

LEGISLATIVE COUNCIL

Thursday 14 August 1986

The **PRESIDENT (Hon. Anne Levy)** took the Chair at 2.15 p.m.

The Clerk (Mr C.H. Mertin) read prayers.

PETITIONS: PROSTITUTION

Petitions signed by 1 229 residents of South Australia praying that the Council uphold the present laws against the exploitation of women by prostitution, and not decriminalise the trade in any way, were presented by the Hons G.L. Bruce and R.J. Ritson.

Petitions received.

PUBLIC WORKS COMMITTEE REPORTS

The **PRESIDENT** laid on the table the following reports by the Parliamentary Standing Committee on Public Works, together with minutes of evidence:

Noarlunga Downs Primary School,

Port Adelaide—Outer Harbor No. 1 Wharf rebuilding.

QUESTIONS

GLENSIDE HOSPITAL

The **Hon. M.B. CAMERON**: I seek leave to make a statement prior to directing to the Minister of Health a question on the Glenside Hospital.

Leave granted.

The **Hon. M.B. CAMERON**: Honourable members would have noted that it was reported in the *Advertiser* today that union trouble at Glenside Hospital was interfering with the welfare of patients. The hospital's Director of Nursing, Mrs Gillian Clark, is quoted as saying that it is becoming increasingly difficult to ensure that patients are not suffering as a result of the dispute. It is well known that the FMWU/AGWA is attempting to force a closed shop by cutting out the RANF at Glenside, Hillcrest and Strathmont hospitals and, in the process, it does not care whom it hurts.

I have had people approach me who have been physically threatened and continue to be harassed by members of this union. Their actions in relation to the Director of Nursing at Glenside defy description. They have sent her to Conventry in typical school-bully fashion. I seek leave to table a newsletter from the union.

Leave granted.

The **Hon. M.B. CAMERON**: I will quote from that newsletter as follows:

The following resolutions were carried with many speakers in favour of the resolutions . . . :

1. That all communication with the Director of Nursing of Glenside Hospital cease immediately, that is, in person, by telephone and in writing.

2. That all correspondence by Gillian Clark be returned to sender with no response (excluding communication deemed necessary by the individual, that is, for personal relations only).

3. That all meetings with her presence be actively boycotted by all members of the FMWU and, because of her attitude, that being:

(a) The total opposition to the democratic right to industrial representation of the FMWU nursing membership;

(b) The single line philosophy that she has chosen right to personally dictate to the entire psychiatric nursing profession her own general nursing policies on our edu-

cation, on our career structure, and on our very future lead us to conclude that.

4. The accreditation process be suspended for the remaining term of the Gillian Clark nursing administration.

Under the heading 'Industrial Democracy', I quote:

We therefore recommend that the SAHC, in line with ALP State Government policy on industrial democracy, acknowledge and/or recognise the democratic right of the membership and/or their duly elected representatives to endorse a candidate for the position of the Director of Nursing Services in State Government administered psychiatric/other hospitals.

Under the heading 'Hillcrest and Glenside hospitals: ban on accreditation', I quote:

- No showing accreditors around the ward.
- Do not answer their questions.
- Do not show documentation on patient care.
- Do not do audits.
- Do not receive communications on accreditation (return to sender).
- Return all existing information to wards (return to sender).

The **Hon. R.J. Ritson**: Bit tough on the patients.

The **Hon. M.B. CAMERON**: It is difficult. The RANF, it seems to me, has acted responsibly in this issue. I seek leave to table an RANF *Newsflash*.

Leave granted.

The **Hon. M.B. CAMERON**: That *Newsflash* state:

The meeting resolved the following:

4. That (the) RANF (SA Branch) condemns the intimidatory tactics employed by the FMWU/AGWA and (the) RANF (SA Branch) will offer protection to members receiving threats to their property and/or person.

There has been an attempt to infer that the Nurses Board of South Australia has only recognised the FMWU in relation to psychiatric nursing, but the Nurses Board has rejected this. I seek leave to table two letters from the Nurses Board of South Australia, on that matter.

Leave granted.

The **Hon. M.B. CAMERON**: It seems extraordinary to me that after all this time this dispute has been allowed to wander along. During this time it appears that little or nothing has been done by the Health Commission or the Minister to assist in the resolution of the matter. Will the Minister detail the steps he has taken during the time of this ridiculous dispute to protect: (a) patients; (b) the Director of Nursing at Glenside; (c) members of the RANF, who have been subject to the most extraordinary harassment by union bullies.

The **Hon. J.R. CORNWALL**: Like most disputes this is not a very simple one. It is basically a demarcation dispute—that is admitted by all principal parties to the dispute—and like most demarcation disputes, of course, it has tended to be destructive. That is a great pity. However, it will not be solved by rhetoric. It will not be solved by bashing one union *vis-a-vis* the other. It is being solved and will be resolved by sensible people sitting around tables discussing solutions. Amongst other things we commissioned Touche Ross to look at the whole question of management at Glenside Hospital. That report has now been available, from memory, for something like two months. We have looked at the administration at Glenside—some personnel on the board have changed—and we have looked at the whole question of the board of management, the senior administration and, of course, the rank and file, because one cannot run a psychiatric hospital without psychiatric nurses.

Basically, of course, the education aspect has come to a head because of membership. Under the situation which has prevailed now for a decade, there is a two certificate course. The nurses who are trained as psychiatric nurses are now required to have a basic qualification as a general registered nurse in the first instance. They then do their

psychiatric nursing. There is no question that this has resulted in a loss of membership for the FMWU.

To a significant extent, the dispute is about numbers. It is also, however, about clinical career structures. It is about the appropriate way to go with psychiatric nursing as we move progressively to tertiary nurse education. It is about industrial democracy. It is about what has been a serious lack of communication, over quite a long time, between administration, management and the work force at Glenside. As in many disputes, I suspect that it had to get worse before it got better.

A series of industrial actions have been taken, and it is also true that at the moment, the Director of Nursing (Gillian Clark) is the subject of a ban from the membership of at least the Miscellaneous Workers Union. We have done a lot of things including, as I said, talking around tables. I convened a meeting personally on 1 August, and we have involved a senior officer from the Personnel and Industrial Relations Division. We have involved also senior officers from the Health Commission. We have held discussions with the Miscellaneous Workers Union and we have talked to the RANF. We believe at this stage that we can accommodate most of their claims.

I would say that there are two outstanding matters: one is the question of the Director of Nursing. I want to make clear that the Director of Nursing has the full support of the South Australian Health Commission so, to a significant extent, that claim is not negotiable. However, I do believe that the Director of Nursing needs some support from senior officers of the Health Commission. Indeed, as recently as this morning on my return from Sydney, I spoke to the Executive Director of the southern sector and asked him specifically to assist the Director of Nursing in her dealings with the nursing work force at Glenside generally.

The other longer-term question is one of education. Position papers are being prepared. A third claim affects psychiatric nurses at both Hillcrest and Glenside, as does the education issue, and that is the question of clinical career structures for psychiatric nurses. Some of the nurses believe, rightly or wrongly, that they have been reduced to a situation in which they are merely providing custodial care. As I said, it is a demarcation dispute. It is to some extent destructive, as demarcation disputes nearly always are. However, a great deal has been done. Negotiations are proceeding. There is not a lot of evidence that patient care has been adversely affected, although there is no question that in a number of cases I would have preferred that these bans and limitations were not applying.

I repeat what I said at the outset: the dispute will not be resolved by our taking one side or the other to the exclusion of rational discussion. It will certainly not be resolved by bashing the unions involved.

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: I remind Mr Cameron and his colleagues that the RANF is an industrial trade union affiliated with the UTLC, just as the FMWU is an industrial trade union affiliated with the UTLC. Mr Cameron shows his ignorance. Of course, the RANF is not affiliated with the Australian Labor Party, at least at this point of its history, although, since it is progressively a very intelligent organisation, it is possible that that day is not very far off. This issue will be solved by common sense, not by the hyperbole of the Camerons of this world, not by the use of 'outrageous' and 'absolutely disgraceful' and various other hyperbolic things to which this desperate Opposition in the C grade theatre of the absurd seems to be progressively prone.

SUPERANNUATION FUND

The Hon. L.H. DAVIS: That is a hard act to follow. I seek leave to make a brief explanation before asking the Attorney-General, as the Leader of the Government in the Council, a question about the South Australian Superannuation Fund.

Leave granted.

The Hon. L.H. DAVIS: The Attorney-General no doubt will recollect that over the past three years I have criticised the structure and administration of the South Australian Superannuation Fund, the extraordinary cost of the scheme, its open ended, unfunded liability (currently \$1 billion), the inordinate delay in reporting, the inflexible and inappropriate investment policy of the fund, and the investment performance of the fund as against private sector superannuation funds. Many of these criticisms, the Attorney will recollect, were repeatedly rebuffed by the Government and in annual reports of the fund.

As a result of a motion I moved in August 1984 seeking the establishment of a public inquiry into public sector superannuation schemes in this State, the Government established the Agars committee, which reported in late May of this year. The Agars committee agreed with every criticism I had levelled over the past three years, and added a few of its own. For example, it felt that the fund had not been actively promoted among public servants because of the additional costs to the Government in meeting benefits.

In particular, it shared my concern about investment performance. It noted that the fund had invested only a small percentage in equity shares, that its large property investments and index linked loans have relatively low marketability, and that the fund lacked the necessary flexibility to take advantage of investment opportunities which might arise. The committee found that there were insufficient details of property investments to allow a proper analysis. It pointed out that 34 per cent of the fund's assets were in the ASER project, although international standards, and indeed standards laid down for superannuation funds by the Prime Minister and the Treasurer in mid June this year, require that no more than 5 per cent of assets should be applied to any one investment. I have made all these points on more than one occasion in the Council.

The Agars committee report is undoubtedly a valuable document for all parties interested in addressing this matter of public importance, including public servants, taxpayers and members of Parliament. However, none of the evidence presented to the committee has been made available for public scrutiny, whereas all evidence to the Victorian review committee on public sector superannuation was made available. The Agars committee commented on the fact that, when the superannuation fund was established by legislation in 1974, members of Parliament, in debating the legislation, lacked sufficient information.

The Agars committee recommendations, if acted upon, will require legislative change. Yesterday, in my Address in Reply speech, I called on the Treasurer, Mr Bannon, to immediately release all relevant evidence presented to the Agars committee, and in particular that relating to the investment performance of the fund. I was distressed to hear today on radio that Mr Bannon had attacked my comments on public sector superannuation. If the Treasurer attacks my statements, he is attacking the findings of the very committee he established at my suggestion.

My questions are two-fold. First, does not the Attorney-General, on behalf of the Treasurer, agree that it is high time to heal the running sore of public sector superannuation and ensure a fair go for both public servants and for

taxpayers through the release of all relevant evidence presented to the Agars committee? Secondly, will he ensure that the Treasurer releases immediately all relevant evidence presented to the Agars committee and, in particular, that relating to the investment performance of the fund?

The Hon. C.J. SUMNER: I would have thought that the honourable member would be more complimentary about the Government's actions in this regard. As the honourable member pointed out, the Government established an inquiry, chaired by Mr Agars, into the South Australian Superannuation Fund and the report was presented to the Government and released to the public. Following that report, the honourable member will recall that the Government took action, in accordance with the suggestions in that report, including closing off the existing fund. No doubt further action is still to come. It is really a little hard to see the gravamen of the honourable member's criticisms, given the fact that, at the honourable member's request, the Government acted perfectly reasonably and gave him what he wanted, which was an inquiry into the superannuation fund. The honourable member apparently now wants to come into the Council and carp about it. Not only was the report prepared, but it was also presented to the Government and the Government took action on those matters on which it ought to have taken action with respect to that report—and the honourable member is aware of that.

Apparently, now the honourable member has further issues to raise with respect to superannuation. The report and the issues involved are at the present time before the Government, but it seems that the honourable member is at this stage jumping the gun if he tries to imply some sort of criticism of the Government.

The Hon. L.H. Davis: It is a very reasonable request that I made.

The Hon. C.J. SUMNER: As I said, the honourable member raised certain further issues in relation to superannuation. He raised them yesterday in his Address in Reply speech, but not content with doing that, he decides that he will have another go today and use up the valuable Question Time (of which members are always complaining they do not have enough). He has raised certain further issues in relation to superannuation and, as the Government on previous occasions has considered his views and acted on them where it felt that there was any cause for action, I am sure that his current remarks will be examined by the Government and, if there is anything further upon which I can advise the Council following that examination, then I will do so.

LAW REFORM COMMITTEE

The Hon. K.T. GRIFFIN: I seek leave to make a short explanation before asking the Attorney-General a question about law reform.

Leave granted.

The Hon. K.T. GRIFFIN: The Attorney-General is reported as indicating yesterday that the Law Reform Committee may be disbanded at the end of this year. That committee has been in existence since 1968 and has prepared about 108 reports. Every other State and the Commonwealth have a Law Reform Committee or Commission that cost very much more than the South Australian Law Reform Committee. The South Australian committee has not been flamboyant, exciting media attention and creating controversy as has been the case with some other State and Commonwealth committees and commissions, but it has done some valuable work in reforming laws, as a result of

which savings have been effected for litigants. My questions to the Attorney-General are as follows:

1. Is the Law Reform Committee to be abolished?
2. If it is, how will law reform then be proceeded with?

The Hon. C.J. SUMNER: I would agree with the comments by the honourable member in relation to the South Australian Law Reform Committee. It certainly has done some valuable work and, since it was established in 1968, it has produced a large number of reports—the honourable member says 108 and I will take his word for it.

I also make the point that the South Australian Government and Parliament have a reasonable record in terms of implementation of the recommendations of the South Australian Law Reform Committee, that having occurred substantially during periods of Labor Governments in the 1970s and 1980s. I have no criticism whatsoever to make of the committee. Indeed, at the ceremonial sitting of the Supreme Court on Tuesday I acknowledged the work of the committee and, in particular, the role of a recently retired Justice of the Supreme Court, Mr Howard Zelling, in the work of that committee.

However, the Government now has to determine what is the best means of dealing with law reform matters in the future. The honourable member would know that this committee was, in effect, a voluntary one, with some research assistance provided. I think that it would be true to say, without reflecting on the other members of the committee, that it was carried by the enormous amount of voluntary work that Mr Justice Zelling put into it outside of his regular judicial duties. The question now is whether or not there is anyone who is able, or who has the time, to put that sort of effort into a voluntary law reform body.

There are certainly difficulties if one appoints a Supreme Court judge to chair the committee and if that detracts from that judge's duties on the Supreme Court bench. Indeed, only the day before yesterday the honourable member made a contribution in this Council on the administration of justice in which I think he emphasised the need for judges to be involved in their judicial duties. He said that there should not be extraneous matters detracting from their role as judges.

The Hon. K.T. Griffin: I didn't say anything about that.

The Hon. C.J. SUMNER: He may not have specifically mentioned that, but the tenor of his speech was that we must look to ensure that the courts operate efficiently. The honourable member nods agreement with that statement. One of the things that any senior judge or Chief Justice will tell one is that if one of the judges is not available to hear cases at particular times that detracts from the efficiency and capacity of the court to list cases in a proper manner.

I think that it would also be true to say that during the honourable member's time as Attorney-General he tried to discourage the practice of judges doing work other than that relating to strictly judicial duties. I think it is reasonable to say that that is a policy I agree with, unless there are specific matters that need to be taken up. But, as a general principle, the judiciary should be involved in judging and not get tied up with too many extraneous matters that might impinge on their judicial time.

One problem with the Law Reform Committee continuing in its present form is that someone would have to be found to chair the committee, someone who is prepared and who has the time to put the effort into that committee that Mr Justice Zelling put into it. I think that it is acknowledged that, while there were other members of the committee who played a valuable role, it is true to say that the impetus came to a considerable extent from the Chairman, Mr Justice Zelling. In light of that, and in light of Mr

Justice Zelling's retirement, the Government obviously had to consider the future of the committee. At this point in time no final decision has been made.

One option is to appoint a Law Reform Commissioner who could be appointed on contract and who would be given some research staff and he would be responsible for preparing references referred to him or her, perhaps by the Parliament or by the Government, and presenting reports after consultation with interested parties. The other aspect of law reform that will have to be addressed by the Government is the future of the committee system in the Parliament and whether we in fact establish some kind of legal and constitutional committee of the Parliament to look at law reform issues. That is an issue that was addressed without any great success by a joint select committee of the previous Parliament.

I know that the Hon. Mr Griffin was not very enthusiastic about that proposal. The Hon. Mr Lucas, on the other hand, was very enthusiastic about it. The issue has not been resolved. Of course, if we are to establish a committee of that kind, we must also look at the resource implications of it. Mr Justice Zelling has very kindly offered to continue with the Law Reform Committee until the beginning of December this year to clean up some of the outstanding references. At that time the Government will have to decide among a number of options. In the meantime, I must say there is no shortage of law reform reports around Australia, New Zealand or the United Kingdom. One sometimes wonders whether the productivity of law reform commissions bears an inverse relationship to their implementation by the Parliaments of the nation, except perhaps in South Australia where we have a quite good record.

So, the honourable member need have no fears that there are ample recommendations being brought out on a whole range of topics by law reform committees, commissions and inquiries all around the nation. They will be monitored, of course, and assessed by the officers of the Attorney-General's Department. I also point out to the honourable member, as he full well knows, that the Director of Policy and Research in the Attorney-General's Department is probably as experienced a law reform officer as there is in Australia at the present time, having been doing that sort of work for successive Attorneys-General, I believe since 1970—some 15 or 16 years. So, there is plenty of work to proceed with. Further references will be completed by the Law Reform Committee, and later this year the Government will have to make a decision as to what structure ought to exist in South Australia to deal with law reform matters in the future, in particular, of course, taking into account the present budgetary context and what we see as the needs in that area as well as an analysis and assessment of whether the present system of a voluntary law reform committee is something that is still valid for the future.

RESCUE ONE HELICOPTER

The Hon. CAROLYN PICKLES: I seek leave to make a brief explanation before asking the Minister of Health a question regarding the Rescue One helicopter.

Leave granted.

The Hon. CAROLYN PICKLES: On 6 August in this place the Hon. Dr Ritson raised the question of the Government's decision not to replace the Rescue One helicopter. In the course of asking his question on that matter the Hon. Dr Ritson said that he had a number of horror stories that he did not want to 'trot out' at that time because he wanted to concentrate on one instance. As a result of the honourable

member's remarks, there were major media stories of the death of a woman, who died soon after giving birth at a country town hospital.

