LEGISLATIVE COUNCIL

Wednesday 11 March 1987

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

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

MINISTERIAL STATEMENT: AIDS

The Hon. J.R. CORNWALL (Minister of Health): I seek leave to make a statement.

Leave granted.

The Hon. J.R. CORNWALL: AIDS, the end stage disease resulting from infection with the human immune deficiency virus (HIV), is being recognised as a pandemic of immense proportions. Developing countries, especially Africa, have been shown to have a high incidence of infection of symptomatic disease and can expect a climbing mortality rate over the next few years.

Developed countries such as the United States of America also have pockets of high incidence—especially the large East and West Coast cities. The highest infection rates are found amongst homosexual males and intravenous drug users. However, infections in heterosexuals and infants have increased markedly in the past two years. This trend was initiated by sexual contact with intravenous drug users, the activities of bisexual men and pregnancy in infected women. Transmission is now being maintained by heterosexual activity in the wider population.

This situation has been reflected to some extent in Sydney and less so in Melbourne where again these same groups have high infection rates and represent the source for the vast majority of Australia's cases and deaths from AIDS.

As at 25 February 1987, there were 407 cases of category A AIDS with 214 recorded deaths (in Australia). In contrast, South Australia, and Adelaide in particular, recorded only four cases of category A AIDS in 1986. To date only 149 infections (that is, blood positives) have been recorded in this State. A number of factors have contributed to this situation in South Australia.

1. Geographic location, with low access to the fast-lane areas on the east coast.

2. The egress some years ago of many of the high-risk individuals.

3. An apparently more conservative community of homosexual men.

4. The planning and implementation early in the epidemic of a State strategy for prevention, mainly by education, and management of cases.

This strategy for AIDS saw the establishment of an AIDS program with a research capacity and counselling service that works in close association with a reconstituted Sexually Transmitted Diseases Service. These units are both located at 275 North Terrace and it was recognised at the time that there were physical limitations in this arrangement. However, this arrangement has enabled thousands of worried well and potentially infected persons to have access to telephone counselling, face-to-face counselling, detailed medical consultations and appropriate laboratory investigations as required. We do not flinch from the fact that this has been stressful for the staff at times, for this has been the almost inevitable experience of AIDS clinics the world over.

The research function of the program has been capably handled by Dr Michael Ross, who has been instrumental in pursuing work that illuminates the behavioural traits that lead to risk taking. A report on some of his initial findings was published in the *Medical Journal of Australia* on 2 March, where it is recorded that present educational material—of which there has been a plethora both specially published and thus available from the printed and electronic media—has apparently reached 96 per cent of the homosexual population.

In fact, the letter to the *Medical Journal of Australia* which has been quoted and rather misused recently in this State says, among other things, that 96 per cent of the sample had heard of safer sex and understood what it involved. Of course, that is a remarkable penetration—96 out of every 100 people in the target population. So, rather than being a spectacular failure, I submit that that element at least has been a significant success.

Importantly, the report shows that 60 per cent of those persons had sought an AIDS antibody test. This must certainly be regarded as a positive initiative on their part. The report also notes that risk taking continues to some degree in about 70 per cent of the group and that this is an indication that further research is needed to enable the design of effective education campaigns. It certainly shows quite clearly that these 'second generation' campaigns must be directed at behavioural modification and not just education—a very important lesson that we have learned from that research.

To that end, that is, control and behavioural modification, in South Australia we already have a large number of initiatives:

1. A research program in place in the STD clinic to collect more information concerning unsafe practices as a guide to the design of further behaviour modifying education.

2. A larger research program on decision-making sexual behaviour, for which National Health and Medical Research Council support has been sought.

3. A nation-wide study based on ABS sampling of 2 500 people concerning cognitive, attitudinal and behavioural aspects of AIDS which Dr Ross will process and analyse.

4. A condom campaign to be launched in the next few days which is aimed at reducing transmission of AIDS and other sexually transmitted problems (and that will be a $60 000 campaign).

5. In addition many other activities are conducted by other health care institutions. For example:

(a) State AIDS reference laboratory at the IMVS provides a comprehensive testing service to all agencies within the State. A variety of research activities including growth of the AIDS virus are underway at the IMVS.

(b) Screening of all blood at the Red Cross Blood Bank has virtually eliminated the possibility of infection by this means in South Australia.

(c) Immunological screening and research are provided at Flinders Medical Centre.

(d) Referral services and treatment of people infected with HIV are available at the Royal Adelaide Hospital and Flinders Medical Centre.

(e) Provision of other special staff or services such as a nurse coordinator to work with the haemophiliac association and a full-time counsellor assigned to the Department of Correctional Services.

Increasing demands for testing and counselling, particularly in recent weeks, have placed added strains on existing services. This strain will be exacerbated by further educational activities which raise concerns in the community, and result in increasing requests for testing and counselling often from large numbers of people at low risk. One such campaign, recently announced by the National AIDS Advisory Committee, is a nationwide community awareness pro-

gram developed by the National Advisory Committee on AIDS. The objectives of this national AIDS education program are:

- provide factual information to the total population; and
- motivate individuals to adopt behaviour to reduce viral transmission.

In fact, only this morning I received a letter on my desk from Dr Neal Blewett (Federal Minister for Health) in which he outlines some of the details of the program and seeks our cooperation, which, I might add, will naturally be readily forthcoming. Among other things, he says in the letter:

> The program focuses on warning the public of the possibility of heterosexual transmission of AIDS, and providing information on the prophylactic value of condoms.
>
> The National Advisory Committee on AIDS, chaired by Miss Ita Buttrose, will launch this community awareness program in early April—

in South Australia it will be on 5 April—

> —and I write to seek your cooperation in ensuring the national program is successful in achieving its objectives. I am aware of the substantial efforts being undertaken in your State in AIDS community awareness, and there is no doubt that the proposed National AIDS Education Program would complement those activities in your State.
>
> Two specific areas which need attention are a possible increase in demand for telephone counselling services and antibody testing which may arise as a consequence of the program.

It will obviously mean an increased workload on the workload which has already expanded noticeably in the past month.

Preliminary discussions have been held with Commonwealth Health Department officers on the additional resources which will be needed to cope with the anticipated increased demand for telephone counselling services and antibody testing as a consequence of the program. The Commonwealth believes—and South Australia's AIDS program administrators concur—that the increased demand may well come largely from heterosexual men and women who did not previously regard themselves at risk. They are expected to approach their own doctors—I stress that in this program the use of general practitioners in private practice will be very important—for advice in the first instance and many may make use of the AIDS telephone information services. The Commonwealth has indicated that additional funding in excess of $50 000 will be made available to the Health Commission and another $42 000 to the South Australian AIDS Council to ensure adequate resources are in place to meet the additional demand created by the national community educational program.

South Australia has already planned the expansion of the AIDS program and South Australian AIDS Council service to provide the requisite 24-hour telephone counselling—that is during the six-week period. As a consequence it will be necessary to increase the capacity for face to face counselling and testing at the AIDS program. In fact, a coordinator for this overall response commences work today, and five other staff have been selected to commence educational activities in the near future. In addition, a full-time coordinator will commence with the AIDS council next week to coordinate their 24-hour response. This counselling service will draw on a panel of up to 30 part-time counsellors for the duration of the six-week campaign.

The National Aids Coordinating Unit at the Commonwealth Department of Health has commended the South Australian Health Commission's coordinated response to the proposed National Education Program and is using it as a model for the development of programs in other States. A major contributor to the heavy demand on existing services is their availability to the general population as well as to the high risk groups, both the homosexual population and intravenous drug users.

In particular the Health Commission is working closely with the homosexual community, the AIDS Council of South Australia and other community organisations. This cooperative effort has led to the development of, first, CARA, a group of volunteer support counsellors who assist people with AIDS and AIDS related conditions in a variety of ways from emotional support to home nursing where someone is terminally ill. Secondly, the Bobby Goldsmith Foundation is a voluntary trust set up to raise money to provide financial assistance to people with AIDS and AIDS related conditions. This trust to date has raised over $4 800 and has provided assistance to eight people with AIDS and AIDS related conditions.

Overseas experience has shown that the numbers of infected individuals initially doubles in a very short time period, though now in the United States and Britain cases of AIDS double in 12 months. It is estimated at this time (currently) that 30 000 to 50 000 people are infected in Australia. In South Australia the number of known infected individuals has doubled in the past 12 months and had reached 149 by the end of 1986. To project future trends in South Australia is very difficult because we are at a very early stage of the epidemic and the future trends may not reflect the experience of other programs, even within Australia. If 1 000 South Australians are infected by 1990, that is, showing positive bloods, we can expect development of at least 150 cases of full blown AIDS by this time, category A AIDS. This projection suggests a need to reappraise the future level of services required for STD services including those specifically for AIDS. To this end, the South Australian Health Commission is currently reviewing the organisation, accommodation, staffing and funding for these services.

Following a meeting between the Minister of Health, the Chairman, South Australian Health Commission, and officers of the South Australian AIDS program, arrangements have now been made for the immediate provision of urgently needed additional accommodation at the STD/AIDS Clinic premises at 275 North Terrace. A more permanent solution will be implemented early in the financial year 1987-88.

Members interjecting:

The Hon. J.R. COLLINS WALL: If B grade politicians want to politicise AIDS, that is their problem and not mine. We have been at the forefront from the outset. I have quite deliberately stayed out of a direct involvement in the development of AIDS programs because it is and should be substantially above politics. As I have said in this place many times before, any attempt to politicise it is quite shameful and reflects very shabbily on the B grade politicians in the Opposition in this place. In summary, South Australia is at the forefront in the provision of services to AIDS sufferers and the wider community and is also leading research for more effective programs. It would be a regrettable consequence if the publication of internal documents, admittedly using some colourful expressions, were to obscure these facts.

QUESTIONS

STREAKY BAY AREA SCHOOL

The Hon. M.B. CAMERON: I seek leave to make a brief statement before asking the Minister of Health a question about Streaky Bay Area School.

Leave granted.

The Hon. M.B. CAMERON: The Health Commission was first notified of the aldrin incident in early December or late November last year but somehow the query was not followed up. I am told that the pest control operator had used the chemical at the school during school hours and that the spray had been splashed up to 1 metre up the walls in some areas including the home science centre—

The Hon. M.J. Elliott: It is 1½ metres.

The Hon. M.B. CAMERON: Thank you. I am pleased that the honourable member is more accurate than I am in this matter.

Members interjecting:

The Hon. M.B. CAMERON: I do not mind: he has taken some interest. I am told that the carpets had been awash with aldrin and that the cleaner had been forced to mop up the excess chemical from the floor. The Health Commission was contacted and word came back that it was not a problem providing it had dried out. There was no visit and no follow-up action. About three weeks ago parents were discussing at a barbecue the rather large-scale illness amongst their children and, as a casual comment, one of the parents wondered whether it might have been caused by the white ant treatment with aldrin. Another suggested the chemical was extremely dangerous—a parent who had not previously had children at the school. The commission was again contacted and the initial indications were that it was safe once it had dried—the only danger was if it was in solution form.

A meeting of concerned parents was called and they decided to send off sections of the contaminated carpet to be tested. These tests showed a very heavy concentration of aldrin; in fact, one sample showed 14 grams per square metre and the world health standard is something measuring milligrams per square metre. Yet the system still had to be forced to take action and it was not until two weeks later that finally the school was closed. By this time, though, children and others had been in close contact with this dangerous substance since early December except for some period of the school holidays.

One of the saddest aspects of this whole episode is that the parents have been infuriated by the Minister's trivialisation of the issue when he said that the children's illness was probably caused by a virus. To add insult to injury, their phone call to express concern was described by the Minister as 'typical of the hundreds or even thousands of inquiries' received by the Health Commission each year. During a phone call in February, a member of the Health Commission was asked by the parents why the matter was not taken up in December and his answer was, 'I suppose you are just too far away'. Why more concern was not shown at that stage is quite beyond the parents and me. There is something wrong with the system when that sort of concern is not acted upon. According to the parents, it is not good enough for the Minister to say that the phone call was one of hundreds received by the Health Commission. This call was from an isolated community expressing concern about a dangerous chemical. It has now been revealed that of 20 people tested for aldrin contamination, half were positive. In one family, four members returned positive results. Parents, who have by now lost confidence in the Health Commission, are naturally extremely worried. They also want the expert committee, which was announced yesterday by the Minister, to oversee the cleaning up of the school and to inquire into its background, including any treatment undertaken when it was initially built.

My questions are: Will the Minister add to the committee's terms of reference that it oversee the cleaning up of the Streaky Bay school? In view of the fact that aldrin is absorbed into the body fat tissue and can have a multiplier effect of 30 to 40 times, will further tests be carried out into the body fat tissue of the people who were exposed, including the students, following the positive results of the blood tests? Who will determine when the school is to reopen? Will investigations take place by that same committee into exactly what happened when the school was built and the treatment that it received at that stage?

The Hon. J.R. CORNWALL: In relation to whether I would be prepared to add to the terms of reference of the committee that it be requested to oversee the cleaning up of the school, I am prepared to ensure that the committee is involved in some sort of supervisory capacity in ensuring that the clean-up is effective. I have always made clear that no child or staff member, no teacher or cleaner, will be allowed back into the main building—in other words, classes will not resume in the main school building—until we have firm assurances that the school environment is considered by independent experts to be safe or clean.

Turning to some of the more outrageous allegations that the honourable member has made, let me say, as I have said on two occasions previously, that the first inquiries concerning the Streaky Bay Area School came in as general inquiries to the Public Health Division in December. Every year that office receives hundreds, if not thousands, of general inquiries about a whole range of public health issues including possible food poisoning, food spoilage, toxic chemicals and so forth, right across the range. People seek general information and they are given general information. They are directed to appropriate places by referral if they seek further specialist information. In the particular case of the Streaky Bay Area School, the Public Health Division advised parents where they should send samples to have them analysed—the Chemistry Division of the Department of Services and Supply.

With regard to the claims of the quantity of aldrin in the carpet, I have seen the amount of four grams claimed. I cannot quote specifically on that since I have not seen the results. I can, however, give results that were obtained by Dr Ian Calder, our senior toxicologist, an expert in this field, when he visited the school in late February. Before doing that, may I stress again that the first specific request for assistance or intervention came to the Public Health Division late in February. I cannot be precise as to the date, but in my recollection it was on or around 24 February that these queries first came in. I certainly can be precise as to the fact that as soon as I heard that specific concerns had been raised, I instructed—and I mean literally instructed—the Public Health Division that it should charter a light aircraft and get to Streaky Bay on that very day. It was, in fact, on a Tuesday.

The total content of samples, which were taken over various areas of carpet using a wiping technique at various distances from holes into which the aldrin had been infused or injected, ranged from four to 18 micrograms—in other words, four one millionth parts of a gram to 18 one millionth parts—not four grams or 18 grams. They are the sorts of levels that we deal with.

The Hon. Peter Dunn: Over what area?

The Hon. J.R. CORNWALL: Over an area, I think, of a square metre.

The Hon. R.I. Lucas: Is that safe?

The Hon. J.R. CORNWALL: I am not an expert, and that is precisely why I have an expert committee. As to the allegation of trivialisation, that of course is wrong. It is mischievous and misleading. It is the sort of behaviour that we have come to expect from Mr Cameron ever since he has been in this place. It has certainly become worse since

he became the desperado shadow Minister of Health. He is always trying to beat up a storm. It does not matter in that process whether he destroys, or attempts to destroy, the good name of senior Health Commission officers or anyone else. He never lets the facts get in the way. He has behaved in a desperate and recklessly irresponsible manner in this matter as in the AIDS control issue. It is an area in which we need expert opinion; we need the best advice available. That has been obtained promptly.

We have independent experts appointed to a committee. Some of the early advice was in consultation with the local doctor, who I might add has played a very positive role in this matter throughout. That advice was that the symptoms—the vomiting, diarrhoea, nausea, and so forth—on the balance of probabilities was likely to have been caused by one of the seasonal viruses which were all around the State, the normal range of gastrointestinal upsets which occur seasonally here and everywhere else in the country. That was all that I ever said in this place. It was the advice given to me by my experts, by the State's experts, in the Public Health Division, and I quoted it verbatim. There was no attempt by me to trivialise it; I was quoting verbatim. If in fact Mr Cameron wants to get to his feet and again personally attack senior medical officers and experts in the field, that is something that he has to wear.

There was never any attempt to trivialise it. Again, among other things, I said that retrospective epidemiological examinations were already occurring. We are determined, to the extent possible, to arrive at a decision or a position which will tell us (as I have already said) as close as is reasonably possible the likely cause of the symptoms. Twenty-eight initial samples have had preliminary processing. I had intended to release those details today but, unfortunately, we were unable to contact the local doctor (and we tried as recently as 1.45 p.m.) I did not want to release those details without ensuring that the doctor had the results and that the parents, following normal medical ethics and normal manners (as one might expect), had been apprised of the results before they were raised in this Parliament. However, the Hon. Mr Cameron in his usual recklessly irresponsible way has seen fit to raise this matter.

I am able to say that, of the first 28 blood samples, preliminary results show (and here I must test my memory) that 14 are negative; they show no traces. Of the remainder, some show readings in the range zero to five nanograms and the others show readings in the range of five to 10 nanograms. I am not used to dealing in figures quite that small: I have some trouble coming to grips with anything beyond micrograms. For those who are interested, a nanogram is a gram by 10 to the minus nine. In other words, it is a millionth of a milligram; or, put another way, a thousandth of a microgram. So it is a very small quantity indeed. However, that is not to suggest for one moment that we do not take it very seriously.

The expert advice available to me is that, in the range up to 10 nanograms per millilitre, there is probably a safety factor of something like 20 times. In other words, medical authorities would view with concern a reading of 200 nanograms. However, the unknown factor is just what the peak reading may have been two or three months ago. For that reason we are certainly treating the matter as significant until proved otherwise. I will take advice not from the Hon. Mr Cameron on what additional personnel should be tested, what additional tests should be conducted and what additional verification is needed; but I will take that advice from the experts whom I have appointed to the special advisory committee, including Dr John Coulter, who has been nominated by the Streaky Bay School Parents Association.

In conclusion—and I am sorry I do not have the telegram with me—recently I received a telegram from Ross Allen (the Streaky Bay parents spokesperson in this matter) thanking me sincerely for the prompt and appropriate action that we have all taken in this matter when it was drawn to our attention. That telegram is available and I will be very pleased to table it tomorrow.

The Hon. M.J. ELLIOTT: I desire to ask a supplementary question. Is the Minister aware, through his expert advice, that aldrin has a low water solubility but a high fat solubility and a high persistence and, therefore, the fat levels and not the blood levels are important for aldrin?

The Hon. J.R. CORNWALL: I thank the Hon. Mr Elliott for that gratuitous advice. I would have thought that anyone who knows anything about organic phosphates or organic chlorines (or purports to know anything about them) would know very well that you are likely to get a significantly higher concentration in the depot fats. It is possible that even the Hon. Mr Cameron knows that. However, the very best expert advice available to me—not from the Hon. Mr Elliott, the Hon. Mr Cameron or even the Hon. Mr Dunn—is that those blood levels (which obviously can be detected in very minute quantities) are indicative—

The Hon. M.B. Cameron: You're trying to trivialise it.

The Hon. J.R. CORNWALL: The Hon. Mr Cameron—or should I say the not so honourable Mr Cameron—interjects again and says that I am trying to trivialise it. I am doing nothing of the sort. I am taking the best advice available to me from senior public health officers—and I have great confidence in their very substantial ability in these areas (among others)—and I am reporting it faithfully to the Council and publicly as information becomes available. I will continue to do that. I do not politicise this matter. I neither trivialise it nor—unlike the Hon. Mr Cameron—do I artificially pump it up; I report the facts.

CRIMINAL INJURIES COMPENSATION

The Hon. K.T. GRIFFIN: I seek leave to make a brief explanation before asking the Attorney-General a question about criminal injuries compensation.

Members interjecting:

The PRESIDENT: Order!

Leave granted.

The Hon. K.T. GRIFFIN: In his press announcement on the weekend that a levy of $5 would be made 'on all traffic infringement notices and certain other offences paid by way of expiation fees' to fund increases in criminal injuries compensation, the Attorney-General did not clarify what precisely those other offences would be. It is not clear whether, for example, the levy is to be made in respect of parking offences where they involve a breach of the Road Traffic Act rather than council by-laws. It is not clear whether, for example, expiation fees for fishing offences or even the Government's on-the-spot fines for marijuana use are included. Nor did the Attorney-General clarify whether the $20 levy on persons convicted in courts of summary jurisdiction was to be only on those who were convicted and fined or on those who were convicted and gaoled or given community work orders or released on a bond.

