with them outside of their own legislation, notwithstanding the consistency clarifications in this bill. Therefore, they have been excluded from part 8 by being carved out from the definition of debt.

The bill will allow the Chief Recovery Officer to recover monetary judgements on behalf of other government agencies. Although part 8 does not apply to court judgement debts, it is still desirable to have the Chief Recovery Officer available to act as a central enforcement point. Government agencies will be able to delegate their existing court monetary judgements to the Chief Recovery Officer who will be able to take actions required under the Enforcement of Judgments Act 1991.

The bill also makes a variety of minor technical amendments. These are outlined in the explanation of clauses. Accordingly, I commend the bill to the house and seek leave to have the explanation of clauses inserted without my reading it.

Leave granted.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

3—Amendment provisions

These clauses are formal.

Part 2—Amendment of Fines Enforcement and Debt Recovery Act 2017

4—Amendment of section 3—Interpretation

This clause amends the definition of *personal details* so that details of a kind prescribed by the regulations are included within the definition.

5—Insertion of section 3A

Proposed new section 3A makes it clear that the Act applies to debtors and alleged offenders who are under the age of 18 years. The proposed section also provides that an additional power exists, in relation to enforcement of a pecuniary sum or expiation notice, for a youth or the Chief Recovery Officer to apply, at any time, to the Youth Court for the making of a community service order in respect of the youth (as if section 46 of the Act applied in respect of the pecuniary sum or the amount due under the expiation notice).

6—Repeal of section 10

This clause repeals section 10. The section currently provides that the Act applies to a youth but with an additional power for the youth or the Chief Recovery Officer to apply, at any time, to the Youth Court for the making of a community service order in respect of the youth (as if section 46 applied in respect of the pecuniary sum). The enactment of section 3A will make section 10 obsolete.

7—Amendment of section 12—Payment of pecuniary sum to Chief Recovery Officer

This proposed amendment clarifies that the Chief Recovery Officer must pay an amount received in payment of a pecuniary sum, first, to satisfy any order for compensation or restitution made by a sentencing court. If the debtor is subject to more than one such order, payments are to be made to satisfy the amounts payable under those orders, in chronological order, until all such amounts have been paid, before any other payments are made. This clause also changes the description of defendant to debtor.

8—Repeal of section 14

This clause repeals section 14. This section provides that if a part of pecuniary sum imposed by a court order remains unpaid or unrecovered under Part 7, on expiration of the 28 day period referred to in section 11, the prescribed amount is added to, and forms part of, the pecuniary sum payable by the debtor. The section also provides that a further prescribed amount may be added to, and forms part of, the pecuniary sum payable if a part of the pecuniary sum remains unpaid or unrecovered on the expiration of the 30 day period commencing immediately after that 28 day period. The section also provides that the Chief Recovery Officer may waive payment of the amount payable.

9—Amendment of section 15—Arrangements as to manner and time of payment

Section 15(9) currently provides that an arrangement under the section can be varied by agreement between the debtor and the Chief Recovery Officer. The subsection as proposed to be amended by this clause will provide that arrangements as to the manner and time of the payment may be varied by the Chief Recovery Officer on their own initiative by extending them to apply to another pecuniary sum payable by the debtor. The section as amended by this clause will also provide that if an arrangement is terminated and not reinstated, after 14 days the sum will be added to the pecuniary sum payable by the debtor.

10—Amendment of section 18—Amounts unpaid or unrecovered for more than certain period

The proposed amendment provides that if amounts remain unpaid or unrecovered for more than a certain period after a reminder notice is provided to the debtor, the prescribed amount is added to, and forms part of, the prescribed amount payable by the debtor. Currently, the Chief Recovery Officer may waive payment of a reminder notice fee. Under section 18(4) as amended by this clause, the Chief Recovery Officer will be able to waive the whole or any part of an amount payable by a debtor in accordance with the section.

11—Amendment of section 19—Enforcement action

The proposed amendment recasts the Chief Recovery Officer's enforcement powers, particularly in relation to the power to waive payment of, or write off, a pecuniary sum.

12—Amendment of section 20—Arrangements as to manner and time of payment

The proposed amendment broadens the scope of the section to allow the Chief Recovery Officer to vary an arrangement as to the manner and time of payment. The section as amended would allow the Chief Recovery Officer to aggregate any number of amounts due under expiation notices. Proposed subsection (12) gives a debtor the right to request rescission of a unilateral variation made by the Chief Recovery Officer. The clause also makes consequential amendments to sections 20(17) and 20(18). Subsection (19a), as inserted by this clause, will provide that if an arrangement is terminated and not reinstated, the amount due will be added to an amount due under a notice under section 26(1)(b).

13—Amendment of section 25—Enforcement actions by Chief Recovery Officer

This clause proposes to amend the wording of section 25 to recognise the multiple powers of the Chief Recovery Officer in Part 7.

14—Amendment of section 26—Amounts unpaid or unrecovered for more than certain period

Section 26(1)(b) is expanded by this clause so that if an amount due under an expiation notice is not the subject of a section 20 arrangement at the end of the 28 day period commencing on the making of an enforcement determination, an additional amount will be added to the amount due under the relevant expiation notice.

15—Amendment of section 27—Writing off bad debts

The proposed amendment clarifies that the Chief Recovery Officer may write off an amount payable under an expiation notice if they consider that certain requirements are satisfied.

16—Amendment of section 30—Power to require information

This clause seeks to expand the types of material that may be required to be produced to the Chief Recovery Officer to include those relating to an amount due under an expiation notice.

17—Amendment of section 32—Disclosure of information to prescribed authorities of other jurisdictions

This clause makes a change in terminology so that 'interstate authority' becomes 'authority of another jurisdiction'.

18—Amendment of section 33—Charge on land

This clause clarifies that the pecuniary amount referred to in section 33(1) is that which is payable by the debtor.

19—Amendment of section 35—Aggregation of monetary amounts for the purposes of enforcement

This clause expands the provision to apply to an alleged offender.

20—Amendment of section 36—Seizure and sale of assets

This clause proposes the insertion of a provision granting the Chief Recovery Officer the power to eject from land any person who is not lawfully entitled to be on the land, if a determination provides for the sale of an interest in the land.

21—Amendment of section 38—Suspension of driver's licence

The proposed amendments clarify the operation of certain aspects of section 38 and make it clear that the fee that forms part of the monetary amount owed by a debtor or alleged offender applies only if the Chief Recovery Officer makes a determination under subsection (1).

22—Amendment of section 39—Restriction on transacting business with Registrar of Motor Vehicles

The amendment proposed by this clause makes it clear that the fee that forms part of the monetary amount owed by a debtor or alleged offender applies only if the Chief Recovery Officer makes a determination under subsection (1).

23—Amendment of section 40—Suspension of section 97A of *Motor Vehicles Act 1959*

The amendment made by this clause makes it clear that the fee that forms part of the monetary amount owed by a debtor or alleged offender under section 40(5) relates only to a determination of the Chief Recovery Officer pursuant to section 40(1).

24—Amendment of section 46—Community service

Section 46 currently provides that, if the Court is satisfied that a debtor or alleged offender does not have, and is not likely within a reasonable time to have, the means to satisfy a monetary amount owed by the debtor or alleged offender without the debtor or alleged offender, or the dependants of the debtor or alleged offender, suffering hardship, the Court may, on application by the Chief Recovery Officer, make a community service order, or require the debtor or alleged offender to complete an approved treatment program. This clause proposes to amend section 46 by removing references to approved treatment programs. This clause also makes various amendments consequential on the removal of the Court's ability to require completion of an approved treatment program. The clause deletes provisions referring to approved treatment programs, including subsections (13), (14) and (15).

25—Amendment of section 47—Community service may be enforced by imprisonment

This clause proposes the removal from section 47 of all references to completion of approved treatment programs.

26—Amendment of section 48—Interpretation

This clause amends the definition of *debt* that applies for the purposes of Part 8. As a consequence of this amendment, the term will not include the following:

- a pecuniary sum;
- an amount payable under an expiation notice;
- a judgment debt;

- a tax (within the meaning of the *Taxation Administration Act 1996*);
- the emergency services levy under the *Emergency Services Funding Act 1998*;
- a debt of a prescribed kind.

A definition of *judgment debt* is also inserted so that the term has the same meaning as in the *Enforcement of Judgments Act 1991*.

27—Insertion of section 48A

Proposed section 48A authorises a public authority to provide the Chief Recovery Officer with information considered necessary, or requested by the Chief Recovery Officer, to enable the Chief Recovery Officer to take action in relation to a debt. This applies despite any other Act or law.

28—Insertion of Part 8 Division 1A

This clause proposes the insertion of a new Division into Part 8. Under this Division, the Chief Recovery Officer will be able, on application by a public authority that is a judgment creditor under the *Enforcement of Judgments Act 1991*, to assume the role of the authority for the purposes of recovering the debt and, if necessary, take proceedings under that Act for enforcement of the judgment.

29—Amendment of section 49—Notification of debt

Section 49, as amended by this clause, will provide that a debt may be notified to the Chief Recovery Officer under the section despite any other relevant Act or law. The section as amended also gives the Chief Recovery Officer the power to vary, revoke or suspend a civil debt determination issued under the Act.

30—Insertion of section 49A

This clause proposes the insertion of a new section. Proposed section 49A provides that, if a civil debt determination is in force in relation to a debt, and the Act under which the debt arises (the *debt creating Act*) makes provision for recovery of the debt, Part 8 applies to recovery of the debt, and action for recovery of the debt may not be taken under the debt creating Act. If there is an inconsistency between any applicable provisions of the debt creating Act and Part 8, Part 8 prevails to the extent of the inconsistency.

31—Amendment of section 50—Application to Court in relation to debt

Section 50 currently provides that a debtor who disputes the existence, or the amount, of a debt the subject of a civil debt determination may apply to the Court for revocation or variation of the determination. Under the section as amended by this clause, a debtor will also be able to apply for revocation or variation of a civil debt determination if they have been notified that the determination has been confirmed or varied. It is also proposed to change the time within which an application may be made under the section from 1 month to 28 days.

32—Amendment of section 51—Enforcement action

The clause changes the time limit that applies in respect of the presumption that a debtor will be taken to have admitted liability for a debt to which a civil debt determination relates if the debtor has not entered into an arrangement under section 57. The time limit is changed from 1 month to 28 days.

33—Amendment of section 52—Internal review of decision to take enforcement action

The clause changes the general time limit within which an application for internal review of an enforcement notice must be made from 30 days after the day on which the applicant received the enforcement notice, to 28 days after the day on which the applicant received such a notice.

34—Repeal of section 55

The clause proposes to repeal section 55, which provides that any costs incurred by the Chief Recovery Officer in relation to the exercise of powers and functions under Part 8 are added to and form part of the debt owed by the debtor. (See section 66B (inserted by clause 41), which substantially re-enacts section 55.)

