

LEGISLATIVE COUNCIL

Thursday 14 February 2008

The **PRESIDENT (Hon. R.K. Sneath)** took the chair at 14:17 and read prayers.

DESALINATION PLANTS

The Hon. M. PARNELL: Presented a petition signed by 206 residents of South Australia, concerning the protection of marine habitat and water acquisition and usage. The petitioners pray that this honourable house will urge the government to—

- drop plans to build a desalination plant on Spencer Gulf and that it be built at Pelican Point and hyper saline be pumped to the existing salt crystallisation pans near St Kilda instead;
- consider that treated effluent from Bolivar be pumped to Olympic Dam for use on the extensions there, implementing the 'Bolivar to Billiton' plan of 2006; and
- consider a desalination plant be built at Ceduna using wave power and hyper saline be pumped into the Bight.

WATER ALLOCATIONS

The Hon. SANDRA KANCK: Presented a petition signed by 180 residents of South Australia, concerning the extraction of water from the River Murray. The petitioners pray that this honourable house will do all in its power to promote the buy-back of water allocations by state and federal governments in order to improve environmental flows and support sustainable agriculture.

ANSWERS TO QUESTIONS

The PRESIDENT: I direct that written answers to the following questions be distributed and printed in *Hansard*: Nos 522 and 544 of the last session, and Nos 7, 8, 11 and 111 of this session.

ATTORNEY-GENERAL, TRAVEL

522 The Hon. R.I. LUCAS (First Session) (7 February 2007). Since March 2002:

1. How many frequent flyer points has the Attorney-General accumulated from any taxpayer funded travel?
2. Has the Attorney-General used frequent flyer points accumulated from any taxpayer funded travel for travel by the Attorney-General or any other person?
3. If so, will the Attorney-General provide details of any such travel undertaken by:
 - (a) the Attorney-General; and
 - (b) any other person?

The Hon. P. HOLLOWAY (Minister for Police, Minister for Mineral Resources Development, Minister for Urban Development and Planning): The Attorney-General has provided the following information:

I am not a member of a frequent flyer scheme and, therefore, have not accumulated any frequent flyer points from taxpayer-funded travel.

KANGAROO ISLAND, WATER

544 The Hon. SANDRA KANCK (First Session) (13 March 2007). In regard to desalinated water produced on Kangaroo Island:

1. How much electricity is used to produce one kilolitre of water?
2. What is the cost of producing the water per kilolitre?
3. What are consumers charged per kilolitre for that water?

The Hon. P. HOLLOWAY (Minister for Police, Minister for Mineral Resources Development, Minister for Urban Development and Planning): The Minister for Water Security has provided the following information:

1. The amount of electricity consumed to produce one kilolitre of water is 8 kwh/KL.
2. The cost to produce one kilolitre of water is \$2.02.

3. In 2006-07 consumers are charged \$0.47/kL for the first 125 kL and \$1.09/kL for water use above 125 kL.

SEXUAL ASSAULT, PROSECUTIONS

7 The Hon. D.G.E. HOOD (31 May 2007).

1. How many prosecutions were there for sexual assault (family member) and rape in South Australia during 2006?

2. How many prosecutions were there for the supply of false and misleading information to South Australia Police in assault (family member) and rape cases during 2006?

The Hon. P. HOLLOWAY (Minister for Police, Minister for Mineral Resources Development, Minister for Urban Development and Planning): The question as phrased by the member can not be answered in its entirety, given the statistical grouping of offences within the State and National framework.

Statistical groups of offending that have a sexual element used for crime (reported by victims that relate to offences against the person) in this State are:

Rape/Attempted Rape;

Other Sexual Offences; and

Other Offences against Person

The number of prosecutions initiated for 2006 for offences in those groups that have a sexual element to offending is 553. (NB: Retrieved from the statistical data held within the Justice Warehouse.)

That offending can be further broken down into offences:

Rape	182
Attempted Rape	1
Indecent assault	160
Unlawful Sexual Intercourse	92
Incest	2
Indecent behaviour/exposure	81
Gross indecency	6
Incite or procure an act of gross indecency	13
Persistent sexual abuse of a child	1
Other sexual offences	15
Total	553

Information held on rape charges (pertaining to victims) is categorised by way of age and sex. Sexual assault/rape of a family member is not part of the national reporting framework as that offending would be charged as incest.

Prosecutions initiated in 2006 for offences of supplying of false and misleading information to South Australia Police is 119. (NB: Retrieved from the statistical data held within the Justice Warehouse.)

That offending can be further broken down into offences:

Make a false representation to a police officer where the representation would cause a police investigation—81

Make a false representation to a person where the representation would be communicated to a police officer and cause a police investigation—15

Create false belief that an offence has been committed—16

Create false belief that life has or may have been lost or endangered—7

Total—119

Persons in these statistical categories are charged under the Summary Offences Act and there is no current method or system to link this offending to existing statistical sexual offending.

PROTECTION OF CHILDREN

8 The Hon. D.G.E. HOOD (7 June 2007). Will the Treasurer implement the recommendation in the 'Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism'—the ECPAT (End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes) project funded by UNICEF and supported by the World Tourism Organisation—for the international travel undertaken by South Australian Members of Parliament?

The Hon. P. HOLLOWAY (Minister for Police, Minister for Mineral Resources Development, Minister for Urban Development and Planning): The Speaker of the House of Assembly, with the support of the President of the Legislative Council, has provided the following information:

The Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism is promoted by an international industry based Steering Committee that includes Carlson Wagonlit Travel, the Government and the Parliament's contracted travel agent who, I am advised, are also signatories to the Code.

CRIMINAL LAW CONSOLIDATION ACT, PROSECUTIONS

11 The Hon. D.G.E. HOOD (25 July 2007). Can the Attorney-General advise the number of prosecutions in 2006 pursuant to sections 81 and 82 of the Criminal Law Consolidation Act 1935?

The Hon. P. HOLLOWAY (Minister for Police, Minister for Mineral Resources Development, Minister for Urban Development and Planning): The Attorney-General has provided the following information:

Data provided by the Office of Crime Statistics and Research shows that there was one case heard by the courts in 2006 where the defendant was charged with an offence under section 81(2) of the Criminal Law Consolidation Act 1935.

WORKCOVER CORPORATION

111 The Hon. J.M.A. LENSINK (26 September 2007).

1. Can the Minister for Industrial Relations advise whether WorkCover SA has brokerage funds for counselling services?
2. What level of funding is available?
3. (a) Which providers have received funding; and
(b) How much has each received?

The Hon. P. HOLLOWAY (Minister for Police, Minister for Mineral Resources Development, Minister for Urban Development and Planning): The Minister for Industrial Relations has provided the following information:

1. Brokerage funds are not used by WorkCover SA. The WorkCover Scheme does pay for counselling services in appropriate circumstances, but not through an allocated pool of funds.
2. Brokerage funds are not used by WorkCover SA.
3. Brokerage funds are not used by WorkCover SA and therefore no providers have received funding through brokerage funds.

ASH WEDNESDAY BUSHFIRES

The Hon. P. HOLLOWAY (Minister for Police, Minister for Mineral Resources Development, Minister for Urban Development and Planning) (14:19): I lay on the table a copy of a ministerial statement relating to the 25th anniversary of the Ash Wednesday bushfires made earlier in another place by my colleague the Premier.

QUESTION TIME

POLICE RESOURCES

The Hon. D.W. RIDGWAY (Leader of the Opposition) (14:20): I seek leave to make a brief explanation before asking the Minister for Police a question about the Productivity Commission report.

Leave granted.

The Hon. G.E. Gago interjecting:

The Hon. D.W. RIDGWAY: The Hon. Gail Gago said that I love talking. In fact, I do love looking at the figures the minister failed to advise the community about. On Tuesday this week, by way of a Dorothy Dixier, the minister was asked a question about the Productivity Commission report. The minister said that the Productivity Commission is 'the Australian government's principal review and advisory body' on micro economic policy and regulation.

Later in his answer, he talked about some of the comments the opposition had made over the past few months. He said that the Productivity Commission is 'an independent agency with no axe to grind on behalf of this government'. When you look more closely at the figures, and look at some of the statements made by the minister over the past 12 or 18 months, one statement made by the minister in his press release was, 'By 2010, South Australia will have more than 4,400 police officers on the beat.'

When you look at the Productivity Commission figures, the number of full-time equivalent sworn police officers in South Australia over the past 12 months has fallen from 3,862 to 3,842—a fall of some 20 personnel. The number of police officers who are on the beat and actually out there doing the job has fallen by some 20 persons. This audit was done by an independent agency, independent of the state government, with no axe to grind.