In courts of summary jurisdiction there are cases relating to breaches of the Companies Code (for example, failing to lodge annual returns), cases involving unhygienic premises, cases involving lighting an incinerator during prohibited hours and cases involving litter and dogs and weights and

measures and breaches of local council by-laws about parking and a range of other behaviour. The range of statutory offences which may end up in a court of summary jurisdiction is massive. There are hundreds, if not thousands, of different sorts of offences which may end up in a court of summary jurisdiction. I wonder whether the Attorney-General has yet addressed that sort of detail and has made any decisions about the sorts of offences which will be included in the levy proposal. My questions are as follows:

1. What specific offences (other than traffic offences) which are expiated by on-the-spot fines are to be included in the scheme?

2. Are any traffic or parking offences to be excluded and, if yes, which ones?

3. What offences, if any, for which convictions are recorded in the courts of summary jurisdiction are to be included?

4. Will the $20 levy on convictions be imposed regardless of whether or not a fine has also been imposed?

The Hon. C.J. SUMNER: The legislation is at present being drafted and will be presented to Parliament in time for consideration and passage before Parliament rises for the winter recess. Obviously, some of these details will be addressed in the legislation when it comes before Parliament. As I said, the legislation is still being drafted, and the precise form of the draft has not yet been determined. Nevertheless, I can indicate that it will apply to traffic offences, the offence of possession of marijuana when it can be expiated by payment of a fine and, as presently advised, to all persons found guilty in the courts irrespective of whether a fine is imposed or whether the Offenders Probation Act is used to not record a conviction.

In general, I would wish the scheme to be as comprehensive as possible. There will need to be some exclusions and, in broad terms, it was considered that parking offences should be excluded and, possibly, at the moment, local government offences. However, that can be further examined. The honourable member may have a contribution to make on that topic when the Bill is introduced. In principle, I think the legislation ought to be as comprehensive as possible. The precise details will be in the Bill, and I have described the broad parameters of the decision that has been taken. The reality is that one either accepts as a matter of principle, logic and fairness that a category of offenders should contribute to a category of victims as a class in either case, or one says that that is not a reasonable approach and that the taxpayer should contribute to compensation for victims. I believe that there is a case in logic and fairness to say that a category of offenders, albeit a broad category, ought to make a contribution to a class of people who are injured by criminal activity.

Obviously, in order to ensure that there is sufficient money in the Criminal Injuries Compensation Fund so as to increase the amount of compensation available for victims and to provide money that can be used for other services to victims, it is important that the levy apply as broadly as possible within the sort of parameters that I have outlined. That is the decision and the broad parameters that will be adopted. The honourable member can no doubt give attention to the specific matters when the Bill is introduced into Parliament in the reasonably near future.

CHILD SEXUAL ABUSE

The Hon. CAROLYN PICKLES: I seek leave to make a brief statement before asking the Minister of Health a question about child sexual abuse.

Leave granted.

The Hon. CAROLYN PICKLES: I was somewhat disturbed when watching the *7.30 Report* on Tuesday 3 March to note that certain criminal lawyers have been making statements about proposed measures to be taken by the South Australian Government in the area of child sexual abuse. In the *Advertiser* of Thursday 5 March, the criminal lawyers, led by Mr Kevin Borick, QC—

The Hon. C.J. Sumner: He's not a QC.

The Hon. CAROLYN PICKLES: I thank the Attorney for that comment. I was not quite sure of his official title, but he seems to be the Chairman of the Australian Criminal Lawyers Association which, no doubt, represents criminals. I refer to some of the statements purported to have been made by Mr Borick in the *Advertiser* of 5 March as follows:

> South Australia will be reduced to a 'banana republic' if proposed new child sexual abuse laws are adopted . . . the new laws would make innocent parents 'fair game' for false child sexual abuse charges without any recourse to natural justice . . . There's no doubt that, as the number of child sexual abuse cases reported have increased dramatically over the past three years, false allegations have been a ready weapon in child custody and access battles in the Family Court.

Quite frankly, I was very disturbed to read those remarks because I believed that the measures that this Government was about to take had bipartisan support and I understood, from conversations with the Hon. Ms Laidlaw, that she, too, shared the concern about the rising number of incidents in this area. Has the Minister any recent statistics from the Department for Community Welfare on the—

The PRESIDENT: Order! The level of conversation is too great for me to hear the honourable member's question. I suggest that private conversations should be conducted outside the Chamber, and that includes both the Hon. Mr Hill and the Attorney-General.

The Hon. CAROLYN PICKLES: Thank you, Ms President, for your protecton. I was beginning to wonder whether I was ever going to get around to asking my question. Does the Minister have any recent statistics from the Department for Community Welfare on the incidence of child sexual abuse? Do these statistics show a real increase in the reported cases? If so, to what factors can this increase, if any, be attributed?

The Hon. J.R. CORNWALL: I thank the Hon. Ms Pickles for that explanation and her timely questions. There has been attempt—and I think a serious and unfortunate attempt—to re-involve the people of this State in a denial process. It seems that a quite active campaign has been conducted in recent weeks suggesting that little children, and little girls in particular, are coached or in some way coaxed by their parent—the single parent, usually the mother, after family separation—to make up stories about child sexual abuse. These facts are recorded by people like Dr Flora Bottica, a child psychiatrist specialising in child sexual abuse and probably the eminent expert in this country. The simple fact is that in the vast majority of cases the experiences which are related by these young children are quite outside the normal spectrum of a child's experience in any other situation. In other words, they have not had the contact with, nor the experience of, sexual matters to enable them to make up those stories.

The suggestion that it is the malicious wife, following separation, telling lies and coaxing a child in order to gain some advantage in custody matters ought to be put to rest at once. When this matter was again publicly canvassed recently I asked the Director-General of the Department for Community Welfare to provide me with some recent figures. It is important that I place them on the record and make them available to the Council.

The most recent figures available from DCW are for the period between July and November 1986 (that is, the first five months of this financial year). The statistics indicate that during that period 523 children notified as being sexually abused, which is just over 100 a month. Of course, not all those cases have been validated.

Of those 523, investigations have been completed in 181 cases. Of the 181 investigations which have been completed, 10 per cent (one in 10) of alleged maltreaters were males living outside the home at the time of the investigation; 42 per cent included both parents in the home at the time of the investigation; and 48 per cent included one parent in the home at the time of investigation. So, on the most recent statistics, of the 181 cases investigated in the first five months of the 1986-7 financial year, only 10 per cent involved a husband or *de facto* spouse who had subsequently moved from the family home.

Also interesting is a recent Family Court survey of applications during October-November which showed that in 18 of 172 custody applications (again, a figure of around 10 per cent) there were allegations of child sexual abuse. Of course, the further point ought to be made that the reporting of child sexual abuse, once the abusing male—usually the father or *de facto* spouse—has ceased cohabiting with the mother, very often increases because the child who has felt under threat due to the continuing presence of the male feels free at last to relate the very sad and terrible experiences. Therefore, we ought to put to rest for all time the idea that the increased notification of child sexual abuse (and it is a very significant and expanding rate of notification) is due to conniving mothers or is due, in a significant way, to a desire to reinforce custody applications.

Ms President, while I am on my feet I will read a telegram which I received from Ross Allen of the Parents Action Committee at Streaky Bay, as follows:

> Congratulations. Recent actions much appreciated. Our nominee for your group is Dr John Coulter, Adelaide. [Signed] Ross Allen, Parents Action Committee, Streaky Bay.

There is a similar, if not identical, telegram addressed to my colleague, the Hon. G.J. Crafter (Minister of Education), which reads:

> Thank you for recent actions, much appreciated.

That telegram is also signed Ross Allen, Parents Action Committee, Streaky Bay. I seek leave to table both those telegrams.

Leave granted.

COMMUNITY WELFARE SERVICES

The Hon. DIANA LAIDLAW: I seek leave to make a brief explanation before asking the Minister of Community Welfare a question on Department for Community Welfare work bans.

Leave granted.

The Hon. DIANA LAIDLAW: Earlier this week members of the Public Service Association employed in the department's central metropolitan region put into effect level two work bans. These bans are in addition to the 18 bans imposed the previous week. One of the 12 level two bans is the withdrawal of staff to supervise access arrangements ordered by the Family Court. Over the past two days I have received a number of calls from very distressed non-custodial fathers who have advised me that DCW officers had telephoned—

The Hon. J.R. Cornwall: What are their names?

The Hon. DIANA LAIDLAW: I will not provide names here, but I am prepared to provide them to the Minister. As I was saying, the fathers were telephoned this week and advised that DCW officers would not be available to supervise the access of their children and, therefore, the fathers would not be able to see their children this week—indeed, indefinitely—because of the work bans. Does the Minister agree that it is intolerable that children and fathers, through no fault of their own, are being deprived of the limited opportunity available for them to see each other? If so, will he act immediately to see whether the Family Court is prepared to make arrangements to ensure that supervised access to children by non-custodial parents is not denied as a consequence of the work bans? If this step proves unsuccessful (and certainly we are all aware that the Family Court is short of money), will the Minister act to ensure that a non-government agency, such as the Adelaide Central Mission, has the means to provide supervised access as a temporary or stopgap measure?

The Hon. J.R. CORNWALL: Ms President, I wish the invisible woman would stop blundering around in this matter trying to exacerbate it. She has been significantly unsuccessful in generating much publicity up to date, even though she has been pumping out press releases on a regular basis. She has done all that she possibly could to inflame the situation. I have said—

The Hon. Diana Laidlaw: That has absolutely no foundation.

The Hon. J.R. CORNWALL: You didn't get much of a run from the press release you put out on Monday. In fact, it did not hit the deck because the Hon. Ms Laidlaw does not have much credibility. While the Liberal Party continues to use millionaires such as the Hon. Ms Laidlaw, the scion of the wealthy family, as the community welfare spokesperson for a discredited Liberal Party—

The Hon. Diana Laidlaw: You're a grubby little man. Why don't you concentrate on the question?

The Hon. J.R. CORNWALL: I have said—

An honourable member: You're the lowest man.

The Hon. J.R. CORNWALL: There speaks another one. I have said—

The Hon. L.H. Davis: Your backbenchers are hanging their heads in shame, and I don't blame them. That's a disgraceful comment.

The Hon. J.R. CORNWALL: It's interesting that Mr Lucas can entertain the gallery with his half-witted interjections. I have said on a number of occasions that, if he had another half a brain, he would be all the way there. I have said on a number of occasions that I regard the industrial action which is being taken by the staff in the central metropolitan region of DCW as both callous and counterproductive. I repeat that the sooner they lift their bans and get on with the business of looking after their clients the better off we will all be.

The Hon. L.H. Davis: So now you're agreeing with it.

The Hon. J.R. CORNWALL: That is not the first time the Hon. Mr Davis has made those sorts of interjections. I think 'refugee from psycho' is one he used previously. I do not descend to the depths of the private schoolboy debater!

Members interjecting:

The PRESIDENT: Order! Could we return to the question and the answer to it.

The Hon. J.R. CORNWALL: Thank you, Ms President. I would have thought that it is a matter of very considerable concern to people on this side at least, but then we are not in the habit of appointing inappropriate people to portfolios. As I have said, the action is callous and counterproductive, and it is clearly a political action. As I understand it, that is also the opinion of Commissioner Cotton, who is hearing this matter in the Industrial Commission. Commissioner

Cotton is trying to negotiate and arbitrate a situation whereby the bans will be lifted. I repeat: it is not an industrial issue; it is a political issue. I have given these people an undertaking that in the context of the 1987-88 budget I will do all that I can to see that resources are increased and that the spectrum of their services is increased to the extent possible in the difficult economic times in which we live. In the meantime, nothing can be achieved by the Hon. Ms Laidlaw blundering about in an area that she does not understand and of which she has scant knowledge.

If she wishes to connive with a small number of social workers in the central metropolitan region of Adelaide to further disadvantage their clients, who are those most in need, then be it upon her head, as I have said before. Her actions in this particular matter, if they were effective—and I thank God that they are not—would be quite disgraceful.

The Hon. DIANA LAIDLAW: I desire to ask a supplementary question. As the Minister failed to even seek to address my question—

The PRESIDENT: Order! A supplementary question must be a question.

The Hon. DIANA LAIDLAW: It is. As the Minister failed to make any effort to answer or even to allude to my question, is he prepared to approach the Family Court to see whether supervised access arrangements can be ensured and, if those efforts prove to be unsuccessful, will the Minister seek to make such arrangements through a non-government welfare agency, possibly Adelaide Central Mission?

The Hon. J.R. CORNWALL: You see, Ms President, that proves my point: she is a real lightweight in the classic tradition of politics. She asks me whether I will approach the Family Court to ensure that it makes arrangements. Anyone who has been around for five minutes knows that the Family Court is not even within the State jurisdiction. Even if it were under the general administrative arrangements of our State Attorney-General, it would be quite improper to approach the court and attempt to direct it in any way.

The Hon. Diana Laidlaw interjecting:

The Hon. J.R. CORNWALL: It would be quite improper. If you understood your shadow portfolio you would know that at once. Secondly, with regard to using non-government organisations—

Members interjecting:

The Hon. J.R. CORNWALL: That is what she is advocating. Ms Laidlaw is advocating that we make a delicate and difficult situation—

The Hon. L.H. Davis interjecting:

The Hon. J.R. CORNWALL: It ought to be on the record, the way that this fellow carries on; it is disgraceful. He just continually interjects for the full hour of Question Time and then complains that they do not get enough questions in. The honourable member ought to start to behave like an adult. You—Mr Davis—should behave yourself like an adult in this Chamber and not behave like a third rate schoolboy debater who bellows like a small bull. With regard to using non-government organisations, Ms President, I have no intention of making a sensitive and difficult situation worse by hamfisted intervention. That is not the way that I handle industrial disputes: it is not the way that I do business. Of course, it is for that reason that in the health area over more than four years we have had a period of unparalleled industrial peace. I intend to do whatever I reasonably can to ensure that that same environment eventually finds its way into the spectrum of community welfare workers.

STREAKY BAY AREA SCHOOL

The Hon. PETER DUNN: I seek leave to make a brief explanation before asking the Minister of Health a question about the Health Commission's response to the spillage of aldrin at Streaky Bay Area School.

Leave granted.

The Hon. PETER DUNN: Madam President, yesterday during the Minister's statement he made several comments that do not seem to add up well at all. The Minister said:

> The Public Health Service was contacted on 3 December 1986, when a scientific officer of the Occupational Health Branch received a telephone call from Streaky Bay. The inquirer appeared satisfied following discussion of white ant treatment and concerns about misapplication. The call was typical of the hundreds or even thousands—

note, they were not sure and could not determine whether there were hundreds or even thousands—

> of general inquiries received by the branch from the public each year.
>
> Two weeks later, the same scientific officer was involved in a conference call with teachers at the school. There was no request for further assistance at this time . . . However, two months later on 16 February 1987, advice was sought and provided on services available through the Chemistry Division of the Department of Services and Supply. The parent group at Streaky Bay had decided to submit carpet samples . . .

We know the rest of it. The Minister further stated:

> On 24 February [two months later] a Public Health Service team comprising an occupational health physician, toxicologist and scientific officer travelled from Adelaide to Streaky Bay.

The Minister said the school was closed on 27 February. On 3 March a public meeting was held which I attended but at which there was no officer of the Health Commission present to explain the position. People expected Health Commission officers to be there. People asked for representation and arrived at the meeting expecting it, but no Health Commission representative was present. However, the Minister states:

> On 4 March the Health Commission's toxicologist, who had been organising those arrangements, returned to Streaky Bay—

that was one day after the meeting—

> to undertake further environmental assessment and implementation of the first stage of the strategy, mainly interviews, risk assessment and blood sampling.

Therefore, my questions are as follows:

1. Do all responses rely on the inquirer being satified?
2. After the teachers' request two weeks later, why did the commission not investigate the problem then rather than two months later?
3. Why was no Health Commission officer present to address the Streaky Bay public meeting attended by more than 100 people on 3 March?

The Hon. J.R. CORNWALL: They do not like leading with their collective chins. I have been into this matter at great depth. I have given daily reports as they have become available. As in all public health matters, I have been completely open and frank and I have reported the events as they have occurred. There is nothing to fear or hide. It is completely open and, as the Hon. Mr Cameron would know from previous experience, one ought to be very careful in denigrating the sort of performances—the excellent performances—and competence of our public health officers and others in any of these public health matters.

HEER CHILD CARE

The Hon. M.S. FELEPPA: I seek leave to make a brief explanation before asking a question of the Minister of Community Welfare about child care.

Leave granted.

The Hon. M.S. FELEPPA: I wished yesterday that I had had a few extra minutes in order to ask a further question of the Minister of Community Welfare about the Heer family. My question today is this: if Mr and Mrs Heer are deported from Australia and are therefore separated from their children, which Government—Commonwealth or State—will be responsible to provide funds through the appropriate department for the care of these two children until they are 16 years of age, as a minimum?

The Hon. J.R. CORNWALL: I do not want to give a legal opinion; I will be in desperate trouble which the Attorney-General if I do. However, speaking as a humble but reasonably well informed layperson, as I understand it, if the children remain in foster care, the potential cost to the State is probably of the order of $50 a week a child, at least until they reach their sixteenth birthday. The cost will be significant indeed. I am not entirely clear as to what would be the Commonwealth obligation, but my immediate response would be that South Australia through DCW foster parents scheme would probably be meeting a cost in 1987 dollars of $100 a week, or something over $5 000 a year.

COMMUNITY WELFARE SERVICES

The Hon. M.J. ELLIOTT: I seek leave to make a brief explanation before asking the Minister of Community Welfare a question about services provided by the Department for Community Welfare.

Leave granted.

The Hon. M.J. ELLIOTT: On 4 February this year, the South Australian Government used all of page 35 of the *Advertiser* (and this has been mentioned in this place before) to outline the various human services available to South Australians. The opening paragraph read, 'DCW promotes the welfare of all South Australians. Services are available to individuals, families and groups.' A number of other reports have indicated that these services are perhaps not as widely available as the advertisement suggested, and in this regard I refer to articles in the *Advertiser* on 21 and 24 February.

In October last year, there was an undertaking that the administration of women's shelters in South Australia was about to be reviewed. I understand that that review has almost been completed and will soon be available. It has been reported to me by people involved in the shelters that they fear that those conducting the review will not be interested in the ways in which shelter staff handle domestic violence. By and large, shelters bear the brunt of the more serious cases of domestic violence and also deal with cases in which a woman chooses to remove herself and her children from a difficult and violent domestic situation. The most significant advantage held by women's shelters is that they are staffed by women who can offer practical help and advice to other women. It has been suggested to me that the Minister does not have a great deal of confidence in the shelter system and may consider taking over much of the responsibility relating to domestic violence and passing it to the Department for Community Welfare.

We are often told that we are in hard times. Because of the dedication of staff, the State receives excellent value for money from the women's shelters, often to the personal detriment of the staff. The staff of the Department of Social Security already have their resources overstretched and, with the recent explosion in the number of reported cases of child abuse, any requirement to add further load by increasing effort in the area of domestic violence is asking too much.

I ask the following questions: will the Minister state what services are not available or are limited to South Australians because of inadequate staffing or work load? Does the Minister intend to advise would-be clients of the Department for Community Welfare that services are not as readily available as may be claimed? Does he intend transferring the responsibility for the management of domestic violence from women's shelters to the Department for Community Welfare? If he does intend transferring part of that responsibility, can he outline how much is to be transferred and when this will occur?

The Hon. J.R. CORNWALL: I trust that Mr Elliott is not reflecting on Ms Harrison-Anderson, who is conducting the review, or on Miss Judith Roberts and the committee to whom Ms Harrison-Anderson is reporting. To suggest that the inquiry is other than completely objective and being carried out in the most effective way possible is quite dreadful and I know that Mr Elliott would not do that.

With regard to the services that may or may not be met, part of the settlement offer made in this political dispute going on in the central metropolitan region was that the Director-General would be prepared to put notices on the door explaining that we may have some difficulty in specific officers meeting all of the 12 delegated tasks. With regard to domestic violence, that task force is due to report to the Premier shortly. Those recommendations will be well publicised when the report has gone to the Premier and has been duly processed through Cabinet.

ROAD TRAFFIC ACT AMENDMENT BILL (No. 3) (1987)

Adjourned debate on second reading.

(Continued from 25 February. Page 3108.)