35—Amendment of section 56—Interest on debts

As a consequence of amendments to section 56 proposed by this clause, if a debt becomes the subject of a civil debt determination, any provisions of another Act under which interest accrues on the debt will cease to apply from the day following the day on which the determination is made. The clause also amends section 56 to require that the public authority to which a debt is owed under a civil debt determination must make a request in order for interest to accrue under the Act on such a debt.

36—Amendment of section 57—Voluntary arrangement as to time and manner of payment

Under section 57 as amended by this clause—

- there will be no time limit on the period that may apply to an arrangement entered into by a debtor with the Chief Recovery Officer for payment of a debt by instalments; and
- the Chief Recovery Officer may, under proposed section 57(7a), unilaterally vary a payment arrangement by extending it to apply to another debt payable by the debtor; and

- a debtor may apply under proposed section 57(8a) for rescission of a variation of a payment arrangement made under section 57(7a), and the Chief Recovery Officer must, on receipt of the application, rescind the variation.

37—Amendment of section 58—Investigation of debtor's financial position

Section 58 sets out the Chief Recovery Officer's powers of investigation. As a result of the amendments proposed by this section, the Chief Recovery Officer will not be able to give written notice to a person under the section during any period during which the liability for, or the amount of, the debt to which the notice relates is subject to review by a court or tribunal.

38—Amendment of section 59—Power to require information

This clause updates a reference to 'contact details' to 'personal details', which is defined.

39—Amendment of section 61—Requirement for payment of instalments etc

This clause removes provisions granting the Court power, on application by the Chief Recovery Officer, to issue a summons to require a debtor to appear for examination before the Court. It also removes provision for the Court to issue a warrant to have a debtor arrested and brought before the Court if they fail to appear as required by a summons. The power of the Court to commit to prison a debtor who has failed to pay instalments in accordance with a determination of the Chief Recovery Officer under the section is also removed. Some of these provisions are re-enacted in proposed section 66A (see clause 41).

40—Amendment of section 63—Seizure and sale of assets

The effect of the amendments made by this clause is as follows:

- it is clarified that section 63(1) refers to land or personal property owned (whether solely or as co-owner) by a debtor;
- the power of the Chief Recovery Officer is extended so that they can affix clamps or any other locking device to any vehicle in order for it to be seized and removed under existing provisions of the section;
- it is clarified that the Chief Recovery Officer may operate on behalf of a relevant public authority in accordance with the Act;
- it is proposed that if the Chief Recovery Officer determines not to sell any personal property seized under section 63, the property must be returned to the debtor or left at the land from which it was seized.

41—Insertion of Part 8 Division 5 Subdivisions 4 and 5

This clause inserts 2 new subdivisions.

Subdivision 4—Failure of enforcement process

66A—Monetary penalty

Proposed section 66A grants the Court the power if a debtor fails to comply with a determination under section 61(1) to, on application of the Chief Recovery Officer, issue a summons to require the debtor to appear for examination before the Court. The Court may issue a warrant if the summons is not complied with. If the Court is satisfied that certain prescribed conditions are met, the Court may order that the debtor pay a monetary penalty of an amount determined by the Court (which will be payable in addition to the monetary amount owed by the debtor).

Subdivision 5—Costs

66B—Costs

Proposed section 66B provides that any costs incurred by the Chief Recovery Officer in relation to the exercise of powers and functions under Division 5 may be added to, and will then form part of, the debt owed by the debtor.

42—Insertion of section 69A

This clause inserts a new section.

69A—Dealing with overpayments

Proposed section 69A provides for the event that a debtor or alleged offender pays an amount of money to the Chief Recovery Officer towards the amount outstanding under this Act and the amount paid exceeds the amount outstanding. The Chief Recovery Officer may apply the excess amount towards any other pecuniary sum, amount payable under an expiation notice or debt owed by the debtor that is payable to the Chief Recovery Officer if certain prescribed requirements are met, including that the debtor or alleged offender is advised of the overpayment and invited to apply for the amount to be returned.

43—Amendment of section 76—Regulations and fee notices

This clause amends section 76 to—

- make it clear that fees under the Act are prescribed by fee notice; and
- provide an ability for transitional provisions consequent on the amendment of the Act by another Act to be made by regulation.

Schedule 1—Related amendments and transitional provisions

Part 1—Amendment of Enforcement of Judgments Act 1991

1—Amendment of section 5—Order for payment of instalments

This clause proposes to repeal section 5(5) to (8) of the *Enforcement of Judgments Act 1991*. These provisions relate to the powers of the court if a judgment debtor fails to comply with an order under the section. These provisions are made redundant by the insertion of section 5A under clause 2. A substantive change in these proposed amendments is the removal of the power of the court to commit a judgment debtor to prison.

2—Insertion of section 5A

This clause proposes the insertion of a new section.

5A—Monetary penalty

This provision provides that if a judgment debtor fails to comply with an order under section 5(1), the court may, on application by the judgment creditor, issue a summons to require the judgment debtor to appear for examination before the court. If the judgment debtor fails to appear as required by the summons, the court may issue a warrant. The court may order that the judgment debtor pay a monetary penalty of an amount determined by the court if the court is satisfied in relation to certain prescribed matters.

Part 2—Transitional provisions

3—Transitional provisions—Fines Enforcement and Debt Recovery Act 2017

4—Transitional provisions—Enforcement of Judgments Act 1991

These clauses set out transitional provisions that apply for the purposes of the measure.

Debate adjourned on motion of Mr Picton.

UNEXPLAINED WEALTH (COMMONWEALTH POWERS) BILL

Introduction and First Reading

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (16:10): Obtained leave and introduced a bill for an act to adopt certain laws of the commonwealth relating to unexplained wealth and information gathering, and to refer certain matters relating to unexplained wealth and information gathering to the Parliament of the Commonwealth for the purposes of section 51(xxxvii) of the Constitution of the Commonwealth, and to make related amendments to the Criminal Assets Confiscation Act 2005 and the Serious and Organised Crime (Unexplained Wealth) Act 2009. Read a first time.

Second Reading

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (16:11): I move:

That this bill be now read a second time.

I am pleased to introduce the Unexplained Wealth (Commonwealth Powers) Bill 2021. The bill makes a limited text referral of power to the commonwealth to facilitate South Australia joining the National Cooperative Scheme on Unexplained Wealth (the 'national scheme' as it is hereafter referred to). The national scheme comprises measures, including a limited text-based referral of powers, and provisions to support enhanced operational coordination, greater information sharing and renewed arrangements for the equitable sharing of seized criminal assets and unexplained wealth matters. The national scheme is designed to be complementary to and sit alongside existing state and territory unexplained wealth regimes.

The bill also contains a referral of power ('the amendment reference') to allow the commonwealth to make limited amendments to its unexplained wealth legislation without requiring further legislative amendment in South Australia. Providing an amendment reference is standard practice when undertaking a referral of power, otherwise the commonwealth would be unable to amend their legislation at all, including minor or technical amendments, without having to get the participating states to complete a new referral.

Joining the national scheme will benefit South Australia by granting an equal share of seized assets to participating states that contribute to confiscation actions under the equitable sharing arrangements. The national scheme also encourages greater cooperation in proceeds matters by requiring the participants to inform one another of operations or legislative changes that may impact on other jurisdictions. It also creates commonwealth commitments to further improve information sharing.

The scheme will also enhance the operation of state unexplained wealth laws by granting new information gathering powers, which will allow state law enforcement to compel the production of relevant information or documents anywhere in Australia through production orders and notices to financial institutions. It also allows for the use of lawfully intercepted information in unexplained wealth matters, which will be invaluable in identifying assets and persons of interest when traditional investigative techniques prove inadequate.

The design of the national scheme ensures the preservation of the concurrent operation of state laws through provisions which will allow state laws to operate concurrently and permit the states to roll back amendments made to commonwealth laws as they apply to their jurisdiction. An intergovernmental agreement underpins the operation of the national scheme, which is signed by all participating jurisdictions.

Importantly, the IGA sets out the equitable sharing arrangements that form part of the national scheme. The equitable sharing arrangements set out how the proceeds are shared between jurisdictions following successful confiscation orders. In each matter where there are shareable proceeds, the cooperating jurisdiction committee is formed in order to divide the proceeds between the jurisdictions who have contributed to the joint investigation.

The equitable sharing arrangements, aside from being outlined in the IGA, are inserted into the Criminal Assets Confiscation Act 2005, as well as being referenced in the Serious and Organised Crime (Unexplained Wealth) Act 2009. This was a requirement of the IGA, and having the related amendments to this act set out in the equitable sharing arrangement ensures that the statutory basis for dealing with shareable proceeds that fall within the ambit of the national scheme is clear.

I commend the bill to the house and seek leave to have the explanation of clauses inserted in *Hansard* without my reading it.

Leave granted.

EXPLANATION OF CLAUSES

1—Short title

The short title is Unexplained Wealth (Commonwealth Powers) Act 2021.

2—Commencement

Commencement will be by proclamation and section 7(5) of the *Acts Interpretation Act 1915* does not apply.

3—Interpretation

This clause provides defined terms for the purposes of the measure.

4—Adoption of National Unexplained Wealth Laws

This clause adopts certain Commonwealth laws for this State as provided for under section 51(xxxvii) of the *Constitution of the Commonwealth*. The adopted laws are laws under *Proceeds of Crime Act 2002* of the Commonwealth within the meaning of section 14C of that Act as that section is in force immediately before this Act is assented to by the Governor.

The adoption begins at the commencement of the clause, ending at the end of the day fixed under clause 9 or 10 as the day on which the adoption is to terminate.

5—Reference of matters

This clause refers certain matters to the Commonwealth for the purposes of the Commonwealth making laws with respect to those matters by making express amendments of the *Proceeds of Crime Act 2002* of the Commonwealth. The matters referred are matters relating to unexplained wealth and information gathering.

Excluded from the referral are certain amendments of the Commonwealth Act requiring a person to pay an amount otherwise than by order of a court or requiring or permitting property to be restrained, forfeited or seized otherwise than by order of a court.

The reference has effect only for the period commencing at the commencement of the clause and ending at the beginning of the day fixed under the measure as the day on which the reference is to terminate.

6—Amendment of Commonwealth law

This clause makes it clear that the *Proceeds of Crime Act 2002* of the Commonwealth may be amended on account of Commonwealth laws or instruments enacted or made on the basis of powers vested in the Commonwealth apart from any reference or adoption.

7—Rollback of particular express amendments

This clause gives the Governor the power to declare that certain express amendments to the *Proceeds of Crime Act 2002* of the Commonwealth will not apply in respect of certain proceedings or in specified circumstances contemplated under sections 14G and 14J of the Commonwealth Act.