I also draw members' attention to the fact that the number of full-time equivalent staff, both sworn and unsworn, has also fallen. There are some interesting statistics over the life of this government, but I do concede that—

The Hon. R.P. Wortley interjecting:

The Hon. D.W. RIDGWAY: Chuck him out, please—sometimes interstate figures can be a little misleading. However, over the same time as the life of this government Victoria has increased its FTEs by 721 officers, Queensland by 1,060, New South Wales by 1,507, but poor old South Australia, only 152. My question is: does the minister now concede that he has no prospect of achieving his goal of 4,400 police on the beat by 2010?

The Hon. P. HOLLOWAY (Minister for Police, Minister for Mineral Resources Development, Minister for Urban Development and Planning) (14:23): Not at all. In fact, as we speak, and certainly in recent times, there is a larger number in courses than we have seen at the academy at Fort Largs for many years, although I will not say it is a record number of police officers, because there may have been such occasions decades or so ago

Of course, we have been recruiting. We have to recruit about 250 to 260 police officers a year to get a net increase of 100, allowing for attrition, which can vary from year to year. If one looks at the end of this year, given the very large number of courses over this year (I think that it is well over 250, or something of that order), the state government is well on target.

As I said the other day, what the Productivity Commission figures show is that we have a higher proportion of police officers on operational duties than does any other state. It is almost 90 per cent. This is higher than the national average, which is something like 82 or 83 per cent. I find it remarkable that members opposite keep talking about the need for more staff, yet they were the people who two years ago went to the election on the platform of cutting public servants by 4,000.

The Hon. D.W. Ridgway: Not police.

The Hon. P. HOLLOWAY: Not sworn police, but it would have been all those they did not exempt—the 1,000 or so public servants who work in the police department so that more sworn police can be on duty catching crims. If they had had their way and cut 4,000 public servants, not only would we have less support for police so more would have to be doing desk-type jobs but also we would not have had the compliance people we have in a whole lot of areas. Every day members opposite in almost every portfolio area criticise this government on the basis that we do

not have enough people doing the job. Yet they were the ones who two years ago went to the people of this state to get elected on a platform of cutting public servants by 4,000.

This government has promised that it will deliver an extra 400 sworn police officers over the course of its term. The advice I have from the Police Commissioner is that we are well on track in so doing because we have a very large number of courses at Fort Largs at present and will continue to recruit from the UK as well as from interstate and wherever we can in order to increase police numbers. Under this government we have record high levels of employment and record low levels of unemployment. The honourable member spoke about community constables yesterday, but it is extremely difficult when you have that competition to recruit people in these areas. Perhaps if we had had the Liberal government policy of putting 4,000 people out of a job we may have had a bigger recruiting pool.

The opposition should work out exactly where it is going, because two years ago that was its policy: to cut 4,000 people. It is now saying that we do not have enough people. Apparently the opposition's policy for the next election is to spend \$1 billion on a sporting stadium, which is attractive to some parts of the media in this state, and that is the policy that it will take to the people. It will be built in the city. It will not bother about the health or law and order needs of the people, but instead it will spend \$1 billion on a sports stadium. In about two years we will be well and truly into the election campaign for the next election and we will put our record to the people of this state, and by that time I am fully confident that by the end of that financial year we will have an additional 400 police officers in the police force and we will go to the people on our record, while members opposite can go to the people with sports stadiums, like they did two years ago.

OAKDEN NURSING HOME

The Hon. J.M.A. LENSINK (14:29): I seek leave to make a brief explanation before asking the Minister for Mental Health and Substance Abuse a question about the Oakden Nursing Home.

Leave granted.

The Hon. J.M.A. LENSINK: On Tuesday 12 February, in reply to a question on notice in this place, the minister advised that a nurse adviser had been appointed to oversee the Oakden Nursing Home as part of the compliance requirements of the commonwealth government. Is the minister aware that two nurse advisers and a lifestyle coordinator, appointed after sanctions were imposed, resigned because of interference from CNAHS executives?

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health) (14:30): Often in this chamber the honourable member is misguided. Let us be really clear about this position and commonwealth requirements around the position. The commonwealth required, under the sanctions—

Members interjecting:

The PRESIDENT: Order!

The Hon. G.E. GAGO: —the appointment of a full-time nurse adviser. That was its requirement under the current sanctions. Given the limited availability of nurse advisers on the commonwealth approved panel due to the Christmas/new year season, two individuals were nominated and endorsed by the commonwealth to fulfil the requirement of one FTE nurse adviser, and a contract was being negotiated with those two individuals. The nurse advisers initially engaged by CNAHS withdrew their services on 16 January 2008, and the day-to-day operation of the home, and the coordinating and prioritising activities of the two individuals had become problematic, without compromising the impact on staff and patients.

Discussions were held with the nurse advisers about continuing in their role. Discussions were also held with the commonwealth about the situation. So, it was involved. Following these discussions, it was agreed that it would be more beneficial to have one full-time nurse adviser to fill that position that we were required to have in place. CNAHS nominated an alternative full-time nurse adviser on Monday 4 February. The commonwealth Department of Health and Ageing has endorsed the appointment of that one full-time position and supported the appointment of a single full-time nurse adviser, given the nature of the work that was required to be undertaken—and I have outlined here in the chamber the significant commitment to quite a comprehensive action plan to address those areas that were identified as being deficient. The staff have been prepared to pick up the challenge. They had been working very hard, and they continue to work very hard.

A full-time Director of Nursing with extensive experience in aged care has also been appointed to work alongside staff in the home and support the activities to be undertaken by the nurse adviser. The commonwealth supported this appointment, given the experience of the Director of Nursing in bringing other complex services to quality care and also compliance with all standards. The newly appointed nurse adviser is also well known to the commonwealth and the Aged Care Standards and Accreditation Agency, both of which felt that her approach and her experience would be invaluable to the home in achieving its work towards compliance. The nurse adviser and the new Director of Nursing have met with staff and have begun to action a number of new strategies. A number of things have already been put in place, and a number of risks have already been mitigated.

As I outlined in my answer to the question the other day, we have complied with the requirements of the commonwealth at all levels, including our responsibility around the placement of a nurse adviser position, and I have outlined the replacement of two individuals who were filling the one position with a single position, and that position and that person have been endorsed and supported by the commonwealth.

OAKDEN NURSING HOME

The Hon. J.M.A. LENSINK (14:34): Sir, I have a supplementary question. Does the minister concede that the new management team had to be found at short notice because of the sheer number of resignations from senior positions at Oakden?

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health) (14:34): The challenges before the staff at Makk and McLeay are quite significant, and I have outlined those previously. So, they are on record. The staff have worked extremely hard in putting together a comprehensive action plan to mitigate risks and to ensure that we fill all the standard obligations with the commonwealth.

A great deal of work has already been done and we continue with that work. I have made it clear that as part of that we have made significant changes to our management team and other staff. I believe that that has, in effect, assisted us in working towards compliance with the commonwealth and providing excellent nursing care to the patients who use that facility.

FIRE SERVICES

The Hon. S.G. WADE (14:35): I seek leave to make a brief explanation before asking the Minister for Emergency Services a question about fire services.

Leave granted.

The Hon. S.G. WADE: When the opposition raised concerns in January that the government had plans to close fire services in the country, the government spokesman asserted that any emergency services planning work being done was routine. However, a number of fire service personnel have advised the opposition that a formal and substantial review is underway. The opposition is advised that a report on changes to the fire services of 12 South Australian communities was presented to the SAFECOM board late last year. Within the fire services the report has been dubbed 'The Top 12 Report'.

As a result, the opposition is advised that around 10 working parties have been established, involving SAFECOM and local and regional representatives of the affected emergency services. These working parties have not been given a copy of 'The Top 12 Report' in spite of requests that that be done, nor any other risk assessment, yet they are expected to look at the adequacy of services in the area. I ask the minister:

1. Will she advise the council of any review being done of CFS, MFS or SES services areas?
2. What communities will be affected?
3. What process will be followed in the review?
4. When will the communities to be affected be consulted in this process?

The Hon. CARMEL ZOLLO (Minister for Emergency Services, Minister for Correctional Services, Minister for Road Safety, Minister Assisting the Minister for Multicultural Affairs) (14:37): I thank the honourable member for his question. I think he mentioned the top 12. I can assure him that, as part of our presentation to the SAFECOM board,

the volunteers' association and the unions, scenarios were painted to show how research methodology would work in the emergency services sector. I think it would be fair to say that it is important that any government undertake research to ensure that community risk is well managed.