The Hon. I. GILFILLAN: I support the Bill on behalf of my colleague and the Australian Democrats and congratulate the Hon. Murray Hill on taking this initiative. I will comment on an aspect that relates very closely to this matter before commenting directly on the blood alcohol level of drivers. I refer to data and statistics for analysing the causes of road accidents. On 9 January this year, I issued a press release asking for more adequate research. Included in the press release were some areas in which I believe insufficient data have been collected. After consultation with Jack McLean, I believe that these suggestions are constructive in producing what I am convinced is essential data if we are to accurately analyse the causes of road accidents, and therefore to implement proper effective measures to reduce them. This data should include the involvement of alcohol in accidents; driver history with attention to the previous 24 hours; seat-belt use; occupants of vehicles; environmental circumstances of the accident and its location; condition, make, size and age of vehicles; the cause of injury; emergency care and treatment; and the relationship between the Grand Prix and the increased road toll. This latter point has just recently been subjected to further media attention and analysis and needs further detailed study.

My argument for extra research is made because a lot of authorities and individuals are hiding behind a hedge of lamentation over the horrific road toll but are not particularly realistic or practical in trying to analyse real ways of reducing it. Quite often the quick fix is jumped to and the soft option is easily pronounced by those who do not have the responsibility for implementing it. I put myself, the

Opposition and the public in that position: we can call for all sorts of measures but we do not have the responsibility to implement them. On the other hand, the Government is particularly defensive and protective of what measures it has made. The Road Safety Division and the Police Department also seem to be very self-conscious about protecting their own image and flank rather than objectively addressing the problems of decreasing the road toll. It was interesting to get some responses to my press release from various authorities that I suggested should be involved. They were the Division of Road Safety, the Road Safety Advisory Council, the Police Department, St John Ambulance and the SGIC. I will refer to this interesting range of responses in a minute.

Before doing so, I will repeat the plea that I have made previously about the collection of this data.

Unless we are prepared to collate the detail of the whole range of accidents down to relatively minor accidents, we will not have a full composite body of material upon which to make proper judgments. It is no good just relying on what may be a fraction of the more serious accidents to give us enough background data. We really need a concentrated period to collect some concentrated detailed analyses. I personally feel that there is an enormous area of driver attitude, driver history and driver psychological state which needs to be analysed. It is quite obvious that there are people on the roads at various times who are a menace to our safety, to the safety of other road users and to themselves, and often that is a result of their own mental state. There will obviously not be any quick fix to that but, if that is one of the basic reasons why we have this horrific road toll, then I feel that we ought to face up to the facts and not pretend that it is some other measure such as alcohol, inefficient driving or defective vehicles.

I believe that there has been a pathetic neglect of removing the actual killer hazards from roadways. There has been far too much emphasis put on the glamour speed and the width of the bitumen. Thorough data will show that serious injury and death often result from the obstacles, the actual impediments—the furniture on the roadsides.

The Hon. Peter Dunn interjecting:

The Hon. I. GILFILLAN: There may be a good argument for getting rid of some of them. I saw an article in the newspaper not long ago which stated that a young man had been prosecuted for removing a 'killer' tree as he described it, because his friend had killed himself by impacting on it after going off the road. As members well know, I am most reluctant to see trees removed under any circumstances, but there are certain circumstances quite obviously when the saving of human life or of serious injury is of much higher value than the retention of a tree or even a group of trees. However, more often it is stobie poles or loose gravel where there has been too narrow a spread of bitumen on a corner.

So, Ms President, in speaking to this Bill, I am making a special plea for a much wider assault on road safety than just the lowering of the blood alcohol limit from .08 to .05. It was interesting, as I said, to get responses to my call for a concentrated 12 month period of very intense collection of research data on accidents. It is in part being done by the unit from the Adelaide University under Dr Jack McLean in the rural areas within a certain distance of Adelaide, and that will provide some worthwhile information, but it is not enough, and I do not see why we should not regard this with the utmost urgency. We are getting research in dribs and drabs, and it is not coordinated and often it is not efficient. In response to my request for comments on my proposal, the St John Council for South Australia wrote:

> Should it be decided that a research program on South Australian road accidents should be initiated, St John will be happy to cooperate and contribute in any way we can.

From the State Government Insurance Commission I received the following letter:

> Dear Sir,
> Re: Road toll Reduction Measures
> I refer to your letter . . . enclosing a copy of your press release of 9 January 1987. There is no doubt that the road toll has reached epidemic proportions and requires the support of the community as a whole so that it can be brought under control. Any reasonable research, in addition to that already being done which would assist, is desirable and would have our support.

However, the Minister (Hon. Gavin Keneally) in reply to my correspondence more or less outlined what research had been done, saying what good fellows the Government had been and indicating that the Road Safety Division would be pleased to provide me with information on research completed, in hand and proposed; that was a very nice gesture but hardly a response, in my opinion, to the very pressing need for further research. The Director of the Road Safety Division (Mr Lees) wrote thanking me for my letter and stated:

> I agree, of course, that the road toll is a very serious matter and that adequate research is needed so that appropriate countermeasures can be developed. I disagree with your proposal as to how this should be achieved and am disappointed that, in view of your interest in road safety, you did not ascertain what research has been done, is in hand and is planned by the Road Safety Division and other South Australian Government agencies; also, how research of interstate agencies is coordinated and used. If you care to contact me I will be pleased to advise you on these issues.

With due respect, that is hardly a response to a plea for more adequate research to be taken. If all the Road Safety Division can be bothered with is to try to convince me that it is doing a great job and flood me with material that is in hand, then I feel it is not viewing the thing with the same sense of responsibility that I hoped for. Since then I have asked for the material and the division has sent me quite a hefty chunk, a lot of which is interesting quite obviously, but in no way does it fulfil the requirement I asked for in my original proposal—a very intense 12 month research program.

I have had an informal response from the Police Department. Superintendent Benson had the courtesy to ring me and said that he felt that the proposal was unnecessary in the form in which I had put it to him and that the police were doing detailed analyses of accidents. He sent me a couple of forms, including a road traffic accident detail form for those instances where there is an injury and another form for use where there is a road accident without injury. It requires a plethora of detailed information, but first of all I believe that the attempt at the time to make a proper high quality research type assessment of the accident on one of these forms is a farce. It is really just a numbers game giving weights and details and guesses of distances. It misses what I feel is this critical area of constructive road accident research, and that is to have much more attention to the condition of the driver. I do not feel that any of the questions in this series of questionnaires from the Police Department approaches anywhere near that.

I also know from discussions that I have had with Dr McLean (and I think this has been confirmed by question and answer in this place) that in fact the alcohol detail, for example, is only recorded on 5 per cent of the police accident records. As well as that, the police only attend two-thirds of the accidents and they test only approximately 20 per cent of the drivers. That was certainly the case in 1983. It may be up to 50 per cent at this time. I recollect a question that was asked in this place, but I am not sure of the exact detail of the answer. The point is that the police

are not in a position to make, nor are they thoroughly acquiring all the information that would be needed for, a broad front inquiry. Dr Jack McLean has fully endorsed this proposal of mine and I do hope that, as a result, members will regard it as a matter of urgency and urge the Government to take what steps are necessary to get that research program immediately under way.

As a result of some publicity that I had about it, a doctor from interstate rang me to say that he believed that in a very high proportion of accidents, a surprisingly high proportion of accidents, there were the effects of minor infections and of medication which are virtually never picked up in the normal assessment of accidents but, because he had worked in a casualty ward and had been particularly alerted to it, he believed that it was a significant area that required further research.

Ms President, if I can now turn specifically to the matter of the Bill and the move from .08 to .05 as the acceptable blood alcohol level, I first would like to congratulate the Hon. Murray Hill on his excellent second reading explanation. It covered a lot of ground and had some very substantial and helpful statistics included in it. I refer in particular to information in relation to New South Wales to which the Hon. Mr Hill referred, as follows:

> However, following the adoption of .05 as the legal limit in lieu of .08 (1980), and of random breath testing (1982), there was an incredible drop of 418 or 30.2 per cent from the peak to a low of 966 deaths in 1983.

That, of course, confirms what has been an impression of mine and I think of other people in South Australia that New South Wales, in particular, and Victoria have been ahead of South Australia in measures and awareness of—

The Hon. R.J. Ritson: They enforce it properly. You see them all over the place there. That is the difference.

The Hon. I. GILFILLAN: The Hon. Bob Ritson interjects that they enforce it. By that I think he means enforcing random breath testing. He may well know that I have argued vehemently for more thorough policing, and I believe—and I know that this wins no friends with the drinkers or the publicans—that RBT units should not be restricted from being placed in appropriate range of hotels. I do not walk away from that. That is important, and I will come to that in more detail later. During the second reading explanation the Hon. Murray Hill stated:

> I am convinced that with such a change—

that is, from .08 to .05—

> drivers would be more cautious and careful in their social drinking habits than they are at present.

The Hon. Murray Hill thought that this change would be a deterrent. Dr Jack McLean has argued that the data shows that not many accidents are caused by people in the .05 to .08 category. He is not in favour of it, from that viewpoint. He believes it will give rise to extra undeserving convictions. I disagree with him and I think the Hon. Murray Hill has put his finger on the indisputable point in support of this measure, and that is the psychological effect on drivers. That means that those of us who occasionally drink before driving will be even more cautious that we do not drink as much before we drive, and from that point of view it is absolutely essential. The argument that those involved in the more horrendous accidents are normally in the .15 category and above, although being an interesting and important statement, does not detract from the obligation that we all have to be driving at all times at the peak of our ability. Alcohol may reduce our initiative in relation to preventing an accident; indeed, any alcohol reduces a driver's defensive or counteracting powers.

The Hon. R.I. Lucas: Would you support zero?

The Hon. I. GILFILLAN: I have seriously thought about that. I think we have a problem in that the Australian culture is alcohol oriented. It would be difficult for anyone who felt strongly that it was an advantage to have a zero blood alcohol level to impose that on the Australian community as it is presently structured. As a comparison, aircraft pilots have to comply with the discipline of not drinking for some hours before they fly. That reflects the seriousness with which those who fly aircraft regard the detrimental effect of any alcohol in their system before they fly. Logic dictates that if we really want to get the best performance on the road our drivers should be in the best condition to do that. However, I do not think we can carry that argument politically at this stage.

Following some of my earlier comments, I received a letter from a constituent in Mount Gambier which states:

> There have been suggestions that the blood alcohol content be lowered to .05. This I would support. However, it is a hypocritical move when the Government will not act to put severe restrictions on the advertising of alcohol. At the moment it is portrayed as being part of sport and life in the fast lane. It is advertised during prime time TV viewing hours, and is promoted as if it were Coca-Cola. If the Government is really serious about the effects of alcohol on the road toll, health and social issues, then it must treat it in the same way tobacco was treated.

The thoughts expressed in that letter are valid. In supporting this Bill we are probably on a winner—a winner in relation to road safety. However, I believe that it is likely that the Minister of Transport (Hon. Gavin Keneally) will be influenced by two reports that I believe he and the Government have in hand—first, the South Australian Department of Transport Road Safety Division Review of the Legal Blood Alcohol Concentration for Drivers, and secondly, the South Australian Health Commission internal memo for the Minister of Health and the Road Safety Committee of Cabinet regarding blood alcohol content.

I believe it is the right move at the right time. I will not say that it is long overdue because I feel that there have been dilemmas in working out what should be appropriate. When it is finally determined as being appropriate then I am sure that it will still be of little effect in South Australia unless it is adequately policed. I am sure that the Hon. Murray Hill, who introduced the Bill, would agree, as an inseparable rider to this measure, that it will only be a game, a farce and a mockery as an attempt to lower the road toll, unless there are thorough and serious attempts to apprehend people who drive with blood alcohol levels over .05. I support the second reading.

The Hon. R.J. RITSON secured the adjournment of the debate.

LOCAL GOVERNMENT ACT AMENDMENT BILL (No. 2) (1987)

The Hon. I. GILFILLAN obtained leave and introduced a Bill for an Act to amend the Local Government Act 1934. Read a first time.

FREEDOM OF INFORMATION BILL

Adjourned debate on second reading.

(Continued from 25 February. Page 3120.)

The Hon. R.I. LUCAS: I will briefly summarise the opening remarks I made last week. In his second reading contribution the Attorney-General appeared to oppose the Bill on two major grounds. The first related to cost, and I

developed the argument that the Attorney's figures were grossly inflated by departmental officers who are not wedded to the concept of freedom of information in any case. I backed up that proposition with some comments made by former Federal Ombudsman, Mr Richardson.

Secondly, the Attorney argued that we really should not proceed down the path of freedom of information in South Australia before we consider the results of the Victorian and Commonwealth reviews. I indicated that the Attorney had obviously already received a copy of the Victorian review because he instanced in his contribution the points made by the Victorian review committee. It is a non-argument for the Attorney to say that we should wait for the results of the review committee, because it is clear that he has already been given major parts of its report.

In relation to the Federal review, I indicated that the information given to me was that that report would probably be available in the next month and that information from the committee indicated that, whilst it was going to be a voluminous report, it was unlikely that there would be substantive changes to the major principles of Commonwealth freedom of information legislation which, in many respects (but not all), has been mirrored by the Hon. Mr Cameron's Bill.

Clearly, the two reasons stated by the Attorney-General as the basis of the Government's opposition to the Bill are not the real reasons. One is then prompted to ask: if they are not the real reasons, what are the real reasons, given that the Attorney and the Government are supposed to be reformists? Of course, I have indicated that the Attorney-General's record is not good in relation to matters of reform, but I will not cover that ground again. What are the real reasons for the Government opposing freedom of information legislation such as that proposed by the Hon. Mr Cameron?

I started to develop my arguments last week, and I will continue to do that this afternoon. The simple argument is that the Government wishes to hide or cover up certain matters within its administration that it does not want members of Parliament, the media and the public to become aware of. I said last week that the most important and I think most shameful example of ministerial behaviour and impropriety that I have seen in my four years in the Parliament was the shameful behaviour of the Minister of Health. The particular example I gave was the Minister's conducting of a Labor Party election market research campaign under the guise of Health Commission advertising on attitudes and perceptions towards the drug issue.

Last week I started to give examples, but I was interjected upon by the Minister of Health. The Minister of Health's first response in this Chamber was that there was nothing to the line of questioning that members on this side were beginning to develop. Eventually, after some months, we were able to establish that a question on the Minister's personal approval rating was included in this Government funded market research on drug issues. Eventually, due to a combination of leaks, an advertisement in the *Advertiser* and information from the public, we were able to turn up a copy of the actual questionnaire from a person who had been hired to conduct the survey by Mr Rod Cameron's Australian National Opinion Polls. This particular contract interviewer was so upset at the sorts of questions included in the survey that he kept a copy of the survey in his file at home. When he happened to see an advertisement inserted in the *Advertiser* calling on anyone who might know something about the Minister of Health's drug survey, he came forward with a copy.

The Hon. R.J. Ritson: Got caught out, didn't he?

The Hon. R.I. LUCAS: Yes, the Minister was caught out. The point of the whole argument is that it took some nine months and allegation in Parliament—which were denied—together with a combination of luck and judicious leaking from persons in the Health Commission (who were unhappy with the way the Minister of Health was performing and spending taxpayers' money on Labor Party market research) to expose this shameful example of impropriety. That is how the worst example of impropriety by any Minister in my short time in Parliament came under the public gaze.

There are many other examples within the administration of the Minister of Health which, if they were to see the light of day, would create significant problems, not only for the Minister of Health but also for the State Labor Government. The Attorney-General and the Minister of Health do not support freedom of information legislation because they do not want to expose the administration of the Department of Health and other departmental matters within this State to the public gaze. The Hon. Mr Cameron has already talked about the question of waiting lists, and I will not traverse that ground again. However, as an example—

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: Because pressure was applied to the Minister of Health—

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: The Minister again denies something ever existed. One knows, after four years in this Parliament, that one does not take the word of the Minister of Health. We have already seen that the word of the Minister of Health is not to be taken at face value. The Minister of Health places no weight at all on the honesty and integrity of ministerial office in the questions and answers delivered in this Chamber. As I said, it is the most shameful example of impropriety of any Minister in my short term here in this Parliament.

Some of my colleagues, who have been around for many years longer than either myself or even the Minister of Health, have said that it was also the most shameful example that they had seen in their careers. How the Minister had the effrontery to brazen it out when there was a motion of no confidence moved in him, one can only marvel at. As I indicated, waiting lists were mentioned by the Hon. Mr Cameron. We need only look at the question of Mr Webb, a subject that was raised yesterday by the Hon. Mr Hill. If the complete background of that appointment and the role of the Minister of Health was revealed to the public gaze, and the Minister's role behind the scenes in relation to the supposed transfer of Mr Webb to the Health Commission and then on some sort of informal secondment back to his office as a political adviser—

The Hon. J.R. Cornwall: Policy—ask me and I will tell you.

The Hon. R.I. LUCAS: As much as we have heard of coalescence recently, I would have thought that it has probably died.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: We are looking forward to hearing about it. Mr Webb and the informal secondment back to the Minister's office to in effect subvert the system of ministerial appointments within the Minister's office is one matter which, if it was subject to public gaze, would be no credit at all to the Minister of Health.

The Hon. K.T. Griffin: What about Mr Anderson?

The Hon. R.I. LUCAS: He is another example. We cannot blame Mr Anderson's appointment.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: The Minister says he is not sure how much Mr Anderson is worth: I think he is worth about

$55 000 in the Premier's Department based on the latest salary payments which, as the Minister's back-bench colleagues would know, is somewhat more than members of Parliament are paid for the long hours that they put in in the Legislative Council and the House of Assembly, but that is another matter.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: You would be a good mate of Anderson—similar use of the English language.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: That is not what we—

The Hon. C.M. Hill: What did we hear yesterday about an 'equaliser'?

The Hon. J.R. Cornwall interjecting:

The Hon. C.M. Hill: What do you really mean by an 'equaliser'? Can you give us some explanation so that it is on the record?

The Hon. J.R. Cornwall: Yes. He is tough: he is able to go 12 rounds, he fixes up the forces of darkness and he looks after the little people.

The Hon. R.I. LUCAS: Is this Mr Webb?

The Hon. C.M. Hill: This is a senior Minister talking.

The ACTING PRESIDENT (Hon. R.J. Ritson): Order!

The Hon. R.I. LUCAS: This is a fascinating summation of the capabilities of Mr Webb.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: He does conversational Chinese? I am sure that that will put him in good stead with the Health Commission.

The Hon. C.M. Hill: Isn't 'equaliser' an underworld expression?

The Hon. R.I. LUCAS: It has Mafia connotations.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: It must be cartoons, if the Minister watches it.

The ACTING PRESIDENT: Order! I believe the Hon. Mr Lucas has the floor.

The Hon. R.I. LUCAS: Thank you, Mr Acting President. As I said, if the truth came out about the involvement of Mr Webb with the Health Commission, and Minister's role in it, it would make for fascinating reading and understanding not only by Parliament but by the public in particular. Some of the documents that have fallen off the back of trucks in relation to Mr Webb—

Members interjecting:

The Hon. R.I. LUCAS: So, he is not significant?

The Hon. J.R. Cornwall: He is very significant to me because he is such a good judge.

The Hon. R.I. LUCAS: What are his arrangements?

The Hon. J.R. Cornwall: He is AO5: his substantive position is policy and projects. He is seconded back to my office as a special policy advisor on coalesence, full time.

The Hon. R.I. LUCAS: Who does his job while he is with you?

The Hon. J.R. Cornwall: His job is special policy adviser on coalescence.

The Hon. R.I. LUCAS: You just made his job up?

The Hon. J.R. Cornwall: No. Coalescence is one of the most important things between health and welfare.

The Hon. R.I. LUCAS: Is that all that job is about?

The Hon. J.R. Cornwall: No. It is an enormous task.

The Hon. R.I. LUCAS: It is nonsense. You created a job for Webb and then seconded him back to your office to subvert the ministerial system. It is well known around Parliament: your colleagues say it about you all the time. The present position—

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: I am delighted to hear the Minister of Health conceded that that is the whole background to this particular appointment in the Health Commission. The Minister has created a senior A05 position within the Health Commission—

The Hon. J.R. Cornwall: It's not terribly senior.

The Hon. R.I. LUCAS: —on policy, and there is so much work to be done on policy within the commission that Mr Webb is on full-time secondment back to the Minister's office to look after coalescence, we are told, but he looks after many other things as well. What happens with respect to policy within the Health Commission? It is a significant policy appointment. One need look only at the advertisement, and we might table that in the Council on a future occasion (I do not have a copy of it with me now).