8—Relevant offences

This clause specifies, for the purposes of the *Proceeds of Crime Act 2002* of the Commonwealth, the State offences that will, under the Commonwealth Act, be relevant offences of this State thereby attracting the application of the Commonwealth Act. Those offences are:

- (a) an indictable offence against a law of the State;
- (b) an offence against section 68(3) of the *Criminal Law Consolidation Act 1935*;
- (c) an offence against section 52, 53, 72 or 74 of the *Fisheries Management Act 2007*;
- (d) an offence against section 99 of the *Liquor Licensing Act 1997*;
- (e) an offence against a provision of the *Lottery and Gaming Act 1936*;
- (f) an offence against section 47, 48, 48A, 51 or 60 of the *National Parks and Wildlife Act 1972*;
- (g) an offence against section 28(1)(a) or 41 of the *Summary Offences Act 1953*.

9—Termination of adoption and amendment reference

This clause provides for the termination of the adoption of Commonwealth laws and the amendment reference by the Governor by proclamation at anytime.

10—Termination in particular circumstances

This clause provides specific circumstances in which the Governor may terminate adoption 1 and the amendment reference by proclamation. Those circumstances are—

- (a) if the Commonwealth Parliament enacts an express amendment of the *Proceeds of Crime Act 2002* of the Commonwealth that, in the opinion of the Governor, is inconsistent with the fundamental attributes of the unexplained wealth provisions;
- (b) if the Commonwealth Parliament enacts an express amendment of section 14G or 14J (about rollback), or Division 2 of Part 4-3 (about sharing proceeds), of the *Proceeds of Crime Act 2002* of the Commonwealth.

11—Effect of termination of amendment reference before termination of adoption 1

This clause makes it clear that the separate termination of the period of the amendment reference does not affect laws already in place. Accordingly, the amendment reference continues to have effect to support those laws unless the adoption is also terminated.

12—Regulations

This clause provides that the Governor may make regulations for or with respect to any matter that by the measure is required or permitted to be prescribed or that is necessary or convenient to be prescribed for carrying out or giving effect to the measure.

Schedule 1—Related amendments

Part 1—Preliminary

1—Amendment provisions

This clause provides that in this Schedule, a provision under a heading referring to the amendment of a specified Act amends the Act so specified.

Part 2—Amendment of Criminal Assets Confiscation Act 2005

2—Amendment of section 209—Credits to Victims of Crime Fund

This clause amends section 209 to make payment into the Victims of Crime Fund subject to the sharing of proceeds under the National Cooperative Scheme on Unexplained Wealth established by the Intergovernmental Agreement on the National Cooperative Scheme on Unexplained Wealth.

3—Amendment of section 209A—Credits to Justice Rehabilitation Fund

This clause amends section 209A to make payment into the Justice Rehabilitation Fund subject to the sharing of proceeds under the National Cooperative Scheme on Unexplained Wealth established by the Intergovernmental Agreement on the National Cooperative Scheme on Unexplained Wealth.

4—Insertion of Part 7 Division 3A

This clause inserts new Division 3A into Part 7 providing for the sharing of forfeiture proceeds with other jurisdictions in accordance with the National Cooperative Scheme on Unexplained Wealth established by the Intergovernmental Agreement on the National Cooperative Scheme on Unexplained Wealth.

Forfeiture proceeds are proceeds arising from a confiscation, forfeiture or payment under the *Criminal Assets Confiscation Act 2005*, section 9 of the *Serious and Organised Crime (Unexplained Wealth) Act 2009* or a prescribed law.

Forfeiture proceeds are shared with other jurisdictions that have made a contribution (within the meaning of the Intergovernmental Agreement on the National Cooperative Scheme on Unexplained Wealth) to the forfeiture of the proceeds. Proceeds are shared in equal proportions unless the CJC subcommittee makes a unanimous decision that other specified proportions are to apply. Proceeds may also be shared with non-participating jurisdictions and foreign jurisdictions. The balance of forfeited proceeds that remain after payment is made to other contributing jurisdictions is to be paid into the Victims of Crime Fund or the Justice Rehabilitation Fund (for forfeiture proceeds of a prescribed drug offender).

Part 3—Amendment of Serious and Organised Crime (Unexplained Wealth) Act 2009

5—Amendment of section 45—Credits to Victims of Crime Fund

This clause amends section 45 to make payment into the Victims of Crime Fund subject to the sharing of proceeds under the National Cooperative Scheme on Unexplained Wealth established by the Intergovernmental Agreement on the National Cooperative Scheme on Unexplained Wealth.

Debate adjourned on motion of Mr Picton.

HEALTH CARE (GOVERNANCE) AMENDMENT BILL*Second Reading*

Adjourned debate on second reading.

(Continued from 11 May 2021.)

Mr PICTON (Kaurua) (16:16): I rise to speak in relation to the Health Care (Governance) Amendment Bill 2020, and indicate that I am the lead speaker for the opposition in relation to this bill. This is a piece of legislation that has been in parliament longer than some people ever get the chance to serve in parliament, and we now celebrate the second anniversary since its original introduction into the parliament.

This legislation has been sitting around, not moving very far at all. It progressed slightly, then we had the proroguing of parliament and then it was reintroduced. It has been moving its way through the parliament in a glacial manner, which I think highlights the priority that the government is giving to this legislation, perhaps pointing out whether or not this is particularly important to them. It is also a broader metaphor for the government's progress in relation to our health system over the past few years.

The government originally coined this piece of legislation their 'phase 2 of governance reform'. People might recall that there was an original piece of legislation that passed in 2018 which set up this government's preferred governance model for the healthcare system. Changing this governance model was basically the central plank of how they wanted to structure the health system. It was put in what I recall was their 100-day plan of action and real change and whatever they called it back then, and part of that was to put in place governing boards for the local hospital networks and to split up Country Health into six local hospital networks and put in place boards for them.

Anybody looking at the state of the health system at the moment would see very clearly that the reforms this government have put in place, combined with their other efforts, have not led to any improvements whatsoever in relation to our healthcare system; in fact, have led to the situation getting so much worse, to the point where we are now facing multiple crises across our health system.

This bill covers a number of perhaps minor amendments in some ways to the legislation. There are updates in relation to a number of the roles of the chief executive, though, which are significant in terms of the system leader still in this dual role process that this government has put in place where we have local hospital networks that have governing boards but we still have the chief executive who employs all the staff.

So we have unique system where we have government boards that are quite often the fall guys for what goes on in the healthcare system because they do not control the budgets, they do not control the staff, they do not control what their priorities are, they do not control what the capital works are going to be and they do not control the targets they have to meet. But they are told, 'You just sort out and run the system.'

I will pick up one example from question time today in relation to the opening of beds in hospitals and whether there are unopened beds in our hospitals—and everybody knows that there are—despite the fact that we have sometimes hundreds of people waiting for a bed, either ramped in ambulances or inside the emergency department. The health minister told us that local hospital chief executives will sort that out; if there are beds that need to be opened, they will do that. Well, very clearly, they cannot always do that because they do not control their budgets.

There is a key mechanism in the legislation which the government has put in place and which they are seeking to amend, and that is in relation to service level agreements. They have said the structure is that the government will set service level agreements between the chief executive of SA Health—currently the occupant is Chris McGowan, who has just had his contract renewed for some \$570,000 a year, I believe—and then the local hospital network boards and CEOs signing off. This is meant to set the targets for how the health system works. This is meant to set the budgets that they have to operate in.

Part of the problem, of course, is that the local hospital network boards have been very frustrated over the past few years that they have not been getting sufficient budget to enable them to run their health systems in an appropriate manner. They have been asked to basically do the impossible: to cut funding and to cut various areas of their expenditure while delivering improved performance. I think whistleblower Adjunct Professor John Mendoza said it very well when he spoke out before he was sacked, in that he was being told, as the head of mental health in the Central Adelaide Local Health Network, 'You basically have to cut staff and cut funding, but at the same time improve performance, see more patients and end ramping.' All those things cannot happen at the same time.

So what we had was a situation where the local hospital network boards were in revolt about this. We know that they raised their concerns with the health minister, with the Treasurer and with the Premier. We know that that is why they refused for many, many months to sign their service level agreements with the government, because they were so concerned in relation to what the impact would be of these reduced budgets that they would have to find cuts for.

Very clearly, we now have legislation before us that would give the minister the power to override the supposed agreements that would be put in place. If the minister were concerned that there was a dispute then the minister would be able to override those service level agreements and put in place his own decision-making in place of what was previously an agreement between the chief executive and those boards. Clearly, that is very concerning because this is one of the only ways in which board members can voice their concerns about the budget that they are being given in the health system.

We do not want to have a situation where ultimately the minister, who is meant to be accountable for how the system is run, is putting in place a structure where he can continually blame and pass the buck down to the local health network boards, but they have no say in the situation and now do not even get to have a say in this legislation in terms of signing off on their service level agreements. That is quite concerning.

There are a number of other elements that are of concern, one of which is that the government has been trying to seek to weaken the areas in which there can be conflict of interest arrangements between people who should be on the board. When this legislation was first put in place, I believe there was an amendment moved in the other place by the Minister for Health himself, who said very clearly that he agreed that there should not be conflicts of interest. He proposed the

wording of how that should be managed, but he is now seeking to change that and backtrack in terms of exactly how that should be put in place.

We have great concerns in putting in place an arrangement where people would have conflicts of interest by sitting on boards. We believe that the current wording of the proposed amendments moved by the government in relation to conflicts of interest regarding board membership would give the ability for, say, somebody like corporate liquidators KordaMentha to sit on the board of a health network where they are engaged to provide professional services or administration. That is clearly unacceptable.

That is clearly a conflict of interest and I do not see how the government can defend what they are proposing to weaken that and put in place weaker provisions in relation to conflicts of interest when these boards are, in some cases, looking after well over \$1 billion of taxpayer expenditure every year. Essentially, these governance reforms are what this government put in place to manage the system, but we can see very clearly that it has led to a worse situation now—in terms of ramping, in terms of emergency department performance and in terms of the care of mental health patients—than we have ever had before in the state's history.

One of the key things that this government has done in relation to governance of the healthcare system, which does not even appear here at all, is that they took steps never taken before of putting in place administrators of the Central Adelaide Local Health Network, not health experts, but corporate liquidators KordaMentha. They have now ended up paying them \$37 million of taxpayers' money to run the Central Adelaide Local Health Network as administrators. It is completely unprecedented.

Of course, there have always been occasions when consultants have been brought in from time to time—and I do not think you would want to do that very often—but to put them in place not just to provide advice to the board, the CEO or the minister but to actually run things in our health system is completely unprecedented.