It does not mean, of course, that we have hard data available here which has generated outcomes at this time. I think it is important and it is, obviously, an ongoing issue. It was used to illustrate scenarios and show how this methodology would be developed and used and, more importantly, what sort of information—such as response times and urban growth—would be factored in. So, to answer that: certainly no decision has been made and there is no data that I can provide. But, yes, as SAFECOM is responsible for the provision of a strategic plan for our state, it is necessary for it to have a research methodology to manage risk in our state. As I said, it will be used to analyse future service delivery needs across the state.

It is the responsible thing to do, to look at the population growth, the response times, industrial/commercial/residential growth and decline, and also to look at the ABS statistics that are available to all of us, data from Planning South Australia and any available data from councils that we may have. It is our job to look at where the services are and whether those services match the risks in our state. It is really about planning responsibly for future services.

So, there is no hard data at present and we are, as the honourable member said, still in the process of collating data and developing this research methodology. Certainly, government has not made any decisions or considered any options. What we are doing—

Members interjecting:

The Hon. CARMEL ZOLLO: I will come back to that. As I said, what we are doing is developing this research methodology which identifies the risks and advises government about the potential service delivery models that meet those risks. There have been no decisions made, and when the opposition spokesperson for emergency services goes on radio and scares people it is very irresponsible. Certainly, when government is at the stage where there is any hard data we will immediately consult with all stakeholders, including the United Firefighters Union, and, of course, the Country Fire Service Volunteers Association.

Indeed, the MFS is involved in the development of this research, so it is completely incorrect—as I think the honourable member went on radio to say—that the government has not consulted with the MFS or the union that represents its members.

Presentations have been made to the CFS Volunteers Association, the SES Volunteers Association and the United Firefighters Union about the theory of risk modelling—and I am certain they agree—and how SAFECOM is going to approach this task. Again, it is mischievous to say that decisions have been taken about closing stations. Indeed, it is entirely incorrect even to say that closing any stations is being considered. It is, as usual, scaremongering from the other side. What is on the table is really a very responsible research methodology, which any government should be proceeding with.

FIRE SERVICES

The Hon. S.G. WADE (14:41): I have a supplementary question. The minister repeatedly used the term 'research methodology'. Will the minister clarify whether she is referring to the development of the SARAM model and, if that is the methodology she is referring to, why have the working parties been formed before that model has even been finalised?

The Hon. CARMEL ZOLLO (Minister for Emergency Services, Minister for Correctional Services, Minister for Road Safety, Minister Assisting the Minister for Multicultural Affairs) (14:41): Initially, when I became minister, the research methodology that was being used was called SAFERS, in particular, and now we are calling it SARAM, or that is another name we are using. This government is about nothing but consulting with the community.

Members interjecting:

The PRESIDENT: Order! Question time is running out.

PLANNING AND DEVELOPMENT FUND

The Hon. I.K. HUNTER (14:42): My question is to the minister for Urban Development and Planning. Acknowledging the important role that state governments have in supporting and financing public infrastructure, will the minister update the chamber on the achievements of the Planning and Development Fund?

The Hon. P. HOLLOWAY (Minister for Police, Minister for Mineral Resources Development, Minister for Urban Development and Planning) (14:42): I thank the honourable member for his important question. As part of this government's focus on improving the lifestyle opportunities for South Australians, we have been active in supporting and financing public infrastructure. Of course, much of the media focus tends to be on the big ticket items such as expressways, ports and desalination plants. However, while this government has been on the front foot in developing strategies for prioritising those major infrastructure projects, we have also been quietly putting runs on the board at a community level.

It might surprise the chamber to learn that this state government has spent more than \$34 million in the past five years to support local government projects. The Planning and Development Fund, a pool of money created by charging a levy on property developers who decline to include 12.5 per cent public space in their new developments, is helping local government to finance myriad projects through Open Space and Places for People grants.

From the smallest allocation of \$7,500 to the Flinders Ranges council to several six-figure grants, these Open Space and Places for People grants have helped foster a culture of support for public infrastructure within local government. Salisbury council was able to fund its Town Square development with a \$500,000 People for Places grant. Similarly, the City of Charles Sturt has received \$750,000 from People for Places for work on Grange Square, and the Light regional council received three grants totalling \$585,000 to assist with its Freeling Township project. Working together with adjoining councils, the government has also helped to finance larger projects such as the Coast Park and the River Torrens Linear Park—and one might also say the Tramway Park.

In the most recent round of funding, Charles Sturt council received \$300,000 for the Coast Park extension to West Beach. This follows the recent opening of the underpass at Henley Beach South that links the River Torrens Linear Park with the Coast Park. The latest grant will provide the funding for the final critical link between the Bay and the Adelaide Hills by extending the existing Coast Park path from West Beach through the Adelaide Shores Caravan Park to Glenelg. This project is part of several grants provided to councils along the length of the foreshore and the River Torrens to gradually bring these linear park concepts from the drawing board to reality.

The Hon. D.W. Ridgway interjecting:

The Hon. P. HOLLOWAY: We are going to complete the other parts of that first, because Tennyson is a very important part of the natural sandhills. I am certainly not going to promote bulldozing through the centre of those sandhills. If the opposition wants to do that, it is welcome to do so. What we are doing is completing the coast park. As I have said, \$34 million has been spent over the course of this government and, as a result, we are completing all these gaps that have been left over the years in the coast park and the River Torrens Linear Park.

This month, I was also pleased to approve a grant of \$235,000 to Marion council for stage 1 of the new tramway park that will use the tramline corridor from the city to Glenelg to create yet another linear park for pedestrians and cyclists. Other grants have helped to provide shelters and seating, barbeque facilities and public toilets to raise the standard of community facilities in towns and regions across the state.

While expressways, rail lines and ports provide the transport arteries for this state, it is community infrastructure that supplies its life blood. The importance of these community projects is demonstrated by the popularity amongst local councils for these Open Space and Places for People initiatives financed through the Planning and Development Fund.

Adelaide City Council has received nine open space grants worth nearly \$2.5 million and a further \$200,000 of Places for People funding. That is almost \$2.65 million in community projects within the CBD alone—and, dare I say, the government has also spent a lot more money in the redevelopment of North Terrace, which is nearing completion. I think that, when they see the recent parts of that redevelopment that have been opened in front of Bonython Hall, people will really look forward to the completion of that work, which will, of course, correspond with the face lift of the old Mines building that is part of the University of South Australia. As I have said, that is almost \$2.65 million in community projects within the CBD alone, not counting those other projects on North Terrace that I have mentioned.

More than \$1 million of those grants to the Adelaide City Council helped to fund the Adelaide Parklands Trail, which is greatly increasing, through this fund, the bicycle links through the city. People can now ride a bicycle along the River Torrens Linea Park from the hills to the sea,

and soon, with the completion of the section we have talked about here with the West Torrens council, people will be able to ride a bike all the way from the hills to Glenelg without crossing roads.

Similarly, the City of Onkaparinga in the south of Adelaide has not been short changed in terms of public infrastructure funded through the Open Space Grants Scheme: that council has received almost \$1 million in grants for the Coast Park Moana Foreshore project. On a smaller scale, the Goyder regional council has received grants totalling \$66,930 for its Eudunda Gardens project. Kangaroo Island has not missed out. The council there has received more than \$30,000 worth of Places for People grants for the Kangaroo Island township project.

Each project might have a small price tag but, stage by stage, council by council, they add up to more than \$34 million in funding since July 2002. Of that spending, \$24.85 million has been through the Open Space Grants program and a further \$9.3 million for Places for People grants—and that is just the state government's contribution. These grants generally require local councils to provide some of their own spending so that the overall value of these projects is greater than the sum of the state government's contribution.

And we are not finished yet. Applications are still to be approved in the next round of grants, which will provide further assistance to local councils to develop concepts and then follow through with construction for the sort of projects that make big cities and small townships liveable. These Open Space and Places for People grants and the projects they fund are further evidence that the Rann Labor government supports the South Australian community where it lives with quality public amenities and open space for recreation and the enjoyment of all.

SHINE SA

The Hon. A.L. EVANS (14:49): I seek leave to make a brief explanation before asking the Minister for Mental Health and Substance Abuse a question about SHine SA and the AIDS Council of South Australia.

Leave granted.

The Hon. A.L. EVANS: I note that in recent months all references to SHine SA, which is tasked by the government with sexual education in many of our schools, have been removed from the AIDS Council of SA website. SHine SA, conversely, has now set up its own website, which also no longer mentions the AIDS Council, despite their previous strong links.