The thrust of these stories was that the woman's death occurred because of the limitations of the Rescue One helicopter. The *Advertiser* carried the story under the heading 'Mother's "preventable death" blamed on Rescue One'. Is the Minister aware of the case described by the Hon. Dr Ritson? If so, does he agree that the Hon. Dr Ritson has trotted out a true horror story or have the facts been distorted?

The Hon. J.R. CORNWALL: I have a fairly lengthy and somewhat detailed response to this, and it is important that it go on the record.

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: No, but I will be making a very long and statesmanlike speech in the Address in Reply debate.

The Hon. C.J. Sumner interjecting:

The Hon. J.R. CORNWALL: My Leader has given an undertaking that he will time this answer scrupulously and religiously, and then move an appropriate extension of time. It is very important that I put on record the facts, as opposed to the distortions that were presented last week. I have received reports from South Australian Health Commission officers concerning the case raised by Dr Ritson and I certainly do not accept that he has dealt fairly with this matter. He has presented a distorted story to the Council and the public of South Australia.

I note that, in making an explanation before asking his question, Dr Ritson said he would 'blur some of the fine details' so that the case would not be too recognisable to friends of people who may have been aggrieved by the result.

The information provided to me shows that Dr Ritson did not simply blur some details. He gave a false picture of the entire case, twisting the facts or inventing falsehoods to bolster his criticism. I think it is very sad that members of the Liberal Party, portraying themselves as consciences of the community, are so cavalier with the truth and so uncaring about the anxiety or suffering they may cause innocent people, including in this case, of course, the attending medical practitioner. Before explaining what actually happened in this tragic case, I want to emphasise that I accept that there are some significant limitations imposed by the size and operating capability of the existing helicopter.

The Hon. R.J. Ritson: That is the issue.

The Hon. C.J. Sumner: Why don't you get your facts straight?

The Hon. J.R. CORNWALL: It is not the issue when the honourable member grossly distorts the facts. Quite obviously, a larger, more expensive and more powerful aircraft would have greater capacity and would enhance the scope of the service available.

The Hon. M.B. Cameron: You said the relatives were upset, did you?

The Hon. J.R. CORNWALL: I said that I thought it was regrettable that members of the Opposition on numerous occasions in this place are so cavalier with the truth and so uncaring about the anxiety or suffering that they may cause innocent people, including in this case the attending medical practitioners.

The simple fact regarding the helicopter is that the Government has been forced to make a decision on balance. The advantages and disadvantages have had to be weighed against the cost of replacement. It is all very well for Dr Ritson to boast that he can trot out horror stories. Anybody remotely connected with emergency services would under-

stand that that is always on the cards. By the very nature of the role of retrieval services, the cases involve patients at risk and circumstances which cannot always be foreseen. I do not take Dr Ritson's threat lightly, but I counsel him against whipping up public anxiety to make cheap political capital out of this situation. I also remind the Hon. Dr Ritson and his colleagues that currently an inquiry is being undertaken into aero medical services in South Australia.

In relation to this particular case, Dr Ritson described the events which occurred after a baby was delivered at a country hospital a short flying time from Flinders Medical Centre. The hospital is, in fact, 45 minutes by road from Flinders Medical Centre. Shortly after the birth, at 4.47 p.m. the woman's general practitioner called a second local doctor to the hospital to assist with the baby, who was not well. The baby was what is commonly described as 'flat'.

At 5.15 p.m. a request was made to Flinders Medical Centre for a neo-natal retrieval team. Rescue One was sent to Flinders Medical Centre to collect the neo-natal team and fly to the country hospital, arriving there at 6.5 p.m. During that time the mother's condition began to give cause for concern. After she collapsed due to haemorrhaging it was decided to seek outside assistance and at 5.45 p.m. a call for blood and assistance was made to Flinders Medical Centre obstetric retrieval team. At 6.5 p.m. a St John road ambulance left Flinders Medical Centre with the obstetric team and blood to assist in the treatment of the mother.

The Hon. R.J. Ritson: The ambulance broke down.

The Hon. J.R. CORNWALL: You did not tell us that the other day; you did not mention a road ambulance.

The Hon. R.J. Ritson: That is peripheral.

The Hon. J.R. CORNWALL: It is not peripheral at all. At 6.5 p.m. a St John road ambulance left Flinders Medical Centre with the obstetric team and blood to assist in the treatment of the mother—a fact which the Hon. Dr Ritson omitted to mention the other day, obviously quite deliberately.

Dr Ritson knew—he just said by way of interjection that it was a road ambulance. He did not let the facts get in the way of a good story, as he saw it. Unfortunately, there was an unavoidable delay because the ambulance broke down at Tapleys Hill and a second ambulance was dispatched. An honourable member across the way laughs—they seem to find it amusing that the ambulance broke down. The obstetric team and the blood arrived at the hospital at 7.10 p.m. and 10 minutes later the mother was taken to the operating theatre for emergency treatment. Members should note that Dr Ritson was quite wrong to claim that a decision was made to fly the mother, baby and doctor out. I am specifically advised by the South Australian Health Commission that at no time was it decided to transport the mother to the metropolitan area. This was because her condition was not stable enough to allow transport in any vehicle. The Hon. Dr Ritson nods his head and agrees with me. This, of course, makes nonsense of Dr Ritson's claim that limitations of the aircraft and its power/weight ratio necessitated another decision to fly out the baby and return with a gynaecologist and blood for transfusion. He is also wrong to say that, when the helicopter returned to the country location on its second trip, as he put it, owing to the limitations of the aircraft and its night flying capabilities, it was not able to land with the blood and the gynaecologist.

The Hon. R.J. Ritson: That's right.

The Hon. J.R. CORNWALL: Yes, the honourable member admits that he was wrong. He admits that he distorted the facts and did not tell the truth. The fact is that the

helicopter was able to land and it did, but it was not possible to save the patient.

The Hon. R.J. Ritson: They couldn't get—

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: The actual sequence of events was as follows—

The Hon. R.J. Ritson interjecting:

The Hon. J.R. CORNWALL: If I were in the honourable member's position I would sit very quietly with my head bowed, particularly as the Hon. Dr Ritson is a member of a very honourable profession although he appears to be a very dishonourable member of that honourable profession. The actual sequence of events was as follows: at 7.45 p.m. the neo-natal team and the baby departed in the helicopter for Flinders Medical Centre. While it is perfectly true to say that this departure was delayed—

The Hon. R.J. Ritson interjecting:

The PRESIDENT: Order!

The Hon. R.J. Ritson interjecting:

The PRESIDENT: Order, Dr Ritson! When I call order that includes the honourable member.

The Hon. J.R. CORNWALL: While it is perfectly true to say that this departure was delayed by at least 15 minutes, because of problems of loading the crib and the helicopter's inability to take off at an oblique angle, the baby arrived at Flinders Medical Centre at 8.15 p.m. and survived. The helicopter was immediately sent back to the country hospital with a second batch of blood which had been requested by the obstetric team for the further treatment of the mother. It landed at night on the oval, which had been used previously for landing and take-off, but the mother suffered cardiac arrest and failed to respond to further treatment. This is an entirely different set of circumstances from that presented by Dr Ritson.

The Hon. R.J. Ritson interjecting:

The Hon. J.R. CORNWALL: The honourable member now says, by interjection, which compounds his disgraceful behaviour, that it was because the blood did not get there in time. The first lot of blood and the obstetric retrieval team were dispatched by road ambulance, and the blood and retrieval team did get there, despite some delay because of the ambulance breakdown. The second lot of blood was sent back in Rescue One and it landed on the oval at night. So, the second lot of blood got back also. That is an entirely different set of circumstances from that presented last week by Dr Ritson. In his determination to depict a horror story—

The Hon. M.B. Cameron: Have you met the husband?

The Hon. J.R. CORNWALL: I am well aware that the honourable member has met the husband—I am a well informed person. Have honourable members talked to the doctors? Mr Cameron does not bother to speak to medical and nursing locum services as it might get in the road of a good story. When he is challenged by the Director of that locum service, he says that that is what politics is about, that he said it under privilege, that no-one has got a thing on him and that they can leave. That is the same as Dr Ritson. Instead of talking to his colleagues as a member of the honourable medical profession, he comes in here and leaves out vital facts to beat up a story for cynical political purposes. He causes further distress to a family already very distressed.

The Hon. R.J. Ritson: Liar!

The PRESIDENT: Order! I ask the honourable member to withdraw.

The Hon. R.J. RITSON: It is customary in these circumstances to be permitted to explain one's behaviour to the Chair and I hope that the Chair may be satisfied.

The PRESIDENT: I ask the honourable member to withdraw the term he used.

The Hon. R.J. RITSON: It was a blatant untruth, Madam, and the Minister knows it. The family is not distressed; the family is delighted with my action.

The PRESIDENT: I am not asking for a personal explanation, but rather that the honourable member withdraw the offensive word he used.

The Hon. R.J. RITSON: In the heat of the moment I allowed that word to escape my lips when in fact I meant 'teller of blatant untruths'. To that extent I withdraw the word 'liar'.

The Hon. J.R. CORNWALL: I will repeat what I said before, Ms President. The truth, the actual facts, the chronicled facts—and they are all recorded, the times, the exact times and sequence of events—are entirely different from what was related to this Council last week by Dr Ritson. In his determination to depict a horror story which would paint the Government in a bad light he purported to show that the mother's death was preventable.

The Hon. R.J. Ritson: If the blood had got there.

Members interjecting:

The Hon. J.R. CORNWALL: It was because the road ambulance broke down. I am informed that clinically it would be a matter for debate or conjecture whether the mother, who had had a massive post-partum haemorrhage, could have been saved in that situation, but the fact that the blood did not get there until I think, from memory, 6.5 p.m. was because the road ambulance broke down. It had nothing to do with Rescue One. In his determination to depict a horror story that would paint the Government in a bad light, Dr Ritson purported to show that the mother's death was preventable and that her death could be blamed on the limitations of Rescue One. On the advice I have been given I reject that totally.

The Hon. M.B. Cameron: You'd have been better leaving it alone.

The Hon. J.R. CORNWALL: From the honourable member's viewpoint I am sure that is right, just as the honourable member would have preferred me not to mention British nurses. There will undoubtedly be occasions when aircraft limitations have some bearing on risks associated with retrievals in emergency situations. Dr Ritson does not help the cause of patients or the public in general by whipping up false anxiety or dramatising or distorting the events which flow from clinical decisions.

I very much regret the distress that may have been caused by this particular piece of irresponsibility. The relatives of the mother, who died in such tragic circumstances, will have recognised the blurred picture painted by Dr Ritson, despite his distortions. I want to make clear that I take this opportunity to extend my sincere sympathy to them. I do not wish to discuss further clinical features of the case. Anyone can say, with the wisdom of hindsight, that the patient's chances of survival would have been better if she had delivered with the support of all the services available in a major teaching hospital.

You want to remember that, Mr Cameron, when you start to criticise the discussion paper on obstetric services in South Australia. Just remember that this patient would have been better to have delivered with all the support of a teaching hospital. There is no question about that. There is no question that this patient would have been better off, had she had all the support of a major teaching hospital, but that is not practical. Do not continue to ignore the facts.

I do not want to discuss further clinical features of the case, at least at this time. Anyone can say with the wisdom of hindsight, as I said, that the patient's chances of survival

would have been better if she had delivered with the support of all the services available in a major teaching hospital. However, I am advised that there is no valid reason to question the clinical decisions which were taken by those involved with her case. As required, the Coroner's Office was advised of the circumstances but did not consider an inquest to be necessary. I might point out also that the two general practitioners involved in the case were experienced professionals. Both had diplomas of the Royal Australian College of Obstetricians and Gynaecologists, and both are experienced in the field. One has 17 years of experience and the other eight years.

Finally, I want to stress again the fact that the initial delay occurred because of a road breakdown. There was never any question of transporting the mother by Rescue One. My advice from the Health Commission is that the delay following the decision to transport the baby did not contribute to the mother's death. Under these circumstances, it was totally irresponsible and possibly dishonourable for Dr Ritson to make the allegations which he did. His headline hunting threat to accuse my colleague, the Deputy Premier, of manslaughter in the event of what he described as 'a further preventable death' is unworthy of him.

ADELAIDE FESTIVAL CENTRE

The Hon. PETER DUNN: I seek leave to make a brief explanation prior to asking the Minister assisting the Minister for the Arts a question on union labour in the Festival Centre.

Leave granted.

The Hon. PETER DUNN: It has been brought to my attention that a group of people who were holding a conference in the Festival Centre wished to erect a rather complex display of electronic equipment including pictures and posters so that they could demonstrate this equipment to those assembled. When the Festival Centre staff were informed of the proposed operation by the conference convenors, they said that the erection of any display had to be done by their union staff. My questions therefore are:

1. Does this apply to all displays, however small or large?
2. Is the action a Government direction?
3. Will the Minister allow the erection of sophisticated equipment at future conferences by other than union staff?

The Hon. BARBARA WIESE: I do not know the rules applying at the Festival Centre with respect to the erection of particular displays, but I would imagine that the policy being adopted by the staff would relate to questions of professionalism, safety and the like. That was probably the procedure being followed with respect to the conference to which the honourable member refers. However, I shall seek some information from the Festival Centre as to the rules and guidelines that apply with respect to assistance or permission to organisations mounting conferences or other things at the Festival Centre premises, and I will bring back a reply.

COMMUNITY WELFARE BUDGET

The Hon. DIANA LAIDLAW: I seek leave to make a short explanation prior to asking the Minister of Community Welfare a question concerning the community welfare budget.

Leave granted.

The Hon. DIANA LAIDLAW: In response to a question from the Hon. Trevor Griffin last Thursday about the Fam-

ily Court, the Minister stated in relation to child sexual abuse:

Funding is still not adequate and I hope despite very tight constraints on the budget in 1986-87 that we will find some savings in some other areas in order to increase that funding.

Just before Question Time today, the Minister announced an increase in funding of \$588 000 for child protection services within the DCW budget.

The Hon. J.R. Cornwall interjecting:

The Hon. DIANA LAIDLAW: I am talking about the DCW budget. As I understand that some district officers of the DCW were forced to curtail and cease some of their programs in this past financial year because demand for services far outstripped available funds, I ask the Minister if he would identify in which areas he is now determined that savings can or indeed will be made in the current financial year in order to provide the additional funds that he has just announced for child sexual abuse work within DCW?

The Hon. J.R. CORNWALL: Let me say at once that the \$588 000 funding, which I did announce at 1.30 today, in the DCW area will be initiative money provided by the Treasurer as part of the budget process. That is quite clear. It is not a redirection of money within the community welfare portfolio.

The Hon. C.J. SUMNER: How did you get that much?

The Hon. J.R. CORNWALL: The Hon. Mr Sumner says, *sotto voce*, that I appear to have winning ways in Cabinet. The reason why this Government has allocated \$588 000 in the community welfare area specifically is because the Premier and the other members of Cabinet, like me, believe that there is no area that deserves a higher priority. It is a pretty poor society that does not love its children. I do not believe that even this carping, cavilling Opposition could argue with that.

I was very pleased also to be able to announce that there would be an additional \$200 000 specifically for prevention, protection and treatment of the victims of child sexual abuse in the health portfolio. Altogether, there will be almost \$800 000 new money in the financial year 1986-87. In the general context of the budget, all Ministers were asked to look at all departments and statutory authorities within their portfolio areas and make some savings. Each of us was set an agreed target. I am not about to canvass the details of the size of the savings or the targets.

The Hon. L.H. Davis interjecting:

The Hon. J.R. CORNWALL: The Hon. Mr Davis should just wait until budget day, and he will know all about it. The Government gave such a high priority to this matter of child protection that, happily, I am able to announce in advance that, with the unanimous support and encouragement of my colleagues, we as a caring Government have earmarked almost \$800 000 in additional funding for child protection in 1986-87. Of course, that comes on top of a trebling of funding for the Sexual Assault Referral Centres that has occurred over the past two financial years and a significant redirection of resources within the Department for Community Welfare to child protection areas that has occurred over the past two years. It means that the net effect over a three-year period will be that resources in many areas of child protection will have actually been quadrupled. That is a record of which I am extremely proud.

MULTICULTURALISM

The Hon. M.S. FELEPPA: I seek leave to make a brief explanation before asking the Minister of Ethnic Affairs a question about multiculturalism.

Leave granted.

The Hon. M.S. FELEPPA: In explanation of my questions, I wish to cite a statement from the Australian Institute of Multicultural Affairs under the heading 'Has multiculturalism a future?' It states:

Council of the Australian Institute of Multicultural Affairs today expressed its grave reservations about a Government decision announced today. The decision is to establish an office of multiculturalism and ethnic affairs within the Department of Immigration and Ethnic Affairs and to abolish the institute by the end of the year. The Chairman of the institute, Dr Penman, said today:

The decision represents a backward step in the Government's commitment to multiculturalism. The creation of an office within the department confirms the common but mistaken view that multiculturalism is only for migrants, or those of non-English speaking background, rather than for all Australians. This decision will be seen as the Government surrendering to those critics who are currently trying to undermine the value and diversity of the very fabric of our society as a land of many cultures.

We are very concerned the Government has chosen to adopt, without prior consultation, a significant change in its approach to the consideration and development of policy. The effect of the Government's decision will be that the department will both be developing and implementing policy without the effective feedback a statutory authority can provide.

This represents a significant step away from the present situation whereby the institute is able to provide independent advice to the Government. An office within the department cannot achieve the same independence and community groups will view such an office as too closely tied to government.

Dr Penman said:

We believe under the pressure of immediate economic demands the Government is adopting a drastic approach without having considered its broader implications. The alternative of the institute continuing with a significant cut in its resources has not been properly canvassed, nor has council had the opportunity to examine the recommendations of the Jupp report. Finally, Dr Penman expressed the institute's concern that the resources now to be committed to developing Australia's important multicultural policies will be totally inadequate. The closure of the institute while representing a small saving will mean the loss of an organisation of some 35 expert staff. There is no indication in the statement of the size of the office or the resources it will have to carry out its most important role.

The economic difficulties which Australia now faces and which we assume are the real reasons for this decision are in no small part due to our insularity and an inability to think globally. To limit our capacity to respond to the rich and diverse society we now have, at this stage in our history and at this stage in the development of our international relations, will be total folly.

My questions to the Minister are as follows:

1. Is the Minister already aware of this statement?
2. Does the Minister know about this decision, and was he consulted at all before it was taken?
3. Does the Minister know whether Professor Jupp's committee in fact recommended abolition of the institute?
4. Can the Minister indicate how the Commonwealth now proposes to research and receive independent advice on the policy that it proposes to monitor?

The Hon. C.M. Hill: Good questions! Come on, let's have the answers.

The PRESIDENT: Order!