We were told that this would lead to some huge benefit in terms of the outcome for patients, but we have actually seen the opposite. We were told that they would turn the budget around, but the budget is still in a massive shortfall in that health region. We were told that this was all about the cutting back of office services but, in fact, while they may have cut the paperclip budget, ultimately it is front office services, frontline health services that are now copping the price.

We saw their reports, which are very careful in their wording, and it is clear that they talk about reducing the number of procedures that are done in the hospital system. We said to them, 'How is that possible?' They said, 'We are going to treat people better in the home, etc.' That has not happened. There are more people presenting. They said they were going to reduce the number of bed nights, which equals reducing the number of beds. That is progressing and we are seeing that in the reduction in staff that is happening right at the time when we need those staff on board.

We have paid KordaMentha \$37 million to run the health system, even though that does not appear as an option for governance anywhere either in the original government legislation or their proposed government legislation. Nowhere does it say that that is a method you can put in place. We have paid them \$37 million. They have now gone about a huge program of voluntary separations. They have now cut 300 staff, particularly focused on the Central Adelaide Local Health Network but some in other regions have been impacted by government cuts as well, but nowhere near the number under the management of KordaMentha at the Central Adelaide Local Health Network.

That cut of 300 staff has cost taxpayers \$24 million. We do not have those staff anymore. When this is talked about the minister says, 'These are voluntary. If people want to leave, that's fine.' This is not people just deciding to leave and then we find the next person to replace them and bring in somebody new. These are people who are leaving and we are then saying, 'Your position is now abolished. It has been made redundant. We do not need that position anymore. We are never going to replace that position, and we are paying you out because of that.'

It is very different from where there have been discussions and programs around whether we help some people towards the end of their career to take a package so we can get the next person in. This is very different. This is about abolishing positions. This is about reducing staff numbers, which is as plain as day if you look at the budget papers. It was made very clear in the past few

budgets, where there was a projection of massive staff cuts at the Central Adelaide Local Health Network. This has been very clear from the budget papers. It has been right there in plain sight.

We have had a reduction of 300 staff, which has cost the taxpayer \$24 million. We have paid \$37 million for consultants to come in and then we have paid another \$24 million to get rid of the staff. Suddenly, we are up to \$60 million to have fewer staff working in our health system providing healthcare services. Imagine, if we had instead put that \$60 million into providing care for patients, how different the situation we see on a daily basis on our TV screens, of the ramping crisis affecting our hospitals, might be. Imagine if that \$60 million were being used to provide healthcare services rather than paying out staff and paying consultants from Sydney and Melbourne to fly in and fly out of Adelaide.

Another exceptional thing about what has happened in relation to this, and the Auditor-General has noted it and raised concerns, is how this procurement originally happened. We know that this did not go through a proper procurement process to bring KordaMentha on board. The tender was skirted around and no open tender was put in place, which has raised the ire of the Auditor-General. This was a government decision to do this outside the usual competitive process and outside the Industry Participation Policy the government has in place.

There is a policy in place that we need to make sure we maximise the benefit of our taxpayer dollars being spent to South Australian taxpayers and to our economy. So, if we are spending a dollar, we want to see as much of that dollar being spent by South Australian employees and as much capital being invested here in South Australia as possible.

If you look at what happened in relation to the KordaMentha contract, it was not 75 per cent local content, it was not 50 per cent local content, nor was it even 25 per cent local content. The bid they put in said zero per cent local content. Zero per cent of what they produced in terms of governing our healthcare system was coming from Adelaide. It was all coming from Melbourne and Sydney.

We were paying to fly people in on Monday morning and fly them out on Thursday afternoon—I do not know why they could not stay in Adelaide on Fridays as well—and then they would spend Friday, Saturday and Sunday in Sydney or Melbourne and then come back Monday morning to restart their cutting program in the Central Adelaide Local Health Network. Those are the governance arrangements that have practically been in place under this government and under the legislation they have had in place.

Even worse than that is those 300 staff are not all back office people, as you might think. You would think, 'Well, if we are going to be cutting staff, let's cut some back office people and put those resources into frontline health care,' and people might think that is fair enough. But what we have seen is that the majority of these people are frontline healthcare staff. In fact, 120 of the 300 people, almost half, are nurses—120 nurses' positions have been made redundant by this government and the vast majority of those were since the pandemic started.

We have a situation where in June 2020, when we were still bracing for the impact on our healthcare system of COVID-19, Victoria was starting to see their wave happen and we were doing everything under the leadership of Grant Stevens and Nicola Spurrier to make sure it did not happen here. What was the Marshall government doing? It was deciding to cut staff from our frontline hospital system—120 nurses, the vast majority going since the pandemic started, reducing our capability, yet we had the Premier suggesting that somehow that made sense as a good thing because demand was lower during that time, so you would abolish these positions. We saw everybody else around the country, and probably in fact the whole world, putting on more staff to prepare themselves. Here in South Australia we were letting staff go, having fewer people on the frontline.

That has been the impact of KordaMentha and their management of the healthcare system, not part of the legislation. Very clearly, despite the fact that this is meant to be the governance system, they did this workaround where they employed them as a contract but then employed them as executives holding two hats at the same time—it is likely that is the first time that has ever happened as well—and paid them a dollar or so to be executives in the health system, while we were paying people \$37 million to be contractors, so they had some legal basis under the legislation to undertake their work to cut services, not as an advisory capability but to actually carry that out. It is completely unprecedented in this state, and we have seen what a failure it has been.

One more thing on KordaMentha before I leave it there is that clearly at some point in time they worked out that it was not quite as easy as they thought. Clearly, at some point in time they worked out that this was not like going into a box factory and cutting the margins on your suppliers. Health care is as complex as it gets. Running major hospitals is as complex as it gets, and there were no easy ways to make savings without eating into frontline healthcare services.

I think very clearly they worked out that they did not have the technical capability to run those services without knowledge of the healthcare system. Very clearly, at some stage they worked out, 'Well, we need to get some expertise,' so we ended up in this bizarre situation where, at the end of 2019, KordaMentha were going to bring in consultants to them. We were like *Inception*: we have layers upon layers, we are hiring the consultants and then the consultants are hiring additional consultants.

They were going to bring in people called 2020 Delivery. They were going to fly in from London. I believe that some of them did come for at least one trip to Australia, if not two trips, to be part of this cost-cutting program. We have no detail in terms of how much they were paid. Clearly, the pandemic put an end to this idea that we could bring in not just interstate people to run the healthcare system here but now overseas consultants to run the healthcare system.

That was the government's approach: just layers and layers of consultants while we are cutting layers and layers of nurses. If you look at the nurses who were cut, maybe you could make an argument that there is some nurse who is not providing a critical role. I would certainly question that, but maybe the government could make that argument. If you look at the FOI documents we have obtained in relation to who these nurses were and what their positions were, they include people such as emergency department nurses and people such as intensive care unit nurses.

How, during the middle of a pandemic, we would think we would be abolishing nursing positions in the emergency department and in the intensive care unit—two critical elements to any COVID response—is completely beyond me. Then further in ICU, further in cardiology, further in operating theatres, further in outpatient departments and further, I believe, even in neurology—this was a whole range of key, critical areas in which we were cutting nursing staff during the middle of dealing with the pandemic wave before the Victorian wave was about to hit in June last year.

Another critical element we have seen in relation to the management of the healthcare system and its governance—and this report came out before the pandemic hit as well in relation to November 2019—is the report from the ICAC commissioner. This was an absolutely blistering report from the ICAC commissioner into SA Health called *Troubling Ambiguity*.

We know that the ICAC commissioner only wrote this report because he was so concerned by what he saw in SA Health. He went to the government, he wrote to the health minister and he said, 'I would like funding to undertake a proper investigation into what's going on in SA Health because of my concerns in relation to maladministration, misconduct and corruption that could potentially be happening within your agency. This is how much money I need to get to the bottom of this.' The commissioner got a response back from the Treasurer saying, 'No, we're not going to provide you with that funding. We're not going to allow you to get the funding you need to get to the bottom of those issues.'

The ICAC commissioner obviously looked at the fact that to get to the bottom of those issues within the existing budget would completely swamp any other important work that the commissioner had on the go or needed to look into within the course of a year and said, 'If the government is going to refuse me to get to the bottom of these issues, then I will have to do what I can within my existing resources.' Hence, he wrote this report, *Troubling ambiguity: governance in SA Health*, which goes through line by line the issues he has raised in relation to the governance of the healthcare system.

The report covers cultural issues, reporting culture, bullying and harassment, attitudes and tendencies; records management, time and attendance; the scope and delivery of employment duties, inconsistency between practices and industrial agreements; the rights of private practice framework, the risks arising from unregulated rights of private practice; conflicts of interest, the policy framework and observations from investigations; clinical trials and research; special-purpose funds, historical concerns and challenges related to those funds and risks arising from those funds; and procurement.

All those areas are very considerable concerns in relation to the governance of SA Health, all of which the commissioner put on the table and in fact made very clear in doing so that he cannot make recommendations in relation to those areas because he has not had the ability to get to the bottom of them and he has not had the ability to hold hearings, as he had asked the government to enable him funding to be able to do to get to the bottom of all those issues. Hence, he had to put this report forward, which raised those issues but which did not have specific recommendations because it was unable to do so.

What was the response from the minister? The response from the minister, which I think will be remembered as one of the most farcical scenes we have seen over this government, was to trot out with all his chief executives behind him in this big show and dance about how he was going to take action and was putting in place a task force to look into it. Then we found out that he said that before he had even read the report. He announced his response to the report before he had even taken the time to consider it. It is not a very significantly long report. I believe it is 64 pages long and you could very easily read it in a sitting.

This government put the spin ahead of actually listening to those governance concerns. They then parked it all into this interagency mumbo-jumbo talkfest work group action plan delivery committee. So we have this bureaucratic committee, which is largely staffed by people from SA Health, including the chief executive and the chief executive of the largest health region on this committee, to say, 'Here's this report. You go and do something with it.' Basically, since then nothing has happened to any of this. Nothing has happened to address these concerns whatsoever.

You know that that has not happened because here we have a governance bill that has been sitting around in the parliament since 2019 and it does not address any change that came out of this report whatsoever. There is nothing here that picks up the concerns the ICAC commissioner had and spelled out very publicly in relation to his concerns. Nothing has been done. Why you would not use the fact that this bill had not progressed to take another look, to go back and put in place some changes to make sure that we were improving in relation to these procedures, is beyond me. However, here we have just the tidying-up legislation, two years on, with no significant changes.

If you look at some of the issues that were raised here, they are very concerning. They not only involve the way we treat our frontline healthcare staff but also how we treat taxpayers' dollars. We have concerns, in terms of taxpayers' dollars, about conflicts of interest management, procurement, special purpose funds, clinical trials and research, rights of private practice, and even time and attendance, whether people are actually doing the time they say they are in the healthcare system. These are all critical issues we need to get to the bottom of.