The AIDS Council, despite its noble name and charter, is an organisation that has recently appeared to operate in a bubble of total unaccountability. In recent times, numerous allegations have been made about the misuse of taxpayers' funds in relation to this organisation. Despite these claims and concerns, the Auditor-General has noted that the AIDS Council's funding was increased by \$1.254 million in 2006-07. Further, the same report indicates that SHine SA received an increase in funding of \$3.9 million to \$6.45 million—a 60 per cent increase in funding in one financial year, whilst all other NGOs, on average, suffered a 2.5 per cent cut in funding. This increase places the AIDS Council and SHine SA (with at least \$7.7 million combined) firmly as second only to the Royal District Nursing Services of SA Incorporated (\$9.5 million) as the largest NGO recipients and funding from the entire health department.

The primary aim of the SHine SA program is harm minimisation (despite the success of zero tolerance strategies in other countries such as Sweden) as it aims to reduce the spread of sexually transmitted diseases. On that front, let me add that the Sexually Transmitted Disease Service of the Royal Adelaide Hospital shows that, in 2003, when the SHine SA program was first trialled in some schools, 441 teenagers reported as having chlamydia. In 2004, as the program expanded, the numbers rose to 581. In 2005, 588 were reported. In the most recent 2006 data, after many more schools joined the program, the numbers soared to 747. This equates to an almost 70 per cent increase as the program rolled out. My questions are:

1. When and where was SHine SA directed or advised to disassociate itself from the AIDS Council of SA?
2. Does SHine SA remain the preferred supplier of sexual education material to South Australian schools, despite a total failure to meet its objective in decreasing chlamydia infection rates among teenagers?
3. Why has the budget for SHine SA increased by almost 70 per cent, despite its total failure to meet its objectives in decreasing chlamydia infection rates among teenagers?

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health) (14:53): I thank the honourable member for his questions. I will need to refer most of his questions to the Minister for Health in another place and bring back a response because they relate to the health portfolio. To the best of my knowledge, SHine SA is funded through health and it is a health program. In terms of the question about its disassociation from the AIDS Council, again I will have to take that question on notice and bring back a response. I am not sure when that occurred.

The Hon. S.G. Wade interjecting:

The Hon. G.E. GAGO: I do not have detailed knowledge about matters belonging to another portfolio. It is pretty straightforward really. It is important to say that the AIDS Council of South Australia is a body that receives funding from a number of different sources and provides incredibly valuable services, particularly in respect of my portfolio responsibilities. One of the areas for which I am responsible is the clean needle program. That is a vitally important program to reduce the spread of blood-borne diseases. The cost of that not only in monetary terms but also in social terms is enormous. The council does an extremely good job in managing that program and providing those incredibly important services.

The SAVIVE part of it runs South Australia's only primary clean needle program site, located at the AIDS Council's head office in Norwood. The program provides injecting drug users with referrals to drug treatment and other health and welfare services, information and education on blood-borne virus prevention, and a range of support and advocacy services. The program is an important point of contact for what we know to be a highly marginalised population of injecting drug users, many of whom have never, or rarely, come into contact with health or other social services. This work is funded by the state government and, as I said, provides an invaluable service that has quite significant and broad ramifications for the whole of our community.

However, going back to the funding question, the total grant funding for the clean needle program, for instance, for 2006-07 was \$425,349. That consisted of a \$210,000 grant from the Australian government through the Council of Australian Governments' Illicit Drug Diversion Initiative supporting measures relating to needle and syringe programs (that is through DASSA), as well as \$215,349 in grant funding from the state government. So, they are fairly modest amounts.

The Department of Health, through the HIV and Hep C policy and programs, provided over \$1 million in 2006-07 for programs other than the clean needle program, and that was to manage and prevent a range of communicable diseases. So, the figures to which the honourable member was referring were, I believe, substantially those amounts funded from the Department of Health, not DASSA. As I outlined, our funding is far more modest. However, and as I have indicated, I will refer those questions to the Minister for Health and bring back a response.

OAKDEN NURSING HOME

The Hon. R.D. LAWSON (14:57): I seek leave to make a brief explanation before asking the Minister for Mental Health and Substance Abuse a question about the Oakden Nursing Home.

Leave granted.

The Hon. R.D. LAWSON: Earlier this week the minister was forced by the shadow minister to acknowledge the fact that the state government-owned Oakden Nursing Home (also called the Makk and McLeay home) has suffered commonwealth sanctions and failed to meet 24 out of the 44 health standards that the commonwealth imposes on all such facilities, and also that the commonwealth has limited the accreditation of that facility. Earlier this week the minister also sought to suggest that everything that was required to be done had been done, and that all was rosy at Oakden. My questions are:

1. Is the minister aware of the fact that the staff psychologist at Oakden has had to resign as a result of inappropriate interference from Central North Adelaide Health Service executives?
2. Is the minister aware of the damaging impact this will have on managing challenging behaviour at the Oakden Nursing Home?
3. What actions has the minister taken in relation to this matter?
4. What is the estimated cost to the state government of the sanctions imposed by the commonwealth, including the sanction of not funding additional residents to that facility?

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health) (14:59): I thank the honourable member for his questions. I have answered questions in relation to the Makk and McLeay nursing home and the sanctions that were put in place; however, the facility remains accredited, as I outlined in my detailed answer the other day. There are sanctions in place, and I outlined the nature of those as well as the areas of concern that the commonwealth identified, the areas or standards it believed we were not compliant with and the work undertaken to address those.

I outlined in quite some detail that a number of those problems had been fully rectified. However, work was still being done to ensure full compliance with all the standards the commonwealth had raised with us. I think that I was quite balanced in my response. I certainly did not indicate that all was rosy, as the honourable member suggested but, rather, that some problems had been identified and that staff had clearly risen to the challenge to meet those problems.

I stated then that obviously it was disappointing that we had dropped the ball in relation to some of the services that were being provided there. We do not resile from that, and we take responsibility for it. As I have said, staff have risen to the challenge. They have put in place a comprehensive action plan to address those issues and to ensure that we will meet all the standards required and continue to provide excellent care for the residents of those facilities. They are residents who indeed have significant, complex needs, who provide very challenging nursing and who have other care needs.

In relation to staffing, I do not interfere at an operational level. As I said, it is important that we have restructured the management team to ensure more responsive action on the issues identified. I do not have the details of staff who come and go, as staff do come and go. I am happy to provide the details the honourable member has asked for and bring back a response.

We are committed to ensuring that we meet the requirements identified by the commonwealth and that we meet all the appropriate standards, including those that deal with ensuring that we provide a wide range of comprehensive and, at times, specialised care to clients or residents. We have put in a comprehensive action plan to ensure that that occurs.

OAKDEN NURSING HOME

The Hon. R.D. LAWSON (15:03): I have a supplementary question. Is the minister aware of the circumstances in which the staff psychologist resigned; if not, will she obtain a report and bring it back to this council?

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health) (15:03): I answered that question. I said that I did not know the details of staff. That is at an operational level. I have already given a commitment, and it is already in *Hansard*, that I will provide the details asked for by the honourable member and bring back a response. How many times do I have to say it?

TRAVELSMART INNOVATION FUND

The Hon. B.V. FINNIGAN (15:03): I am glad to see that my contributions enthuse the opposition so much.

Members interjecting:

The Hon. B.V. FINNIGAN: The Hon. Mr Ridgway knows that he will now have questions for the next week because he can piggyback off mine. I seek leave to make a brief explanation before asking—

Members interjecting:

The PRESIDENT: Order! The council will come to order, unless members would like to waste question time and are not prepared to hear the Hon. Mr Finnigan.

The Hon. T.J. Stephens interjecting:

The PRESIDENT: Order! The Hon. Mr Stephens will come to order and show the same courtesy that is afforded to him when he is on his feet.

The Hon. B.V. FINNIGAN: I seek leave to make a brief explanation before asking the Minister for Road Safety a question about the TravelSmart Innovation Fund.

Leave granted.

The Hon. B.V. FINNIGAN: More South Australians are becoming aware of the need to reduce greenhouse gas emissions in order to ensure future sustainability. Will the minister advise how the state government is advocating efficient car use through the TravelSmart Innovation Fund?

The Hon. CARMEL ZOLLO (Minister for Emergency Services, Minister for Correctional Services, Minister for Road Safety, Minister Assisting the Minister for Multicultural Affairs) (15:05): I, too, am amused at how pleased members opposite are to see questions being asked on this side. This Saturday 16 February the government will ask South Australians to think of creative and innovative ways of encouraging active travel, other than our own private cars. An advertisement will appear in *The Advertiser* announcing that TravelSmart Innovation Fund grants, ranging from \$500 to \$5,000, will be available for groups to introduce grassroots initiatives into local communities.