The Hon. C.J. SUMNER: There is no need for members opposite to get agitated. One could easily look back in history a little to when the honourable member was the Minister Assisting the Minister of Ethnic Affairs in South Australia, but I do not wish to embark on that rather sorry period in our history.

The Hon. C.M. Hill: You could get rid of the commission and increase the size of your own department, like Hurford has done.

The Hon. C.J. SUMNER: The Hon. Mr Hill interjected and said—

The Hon. C.M. Hill interjecting:

The PRESIDENT: Order!

The Hon. C.J. SUMNER: The honourable member says that rumours are in the streets. I would be very surprised if that was the case. But just in case they are, and just in case the honourable member is doing what he can to fan those rumours in an irresponsible fashion, let me make quite clear to him and his successor, the Hon. Mr Davis (the shadow Minister of Ethnic Affairs) and all members of the Council that there is no substance in the quite ludicrous suggestion of the Hon. Mr Hill that the Government intends to abolish the South Australian Ethnic Affairs Commission.

The Hon. R.I. Lucas: Answer the question!

The Hon. C.J. SUMNER: I am quite happy to answer the question asked by my colleague, the Hon. Mr Feleppa, once members opposite cease their inane, inaccurate and ill informed interjections. I have seen the statement by the Federal Minister for Immigration and Ethnic Affairs, Mr Hurford. I was not consulted about the decision prior to its being taken, but I was informed that the announcement that the institute was to be disbanded would be made the following day.

The Hon. L.H. Davis: You agree with it?

The Hon. C.J. SUMNER: Just a minute. I have not seen the results of the recommendations of the Jupp report, so I am not sure to what extent that committee's report bears on the question of the continued existence of AIMA. Regarding the fourth question, 'How does the Commonwealth propose to carry out research into issues of multiculturalism?' I cannot answer that, obviously, because that is a matter for the Commonwealth Government. Suffice to say that Ministers of Immigration and Ethnic Affairs, both State and Commonwealth, meet annually. We discuss issues of common concern. There are research projects particularly on population matters that come from those meetings. No doubt it will also be possible for the Commonwealth to engage individuals (academics and the like) to carry out particular research projects, and there are many people with some degree of experience in this area in the universities in Australia.

I cannot say that that is what the Commonwealth will do. All I can say is that there is certainly the capacity to have research carried out by bodies other than a body such as AIMA. Obviously one can refer to academic institutions. However, how ethnic affairs and the research into the issues surrounding that subject will be dealt with certainly can—and will—be the subject of discussions at meetings of the Commonwealth and State Ministers. I have no doubt that, when the final recommendations of the Jupp committee are made public, they also will be the subject of discussions between Commonwealth and State Ministers, as the recommendations of that committee may well impinge on Commonwealth-State relations in this area.

It is disappointing that the Federal Government has decided to disband AIMA but it was obviously a decision taken—

The Hon. C.M. Hill: They will disband SBS next. What have you done about that?

The Hon. C.J. SUMNER: If the honourable member would allow me to finish—

The PRESIDENT: You do not have to take any notice of interjections, which are out of order, anyway.

The Hon. C.J. SUMNER: I understand that, but I do like taking notice of the Hon. Mr Hill's interjections, because they are so easy to answer. Allow me to finish what I was saying before I replied to his interjection. I said that it is disappointing that the Federal Government has made this decision to disband AIMA, but I have no doubt that the decision was taken in the budgetary context in which the Commonwealth Government currently finds itself. Of course,

that is a context with which the federal Opposition fully concurs in terms of the reduction of Commonwealth expenditure.

The Hon. C.M. Hill: That is a lot of rubbish!

The Hon. C.J. SUMNER: That is not a lot of rubbish. The honourable member has not been listening to his Leader, Mr Howard. One has only to listen to Mr Howard every time he opens his mouth to realise that virtually the first thing he says is, 'You have to reduce the Commonwealth deficit.' Then, of course, when the Federal Government takes some action (and no doubt, from what the Prime Minister and the Treasurer have said, there will be more of it revealed in the federal budget) to reduce the budget, the Hon. Mr Hill complains about it. All I say is that this decision was no doubt taken in the budget context, which is a difficult situation. However, I say (and I repeat) that it is disappointing that the Federal Government has taken the decision to disband AIMA. However, it was decided to establish an Office of Multicultural and Ethnic Affairs in the Department of Immigration and Ethnic Affairs.

The Hon. C.M. Hill: Increase bureaucracy! How much money are they going to save? Of course, he is building up his department like a really good socialist.

The Hon. C.J. SUMNER: The honourable member can no doubt use his contacts in the Federal Parliament to ask how much money the Federal Government will save by this move. I am not privy to that information, but it is clear—

The Hon. C.M. Hill: What about SBS? Are you going to kick them out, too?

The PRESIDENT: Order!

The Hon. C.M. Hill interjecting:

The PRESIDENT: Order!

The Hon. C.J. SUMNER: The honourable member knows the position that the State Government has taken—and will continue to take—in relation to SBS. We have made our position quite clear on that.

The Hon. C.M. Hill: When?

The Hon. C.J. SUMNER: On numerous occasions.

The Hon. C.M. Hill: In the last few days?

The Hon. C.J. SUMNER: On numerous occasions.

The Hon. C.M. Hill: It's only hit the deck in the last few days.

The Hon. C.J. SUMNER: The honourable member does not read the newspapers and does not read *Hansard*. Apparently, he does not listen to anything that is said in the Parliament, but I can recall over two or three years ago leading moves to get SBS established in Adelaide and support for SBS.

The Hon. C.M. Hill interjecting:

The Hon. C.J. SUMNER: The Hon. Mr Hill is squawking about the budget context and everyone knows that we are currently, federally and at State level, in a difficult budgetary situation. The Hon. Mr Hill seems to have forgotten that. I refer him once again to his federal Leader. I do not know what decision the Federal Government has taken on SBS. At this point in time there are certain rumours in relation to SBS and no doubt that will all be revealed next Tuesday. At that stage the honourable member can come into the Parliament and ask questions about the topic when he knows a little more than he does now.

The Hon. C.M. Hill: It's too late then.

The Hon. C.J. SUMNER: The honourable member says, 'It's too late then.' On several occasions I have made the State Government's views on SBS known to the Federal Government and the honourable member knows that as well as I do.

The PRESIDENT: Order! The time for questions has expired.

The Hon. C.J. SUMNER: On the questions asked by the Hon. Mr Feleppa, I have answered the four questions—

The PRESIDENT: Order! The time for—

The Hon. C.J. SUMNER: I have answered the four questions raised by the honourable member and I repeat my concern—

The PRESIDENT: Order! The time for asking questions has expired.

The Hon. C.J. SUMNER: —that the AIMA has been disbanded—

The PRESIDENT: I call on the business of the day.

The Hon. C.J. SUMNER: —and express that I am—

The PRESIDENT: The Attorney-General will resume his seat.

The Hon. C.J. SUMNER: —disappointed that it has occurred.

MINISTERIAL STATEMENT: WASTE MANAGEMENT

The Hon. BARBARA WIESE (Minister of Local Government): I seek leave to make a statement.

Leave granted.

The Hon. BARBARA WIESE: Yesterday, the Hon. Mr Irwin asked me a question concerning personal liability for councillors and for members of council staff with respect to payments that are required on the part of individual councils. Due to the expiry of Question Time yesterday, I was not able to give a full reply. Since that time I have been advised by my officers that this is a question that has been asked recently by a number of people in local government.

I would like to make the legal position clear. First, councillors are not subject to personal liability for council debts, because they are protected by the fact that councils are bodies corporate. Secondly, town clerks or chief executive officers are not personally liable for council debts, provided that they are acting in good faith. The provisions relating to town clerks and chief executive officers are contained in the Local Government Act at section 84 (1) and (2).

ADDRESS IN REPLY

Adjourned debate on motion for adoption.
(Continued from 13 August. Page 291.)

The Hon. DIANA LAIDLAW: First, I thank His Excellency, in opening this session of Parliament, for his address. I also record my apology for my inability to attend the opening, not the least because I understand that I missed the novelty of the introduction of music, upon which many of my colleagues and those on the other side have commented most favourably. Unfortunately, the opening clashed with an arrangement that I had made many months earlier to attend the first National Liberal Women's Conference which was held in Adelaide on 31 July. Indeed, when I heard that the Government had determined that 31 July was to be the opening day of Parliament, my first response was that it was attempting to sabotage what was planned to be a most excellent conference. If that had been the Government's intention, it certainly did not work. The conference was highly successful and attracted 350 people, with registrations from all States and Territories and with one-third of the number being non-Liberal Party members.

I suspect that the excellent attendance reflected a wish not only to endorse this initiative taken by the Federal Women's Council of the Party, but also to capitalise on the opportunity provided to have a say in the development of Party policy.

Thirdly, it was good to hear 11 very high achieving women who had been invited to be guest speakers. These women addressed four themes: women and the economy; law; politics; and the rural community. In so doing they canvassed a range of perspectives on the contemporary interests and needs of women. For my own part, one of the most encouraging outcomes of the conference was the united resolve among participants to work to raise the status, rights, opportunities and wellbeing of women and girls, whether they be working, at home, in the paid workforce, studying or pursuing a combination of these activities. In addition to the passage of specific resolutions dealing with family allowances, enforcement of maintenance payments and the Sex Discrimination Act, concern was expressed that equal opportunity would not be achieved while our present Federal and State Governments refused to act on fundamental questions of women's legal and economic status, recognising the multiple roles of women in our community.

The Hon. C.J. Sumner: What about your federal council?

The Hon. DIANA LAIDLAW: That motion was addressed by the women's conference. We called on the federal parliamentary Party to reaffirm its commitment to the principles of the Party.

The Hon. C.J. Sumner interjecting:

The Hon. DIANA LAIDLAW: We do not work like the Labor Party; they do not have a binding say over the federal parliamentarians. We would never bind our members of Parliament in the same way as members opposite are bound in the Labor Party. Much concern was expressed, also, about women shouldering a disproportionately heavy share of the economic crisis that is gripping this country at the present time. It is on this matter of the economic crisis and its impact on individuals and families, and particularly on women, that I wish to concentrate my remarks.

I note from the address that the Government was prepared to concede that the State's economic position remains uncertain and to admit to the hardships it is encountering in framing the forthcoming budget. Nowhere in the address, however, was there any acknowledgment of the hardship individuals and families, particularly families with dependent children, are encountering in meeting their financial commitments. Nowhere was there any acknowledgment of the impact on household budgets of repeated increases in State taxes and charges; and, further, nowhere was there any acknowledgment of the impact of increases in the costs of commodities such as food, housing and clothing as a direct flow-on from undisciplined State and Federal Government spending programs.

The Government appears to be content to focus solely on its own financial predicament insensitively dismissing the nervousness and increasing distress bordering on hopelessness that is confronting wage and salary earners, pensioners and beneficiaries who are trying to cope with diminishing household budgets. For them the present situation is bleak, but the future looks even worse, because they know that the reports of imminent and immediate increases in State Government charges and taxes, coupled with the Federal Government's threats to cut family allowance, and also to defer action to eliminate poverty traps, will further erode their disposable income and their capacity to make ends meet, to provide for themselves and their families, and to save.

If Federal and State Governments spent less and taxed less, individuals and families would have a much greater capacity to control their own destiny. Instead, the policy of our current Federal and State Labor Governments is to spend more and tax more with the result that individuals and families, often through no fault of their own, are forced to look beyond their own financial resources for Government aid to keep their heads above water. One has only to scan the figures of the increasing number of people in South Australia who are turning to the Department of Community Welfare for emergency financial assistance; to the South Australian Housing Trust for priority housing assistance and rent rebates; to the non-government welfare organisations for counselling, food and clothing handouts; to the Department of Social Security for pensions, benefits and unemployment cheques; and to women's shelters for crisis accommodation—the existence of all these needy people indicates that Labor Governments are undermining not empowering the capacity of individuals and families to cope with their daily lives.

So much for the Government's professed concern for the welfare of the individual; for the low income earner; for those in poverty; and for social and economic justice. As was the case in the infamous days of the Whitlam Government, the actions of the Bannon and Hawke Governments are compounding not improving the plight of the less financially well off in our community, and daily their numbers are growing. Today the number of families living in poverty in Australia stands at more than 2.5 million. This number is double that of 10 years ago and includes nearly 750 000 children.

Predominantly, and increasingly, those living in poverty are women and children. The over-representation of women amongst the poor in Australia was documented in 1975 by the Henderson Commission of Inquiry into Poverty. The commission noted that households headed by women were almost four times more likely to be poor than households headed by men. Since the commission's report in 1975, both the number and incidence of poverty amongst Australians has increased and, again, the continuing over-representation of women is an observable pattern. Apparently, the Brotherhood of St Lawrence is conducting a study to show in other than a statistical way what it is really like to live in poverty. They are observing over a long period a group of low income earners, most of them reliant on the supporting parent benefit, widows pension, unemployment benefit or low wages.

Some 116 children live in the study's 50 households, spanning an age range from early childhood to adolescence. Its latest findings, as yet unpublished, make sad reading. Most families in the study treated food as a discretionary cost expanded or contracted to match the money left over after rent and bills had been paid. One family with two children had cut back its food bill to try to keep up the rent, and the children were living on water and tinned spaghetti.

The study families also found clothing and footwear difficult to afford and many did not have enough of either clothes or food to meet their needs. Most had dramatically reduced their energy use in order to keep their gas and electricity bills to a minimum and many in the study reported that they were unable to afford the medication recommended by their doctor. In fact, one does not have to go as far afield as the Brotherhood in Melbourne for confirmation of the dire problems many people are experiencing in clothing, feeding and sheltering themselves and their families. Only two days ago the General Manager of the Adelaide Central Mission's Goodwill Industries, Mr Graeme

Andermahr, related that they were having very serious problems obtaining secondhand clothing at a time when the demand for such is so great. He is quoted in the *Advertiser* of 12 August as saying the following:

Many people are worried about the economic climate and they're not going to their wardrobe and cleaning things out. They're going through the wardrobe to see if they have anything that could be still worn rather than buying something else. People in a job are seeking secondhand clothing because it's hard to balance their budget and pay the increased rents. A lot more people today are needier than what they were before.

Certainly, that view expressed by Mr Andermahr is keenly felt by other welfare agencies.

The prospect of an economic recession in this country is being met with alarm and panic by many South Australian families and welfare agencies because such a recession will come on top of a decade of decline in the Federal Government's economic support for families through the tax and social security systems. The Australian Catholic Social Welfare Commission, in a recent study of declining family incomes titled 'A fair go for families', highlighted how the tax system penalises families with children at every level of income, particularly single income and large families.

Notwithstanding the reforms proposed by the Federal Government arising from last year's tax summit, the commission has estimated that by 1988 a taxpayer with two children who is on average weekly earnings will be receiving tax rebates, including family allowances, worth 3.36 per cent of the average weekly wage. By contrast, in 1951 the average wage earner with two children had his or her taxable income reduced by deductions worth 21.56 per cent of average weekly earnings, a difference or loss of 18.2 per cent in that period.

Factors contributing to that loss of 18.2 per cent include the non-indexation of dependant rebates and family allowances, the effect of inflation on tax scales and the recent abolition of concessional expenditure rebates for health insurance, education and life insurance. These costs are incurred by people who are trying to make provision for themselves and their families rather than relying totally on the resources of the State, but in doing so they are being penalised.

There has been no change in the dependant spouse rebate or sole parent rebate since 1982. As reports from Canberra in relation to the forthcoming budget would suggest that there will be no change in either of those rebates this financial year, by December 1987 inflation will have cut the 1983 value of both rebates, in real terms, by 27 per cent. By 1988, as a direct consequence of Federal Government policy, Australian families as a whole will be out of pocket by about \$1 107 million a year, by comparison with 1983.

While the picture for most families is grim, it is certainly far worse for households with dependant children, principally because of the considerable costs associated with the rearing of children. The Institute of Family Studies in 1985 determined that to achieve the same standard of living a couple with one child required about 30 per cent more income than did a couple without children. In the same study the institute assessed that a family with an income of less than average weekly earnings, supporting three children aged three, five and eight, would need a minimum of \$3 869 annually, after meeting tax, housing costs and the parents' personal expenses, to cover the cost of rearing the children. This figure did not include school fees, uniforms, transport, medical and dental expenses or holidays. To live in moderate comfort, the institute determined that such a family would need \$5 380 annually to cover child rearing costs. Of course, teenagers in the family would cost much more.

The continuing decline in family income, particularly for families with children, is a disgrace and highlights the urgent need for governments in this country to cease their current undisciplined practice of sapping families of their finances, energy, and capacity to meet their immediate and long-term needs. The reversal of current policies and spending practices is all the more urgent when one appreciates that many families are separating and divorcing as a direct consequence of stress generated by financial pressures.

I wish to address briefly the matter of marital breakdown and the personal, social and economic costs related to marital breakdown. First, I highlight that between 1971 and 1981 divorces in this country trebled from 10 738 to 41 412. Last year in South Australia there were 4 216 divorces, and we were the only State in which the number increased from the previous year. The destigmatisation of divorce in recent years has significantly served to cloak the personal consequences of the ending of a marriage or long-term *de facto* relationship. Many people appear to assume that, because divorce is now common and easy to obtain from a legal and administrative point of view, it must be a relatively straightforward experience. Such expectations, however, do not prepare people for the emotional pain and upheaval which will usually be involved and from which people will usually take two or three years to begin to recover.

In respect of social costs, the high rate of marital breakdown has led to the loosening of family ties and family networks and a consequent reduction in the capacity of family networks to provide support for each other. It is recognised also that the ending of a relationship constitutes a major gateway into the status of welfare recipient in Australia, and thus into poverty, particularly for women and children.

The longer-term and more diffuse social consequences are not so readily recognisable; for example, the implications of the high rate of marital breakdown for the social and family experience of the elderly. The success or otherwise of the current Government program to maintain the elderly in their own homes with an independent lifestyle for as long as possible will be determined largely by the availability of family support. Family support, however, is frequently reduced when the extended family of the elderly person has been affected by marital breakdown. It is often said that it is not an individual but a family that one marries. In a similar vein, the effects of marital breakdown affects the extended family almost as much as the two individuals concerned.

I refer also to the economic costs of divorce. Last financial year, the Commonwealth Government spent about \$1 500 million on the cost of supporting parent benefits, legal aid in Family Court cases, and the Family Court system. This represents the staggering figure of almost \$100 per head of the population. To this sum must be added a large number of indirect—and largely unquantifiable—economic costs. These indirect costs include increased demand for State Government services following marital breakdown, such as low cost housing for single parent families, increased welfare and educational services for children who are affected by marital breakdown, and increased demand for medical, psychiatric and counselling services. Also significant in the economics sphere is increased absenteeism and labour force turnover following marital breakdown.