Particularly galling is that the government put in place a system where one of the people on their workgroup, or whatever they called it, that was going to look into these issues was the head of SA Health, chief executive Chris McGowan, who at the same time was facing an independent investigation by a former commonwealth ombudsman in relation to his management of conflicts of interest—which was one of the concerns that the ICAC commissioner raised generally.

So we have an issue where there was clearly a conflict in putting that person in place of that workgroup to look at this report, particularly when the report that came out from former commonwealth ombudsman John McMillan raised very significant concerns in terms of the management Chris McGowan had in relation to those matters. It said he should not have gone to meet Deloitte in the way he did, it said he should have put in place better conflict of interest management procedures when he started and it said there were forms that should have been signed that were not signed.

There was a litany of issues raised that led to him having to have coaching from the Commissioner for Public Sector Employment in relation to conflicts of interest. So we have the person sitting on this committee overseeing how to improve conflicts of interest who, at the same time, is getting coaching on managing his conflicts of interest. This is the way the governance of the healthcare system is running under this government.

Very clearly, we have a concern in terms of all those issues that are going completely unaddressed by this government, and that is flowing through in relation to delivery of healthcare services. In addition, there are areas of this that not only affect the budget and the delivery of taxpayers' money but also affect our hardworking doctors, nurses, paramedics, allied health professionals, other clinical staff, and other support staff in the healthcare system.

We have very clear concerns in relation to the reporting culture, bullying and harassment, attitudes and tendencies within the government, within SA Health, that have not been acted upon. This is leading to part of the issue we are now seeing, where we have massive fatigue, where we have staff who have no morale whatsoever in the delivery of services, where we are losing experienced people in the delivery of our healthcare services—and this is one of the reasons behind that.

Even if you do not accept the ICAC commissioner's view on it, we had a bipartisan committee of this parliament—I always forget the name of it, but there is an occupational health and safety committee of this parliament—look into bullying and harassment in SA Health that issued a damning report in terms of the number of complaints and the number of issues that have been raised in relation to bullying. Nothing whatsoever has happened on that either; there is nothing in here to address those concerns. That is now flowing through to the healthcare services we are seeing, and they are flowing through in a way that is shocking all South Australians.

Finally, we have now seen the government own up to the figures in relation to what the current ramping crisis is in our healthcare system. Very clearly, the figures that were released to the media on Friday afternoon from the government show that for each of the last three months this state set a historic record for the number of hours that ambulances were ramped outside major hospital emergency departments. It was a record in February, a record in March and a record in April. Ambulances were ramped for 2,268 hours in April. That is the absolute worst our state has ever seen. It is much more than double the rate that this government inherited when they took office.

They have doubled ramping to the worst it has ever been in this state's history and we see every day now the human impacts this is having on people. It is having an impact in a number of ways. There are people who are stuck in emergency departments who have managed to get into the emergency department but then get stuck there for days upon end. There have been reports of people stuck for five days in emergency departments, waiting for a bed in a hospital.

An emergency department bay is nowhere that somebody should be spending five days and five nights. Five days and five nights sound like a nice holiday brochure, not an amount of time you should be spending on a stretcher in an emergency department waiting for a bed somewhere. But that is a reality and it is particularly affecting people with mental health conditions. We have seen a massive blowout in the number of people who have been stuck for more than 24 hours. Regarding those mental health patients alone, the government answered last sitting week that over the last year 1,440 of those people had been stuck for more than 24 hours. It is a massive escalation and it shows what a crisis is going on inside our hospitals.

Then outside the door of the emergency department we have a massive problem in terms of ramping. Just this week we saw 37 ambulances ramped across our system at one point on Monday, and that is having a massive impact upon people who need care, who should be inside the emergency department getting the testing and assessments that they need for their condition. Instead, they are stuck in a degrading way, without the proper assessments and care they need, in the back of an ambulance.

That had a human face for all South Australians when we saw Agatha this week, who was stuck for three hours at the Royal Adelaide Hospital. Agatha is 93 years old. This is the second time she has been ramped. She had difficulty breathing, so her daughter called an ambulance. The ambulance was very late because of the situation it was facing. The nearest hospital was The QEH but they could not go there because of the serious ramping that was happening at The QEH, so they had to go to the Royal Adelaide where she was stuck in the back of the ambulance for three hours. She told her daughter that she just wanted to die rather than be stuck there any longer.

That is the situation that South Australians are now facing on a daily basis in our healthcare system. It is absolutely not good enough. For the government to accept that this has doubled under their watch, particularly when they promised that they would fix it, is an absolute indictment upon them. It comes because those patients cannot get into the emergency department because, as we have already said, those emergency departments are completely clogged with people already and those people cannot get out of the emergency department because there are not the beds for them to go into. They cannot get into the beds they need to get into because the government is cutting nurses to provide that nursing care.

We have beds that are closed across the health system, rather than opening them and providing the care that patients need, and this all flows down. Inevitably, it flows not just from the ramp but it flows into the community as well, so the next person who needs that ambulance cannot get one because we are in a crisis situation in which all our ambulances are tied up outside emergency departments, so there are not available ambulances to respond to those cases.

So ambulance response times are getting progressively worse. We have seen them worsen over the past two years. This is the only state in which funding for the ambulance service has gone down. In every single other state, the state government or the territory government is putting more money into their ambulance service, except for here in South Australia where we are reducing the Ambulance Service funding by \$11 million over the past two years. Do not take my word for it; that is according to the Productivity Commission Report on Government Services that came out in January this year.

We have ambulances stuck outside hospitals and we are squeezing funding from the Ambulance Service, so this inevitably means that when people call for an ambulance there quite often is not one available to respond. We have seen cases in recent weeks and months where there have been up to 15 calls at one time that have gone unresponded to immediately because an ambulance is not available to dispatch.

On Monday, there were seven priority 2 cases, which is lights and sirens, get there in a hurry ambulance cases, and there was no ambulance to respond to them. This is now leading to an awful situation for our paramedics, who are now really copping the brunt of all this chaos and crisis in SA Health, not that they are the only ones but they are particularly at the pointy end, in that they are now in a situation where they are now losing morale in terms of their work. They are fatigued, they are not getting breaks and they are working ridiculous hours without a break.

They are very happy to work long hours, but they need a break occasionally. We here will work long hours in the parliament debating legislation, but we take a break for dinner and we take a break for lunch. They do not get those breaks when you are an ambulance paramedic at the moment. They are working straight through and eventually it breaks you down. Not only that, but it clearly has an impact on you emotionally. If you have the ability to provide the skills that patients need but you cannot get to the patients on time to provide that in a timely way, that will inevitably have an impact upon people.

We heard it here when there was a rally at Parliament House, which many of us on this side attended. To my knowledge, no-one on the government side attended the rally, but I believe Senator McLachlan from the federal Liberal Party did attend, so credit to him for doing that. However, no-one from the state Liberal Party went out to listen. We heard from an extended care paramedic about how it is really having an impact upon him, the fact that he knows he has the ability to deliver care to people in need but he cannot get there. He knows that it is a perilous situation for them.

I recently spoke to a family where the husband called an ambulance for his wife. They are both in their 80s and I believe they live in Clarence Park. He called an ambulance in the middle of the night for his wife. It took well over two hours to get there. She had had a fall and collapsed on the floor. It would have been either a priority 2 or a priority 3, so an ambulance should have been there in 16 minutes or 30 minutes, but it was there in two hours.

The ambulance had to come all the way from Stirling to get there. We are now in this situation where it used to be that if you lived near an ambulance station you thought you had a pretty good shot of getting an ambulance coming to you now. The ambulances are hardly ever in the ambulance stations at the moment. They are either responding to jobs or they are ramped outside hospitals. The idea that you go to an ambulance station and there is staff in there sitting around is completely mind boggling now.

I remember going to see many ambulance stations that we were opening before the last election, particularly ones in my electorate, the Noarlunga and Seaford ambulance stations, some of the last ones to open. There have been a couple of others where the current minister, Stephen Wade, cut the ribbon but they were funded, proposed and planned under the previous government. I am not aware of any under this government.

The facilities are great in these new ambulance stations, and they include beds for people to sleep in. The problem is it is just a fallacy. No-one who is working for the SA Ambulance Service at

the moment is sleeping when they are on their shift. They are flat out all the time, and that has an impact upon people every day.

What we saw very clearly was that this government made a number of very clear promises in terms of what they were going to do. They said that they would end ramping. I have a letter Stephen Wade wrote to Phil Palmer, Secretary of the Ambulance Employees Association, on 1 March 2018, a couple of weeks before the last election. He stated:

I write on behalf of the Liberal Party to provide a response to the Ambulance Employees' Association's letter...The Liberal Party shares the Association's strong concern as to the capacity of SA Ambulance to deliver effective and safe services...The Liberal Party shares the long-standing view of the Association that our public health system must rigorously resist the trend to allow ambulance ramping to become the norm in South Australian...hospitals.

Here is the minister promising that he was going to stop ambulance ramping from becoming the norm, and not only has he not done that but he has in fact entrenched it and doubled it and made it the highest ramping we have ever seen in the history of this state. Stephen Wade also stated:

Ambulance ramping is unsafe for patients, places significant and unreasonable stress on our ambulance officers, leads to blow outs in ambulance response times and is an unacceptable waste of scarce resources.

I think everybody would agree with that, but why has he overseen the governance of a system that has allowed ambulance ramping to now double—not increase by 10 per cent or 20 per cent, not stay the same, but double to record levels under his watch? He continued:

Accordingly, if elected in March, a Marshall Liberal Government will ensure that from 1 July 2018 onwards annual Service Level Agreements...between the Department for Health and Ageing and metropolitan Local Health Networks include agreed strategies and/or tangible steps to both address ambulance ramping and strengthen the surge capacity of individual hospitals—steps such as establishing discharge lounges and improving discharge protocols.

Very clearly either that has not happened or it has been a dismal failure because the situation not only has not improved but has become disastrously worse. Clearly, with those arrangements in relation to service level agreements, which are covered in this legislation, I think the priority has been much more about cutting the funding in those service level agreements, rather than ending ramping.

I think that in those service level agreements the government could have very clearly made ending ramping a priority, and then those local hospital networks would have the ability to put resources to the task to make sure that beds were open, to make sure that resources needed were there and to make sure that discharges were happening, but that has not happened and we are now in a situation that has only got worse. Very clearly, he then also goes on to talk about how he is going to commit to workforce planning:

...if elected, a Marshall Liberal Government will require the SA Ambulance Service to complete statewide workforce planning within 12 months, in consultation with the Ambulance Employees' Association and other relevant bodies. Importantly, we would expect the SA Ambulance Service to make available to the Association the assumptions and key data underlying its planning and forecasts. Whilst the initial workforce planning may focus on, say, the next five years, the Liberal Party recognises the need to take the long-term view and end the stop-start approach to ambulance officer recruitment that has plagued the Service for years.