Mr Webb's position was supposedly a position of great need within the commission at a time of cutbacks in community welfare, health, education and across the board slashing and cut-backs to services in the community by the Minister of Health and his colleagues within Cabinet. At the same time he created an A05 position within the Health Commission to look after policy. What is that position going to do—nothing. That person—Mr Webb—is seconded back to the Minister's office on a full-time secondment to look after coalescence, we are told.

The Hon. C.M. Hill: No wonder he did not refer it to Cabinet.

The Hon. R.I. LUCAS: It is not just coalescence, Mr Hill: Mr Webb does a lot more in the Minister's office than just coalescence.

The Hon. J.R. Cornwall: Of course he does. Every journalist in town knows he does.

The Hon. R.I. LUCAS: Of course he does, because he is a political and press adviser within the Minister's office, and the Minister has conceded that this is a rort of the system. This was a subversion of the system to get an extra adviser and to provide long term security for Mr Webb within the Health Commission.

The Hon. J.R. Cornwall: You're a joke.

The Hon. R.I. LUCAS: What is happening in the Health Commission? An AO5 position within the Health Commission on policy is so important at a time of cut backs across the board. That position is created and, having appointed Mr Webb to this position, he is put on full-time secondment back to the Minister's office. There is no policy development—

The Hon. J.R. Cornwall: Yes, there is.

The Hon. R.I. LUCAS: Who is looking after his job?

The Hon. J.R. Cornwall: I will tell you about it in a minute.

The Hon. C.M. Hill interjecting:

The Hon. R.I. LUCAS: The Hon. Mr Hill, with all of his years and experience in this place, recognises a scandal when he sees one.

The Hon. J.R. Cornwall: It's no wonder you're going so badly, son.

The Hon. R.I. LUCAS: I am getting short-sighted in my old age; I can't read across the Chamber what the Minister is holding up.

The Hon. J.R. Cornwall: I would slash my wrists with a rusty blade if I were looking at polls like that.

The Hon. R.I. LUCAS: We would be prepared to assist if the Minister would like to follow that course of action. It is a shame that, at a time of cut backs, that sort of arrangement is entered into by the Minister to provide permanency for Mr Webb within the Public Service to shelter him in the future. Should there be a change in Government, as there is likely to be, he will have long term

security in the Health Commission. If he was with the Minister of Health, even if there was to be a continuation of the Labor Government, one could not be assured of that particular position with the Minister of Health given the nature of the flare ups that occasionally occur between the Minister and Mr Webb; they are legend in this town.

The Hon. J.R. Cornwall: Don't be silly.

The Hon. R.I. LUCAS: The Minister could not deny it. As regards freedom of information, the situation of Mr Webb is most interesting. We should consider some of the documents that have been provided to the Opposition over the years in relation to Mr Webb's activities when in his former position—ministerial adviser or press secretary to the Minister of Health—regarding an old friend of the Minister of Health (Mr Cowley) within the Health Promotions Unit.

The Hon. J.R. Cornwall: Your mate.

The Hon. R.I. LUCAS: Well, an old friend of the Minister of Health. Some of the documents provided about the activities of the Minister of Health and of Mr Webb in relation to activities in the Health Promotions Unit, if they came to the public gaze, would do no credit to the Minister of Health and the Government. There was the taking of files from offices. If there had been freedom of information legislation at that time, a lot more than has been revealed would have been revealed. In addition, the Minister of Health would not have been able, on a second occasion, to get out of a successful motion of no confidence against him in this Chamber. In my time in the Parliament, it was the only such motion supported by the Australian Democrats and the Opposition. I have spoken about Mr Webb and Mr Cowley, but another appointment relates to Professor Andrews.

The Hon. J.R. CORNWALL: I rise to a point of order. I certainly did not ever appoint Mr Cowley. He was appointed by the former Minister (Jennifer Cashmore).

The ACTING PRESIDENT: That is not a point of order.

The Hon. J.R. Cornwall: No, but it is now on the record, which is most important. I don't appoint conmen.

The Hon. R.I. LUCAS: You wouldn't be game to say that outside the Chamber; it is a disgraceful performance again. Let us look at the appointment of Professor Andrews as Chairman of the Health Commission. I do not have the records in front of me at the moment, but one would have seen at the time of the appointment phrases such as 'world leader', 'world renowned expert', etc. I do not disagree that, in certain areas, Professor Andrews is or was a world expert in those areas. The ability to translate that sort of expertise and experience into chairing an administrative unit, such as the Health Commission, is something of which it is important that Ministers of the day take cognisance. Clearly some way down the track the Hon. Mr Cornwall had a change of heart—that is probably the best way that we can put it.

If we had freedom of information legislation and we were able to find out the activities of the Minister of Health in relation to the movement of Professor Gary Andrews from the position of Chairman of the Health Commission to his present position, the kindest way that I can put it is that it would do no credit to the Minister of Health and the Government. There is no doubt that the Minister of Health played a sigficiant role in the movement of Professor Gary Andrews from the position of Chairman of the Health Commission to his new position. The attitude was: move him sideways, upwards or downwards, but get him out of the Health Commission. There is no doubt about that. For the first time in my short contribution of 20 minutes, the Minister is silent and has buried his head in whatever he is reading. That is testimony to the truthfulness of that particular statement. The need to get to the bottom of what the Minister was up to in relation to Professor Gary Andrews, who was treated very shabbily, is sufficient cause to vote for freedom of information legislation.

The situation regarding the Lyell McEwin Hospital does no credit to the Minister of Health. If we had the advantage of freedom of information legislation, that would have brought to light significant information that has still to see the light of day. Another health matter is the vexed question of market research and consultancies. I instanced earlier the problems we had with the Minister and his mate Rod Cameron from ANOP. Further questions have yet to be answered, not of that same nature, but in relation to further activities of the Health Commission and the Health Promotions Unit in relation to market research and consultancies. That is further reason for supporting this important Bill.

In education there are dozens and dozens of examples that I could give, as the shadow Minister, as to why the Parliament and the people require freedom of information legislation. I really only want to take a few more minutes to look at two or three of the more significant reasons for supporting such legislation. First, I refer to the question of budget cuts. In the budget of August/September of last year, the Bannon Labor Government slashed education spending in South Australia by $10 million and cut teacher numbers by 230. That was in contravention of a specific election promise made by the Premier and the Education Minister at the 1985 State election. When the budget documents were released, a confidential briefing was given by the Minister of Education, his senior advisers and Treasury advisers.

They got all the leaders of the educational groups in, closeted them upstairs for half an hour each and gave them a briefing. What was the nature of that briefing, Mr Acting President? Well, all was rosy and bright. There were some minor cuts at the edges. We might lose a few teacher positions, but the documents that were provided to those education representatives sought to cover up the true nature of the cut-backs in education. When those education representatives came out of the confidential briefings they were, in effect, muted to a certain degree, and were saying, 'we have been advised it is not quite so bad; the cuts are not quite so significant.' Certainly the $10 million cut-back in education funding was never mentioned by the Minister of Education, Education Department officers, or senior Treasury officers.

In fact, after persistent questioning by the media through that day, the Government conceded that there would be a cut-back of 180 teacher positions. It was only in the following week, in fact the Friday, that I received copies of leaked budget information from the department, showing the true extent of the cut-backs within the Education Department—a total of 230 teacher positions slashed.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: We will have a chat with Mr Webb outside. I shall be happy to do that. Mr Acting President, I know that we are not meant to refer to people in the gallery, and it is quite improper for the Minister to do that. I am sure you will take action if he does it again, but I will not be diverted by the Minister. I want to talk about freedom of information legislation and education cutbacks. It was only when we received the leaked documentation from the Education Department that the true extent of the cuts was revealed. A total of 230 teacher positions was involved. A wide range of services, such as the Education Technology Centre, Publications Branch and a whole range of others were affected. The positions of Senior Speech

Pathologist, Senior Social Worker and Senior Guidance Officer were slashed and removed from within the Education Department. None of that was revealed and possibly would never have been revealed until many months down the track unless we had been provided with copies of the leaked information from the Education Department. This is just a further example of the need for freedom of information legislation in relation to the effects that Government decisions have on the delivery of education services in South Australia.

The reorganisation of the Education Department started some three or four years ago. Leaked Cabinet documents indicate to us that the reason for the reorganisation of the department—that is, a movement of functions from the central office to five area offices rather than 12 regional offices—was that it was supposed to save $1.5 million in wage costs by that rationalisation. No-one in education, other than the Minister of Education and some senior Education Department officers, believes that the reorganisation of the department saved $1.5 million and delivers services in a better fashion than they were delivered prior to the reorganisation. Virtually nobody within education believes that story any more. It is common knowledge that documentation within Government—the Education Department and some sections of Treasury—exists that shows that the blow-out on that reorganisation is between $5 million and $8 million. Instead of saving $1.5 million in taxpayers' money, the blow-out has been about $5 million to $8 million in the reorganisation of the Education Department.

Over the past nine months, we have persistently tried to obtain the true extent of the blow out in the costs of the reorganisation of the Education Department but, because of the lack of freedom of information legislation, we have not been able to get to the bottom of this scandal in the Education Department. If as a State we had freedom of information legislation, we would be able to get to the bottom of the blow out in departmental expenditure for the reorganisation and we would be able to show that, instead of saving $1.5 million, there has been a blow out of some $5 million to $8 million.

They are two significant examples within education where freedom of information legislation would have provided the Parliament, the press and the public with important information of public interest in relation to the administration of vast sums of money within the Education Department. As I indicated earlier, there have been many other examples within education of the Government's seeking to conceal the true extent of decision making that it has been undertaking.

The Hon. C.J. SUMNER: I rise on a point of order, Mr Acting President. I do not mind the honourable member making an Address in Reply speech, but I really think that he should direct his remarks to the Bill. From what I have been able to hear, it seems to me that virtually the whole of the honourable member's contribution has had nothing to do with the Bill. It is not relevant.

Members interjecting:

The ACTING PRESIDENT (Hon. R.J. Ritson): The Hon. Mr Lucas.

The Hon. C.J. SUMNER: I raised a point of order.

The ACTING PRESIDENT: I can do no more than remind members when speaking that they should relate their remarks to the Bill.

The Hon. R.I. LUCAS: As I have been indicating (and the sensitivity of the Attorney has been made evident by that point of order) what I am arguing, and quite persuasively in my view, is that the freedom of information legislation that is being moved by the Hon. Mr Cameron is required for a whole range of reasons. I am further arguing that the Government, and the Attorney-General in particular, is opposing this legislation because the Government does not want revealed this range of information that would be provided for by freedom of information legislation because it wants to conceal many of these decisions that are made within the areas that I have instanced in education and health.

With those general remarks in relation to the education and health portfolios, I indicate that I believe that in all other portfolio areas there are reasons for decisions that the Government, and the Attorney-General in particular, would not like to see revealed to the Parliament and to the public.

The Hon. C.J. Sumner: They wouldn't be revealed under FOI, anyway.

The Hon. R.I. LUCAS: The Attorney has not been here for the last 25 minutes. He was obviously out on parliamentary business, and is really not able to make those sorts of out of order interjections.

What I am saying is that in all other portfolio areas there are decisions, reasons for decisions and documents which exist and which the Government does not want the Parliament, in particular the Opposition, to get hold of and to reveal to the press and the public at large. For those reasons I believe that the Attorney-General has opposed the Bill. I indicate my wholehearted support for the legislation that has been introduced by the Hon. Mr Cameron. I can only hope that the Attorney will have a change of heart at some stage and at least facilitate this Bill's passage through this Council and through the House of Assembly.

The Hon. DIANA LAIDLAW: I wish to thank the Hon. Mr Lucas for his contribution, which was longer than any of us had anticipated. I, too, support the second reading of this Bill and in doing so I commend the Hon. Martin Cameron for his initiative in introducing this important Bill. The principle of freedom of information balanced by a proper protection of privacy is fundamental to a viable democracy.

Members interjecting:

The ACTING PRESIDENT: Order!

The Hon. DIANA LAIDLAW: Instead of seeing this principle in practice, we find ever increasing Government bureaucracies in this State which too often are more interested in building their own empires than in honouring their role as servants of the public. We find Governments paranoid in their endeavours to cloak themselves in walls of secrecy and loth to be accountable to the people they represent. In the meantime this Parliament is increasingly treated with disdain by Ministers. We see examples of this in abuse of Question Time and also in the very long period that we are required to wait for replies to questions on notice. Those are but just two examples of the contempt which I highlight and which is displayed by Ministers to the very minimal opportunities that are available to members of Parliament to seek information.

Another—and this is a matter that has been referred to by the Hon. Robert Lucas and others on this side of the Chamber on a number of occasions—is the absence of resolve by the Government to establish a really effective Committee system in this Parliament. All these examples illustrate that the Government's attitude to the bulk of the population, including Opposition and Democrat members in this place, is nothing less than 'them and us'. That is a most unhealthy situation, and I am particularly pleased that the Hon. Martin Cameron is seeking to address it.

This is not the first occasion on which I have spoken about open government. I recall that at least 12 years ago

at a meeting of the State Council of the Liberal Party I moved a motion urging the Federal Liberal Government to include in its platform and policy a commitment to introduce freedom of information legislation (which ultimately was accepted as Federal Liberal Party policy). I was later involved in lobbying the Fraser Government with a large number of other South Australians to implement that commitment without the number of exemptions which oversensitive senior public servants in Canberra were insisting on.

The Fraser Government honoured its commitment to the Australian people in introducing the Freedom of Information Bill and in securing the passage of that legislation, and those actions were unlike earlier endeavours by the previous Whitlam Government. Today, some 10 years later, it has again been left to the South Australian Liberal Party to introduce this legislation and pursue the question of freedom of information and open government in South Australia. Freedom of information legislation is required to open the Government and the bureaucracy to public scrutiny. In December 1983 a working party in South Australia, in its report to the Government, noted:

> The case for openness in Government is compelling. The essence of democratic Government lies in the ability of people to make choices about who shall govern or about which policies they support or reject. Such choices cannot be properly made unless adequate information is available. Access to information is essential in ensuring that Governments are kept accountable. Without access to information individuals are unable to participate in a significant and effective way in the processes of policy making.

I strongly endorse those sentiments. Indeed, this Bill will open up Government to public scrutiny and will help South Australians know what is going on behind closed doors. To use jargon that is so favoured by ALP members, it will empower people in this State.

In terms of the administration of the Department for Community Welfare, freedom of information legislation will be a long overdue breath of fresh air. For the first time thousands of people who are subject to DCW records will be entitled to see, to check for accuracy and to assess the basis of those personal records on which DCW has judged their situation. In judging their situation, DCW workers often make profound differences to people's lives. It will be important for those people, subject to those files and decisions, to be able to assess the basis on which those decisions are made.

I have constantly received telephone calls and letters from distressed individuals who have been on the receiving end of what often has seemed to them very arrogant silence from DCW workers to questions that vitally affect their lives and the lives of other members of their families. Mothers have sought the whereabouts of their children; parents have been most concerned when they are not consulted for verification of stories told to DCW by their children; mothers whose children are in foster care are refused information about why they cannot resume responsibility for those children, let alone see them; fathers have been accused by DCW of abusing their children, yet those fathers have no access to information or DCW officers in trying to determine the basis for those reports; and the list goes on.

This Bill will allow people to see DCW files of which they are the subject, and I believe it is an extremely important measure in that respect. On the question of Government accountability and the matter of MPs being able to do their job, I wish to recount the decision last week by DCW, which was backed by the Minister, that I be barred from visiting any DCW office within the central metropolitan region.

Members interjecting:

The ACTING PRESIDENT: Order! The Hon. Ms Laidlaw is entitled to be heard.

The Hon. DIANA LAIDLAW: Offices in this region, as members know, are subject to work bans. It was my wish to visit a number of those offices merely to inform myself of the particular difficulties staff were encountering because of staff shortages and to see for myself their work environment and what effect the bans were having on their clients. In making my first inquiry to those officers to see whether they were available later that day, all the officers I contacted expressed interest in speaking with me but also noted that I was to seek confirmation from the Minister's office. I indicated that I would be doing so and that it had always been my practice—

The Hon. J.R. Cornwall interjecting:

The ACTING PRESIDENT: Order!

The Hon. DIANA LAIDLAW: Mr Acting President, I am trying to explain that it had always been my practice and it was again my practice that I merely sought to determine whether it was possible for me to visit that office that day and on all other occasions when I have gone through exactly the same procedure—a procedure which was determined by the Minister and which I have religiously followed—

The Hon. J.R. Cornwall: Tell the truth!

The Hon. DIANA LAIDLAW: You are the one who is changing your story, Minister. All I did was follow the procedure which you have set down in the past to see whether it was possible to visit those offices; if it was, then to inform—

The Hon. M.B. Cameron interjecting:

The Hon. DIANA LAIDLAW: I know. I have followed the procedure that the Minister set down. However, on this occasion I was denied access to those offices. I very much regret the Minister's decision to deny me, or any member of Parliament, access to a public office. To my knowledge, no member of Parliament has been so denied in the past.

The Hon. J.R. Cornwall: You're a joke.

The Hon. DIANA LAIDLAW: That may be the Minister's opinion. Minister, you are hardly in touch with the situation. If you were in touch with the situation, you would not have allowed it to get out of control as it is today, and that is the truth. I repeat that the Minister's suggestion that I was aiming to stir up trouble is totally offensive. All I was aiming to do, as a member of Parliament, was to seek information. If the Minister bars a member of Parliament from seeking information from a public office, that most strongly supports the need for freedom of information in this State. It is quite clear that the Government wishes to monopolise this situation and it seems to me in this instance that it has a great deal to hide; otherwise, the Minister and the department would not have been so paranoid about not letting me enter those offices to find out at first hand what was going on.

As I say, my very genuine approaches to those offices were welcomed by the staff there and respected as genuine approaches, as they have been respected by other offices I have visited in the past. The Regional Director spoke to me and said that it was not convenient and he would like to be at the offices at the same time that I visited. I said that that had been the practice on every other occasion I had visited such an office and, as I was not fussed about the information I was seeking, I was quite relaxed about the Regional Director being present. I even sought to change the times that were convenient to me (by changing my own appointments) to ensure that the Regional Director would be able to fit in with his arrangements to be at the offices at the same time. I cannot believe in these circumstances

that the Minister was so paranoid that he could not even entrust me with officers of the department or even in the company of the Regional Director. As I say, that instance alone reinforces my very strong belief in the need for freedom of information in this State.

Members interjecting:

The ACTING PRESIDENT: Order!

The Hon. DIANA LAIDLAW: The longer the Minister remains responsible for, if not in control of, this Department for Community Welfare, it becomes increasingly clear that the need for freedom of information to ensure that the Minister is accountable for the actions in the department is vitally important. I very much regret the stupidity of the Minister's action in this instance.

The Hon. J.R. Cornwall interjecting:

The Hon. DIANA LAIDLAW: Minister, as I say, you are so out of touch. I do not think you are particularly well at the moment; otherwise, you would not be behaving in this irrational manner. Actually, I feel quite sorry for you.

The ACTING PRESIDENT: The Hon. Miss Laidlaw will address the Chair, please.

The Hon. DIANA LAIDLAW: I just add that I feel quite sorry for the Minister, if I have any sentiment at all towards him.

The Hon. J.R. Cornwall interjecting:

The Hon. DIANA LAIDLAW: Preselection problems do not worry me.

The Hon. J.R. Cornwall: That's not what I hear.

The ACTING PRESIDENT: Order!

The Hon. L.H. Davis interjecting:

The ACTING PRESIDENT: The private feud between Mr Davis and the Minister is really denying Miss Laidlaw freedom of speech. The Hon. Miss Laidlaw.

The Hon. DIANA LAIDLAW: Thank you, Mr Acting President. I was, in fact, just winding up my remarks, because it is impossible to have a rational debate or to be respected for one's contribution in this Parliament while the Minister does nothing but hurl abuse and interjections throughout this place. In the circumstances, I seek leave to conclude my remarks later.

Leave granted; debate adjourned.

PUBLIC AND ENVIRONMENTAL HEALTH BILL

The Hon. J.R. CORNWALL (Minister of Health) obtained leave and introduced a Bill for an Act dealing with public and environmental health; to repeal the Health Act 1935, the Noxious Trades Act 1943 and the Venereal Diseases Act 1947; and for other purposes. Read a first time.

The Hon. J.R. CORNWALL: I move:

That this Bill be now read a second time.

The Public and Environmental Health Bill constitutes one of the most significant changes to public health legislation in the history of South Australia. Specifically, it will replace the existing Health Act, one of this State's most venerable pieces of legislation, which has been in force since 1873.