The grants provide the opportunity to explore creative and innovative ways of reducing our reliance on cars. The Rann government is committed to reducing greenhouse gas emissions, and one of the best ways of doing this is to encourage transport means other than private cars. Alarmingly, South Australians produce nearly 30 million tonnes of greenhouse gases every year and transport accounts for 19 per cent of these emissions.

The TravelSmart Innovation Fund was set up last year and \$40,000 was distributed to nine initiatives and about 1,000 people participated in some way. I am pleased to advise that this government is making \$50,000 available this year. The outcomes achieved last year have demonstrated that, if given the opportunity, workplaces, schools and community groups are happy to reduce their reliance on cars. An excellent example of how the funds were put to work last year was at Flinders University, where students were assisted in making the switch from car to bike. The students who committed to riding to the university on at least one day a week were given jerseys and other support mechanisms, including improved infrastructure.

Students from Bute Primary School, Mawson Lakes Primary School and Edwardstown Primary School participated in the creation of interactive displays, walking school bus stop signs and story books that promoted travel smart messages. This year community groups, schools, workplaces, local councils and other government departments will again be invited to apply for TravelSmart Innovation Fund grants. The funds will support projects that make it easier for people to choose safe and healthy travel modes, such as walking, cycling and public transport, encourage people to access local activities, shops and services and assist workplaces and/or schools where a commitment has been made to a plan or strategy for travel behaviour change.

The grantees must demonstrate that the grant will be used to create partnerships across and within communities to enhance the uptake of active transport choices and gain the active participation of adults and children in choosing active travel modes, as well as assist workplaces and/or schools where a commitment has been made to a plan or strategy for travel behaviour change. Put simply, this government does not want to exhaust our planet. It will be a requirement that the recipients of this year's TravelSmart Innovation Fund grants provide a report at the completion of the initiative/project. I eagerly look forward to reading the results.

WASTE RECYCLING

The Hon. R.P. WORTLEY (15:09): I seek leave to make a brief explanation before asking the Minister for Environment and Conservation a question about diverting domestic waste from landfill.

Leave granted.

The Hon. R.P. WORTLEY: South Australia's Strategic Plan sets out clear guidelines for the need to reduce our environmental footprint, including diverting waste from landfill and maximising recycling opportunities. Will the minister update the council on the latest initiatives to reduce the amount of waste going into landfill?

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health) (15:09): I am pleased to inform the council that a pilot program to recycle food waste has attracted considerable interest since it was announced last month. Local government plays a vital role in this state's recycling strategy, and since coming to office in 2002 we have enjoyed strong support from councils in getting various waste minimisation strategies off the ground. We have seen domestic

recycling double over the past three years in the council areas where kerbside recycling has been adopted, the key benefit of which is diverting massive amounts of waste from South Australia's landfill sites.

This state's recycling record is a result of our dedication to the cause, and a catalyst for this remarkable achievement has been the state government's provision of about \$4.8 million in financial incentives since 2004 for councils to upgrade their recycling systems. However, even with the current good recycling levels, about 40 per cent of what is left in the waste bin is, in fact, food scraps. So, by funding a practical way of recycling this waste, we can divert about 76 per cent of all domestic household waste from landfill.

Therefore, it was logical that, in looking for even greater efficiencies in the waste stream, we announced last month a trial program to help local government to remove food scraps from South Australia's household waste bins. Diverting this food waste to landfill creates valuable compost, because it is processed into a compost material that can then be sold to revitalise our gardens. We also know that compost helps to reduce evaporation of moisture from our gardens, rather than what it is currently doing, which is contributing to methane production and greenhouse gas emissions as it decomposes in our landfill sites.

Given the potential for food waste recycling, the need for this trial is clear. Even though we launched the plan only a few weeks ago, I think it is fantastic that 24 councils already have expressed interest, which shows that they well and truly mean it when it comes to being green. Coupled with other recent announcements, including the doubling of container deposits, it is clear that South Australia remains a national leader in recycling and our policy around that. As of today, this food recycling trial is underway, with a forum being run for interested councils, to provide information on the pilot.

As local government representatives were informed, the trial will run as an addition to kerbside collection services already offered, with food waste to be placed in a compostable bag in the garden organics bin. Councils will be expected to implement a comprehensive community information program to support the pilot and have policies in place to address the needs of residents if they need extra bin space. I look forward to working with councils on this exciting three-month pilot program, and I am sure that South Australia's households will embrace the scheme.

OAKDEN NURSING HOME

The Hon. J.S.L. DAWKINS (15:13): I seek leave to make a brief explanation before asking the Minister for Mental Health and Substance Abuse a question about the Oakden nursing home. On Tuesday 12 February, in reply to a question without notice, the minister advised this council that a new director of nursing had been appointed for Oakden Nursing Home after the previous director of nursing quit. Is the minister aware that the new acting director of nursing has not, in fact, commenced work on site, because that person is fulfilling training needs in order to be able to fill the position?

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health) (15:13): I find it quite remarkable, in terms of some of the distorted information that members bring to the chamber. For instance, in relation to the issue of the psychologist that was mentioned—

The Hon. J.S.L. Dawkins: No; I am talking about the director of nursing.

The Hon. G.E. GAGO: I will get to that.

Members interjecting:

The PRESIDENT: Order!

The Hon. G.E. GAGO: This is an example of the distorted information that members of the opposition bring here.

An honourable member interjecting:

The Hon. G.E. GAGO: Yes; I will get to that. In relation to the psychologist, a temporary psychologist was, in fact, hired on a contract for six weeks to help staff. That psychologist was present during that time. She stayed for four weeks and the reason given was that she found the work too emotionally draining. She has worked for health before in another position. So, as I said, we can see that there is a great deal of distortion.

In relation to our senior management team, we have restructured that team. We have put in a number of new positions. I do not have the details of the timing of those, but we have put in a nurse advisor position and a new director of nursing position, and I understand that the director of nursing has met with staff and has already begun working on the strategies there. In relation to the other details that the honourable member has asked for, they are operational matters and I am more than happy to take those on notice and bring back a response.

The key message is that we have recognised that a number of problems have occurred at that facility. We have identified those problems. We have outlined a comprehensive action plan to ensure that all of the standards will be complied with. A number of those problems have already been mitigated, so a number of issues have already been fixed, and we are continuing to work on those that remain outstanding. As I said, there has been a restructuring of the management team to ensure that we have all of the skills and expertise that we need and the resources available to ensure that standards can be raised and that all commonwealth standards can be complied with.

WASTE RECYCLING

The Hon. J.M. GAZZOLA (15:17): I seek leave to make a brief explanation before asking the Minister for Environment and Conservation a question about waste recycling.

Leave granted.

The Hon. J.M. GAZZOLA: As we heard earlier, the need to divert waste from landfill and maximise recycling opportunities is stated in South Australia's Strategic Plan. The establishment of Zero Waste South Australia was a key element in this strategy. Will the minister inform the council of the latest initiatives to achieve our recycling goals?

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health) (15:18): I thank the honourable member for his most important and interesting question. I am pleased today to announce five major grants—

Members interjecting:

The PRESIDENT: Order!

The Hon. G.E. GAGO: —totalling \$1.1 million to support efforts to reduce the amount of waste going to landfill. These grants, which will go to five different organisations, will help divert 100,000 tonnes of recyclable waste from landfill, including garden organics, glass and, importantly, electronic waste, such as computers. Recycling is one of the most practical and sensible environmental practices. Each time an item is recycled and returned to circulation it saves not only vast amounts of raw material but, equally, large amounts of energy through the more efficient re-manufacturing process, as well as enormous reductions in the amount of water used. So, these are important savings.

In support of these many benefits, the grants I am announcing today include: \$300,000 for Integrated Waste Services to establish state-of-the-art recovery and sorting equipment for commercial and industrial waste currently destined for landfill, allowing it to divert 75,000 tonnes from landfill each year; and \$205,500 will be provided to Visy Recycling to upgrade equipment used in its three metropolitan Adelaide material recovery facilities to separate glass from kerbside collected recyclables.

Incidentally, glass is by far the most common product processed by Visy facilities. I am pleased to say that the grant I have announced today will assist the recovery of 19,000 tonnes of glass waste from Visy's three sites every year. The Visy and integrated waste services projects include funding of \$252,500 from the National Packaging Covenant, and I am pleased to say that Zero Waste SA is offering a total of \$1.78 million over three years of the grant scheme. Under these grants, \$300,000 will be provided to Peat Soils and will help purchase equipment to remove contamination such as metals and plastics from organic waste, improving sorting and production efficiencies. Contamination of green waste is a major problem, and highly contaminated composts or mulches cannot be sold as a result and they end up simply going to landfill.