That could all not be further from the truth of what happened. We know what has happened, and in relation to the governance this is very clearly an area in which the health minister has reporting to him the Chief Executive of SA Health and the Chief Executive of SA Ambulance. There is a very direct line of accountability for how this works, and it has been a complete broken promise of what was proposed then. In fact, what happened is that the government worked with an international consulting group, OHR, who undertook a study in relation to the workforce needs of the SA Ambulance Service. They came up with a report, which we understand recommended hundreds of extra paramedics.

That went to cabinet and cabinet rejected it. One of the reasons we know that this happened—apart from the fact that it is one of the worst kept secrets in Adelaide—is that an FOI document obtained by the opposition shows very clearly a briefing to the chief executive about undertaking work in relation to a consultancy for work on future planning for the healthcare system. I believe they inevitably hired PwC to do that. One of the key reasons for doing that was that they

said they had an urgent need for a cabinet budget process in relation to the funding and resourcing of the Ambulance Service.

Clearly, at that time, I believe in 2019, proposals were going to cabinet about the urgent funding need for the Ambulance Service. We know that since then none of that funding was ever approved. It was not approved whatsoever. The figures this government like to bandy around, about increased numbers of staff, all came about because of the funding that was put in place in the MYBR in 2017 under the previous government, under the previous minister, the member for Croydon, to hire additional ambulance officers then.

Since then, there has been no additional funding. Since then, there have been no additional commitments to staff. Since then, there has been a report from OHR that has been sitting in cabinet, or rejected by cabinet, which the government refuses to release and which clearly outlines how many more staff are needed in our healthcare system for our Ambulance Service.

The government are still refusing to release that report, despite that in 2018, before the election, they promised the Ambulance Employees Association, 'We will work with you. We will share all our data. We will make sure that there will be a great workforce plan in place.' None of that happened and it then ended in complete secrecy after that. There was no sharing of that data, with the government holding onto cabinet confidentiality. Now their response is to treat this all as some industrial relations dispute, when it is in fact about care for patients.

I do not find anywhere in the Health Care Act that states that, when employees are involved, suddenly providing healthcare services for the people of this state stops becoming an issue for the health minister and the health executives but starts becoming Rob Lucas's issue. But that is basically Stephen Wade's response: he wants this all to be Rob Lucas's problem. It is an industrial issue and, by the way, we are only releasing paramedics if the ambulance union signs off on certain things that we want.

I think that eventually there was a victory of common sense, in that they have now agreed to provide at least some ambulance officers for no concessions whatsoever from the ambulance staff. Instead of admitting their failure on that, the government have then gone out to try to claim victory, and this we understand has further enraged paramedics across the state. It will be interesting to see if those additional 74 paramedics—who are clearly desperately needed and included in the government's secret report they are failing to release—are going to be dependent upon whether or not this deal is agreed to by the paramedics at a union meeting.

If the paramedics and the union members vote no to this deal, are the government then going to say, 'We are not going to hire any additional paramedics'? They are clearly desperately needed. We should be starting that recruitment right now. We should not be waiting two weeks for some ballot. We should not have been waiting until now: we should have been hiring them when it became very apparent towards the end of last year how dangerous the situation was and how clearly more staff were needed.

There is also a need not just in relation to ramping. There is a very clear issue that if we can end or significantly reduce the ramping that has exploded under this government's watch that would certainly free up significant resources for our paramedics and help reduce response times and address the fatigue our staff are facing. But there is clearly an issue even without that. There is clearly an issue where, even on some days when there has not been ramping, there still have been very slow response times because we clearly do not have enough paramedics on board generally.

There are also additional needs for PPE, with a lot of cases in this new COVID world. That adds additional time. That is why more paramedics are needed. The first thing the government should do is release that report they have been holding onto for some time. All those promises by Stephen Wade were absolutely broken. When the government was first elected, some six months afterwards ramping was escalating then but not anywhere near the levels we are seeing now.

We saw Stephen Wade call one of his what is now becoming a famous trick of a crisis meeting or a workforce planning crisis meeting or whatever he might choose to call it. He had all the different representative groups around in a 'pic fac' as they call it in media terms, to get some camera vision. He said, 'Bring us all your good ideas on how we will fix this,' and then he basically went away and did nothing, absolutely nothing in relation to what was the problem there. He could have put in place things that addressed the issue now.

It is worth looking back at some of those recommendations made to the minister back in 2018 that could have had an impact on the health system now if he had listened to the health staff. If he had listened to the industrial bodies that represent them back then, he could have put in place things that could have prevented us getting to this crisis situation.

If you look at what the Ambulance Employees Association suggested at the time, they said, 'You need to increase the number of acute hospital beds, improve coordination, increase community capacity to manage medical patients with complex conditions outside acute hospitals, improve hospital processes and better standardisation of treatment.' They also said, 'Dedicated mental health facilities with staff to free up ED beds, significant investment in primary preventative health care, using well-funded and appropriately resourced transit wards in all metropolitan hospitals,' which is something incidentally Stephen Wade himself committed to in March 2018 but which clearly has not happened.

The Ambulance Employees Association also said, 'Improved admission and discharge performance in hospitals to improve patient flow, expand hospital avoidance measures and transfer of care policies of 30 minutes.' A whole range of suggestions were made to this government back in 2018 that they could have taken action on but they did not. We have only had either cuts or very small measures that have had no noticeable impact, one of which is this government's preferred 'wheel it out' suggestion of priority care centres. Priority care centres are their go-to: 'Look, we're doing something.'

They have set up four GP clinics we are funding to take some ambulance patients. We are sending SA Health nurses to work there, so it is quite an expensive model of care, and hardly anybody is meeting the criteria to go to these places. For much of the last two years that this has been in operation, most of these centres have only seen, on average, two patients per day. With a healthcare system as busy as ours, that is not making a significant difference and these are not the patients who are causing the significant logjams in the hospital system.

There is no significant investment in primary preventative health care, there is no significant investment in transit wards, there is no significant investment in acute beds and there is no significant investment in better discharge strategies. A lot of these things have had announcements but no follow-up, yet we have seen the cuts behind the back happening that have made the situation so much worse.

At the end of last year, the government had another warning, when they were told in a report, entitled 'Safety learning system incident review ambulance delays', covering July 2020 to November 2020, about very significant ambulance delays that were happening to patients. Step by step, this goes through looking at individual patients and their impacts over the five months at the end of last year and at how patients were impacted by the delays we saw in the healthcare system.

There was an analysis of what happened, and clearly some of these patients died, some of these patients received much worse care than they should have and some of these patients ended up in hospital a lot longer than they should have. Hospitals were a significant issue in terms of their funding not allowing enough resources to take these patients. Ramping therefore resulted and there were delays. Some of these delays were not because of ramping but because of lack of resources in the healthcare system. The summary of this report, which was provided to the government, stated:

The review highlights that the Ambulance Services' capacity to provide an adequate response to a specific cohort of patients is suboptimal at times. These patients based on an international triage and dispatch system, require a level of response that is still deemed to be an emergency, or require timely transport to the most appropriate Emergency Department. Due to an increase in demand for SAAS's services and a lack of response capacity at those times, a delay occurs, putting at risk this cohort of patients.

We have a situation where, largely, these are people who might get classified as category 3 patients. For a very long time, we had a target in place for category 3 patients, in that they should get an ambulance in place within 30 minutes; however, this government has completely raised the white flag on that now. They have said, 'We are not going to have a target at all for these category 3 patients. There is no target. We can't fail a target if we don't meet it.' I had it confirmed recently in a response to a question on notice from the Premier that we are no longer assessing how many people we see in 30 minutes for category 3 patients.

But these people do need care. These people might be somebody who has had a fall, somebody who has broken a limb, somebody who has had some sort of injury that does not require a lights and sirens response but does require an ambulance to come pretty soon. This report advised the government that the lack of response capacity at those times and an increased demand means that there is a delay, putting at risk that cohort of patients.

Recommendation 1 to address this was to increase stretcher-carrying ambulance capacity. You cannot get much clearer than that. The government had a recommendation in November last year that they should be increasing the availability of ambulances that can carry a stretcher. There are essentially two categories of ambulances: there are ambulances that can cover stretchers, which is what we generally think of as an ambulance, and then there are sprint cars, which are solo responders. They can be helpful in a range of circumstances but obviously cannot carry somebody on a stretcher back to hospital.

The government was warned back in November last year that they needed to increase that capacity for ambulances that could carry patients. They have not done so and they are still treating it as though it is an industrial relations issue rather than an issue that needs attention by the governance in this system, the minister, the chief executive and ultimately the Premier.

I will not go through all the cases, but one of them was a child who threatened suicide. They waited basically from night-time until the next morning for an ambulance. That should not be happening anywhere in South Australia, that we are so hard pressed for resources that we cannot get to somebody in such a situation in a timely way. That is only going to make the situation so much worse.

Now we are in a situation where we have heard the staff themselves having to speak out about the situation they face, which is quite unprecedented. I think we are used to doctors having some degree of ability to speak out about concerns in relation to the healthcare system but to now see paramedics speaking out I think has really shocked South Australia in terms of what they have been hearing.

We see it now as well, in that they are taking to the streets and writing on their ambulances how they are feeling about the resources that they have. I think that South Australians are seeing that and saying, 'Why is the government not taking any action? Why is the government treating this as some industrial issue, when it is actually about our safety in the community?' We have had so many paramedics speaking out that I cannot go through them all, but we have people like Jim, who said:

Patients have died, and we keep having adverse events happening and I'm telling you, the tip of the iceberg because we can't report them all if we're not even getting back to the station during the shifts to report them, there's no way to do that.

Amanda, who is a paramedic, said:

I've never seen anything like it. Patients have died. I just went from job to job... Towards the very end of the night myself, my partner and another ambulance crew were all too fatigued and short on equipment to attend a life-threatening case. I'm actually at risk of just crashing into a tree if I go. And the message I have for people is you're not safe right now. I can't guarantee you're going to get an ambulance when you call up.

Paramedic Josh said:

People need to know that the community is at risk. There's delays in getting ambulances out to the public. I mean, throughout the entire 12-hour shift, there was uncovered lights and sirens jobs that we just did not have the resources to send. Basically to be able to deal with the [level of] demand of this job, the 12-hour shifts without getting breaks, the constant overtime, I found myself in a position where I bumped my hours back from full time to half time. I mean, it's not great for my financial position but I'd rather be broke than broken at the moment.