I suggest that the personal, social and economic costs of marital breakdown must be viewed in the context of the Federal Government's annual funding allocation of \$1 500 million on divorce related services and only \$4.8 million, or less than 3 per cent of the funding allocated for divorce services, on marriage support services. I suggest also that

the costs of marital breakdown must be viewed in the context of increasing scarcity of government and non-government agency resources for all welfare and health programs in this State and federally. In this context most members would be aware that, currently, through the Department for Community Welfare, together with the non-government welfare agencies in this State, the State Government is unable to adequately respond to the demand and very real need of thousands of families, especially single parent families, who are seeking help with finance, clothing, housing and counselling.

Yet, in the face of this alarming situation it is disturbing that neither the State Government nor the Federal Government has yet seen fit to develop a coherent set of family policies. One has only to recall the farcical situation that we have witnessed over recent months in relation to the Federal Government's expenditure review committee and the fate of the family allowances to appreciate the disarray that the Labor Party is in on the matter of assistance to families.

Amongst the numerous family maintenance and support policies that are required, I suggest that undoubtedly the most critical is an adequate family income policy. I believe that an essential element of such a family income policy, and one which could be implemented immediately, involves the preparation of family impact statements. It is desirable that such statements accompany all Cabinet submissions that contain recommendations that have a specific impact—positive or negative—on families. The preparation of family impact statements was an initiative introduced in South Australia early in the Tonkin Liberal Government's term of office but for some unknown reason they are now deemed not to be required by this Government.

The discontinued use of the family impact statements, however, would seem to correspond with the very sharp rise in Government taxes and charges imposed on individuals and families in this State in recent times. Perhaps members of the Bannon Government simply got weary of reading about the endless negative assessments that their Cabinet decisions were likely to have on South Australian households. Whatever the reason, I urge the government to reintroduce the use of family impact statements so that from now on it can assess with some accuracy and sensitivity the likely consequence of its actions before making decisions that would impose further imposts on household budgets. How much more constructive and positive such an approach would be compared to the Government's current approach of reacting in an *ad hoc* fashion to redeem situations of distress and hardship created as a direct or indirect consequence of its own taxing and charging policies.

The notion of a Robin Hood property tax, aired some six weeks ago by the Minister of Community Welfare, and the establishment last year of the Poverty Task Force by the former Minister of Community Welfare, the Hon. Greg Crafter, are but two instances of this Government's *ad hoc* reactions to the desperate financial plight confronting too many South Australian individuals and families. I do not intend to dwell on the Robin Hood property tax issue, as the idea certainly in my view received the community condemnation that it deserved. I should note in passing how it is typical of members of the Labor Government in this State to favour increasing taxes before contemplating spending cuts.

However, I do wish to say a few words in relation to the Poverty Task Force established in February 1985 with great fanfare and promise of meaningful results. At the time I was not surprised that the news of the task force was received with considerable scepticism by non-government

welfare agencies. For instance, the then executive officer of SACOSS, Mr Lange Powell, reacted by noting the limited benefits to people in poverty from past inquiries into poverty and related matters. Specifically, he highlighted the disappointing outcome of this Government's concession report of the previous year.

The Hon. J.R. Cornwall: He has come over to us.

The Hon. DIANA LAIDLAW: Yes, the Government bought him off. He is an extremely good officer and it is a pity that the Government did not heed his thoughts before the former Minister established this Poverty Task Force. The high degree of scepticism expressed by Mr Powell and others at that time on behalf of the non-government welfare sector did not prove to be misplaced. In the next few months, despite promise to the contrary, no interim reports were issued and no recommendations were forthcoming. In a short time the State Government quietly disbanded the Poverty Task Force—

The Hon. J.R. Cornwall: Peter Travers became seriously ill.

The Hon. DIANA LAIDLAW: Yes, but the task force has been disbanded. The Poverty Task Force has been quietly disbanded and replaced equally quietly a short time later by a very watered down version of the Poverty Task Force, in the form of the Social Justice Consultative Committee.

The Hon. J.R. Cornwall: There is also a secretariat headed by Sue Vardon.

The Hon. DIANA LAIDLAW: It would be good if some information was provided. The Minister is keeping all this to himself, because the non-government welfare sector is treating the Social Justice Consultative Committee as another example of the Government acting but not acting seriously.

The Hon. J.R. Cornwall: Are you reflecting on Andrew Parkin? That's disgraceful!

The Hon. DIANA LAIDLAW: I am speaking of the authority the Minister has given the Social Justice Consultative Committee. What the Minister is doing is quite secretive in terms of this new consultative committee, although I have learnt that the powers of the committee, compared to the earlier Poverty Task Force, have been watered down considerably. Certainly this committee will be reporting to the Director-General, unlike the Poverty Task Force where Dr Travers, the Chairman, was reporting direct to the Minister and had access, I understand, to the Human Services Sub-Committee of Cabinet. I also understand that the consultative committee will not have the power and authority to make public statements on Government policy on any other matter relating to poverty.

The Hon. J.R. Cornwall: You need a brief—you've got it all wrong.

The Hon. DIANA LAIDLAW: If I need a brief, it is a shame that the Minister and his department have not bothered to brief the welfare sector which is dealing with the problem of poverty daily.

The Hon. J.R. Cornwall: It's a very open department.

The Hon. DIANA LAIDLAW: It is a pity that everyone has to come to the Minister and that he is not going out to the people: then he would learn what is going on out in the community.

I was not surprised that the non-government welfare sector was treating the Social Justice Consultative Committee with some suspicion. I suggest that, if Government Ministers got out of their ivory towers, left their big white cars and started mixing with ordinary South Australians, the Government would not need a Poverty Task Force or a Social Justice Consultative Committee to help it identify the very areas that it has asked these inquiries to identify—

the extent and nature of poverty in South Australia and the needs of the economically disadvantaged and to suggest actions to alleviate or prevent poverty. The answers to all these questions are very simple. The real problem for the poor, as Canon Peter Hollingworth noted recently, is that they lack money. Certainly my experience as shadow Minister of Community Welfare confirms this simple assessment.

I want to take some time to refer to representations that I received some months ago, when I was speaking to a single parent with two school age children who was studying full time in order to prepare herself for re-entry into the workforce. She came to me with a long list of financial troubles, compounded by the feeling of being chronically tired. It was quite clear that she was chronically tired because she was constantly battling to make ends meet, skimping on things for herself, including good food. She had been advised by DCW, other social workers, doctors and the like to seek counselling assistance. But her frustration and mine is that she does not really need counselling assistance but rather an extra \$30 a week.

Just as my constituent did not need counselling help, nor I suggest does the Government need the assistance of a Poverty Task Force or a Social Justice Consultative Committee to tell it the needs of the financially disadvantaged in our community. Rather than wasting time fiddling around with such inquiries that never come to any conclusions or come to conclusions that are never acted upon, I suggest the Government should immediately reintroduce the preparation of family impact statements. From such statements it would learn what help the Government could provide families. The first lesson it would learn is that it should not continually and repeatedly be passing on government charges and taxes to families whose budgets can no longer withstand these extra imposts. The Government does not need a Poverty Task Force or Social Justice Consultative Committee to understand the causes of poverty, so much of the cause being of its own making. Such inquiries are simply an excuse to delay much needed action to help families and their budget problems through cutting Government expenditure and stopping the incessant taxing of people and their families. I support the motion.

The Hon. J.R. CORNWALL (Minister of Health): I noticed with interest last week in the media that a QC representing one of our local newspapers stated that the presentation of modern journalism was emotive and sensational, and the public would read nothing that did not conform to this 1980s journalistic style. When that definition of news is applied to health and welfare, reports of issues and initiatives become shallow, irresponsible and often inaccurate. It is an environment in which the stuntman, the carpetbagger, the sensationalist and the headline hunter can distort the public perception.

So, I believe that I should take the somewhat unusual step for a Minister and participate in the Address in Reply to present the facts succinctly outside of that environment. I want to report fully to the Council and, for the record, to the State on a health and welfare system which is continually improving its professionalism, enhancing its excellence and extending its programs to deal with contemporary issues in innovative and appropriate ways. It is essential in the 1980s that we plan and implement appropriate legislative and institutional change and develop the right kinds of programs and frameworks to last well into the next century.

Over the past three and a half years, the Government has developed a comprehensive health framework based upon a number of planks—progressive legislation, sound administration and management, a forward capital works pro-

gram, community based services, the continuing excellence of our public hospital system, and active planning for services appropriate to the needs of all South Australians. In addition to maintaining and extending what we have already achieved, the future directions for health and welfare in this State are based on a commitment to consultation with the community, promoting social health, pro-active social welfare strategies, and social justice. I shall return to those subjects in due course, but I would like to turn first to what has occurred in the field of legislation and some of the legislative initiatives planned for the present term.

The legislative program to date has been tackled on the basis of identifying the issues for the eighties and writing, or reforming, legislation to keep pace with our changing society. Some 15 pieces of legislation in the health portfolio were passed in the first term of the Bannon Government, ranging from minor amendments to total revisions. In the wake of the move to improved consumer protection in the 1970s, and in recognition of the legitimacy of the public interest being brought to bear on the professions, we have commenced a program of modernisation of professional registration acts. The Medical Practitioners Act, the Dentists Act and the Nurses Act have been completely rewritten and, during this second term, another six registration Acts will be revised.

To take the Medical Practitioners Act as an example, the Medical Board now includes a legal practitioner and a consumer representative. Disciplinary measures have been revamped, and a Medical Practitioners Professional Conduct Tribunal chaired by a legal practitioner now hears the more serious cases of unprofessional conduct. The greater equality in the relationship between health professional and patient is probably best reflected in the issue of consent to treatment. From the establishment of a special working party to look at consent issues, to the passage of the Consent to Medical and Dental Procedures Act and the Mental Health Act Amendment Act, the Government has pursued a policy of ensuring that there is a clear, unequivocal legal basis for consent to treatment and that patients have the respect and dignity of informed consent.

The most comprehensive review of drugs legislation ever undertaken in this State resulted in the new Controlled Substances Act, passed in this Parliament in 1984. The Act includes draconian penalties for exploiters of the drug scene (including the forfeiture of assets) and mechanisms for the treatment and rehabilitation of victims. It sets controls for licit and illicit drugs and substances, and covers the range from heroin to household poisons. A Bill to amend the Act will be introduced this session, increasing to more appropriate levels penalties for trafficking and putting in a more modern and realistic perspective penalties for the personal possession of cannabis. The amendment Bill will extend the Act to cover a new phenomenon on the drug scene, the use of the so-called designer drugs—drug analogues, concocted mainly in home laboratories, which have similar effects to known drugs. The Government has also demonstrated its compassion for the victim by the enactment of the Public Intoxication Act. Drunkenness can now be treated as a social and health problem, rather than an offence.

A new Food Act brings South Australia from the days of horse and cart delivery to international marketing. It provides the mechanism for consumers to be more aware, and have access to precise information, about what it is that they are actually eating. One of the most compelling issues for medical science is the impact of technology. Life can now be made in a test tube; human tissue can be transplanted from one person to another and life support systems require us to rethink our concept of death. The Transplan-

tation and Anatomy Act deals with procedures for the removal of tissue from living and dead persons, and the Death (Definition) Act clarifies that for the purposes of the law, death includes brain death. A select committee of this House is currently considering the complex ethical, legal and moral issues involved in artificial insemination by donor, *in vitro* fertilisation and embryo transfer procedures. Without wishing to pre-empt the committee, I can say that legislation will almost certainly be an integral part of its recommendations.

The old Health Act will be repealed and replaced with a Public and Environmental Health Act. Under the new Act, the Central Board of Health will be replaced by a more broadly based Public and Environmental Health Board. Local boards of health will be abolished and their role assumed by local councils. The Act will enable continued collaboration between the SAHC and councils in the traditional public health areas and, at the same time, be broad enough to encompass emerging public and environmental health issues.

Later in this session, a comprehensive package of anti-smoking legislation will be introduced in this Council. The package will, among other things:

- Introduce the system of rotating health warnings for cigarette packets.

- Require comprehensive information to be displayed at the point of tobacco sale detailing full tar, nicotine, and carbon monoxide content. The provision of this information is essential, as a recent survey by the SAHC Health Promotion Branch found that 67.1 per cent of respondents were unable to give any tar content for the cigarettes they smoked. Further, 72.3 per cent of people said they believed tar level information should be available.

- Ban smoking in lifts, in taxis, and on intrastate buses.

- Ban confectionery 'look alike' cigarettes.

This legislative package will make South Australia's tobacco legislation the most progressive in the country, and will complement the very fine work already done by the Health Promotions Branch in educating our schoolchildren about the effects of tobacco.

The Mental Health Act will be fine-tuned, taking account of seven years of operation. It is probable that the legislation will be split into two parts—a Mental Health Act and a Guardianship Act—thereby enabling the intellectually disabled to receive an appropriate level of oversight of their own affairs without the implication of being labelled 'mentally ill'. A review of the South Australian Health Commission Act is also proceeding, to take account of 10 years of operation. In the community welfare portfolio, major reviews of adoption law and of the law pertaining to children in need of care are under way, and legislation will follow in due course.

I turn now from the legislative program to developments in our public hospital system. In addition to maintaining the excellence of our public hospitals, extensive capital improvements are and have been undertaken on the fabric of our public hospital system which will leave it in very good shape well into the next century. The tone for the eighties and beyond was very much set by the Sax Committee of Inquiry into Hospital Services, released in October 1983, and now in the process of implementation. The report had as its core a high level commitment to quality assurance, a consumer guarantee for all users of health services. Many of the 224 recommendations have already been implemented. The quality assurance mechanisms will be specifically developed and extended as part of the new directions program over the next two years. In 1986-87, significant budgetary savings will be made in hospitals'

recurrent budgets. However, I want to stress that these savings will be made at a level which will make it possible to maintain excellence in patient services.

I would like to turn now to the so-called waiting lists for elective surgery in our public hospitals, but before I detail the implementation of the strategy to reduce booking lists I would like to make two points. First, until 1984, when the Kearney Committee was established to devise strategies to coordinate and consolidate elective surgical lists, there was no actual central booking mechanism. Consequently, we do not know precisely how many people were waiting for elective surgery before 1984. Secondly, I would take this opportunity to reject the notion that the increase in the numbers on booking lists is primarily or significantly the result of the so-called 'Medicare effect'.

Poor manpower and capital works planning in our health system over the last 15 years, burgeoning expectations, and a rapidly ageing population have severely strained resources in the system. The Medicare effect, however, is minimal.

The health system has adapted and adjusted to Medicare in South Australia over the past two years with a minimum of fuss compared to the Eastern States. We have recently seen the country doctors accept an offer for their hospital services on the generous basis originally offered. A significant State-wide agreement is about to be concluded with the South Australian Salaried Medical Officers Association for salaried specialists, and agreement has been reached at the Royal Adelaide Hospital for visiting medical officers, particularly orthopaedic surgeons. The public hospital system generally is in many ways more stable than at any time in the past decade. As a number of very senior surgeons and physicians have recently said to me, it is again possible for them to practise their profession in an environment which allows them to concentrate on their professional skills and their dedication to excellence.

With regard to the public hospital system, it is important to place the significant statistics on the record. The figures show that the alleged flight from the private insurance system is largely a flight of fantasy. In metropolitan Adelaide there are approximately 5 500 acute care hospital beds, almost 2 000 of them in the private system, mainly in community, non-profit hospitals. At any time, about 20 per cent of beds in public metropolitan hospitals are occupied by private patients. This is one of the highest levels in Australia and extraordinary by world standards. About 53 per cent of South Australians are currently covered by private insurance and in the past 12 months bed occupancy in the private system has been at about pre-Medicare levels.

It is precisely this commitment to a mixture of private and public enterprise that makes it possible to devise the strategy to reduce the numbers on elective surgery lists. The strategy anticipates an additional 3 000 elective operations over the next 12 months. At December 1985, 6 286 people were on elective surgery lists in the metropolitan area in the public hospital system. It is estimated that the number has since been increasing by about 100 each month. Therefore, the additional 3 000 operations will reduce the total number on the lists by 1 800 over 12 months. This should keep the list at the optimum figure for the efficient management of public hospital resources. However, this is not simply a 12-month program. I emphasise that the funding for the strategy has been specifically earmarked for an initial \$7.64 million two-year program. \$3.82 million has been provided each year for two years to fund the strategy from compensation money provided by the Commonwealth for additional costs under the Medicare agreement. The program, therefore, is not and must not be regarded as a stop-gap or short-term emergency reaction.

Over the next 12 months, the Health Commission will make up to \$850 000 available for the private system to treat public patients who are on public hospital waiting lists and who hold health entitlement cards. Priority will be given to those who have been waiting longest. The surgeons who perform the surgery will be those with visiting specialist surgical appointments in the respective public hospitals as well as visiting rights in the private hospitals selected.

Payment will be on a 100 per cent fee for service basis and processed through the public hospital on whose booking list the patient was originally listed. Specifically, the Flinders Medical Centre, the Queen Elizabeth Hospital and the Modbury Hospital will utilise the private system to reduce the numbers on their lists. A number of the major public hospitals will be allocated funds from the balance of the \$3.82 million annually to increase their sessions for elective surgery.

The Royal Adelaide Hospital will be funded for additional sessions in orthopaedics, plastic, ENT, eye and general surgery. An operating theatre is being recommissioned to provide the majority of these additional sessions. The QEH will be recommissioning seven additional beds specifically for elective surgery patients, plus two additional operating sessions. The Flinders Medical Centre is negotiating for extra sessions and beds at the Daw Park Repatriation General Hospital. It is anticipated that some beds will be made available as early as October 1986. Modbury Hospital has been funded for an increase in orthopaedics and urology. The Lyell McEwin Health Service will increase sessions in general surgery, orthopaedics, urology, and ENT.

We are seeking and receiving the active cooperation of surgeons, anaesthetists, nurses and other theatre staff, and implementation teams specifically to deal with practical problems will be established at each hospital. The formal allocation of funds for these purposes will be approved next week and I am informed that the additional sessions in the public hospitals can be expected to begin within a month.

It is also anticipated that the computer booking list system, to keep an accurate track of lists State-wide, will be in operation by July next year. The system will enable better management of booking lists and more responsive management of particular problems as they occur.

In the broader spectrum of the hospital system, several centres of medical excellence have been established or further developed, including the Royal Adelaide Hospital's hyperbaric unit, the Flinders Medical Centre's pain clinic and ophthalmology department, and at the Adelaide Children's Hospital's cranio-facial unit.