This grant will be a major boost to the industry. SA Waste Management will receive \$175,000 to improve resource recovery infrastructure at its transfer station by diverting a further 3,000 tonnes of waste from landfill each year, which is a significant amount. The team at Anglicare will receive \$137,000 to build a reuse and recycling facility on Main South Road at St Marys and reuse infrastructure at Elizabeth West. This outstanding community project will divert a minimum of

600 tonnes of e-waste from landfill for reuse and recycling and increase sales. I am proud that this government has been able to support this.

ANSWERS TO QUESTIONS

WATER SUPPLY

In reply to the **Hon. D.G.E. HOOD** (2 May 2007).

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health): The Minister for Water Security has provided the following information:

1. While your question implies an ability to distinguish those who are 'heavy water users' from those who are 'efficient water users' the Government is not convinced that this is as simple as it might be assumed. It is acknowledged that household size is a key driver of water use, however a family of five that uses far more water than a one person household may be more efficient in their water use.

The Government's focus is to ensure that water prices as far as possible reflect the full cost of service provision and are consistent with efficient water use while encouraging sound water use practices through public education.

2. The Government's tariff includes a fixed charge and a water use component under national water reform obligations. This structure of pricing has been adopted consistent with the nation's water pricing guidelines.

In contrast, while water restrictions can have a behaviour change benefit, their purpose is to make targeted water savings in response to drought conditions.

REGIONAL DEVELOPMENT BOARDS

In reply to the **Hon. J.S.L. DAWKINS** (23 October 2007).

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health): The Minister for Regional Development has provided the following information:

1. A Ministerial Advisory group, with representatives of the Local Government Association (LGA) and the State Government, was set up to look at the partnership arrangements for Regional Development Boards. It has re-affirmed a series of principles to underlie the operation of the partnership in the next period, including continuation of the funding formula in which the State Government provides three quarters and Local Government provides a quarter, of the core funding for the Regional Development Boards.

2. Consistent with Minister Maywald's statement in Estimates Committee A, a draft new agreement was forwarded in late October to Regional Development SA (RDSA) and the Local Government Association (LGA) for consideration.

MOTORCYCLE GANGS

The Hon. SANDRA KANCK (15:21): I seek leave to make a personal explanation.

Leave granted.

The Hon. SANDRA KANCK: Over the past few days I have been subjected to some attacks, I would say, by the Attorney-General, in relation to a seminar which I held on Friday in this place and to which all members were invited to discuss the so-called bikies bill. I want to respond to some of those attacks and the untruth of those attacks, particularly the statements made by the Attorney-General in a Dorothy Dixier in the House of Assembly on 12 February.

The PRESIDENT: I remind the honourable member that, in a personal explanation, she must refrain from debating.

The Hon. SANDRA KANCK: Yes; I am aware of that.

The PRESIDENT: Thank you.

The Hon. SANDRA KANCK: But there is a lot that has been said by the Attorney-General. First of all, I want to address the question of whether or not I invited bikie gangs to this seminar. I told ABC Radio that I did not knowingly invite them. That is the case, but I have found out that my staff did extend invitations.

An honourable member interjecting:

The Hon. SANDRA KANCK: If you want to put some sort of perspective on that you are entitled to, but one is allowed to make a mistake. When I spoke on ABC Radio I spoke the truth: I did not knowingly invite them. The Attorney-General gives this description of the way the seminar proceeded. He stated:

At the beginning of the so-called seminar—

I am not sure why it is 'so-called'—

Sandra Kanck said, 'Are there any Gypsy Jokers here?' to which one besuited gentleman said, 'I am a Gypsy Joker,' and the gathering burst into applause. They were pleased that the Gypsy Jokers were there. There were even name tags for everyone there who came along, and the Hells Angels were there in their T-shirts.

Yes, there were name tags but it did not say who these people represented: they simply had a Christian name and a surname. Again, I did not know. In fact, I did not know that there were any Hells Angels or Gypsy Jokers in attendance until I was phoned by *The Advertiser* at about 6 o'clock that night to say to me, 'You had Gypsy Jokers and Hells Angels members in attendance. What is your reaction to that?' I was completely surprised. I knew that there was a member of the Finks there because, towards the end of the afternoon, he put up his hand and asked a question and, in the process, he said, 'I am a member of the Finks motorcycle gang.' He was dressed in a suit and tie. I was quite surprised and I said, 'Stand up so everyone can see what a Fink looks like.' So, there was never, contrary to what the Attorney-General said, a comment made by me about Gypsy Jokers, because I simply did not know they were there.

In regard to the question about colours and so on, a member of the Motorcycle Riders Association was wearing a black T-shirt that had some colours printed on the front. When he put up his hand to speak, I said jokingly, 'Turn around and show us your colours.' There was someone there from the Attorney-General's Office—and, by the way, this man from the Attorney-General's office had not been invited. He simply turned up, and we did not have a name tag for him. I do not know whether he gave the information to the Attorney-General or whether or not the Attorney-General put his particular complexion on it.

The motorcycle groups I was aware of were the Christian motorcycle groups, and they were there in their outfits.

An honourable member interjecting:

The Hon. SANDRA KANCK: No; they were called the Long Riders. I do not know why they are called the Long Riders. Another comment the Attorney-General made related to the missing Gypsy Joker, Steve Williams. The Attorney-General said:

In 2003-04, Steve Williams of the Gypsy Jokers did a series of news conferences and stunts with the Democrats.

To my knowledge, my colleague the Hon. Ian Gilfillan had one of his balance justice seminars, and he invited Steve Williams to come along to that. I do not believe there was a series of them at all. Anyhow, the Attorney-General went on to say that Steve Williams had disappeared and that he wondered whether or not the Democrats were doing anything for his family. He went on to say, 'Are they still in touch? Does she pray for the repose of his soul?'

I have never met Steve Williams. I believe my former colleague the Hon. Ian Gilfillan was correct to invite him along to discuss legislation that was affecting the bikies at that time. However, to suggest that, because someone attends a seminar conducted by any member of this chamber and that person subsequently disappears, the MP who organised the seminar is responsible somehow for their disappearance is quite sinister.

I have been contacted by a number of media outlets in regard to the comments made by the Attorney-General about Steve Williams. They had thought, from what the Attorney-General had said, that I had invited Steve Williams and had had contact with him. I want to make sure that people are quite clear that I did not invite Steve Williams here, although, as they say, I uphold the right of my former colleague to have done so.

I also want to address an ABC News item yesterday that also was somehow related to this seminar. I think it reached a new low for the ABC; I was absolutely shocked. On its 7.45am news yesterday, the ABC ran a story indicating that the Hon. Ann Bressington had raised here in parliament on Tuesday evening the fact that a camera had been stolen from her office. At the

conclusion of the story, ABC News ran one sentence that said that the Hon. Sandra Kanck had held a seminar on Friday that was attended by bikies.

I checked with the Hon. Ann Bressington, who told me that the theft of the camera occurred last year. For the ABC to link the theft of that camera to me and the attendance of those bikies is absolutely reprehensible journalism.

LEGAL PROFESSION BILL

Adjourned debate on second reading.

(Continued from 13 February 2008. Page 1693.)

The Hon. M. PARNELL (15:35): The Greens will support the second reading of this bill, but not without some misgivings. I still count myself as a member of the legal profession, although I have not renewed my practising certificate because I do not expect, in my role as a member of parliament, that I will have many opportunities to represent clients in court or do any other legal work. Neither do I think it appropriate for members of parliament to be performing outside paid work, whether it be as a lawyer or anything else.

I signed the Supreme Court and High Court rolls in 1984 in Victoria, and the South Australian roll in 1996. However, in the 24 years that I have been admitted as a practitioner I have spent about only four of those in private practice. The bulk of my time as a lawyer has been spent either as an advocate or lobbyist with conservation groups or working for community legal centres. So I bring that perspective to this bill rather than the perspective of a private practitioner. It is important to note that, because this bill covers the whole of the legal profession and not just those working in private practice.

This bill revises the regulatory arrangements for lawyers in this state and seeks to implement a national approach, and I think that is a worthwhile aim. I acknowledge what the Hon. Robert Lawson said, that it is not completely uniform, but it is mostly uniform, and my personal experience in trying to be admitted as a lawyer in South Australia, coming from Victoria, was that it was a hard task. There was no clear, uniform profession and the mutual recognition arrangements were clumsy—in fact, it was easier to get a job as a lawyer in London with Victorian qualifications than it was to get admitted into South Australia.