Development of public health legislation in South Australia relied much on the British experience of the early nineteenth century. In the early 1800s epidemics of infectious diseases such as cholera swept the British Isles with devastating results. This experience, coupled with the work of John Snow and others, led to the development of the modern science of public health and epidemiology. The legislative response to this epidemic was the English Public Health Act of 1848, an Act upon which the South Australian health legislation was very closely modelled.

In particular, the Health Act embodied the English concept of the division of responsibility for the administration of the Act between central and local authorities. Thus it was that the present central board of health was created, together with a network of local boards of health. Each local board was responsible for a defined local government area, and members were invariably also local councillors. In effect, each council acted, for all public health purposes, as the local board of health for its area.

During the nineteenth century South Australia's major health problems were largely related to the adverse impact of inadequate sanitation and infectious diseases. Indeed, so pungent was the foul odour which lingered over early colonial Adelaide, that one resident felt moved to describe it as the 'city of stenches'. This rather pointed criticism was, based upon other contemporary accounts, well deserved.

The Health Act was thus intended to address the pressing problems associated with 'disease, dunnies and drains'. These decidely unglamorous areas of public health interest are now often regarded as little more than a good source of humorous remarks. However, the fact that the major health problems associated with them have been either eradicated or controlled is testimony to the effectiveness of the Health Act and those who administer it.

The 'new' public health has moved beyond these basic issues and now seeks to address other more modern environmental health hazards such as those associated with the use of toxic chemicals, together with the health problems associated with unhealthy lifestyles. However, it remains of vital importance for our community that effective control is maintained in the traditional public health areas. The Public and Environmental Health Bill is to be the legislative instrument through which such control can be both maintained and extended.

The Bill is the end product of a long consultative process. In 1985 the Government established the environmental health working party to carry out a comprehensive review of existing public health legislation, and to make recommendations regarding the future role of local government in the health area. The working party was chaired by Dr Chris Baker, a senior executive of the South Australian Health Commission. Other members included representatives of the Department of Local Government, the Municipal Officers Association of South Australia, the Institute of Health Surveyors and, most importantly, the Local Government Association of South Australia.

I am pleased to say that the working party succeeded where various other committees and groups had previously failed. It was able to recommend a basis for legislative reform which could both meet modern health requirements and preserve the valued traditional involvement of local government in the administration of public and environmental health legislation. This significant achievement reflects great credit upon those involved in what was a sometimes difficult process of discussion and negotiation. I pay special tribute in this regard to Mr Des Ross, former President of the Local Government Association of South Australia who served as both a member of the working party and the implementation committee which followed, and also to Mrs Jennifer Strickland, Commissioner, South Australian Health Commission, and also Mayor of Prospect, who chaired the implementation committee.

Having touched upon some of the history behind the development of this Bill, I now turn to the specific provisions that it contains. Part I of the Bill deals wtih such routine matters as the short title, commencement date and definition of terms.

Part II deals with the general administration of the proposed Act. Section 5 of this part makes the Health Commission responsible for the overall administration and enforcement of the Act. This removes an existing legislative anomaly whereby both the Health Commission and the central board of health have virtually the same overall responsibilities in the public health area. The anomaly arose because, although the South Australian Health Commission Act clearly reflected an intention that the commission should have overriding responsibility for health services in South Australia, no action was taken to amend those provisions of the Health Act which vested the central board with overall responsibility in the public health area.

Division II of this part provides for the establishment of a Public and Environmental Health Council. This body will assist the commission by carrying out much of the work associated with the administration and enforcement of the Act. Its members will be appointed on the basis of their professional expertise in the public and environmental health area, and their capacity to represent the interests of the principal organisations involved in the administration of the Act.

The council will be the main focus for State and local government interaction. It will report to the commission or the Minister on any matter relating to public or environmental health, and will be able to initiate, carry out or oversee programs and activities designed to improve or promote public and environmental health. It will be able to conduct inquiries, and will keep the operation of the legislation under review, with a view to making recommendations in relation to regulations.

Part III details the powers and duties of the authorities involved in the administration of the Act. The functions formerly exercised by local boards of health will be exercised by local councils. Section 13 allows the Public and Environmental Health Council to exercise certain powers over a local council which fails to discharge its duty under the Act.

This provision allows for the withdrawal of a local council's powers under the Act where this is deemed necessary. However, the section requires that such action cannot occur prior to consultation with the council concerned on the reasons for its apparent failure to carry out its duty. This requirement has been included in order to allay fears in local government circles that the Public and Environmental Health Council might act precipitously without having proper regard to all the relevant circumstances.

While it is extremely unusual for a council to fail to properly discharge its duty under the existing Health Act, such instances have occurred. Under the existing Act the central board of health is empowered to give directions to a local board and exercise the powers of a local board where it deems this necessary. This division of the proposed Act confers similar powers upon the Public and Environmental Health Council, with the additional safeguard of a requirement for consultation.

Division II of this part deals with those provisions relating to sanitation and drainage. These are quite straight forward and reflect the requirement to maintain proper standards of sanitation and hygiene throughout the community. Division III relates specifically to the protection of water supplies. Division IV allows authorities to act to protect the public's health where a person refuses to comply with a lawful direction to do so. It also allows authorities to recover the costs of carrying out the required work.

Division V provides for appeals against the decisions and directions of local councils. Such appeals would be heard by a review committee established by the Public and Environmental Health Council. These provisions are similar to those applying under the present Health Act, and there have been many occasions when the central board has been called upon to hear appeals against a decision taken by a local board.

Overall, this part of the Bill maintains the historic roles of State and local authorities in maintaining satisfactory standards of sanitation and hygiene throughout the State. Local councils will retain their existing considerable discretionary powers in this area, with the Health Commission maintaining a watching brief and providing information, advice and assistance as required.

Part IV of the Bill deals with notifiable diseases and the prevention of infection. The Bill streamlines and simplifies the existing controls over infectious and notifiable diseases. The distinction that exists at present between these two classes of disease is not appropriate and does not reflect the current methods of exercising controls over them. Further, the specific provisions currently existing which relate to tuberculosis, and the provisions of the Venereal Diseases Act, are not required. Both categories of disease will now be dealt with as part of the general controls specified in the Bill.

The diseases to which the new Act will apply are set out in the first schedule. These simply transfer the existing list of diseases controlled under the present Act. If it is necessary to add further diseases to this list, the Bill provides that this can be done by proclamation.

Notification of diseases will be made directly to the Health Commission. This replaces the cumbersome and circuitous procedures that currently require notification of diseases either to local boards of health or to the central board. The Bill requires the Health Commission to keep local councils informed of disease outbreaks in their areas. As currently applies, reporting is compulsory for medical practitioners. Other categories of persons who will be required to report notifiable diseases can be added by proclamation.

The current Health Act imposes a variety of restraints and requirements on persons suffering from infectious diseases. The majority of these requirements are quite inappropriate and, if followed literally, would impose a visible and quite unnecessary stigma on sufferers. Throughout history, epidemic diseases have unfortunately brought with them a social aspect that has resulted in discrimination, victim blaming, and acts of outright oppression. In medieval Europe, people were persecuted because of their perceived associations with spreading the Black Death. The moral outrage in some quarters against victims of the AIDS virus suggests that this phenomenon is still with us.

A responsible Government is obliged to ensure that it achieves an appropriate balance between ensuring that the community at large is protected from the spread of disease whilst ensuring that those with the disease are not persecuted or subject to repressive controls. Accordingly, the Bill abolishes many of the current requirements of the Act: for example, the obligation on a person suffering from an infectious disease to inform the driver of this fact before they board a bus.

However, Part IV, Division II of the Bill contains a requirement for a person to undergo an examination if the Health Commission suspects that he/she may be suffering from a notifiable disease. It also allows for detention of persons if they are suffering from notifiable diseases and they are a risk to the community. However, detention cannot be for a period greater than 72 hours unless it is with a magistrate's authority. If a person is detained for more than six months, this must be on the authorisation of a Supreme Court judge.

The commission is also empowered under this part to give directions to persons suffering from infectious diseases. These directions are designed to prevent the risk of diseases spreading throughout the community. Possible directions include the requirement for periodic examination or preventing sufferers from performing specified work that might pose a particular risk (such as in child care centres or in food premises). A person who is the subject of such an order may appeal to a magistrate and, if still dissatisfied, to the Supreme Court.

Section 36 (1) of the Bill also provides a general obligation on any person infected with a notifiable disease to take all reasonable measures to prevent transmission of that disease to others. A maximum penalty of $10 000 applies for breach of this requirement. The Health Act currently contains specific requirements that are more appropriate in other Acts. The parts relating to scientific research will be placed in the South Australian Health Commission Act. The licensing of pest controllers will in future be done by regulations under the Controlled Substances Act.

The provisions regarding the licensing of rest homes and nursing homes will await the development of new legislation. In the interim, the existing provisions of the Health Act and regulations will continue to apply. As I stated earlier, this Bill represents the culmination of a long period of discussion and negotiation involving many different organisations and individuals. A great deal of time and effort has been devoted to producing a piece of legislation that reflects contemporary public and environmental health needs.

Many archaic and redundant provisions of the Health Act have been excised or replaced with more succinct and appropriate provisions. The Health Act contains 171 sections while this Bill contains only 44 sections. In addition, passage of this Bill will result in the repeal of two other Acts: the Venereal Diseases Act and the Noxious Trades Act. In the case of the Noxious Trades Act, adequate control provisions now exist under the Planning Act and the Clean Air Act. Clearly, this Bill represents a significant step in reducing the weight of legislation applying to the health area, without sacrificing the State's capacity to ensure that South Australians live and work in a healthy environment. I commend the Bill to the Council. I seek leave to have the explanation of the clauses inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Clause 1 is formal.

Clause 2 provides for the commencement of the measures.

Clause 3 sets out the definitions required for the purposes of the Bill. A reference in the Bill to 'the authority' means, in relation to a local government area, the council for that area (unless the commission is acting in place of the council) and, in relation to an area of the State outside a local government area, the commission. A 'notifiable disease' is to mean a disease included in the first schedule or a disease declared by proclamation to be a notifiable disease. Premises are, for the purposes of the Bill, in an insanitary condition if the premises give rise to risk to health, are at risk of being infested by rodents or other pests, cause justifiable offence to nearby occupiers or are emitting offensive material or odours.

Clause 4 provides that the Act is to bind the Crown.

Clause 5 provides that, subject to the Act, the commission is responsible for the administration and enforcement of the Act throughout the State. The commission will be subject to the control and direction of the Minister.

Clause 6 allows the commission to delegate any of its powers, functions or duties under the Act.

Clause 7 provides for the appointment of authorised officers by the commission or a council.

Clause 8 provides for the appointment of the Public and Environmental Health Council. The council will consist of a presiding member, who will be a member of the staff of the commission, two members appointed on the nomination of the Local Government Association, two members who have experience in public and environmental health and one member who is an officer or employee of a council nominated by the Institute of Health Surveyors.

Clause 9 sets out the term of office of members of the council.

Clause 10 provides for the proceedings of the council. Four members will constitute a quorum of the council.

Clause 11 provides that an act or proceeding of the council is not invalid by reason only of a vacancy in its membership or a defect in the appointment of a member. No personal liability will attach to a member of the council for an act or omission by the member in good faith but will attach against the Crown.

Clause 12 sets out the functions of the council. The council will be required to report to the commission or the Minister on any matter relating to public or environmental health, will be able to initiate, carry out or oversee programs and activities designed to improve or promote public and environmental health, will be able to conduct inquiries, will be able to keep the operation of legislation under review and will be able to carry out any other function assigned to it by the Minister.

Clause 13 provides that it is the duty of the commission to promote proper standards of health in the State generally and the duty of councils to promote proper standards in their areas. If a council fails to discharge its duties, the organisation may, after consulting with the council, transfer the council's statutory powers to the commission. Furthermore, the commission will be able to take over a council's functions under an agreement with the council.

Clause 14 is a delegation-making power.

Clause 15 will allow the authority for a particular area to take action against the occupier of premises that are in an insanitary condition. The authority will also be able to prevent the occupation of premises that are unfit for human habitation.

Clause 16 makes it an offence to cause premises to be in an insanitary condition. It will be a defence to prove that there is a reasonable excuse for the condition of the premises.

Clause 17 will allow the authority to direct that certain offensive activities be ceased.

Clause 18 makes it an offence to discharge waste into a public place. The authority will be able to order the occupier of premises to take specified action to prevent a discharge or to remove waste that has been unlawfully discharged.

Clause 19 requires the owner of a private thoroughfare to keep the thoroughfare clean and free of refuse.

Clause 20 will empower the authority to require the owner or occupier of premises to provide adequate facilities for sanitation or personal hygiene. In addition, the occupier of a building that is used as a place of public assembly will be required to keep the building clean and properly ventilated.

Clause 21 makes it an offence to pollute a water supply. The authority will be able to take action to prevent pollution occurring.

Clause 22 will empower the authority to restrict or prohibit the taking or use of water from a polluted water supply.

Clause 23 will allow the authority to take its own action if the requirements of a notice given by it under the legislation are not carried out. The costs of such action will be recoverable.

Clause 24 facilitates the recovery of costs by a person who has complied with a notice from another person who is in fact responsible for the circumstances that necessitated the issuing of the notice.

Clause 25 will allow a person to appeal against the requirements of a notice issued under this part. An appeal will be carried out as a full review of the matter.

Clause 26 provides that a review committee is to be formed for the purposes of hearing an appeal. The membership of the committee is to be drawn from the council.

Clause 27 sets out the proceedings on an appeal.

Clause 28 prescribes the action that a review committee can take on an appeal. The review committee will be able to revoke a requirement, substitute any requirement or notice that is, in its opinion, desirable, refer the matter back to the appropriate authority for reconsideration, and make an order for costs.

Clause 29 provides for the reporting of notifiable diseases to the commission.

Clause 30 will empower the commission to require a person who is suspected of suffering from a notifiable disease to attend for a medical examination. A person who fails to attend in response to the appropriate notice will be liable to arrest on warrant and then examined, although a person will not be able to be detained under this provision for more than 48 hours.

Clause 31 will allow the commission to quarantine a person in appropriate cases. An order for the detention of a person will be made by a magistrate. An initial order will last for 72 hours but may then be extended by further order of a magistrate. A person will not be able to be detained for more than six months without the authorisation of a Supreme Court judge.

Clause 32 will allow the commission to specify conditions that must be observed by a person suffering from a notifiable disease. The conditions must be required to prevent the risk of the infection spreading to others and may include a direction that the person reside, or remain, at a specified address, submit himself or herself to regular medical examinations and not carry out specified work or not carry out any work other than specified work. A person will be entitled to apply to a magistrate for a review of the conditions specified by the commission.

Clause 33 provides a right of appeal from a decision of a magistrate under the particular part to a Supreme Court judge.

Clause 34 requires the commission to report to councils on notifiable diseases occurring in their areas. Reports are to be made on a monthly basis. The commission will also be required to report to councils the occurrence of any diseases in their areas that may constitute a threat to public health.

Clause 35 sets out the action that may be taken by the commission or an authorised officer to prevent the spread of an infectious disease.

Clause 36 makes it an offence to fail to take all reasonable measures to prevent transmission of a notifiable disease or other prescribed conditions to others.

Clause 37 allows for inspections to occur for the purposes of the Act.

Clause 38 protects officers from personal liability for acts or omissions that occur in good faith in the exercise of duty.

Clause 39 will empower the commission to obtain certain information relating to public or environmental health.

Clause 40 facilitates the service of notices under the Act.

Clause 41 provides for detailed reporting by councils, the council and the commission.

Clause 42 relates to offences under the Act.

Clause 43 makes directors of a body corporate liable for offences committed by that body corporate.

Clause 44 is the regulation-making power.

The first schedule sets out a list of notifiable diseases.

The second schedule provides for the repeal of certain Acts and sets out transitional provisions.

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

STATUTES AMENDMENT (PUBLIC AND ENVIRONMENTAL HEALTH) BILL

The Hon. J.R. CORNWALL (Minister of Health) obtained leave and introduced a Bill for an Act to amend the Cremation Act 1891, the Drugs Act 1908, the Housing Improvement Act 1940, and the Local Government Act 1934. Read a first time.

The Hon. J.R. CORNWALL: I move:

That this Bill be now read a second time.

It is cognisant with the Public and Environmental Health Bill 1987. The Bill amends four pieces of legislation, being the Cremation Act 1891, the Drugs Act 1908, the Housing Improvement Act 1940 and the Local Government Act 1934. Many of the amendments effected by the Bill replace references to the Central Board of Health with references to the South Australian Health Commission or replace references to local boards of health with reference to local councils. These amendments are consequential on the repeal of the Health Act 1935, and the scheme under the new Public and Environmental Health Bill where the functions of the Central Board of Health are now to be exercised by the Health Commission (in conjunction with the proposed new Public and Environmental Health Council) and the functions of local boards of health are to be exercised by the local councils themselves. Other amendments repeal various provisions that will be superfluous after the new Public and Environmental Health Bill comes into operation. I seek leave to have the detailed explanation of the clauses inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Clause 1 is formal.

Clause 2 provides for the commencement of the measure.

Clause 3 is an interpretative provision.

Clauses 4 and 5 provide for the amendment of the Cremation Act 1891. Section 2 of that Act is to be repealed and a new section, making reference to the approval of the South Australian Health Commission being required to establish a crematorium, is to be inserted. A new section 10 of the Act is also to be included, which will make reference to the South Australian Health Commission in lieu of the Central Board of Health.

Clauses 6 to 15 provide for the amendment of the Drugs Act 1908. Clause 6 strikes out the definition of 'Central

Board of Health' and replaces it with a definition of the South Australian Health Commission. Clauses 7 to 10 replace various references in the principal Act to 'Central Board of Health' with references to the South Australian Health Commission ('the Health Commission'). Clause 11 makes the definition of 'infectious disease' consistent with the new definition of notifiable disease in the Public and Environmental Health Act 1987 and replaces a reference to the Central Board of Health with a reference to the Health Commission. Clause 12 amends section 46 of the principal Act to improve its form and replace a reference to the Central Board of Health with a reference to the Health Commission. Clause 13 repeals section 52, which will be superfluous on the transfer of responsibilities under the Act from the Central Board of Health to the Health Commission. Clauses 14 and 15 again replace certain references to the Central Board of Health with references to the Health Commission.

Clauses 16 to 30 are amendments to the Housing Improvement Act 1940. The general purpose of these amendments are two-fold. First, references in the principal Act to 'local board' are to be replaced with references to a council. This is consequential on the abolition of local boards of health under the Health Act 1935, and the transfer of authority to councils under the Public and Environmental Health Act 1987. Secondly, references to the Central Board of Health are to be replaced with references to the South Australian Health Commission. Again, this is consequential on new arrangements under the Public and Environmental Health Act 1987.

Clauses 31 to 44 are amendments to the Local Government Act 1934. Many of the clauses replace references to the Central Board of Health with references to the South Australian Health Commission. Sections 536a, 536b, 538, 539 and 540 are rendered superfluous by virtue of the Public and Envirnonmental Health Act 1987. The same case applies to the repeal of Division II of Part XXVi.

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

SOUTH AUSTRALIAN HEALTH COMMISSION ACT AMENDMENT BILL

The Hon. J.R. CORNWALL (Minister of Health) obtained leave and introduced a Bill for an Act to amend the South Australian Health Commission Act 1976, and the Transplantation and Anatomy Act 1983, and to make a consequential amendment to the Health Act 1935. Read a first time.

The Hon. J.R. CORNWALL: I move:

That this Bill be now read a second time.

The purpose of this Bill is to make a number of significant changes to the legislative framework within which the South Australian Health Commission and the health services operate. It is introduced against a background of almost 10 years operation of the Act and taking into account major reviews which have focused on the Act itself, the central office of the commission and the metropolitan hospitals. Reviews and, if necessary, changes in structure are required in any organisation to ensure a firm base is maintained—a base from which the organisation's charter can be carried out and problems with which it is currently confronted can be addressed.

The issues confronting health administrators in the late 1960s were addressed by the Bright Committee of Inquiry. That committee recommended that a single authority, external to the Public Service, should be created by statute. The authority was to bring Government health services within a unified system of control. Management of individual health services was to occur at the local level, but to be in accordance with policy directions, and within budgetary limitations. Non-government health services were to come within a unified pattern of health care delivery. The authority was to have a system-wide rationalising and coordinating role. As honourable members will recall, the recommendations of that committee led to the development of the South Australian Health Commission Act 1976 and the establishment of the commission.