Then we had David Place, who is the head of the SA Ambulance Service and is specifically positioned within this legislation and responsible for this service. He reports to the chief executive of the health service, SA Health, who reports to the minister. He admitted that they did not have enough funding. He went on radio and admitted that there was not sufficient funding, that he needs more funding and that the funding to this date had only been catching up to CPI.

I think even that was overgenerous because, if you look at the Productivity Commission report, clearly it is falling behind CPI and is a cut in real figures compared with every other state that is increasing on real figures. He went on to say that he basically threatened staff for speaking out.

He sent out a bulletin after some of these staff spoke out and said that they might be threatened with ICAC if they spoke out. If he did not say that in the bulletin itself he certainly said it on radio, where he said:

Not one call was abandoned...the second issue is, the ICAC commissioner has made it pretty clear that public sector employees need to adhere to that code so... once they breach that code, I can't necessarily protect them...

David Bevan then went on to point out:

...if you breach this, ICAC might jump on you?

David Place said:

Well, they might...these people have signed a written declaration saying they'll adhere to that code. I'm just saying... I can't necessarily protect them.

There was a clear warning then to people not to speak out, which then forced the ICAC commissioner, the Hon. Ann Vanstone, to come out and rebuke what David Place had said. She said that it was very unhelpful that he used ICAC in that context as a threat to staff. I think it is very clear that, if you look at the public sector code of conduct, people speaking out about their concerns do not breach the public sector code of conduct in any way. With respect to the ICAC commissioner, Ann Vanstone, an *Advertiser* article stated:

In a rare public rebuke, Commissioner Ann Vanstone QC said his comments were 'unhelpful'—and put other senior public servants on notice.

'Although it is true to say that public officers should abide by the code of conduct applicable to their employment, it is unhelpful for senior public officers to invoke the name of ICAC in an attempt to control the behaviour of their staff,'...

Later, the article states:

[Ms Vanstone]...said it was 'highly unlikely' she would ever get involved in matters of public servants speaking out about working conditions and possible operational failures.

So we had a very clear rebuke from the ICAC commissioner saying that she was very unlikely to get involved in providing any commentary on that matter.

Again, this is an issue which the governance of this healthcare system should have been picking up from long ago. We know that internally within SA Ambulance, they have been raising concerns in relation to the governance of ramping and the governance of the system that has led to ramping for some time. They have put in place in their own risk register concerns about ramping consistently over the past few years that have been consistently ignored.

One of those risks that we have obtained clearly says, 'Demand for service exceeds capacity and capability of resources resulting in adverse patient outcomes.' The status of that is 'deteriorating', and the assessment rating of that is 'extreme'. It said that potential adverse patient outcomes, including increased morbidity and mortality, were due to declining response times and failure to meet performance targets for high and low acuity patients.

Clearly, their internal assessment was that the response times were getting worse and that patients could be at significant risk. The register also went on to list ramping as being a very serious and specific risk as well, also with an extreme and deteriorating situation, as well as all sorts of other risks about fatigued officers and vehicle incidents.

In relation to ramping the register says, 'Adverse patient outcomes due to delays in transfer of care (ramping)'. It lists the inherent risk rating as extreme. It lists all the reasons why ramping is happening and states:

1. Potential adverse patient outcomes including increased morbidity, mortality and suffering as well as compromise of patient dignity due to delays in diagnosis and treatment.

This has forced paramedics to speak out about the level of care that they have been seeing because the government and their processes have completely ignored it. There is nothing in this legislation that is going to address that. There is nothing in this legislation that is going to improve any of that care for patients that they see on a day-to-day basis.

Sadly, that is not where the problems in our healthcare system end because there is also a massive crisis underway in relation to the treatment of people in terms of mental health care that I think is absolutely shameful. I referred earlier to the number of mental health patients who have been stuck in emergency departments over the past year for more than 24 hours, which is now reaching over 1,400 such patients.

This is another area where we have had health staff having to speak out about their concerns. I believe a letter was written on behalf of over two dozen doctors in the emergency department at the Royal Adelaide Hospital in relation to their specific concerns about the treatment of mental health patients in the healthcare system. The letter said:

Current efforts to reform CALHN Mental Health Services are unlikely to lead to meaningful change:

A focus on reporting incidents of restraint, one of the few requirements of the Chief Psychiatrist's Gazettal Notice, is misguided. We know that many restraints occurring in the ED are avoidable, and we know why they occur—because patients are left for many hours or days in an inappropriate environment. We have previously collected years of data to demonstrate this—for example, through the SLS system. This data was persistently ignored by CALHN...We already know that there is a clear, present and well-documented risk to patients from prolonged stays in the ED.

Here we have a situation where clearly there is a significant problem, with mental health patients suffering under some restraint treatments, shackling and the like that none of us would want to see our fellow South Australians have to endure, but they are doing it because they have been stuck in emergency departments for a lot longer than they should have been. The government's response is to blame the emergency department for doing that, but they can only do what they can do because they do not have the same facilities in the emergency department as they do in a mental health care ward to look after those patients. They go on to say:

Efforts by the CALHN Mental Health Intervention Taskforce...may improve the patient journey for consumers who are unlikely to need inpatient care and are worthy initiatives, but are unlikely to have an impact on a much more pressing issue, providing beds for the most unwell.

They said;

It is 'usual business' for the ED to have 10-20 beds occupied by mental health patients. This is approximately 25-50 per cent of the beds available for the 'likely-to-be-admitted' stream of patients; and means that the emergency department is also effectively running an acute psychiatric ward while seeing some 250 patients per day.

The emergency department continues to be forced to 'ramp' on a daily basis (with consequences for all patients, SAAS, and the community); it is not difficult to see how this could be largely avoided by resolving mental health access-block.

There is a connection of these issues. The ramping is exacerbating pain for people, but it is also being caused because of the issues with long stay mental health patients in emergency departments. This letter was written 9 September 2020—essentially three quarters ago—and nothing has happened to address that situation. It has even been reported in the media and still nothing has happened. The government said, 'Oh, we're improving things,' but clearly that did not happen.

We are now seeing a situation where the head of mental health at the Royal Adelaide Hospital and The QEH, Adjunct Professor John Mendoza, was forced to speak out because of what he said was a total failure of SA Health to address the crisis. He revealed that he was having \$5 million worth of cuts imposed on his services, which will only make the situation so much worse. He also revealed that there were a number of issues that were making things work better since action was taken towards the end of last year but that they have now been largely swamped by an increase in patients and demand attributable to the pandemic, and he predicted this before the pandemic started.

However, the government ignored his advice and did not put in place measures to make sure we had an appropriate mental health response to the pandemic. So we have the government cutting mental health services, and we have the government not listening to advice that there was a clear need to make sure there would be additional resources put in place. In fact, we did an analysis showing that the mental health funding being put in place by this government in response to COVID-19 was, per capita, lower than every other state.

The response to this guy raising these concerns was that he was told he was being marched out the door. They did not listen to him, but eventually they were forced to have a summit to look at it. Adjunct Professor Mendoza did not get a chance to properly participate as part of that summit because they conveniently could not set up the IT equipment to enable him to do that.

Clearly, in relation to mental health, this government have known for some time of the crisis they are facing. Even their own Chief Psychiatrist has called it an absolute breach of human rights, yet we have seen no action—in fact, we have seen cuts. Then they are forced to have a task force, or a working group or a crisis meeting, whatever they call it, and no action comes out of that. Everyone who was in it then lined up before the media to say what a complete waste of time it was.

John Mendoza put forward a 10-point plan of very sensible measures to address this crisis. That has been ignored. It was then picked up on by a coalition of mental health groups, including the ANMF, the college of psychiatrists, the college of emergency department physicians and a whole range of mental health experts, including the lived experience network in South Australia and the Salaried Medical Officers Association. They put forward their proposals for how this could be immediately addressed to improve the situation for patients. That has been ignored as well.

The minister came out with his response the other day which did not appear to involve spending one extra dollar on mental health nor did it seem to include opening one extra bed or hiring one additional person. It did not even seem to involve stopping the cuts that were being inflicted on the Central Adelaide Local Health Network. No wonder we have a situation where we have colleges of doctors speaking out about how bad things are. We have the Australasian College for Emergency Medicine stating:

Dangerous SA hospital issues must not be accepted as 'normal'.

A state-wide plan is urgently needed to address dangerous capacity and patient flow issues leading to hospital bed block, emergency department (ED) crowding and ambulance ramping in South Australian hospitals.

Dr Mark Morphet, who is the chair of that college and a very experienced doctor at Flinders Medical Centre, wrote the month before last in *The Advertiser*:

The situation as it stands is life threatening and SA's ongoing ramping crisis must be fixed.

He writes about patients who are stuck in emergency departments, stating:

They no longer need to be in the ED. They have been triaged, received emergency treatment and require ongoing, inpatient care.

But as they are unable to access beds in the hospital's wards, they cannot leave.

We have also seen national reports pointing out the crisis. The Australian Institute of Health and Welfare each December releases reports ranking hospitals in terms of their performance in certain metrics. Some of those metrics involve what is called the four-hour target, which was put in place some 10 years ago as a measure to make sure that we are addressing access block and obviously improving patient care as well.

Out of all the hundreds of hospitals that are assessed, under the Australian Institute of Health and Welfare for meeting this target of whether a patient who comes into emergency is seen, treated and discharged within four hours of getting there, two of our hospitals are the bottom two hospitals in the country for meeting that target—the Royal Adelaide Hospital at 48 per cent of patients meeting that target, and the Lyell McEwin Hospital at 49 per cent. They are Nos 1 and 2 on the worst hospitals for that metric in the whole country.

You have to go all the way down to hospital 187 on the list, which is Mater Hospital in Queensland, which is at 87 per cent of people who are seen, treated and discharged within four hours. I think every South Australian would accept that a public hospital such as the Mater in Queensland would be a very busy public hospital. They can see and treat 87 per cent of people within four hours. Here, we have the bottom two hospitals at 48 per cent and 49 per cent.

If you look at the median time spent in the emergency department, clearly those long waits for people have massively blown out South Australia's performance. If you look at the median waiting time in emergency departments, No. 1 and No. 2 for the worst performing hospitals in the country are again the Royal Adelaide Hospital and the Lyell McEwin Hospital. Both have over four hours as the median time to be seen in hospital. Go way down that list to a large hospital such as The Tweed Hospital in New South Wales to find that it is two hours and 15 minutes, almost half of what we have as the median time that people spend in emergency departments.

It has become accepted practice and it has become a system where the government pushes this down to local health networks but without the budget to address it. They try not to cop the blame for it because they say it is the boards and the chief executives who are in charge of addressing it, but very clearly this is impacting real patients each and every day. The government's response is, 'We're upgrading emergency departments. That's going to fix it. We are making emergency departments bigger.' I think the Premier even went on to say, in one of his Facebook rants, 'We can't pour the concrete any faster to make this happen.'