One of the most important developments during the past 3½ years has been the introduction of new career structures for our nurses, ensuring that that noble profession has appropriate career opportunities, adequate conditions and remuneration to continue to attract nurses, and to ensure standards of excellence. The new career structures will cost about \$6 million this financial year. The new structures will be on trial at 10 worksites in the forthcoming year and, subsequently, a submission will be prepared to put to the Industrial Commission. In addition, the transition to full tertiary based nurse education is proceeding smoothly and will be complete in the 1991-93 triennium.

Five academic chairs have been or are in the process of being endowed by the State Government through the South Australian Health Commission to continue and extend the excellence of our teaching hospitals, and to provide research expertise for the whole South Australian health system. The nation's first chair in reproductive medicine, centred at the Queen Elizabeth Hospital, was announced in June this year. We have also financed the chair in occupational health

being established at the University of Adelaide's Department of Community Medicine.

Plans are proceeding for a chair in child psychiatry at the Adelaide Children's Hospital. Cabinet this week also supported the appointment of professors in anaesthesia and intensive care and in orthopaedic surgery and trauma at the University of Adelaide, based at the Royal Adelaide Hospital. To guarantee efficient and effective management of our public hospital system, two major reviews are currently under way. A three-person team has been appointed to review financial control, management and administration of metropolitan public hospitals. One of South Australia's leading and most respected private sector industrialists, Mr John Uhrig, is heading the team with two senior South Australian Health Commission officers. The review, due to be completed soon, will focus on the management and administration of metropolitan hospitals, and the relationship between the hospitals, their boards of management, and the Health Commission.

In addition to the Uhrig review, a former South Australian Commissioner of the Public Service Board and Director-General of the Department of Lands, Mr Ken Taeuber, is heading a review of the SAHC head office. An interim report, as I told the Council recently, has already been received which recommends a 10 per cent reduction in staffing levels at head office—a saving of \$1.2 million in the current financial year. The savings have been recommended to streamline efficiency and improve management in head office, and to redeploy staff to other health units and Government departments. A consolidated report—the Taeuber-Uhrig report—will be available to me by the end of September.

Also, following the child report on obstetric and neo-natal services at the Modbury and Lyell McEwin Hospitals, the Health Commission is developing a State-wide obstetric policy to ensure that all South Australian children are born in the safest and the best conditions that can be provided. A discussion paper has been prepared, and has been widely and publicly distributed State-wide for comment.

At the Queen Elizabeth Hospital, the first comprehensive industrial democracy program in a South Australian public hospital has been introduced. In August 1984, the Government established the Patient Information and Advisory Service to ensure continual feedback from the public about the health system. PIAS has proved itself not only as a useful service to the public, but as an important consultative mechanism for telling the Health Commission about the public image of the health system and the most common causes of complaint and dissatisfaction.

The creation of the Migrant Health Unit in February this year will ensure the 'mainstreaming' of the particular health needs of migrants into health planning. Interpreting services have already been established in the metropolitan public hospital system, consent forms in community languages will soon be available, and bilingual staff are being recruited and employed throughout the health system as a matter of deliberate policy.

The establishment of a comprehensive and co-ordinated State-wide service for post acute care of people with acquired head injuries—a \$700 000 capital initiative at the Julia Farr Centre—has been endorsed and is in the process of implementation. While the future of the Commonwealth's Payneham rehabilitation facility remains uncertain at this time, the State and the Commonwealth have established a joint working party to examine rehabilitation services in South Australia, with a view to better coordination and integration. Funds and services to the intellectually disabled will continue to be expanded and we will move to establish a

post implementation review of the Intellectually Disabled Services Council.

The Central Linen Service has forged ahead after a major reorganisation in 1983 and industrial harmony and good management at that organisation have resulted in a boost to productivity of more than 30 per cent. Revenue has increased from \$7.6 million in 1983 to an anticipated \$12.5 million in 1986-87. A major \$6 million re-equipment program at the CLS will also be completed this financial year. Following a Legislative Council select committee, a State Ambulance Board was established and the operation and good conduct of ambulance services State-wide formally entrusted to the St John Council. At Port Augusta, the Government, through the Port Augusta Hospital Board, has advertised for specialist surgeons to operate at the hospital. Advertisements appeared at the end of May this year, recruitment is continuing and I am happy to say that one appointment has already been ratified. As part of a strategy for the Whyalla and Port Augusta Hospitals, special links will be forged through an associate relationship with the Queen Elizabeth Hospital.

In the area of capital works, yearly expenditure on the health system State wide has more than trebled the \$11 million spent in the last year of the Tonkin Liberal Government. Whereas previously capital works were allocated on a yearly basis, five and 10 year forward capital works programs have been planned. For the first time in our history, we have a fully planned major capital works program in the health portfolio spanning the next decade. The \$3.8 million Noarlunga Health Village has already been completed and is providing a range of services, including a 24-hour medical service, domiciliary care, speech pathology, family planning and physiotherapy. The village will be complemented by the planned 160-bed twin hospital complex for the Noarlunga region—a joint project between the Government and Mutual Community.

The Government's commitment to the project, planned for completion in 1989-90, is \$20 million. Other works that have been completed are the new \$1.4 million Port Adelaide Community Health Centre, new \$600 000 accommodation for the Flinders Medical Centre's world class pain management unit, and the \$350 000 Mareeba hydrotherapy pool, the first of its kind in the State. Currently under construction throughout the State are the \$8.8 million Wallaroo Hospital redevelopment, the \$2.6 million Mount Barker Hospital project, and a \$1.2 million re-development of the Queen Elizabeth Hospital's maternity outpatient department. Work on the \$13.7 million stage one Lyell McEwin hospital redevelopment is set for completion in November. The four stage development will ultimately provide the most modern, exciting and comprehensive health and hospital complex in Australia at a cost approaching \$50 million.

There are many exciting projects planned for completion over the next five years. These include \$7.3 million at Modbury Hospital for a new outpatients and physiotherapy building and refurbished accident and emergency department, \$6.3 million at Berri, \$7.5 million at the Queen Elizabeth Hospital's maternity department, \$14 million for a new operating theatre complex at the Royal Adelaide Hospital, and \$11.5 million for the proposed new Hutchinson Hospital. These and other developments will further guarantee the fabric of our health system State wide. One of the most exciting projects is the major stage four \$27 million redevelopment at the Adelaide Children's Hospital. This will complete the full redevelopment of the ACH which has occurred through the seventies to 1990. The State will contribute two-thirds of the cost of that re-development, with the remainder coming from the traditional and ongoing

generosity of the South Australian public through the Building Appeal. Work on the construction phase of that project is, I have been informed, due to commence within six weeks. More than \$200 million will be spent on capital works over the next five years, ensuring the first class fabric of our health and hospital system.

I had not intended to bombard members with an avalanche of statistics—indeed, if I wished to do that, I could go on a good deal longer in detailing planned capital work expenditure in our health system. The point I wish to make is that a major commitment has been developed for capital works improvement in the health system in this State, reflecting the excellence which the Government and the people of South Australia expect of health services. Another major financial commitment, now beginning to show very positive results, is the \$20 million lead decontamination program at Port Pirie. Cabinet adopted the decontamination strategy in December 1983 after a Ministerial Task Force on Lead Pollution and a 'Second Opinion' report by the United States lead toxicity expert (and my good friend) Dr Philip J. Landrigan.

The program involves the eventual decontamination of 3 000 Port Pirie houses, extensive and ongoing blood sampling, air pollution measures and the 'greening' of Port Pirie to reduce wind spread of dust. Indications are that the program has already begun to have a positive impact. Recent completion of the third cycle of blood testing has confirmed the downward trend in mean blood levels, and all children identified as having blood lead readings above the level of concern have been the subject of intervention. Of 814 children tested in the third cycle, 53 (or 16.4 per cent) had lead levels above the National Health and Medical Research Council's level of concern. This compares with the results of cycle two, where 7.2 per cent were above the recommended level, and of cycle one, where the figure was 9.6 per cent.

Monitoring and investigation of blood lead levels are carried out by the Environmental Health Centre, established by the State Government to coordinate the program. Importantly, the program is becoming increasingly well accepted by local people, by the Port Pirie City Council, and by Broken Hill Associated Smelters. Parents now have a greater awareness of the lead issue, and are involving their children, acknowledged to be the group at most risk, in testing with a high level of commitment. The parents or guardians of all children known to have a blood lead level exceeding 25 mg/dl have now been visited by counsellors who provide a network of community support to the program and, most importantly, to the people of Port Pirie. Two residents action groups have been formed in Pirie West, and another in the Solomontown district, and have put in many hours of voluntary work to decontaminate public areas in cooperation with the Environmental Health Centre. Also, 120 houses were decontaminated in the last financial year, and work is currently in progress on 51 houses, with another 22 ready for tender. Port Pirie has been a good—indeed excellent—example of active and effective intervention by the South Australian Health Commission, an appropriate Government commitment, and the support and involvement of other agencies, organisations and the local community.

One of the highest priorities, both in health and welfare, is in the area of child abuse, and child sexual abuse in particular. Over the past two years, the Government has trebled funding to the Sexual Assault Referral Centre at the Queen Elizabeth Hospital. In addition, three new positions, including that of a coordinator, were announced for SARC in March. At the same time, an extra position for a social worker was funded at the ACH. As I announced earlier

today, an additional \$200 000 will be allocated in the health portfolio in 1986-87 for staff increases to child victims of sexual assault. Within the Department for Community Welfare, child protection remains a top priority and, despite the difficult budgetary situation, 14 additional child protection positions will be funded in the current financial year. These positions, with support staff and eight new positions for crisis care, represent additional full-year funding of \$588 000 in community welfare. The interdepartmental Task Force on Child Sexual Abuse, due to report to me in September, will no doubt be making wide-ranging recommendations on legislative and program initiatives. I expect many of those recommendations to be implemented during this second term.

Child and adolescent health services have been restructured with the formation of the Child and Adolescent Mental Health Service and the reorganisation of the Child, Adolescent and Family Health Service under its new Director, Ms Mary Corich. Under the restructuring of child and adolescent mental health services, the Adelaide Children's Hospital and the Flinders Medical Centre will become centres of excellence in clinical management and focal points for tertiary level hospital services. Community-based teams operating in the suburbs and visiting provincial centres will be coordinated from the hospitals. Community-based teams, each totalling about 15 members and consisting of child psychiatrists, psychologists, psychiatric nurses, social workers and support staff, will become operational at Noarlunga, Willis House, the new Port Adelaide Community Health Centre, and Tea Tree Gully. One team is already in action based at Oaklands Park. In fact, the Port Adelaide team will not operate from the community health centre but from an adjacent building.

The Child and Adolescent Family Health Service (CAFHS) is also in the process of further developing multi-disciplinary teams to operate from the State's 160 child health centres, in schools, and with parents. CAFHS will receive substantial additional funding in the next financial year from savings to be achieved in other areas. One of the foremost developments in adolescent health, of course, has been the establishment of the Second Story adolescent health centre in Rundle Mall, a pioneering service for the whole of the country and one which is currently a national model for health services to young people. The Second Story combines a medical clinic and sessional work by health professionals with health education, nutrition and sexuality workshops and activities for young people like rap-dancing, drama and aerobics. The Second Story is a major central point through which young people can have access to comprehensive services in a non-threatening environment.

A major youth facility recently announced for Whyalla, to be managed by local young people with coordination and funding from the State Government, will draw on the expertise already gained at the Second Story. Establishment will be coordinated by the Youth Bureau. Community-based services for young people have also been established at Salisbury, Tea Tree Gully and Para districts. Last year, the Health Commission became a funding partner in the Hindley Street Youth Project, which has developed from its beginnings as a coffee shop to provide an important range of services for young people, including the provision of immediate counselling, support, information and referrals. The Department for Community Welfare is also involved in the project.

Another area where a great deal of progress has been made is in Aboriginal health. Although the health status of the Aboriginal population is still, by and large, a national disgrace, many programs have been implemented in South

Australia which have begun to improve that scenario. Over the past three years, the annual financial commitment to Aboriginal health from the State and Commonwealth Governments in South Australia has been doubled from \$3.5 million to \$7 million. Three years ago there was not a doctor to be found in the Aboriginal communities at Amata, Mimili, Fregon, Ernabella or Indulkana; today there are five.

Following the recommendations of the Foley report in 1983, the Nganampa, Pika Wiya, Ceduna-Koonibba, Yalata-Maralinga and Coober Pedy Aboriginal community-controlled health services have been established. The services are based on the principle and philosophy that Aboriginal people know best what their needs are.

Where significant populations of Aboriginal people exist, public hospitals have appointed Aborigines to boards of management. This has occurred at Port Lincoln, Whyalla, Port Augusta, Coober Pedy, the Lyell McEwin Health Service, Murray Bridge, Meningie, and Maitland. The Public Health branch of the South Australian Health Commission, in conjunction with the Nganampa Health Service, has recently commenced an environmental health survey of the Anangu Pitjantjatjaraku lands to determine ways in which the overall living conditions and health status can be improved. A program to train Aboriginal health workers, an initiative of the Aboriginal Health Organisation of South Australia, has been accredited through the Department of Technical and Further Education, and the second batch of nine health workers graduated quite recently.

Positions for Aboriginal Liaison Officers have been created in four of our metropolitan public hospitals, including the Adelaide Children's Hospital and in the country at the Murat Bay, Coober Pedy, Whyalla and Port Augusta Hospitals. A training course for Aboriginal enrolled nurses has commenced at the Port Augusta Hospital, and the same course will also be conducted at the Queen Elizabeth Hospital. At Oodnadatta, the South Australian Health Commission has purchased the historic Oodnadatta Hospital, founded by Flynn in 1911, and has recently handed the hospital over to a board of management equally representative of the Aboriginal and non-Aboriginal local communities.

Two Aboriginal health workers have been appointed to the Port Adelaide Community Health Centre to provide and promote health care to the region's Aboriginal community. The employment of Aboriginal people within the health area has significantly increased. In 1982, the Aboriginal Health Organisation employed 30 staff for a basic State-wide service. Since that time the total number of Aboriginal staff has increased by about 130 in a diverse number of roles, and over the wide geographic area of the State.

A significant start has been made to coordinate the efforts to combat petrol sniffing through a combined Federal, State and Aboriginal community committee under the Director-General of the Department for Community Welfare, Ms Sue Vardon. An amount of \$340 000 was allocated in the last financial year to Aboriginal youth development specifically to combat petrol sniffing by the State and the Commonwealth. We are looking to sizably increase that allocation this year to implement an Aboriginal youth development strategy being devised by the committee—a strategy based on restoring pride in traditional culture, and providing real alternatives.

Another committee, chaired by Mr Ian Procter of the Treasury Department and comprising senior Aboriginal State public servants, is looking at ways of implementing community control and self-management and coordinating health, welfare and education services. The Government

has recognised, with the help of the Aboriginal people and the success of the community controlled health services, that self-management of services is what the communities want, and that self-management produces results.

It is very easy, of course, for the landed gentry from the Opposition benches in the Legislative Council to promote sensational criticism. The health and welfare status of the Aboriginal people is still well below that of the white population, but I must stress that improvements, and very significant improvements, are being made, in most cases by the Aboriginal communities themselves. We still have a very good chance in this State, despite the knockers, to achieve the World Health Organisation goal of health for all by the year 2000, and specifically to achieve that goal for Aboriginal communities.

Any report on the health system must also include the work done by the South Australian Dental Service, which has extended its activities in community care and specific schemes for pensioners. SADS is progressively extending the School Dental Service to secondary students up to and including the year in which they turn 16. Treatment has now been extended to all students in Years 8 and 9 and to approximately half of the State's Year 10 students. The full program will be complete for our bicentennial in 1988. In the 1985 calendar year, the School Dental Service treated 165 093 preschool, primary and secondary school students, an increase of nearly 20 000 or 13.6 per cent over 1982. SADS has contributed substantially to the improved dental health of our children, which is now among the best in the world. At the present time, 70 per cent of children in South Australia require no treatment at the time of routine check-ups.

In the field of adult dental health, many of those pensioners and low income earners who were previously treated at the Adelaide Dental Hospital are now being treated at community dental clinics much closer to their homes. The number of adults treated by the various community clinics rose by 45 per cent to just over 22 000 in the last financial year, an increase of 800 per cent over 1982. The Adelaide Dental Hospital also underwent capital improvement in the last financial year with the completion of \$500 000 Oral and Maxillofacial Surgery Clinic.

The Pensioner Denture Scheme, which allows patients on the waiting list at the Adelaide Dental Hospital and the community clinics to have dentures provided by a private dentist or clinical dental technician of their choice, has given more than 40 000 South Australians access to new dentures since 1982; that is, low-income pensioner South Australians.

Expenditure on the Pensioner Denture Scheme last year exceeded \$2 million for the second year in succession, and the number of patients treated has increased by 723 per cent since 1982 to just under 10 000 last year. Also, in the field of programs to specifically help pensioners and low-income earners, the South Australian Spectacle Scheme has expanded its eligibility criteria and now dispenses around 64 000 prescriptions for spectacles each year. Contact lenses are now included in the scheme, which is being used as a model for other schemes in the ACT, Victoria and Western Australia.

Another major development has been in drug and alcohol services, which have been reorganised and which have benefited very considerably by new funding available under the National Campaign Against Drug Abuse. The old Alcohol and Drug Addicts Treatment Board has been scrapped and replaced by the Drug and Alcohol Services Council, and resource and program funding has been boosted by almost 50 per cent. Drug and alcohol services are now based clearly on a three pronged approach—protective and preventive

education, early intervention and treatment and rehabilitation services. The Drug and Alcohol Services Council has separated drug and alcohol services, and embarked on a range of programs not only to rehabilitate dependent persons, but to attempt to actively prevent drug use in the community.

The refurbished Drug Dependence Clinic at Osmond Terrace, Norwood, is expected to be fully operational by January 1987. The Ashbourne Country Living facility, where drug dependent people, and their families, will be able to stay in a drug free environment, has received planning approval. Services to alcohol dependent persons are in the process of transfer to the former Joslin Family Living facility. The specialist Alcohol Unit at Joslin is planned to provide 10 to 15 detoxification beds, outpatient/day patient services and community awareness programs.

A drug resource unit is also being developed within the Royal Adelaide Hospital to provide expert advice and to act as a training resource to the general hospital. The Drug and Alcohol Services Council has also employed a nurse educator to conduct training programs for other nurse educators in hospitals throughout the State—a program aiming to make nurses more aware of substance abuse and how to treat people with drug related problems. The 'Free to Choose' and 'Learn to Choose' educational programs are being introduced into South Australian schools and the first of the two proposed mobile vehicles for the 'Learning for Life' program, a joint project between the Drug and Alcohol Services Council and the Adelaide Central Mission, will begin operation next month.