The bill invites us to go to the threshold question of what is a profession. Most of us tend to think of the professions as areas that require great skill and areas of work where there are things called 'professional standards' that apply. However, the other important indicator of a profession is that it is an area of work, or a calling, where there is an ability to legally limit access to its ranks. That means, obviously, that you cannot call yourself a lawyer or practice as a lawyer unless you have the appropriate qualifications and endorsement from a regulatory body.

Given that lawyers are in this special position of being able to limit the numbers in their ranks, I believe some important principles flow from that. The personal test I apply when we as a parliament are considering laws that relate to a specific profession is that I try to take a constructively sceptical approach and ask myself whether or not the lawyers are just trying to preserve their turf. Are they trying to keep, for example, an area of work that is available to them but not available to anyone else? The other test I apply is in relation to consumer protection: what protection does the public have when things go wrong in their dealings with the profession?

That brings me fair and square to the main topic of debate so far from other honourable members and in the other place, and that is in relation to the Magarey Farlam trust account defalcation. One of the privileges that comes with being a lawyer and being in legal practice is that you are entitled to handle other people's money, you are entitled to hold trust accounts, and there are various rules and regulations that govern how that funding is to be held. In relation to the Magarey Farlam case, it seems quite clear that the \$4.5 million stolen from the trust account has resulted in a great deal of pain and inconvenience to the victims of that defalcation.

I think that it is also fair to say that the case was badly handled by the Law Society and also by the government. I think that it is reasonable to say that the victims of Magarey Farlam were treated very unfairly, and I think that it is also fair to say that law reform is needed. So, I will be following very closely the committee stage of this debate in relation to Magarey Farlam. I know that amendments are on file, and I will be keen to try to get the best system we can.

One thing I want to do in my brief contribution today is to reflect on some of the comments of the Hon. Dennis Hood in his contribution yesterday. I think that he did a very fair and reasonable job in summing up the Magarey Farlam situation and the difficulties that arose. He again referred to

the comments of Justice DeBelle (as other members had), likening it to *Bleak House*, where the entire subject matter in dispute is eaten up by legal costs so that there is nothing left at the end of the day. It could well be that Magarey Farlam goes down that path if we do not manage this law reform process well.

My reason for responding briefly to the Hon. Dennis Hood's comments is that I disagree with him, and I believe that he slightly overstated the case when talking about the guarantee fund as a Law Society slush fund. I think he certainly makes a good case that the main contributors to the fund are the clients of law firms and the interest earned on their trust accounts. He makes the point well that one has trouble understanding some of these historical funding regimes and trying to work out why it is that this function is funded from that particular source of money.

That is a reasonable call, and it is one I have thought about many times over the years. At one stage, the beach sand replenishment program was funded from petrol taxes. I could not see any particular link as to why petrol taxes should fund it. Another current and ongoing example is the Residential Tenancies Fund. Basically, the interest that is earned on tenants' bond money funds the Residential Tenancies Tribunal. That tribunal is used 90 per cent by landlords, so that the tenants—the families who are renting and who have lodged security deposits or bonds—are funding a service that is used by landlords primarily to evict them or to recover other compensation from them.

We also have a situation I have raised here many times, where the retirement savings of our hardworking employees in the health department are funded by tobacco company shares, which raises the whole issue of ethical investments. So, I accept that it does not appear to make a lot of sense that some of these different legal functions are funded out of the guarantee fund or allied funds.

I would like to put on the record the fact that I believe that some of the recipients of that funding, the Legal Services Commission in particular and the community legal centres, are in fact very worthwhile organisations that deserve to be funded out of general revenue. However, in the absence of that commitment, these moneys, derived from interest on trust accounts, provide a useful source of funding. I think that society would be the poorer, and some of these useful organisations would struggle to survive, if it were not for that money.

I am more familiar with the community legal centres, and I can tell you that lawyers are employed, but they are underpaid and overworked, so I do object to the phrase 'slush fund'. Not all lawyers are earning significant six-figure salaries. There are many hardworking lawyers in the community sector who work for poor disadvantaged people or others for whom the legal profession provides no relief.

I also note that this money funds the Legal Practitioners Conduct Board which, of course, is a free service available to anyone to help resolve disputes they have with their lawyers. I think that it makes sense for the clients' money, as it has been described—the interest on the trust accounts—to fund a service like that.

The other recipient of some of this funding, the Law Foundation, is another important South Australian institution. I was reminded recently that the most recent proposal funded by the Law Foundation is a conference to be held on 13 March this year at the University of South Australia, sponsored by the Environmental Defenders Office, my previous employer. It is called 'Saving the last drop: water scarcity and the law'. There can be no more important topic for us to think about in parliament. That conference probably would not have gone ahead if it was not for a few thousand dollars, which is not much, that the Law Foundation has provided to the Environmental Defenders Office.

To finish my plug for that conference, I note that it is being opened by a former colleague of ours, the Hon. Nick Xenophon. I have made sure that on the program is a session on how people can best contribute to the Legislative Council's Select Committee on SA Water, a committee we chose to set up. I will take the opportunity to encourage the people attending this important water conference to engage with us and help us with law reform.

Overwhelmingly the bill deserves our support. The service to clients will be improved by having a more national profession, but I still have some concerns about whether we are dealing properly with the Magarey Farlam victims and those who inevitably but unfortunately will follow them when funds go missing from solicitors' trust accounts. With those words, I support the second reading of the bill.

The Hon. P. HOLLOWAY (Minister for Police, Minister for Mineral Resources Development, Minister for Urban Development and Planning) (15:47): I thank all speakers for their contribution to the debate. The government acknowledges the concerns over the defalcation at the Magarey Farlam firm. However, the structure and purpose of the funding arrangements have been in place for some time now—since 1969, in fact. The present act has been amended quite a number of times and the parliament has not seen fit to change those arrangements.

The government will move amendments in committee to clarify the circumstances in which a claim may be made. However, they will be consistent with the structure of the model legislation adopted in most other jurisdictions around the country. All other jurisdictions have a lawyers' guarantee fund, but none of them treat it as a fund of first resort. This bill is faithful to the model and the government's amendments will provide extra guidance for the Law Society on how to handle future claims.

I indicate that the government will be moving a handful of technical and other amendments in committee. An amendment will be moved to permit expenditure from the guarantee fund to allow the Law Society to pursue rights subrogated to it upon payment of a claim out of the fund. An amendment will be moved to clarify the circumstances in which a claim on the guarantee fund may be made. An amendment will be moved with regard to the power to levy the profession and also about the scope of the Supreme Court's power to delegate some of the day-to-day matters concerning regulation of the profession to the Law Society. When we return in a week and a half to debate the committee stage of the bill I will be happy to provide more detail on those matters, but for now I thank speakers for their contribution to the debate.

Bill read a second time.

HEALTH CARE BILL

Adjourned debate on second reading.

(Continued from 13 February 2008. Page 1694.)

The Hon. A.L. EVANS (15:49): This important bill fundamentally changes the way we operate our country hospitals and potentially will have a significant impact on the delivery of health services in the bush and regional areas. Family First believes every person is entitled to just and equitable access to quality health services and is committed to providing opportunities for all families, particularly our under privileged and isolated person's and aged persons and those in remote and rural centres to receive appropriate medical care. The focus of the bill, the minister said, is in response to one of the recommendations of the Generational Health Review report, which has been repeated on a number of occasions as:

Clearly identified fragmentation and duplication of planning, funding and governance arrangements as major inhibitors to the development of a coordinated health system and a systematic approach to improvements in health outcomes in South Australia.

In June 2003, following the release of the report, the government stated clearly that 'there will be no forced removal of local boards in country South Australia', and yet the government in this bill is doing exactly that, and proposes to combine a large number of hospital boards—I believe 44—into a centralised structure. The Better Choices, Better Health final report of South Australia's Generational Health Review, published in April 2003, was chaired by Mr John Menadue AO, who has been quite vocal in his opposition to regional boards. He has previously said of these boards: 'They maintain little fiefdoms, silos, they look after their own patch and resist integration'.

I will take this opportunity to disagree with Mr Menadue because, frankly, my dealings and discussions with members of the country hospital boards have left me satisfied that they are doing a wonderful job with limited funding and with sometimes mind-boggling logistics, staffing or other problems that arise from being in the country, particularly when we are talking about the far Outback. The local boards know the people, the country and the difficulties that the Outback faces, and there will clearly be something of a loss if the boards are centralised in Adelaide.