The stated objective of the Bright committee is as relevant today as it was then—'to provide an integrated system of total health care and delivery, based on the principle of community health—the better to meet community and consumer needs and demands'. However, the climate within which health services are provided has changed very considerably.

The Act was developed at a time of significant increases in Commonwealth Government expenditure in health and welfare areas. Community health centres were rapidly developed. Non-government hospitals were totally funded for their operating expenses by virtue of the 1975 Medibank Agreement between the States and the Federal Government. While this funding of non-government hospitals increased their accountability to Government, the mood was generally expansive, with local control over service delivery. Hospitals which had been formerly part of the Hospitals Department were now given individual boards of management and became separate corporate entities. At the same time, the new commission was to concentrate upon broad State-wide

Ten years later, the emphasis is on restraining expenditure, upgrading management and rationalising and coordinating services in the manner which makes best use of available resources. What has not changed is the fundamental principle that the welfare of the patient or client is paramount. The equation is simple: if the welfare of the patient or client is the goal, then an integrated and coordinated system is the only effective and efficient way to respond, with the direct implication of a responsible degree of central planning control. The other important factor in the equation is that public funds are being spent; strict accountability procedures are not only desirable, but imperative.

South Australia is not alone in its pursuit of an organisational structure which ensures that health services are both responsive to community needs and affordable. In Britain, for example, there have been many organisational changes in the National Health Service over the past decade. These have been motivated by a desire to coordinate and rationalise hospital services, to integrate hospital and other health services, to create regions of common interest, to decentralise decision making, and to effect savings. In the United States, where the medical and hospital system is very different from that in the United Kingdom, changes are also occurring rapidly with amalgamation and takeovers of like hospitals, and the integration of hospitals with other health services. A major reason for these rapid changes has been the need to improve the effectiveness of services at a time when funding is being restricted.

If one looks to the other States in Australia, one sees that New South Wales recently passed legislation amalgamating the health services of defined regions into area health boards, with one board replacing a number of individual health service boards. A prime reason for this reorganisation was the need to develop a health care system that is more efficient, effective and accountable. In Victoria, the Health Minister has also recently announced organisational changes

which are aimed at improving the accountability and cost effectiveness of the public hospital system.

In South Australia, three recent reviews have focused on specific aspects of the health system and have provided the basis for a legislative and administrative restructuring which should equip the South Australian Health Commission and the health services to address and respond to vital health issues well into the next century.

The Act itself has been reviewed by Mr Ian Bidmeade, legal consultant, taking account of almost 10 years operation. The central office of the Health Commission has been reviewed by a team chaired by Mr Ken Taeuber, former Director-General of Lands and Commissioner, Public Service Board, and the metropolitan public/teaching hospital system has been reviewed by a team chaired by John Uhrig, one of South Austrlia's leading private sector industrialists. The reports have been dissected and digested. Extensive discussion has taken place within the commission, with representatives of the major metropolitan hospitals and with some of the central agencies such as the Government Management Board and the Department of Personnel and Industrial Relations. The course of action proposed as a result picks up the most desirable objectives of all reports, without in all instances using the vehicle proposed in the reports to achieve those objectives. It is a response which makes significant and important management and administrative changes while retaining maximum stability in the health system.

The Health Commission will remain as a statutory corporation. It will not become 'the Department of Health', an administrative unit established under the Government Management and Employment Act, as recommended by Taeuber. Under that proposal, the powers and functions of the commission would have vested in the Minister, including a power to direct health services, whether incorporated under the Act or not. It was envisaged that the Minister would delegate certain of those powers to the Chief Executive Officer to manage the system on an ongoing basis. The hospitals and health services would have remained as separate corporate entities established pursuant to statute.

While recognising that the style of public administration has changed since the Bright committee made its recommendations in 1973, the Government was not convinced that reversion to a departmental structure would assist in achieving the aim of a coordinated, integrated and rationalised health service. It could be perceived as a barrier between the central office and the individual health services. The Government has decided on balance to retain the commission structure. However, changes are to be made in the constitution of the commission itself, its accountability, internal structure and in the relationship between the commission and the hospitals and health services.

The 'board' of the commission will continue to consist of five members—two full-time and three part-time. The Act is made flexible enough to allow any two members to be appointed by the Governor as Chairman and Deputy Chairman. In other words, it is no longer mandatory that the Chief Executive Officer and the Deputy Chief Executive Officer be also Chairperson and Deputy Chairperson. It is my clear intention, for the foreseeable future, that the Chairman and Deputy Chairman would in fact also be Chief Executive Officer and Deputy Chief Executive Officer respectively. The amendment, however, introduces the flexibility to enable a part-time member at some future stage to be Chairperson and/or Deputy Chairperson. The term of appointment for full-time members is reduced from a period not exceeding seven years to a period not exceeding five years, consistent with the Government Management and Employment Act.

The Act currently provides that the commission is subject to the general control and direction of the Minister. There have been differing legal interpretations of the extent of control and direction contemplated by that provision. In a system where the commission administers a total budget of approximately $800 million, there is no room for ambiguity or ambivalence. The commission must be directly responsible and accountable to the Minister for its operations. The Bill proposes to remove the word 'general', so that the commission is clearly and unequivocally responsible to the Minister for the performance of its functions. There will be a performance agreement developed between the Minister and the Chairman of the commission. This is consistent with action being taken between Ministers and Chief Executive Officers of departments with the assistance of the Government Management Board. It is essentially a statement of agreed goals and objectives to be achieved over a specified period of time. It provides the means of measuring performance against objectives.

While it is not a matter requiring legislative amendment *per se*, the commission is currently undergoing a reorganisation of its central office taking into account areas for improvement identified by the Taeuber review, and recommendations of the Uhrig review. It is important for members to be aware of the broad outline of the organisational change since it will be a key factor in moving towards the overall improvement of health services in the State.

In relation to the structure, the sector arrangements as they have been known since July 1981 are to be changed. Sectorisation of health service administration and delivery was introduced in order to make services more responsive to the needs of local populations and to enable more efficient planning, coordination and resource allocation to occur. The State was divided into three sectors (central, southern and western) containing both metropolitan and country areas. Sector boundaries were set in such a way that each sector included a major teaching hospital and a range of other health services. State-wide services and deficit funded institutions were allocated to individual sectors. The sector offices did significantly improve communication between the commission and the individual health services. However, their major shortcoming, as Taeuber observed, was the failure to achieve any significant rationalisation or co-ordination of services provided by the major teaching hospitals. One could almost say that their structure enshrined factionalism and encouraged competition rather than cooperation. The Uhrig review also saw as the most important issue 'the absence of an overall system, culture or allegiance' which had contributed to duplication of services and problems in service coordination. In resolving these problems under the current administrative arrangements, the special interests of patient care are not always given the appropriate priority. As Uhrig observed in his report:

> When a hospital system is composed of a loose association of hospital cultures, each with a predominantly internal focus, there is an inbuilt inflexibility in system-wide budgeting and service delivery because hospitals strive to retain or increase their share of available resources and services without regard for the effect on the total system. It is natural in such an environment that those who deliver services become resistent to the sharing of resources, the pooling of information and the integration of services. This means that when unexpected changes in activity occur the commission finds itself unable to redistribute resources to more appropriate areas.

Both reviews therefore saw it as imperative, if the commission is to achieve its legislative charter of rationalising and coordinating services, that there be structural changes. Both saw the legislative labelling of boards as 'autonomous' gov-

erning bodies as militating against an integrated system. Both saw the need for more clearly defined roles and responsibilities of the commission and hospitals.

The Uhrig review proposed the establishment of a single Metropolitan Hospital Board, separate from the commission, but to which the commission would delegate responsibility for the day to day management and performance of all nine major hospitals in the metropolitan area. The hospitals would no longer have individual boards, but the Chief Executive Officer of each hospital would be accountable to the Metropolitan Hospital Board for the performance of his or her unit against predetermined goals and objectives. Each hospital would be seen as a composite of clinical programs and hospital support services, and these perspectives were to be adopted for planning, budgeting and coordinating purposes.

The Government considered the Uhrig proposals, and extensive consultation took place. It was decided that the most desirable objectives of the Uhrig proposal could be achieved by some structural changes and some legislative changes, without taking the more radical step of establishing a single Metropolitan Hospital Board.

The commission has been reorganised to create a Metropolitan Health Services Division, a Country Health Services Division and a State-wide Services Division, in lieu of the three sector arrangement. The Metropolitan Health Services Division will have as one of its major responsibilities the coordination of hospital services in the metropolitan area. It will assume many of the functions Uhrig envisaged for the Metropolitan Hospital Board. A Metropolitan Hospitals Coordinating Group has already been established, as a forum for the chairpersons and chief executive officers of the hospitals to meet regularly with senior management of the commission to deal with major matters of concern. Through this mechanism the respective roles of the commission and the hospital boards will be more clearly defined. The organisation of clinical programs across the hospital system is being pursued. It is likely that one of the first to be established will be one dealing with emergency services and trauma.

On the legislative side, the Bill before honourable members today seeks to pick up on the points made by the various reviews, particularly as they relate to hospitals. It is proposed that the word 'autonomous' be deleted—instead of speaking of 'the establishment of continuation of hospitals and health centres under the administration of autonomous governing bodies', the Bill proposes 'the provision of health care through a properly integrated network of hospitals and health centres'. This enshrines the notion that individual health services are part of an overall health system and must work together in a coordinated manner.

The hospitals will still have substantial operating discretion and flexibility to enable effective local management of allocated resources. Hospital boards will be responsible for matters of internal policy and management, giving direction to hospital activities and ensuring performance against objectives. However, they must fit with the overall policies, priorities, and resource parameters of the health system as a whole.

The title of the governing bodies of hospitals and health centres becomes 'board of directors'. This replaces the current 'board of management' and 'management committee' designation and is a more accurate reflection of the role of the board as a body responsible for broad policy directions and administrative principles, with the Chief Executive Officer being responsible to it for management of the service.

An additional function has been added to the commission's list of functions, 'to ensure the proper allocation of resources between incorporated hospitals, incorporated health centres and health services established, maintained or operated by, or with the assistance of, the commission'. This emphasises the commission's system-wide responsiblities and its role in ensuring an integrated, rationalised and coordinated health service.

Provision has been included to enable the commission to direct a hospital or health centre where it is the commission's opinion that the body has failed in a particular instance to properly exercise and perform the responsibilities and functions for which it was established. Such a direction must be complied with. This is a power that I would hope the commission would never have to use.

The arrangements being put into place particularly in relation to the metropolitan hospitals, should see policies, priorities and practical arrangements being determined in consultation with the hospitals, through meetings of the chairpersons and chief executive officers, and through clinical program committees, and then being expressed through policy statements and budgets. However, as both Taeuber and Uhrig observed, there must be the ability for the central authority in particular circumstances to make a specific determination.

Another provision, which I would hope would never have to be used—and it has not to date—is the revised provision dealing with dismissal of boards. The new provision is somewhat similar to the situation in relation to local councils under the Local Government Act. Where a board has contravened or failed to comply with the Act or its constitution or has persistently failed to perform its functions, the Governor may by proclamation remove all members from office and appoint an administrator for a specified period. During his time (which I would not expect to exceed 12 months) the administrator would have to arrange for the appointment of a new board in accordance with the constitution. This is a much more workable provision than is currently in the Act. While on the one hand the current Act provides for dismissal, on the other, it prevents immediate action from happening if a board member appeals to the Industrial Court, thus allowing the seriously unsatisfactory situation which gave rise to the dismissal to persist until the appeal is eventually determined.

A new provision to which substantial consideration was given before including it is the power to require the incorporation of hospitals and health centres. As members would be aware, the Health Commission Act makes provision for the incorporation of hospitals and health centres. The 11 Government hospitals formerly run by the Hospitals Department (for example, Royal Adelaide Hospital and Flinders Medical Centre, etc.) have been incorporated, together with 61 other hospitals and health centres which secure funding from the commission under the Commonwealth/State funding arrangements. There are some 30 hospitals which receive 100 per cent government funding but which have not yet chosen to be incorporated under the Act. They are currently incorporated under the Associations Incorporation Act or the Hospitals Act. Neither piece of legislation refers to the commission or to the accountability of hospitals funded by the commission. In practical terms, some measure of accountability is achieved through the funding arrangements.

Incorporation under the South Australian Health Commission formalises in legal terms that relationship of accountability. It recognises that hospitals totally funded by Government should be part of an integrated health system. It provides staff with the opportunity to move around the

health system with portability of leave rights, and conversely provides health services with the opportunity to recruit from such a wider pool of staff.

While the commission has encouraged incorporation with the remaining hospitals and some have shown interest, they have still not formally sought incorporation. Experience has shown that those hospitals which have opted for incorporation still retain their identity and a substantial measure of independence. There would appear to be no valid reason why they should not become part of the State-wide network of health services. This was the spirit and the intent of the original South Australian Health Commission Act, and the power of incorporation was included as the vehicle for achieving that end.

The Bill therefore includes provision for hospitals named in the third schedule to become incorporated as a matter of course. It is intended to allow 12 months lead time before that provision is invoked, during which time it is hoped that many hospitals will get their constitutions in order and become incorporated. At the end of that time, however, those remaining will be incorporated as a matter of course with a model constitution. There is provision to preclude a majority of ministerial nominees on the board, so that it is clear that the process is not a device for achieving ministerial domination of a hospital board.

There is a provision for the Governor, by notice in the *Gazette*, to declare a body which receives substantial funding to be one to which these provisions apply. This provision has been included to take account of any further substantially Government-funded bodies which may arise and which should become incorporated as a matter of course.

Another matter which this Bill addresses is the current distinction in the Act between Government and non-Government health services. The Health Commission Act makes provision for the incorporation of hospitals and health centres. It designates (by schedule or by regulation) a number of Government hospitals and health centres. The reason for such a distinction in the Act was to ensure that the Government hospitals and health centres, which had been formerly run by the Hospitals Department (for example, Royal Adelaide Hospital, Flinders Medical Centre, and the Queen Elizabeth Hospital) would become incorporated as a matter of course. They did not have the option of seeking incorporation or not; nor did there have to be a mutual agreement on the terms of their constitutions.

Once incorporated, there are only two aspects in which Government hospitals are treated differently from non-Government in terms of the Act—they cannot appoint or dismiss a Chief Executive Officer without commission approval (and Bidmeade recommended this should also apply to Government health centres); and, if the commission wished to dissolve the body, create a new one in its place and transfer the assets and so on, it could seek the issue of a proclamation to do so without the board's approval.

There would appear to be no valid reason why the Government/non-Government distinction should continue to persist in the Act. While legally possible, in practice the commission would not seek to dissolve an existing Government health service, transfer assets, etc., without consulting and negotiating with the board. With respect to the appointment and dismissal of the Chief Executive Officer, it is considered that the requirement for commission approval should apply to all incorporated health services, not just ex-Government hospitals.

Incorporated health services range from the Adelaide Children's Hospital and Intellectually Disabled Services Council to bodies like Elliston Hospital. They are in receipt of 100 per cent Government funding (Commonwealth and State) and the Chief Executive Officer is a key appointment in the management of the service and in ensuring accountability for funds. It is therefore reasonable that the commission has some involvement in the filling of the position. The amendments therefore do away with the 'Government/non Government' distinction, thus placing all incorporated hospitals and health centres on the same footing under the Act.

There are several other amendements which I will canvass briefly, and which can be dealt with in more detail at a later stage.

- Provision is included to provide immunity from legal liability for members of boards of directors of incorporated hospitals and health centres. It is usual for persons who suffer damage to sue the hospital or health centre, rather than board members. However, board members (who give their time voluntarily) should have the reassurance of immunity, as do commission members.
- Provision is included to require officers and employees to avoid conflicts of interest between their duties and their own private interests. Such a requirement already exists in relation to the commission and board members.
- Provision is included to enable health centres to make by-laws in the same form as hospitals and to provide for expiation fees for offences involving vehicular traffic or parking.
- Provision is made to bring forward into the Health Commission Act certain provisions which have hitherto been dealt with under the Health Act (conduct of research into morbidity and mortality; and reporting of various illnesses, for example, cancer). It is considered that matters of this nature are more appropriately dealt with under the Health Commission Act. This Bill and the proposed Public and Environmental Health Act deletes reference to these provisions in anticipation of their inclusion in the Health Commission Act.

I have so far concentrated largely on the reorganisation of the commission and revision of the legislation as it relates to hospital services. I make no apology for doing so, as the hospital system consumes by far the greater part of the health budget. However, I should point out that another important part of the reorganisation is the creation of an upgraded Planning and Policy Development Division (I hope that the Hon. Mr Lucas is listening). This division will have a key role in strategic planning and policy development. A most important perspective which will be brought to bear on future planning will be the social health perspective. The aim will be to develop public policies which achieve maximum health benefit for the community. Emphasis will be placed on the primacy of prevention.

The commission's corporate services will be brought together under the one Director in the reorganisation. The commission's committee structure has been rationalised and the number of committees significantly reduced. The commission is currently working, with the assistance of a senior consultant from the Government Management Board, to further improve its management processes. It is developing a five year strategic plan, clarifying the roles of the board of the commission and the executive to enhance decision-making and accountability and devising staff development programs so that staff skills will be enhanced and they will be adequately equipped to handle the issues which will confront them in the years to come.

I should point out that the reorganisation will not result in any increase in central office staffing. The number of people employed in the central office is being reduced from 335 in October 1986 to a target of 300 by June of this year. The commission's central office budget has been reduced

by $1 million, and the number of executive officers in the structure has been reduced. It is the commission's intention that the new structure be in place within three months.

I believe that the package of administrative and legislative changes will place the commission in a better position than it has ever been to pursue the charter it was given. It will equip the commission and the health services to address and respond to vital health issues well into the next century. I commend the Bill to the Council. A description of the individual clauses follows, and I seek leave to have it inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Clauses 1 and 2 are formal. Clause 3 amends section 3 of the principal Act. Clause 4 makes changes to which I have already referred. Clause 5 amends section 8 of the principal Act. Clause 6 replaces section 9 of the principal Act. The new provision makes it clear that the Deputy Chairman only acts as deputy to the Chairman in the Chairman's capacity as Chairman. Clause 7 removes subsection (5) of section 11 of the principal Act.

Clause 8 replaces the quorum provision in section 12 with a provision that accommodates variation in the number of members constituting the commission. Clause 9 increases the penalty imposed under section 14. Clause 10 removes the word 'general' from section 15 of the principal Act. Clause 11 includes an additional function of the commission. Clause 12 replaces the delegation provision with an expanded provision. Delegation can now be made to any person but all delegations must be reviewed annually.

Clause 13 amends section 19a of the principal Act. Clause 14 substitutes new provisions in section 27 providing for the incorporation of a body to take over the functions of existing hospitals. Clause 15 makes a consequential change. Clause 16 makes a consequential change and increases the penalty under section 29a for failure of a member of a board to disclose an interest in a contract made, or to be made, by the hospital. Clause 17 inserts an immunity provision for members of boards of incorporated hospitals. Clause 18 makes a consequential change.

Clause 19 tightens up the requirement to furnish information under section 36 of the principal Act. Clause 20 repeals section 37 of the principal Act. Clause 21 substitutes new provisions in section 48 providing for the incorporation of a body to take over the health service functions of another body. Clause 22 makes a consequential amendment. Clause 23 makes a consequential amendment and increases the penalty prescribed for breach of section 50a. Clause 24 inserts an immunity provision for members of boards of incorporated health centres.

Clause 25 makes consequential changes to section 51 of the principal Act and inserts a new subsection that requires the approval of the commission to the appointment or dismissal of a person as Chief Executive Officer of a health centre. Clauses 26 and 27 make consequential changes. Clause 28 makes consequential changes to section 57 and inserts a new provision that tightens up the requirement to furnish information under the section. Clause 29 provides power for incorporated health centres to make by-laws.

Clause 30 replaces section 58 of the principal Act with two new sections. New section 58 empowers the commission to give directions to a hospital or health centre where there has been a failure in a particular instance. The exclusion of Commonwealth funded nursing homes is to ensure the continuation of funding by the Commonwealth. New section 58a replaces the substance of the existing section 58.

Clause 31 inserts a new provision providing for conflict of interest. Clause 32 increases the penalty for an offence under section 64. Clause 33 inserts new section 64d which will replace Part IXc of the Health Act 1935. Clause 34 inserts a new regulation making power. Clause 35 inserts a third schedule. Clause 36 repeals Part IXc of the Health Act 1935. Clause 37 makes an amendment to the Transplantation and Anatomy Act 1983.