The community health movement continues to broaden its spectrum. The South Australian Government was the first State Government to sign the Home and Community Care Agreement with the Commonwealth, and new funding under the scheme will increase from \$3.9 million this year to an estimated \$5 million over the next three financial years as the State moves to full dollar for dollar funding with the Commonwealth. The program aims to help elderly people and young disabled to achieve the greatest degree of independence and to remain in the community, without having to enter institutional care.

We are actively moving away from the traditional sickness model to a model which, while it maintains the excellence of the hospital system, has a far greater emphasis on preventive health, health education, and health services accessible in a community environment. Last year, for the first time, 10 per cent of our State health budget was spent on community-based services to boost an expanding network of community health services State-wide. In addition to extending the current network, community mental health programs will continue to be incorporated within general community health services. At the same time, however, specific attention will be directed towards community mental illness support systems.

Major initiatives have been implemented in the field of women's health, based on a clear recognition of the relative disadvantage women experienced in relation to the health system, as both users and providers of health services. In the past three years, three new women's community health centres have been established at Elizabeth, Port Adelaide and Christies Beach, bringing the number of women's health centres in metropolitan Adelaide from just one, centrally located at North Adelaide, to four.

A Consultative Committee on Women and Health has been established to oversee the implementation of the Government's Policy on Women and Health and to advise the Government. In January 1984, a Women's Adviser was appointed to advise the Health Commission and the Min-

ister on new and existing policies affecting women. That office, and particularly the adviser, Elizabeth Furler, have been extremely successful in meeting their charter. The office will now be used as the basis for the new Social Health Office, effectively mainstreaming women's interests, and extending the equity and perspective within the health system to other population groups.

The Social Health Office, and the concept of a 'social view of health' is one of the new directions in health that will be developed in South Australia over the coming years as a positive strategy for increasing the health status of our population. We now have an ecological understanding of health produced by the interaction between individuals and their social and physical environments. This is based on overwhelming evidence of the link between social, economic, cultural and political factors and the health status of the population.

For example, we know that people at the lower end of the socio-economic scale tend to die earlier, and experience more sickness, than people at the higher end of the scale. We know that people's odds for health or illness are determined, in the first instance, not so much by their access to the health system, but by their access to key goods and services, the distribution of which is effected by a whole range of public policies, such as housing, education, transport and technology. Many health related public policies lie outside the sphere of what is commonly understood as being within the parameters of current health policy.

To prevent illness and actively promote the health of the South Australian public we need to ensure the coordinated development and implementation of the whole range of public policy. Cabinet has endorsed the establishment of the Social Health Office in the South Australian Health Commission, to be based on this 'social view of health'. The Social Health Office will facilitate the coordinated development and implementation of a wide range of public policies for the maximum health impact on the South Australian population.

The Social Health Office will ensure that, first, policies from a range of Government areas are analysed for their health impact and that healthy alternatives are developed; secondly, interaction, coordination and collaboration occurs with other policy sectors, levels of government, professional and community groups; and, thirdly, timely and relevant information is developed and made widely available to governments, organisations, the media and to the public. The Social Health Office will also provide a focus for the development of community health policy and programs, including the establishment of a range of innovative community health projects in partnership with local government.

The other underlying but crucial initiative which will guide our efforts will be the development and implementation of a social justice strategy. Just as a wide range of policies and circumstances affect health, so do policies which transcend single Government departments and which lie at the core of our social and economic structures impact on poverty. The social justice strategy will become the Government's framework for a sustained effort to combat poverty in the community over the next decade. There is overwhelming evidence that the face of poverty in Australia has fundamentally changed. No longer are the aged pensioners or even the single unemployed predominant on the bottom of the income pyramid. The poorest people in our society are young families with single parents or single incomes. God help them should John Howard ever become Prime Minister.

In the 1980s we have seen the development of some insidious traps, which have worked very much against low-income earners. The plastic credit card explosion, more widespread and ridden with problems than the 'never never' hire purchase arrangements of the 1960s, has led to a massive escalation in personal debt. The social justice strategy will intervene in the downward cycle and aim to provide a trampoline for people to bounce out of poverty and back on their feet through addressing issues like housing, credit, cooperative ventures, relevant education, and public awareness.

Social welfare programs will place far greater emphasis on rehabilitation, self-help and active support, rather than subsistence hand-outs. The next three years will also see the 'growing together' of health and welfare services to coordinate efforts, identify gaps, and reduce overlaps in service. The 'growing together' will create a health and welfare system better equipped to address the total definition of individual and community well-being which has expanded concepts of health care internationally. Health is not merely the malfunctioning of isolated body systems, and welfare services do not exist simply to provide relief for casualties of the system.

These are the directions for the future, and some of the many achievements of the past. I should also say that my address has not necessarily contained a comprehensive list of directions and initiatives. It has been an overview of some of the more important aspects of the health and welfare system. I hope that honourable members opposite will take very good notice of my remarks—heeding them can only help the Opposition become more positive, constructive, informed and responsible in their approach to health and welfare issues.

The Hon. R.I. LUCAS: The last State election was conducted under a new State Electoral Act which went through this Council and another place after lengthy consideration early last year. It included many major changes to our electoral laws, major changes to the voting system for the Legislative Council and for the House of Assembly, a new form of declaration voting, mobile polling booths and a range of other major changes to our electoral laws. The most significant change in the Act was in relation to the voting system for the Legislative Council and the House of Assembly.

Members will recall a major change to the Legislative Council voting system incorporating a new system which allowed the simple placing of the number 1 in a box for all Parties rather than the onerous task of filling in preferences for all of the possibly 30 or 40 candidates as had existed under previous Legislative Council voting systems. The new Legislative Council voting system was modelled on the new Senate system, which was instituted at the last federal election.

One of the problems that federal legislators found with respect to the new Senate voting system was that, because many people simply placed a 1 in a box when voting for, say, the Labor Party in the Senate, they also simply placed a 1 in a box when voting for the Labor candidate or candidates of their choice on the House of Representatives ballot paper. Of course, under the House of Representatives voting system that meant that the number 1 in a box for the Labor Party candidate was in fact an informal vote for the House of Representatives. As a result, the last House of Representatives election saw a significant increase in the informal vote for the House of Representatives and a corresponding reduction in the informal vote for the Upper House or Senate.

So, when we considered changes to the electoral laws last year to incorporate a Legislative Council voting system modelled on the Senate system, the Government brought before us a proposal to try to meet the problems that had been created for the House of Representatives voting system under the federal legislation. The Government proposal was that, under certain circumstances, namely, if a Party or candidate had lodged a recommended ticket vote or how to vote card with the Electoral Commissioner within a certain period and an elector placed the number 1 in a box for the Labor Party candidate, for example, then that vote would count as a formal vote for the Labor Party in accord with the preferences nominated on the ticket vote lodged with the Electoral Commissioner.

That particular innovation or change was meant to prevent a recurrence of problems with the House of Representatives election under the new voting system at the last federal election. Members will recall that that change and a number of others passed this Chamber with the support of the Government, the Democrats and myself. At that time and afterwards there was considerable criticism of me in relation to possible repercussions for the stance I had adopted in relation to the House of Assembly ticket vote. The view was certainly put to me and to others who supported that change that, in a close House of Assembly election, it may well be that this change would mean victory for Labor Party or Government candidates as opposed to a possible victory for Liberal Party candidates.

The common view at that time early last year appeared to be that Labor Party voters came from lower socio-economic groups and were less able to fill out a voting card. Therefore, they were more likely to register informal votes by greater percentage than were Liberal voters, because the common view at that time was that they came from higher socio-economic groups and were more able to complete a ballot paper formally without making errors. That was a view that I did not share. I think it reflects thinking that perhaps might have been relevant many decades ago but, as I will broach later in my address today, I think the Labor Party has long lost its natural constituency amongst working class people. One has only to look at the backgrounds of the Labor Party membership in Parliament these days compared with 20 to 30 years ago to see that the Labor Party is increasingly dominated by various professional groups, as represented by the Attorney-General, the Minister of Health, the Premier and others. I seek leave at this stage to incorporate in *Hansard* a purely statistical table headed '1985 State Election: a Comparison of Ticket and Ordinary Votes'.

Leave granted.

1985 State Election—Comparison of Ticket and Ordinary Votes (Liberal %)

	Ticket	Ordinary	Difference
Adelaide	48.2	47.1	+1.1
Albert Park	38.2	35.9	+2.3
Bowden	40.8	32.8	+8.0
Bragg	72.0	65.7	+6.3
Briggs	38.9	27.3	+11.6
Bright	58.1	47.0	+11.1
Coles	63.7	54.9	+8.8
Davenport	54.1	40.2	+13.9
Elizabeth	24.2	17.6	+6.6
Fisher	53.2	46.7	+6.5
Florey	45.0	39.2	+5.8
Gilles	36.2	33.1	+3.1
Hanson	55.1	48.9	+6.2
Hartley	36.4	34.8	+1.6
Hayward	55.4	44.5	+10.9
Henley Beach	50.0	40.0	+10.0

1985 State Election—Comparison of Ticket and Ordinary Votes
(Liberal %)

	Ticket	Ordinary	Difference
Adelaide	48.2	47.1	+1.1
Heysen	64.9	54.5	+10.4
Mawson	34.3	30.8	+3.5
Mitcham	89.9	55.4	+34.5
Mitchell	44.9	34.6	+10.3
Morphett	62.3	52.7	+9.6
Napier	28.5	20.7	+7.8
Newland	51.7	46.3	+5.4
Norwood	43.8	41.7	+2.1
Peake	88.6	31.5	+57.1
Playford	0	28.5	-28.5
Price	33.8	23.9	+9.9
Ramsay			
Ross Smith	32.3	30.0	+2.3
Semaphore	25.9	16.2	+9.7
Spence	37.1	29.8	+7.3
Todd	45.4	42.2	+3.2
Unley	53.0	42.4	+10.6
Walsh	86.3	34.4	+52.1
Average			+7.1

	Ticket	Ordinary	Difference
*Alexandra	0	56.3	-56.3
Chaffey	66.0	63.5	+2.5
Custance	63.5	63.6	-0.1
Eyre	93.1	63.7	+29.4
Flinders	37.1	39.1	-2.0
Goyder	61.9	60.0	+1.9
Kavel	67.5	60.2	+7.3
*Light	88.1	55.6	+32.5
*Mount Gambier	100.0	59.0	+41.0
Murray-Mallee	59.7	58.4	+1.3
*Stuart	100.0	24.7	+75.3
*Victoria	93.5	48.9	+44.6
Whyalla	22.2	23.2	-1.0

*One off major candidates failed to lodge a ticket vote card.

The Hon. R.I. LUCAS: The table is my analysis of the 1985 State election results, comparing ticket votes and ordinary votes and looking at the percentage for the Liberal Party candidates in all 47 State electorates. In the left-hand column the name of the State electorate is shown. The next column is headed 'Ticket' and shows the percentage support for the Liberal Party polled in that particular electorate under the ticket votes—that is, votes that might have had only a 1, a tick or cross in the box for the Liberal Party candidate for that respective State electorate. The next column is headed 'Ordinary' and gives the percentage support for the Liberal Party polled in the booths on the day—that is, the ordinary vote—cast at the last State election. The third and final column is headed 'Difference' and simply states the difference between the percentage ticket votes for the Liberal Party and the percentage ordinary votes for the Liberal Party in the respective State electorates.

An analysis of State electorates shows that, contrary to the views of most people early last year, the Liberal Party polled considerably better on the ticket vote than it did in the ordinary vote in the booths on the day. In fact, on average in the metropolitan area, the Liberal Party polled 7.1 per cent higher on the ticket vote than it did in the ordinary vote at the polling booths last election day.

For the benefit of members, I note that nine seats are not included in the calculations because various candidates of both Parties failed to lodge ticket votes with the Electoral Commissioner in time. The Liberal Party failed to lodge ticket votes in only two seats, while the Labor Party failed in seven seats, including the critical seat of Mount Gambier, and the seat of Mr Keneally, a Government Minister, in Stuart. The other seats were Walsh, Peake, Mitcham, Eyre, Light, and Victoria. The Liberal Party failed in Alexandra

and Playford to lodge ticket vote cards with the Electoral Commissioner.

An analysis of that table shows that not only did the Liberal Party poll 7 per cent higher in the average metropolitan seat in the ticket vote but, in the key marginal seats, one finds, for example, that John Mathwin in the south-western electorate of Bright polled 11 per cent higher in the ticket vote than in the ordinary vote. In the electorate of Henley Beach, the Liberal Party candidate polled 10 per cent higher and, in the marginal electorate of Hayward, Julian Glynn polled 10.9 per cent higher. In the inner suburban electorate of Unley, the Liberal Party candidate polled 10.6 per cent higher on the ticket vote than the Liberal Party candidate polled in the booth on election day.

The Hon. C.J. Sumner: You shouldn't have opposed it.

The Hon. R.I. LUCAS: I did not oppose it. Those figures certainly make for an interesting analysis. If one uses the logic of those who opposed the proposition early last year, one might be tempted to suggest that perhaps the level of support for the Liberal Party comes from the lower socio-economic groups, from those groups who were less able or likely to be able to complete a formal ballot paper, and correspondingly that the Labor Party support comes from the higher socio-economic groups, groups that are able to complete ballot papers with a greater degree of accuracy.

I do not share that view. I suspect that one of the possible causes for this situation could be that Liberal Party support traditionally is highest amongst the elderly. Liberal Party support from all polls shows that we gather, as a Party, very little support from young people. Support for the Liberal Party from the 18 to 24 age group is almost non-existent. It increases correspondingly until we get to the 55 and over age group when it then becomes quite significant.

An interesting hypothesis which I think needs to be explored by all those who take a perverse pleasure in analysing election results is that possibly it may well be that many of the people who made the errors in the last federal election by putting a 1 in the box for the House of Representatives candidate, and therefore being informal, may well have been many of the more elderly members of the community. Because Liberal Party support is quite high in that age group, correspondingly it was not the Labor Party that lost votes at the last federal election, as was the common thinking at the time, even by people with the electoral nous of Special Minister of State Mick Young, but possibly it was the Liberal Party that lost support at that election because of that situation. Because it was corrected in the State election, correspondingly the Liberal Party was advantaged by the change in electoral laws which allowed ticket votes or the figure 1 in a box to be counted as a formal vote rather than an informal vote.

As I have said, that is only a hypothesis at this stage. There may be other reasons, and it is certainly a matter that I and other members will consider prior to the next State election. In general terms, I felt that the new State Electoral Act worked relatively well at the last State election, although there were some minor problems. In particular, there was a problem in relation to the new declaration voting system in declared institutions, such as nursing homes and hospitals.

During my rounds in assisting Liberal Party candidates at the last election, I found a very common view expressed by directors of nursing, matrons, managers or people in charge of declared institutions that people over the age of 70 years were not legally required to complete a vote for the State election. In fact, many people in declared institutions were advising residents or patients that, if they were

over 70 years of age, they were not required by law to complete a vote for the State election. That is not correct. In effect, those people were not advising their residents or patients correctly as to their legal responsibilities under the State Electoral Act. That left scrutineers, such as I, in the difficult situation of trying to argue against, for example, a matron who was much respected by the elderly residents of the declared institution. Of course, in general terms the matron was believed by the residents rather than someone who happened to be a scrutineer for a political Party.

I hope that, prior to the next State election, the Electoral Commissioner, Mr Becker, undertakes an education program in the declared institutions to educate, first, people in charge, and residents as to their legal responsibility under the Electoral Act: they must complete a voting paper if they are at all able to do so. Secondly, I hope that the education program conducted by the Commissioner in these declared institutions incorporates administrative reforms in relation to change of address of people who enter the declared institution from their own home or from another home. Too often we found that residents of declared institutions had been there for three or four years and had no idea on which electoral roll their name currently appeared, where the declared institution was, or whether it was in the district of their former place of residence. In some cases we found that names were actually on the roll listing residence in a home that had last been inhabited five years prior to the State election. Administrative changes could be instituted so that, when a resident enters a declared institution, as part of the exercise by friends and relatives to fill out forms, a change of address form under the Electoral Act could be completed by the administrators in charge of the institutions.

I refer now to what I believe to be a minor problem in relation to the new Electoral Act, and that is the ridiculous provision that remained part of the Act because of the Democrats' stance in relation to posters. All it did was create further problems for candidates of political Parties. My views on that subject were made known during the last debate on the Electoral Act, and I will not expand at this time. Nevertheless, I believe that when the Electoral Act is next amended something must be done to correct the situation.

The second matter that I want to touch on this afternoon is the committee system, or what passes for the committee system, in this Council. Two months ago, on 25 June 1986, the Attorney-General or someone in his office released a story to Greg Kelton of the *Advertiser*. The story was published in a report headed 'Government to unleash watchdog on statutory bodies'. I quote from that report, as follows:

The South Australian Government is planning a permanent parliamentary watchdog to monitor the operations of the State's statutory authorities, which have a total debt of more than \$1 000 million.

A Government spokesman confirmed yesterday that the Attorney-General, Mr Sumner, had drawn up a submission for Cabinet outlining possible options for closer scrutiny of the authorities.

It is understood one of the options is for a parliamentary committee, similar to the powerful Public Accounts Committee, to have the power to investigate authorities and make recommendations on their future operations, including whether they should be allowed to continue.

Another option is to vary the powers of the PAC to enable it to carry out the investigations. At present, the PAC can look only at statutory authorities which have been mentioned in the annual report of the Auditor-General.

As members would be well aware, I certainly support the proposition for a standing committee of the Legislative Council overseeing, amongst other things, the operations of the State's statutory authorities. I will not bore the Council

with the reasons for the need for that committee, as I have done so previously.

Certainly, I endorse at least in part the general statement that the Attorney-General made to Greg Kelton of the *Advertiser*. However, what I do want to say now is that I do oppose one of the two options that the Attorney has outlined for consideration of Cabinet, that is, the option that the PAC could be expanded and should be the body involved in the oversight of the State's statutory authorities.

On 26 June, the following day, both the present and past Chairmen of the Public Accounts Committee came out of the woodwork pretty quickly to indicate that they were not averse to the PAC having its powers expanded to enable it to be the body having oversight over those statutory authorities. Mr Klunder, the present Chairman, made some general comments and indicated by inference that he believed the PAC could handle the job if it was given extra resources and members. The press report indicates that the former Chairman, Mr Becker, member for Hanson, took up the matter and was more definite than Mr Klunder and indicated that he would support an increase in the number of members of the PAC, and the press report quotes Mr Becker:

... 'so it could be divided into subcommittees to look at the various bodies under investigation. I think we could handle it.'