Again, if you look at the detail of what they are proposing, under the previous government at the Flinders Medical Centre I believe we spent in the order of \$300 million or \$400 million on capital works. For this government's project that they keep lauding, they are spending \$8 million of capital works at Flinders Medical Centre in terms of a capital upgrade. You might ask, 'How can you supposedly expand and make a massive 50 per cent increase on the emergency department with only \$8 million?' Because they are not actually building anything new. They are converting existing beds into emergency department beds. They are refurbishing existing wards, closing them and turning them into part of the emergency department. That is not going to address this issue; in fact, that may well exacerbate this issue.

There have been significant concerns raised by the staff at Flinders Medical Centre that this is not going to fix the issue; in fact, it might exacerbate the issue. Clearly, part of the issue has been admission to wards, getting out of the emergency department, and they are now creating fewer places for people to go at Flinders Medical Centre because we are just going to have a bigger emergency department to hold people in for these ridiculous amounts of time.

Other upgrades that they are talking about were upgrades proposed under the previous Labor government. These upgrades have been delayed by this government. If you look at the Lyell McEwin emergency department upgrade, that was meant to be open by now. If you look at TQEH redevelopment stage 3, under the original proposal, which was ticked off again in this government's first budget, that was meant to be open years before this government is now talking about it. It was meant to be well under construction right now, but they are still doing early works on the site.

This government have slowed down those projects. They include in this list an upgrade to Modbury Hospital, which they had absolutely nothing to do with, but they cut the ribbon on it when they got into government. Of course, Flinders is a switch of some beds to other types of beds. That is not going to address the situation.

We also have a massive issue in terms of the governance and the running of the Women's and Children's Hospital. We have an issue where it was raised to such a level that hundreds of doctors wrote a letter to the government in October 2019. The Medical Staff Society of the Women's and Children's Hospital wrote to the chief executive officer, Lindsey Gough, raising a litany of concerns about safety and care for people within that hospital, raising concerns about sufficient staffing, raising concerns about care for young babies and children and women at that hospital, and that has been absolutely ignored by this government.

They have had this letter for well over 18 months, and we are seeing services at that hospital not improving but going significantly backwards. We have had incidents that have been covered in the media recently. We have had a young baby with a rare condition whose family travelled from Kimba to be in Adelaide to get surgery. That surgery was then cancelled a number of times, and they could not be told when it was going to happen again, because there were not enough beds available.

I have since learnt that that baby, whose name was Willow, has since passed away, which is of course tragic, and I pass on my condolences to the family, as I have done personally as well. I am not suggesting that that happened because of that delay but it was obviously traumatic for that family. It was traumatic when that delayed surgery happened because particularly patients from the country need to be able to plan when they can get their surgery as they have their lives to plan around, but also that child clearly needed her surgery in a hurry.

Another case came out a couple of weeks ago, which was absolutely shocking to South Australians, where a family took their daughter to the Women's and Children's Hospital. She clearly had a burst appendix, their GP had said that was the case, but they were stuck waiting for hours upon hours in the emergency department without getting treatment. Their daughter's appendix burst

in the emergency department when it easily could have been prevented if treatment had happened earlier.

The emergency department was overflowing, there were not enough doctors and nurses to be able to care for the people who were there, and that child suffered because of that. That child spent far longer in hospital than they would have otherwise had to if there had been the resources for doctors and nurses to be able to get to that patient and give her the care that she needed when this clearly was the case based on what was provided by the GP in a letter to the hospital at the time.

Clearly, there is an issue at the Women's and Children's Hospital. A Women's and Children's Hospital Alliance has been formed, led by a number of senior doctors, including Professor John Svigos and Professor Warren Jones, who are very well-known doctors in South Australia. Other doctors who have presented to the upper house Select Committee on Health Services have gone through in detail the concerns they have about resourcing at this hospital.

At the same time, under this governance model, this government has been going around cutting services from that hospital. They have employed various consultants, they have employed KPMG and they have employed Studer Group to go through and cut the budget at that hospital rather than investing in those services that are clearly needed. They have ignored those doctors, they have ignored those patients, and now the situation is clearly getting worse. Now it is becoming quite regular for that hospital emergency department to be running at some 200 per cent capacity, at very dangerous levels not only for patients but also for the staff working there.

We are also now in a situation where this hospital is the next to be looking at a significant redevelopment, but this new Women's and Children's Hospital is clouded in such secrecy, is clouded in so many unknown questions and unknown issues in terms of what is actually going to happen, when is it going to happen, how much is it going to cost and what services are actually going to be available for patients.

The government started the process by saying—in fact, it was their election promise to do so—'We're going to have a task force that we appoint that is going to provide us with the details on how much it will cost, what services should go in there, what the time lines will be, what the site will be, and there will be a report.' I believe it was the Minister for Energy and Mining, in answer to a question on notice, who said that that report would be released publicly, and that has never been released.

It has been 18 months since this government have had this task force report, and they have been sitting on that report and refusing to release it. That report also included a preliminary business case, which the government also refuses to release. So we have a situation where there is this secret report that they will not even share with their clinicians about what the services should be as part of that hospital. I suspect what has happened is that there was an original intention to release that report, but then they were likely shocked by the price tag that that report delivered and were told to go away and start again.

So they have started again. They have hired a whole new set of consultants. They have started a whole new process. They have whole new work groups and user groups going on, but what the doctors and the clinicians are clearly telling us is that they are being ignored and they are being told outcomes without being involved in the discussions.

What we have at the moment is a functional design brief—which is essentially the brief that asked what we were looking for in this hospital—where there are various parts of the hospital where the clinicians are refusing to sign off on that because they are so outraged by what the government is proposing. There are areas of the hospital that would have fewer services than are there at the moment, or not enough to meet the demand that is clearly going to happen in the future.

The minister himself has admitted on the radio, I believe on 14 April on FIVEaa, that it will have 25 fewer overnight beds than there currently are in the Women's and Children's Hospital. So, for an unknown price tag and for an unknown length of time of construction (whenever this will start), it is looking likely that we are going to have a smaller hospital with fewer services than we currently have at the moment. We have doctors and other clinicians in uproar at the moment about what this government is proposing.

Compare that to the new Royal Adelaide Hospital, which let's remember the current government, when in opposition, tried to stop at every turn. But now the current health minister has had a complete backflip and in promo videos says it is a world-class facility. Let's remember that that hospital included 120 extra beds than were in the existing Royal Adelaide Hospital. So it went from 680 beds at one end of North Terrace to 800 beds at the other end of North Terrace.

Here we have this government proposing to move the hospital across the city but to have 25 fewer beds in that process. Part of their justification seems to be that they think they are going to have a situation where patients will suddenly all be going to the Lyell McEwin Hospital for treatment. That is where they are going to get their treatment in the future, so we are not going to need as many overnight beds in the new Women's and Children's Hospital, except for the fact that the government is not proposing to do anything to extend the Lyell McEwin Hospital.

There is no proposed expansion of additional paediatric services at that hospital. We know that that hospital is already under the pump. There is an upgrade to the emergency department, started under the previous Labor government, which is progressing, but that is not going to address the inpatient needs of that hospital.

I think the idea that we are suddenly going to see a move of services, over the next 20 or 30 years, to the Lyell McEwin Hospital and that we suddenly will not need all the beds at the Women's and Children's Hospital is frankly a fantasy. That is why we are seeing doctors enraged and refusing to sign off on the functional design brief. That is why we have seen very senior doctors raising their concerns with the opposition, with the Women's and Children's Hospital Alliance and with SASMOA. This project is a real worry as to where it is up to right now.

We understand in coming weeks it is now facing a process where—and this highlights the governance model of SA Health—even if you have put down to the local level the services and said, 'The boards are running things,' the ultimate running of this exercise is being chaired by the Chief Executive of SA Health, Chris McGowan. That executive steering group is going to be making a decision in coming weeks as to what is going to be in the functional design brief and whether it includes fewer beds or not.

I sincerely hope that we do not end up with a hospital that is going to see less capacity and fewer services for our most sick kids and women giving birth in South Australia. Unfortunately, that is the way it is looking, and it looks like it is about the budget. This government have not even committed a budget to this project. We have only had dribs and drabs put in the budget. I believe it was \$550 million and then it maybe increased to \$685 million. We know it is going to be much more than that.

The minister had a brief I believe two years ago that told him it would be in the order of over \$1.8 billion. Clearly, they are trying to reduce that, but the longer they delay, obviously prices will go up. There will also be an issue where inevitably we are going to need to look after these kids. Inevitably, somewhere in the health system we will need to provide services for them. That is a very significant concern.

It is not just in Adelaide that we see these huge concerns in relation to our healthcare system. You only have to go to regional South Australia and speak to people who are very disappointed in what they originally saw as an election promise from this government to restore local decision-making to their local communities. Originally, people were used to having local hospital boards and they liked that system. I think that there were clearly issues with that system that forced the changes to what we had previously in relation to Country Health SA.

I think people were expecting that the Liberals were going to put boards back in place. What they have done is put regional boards back in place. We previously had a system in South Australia where we essentially had three levels of governance of Country Health SA. We had a country health component of the Department for Health, as it was at that time, we had local hospital boards that were, under the legislation, in charge of running their hospitals, and then we had regional health boards as well that were in the middle that looked after a collection of hospitals.

Essentially, we have now put back those regional boards, which I do not think there was ever a lot of love for in regional communities. What we are hearing a lot is that those regional boards are not listening to particular communities and not out and about listening to what the needs and desires of those communities are. I do not want to blame those people because essentially again they are

being put in the situation where they are trapped in a system where they have all the blame but none of the ability to impact upon the change.

When things go wrong, it is the board making that decision. But they are not in charge of the staff, they are not in charge of the budget, they are not in charge of the performance metrics and, after this legislation passes, they will not even need to agree to their service level agreement; they can just have it imposed upon them by the minister.

No wonder people are despondent about how that is working out in regional South Australia. We are seeing it at various points in terms of the running of services in this state. Look at Port Lincoln, where we have had a mass walkout of doctors. The GPs who were providing services to the quite significant Port Lincoln hospital have now said that they have withdrawn those services because they are so frustrated with SA Health and the management of SA Health that they are no longer providing services there. Now services are having to be flown in on a locum basis at massive cost to the taxpayer.

Look at the issues even in Port Lincoln in terms of the security of staff and the nurse assaults that have happened without security guards being put in place. There have been massive issues with security in Whyalla and it has taken two years of campaigning by the nurses union for the government to finally put in place enough security to protect staff up there, which it has now committed to do. I seek leave to continue my remarks.

Leave granted; debate adjourned.

At 17:58 the house adjourned until Thursday 13 May 2021 at 11:00.