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

SUPPLY BILL (No. 1)

Adjourned debate on second reading.

(Continued from 10 March. Page 3262.)

The Hon. L. H. DAVIS: It is traditional for the Opposition in the Legislative Council to support this measure to enable funds for the public sector to be available in the coming months. However, I should not let this opportunity pass without commenting on the fact that the Supply Bill has traditionally been debated in the Houses of the Parliament in March, April or perhaps as late as May. It certainly is unusual to see a Supply Bill introduced into the Parliament in mid-February. It makes it very difficult for one to make any meaningful comment on the current position of the State budget with still more than three months to go before the end of the 1987 fiscal year.

In late May 1986 I drew attention to the economic downturn in the South Australian economy and listed a range of statistics which showed a devastating downturn in South Australia worse than in any other State. These figures included building approvals, motor vehicles and motor cycles, electrical goods, and bankruptcies. The *Advertiser* of 26 May chronicled the Government's response to my charge of a devastating economic downturn in South Australia, and is worth commenting on. The article stated:

> Rather than looking at obscure figures, the Opposition should be looking at the overall economic base of South Australia, which is very sound.

It further stated:

> The Premier said a couple of weeks ago that the rate of economic growth would slow, but there will still be positive growth and it has to be remembered that the slowing down will come from the historically high base over the past couple of years.

That was stated by a spokesman from the Premier's Department. He further stated:

> There were positive growth indicators this year with a buoyant tourism industry resulting from the Grand Prix, Jubilee 150 events and the ASER project. Non-dwelling construction approvals were at a high level and South Australia's unemployment was declining.

Finally, the spokesman stated:

> The Opposition really should be looking at the overall picture rather than continuously nit-picking and making negative comments which can have an effect on business confidence in South Australia.

That was a fairly strong rebuttal of the figures and statistics that I tabled in late May. On this occasion I have taken the opportunity to examine a wider range of statistics—14 key indicators—and I have looked at the relative performance of the States in these key economic indicators. I seek leave to have incorporated in *Hansard* these statistical indicators and assure you, Madam President, that they are of a purely statistical nature.

Leave granted.

KEY ECONOMIC INDICATORS OF AUSTRALIAN STATES—A COMPARISON

	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	Aust.
Population Growth for year to 30 June 1986	1.2%	1.0%	1.8%	0.8%	2.3%	1.1%	1.4%
Points Score (6 = best to 1 = worst)	4	2	5	1	6	3	
Net Migration Gain (including overseas and interstate for year 30 June 1986)	0.5%	0.3%	0.9%	0.1%	1.3%	0.3%	0.6%
Points Score	4	2.5	5	1	6	2.5	
Employment Growth (Jan.-Dec. 1986)	4.6%	6.3%	7.2%	5.9%	3.6%	7.4%	5.6%
Points Score	2	4	5	3	1	6	
Overtime Worked (Average weekly overtime hours worked per employee) Per cent change in 12 months to November 1986	5.3%	−10.3%	2.2%	−6.6%	5.2%	15.0%	−0.8%
Points Score	5	1	3	2	4	6	
Unemployment Rate (January 1987)	9.7%	7.1%	10.4%	9.2%	8.5%	10.4%	8.9%
Points Score	3	6	1.5	4	5	1.5	
Building Approvals—Private sector dwellings 6 months to 31 December 1986 compared with same period 1985	−13.3%	−4.9%	−19.8%	−22.7%	−4.1%	−3.7%	−12.1%
Points Score	3	4	2	1	5	6	
Home loan affordability in Australia ratio of average home loan repayment to median family income for loans approved September quarter 1986	28.7%	26.6%	25.0%	28.2%	20.5%	23.3%	26.7%
Points Score	1	3	4	2	6	5	
Bankruptcies increase in 6 months to 31 December 1986 compared with same period in 1985	28.2%	37.4%	27.5%	61.1%	57.1%	3.6%	35.6%
Points Score	4	3	5	1	2	6	
New Motor Vehicles Registrations—Cars, wagons, utes, trucks, buses—3 months to January 1987 compared with same period in 1985-86	−34.0%	−21.2%	−32.3%	−33.9%	−27.6%	−33.0%	−29.9%
Points Score	1	6	4	2	5	3	
Industrial Disputes—Working days lost per 1 000 employees 12 months to October 1986	299	186	217	86	263	187	228
Points Score	1	5	3	6	2	4	
Inflation (% change in CPI—12 months to December 1986 quarter)	9.7%	10.2%	9.0%	9.3%	10.0%	10.0%	9.8%
Points Score	4	1	6	5	2.5	2.5	
State Taxation (contribution of State taxation and charges to consumer price index) 12 months to December 1986 quarter	0.9%	0.9%	0.6%	1.2%	1.0%	0.9%	0.9%
Points Score	4	4	6	1	2	4	
Retail Sales—6 months to 31 December 1986 compared with same period 1985	8.1%	11.0%	8.8%	4.0%	8.3%	5.9%	8.6%
Points Score	3	6	5	1	4	2	
Private Capital Expenditure—Expected increase in private new capital expenditure for 12 months to 30 June 1987 compared with 12 months to 30 June 1986	19.4%	27.2%	3.0%	−2.1%	101.2%	17.0%	26.7%
Points Score	5	4	2	1	6	3	
Total Points	44	51.5	56.5	31	56.5	54.5	

Ranking:		
	W.A.	
	Queensland	1
	Tasmania	3
	Victoria	4
	N.S.W.	5
	S.A.	6

Sources: Australian Bureau of Statistics, Government departments, and the Real Estate Institute.

The Hon. L.H. DAVIS: These 14 key indicators cover population growth, net migration gain, employment growth, overtime worked, the unemployment rate, building approvals, home loan affordability, bankruptcies, new motor vehicle registrations, industrial disputes, inflation, State taxation, retail sales and private capital expenditure. It is a very wide range of economic indicators with no selectivity whatsoever in choosing the indicators.

I have measured the relative performance of each State in each of the 14 key indicators. The State that performed best in each of these indicators received a point score of six and for the six States obviously the point score ranged from six down to one. It is alarming to note that South Australia ranked last in seven of the 14 indicators and second last in three. The survey of these 14 key economic indicators reveals that South Australia is in the economic gutter.

The Premier and Treasurer, Mr Bannon, went to the people of South Australia with the slogan 'Up and Running'. These statistics clearly reveal that the economy is going downhill and is barely at walking pace. The South Australian economy is in worse shape than it has been for many, many years. It is in far worse shape than it was when Mr Bannon took over as Premier in November 1982. As Leader of the Opposition Mr Bannon attacked the lack of population growth and the level of bankruptcies. He was relentless in his attack on the Tonkin Goverment. These key statistcis show that South Australia's population growth is barely half the national average. South Australia can lay claim to the title of bankruptcy capital of South Australia.

Figures just released show that bankruptcies for the first two months of 1987 were 213—nearly four a day, given that February is a very short month. That compares with only 85 for the first two months of 1985—a staggering increase of 151 per cent in bankruptcies for the first two months of 1987 as against the corresponding period just two years earlier. Each month for the past 11 months has seen a new monthly record for bankruptcies. The increase in retail sales is less than half the national average. The motor vehicle industry is in crisis and South Australia had

the biggest increase in Government taxes and charges over the past 12 months. Ironically, one of the very few bright spots on the economic horizon is Roxby Downs—a venture that Mr Bannon initially opposed.

The Grand Prix, the ASER project and the submarine project give an important psychological boost to the South Australian economy and create significant opportunities for employment. No-one denies these facts. These projects and events have been thrashed to death in political propaganda by the State Government and I do not begrudge it that right. But they must not be used to mask the unpalatable fact that the South Australian economy is trailing the other State economies by a very large margin and the outlook for the remainder of 1987 is gloomy.

The survey shows a very even economic performace by Queensland, Western Australia, Tasmania and Victoria. In fact, the final figure (on the basis of the points that were allocated for each of those 14 key economic indicators), shows Queensland and Western Australia in equal first place with 56.5 points, Tasmania a very close third on 54.5 points, and Victoria on 51.5 points. There is that even performance amongst those first four States. The interesting and perhaps to some the surprising feature of the economic performance of those various States is the recovery of the Tasmanian economy in recent years. It has always been regarded as the Cinderella in terms of economic performance, but that can no longer be true. No longer is it fair to leave Tasmania off the economic map of Australia, because that survey shows clearly that Tasmania is alive and well and running very strongly in economic terms.

New South Wales was a little distance behind those first four States on 44 points, and South Australia was absolutely out of sight on 31 points. To recapitulate, of those 14 economic indicators, South Australia ranked last in seven and ranked second last in three. There were only two bright spots; one was in industrial disputes, where the working days lost per thousand employees over the 12 months to October 1986 were fewer in South Australia than in any other State. But, as my colleague the Hon. Gordon Bruce would know, that is a historical fact—for many decades the working days lost in South Australia have been far lower than in any other State. It is a historical fact which, I think, reflects very much the background of the people who came to populate South Australia.

It reflects also the very comprehensive development of the industrial base of South Australia by Sir Thomas Playford and the very full consultation which takes place at various stages of industrial development both at the macro and micro level. Industrial relations has always been a strength of this State, and it continues to be so to this day.

Indeed, in the only other indicator where South Australia did perform well—that was inflation, where we ranked second—the figure was for a 12 month period to the end of December. If one takes the full four year term in which the Bannon Government has been in power, one sees that the figure falls away dramatically, because prices in Adelaide as measured by the consumer price index have increased, I suspect, as much as they have in any other capital city over the past four years. One can go on to examine other statistics that show the weakness of our economy.

It should be noted that in looking at these figures we have had the benefit of our Jubilee 150 celebration, when there was much economic activity generated through tourism and other events and activities both within the city and in country areas which of course created employment and which had many spin-offs in many sections of the community. In 1987 we are going to fall out of that buoyant situation as the Jubilee year has come to an end. However, we can look at other figures apart from the 14 economic indicators. We can look at the restaurant industry, which is in total disarray. We can look at South Australia's share of exports, which I noted publicly only a week ago have fallen dramatically from 8.5 per cent of the national exports down to 6.1 per cent just in the past seven or eight years, and our share of manufactured exports has fallen even more dramatically.

One can advance many reasons for this very serious and quite frightening decline in the performance of the South Australian economy. We have always recognised that we have a fragile economic base and that we are disadvantaged geographically in terms of being not so close to the major population centres of Melbourne and Sydney. However, the Federal and State Governments together, acting in concert quite often, have come up with a devilishly clever plan to further undermine the South Australian economy and to underline the fragility of the economic base in South Australia.

In this regard we can look at the fringe benefits tax, the entertainment tax and the wine tax (which particularly affects South Australia, given that 60 per cent of all wine in Australia is produced in this State), the abolition of negative gearing (which will have a very negative effect on property development, particularly domestic housing, and which in turn will lead to an escalation of rentals in Adelaide), and the magnificent obsession of this State Government for unionising anything on two legs. The cost of housing in the public sector has escalated enormously because of the demand that anyone who works in the Government must be unionised. That has been extended by the demands and requirements made and the prerequisite that exists for anyone applying for a CEP grant or for research grants to be a member of an appropriate union.

The battle that we had in this Parliament against the demands of the Government to make subcontractors unionists is just one aspect of this very endemic problem that we have in this nation—that Australia is going against the trend which exists in every other country in the world. Whereas the percentage of the work force that belongs to unions is slowly diminishing and, in some cases, quite rapidly diminishing (for example, America), here Governments of Labor persuasion act in concert with trade unions to ensure that the percentage belonging to trade unions continues to increase. More often than not, it is not for the benefit of the economy as a whole.

The Hon. C.M. Hill: We are all suffering 'Labor' pains!

The Hon. L.H. DAVIS: The Hon. Murray Hill with his experience always makes the appropriate interjection at the right time and says that we are all suffering 'Labor' pains. When we say 'all' we are talking about a community out there which is haemorrhaging very badly financially and about the number of small businesses that are suffering because of interest rates over 20 per cent. I refer to the motor vehicle industry, the restaurant industry, the retail trade industry and the electrical goods industry. We could be here all day highlighting the difficulties that exist out there in the community.

The Hon. Diana Laidlaw: What about the families?

The Hon. L.H. DAVIS: My colleague the Hon. Diana Laidlaw, the shadow Minister of Community Welfare, whose devotion to her task and whose commitment to caring is well known at least on this side of the Chamber and who suffered an absolutely scandalous personal attack from the Minister of Community Welfare, rightly interjects and asks, 'What about the families that are hurting because of this economic mess that we find ourselves in?' It is also appropriate to note that some of the few jewels in South Aus-

tralia's tarnished economic crown are those which were 29aced there by Liberal Governments. I refer to the Stony Point liquids scheme and to Roxby Downs, which was so bitterly opposed by members of the Labor Party, including the Premier and the Minister of Health.

The Hon. C.M. Hill: In this House, all but one.

The Hon. L.H. DAVIS: In this House. Now they grasp at Roxby Downs as one of the few bright spots that exist on South Australia's economic horizon, given that direct and indirect employment resulting from that massive project will lead to the creation of thousands of jobs.

The Liberal Party then provided a new direction in natural resources with the Stony Point liquids scheme and Roxby Downs. It also provided a new direction in technology with the creation of Technology Park, which was packaged very carefully after very thorough research. The Hon. Dean Brown with the then Premier (Hon. David Tonkin) can take great credit for the innovative work that was done in establishing Technology Park which, I am pleased to say, is still the leader in its field in Australia today.

The Liberal Party also took an initiative in introducing the O-Bahn transport scheme to the north-eastern suburbs. I can well recall acting on behalf of the then Minister of Transport, the Hon. Michael Wilson, as a spokesman for the Government at a public meeting at St Peters Town Hall. It was an emotional occasion because, understandably, people did not know what would happen. There was a view abroad which had been peddled by Labor members in the area that everyone's house would be acquired compulsorily. It was a pretty heavy night. The Hon. Peter Duncan, who is now making a name for himself in another place, was at that time the shadow Minister of Transport. He got up and made an incredible attack on the O-Bahn scheme, saying that it was the worst thing that we could ever see in South Australia, that it would bring disaster to the north-eastern suburbs and that it would be an economic nightmare. Those comments are on tape if members opposite would like to listen to them.

I was delighted to see that, coincidentally, in the light of my comments on these matters, general information on the O-Bahn busway was put into my box today: in fact, the O-Bahn is one year old. The Minister of Transport, in this very fancy press release, says that he cut the ceremonial cake and drank a champagne toast with some surprised commuters to celebrate the first birthday of Adelaide's O-Bahn busway, which was, in fact, on Monday. Mr Keneally said that since the busway was opened it had carried more than 4 000 000 passengers in 100 km/h comfort. He said:

> There have been no breakdowns on the track and no significant problems with the system. It has been an excellent year's operation and everyone involved has been pleased by the success of the system.

Mr Keneally said that work was progressing on the construction of stage 2 of the busway from Paradise to Tea Tree Plaza. He said:

> Parsons Road Bridge should be opened by the end of this week, Grand Junction Road bridge will be fully finished in about four weeks and the Lyons Road bridge, where the busway goes over the road, will be completed by June.

He mentions the landscape work, which includes grassing, tree planting and construction of bicycle and walking paths. It is a very effusive press release. Some time this week the four millionth passenger will travel on the O-Bahn busway. In a second press release in the same kit, it is stated:

> The introduction of the busway has seen an overall increase of about 30 per cent in usage on the bus routes serving the north-east areas of which 24 per cent are new riders.

That is exactly the sort of thing that the Tonkin Government said when it introduced this scheme, which was slammed unmercifully by the then Labor Opposition.

The Hon. Diana Laidlaw: Not very credible, are they?

The Hon. L.H. DAVIS: No. Credible is too strong a word and lack of credibility is too nice a phrase to describe them. In this effusive press release, Mr Keneally goes on to say:

> On some particular services passengers have increased by nearly 60 per cent.

Mr Alan Wayte, the project director of the O-Bahn (whom I should compliment for being involved from the original planning and design work for the O-Bahn through to the present stage) said:

> The sheer novelty of the system and the marketing campaign that was conducted leading up to opening has produced a high level of public interest and response. Even after a year's operation the public at large and even some regular riders still find the O-Bahn exciting.

I just wanted to make the point that the Liberal Party, notwithstanding the fact that it is in Opposition, can take pleasure in the fact that it was associated with the initial moves in relation to those projects in natural resources, technology and transport.

I return to my opening remark: it is difficult, if not impossible, in early March to make any meaningful comment on the progress of State finances. The introduction of the South Australian Financing Authority makes it even more difficult, because it has considerably altered cash flows. I have no doubt that the very creative accounting which takes place in SAFA will be used again by the Government to mask some of the serious financial deficits that I am sure will emerge in the coming months. Notwithstanding that, I repeat that the Opposition, as is traditionally the case, supports the second reading of the Supply Bill.

The Hon. DIANA LAIDLAW secured the adjournment of the debate.

WATERWORKS ACT AMENDMENT BILL

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

The Hon J.R. CORNWALL (Minister of Health): I move:

That this Bill be now read a second time.

I seek leave to have the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Bill

This Bill is designed to enable the introduction of an integrated and consistent set of policies to replace current service provision policies for extension of water supply facilities and associated services. The new policies are formulated with particular emphasis on equity, compact and orderly development and cost recovery.

In summary, the policies provide for the introduction of new or revised standard charges where appropriate, for:

- short extensions of mains to service existing allotments;
- extensions of mains to service new allotments created by land division;
- water services to link individual ratepayers to mains;
- other servicing arrangements such as indirect services;
- private water supply schemes.

The proposals relate only to localised reticulation mains and other directly related local works.

HISTORICAL BACKGROUND

In the past the Engineering and Water Supply Department has funded most water supply and sewerage works from loan funds. Rate revenue was the only significant source of

cost recovery apart from fees which met some of the cost of constructing water services and sewer connections.

Major schemes proceeded on the basis that those ratepayers who received the service paid only normal rates whilst short extensions were subject to a satisfactory rate of return. A short extension did not proceed unless the revenue from the work covered additional debt charges or unless the applicant guaranteed to meet any shortfall in the rate of return during the following five years.

The Planning and Development Act of 1967 introduced major changes to service provision policy by requiring developers to provide water and sewerage facilities for the new allotments they created. The costs were passed on to purchasers of allotments who were also required to pay normal rates. Owners of existing unserviced allotments continued to receive services free of charge when mains were eventually extended to serve them whether by short extensions or by major schemes.

The current policies have evolved in a piecemeal way over many years and reflect the changing objectives of different Governments and widely varying sets of circumstances. Consequently they are not based on a set of consistent principles and practical application inevitably involves subjective judgment. The most significant policy deficiencies relate to the issues of equity between ratepayers, orderly development and cost recovery.

The most serious problems arise because of inconsistency between policies for new land division and policies for provision of services to existing unserviced allotments. Developers, and hence purchasers of new serviced allotments, bear the full cost of reticulated services in addition to incurring normal rates which pay for the use of existing headworks and distribution works, in common with other ratepayers, and any additional operating and maintenance costs incurred in meeting the additional system demand. However, most allotment owners served by mains laid at Government expense incur only normal rates so that reticulation costs are generally not recovered in country areas, and are only recovered over a long period of time in the Adelaide metropolitan area through higher rates to all ratepayers. Not only does this have an adverse impact on Government finances but a significant inequity exists between ratepayers.

To the extent that Government does not recover costs of mains laid to existing allotments, debt charges are higher and must be recovered by increased rates. Consequently, purchasers of new serviced allotments have not only paid for their own services but are also subsidising the provision of services to owners of existing allotments who have made no contribution to reticulation costs.

Further inequities arise when owners of existing allotments who apply for a short extension are required to meet the shortfall between additional rate receipts from all properties to be served and the required rate of return on capital cost. Applicants, in meeting this requirement, are subsidising other beneficiaries who not only obtain the service at no cost other than normal rates but also benefit from an enhancement of their property values.

DISCUSSION

The proposals seek to establish logical, consistent and fully integrated policies which comply with Government objectives for the Engineering and Water Supply Department. This depends upon more consistent application of beneficiary pays principles in order to enhance both equity and cost recovery. Consequently consumers obtaining similar services should incur similar costs irrespective of whether the department provides the services to an existing property or a developer provides them when the allotment is created.

Subject to the operational requirements of the department the proposed service provision policies for urban and non-urban areas will operate on the basis of boundaries determined by the department which will generally follow current urban planning zone boundaries with particular attention being given to Deferred Urban/Rural A type areas.