I oppose the views of Mr Becker and Mr Klunder on those propositions. The PAC is already snowed under with the amount of work that it needs to do or now has on its plate. There is a great need already for an investigation into a significant budget blow-out in the reorganisation of the Education Department into administrative areas and the PAC, because of the backlog of work that it currently has, will not significantly be able to get its teeth into that major task until well into next year. That means, given that it is such a significant investigation, that it is unlikely that Parliament and the people of South Australia will see the results of that inquiry until probably 1988. That is simply too long to wait for what should be an urgent investigation into a significant Government and budgetary blow-out in an administrative reorganisation of the Education Department.

My view remains that we should not have in this Chamber just a standing committee overseeing statutory authorities as recommended by the Tonkin Government and as evidently countenanced by the Attorney-General. My view remains that we should establish a standing committee similar to the Senate Standing Committee on Finance and Government Operations so that not only could it oversee the operations of statutory authorities, but also it could cover a range of other financial and Government operational matters that would not be able to be covered by a Statutory Authorities Review Committee. There are many matters that I could instance but, very quickly, they are general matters of Government administration and organisation, the level of public indebtedness, Public Service superannuation schemes, as well as a range of other matters that could—and should—be covered by the Legislative Council as a House of Review and by a committee with the authority to look at financing Government operations rather than just statutory authorities.

As I have indicated before, the second committee that I feel we ought to establish in the Legislative Council is a Legal and Constitutional Affairs Committee. Earlier today in Question Time the Attorney-General, without making any commitment on such a proposal, touched upon the possibility of the Legislative Council having such a committee. One of the problems in Parliament generally (and I can only speak for the House of Review) is that so much of the legislation is complex and is understood only by those possibly with a legal background, such as the Attorney-

General, the shadow Attorney-General and the Hon. Mr Burdett. Too much legislation passes through the Council with not much review by the other 18 or 19 members of this Chamber not, I might hastily add, because of any lack of interest or willingness to undertake the task, but because of the sheer complexity of the legislation.

A Legal and Constitutional Affairs Committee could look at any significant Bills that we have—or will have—on equal opportunity legislation, the proposed legislation dealing with *in vitro* fertilisation, any possible legislation relating to human rights and any proposed changes to the Electoral Act and the Constitution Act. The committee could also look at what we know as the rats and mice legislation which traditionally goes through this Chamber with only the Attorney-General and the shadow Attorney-General trading blows or discussing points across the Chamber. I refer to Bills that amend trustee provisions, trespass laws, company legislation, licensing and regulation requirements for professional groups, and legislation like the Associations Incorporation Act. They are all examples of legislation that I feel go through this Chamber and another Chamber without proper review. I believe that the review process would be enhanced considerably by a Legal and Constitutional Affairs Committee of this Chamber where the various members of the committee, over a period of time, could develop expertise in this difficult and complex area.

I now turn to freedom of information legislation. I must say that I was gratified to see that great reformer, the Hon. Mr Cameron, a man of great vision, bringing into this Chamber yesterday such far-reaching and far-sighted legislation, legislation which this State has required for some time and which has been promised by the Attorney-General in this place for some time. It is pleasing to see someone in this Chamber, such as the Hon. Mr Cameron, fighting for open government in South Australia. I feel that the necessity for the Hon. Mr Cameron to have to introduce this legislation has left the Attorney-General in a poor light, and particularly his defensive comments made on radio this morning.

The Hon. M.B. Cameron: They were not very convincing, were they?

The Hon. R.I. LUCAS: They were not convincing defences by the Attorney-General as to why he had not introduced legislation and what his position would be in relation to this important legislation. The Hon. Mr Hill yesterday made some very cogent and, I thought, interesting criticisms of various Ministers in the Government, but left the Attorney-General out of his analysis, and I want to devote a little time to looking at the performance of the Attorney-General in the general area of law reform. In relation to things like freedom of information, it is quite clear that the Attorney-General is not a reformer.

Members interjecting:

The Hon. R.I. LUCAS: The Attorney-General says it is unfashionable: that is right. I think that summarises the Attorney-General and the Bannon Government; reform is not part of the Sumner platform nor of the Bannon platform. It is not a reforming government at all. It is not a government that people such as the Hon. Mr Weatherill and the Hon. Mr Roberts would wish to have leading them.

The Hon. C.M. Hill: They are more conservative than we are!

The Hon. R.I. LUCAS: They are a very conservative, bland, and reactionary government.

The Hon. C.M. Hill interjecting:

The Hon. R.I. LUCAS: He is, and so is Mr Bannon. If one looks at the sorts of reforms that the left, under the leadership of Mr Weatherill and Ms Levy, would want to

see instituted by this Government, it is quite clear that there is significant disappointment by the reforming members of the Labor Party and its supporters in the performance of the Attorney-General. One has only to note the comments of that reforming lady from the south, the member for Mawson, in the comments that she made to an *Advertiser* journalist which were reported early last year in relation to her perception of the performance of the Attorney-General in relation to law reform, to know that the criticism within the Party of the Attorney-General's reforming nature (or lack of it) is quite widespread.

Freedom of information legislation is only one example. As I said, that has been promised by the Attorney-General for years and has not been introduced by him, and it would not have been introduced by him during this Parliament. It has been only through the actions of the Hon. Mr Cameron that we will have at least the opportunity to debate freedom of information legislation, and it is only through the actions of the Hon. Mr Cameron that we will see the situation where the Attorney-General will in this Chamber have to put down a considered position in relation to freedom of information legislation.

There are other matters which indicate the lack of reforming nature of the Attorney-General. We saw the debate last year—or debacle, in my view—in relation to fixed terms when the legislation that we saw in the end was a pale shadow of what we should have seen.

We saw the lack of action in relation to computer trespass laws, much needed in South Australia, matters that were raised with the Attorney two years ago and his response was that he was referring those matters to the Standing Committee of Attorneys-General. We all know what happens to matters that are referred to the Standing Committees of Attorneys-General—nothing! Legislation in relation to an Administrative Appeals Tribunal, privacy legislation, and a whole range of matters which this Parliament ought to consider, will never be considered by it if the Attorney-General is allowed to continue in his present vein.

As I indicated, the Attorney-General has been left in a poor light by the reforming nature of the Hon. Mr Cameron and his freedom of information legislation. In summary, there is no doubt that the Attorney can best be described as a reactionary Attorney-General. That is not a criticism that I believe many people in the past would have left with the Attorney-General, but I have no doubt that, if people look at his record of reform in the law in South Australia, it is an apt description of the Attorney's performance in relation to reform matters.

I believe that the Attorney-General's problem is indicative of the problems of the Government. This is a group of reactionary Ministers desperately fighting to stay in government. It is the new breed of Labor Party—evident not just in South Australia, but evident nationally with the Hawke-Keating axis, with Cain in Victoria, and previously with Wran in New South Wales, and with Mr Burke in Western Australia.

They are not people with fire in their bellies to achieve change. They are not people who recognise the major problem that we have in our society in South Australia—and nationally. They are not people who recognise the major problems of poverty that the Hon. Diana Laidlaw talked about. They do not recognise the major problems of youth, homelessness, or of housing generally with its waiting lists of some 40 000 people. They are not people who recognise problems with respect to resources for primary school education and special education. They are not people who recognise the problems that we have in regard to unemployment, particularly unemployment among the young,

where there is a current unemployment level of 20 to 25 per cent in South Australia. And they are not the people who recognise the major problems with respect to efficiency of government administration.

Whatever criticisms there might have been of the left, and whatever criticisms there might have been of Governments of the past, such as the Whitlam and Dunstan Governments, the one criticism that one could not have made of them was that they did not have fire in their bellies—that they did not want to achieve change in society to head down the particular direction that they saw for South Australia and for Australia. The problem that we have with this Government, and others, is, as I said earlier, that they are a group of reactionary Ministers desperately seeking to stay in office for the sake of the prestige, the power of staying in office and, one might suspect, the white cars.

The Hon. G. Weatherill interjecting:

The Hon. R.I. LUCAS: I am not worried about the colour. Where are their priorities when we have problems of poverty and youth homelessness, when all the Government seems to be interested in is putting Government money into yachts, when we talk about Three Day Events that, because of a lack of proper oversight, required bailing out afterwards.

There has been the Youth Music Festival where there was not proper financial or managerial control by the Education Department to ensure that hundreds of thousands of dollars was not wasted on that Youth Music Festival. That money could have been spent on special education. At the very same time as that festival occurred we had parents of hearing impaired children in South Australia fighting for a few meagre dollars to train teachers for the deaf at the South Australian college being rejected by the Minister of Further Education and the Minister of Education. So, we have people fighting for that sort of assistance, and we have those sorts of problems—

The Hon. Diana Laidlaw: Human problems.

The Hon. R.I. LUCAS: Yes, human problems, and we have got the Government wasting money because it will not institute financial controls over youth music festivals in the Education Department.

Where are the priorities of the Labor Party and the State Government? Frankly, I am very disappointed in the performance of the State Government and I hope that, whilst I oppose many of the views of the left, people like Mr Weatherill and yourself, Ms President, will act as a ginger group and become more active within the Labor Party, in which case we might see some changes in the priorities of this Government and the tackling of some of the major issues that should be addressed.

The Hon. G. WEATHERILL: In supporting the motion, I want to make a few comments about legislation that will come before this Council during this session. The Workers Rehabilitation and Compensation Bill and the Occupational Health and Safety Bill will be two of the most important Bills to come before this Council in many years. Both Bills in their original form tried to solve the problems that have arisen in the relevant areas. I think it is worth mentioning once again the problems that exist, because, the longer it takes to pass these measures, the longer working people will suffer through accidents at work and through not being helped after having sustained an injury.

I was very interested to hear the remarks made by the Hon. Mr Lucas and the Hon. Ms Laidlaw today about working people in the community. I wonder whether they realise the importance of these Bills for the working people out there. I want to share with them some of the experiences

that I have had in the workplace. When a person is injured at work that person first either goes to hospital or goes to see the doctor. At that time a person is thinking more about having been injured than about filling out a silly workers compensation form—form 16. However, if the employee does not fill in a form 16 he does not receive any pay, and that can go on for six or eight weeks. Of course, the person must then contact someone like these terrible trade unions, which will try to fix it. The doctor then sends the person to, say, a physiotherapist.

At the physiotherapist the person can do all the proper things, such as exercises to try to build up the muscles, where the bone or the spine has been damaged. After a short time, the person goes back to the doctor who, trying to do the right thing for the person, sends them back to work with a certificate for light duties. Of course, such certificates scare management because they are worried that if a person is put back on and suffers another injury, or aggravates his existing injury they will be up for a claim. Unfortunately, when a person goes to see his local doctor, that doctor does not have a duty statement of what the worker can or cannot do. So, after the employee has been rejected at the work place and told that under no circumstances is there such an animal as 'light duties' in any of the jobs that he does, the employee goes back to his doctor. The doctor then puts him on compensation and sends him back to the physiotherapist or to someone else who is providing rehabilitation services to give some exercises.

These people I am talking about are very good, hard-working employees. They are the people who make the profits for other people through their conscientious work. What happens at this stage is that, whilst the person has gone to the physiotherapist or the rehabilitation centre and has tried to build up the muscles to rectify the injury that has been sustained, they are accumulating time off work. The length of time that the employee has had off work he is notified by letter from the employer to present to an insurance doctor. Of course, the insurance doctor gets a list of the person's duties.

I would say that nine times out of 10 that doctor then writes a letter to the department or firm for which he works and says that he can no longer carry out the duties for which he is employed. That person is then on the scrap heap. I suppose that quite a few people in the community do not have jobs because of this, and who will employ a person who has been injured? This person then gets a letter from the department or management saying, 'Your services are no longer required.' He then sees a lawyer, and this occurs mostly through the trade union. There were a lot of criticisms about lawyers under the old Act, but they play an important role in relation to people who are injured at work, because there is no way that anyone should advise these people on what they should or should not do unless they are skilled in law.

That person then goes to court and gets a pay-out. Depending on how badly they were hurt, the pay-out may involve 15 per cent or 20 per cent incapacity. That is not much money—not even a year's salary. That person then has the added job of looking for other employment. When such a person applies for a job, he is given a form to fill out. All such forms, not just some of them, contain a question in relation to whether or not he has previously claimed compensation. As soon as the person answers 'Yes' to that question he is not considered for the job.

All these particulars relate equally to males and females, and we have had the recent experience of people with RSI who can do 80 per cent of their duties but, because they can carry out only 80 per cent, they have been dismissed.

The working people of South Australia will not apologise for demands that they be fairly compensated for being injured at work. The people who argue that this will bankrupt South Australia are the same people who claim that Australian workers are greedy and that they should work for 50c an hour so that we can compete with cheap imports.

The Hon. Diana Laidlaw: Who is that?

The Hon. G. WEATHERILL: Quite a few argue that. The principle on which this Bill is based is that people should not be disadvantaged because they are injured at work. This means they should be compensated for any injury and loss of earnings. It also means that they should be rehabilitated and, if that is not possible, supported. The Democrats and Liberals should realise that, if they accept the principle on which this scheme is based, they must also accept its costs, and one does not need a costing committee to tell them about that. Unfortunately, the costs cannot be measured accurately in terms of dollars.

The Labor Party will ensure that working people no longer suffer hardships because they are injured at work. We dispute the findings of the costing committee and, even if these findings are accepted, the Bill must still be passed because the present system is unfair. The aims of the new Act are to ensure that working people who are injured do not have to worry about financial problems to add to their physical problems.

The new Act does not hand out Christmas presents but merely gives injured workers the very least that they deserve. If this costs money, then too bad. The cost of production of goods ought to include these costs. If employers want to reduce their premiums, they can easily do so by ensuring safer working places. I think premiums that reflect the true cost to the workers are the only justifiable premiums. If the premiums are high, then all the better—at least we might have employers spending more money making the workplace safer. The ALP is not going to apologise for giving the working people whom they represent a fair and effective workers compensation scheme.

I will refer to some of South Australia's statistics. On average, 35 people die each year in South Australia as a result of work related injury and sickness. More than 12 500 suffer injuries which result in their having more than one week off work. Across Australia the costs of work related injury is between \$6.5 and \$7 billion. The Occupational Safety, Health and Welfare Bill as it stands at present does not cover 40 per cent of workers in South Australia. Only 24 safety inspectors of the Department of Labour apply the Act. If an employer in Australia is found to have contributed to an employee's death, the fines range between \$200 and \$500—for a person's death! That is absolutely disgusting. In Victoria, under its occupational health Act shop stewards have the right to police the Act and work sites and to stop any job that they believe is dangerous. It is good to know that to date no job in Victoria has been banned. This is because they have worked with the management instead of having this 'them and us' attitude. The system is working over there, and that is why it is very important for this Bill to pass in South Australia.

I refer also to the Democrats and their opposition to the Bill. Also, I will quote something which Senator Chipp once said and which was quite disturbing to me at the time. I often wonder whether he ever thought that it would apply to his own people here. Senator Chipp said that the Democrats were in the Senate and in Parliament in the different States 'to keep the bastards honest'. I would like to ask who is keeping the bastards honest here.

The Hon. PETER DUNN: I thank the Governor for his opening address and affirm my allegiance to the Queen. In

so doing, I offer my condolences to the families of the late Albert Redvers George Hawke, who was the member for Burra Burra and Charles Albert Harrison, a former member for Albert Park. I knew neither of these people but, as they contributed to this institution, I offer their families my condolences.

We have listened to most of the speeches in this Chamber. Apart from the Attorney-General, who will sum up, I am the last, and there has been an interesting array of speakers. I dare say that reflects on the varied interests that we all have in this multiple member Parliament.

It was interesting to hear the Hon. George Weatherill speaking about the plight of the workers. Let me say that I am always interested to hear comments from people with the background of the Hon. George Weatherill, because I believe that I am also a worker, even though I have had to supply the finance to establish my own small business.

I dare say I have worked just as hard as most people who work for a large company, without the benefit of the Health and Welfare Act, and without compensation for injury. In fact, I have had to do that myself. When one is injured and on one's own, there is no money coming in and the situation becomes very difficult. It is a worry when that happens. So, I hope that the Government keeps those people in mind when it draws up legislation to deal with that fact, because generally the burden on small businesses that employ a small percentage of people (but what is in aggregate a large number of the work force) becomes increasingly difficult. I do not need to reiterate what the Hon. George Weatherill has said, but I think the Government must keep it in mind when it draws up legislation for compensation, health, welfare and injury.

The Minister of Health gave us a long dissertation (for about an hour) regarding health in this State. One of the things he mentioned was Aboriginal health. I do not know how often the Minister goes into the north and looks at the Aboriginal problems, but I have been up there a number of times recently and there are indeed great problems with the health of the Aborigines in the north of South Australia, particularly in the Musgrave Ranges area. The health of the Aborigines in the areas that he spoke about, particularly Indulkana, Ernabella, Amata, Fregon, and Pipalyatjara, to be honest, is atrocious and getting worse. Doctors recently have been assigned to those areas, but I doubt whether or not there has been any improvement since that time.

Let me cite an example. I went to Amata in December 1985 and was told that 30 children there were sniffing petrol. When I went back in June this year I was told that 85 children were sniffing petrol. That is a tremendous increase, and it is sad to see the state of those children. Having driven into one of those establishments and having observed one of these boys in a state of total disarray, not knowing exactly where he was, frothing at the mouth and being totally uncontrollable, one can imagine what else it is doing to his health and that of the people around him.

I draw the Minister of Health's attention also to what is happening in rural South Australia. There are problems there that are not in the city, and I am the first to admit that some problems that occur in the city do not occur in the country.

There are problems that occur in country areas, and they must be resolved by the Health Commission. The main problem is the shortage of doctors in country areas. On Eyre Peninsula alone there is a shortage of six to eight doctors: some areas have no doctors, and some hospitals have no doctors attached to them. That is atrocious. When one asks why there are no doctors in some areas, the answers are many and varied but, fundamentally, I believe it is due

to Government policy. Doctors have to put up with things like getting out of bed in the middle of the night, driving 20 miles to attend a patient and getting back into a cold bed two hours later. If their salaries are discounted (and that occurs in country areas as well as in the city), that is not fair and reasonable.

Furthermore, facilities in many of the country hospitals are supported enormously by community groups—by the families who rely on the medical centre. Local groups supply many of the facilities, and I can cite one instance. The local doctor in my area who had been to England for post-graduate work in obstetrics and gynaecology came back and said that a foetal heart monitor would assist in delivering babies at the Cleve hospital. The doctor wrote to the Health Commission seeking assistance, but I understand that the Health Commission replied, 'Sorry, you don't need a foetal heart monitor.' That doctor was the medico on the spot. He spoke to several of the women's groups, such as the CWA, to the hospital board and to the group that supports the hospital, and between them they were able to raise enough money to buy that instrument, which cost about \$8 000 to \$10 000—I am not exactly sure. However, I emphasise that the community itself raised the money for what the doctor believed to be a most necessary instrument in terms of the health of the mothers and the babies.

The Hon. Diana Laidlaw: You don't see that very often in the metropolitan area.

The Hon. PETER DUNN: That is very true. It is difficult to gather forces in the metropolitan area. My example illustrates the concern of these people, their support for their country hospital and their fondness for the doctor who works in their midst. I hope that the Minister considers this issue when he sets policy for the future.

I refer now to the Isolated Children's Parents Association of South Australia. I believe that these children are disadvantaged and have very little means by which to overcome that disadvantage. In endeavouring to put words together, I came upon a submission to the Federal Minister for Health outlining a summary of the problems. I could do no better than read parts of that submission as it explains very accurately the problems that those people face. Under the heading 'What are the Problems?' It states:

1. The problems associated with the education of isolated children are serious, diverse and widespread.
2. Isolated children have fewer educational opportunities than non-isolated children.
3. Insufficient Government financial assistance is directed to the education of isolated children.

By 'isolated children' I mean geographically isolated children, although some children in this State are not geographically isolated but are isolated for other reasons: perhaps because they have limited access to transport or because some other factor does not allow them to get to the normal educational facilities that we provide. The submission continues:

The above are extracts from the Senate Standing Committee Report on Education, July 1976. [10 years ago]. The situation has deteriorated dramatically. The needs of the isolated secondary child are immediate and urgent. Secondary correspondence, if available, gives the isolated child book learning but does little to help the total education, and we must not be deluded into thinking that, with the advent of the satellite, we will gain anything towards total education. Horizons may be broadened in the academic area but social interaction and the necessary group competition of the child's peers will still be missing.

The exposure to options is as much a right for the isolated child as it is for the city child. Indeed, what is taken for granted in education by city children and their parents is regarded by country people as a privilege, and in this day as one that is almost unattainable. If 'equality of outcome' is the avowed aim of this Government, perhaps it should be appreciated that the isolated child needs 'equality of access'.

A great deal of statistical evidence has been compiled and to rehash it now would be futile. The Senate Standing Committee report in 1976 said it all and stressed then that the 'need was urgent'. The Tannock Report of 1980 repeated all this evidence and once more stressed the urgency of the situation. In response to a Government request in November 1981 the Commonwealth Schools Commission undertook and compiled a mass of statistical evidence which it presented in November 1982 along with some 17 recommendations. The isolated child has gained little from these vital and comprehensive studies.

Perhaps those who quote how much governments spend on the independent boarding schools would be better advised to study how much governments save because of the independent school system. The real wealth of this country still lies in its people of whom the children are the most vital part. Some States have no alternative to boarding schools. South Australia is one such State.

One may quote as alternatives, correspondence schools, a second home or private board, but none of these are really alternatives. Correspondence schools give book learning only. Far too often the second home is a recipe for marital disaster and money to rent or buy and service is excessive. Private board may be obtained for one or two children but is really hopeless after that. It is not readily available, may not give a child suitable access to a school and may, no matter how good on first appearances, break down after a few months and you have to start all over again. The risk to the child is too high.

Hostels in some States do offer an alternative. They are no cheaper, have waiting lists and some are seen as tending to institutionalise children. Isolated parents tend to send their children to boarding schools because they went there themselves. They know all the values of the system, the pastoral care, the academic access, the sporting and social exposure and often enough they know the actual people who are looking after their children, a tremendous thing when they are a thousand miles away.

Boarding schools have been run and funded in the main by religious groups, the drain on the public purse was minimal and today is far less than a comparable government school. Due to a falling off in vocations to the various teaching orders more of the laity have moved into this teaching area and naturally and rightly expect the same financial returns as their counterparts in the government system. It does not require much genius to calculate the cost rises between 50 people on a stipend to 50 on present award rates. Wages are the major cost item. This is not unique to the boarding schools but permeates the whole education system. Am I right in thinking 92 per cent of the massive education budget goes in wages?

Faced with these costs, reluctant as they have been, all schools have to continually raise boarding and tuition fees. No funds are available to isolated children for tuition fees. The maximum amount allowed for AIC even if you can get the means tested extras is \$2 500 per annum. Boarding fees have risen again this year and even keeping them in line with inflation has not helped the isolated children. Because AIC allowances have never been indexed and, because year after year we have to try to justify our so obvious needs, Governments continue to short change isolated children.

Do not imagine all children who attended boarding school have parents who are 'wealthy pastoralists'. Indeed, in South Australia 40 per cent of isolated children have parents who are wage earners and 92 per cent of lessees in this State service an average debt of \$177 000. I am sure most States have similar figures.

While applauding innovative programs such as CAP and PEP, etc., it must be appreciated that these programs do more for the rural rather than the isolated child. Children advantaged by CAP do eventually reach boarding school at years 11 and 12, and because of this need to keep some places for late entries place additional strains on the entire boarding system.

If boarding schools are to continue to pursue the necessary role in the education of isolated children, they must be in a position to offer places at a realistic price level. They cannot do this without funding. The cost of upgrading or building additional accommodation for supervisors or students has moved into the laughable areas. Crowding leads to poor supervision, poor standards and to lower scholastic output. Schools which conduct fund-raising programs to help themselves upgrade facilities are penalised. The more you generate, the higher you go on the hit list. In turn, the isolated pay more because they have no real alternative to boarding schools. Why must Governments persist in toying with the idea of duplicating an existing system when the present boarding school system could be upgraded at a much lower cost? The time for procrastination is over; the time to trot out the hackneyed economic argument is finished. Governments must face the situation now. Children are not being educated; they have no access to school. Talk of equality of outcome is hollow when there is no equality of access.

That was written as a submission to the Federal Minister for Health when requesting extra funding for isolated children. The matter does not stay there; it is considerably more complex even than that. The complexity is being increased day by day, and the problem of financing the education of children is becoming so difficult in those country areas that, if we do not give access to those children by upgrading assistance to isolated children, we will have a generation of those who live in the very remote areas of this State that is years and years behind the rest of the nation. I plead—as mothers and fathers have pleaded to me—that these children be helped in their education.

I will give one example of what has happened. This is probably as much to do with the fringe benefits tax as it is with education. I see the Attorney-General mumbling in his beard. I hope that he is thinking the way that I am.

The Hon. C.J. Sumner: I wasn't even directing my attention to your remark.

The Hon. PETER DUNN: He was mumbling in his beard when I mentioned the fringe benefits tax, and any honourable member would mumble in his beard if he had to fill out all the rubbish that is involved in that tax. There is a case in the North where a cattle station employs three families, and those three families all have children in years 11 and 12.

The problem is that those children have to be sent away, because education by correspondence can no longer be given to them. To bring them to town the owner of that station has been helping the parents with accommodation for those children. Now, the fringe benefits tax deems that that help for accommodation of those children is now taxable. Because of that, he is unable to afford to employ that family, so he has told that family that he cannot afford to pay them any longer, because cattle prices are not so good. I do not know whether the parents are skilled to do anything else, but that family must leave that property and come to town to educate their two children. That is very sad. It is a case of the fringe benefits tax hitting not the people it was designed to hit, but hitting the smaller man.

The Isolated Children's and Parents Association is a very honest and sincere organisation. In the outback it gives a great deal of its time, effort and money at least three or

four times a year in trying to get its act together to either lobby Governments or assist people and help their children. It is to be commended. If we were to ask people in the city to drive the distances and go to the lengths to which those people go, I am sure we would get a lot of rebuttal, so I think they need assistance and the ear of all Governments in this problem of educating senior secondary students, in particular.

I wish to spend a few moments on the rural economy, which is currently in the public eye. We read every day in the paper about events, such as the Government's sending a delegation to America to try to lobby the American Government to stop it from subsidising wheat sales to the USSR or any other country of the world. In addition, we have the problem of the EEC. It would be wise to look carefully at what is happening within Australia. Quite obviously, farm incomes are falling, as they have been falling dramatically since 1959, and in the past couple of years they really have fallen at a rapid rate. In the two years from 1984 to 1986 farm incomes dropped by 31 per cent, and that figure is from the Bureau of Agricultural Economics, the Government's own body, which looks at farm incomes and rural issues.

That 31 per cent drop was in real terms, not just in monetary terms. This next year, 1986-87, they are expected to fall a further 18 per cent. If that is the case, how does that section of the community compete with the rest of the community? I do not know the answer at this stage, but I do know that if we as a Government do not improve the situation, we will not have what the Premier here has called a tractor industry—that is, one that pulls along the rest of the country financially. He used that term at a graduation ceremony at Roseworthy some two years ago. There is a disparity between country and city living that is quite enormous. The prices we have received since the mid-1970s have been relatively static.

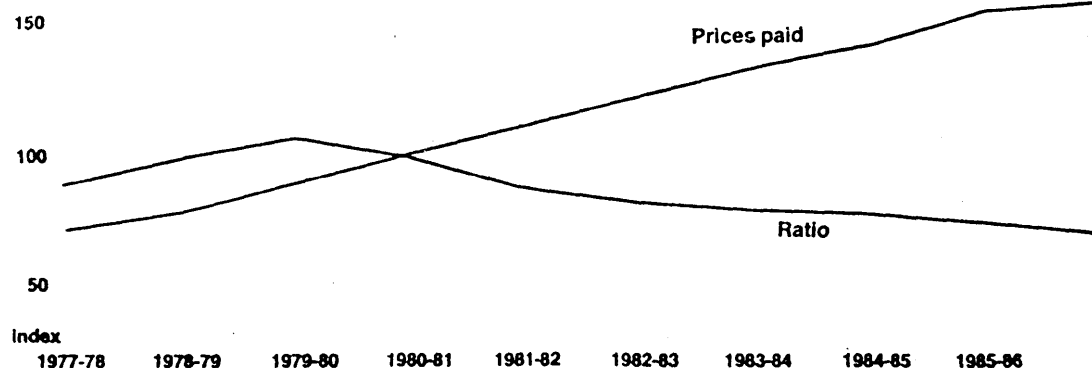
Costs and the inputs related to farming have risen alarmingly and dramatically: the ratio is quite out of balance. I have here a graph which demonstrates that. I seek leave to have it inserted in *Hansard*: it shows prices received as against prices paid and the ratios of those figures.

Leave granted.

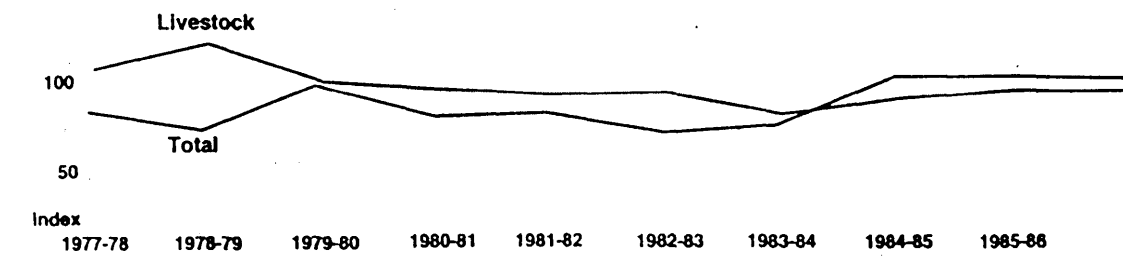
Volume of rural production



Prices received and paid by farmers



Volume of exports of rural origin



Quarterly Review of the Rural Economy 8(2), May 1988

The Hon. PETER DUNN: The biggest export earner for this country, which is something I will highlight for the moment, was wheat. The income from wheat sales last year was \$2 385 million and for wool was \$2 675 million. If one takes into consideration the factor that this money circulates in the community, those figures can be multiplied by 2.4 to 2.6. So, it plays a very significant part in our standard of living: it is money brought into Australia that helps to pay our overseas debt and to raise our standard of living.

What is the problem? It is the wheat surpluses. We will be unable in future to sustain an amount of \$2 385 million coming into the country, because we will be unable to sell that much wheat. Countries that were once net importers of wheat are now net exporters; for instance, England and India. India was an enormous user and importer of wheat during the 1950s and 1960s; it is now a net exporter, although a fairly small one. The European Economic Community has upgraded its wheat production. At the moment it has 18 million tonnes of wheat in store, and this is prior to the present harvest. That amount of 18 million tonnes is about the same amount of wheat as Australia produces in one year.

In a paper that I read the other day I noted that if the EEC continues to increase its wheat production at its present rate it will have in excess of 150 million tonnes of wheat in storage by the year 1990. That is an enormous amount when one considers that the biggest wheat producer in the world is America and it only produces 51 million tonnes of wheat a year. World wheat production is about 520 million tonnes a year. World use of wheat amounts to about 519 million tonnes a year, so we will have about one million tonnes left over this year according to present figures which are readily available.

There is 150 million tonnes of wheat in stock around the world; in other words, about 30 per cent of total wheat production for one year is in storage. We are seeing an emphasis on the sale of wheat around the world nowadays. For years and years nothing was heard of it and suddenly it has become an important part of Australia's economy. I do not see how we can cure this problem. It is fine for delegations to go to America and lobby the Americans, but what would happen if we were in the same position?

I do not think anything would change. I am sure that Mr Hawke or Mr Kerin would not consider the Americans too strongly if an election was coming up and we were able to get rid of stocks equivalent to what America has at the moment. I am sure that Mr Hawke would take very little notice of what the Americans said if that was the case. Of course, the problem in Australia is that the situation has such a bearing on our economic performance, for the simple reason that we do not have a very big home consumption price. America, with 240 million people, has an enormous home consumption price and can afford to subsidise its wheat producers. Australia, with its 15 million people, has a very small home consumption price, and we produce a

considerable amount of wheat. In fact, we are the second or third largest exporter of wheat in the world. Therefore, the amount that can be subsidised in Australia is very small.

The coarse grains—barley, corn, sorghum, etc.—are directly on the tail of wheat, and the prices of these grains tend to rise and fall with wheat prices. About one-third more coarse grain is produced in the world at the moment than wheat, but most coarse grains are used for stock production; they are fed to stock for meat and high protein production. So, wheat tends to set the price and these other coarse grains hang on its tail. Australia produces a very good coarse grain in the form of barley, and at the moment that appears to be in considerable trouble because of the wheat production and the wheat prices. Both barley and wheat are major moneymakers for this State, and if they have a great deal of trouble I can see nothing but problems arising in future, because we will not be able to sell those products at prices that are viable.

What is the cure? Quite obviously, the cure is drought, but who wants drought? I suggest that South Australia has been fortunate this year. We looked liked having a drought early in the season in the wheat and barley growing areas, but the situation improved and we appear to be heading for another reasonable season. But a drought in the Northern Hemisphere would certainly correct some of the problems. I would not wish that on anybody, though, having experienced several droughts myself. However, it is something that would cure the present problems. In fact, the Northern Hemisphere has had a series of good seasons but only today I noticed on the news that there has been a considerable spoilage of the present harvest that is being undertaken at the moment in the Northern Hemisphere. That may be to our benefit.

I could say considerably more about the wheat industry but I think that my comments demonstrate the problems that exist at the moment. We cannot expect to get higher incomes but, by our own hand, we can lower the input costs. The graph that I have inserted in *Hansard* demonstrates what is happening in relation to the prices paid to growers and the prices received. The prices received for products are relatively static, but the prices paid for inputs, such as fertilisers, fuels and chemicals, have risen dramatically and so the ratio has gone further and further apart. We now have very little profit for those wheat growers. I do not believe that the industry will leave behind its woes for a considerable time. That being the case, I cannot see a great deal of help forthcoming for the Australian economy. I think it will take some 10 to 15 years, looking at the graph that the Bureau of Agricultural Economics has produced covering a long period—in fact, for the past 30 years. It is interesting to note that it takes some time to come out of a downturn like the one we have experienced. I will be the first to admit that things change quickly and droughts, war—

The Hon. T.G. Roberts: Nuclear disasters.

The Hon. PETER DUNN: My friend across the Chamber suggests nuclear disaster. As yet that has not affected our crops. However, I think that there may be economic recessions that could cure the problem. All things being equal, there appears to be no cure for what appears to be stupidity by the EEC and the Americans in subsidising their growers. The reasons for this move by the EEC are clear because during both world wars and the depression there were shortages of food and their people starved. One can understand those governments wanting to keep plenty of food on hand. To compete with the EEC subsidy the Americans will do the same. Unfortunately, Australia is the meat in the sandwich, and we cannot subsidise. I support the motion.

The Hon. C.J. SUMNER secured the adjournment of the debate.

SUPPLY BILL (No. 2)

Received from the House of Assembly and read a first time.

The Hon. C.J. SUMNER (Attorney-General): I move:

That this Bill be now read a second time.

As this is the usual Supply Bill at this time of year I seek leave to have the detailed explanation inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Bill

It provides \$650 million to enable the Public Service to carry out its normal functions until assent is received to the Appropriation Bill. Honourable members will recall that it is usual for the Government to introduce two Supply Bills each year. The earlier Bill was for \$475 million and was designed to cover expenditure for about the first two

months of the year. This Bill is for \$650 million, which is expected to be sufficient to cover expenditure until early November, by which time debate on the Appropriation Bill is expected to be complete and assent received. Honourable members will notice that the amount of this Bill represents an increase of \$165 million on the second Supply Bill for last year.

Approximately \$83 million of the increase concerns debt servicing costs payable to SAFA. Of this amount \$9 million is due to a change in the timing of payments and a further \$6 million is due to borrowings from SAFA in 1985-86. The remaining \$68 million has arisen through SAFA assuming the debt obligations of the Government to the Commonwealth under the Financial Agreement. As part of this new arrangement the Government is required to make interest payments to SAFA from the recurrent side of the Consolidated Account which require appropriation. Previously these payments were made direct to the Commonwealth and were covered by special appropriation authority. Consequently, there was no need for them to be covered by the Supply Bill. In other words, the great bulk of this increase does not represent an overall increase in total interest costs being met from Consolidated Account.

A further \$37 million is required for the rural adjustment scheme, the vine pull scheme and other rural assistance schemes administered by the Department of Agriculture. These payments did not have to be made during the Supply period last year.

Clause 1 is formal. Clause 2 provides for the issue and application of up to \$650 million. Clause 3 imposes limitations on the issue and application of this amount.

The Hon. M.B. CAMERON secured the adjournment of the debate.

ADJOURNMENT

At 6.29 p.m. the Council adjourned until Tuesday 19 August at 2.15 p.m.