SUMMARY OF PROPOSALS

Short Extensions of Mains to Existing Allotments

(a) Urban Areas

Mains are to be extended on application where one-third of allotments to be served are developed and where headworks are available. If this criterion is met, all beneficiaries of the mains will be charged a standard capital contribution of $1 200 per allotment.

For large commercial/industrial properties the contributions would be greater, based on the area of the allotment in recognition of the additional costs involved.

(b) Non-urban Areas, including Deferred Urban/Rural A

Mains are to be extended on application provided the applicant, or group of applicants, pay the full capital cost of the works. Only the applicant/s allotment/s would be rateable. Other potential users of the mains can elect to obtain services by payment of the standard contributions required in urban areas and as a consequence would become rateable.

Extensions of Mains Required for Deferred Water Supply Schemes

These schemes will continue to be treated on their merits and will be the subject of individual submissions.

Extensions of Mains to Service New Allotments Created by Land Division

(a) Urban Areas

Provision of departmental water supply will be compulsory in areas where headworks are available. Where the level of development along an approach main to a land division is consistent with that required for a short extension, the developer will pay, as is currently the case, the full cost of works within the division plus half the cost of mains bounding the division where these also serve other land. The Government will finance the cost of the approach main and require the developer to pay a standard contribution.

Where the level of development along an approach main is less than required for a short extension, developers will, in addition, meet the full cost of the approach main less prescribed allowances related to the length of the approach main and the number of allotments to be created. Government will finance only a portion of approach main costs.

The owners of all existing properties which will be served by the approach and boundary mains to the land division will be charged the standard capital contributions proposed for short extensions. Developers who create additional allotments along existing mains will pay standard capital contributions, as defined for short extension policy, for each additional allotment created.

(b) Non-urban Areas excluding Deferred Urban/Rural A

The department will not require the provision of water facilities as a condition of and division unless the division abuts an existing main, in which case standard contributions will be required. But if the planning authority requires the provision of services, developers will be required to meet the full cost of all

approach, boundary and internal mains. Only the allotments created by the land division would be rateable. Other potential users of the mains can elect to obtain services by payment of the capital contributions required under urban short extension policy and as a consequence would become rateable.

(c) Deferred Urban/Rural A

Proposed non-urban policy would apply except that provision of water facilities would be a condition of land division imposed by the department. Developers will be required to meet the cost of approach, boundary and internal mains.

Water Services Required to Link Individual Consumers to Mains

In urban areas all water services would be constructed at the time of mainlaying whenever practicable and the costs included in the proposed standard capital contributions per allotment.

Two schedules of fees would apply:

Schedule A: where a capital contribution *has not been paid,* fees cover the cost of constructing services, including the provision and cost of a water meter.

Schedule B: where a capital contribution *has been paid,* fees cover the cost of locating pre-laid services plus supply and fitting of a water meter. The proposed fees which vary according to meter or connection size are:

	WATER	
	Present	Proposed
Schedule A	$262-$750	$350-$1 100
Schedule B	$86	$100-$360

Other Servicing Arrangements such as Indirect Services

The existing forms of indirect services involving supply through private pipework connected to departmental mains will be in two categories:

(a) temporary water services granted in urban areas for domestic purposes where main extension is premature, i.e. less than one-third of the allotments are developed. Recipients of these services will be required to pay standard capital contributions when mains are eventually extended past the property. Normal rates would apply to temporary services.

(b) private water services to provide low cost, low standard supplies for stock watering and other non-intensive primary production activities in non-urban areas. They would not be granted to rural living allotments or within the Mount Lofty Ranges Watershed.

Private Water Supply Schemes

Private schemes would not be permitted to serve new land division in urban areas where departmental mains are to be mandatory. In other areas, approval of private schemes would be a planning authority responsibility with water from departmental mains being provided only for schemes to be administered by a local government authority.

Prior to takeover by Government, private schemes are to be upgraded to departmental standards, provided the owner meets the upgrading costs or the consumers serviced by the scheme pay capital contributions on the basis of policy proposed for Deferred Water Supply Schemes.

EFFECT ON POLICY

The proposals involve substantial variations from existing policy, the most significant of which are:

(a) Introduction of standard capital contributions for all beneficiaries of new extensions of main laid at Government expense in urban areas. At present there is no charge on consumers in most cases. Contributions would seek to recover amounts equivalent to those incurred by developers and subsequently passed on to purchasers of new serviced allotments in land prices. Safeguards are built into service provision criteria to avoid contributions being required in unreasonable circumstances.

A deferred payment scheme will be available for applicants and beneficiaries who are not property developers. The scheme will provide for payment of the contributions by quarterly instalments over six years.

Pensioners eligible for remission under the Rates and Land Taxes Remission Act 1986 will have the option of deferring repayments of the standard contribution. In these cases the charge will remain as a debt on the land, to be paid in full on sale of the land.

(b) More widespread application of charges on developers for the use of existing mains to create additional allotments. The charges would be standardised and be consistent with standard contributions for new departmental mains.

(c) Government funding of mains to new land division which will service properties other than the land division, would be increased through the use of approach main allowances so that, when combined with the charges for existing mains, sharing of costs between developers and other beneficiaries would be more equitable.

(d) To provide strong incentives for orderly and compact development and hence promote efficient resource allocation, the extent of Government funding would be less the further a development is from existing mains, and more when the number of allotments to be created is larger. Larger developments close to existing mains would be encouraged with small developments remote from mains being strongly discouraged. Whilst there may continue to be some instances of leapfrogging of development, these are expected to be less than under present policies.

(e) Water service and other service fees would be increased, so that fees would reflect all costs incurred in provision of particular services, including the water meter.

(f) Indirect water services would no longer be made available to rural living type allotments, where other sources of supply should be used.

(g) Applicants for short extensions in non-urban areas will be required to pay the full cost of required works to ensure that the benefits exist and that existing systems are not overextended in view of growing asset management needs.

To ensure fairness, anyone else wishing to connect to the main after it is extended will be required to pay a standard contribution, which can be related to other augmentation costs which are usually incurred in backing up increasing development.

The most significant implications of the new policies would be:

(a) The establishment of consistent policies which would provide for greater equity in the treatment of new consumers obtaining similar services.

(b) Little change to the costs incurred by purchasers of newly created serviced allotments who, in general, tend to be younger married couples, possibly with young families and establishing their first homes. The proposed changes to land division policy in urban areas may have a moderating influence on serviced land prices based on the greater allowances for approach and boundary mains which will reduce costs for some developers.

(c) Significantly increased costs to consumers who presently obtain services at Government expense by means of short extensions of main in urban areas.

(d) To the extent that these proposals would reduce the indebtedness of the department, future rate increases would be moderated.

(e) Because of the standard charges, consumers in most cases will be immediately advised of their obligations, compared with the considerable time lag under existing arrangements.

Clauses 1 and 2 are formal.

Clause 3 inserts a new paragraph VA in subsection (1) of section 10. This paragraph provides for regulations that enable the Minister to defer payment of charges under the Act or to release a person from the obligation to make payment of such charges. The clause also inserts a new subsection into section 10. This subsection will ensure the validity of regulations imposing charges notwithstanding that, in certain cases, the charges exceed the cost of providing the mains or other works to which the charges relate.

Clause 4 repeals section 85 of the principal Act. This section will not be required when the new scheme of charges comes into force.

Clauses 5, 6 and 7 make amendments to ensure that interest payable in respect of deferred charges is secured on the land and can be recovered in the same manner as rates.

The Hon L.H. DAVIS secured the adjournment of the debate.

SEWERAGE ACT AMENDMENT BILL

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

The Hon. J.R. CORNWALL (Minister of Health): I move:

That this Bill be now read a second time.

I seek leave to have the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Bill

This Bill is designed to enable the introduction of an integrated and consistent set of policies to replace current service provision policies for extension of sewerage supply facilities and associated services. The new policies are formulated with particular emphasis on equity, compact and orderly development and cost recovery. In summary, the policies provide for the introduction of new or revised standard charges where appropriate, for:

short extensions of mains to service existing allotments;

extensions of mains to service new allotments created by land division;

sewer connections to link individual ratepayers to mains;

other servicing arrangements such as indirect services;

The proposals relate only to localised reticulation mains and other directly related local works.

HISTORICAL BACKGROUND

In the past the Engineering and Water Supply Department has funded most water supply and sewerage works from loan funds. Rate revenue was the only significant source of cost recovery apart from fees which met some of the cost of constructing water services and sewer connections.

Major schemes proceeded on the basis that those ratepayers who received the service paid only normal rates whilst short extensions were subject to a satisfactory rate of return. A short extension did not proceed unless the revenue from the work covered additional debt charges or unless the applicant guaranteed to meet any shortfall in the rate of return during the following five years.

The Planning and Development Act of 1967 introduced major changes to service provision policy by requiring developers to provide water and sewerage facilities for the new allotments they created. The costs were passed on to purchasers of allotments who were also required to pay normal rates. Owners of existing unserviced allotments continued to receive services free of charge when mains were eventually extended to serve them whether by short extensions or by major schemes.

All sewer connection fees were reduced to reflect only the cost of plumbing and drainage inspection rather than the full cost of laying the connection. Thus whilst owners of serviced allotments continued to meet the cost of providing sewer connections through the price of their allotments, other property owners avoided this cost.

The current policies have evolved in a piecemeal way over many years and reflect the changing objectives of different Governments and widely varying sets of circumstances. Consequently they are not based on a set of consistent principles and practical application inevitably involves subjective judgment. The most significant policy deficiencies relate to the issues of equity between ratepayers, orderly development and cost recovery.

The most serious problems arise because of inconsistency between policies for new land division and policies for provision of services to existing unserviced allotments. Developers, and hence purchasers of new serviced allotments, bear the full cost of reticulated services in addition to incurring normal rates which pay for the use of existing headworks and distribution works, in common with other ratepayers, and any additional operating and maintenance costs incurred in meeting the additional system demand. However, most allotment owners served by mains laid at Government expense incur only normal rates so that reticulation costs are generally not recovered in country areas, and are only recovered over a long period of time in the Adelaide metropolitan area through higher rates to all ratepayers. Not only does this have an adverse impact on Government finances but a significant inequity exists between ratepayers.

To the extent that Government does not recover costs of mains laid to existing allotments, debt charges are higher and must be recovered by increased rates. Consequently, purchasers of new serviced allotments have not only paid for their own services but are also subsidising the provision of services to owners of existing allotments who have made no contribution to reticulation costs.

Further inequities arise when owners of existing allotments who apply for a short extension are required to meet the shortfall between additional rate receipts from all prop-

erties to be served and the required rate of return on capital cost. Applicants, in meeting this requirement, are subsidising other beneficiaries who not only obtain the service at no cost other than normal rates but also benefit from an enhancement of their property values.

DISCUSSION

The proposals seek to establish logical, consistent and fully integrated policies which comply with Government objectives for the Engineering and Water Supply Department. This depends upon more consistent application of beneficiary pays principles in order to enhance both equity and cost recovery. Consequently consumers obtaining similar services should incur similar costs irrespective of whether the department provides the services to an existing property or a developer provides them when the allotment is created.

Subject to the operational requirements of the department the proposed service provision policies for urban and non-urban areas will operate on the basis of boundaries determined by the department which will generally follow current urban planning zone boundaries with particular attention being given to Deferred Urban/Rural A type areas.

SUMMARY OF PROPOSALS

Short Extensions of Mains to Existing Allotments

(a) Urban Areas

Mains are to be extended on application where one-half of the allotments to be served are developed and where headworks are available. If this criterion is met, all beneficiaries of the mains will be charged a standard capital contribution of $2 300 per allotment. This amount will be reduced by $1 000 if a septic tank has been installed on the allotment.

For large commercial/industrial properties the contributions would be greater, based on the area of the allotment in recognition of the additional costs involved.

(b) Non-urban Areas, including Deferred Urban/Rural A

Mains are to be extended on application provided the applicant, or group of applicants, pay the full capital cost of the works. Only the applicant/s allotment/s would be rateable. Other potential users of the mains can elect to obtain services by payment of the standard contributions required in urban areas and as a consequence would become rateable.

Extensions of Mains Required be Public Works (Backlog) Sewerage Schemes

These schemes will continue to be treated on their merits and will be the subject of individual submissions.

Extensions of Mains to Service New Allotments Created by Land Division

(a) Urban Areas

Provision of departmental sewerage will be compulsory in areas where headworks are available.

Where the level of development along an approach main to a land division is consistent with that required for a short extension, the developer will pay, as is currently the case, the full cost of works within the division plus half the cost of mains bounding the division where these also serve other land. The Government will finance the cost of the approach main and require the developer to pay a standard contribution.

Where the level of development along an approach main is less than required for a short extension, developers will, in addition, meet the full cost of the approach main less prescribed allowances related to the length of the approach main and the number of allotments to be created. Government will finance only a portion of approach main costs.

The owners of all existing properties which will be served by the approach and boundary mains to the land division will be charged the standard capital contributions proposed for short extensions.

Developers who create additional allotments along existing mains will pay standard capital contributions, as defined for short extension policy, for each additional allotment created.

(b) Non-urban Areas excluding Deferred Urban/Rural A

The department will not require the provision of sewerage facilities as a condition of land division unless the division abuts an existing main, in which case standard contributions will be required.

But if the planning authority requires the provision of services, developers will be required to meet the full cost of all approach, boundary and internal mains.

Only the allotments created by the land division would be rateable. Other potential users of the mains can elect to obtain services by payment of the capital contributions required under urban short extension policy and as a consequence would become rateable. It should be noted that provision of sewerage in this category would not normally be required.

(c) Deferred Urban/Rural A

Proposed non-urban policy would apply except that provision of sewerage facilities would be a condition of land division imposed by the department.

Developers will be required to meet the cost of approach, boundary and internal mains.

Sewer Connections Required to Link Individual Consumers to Mains

In urban areas all sewer connections would be constructed at the time of mainlaying whenever practicable and the costs are included in the proposed standard capital contributions per allotment.

Two schedules of fees would apply:

Schedule A: where a capital contribution has not been paid, fees cover the cost of constructing connections and the cost of plumbing inspections.

Schedule B: where a capital contribution has been paid, fees cover the cost of plumbing inspections. Proposed fees which vary according to connection size are:

	SEWER	
	Present	Proposed
Schedule A	$155-$205	$1 200-$1 300
Schedule B	$155-$205	$170-$225

Where a sewer main existed prior to the new policy but a 100 mm connection had not been prelaid, the fee will be one third of the schedule A fee, viz $400.

EFFECT ON POLICY

The proposals involve substantial variations from existing policy, the most significant of which are:

(a) Introduction of standard capital contributions for all beneficiaries of new extensions of main laid at Government expense in urban areas. At present there is no charge on consumers in most cases. Contributions would seek to recover amounts equivalent to those incurred by developers and subsequently passed on to purchasers of new serviced allotments in land prices. Safeguards are built into service provision criteria to

avoid compulsory contributions being required in unreasonable circumstances.

A deferred payment scheme will be available for applicants and beneficiaries who are not property developers. The scheme will provide for payment of the contributions by quarterly instalments over six years.

Pensioners eligible for remission under the Rates and Land Taxes Remission Act 1986 will have the option of deferring repayments of the standard contribution. In these cases the charge will remain as a debt on the land, to be paid in full on sale of the land.

(b) More widespread application of charges on developers for the use of existing mains to create additional allotments. The charges would be standardised and be consistent with standard contributions for new departmental mains.

(c) Government funding of mains to new land division which will service properties other than the land division, would be increased through the use of approach main allowances so that, when combined with the charges for existing mains, sharing of costs between developers and other beneficiaries would be more equitable.

(d) To provide strong incentives for orderly and compact development and hence promote efficient resource allocation, the extent of Government funding would be less the further a development is from existing mains, and more when the number of allotments to be created is larger. Larger developments close to existing mains would be encouraged with small developments remote from mains being strongly discouraged. Whilst there may continue to be some instances of leapfrogging of development, these are expected to be less than under present policies.

(e) Sewer connection and other service fees would be increased, so that fees would reflect all costs incurred in provision of particular services.

(f) Applicants for short extensions in non-urban areas will be required to pay the full cost of required works to ensure that the benefits exist and that existing systems are not overextended in view of growing asset management needs.

To ensure fairness, anyone else wishing to connect to the main after it is extended will be required to pay a standard contribution, which can be related to other augmentation costs which are usually incurred in backing up increasing development.

The most significant implications of the new policies would be:

(a) The establishment of consistent policies which would provide for greater equity in the treatment of new consumers obtaining similar services.

(b) Little change to the costs incurred by purchasers of newly created serviced allotments who, in general, tend to be younger married couples, possibly with young families and establishing their first homes. The proposed changes to land division policy in urban areas may have a moderating influence on serviced land prices based on the greater allowances for approach and boundary mains which will reduce costs for some developers.

(c) Significantly increased costs to consumers who presently obtain services at Government expense by means of short extensions of main in urban areas.

(d) To the extent that these proposals would reduce the indebtedness of the department, future rate increases would be moderated.

(e) Because of the standard charges, consumers in most cases will be immediately advised of their obligations, compared with the considerable time lag under existing arrangements.

Clauses 1 and 2 are formal. Clause 3 inserts a new paragraph VIIA in subsection (1) of section 13. This paragraph provides for the making of regulations that enable the Minister to defer payment of charges under the Act or to release a person from the obligation to make payment of such charges. The clause also inserts a new subsection into section 13. This subsection will ensure the validity of regulations imposing charges notwithstanding that, in certain cases, the charges exceed the cost of providing the mains or other works to which the charges relate. Clause 4 repeals sections 43 and 44 of the principal Act and replaces them with a new section 43. The new section is more precise than existing section 43 and also enables the Minister to lend money to an owner in relation to the execution of drainage works. Existing section 44 will be redundant when the new provisions come into operation.

Clause 5 repeals sections 46, 47 and 48 of the principal Act. These sections will not be required when the new scheme comes into force.

Clauses 6 and 7 make amendments to ensure that interest payable in respect of deferred charges is secured on the land and can be recovered in the same manner as rates.

The Hon. L.H. DAVIS secured the adjournment of the debate.

INDUSTRIAL AND COMMERCIAL TRAINING ACT AMENDMENT BILL

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

The Hon. J.R. CORNWALL (Minister of Health): I move:

That this Bill be now read a second time.

I seek leave to have the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Bill

The purpose of this Bill is to reflect in Government's representation on the Industrial and Commercial Training Commission the appropriate areas of ministerial and departmental responsibility. The Office of Employment and Training was established in March 1986 with the following approved functions:

- to develop and, where appropriate, implement policies and programs that—
  - (a) aim to broaden the employment base in the State, having regard to technological and economic development considerations;
  - (b) maximise employment opportunities, particularly among youth;
  - (c) provide training opportunities that enhance job prospects and are relevant to the skill needs of the State;
- to provide an effective link with the Commonwealth to make best use of Commonwealth sponsored employment

and training programs or funds allocated to the State for these purposes;

- to maintain an analytical research and advisory capacity to provide up-to-date and relevant advice on the labour market.

At the time of establishing this office, responsibility for the administration of the Industrial and Commercial Training Act was committed to the portfolio of Employment and Further Education. Previously the Act was committed to the responsibility of the Minister of Labour. Section 9 of the Industrial and Commercial Training Act makes provision for the membership of the Industrial and Commercial Training Commission which is a tripartite commission appointed by the Governor the membership of which is:

(a) A full-time member, appointed to be Chairman of the commission;

(b) The Director of the Department of Labour or his nominee;

(c) The Director-General of Further Education or his nominee;

(d) Three persons appointed, after consultation with employer associations, to represent the interests of employers;
and

(e) Three persons appointed, after consultation with the United Trades and Labor Council of South Australia, to represent the interest of employees.

Whilst strong links will always remain between vocational training and industrial relations matters it is more appropriate that the chief executive of the agency directly responsible to the Government in respect of employment and training matters be a member of the commission. For the period since the establishment of the Office of Employment and Training its chief executive has been the nominee of the Director of the Department of Labour. The Industrial Relations Advisory Council has supported the proposal. I commend the Bill to the Council.

Clause 1 is formal.

Clause 2 reflects the change of membership of the Industrial and Commercial Training Commission in that the Director, Office of Employment and Training, or his nominee, will be one of the Government representatives on the commission in lieu of the Director, Department of Labour.

The Hon. L.H. DAVIS secured the adjournment of the debate.

LIFTS AND CRANES ACT AMENDMENT BILL

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

ADJOURNMENT

At 6.6 p.m. the Council adjourned until Thursday 12 March at 2.15 p.m.