This bill has seen community consultation over about a two-year period, with a draft bill being issued on 1 August 2007 to stakeholders. The government has given some concessions. However, in essence, the bill still abolishes hospital unit boards and introduces centralised decision making. The Ambulance Services Act 1992, the Hospitals Act 1934 and the South Australian Health Commission Act 1976 are all repealed.

The ambulance services are brought under the direct responsibility of the Minister for Health rather than emergency services. There are new licence provisions for ambulances and

private hospitals. A health performance council is set up to protect consumers, which also has power to set up health advisory councils across the state—which, however, will operate in a solely advisory capacity.

All the while, the primary argument for this bill has been the Generational Health Review. As the member for Bragg in the other place has pointed out, however, there are glaring omissions from the governance structure proposed in the report and the one found in this bill. The bill clearly cherry picks one facet of the report but, as the member for Bragg stated, fails at every level to implement other key recommendations—the regional structure for the country to retain a real voice in health service deliveries and, with that, the capacity to remain directly involved.

The removal of hospital boards, along with the centralisation of (on one figure) 25,000 employees of the Department of Health, fails to acknowledge the key role that these boards have had in country communities since the settlement of South Australia. Contracts for goods and services, presently supplied locally in many regional hospitals, will go to the city. Further, the bill fails to recognise the deep community bond that many country towns have with their hospitals and health services. Often the hospitals are set up at great cost and by the sweat and tears of those locals. Individual businesses and councils in the areas support their hospitals and, in centralisation of the boards, something of the local connection is lost.

In July last year, the Renmark Paringa Council and the Renmark Hotel chose to stop providing financial support to the Renmark hospital because of the uncertainty regarding this legislation. Community organisations raise money for hospital wards, beds, gardens and so on, and if management goes to Adelaide how many community groups will stop raising money, with the view that the hospital is no longer really theirs?

A further issue raised by a constituent refers to the Menadue report's reference to integrated community care centres, which will provide 'expert 24-hour, seven-day medical, nursing and allied health cover, and triage to ensure individuals can have most of their health needs met locally; and an accessible intermediate step between local communities and state-wide referral hospitals for patients who require complex diagnostic or treatment procedures'. I understand that the current plan is to locate these centres in Port Lincoln, Whyalla, Berri and Mount Gambier. Places such as Roxby Downs, Kangaroo Island and the Far North are excluded. The concern is that these hospitals will now officially be recognised as only an intermediate step between local and major state hospitals.

The statewide referral hospitals will increasingly be the only ones capable of dealing with certain cases. I understand already that, due to a backlog in obtaining Flying Doctor services, rural patients are being flown to hospitals such as the Royal Adelaide Hospital for treatment but are unable to obtain a flight home. As a result, many beds are taken up by patients from the Outback who should otherwise be discharged. Increasing centralisation will only increase this problem, unless sufficient funding is granted to the Flying Doctor.

The Balaklava and Riverton District Health Service is among the most vocal critics of the bill before us today. I also have letters from Booleroo Centre imploring Family First to oppose the legislation. This is a government that believes in centralisation and, in essence, big government. The Minister for Transport in a 13 November press release noted the government's 'opposition to privatisation by bringing asset ownership back to government.'

We have seen, very recently, the centralised bureaucratising of the SSABSA board and control taken of our rail networks, along with the formation of the Marxist-sounding Rail Projects Directorate. This sort of health care legislation is not new, either. Previous Labor governments have also sought to centralise health care, most notably after the Bright report in the 1970s. Of course, on the other hand, the government has a mandate to do such things and Family First will support measures that are honestly designed to reduce waste.

It is fair to say that Family First does have a number of serious concerns about this bill. We are not completely closed to it, however, if the government can show clearly during committee that this bill is in the best interests of the rural sector. In saying that, Family First will support the second reading of the bill and will listen closely to arguments during the committee stage.

The Hon. D.W. RIDGWAY (Leader of the Opposition) (15:58): I rise to make a few brief comments about the Health Care Bill, and I do not want to repeat a lot of what the Hon. Michelle Lensink said in the major contribution on this bill on behalf of the opposition. My colleague the Hon. Caroline Schaefer made some comments last night from a similar perspective. Prior to coming here I was a member of the local hospital board in Bordertown. If you turn back the clock and look at the

history of country hospitals and their boards, as the Hon. Caroline Schaefer said last night, they are probably the one last bit of fabric of the country community that is left.

Country towns got together to build sporting facilities, schools and hospitals and, in particular, the hospitals are an ongoing important part of our communities today. In fact, the Bordertown hospital was first built just after World War I as the Tatiara Soldiers' Memorial Hospital, and people went out and raised money and worked tirelessly to raise the funds to build that facility. Then there was a new hospital built in the 1960s, again almost entirely funded out of the community's fundraising.

I had some guests in for lunch today who watched the last bit of question time. I am glad that they are not here because I am going to estimate that they are approaching about 70 years of age, probably 60 to 65. Their fathers and mothers actually helped raise money for the facilities in Bordertown.

So, you can see that this is a contribution from a community to provide these sorts of facilities and have some input with their own local hospital board. In fact, the father of the gentleman who was here was on the hospital board, my father was on the hospital board, and they were all people from the little community of Wolseley, which is not in Bordertown but is part of the Tatiara community. That is what held those communities together. The boards were often made up of representatives from community groups in outlying regions and, in this particular case, the Tatiara region. That is an example of how many of these country hospital boards and country hospital facilities were provided by the community and then supported and had a great interest in binding the community together.

I will take a step back. The Bordertown Football Club and the Mundulla Football Club would almost fight to the death on the football oval.

The Hon. J.S.L. Dawkins: What's this 'almost'?

The Hon. D.W. RIDGWAY: Yes; it is a very passionate match when those two teams play. They have an intense sporting hatred of each other, shall we say, and yet, today, a former life member and club president of Mundulla Football Club is the chairman of the Bordertown Hospital Board, and the vice-chairman of the board is a former club president and life member of the Bordertown Football Club, but they work together in the interests of the community. That is one of the great opportunities for the community to work together.

A lot of towns are very parochial and they do like to have the best sporting facilities and cultural facilities, but the communities all realise you can only have one hospital, and it brings them all together. I think that is one of the key failings with this piece of legislation. Of course, when you remove a hospital board people start to lose interest, because they lose ownership. Of course, you have to also remember that this hospital, which was built on crown land in a country town by local community fundraising, is actually an asset that belongs to the community. Again, that is why we have a community board to administer it.

When it loses a board the community loses interest and you have, if you like, a waning of support. If you back that up with a government that chooses to centralise facilities and services, then you have country hospitals losing services. As the Hon. Caroline Schaefer commented last night, if you lose a service then you find that GPs are reluctant to go to country towns. Along with being GPs they also like to provide some extra service and extra specialist services. Some of them are anaesthetists and like to keep their registration going and keep their hand in. Unfortunately, most of the hospitals now, with this centralised approach, do not provide that service.

I know that Mount Gambier is looked upon as one of the main key regional areas. Tatiara Hospital is part of the South-East region and, when regionalisation took place, Mount Gambier became the regional centre, as I am sure you would know, Mr President. Of course, Bordertown, Keith and Tintinara are three towns on the cusp, if you like, of whether it is shorter to go to Mount Gambier or go to Adelaide. Eventually, of course, when you have an area with its major regional centre at one end, you then have leakage from the top end of that region into Adelaide or other areas. The service becomes less viable, because the South-East region services about 62,000 or 64,000 people, plus a group of people over the border who come into the Mount Gambier Hospital catchment area. As there is leakage out of that area it finds that it is unable to provide the services, even in Mount Gambier, because the people it is wanting to service are not there.

I am reminded of an event that occurred when I was on the hospital board. An ophthalmologist wanted to put equipment into the Bordertown Hospital at no cost to the South-East region in order to perform eye surgery on cataracts, etc. for some of the elderly people in

Bordertown. However, the South-East region would not support that and would not allow us to do it, because it had two ophthalmologists in Mount Gambier and would not support a third one in Bordertown, notwithstanding the fact that most of the oldies in Bordertown needing that surgery would rather go to Adelaide than Mount Gambier. In the end, the ophthalmologist got a spot in the Nhill Hospital, just across the border, set up his equipment and then all the patients from the Bordertown area went across to Victoria to have their surgery done.

It just shows that these regional centres need to be better located. I understand that Mount Gambier is the biggest town in the South-East, and I hope that over the next 100 years it grows to become a much bigger city. However, I am sure that, by having the regional centre at one end of the South-East, we will see more and more leakage, and that that will back up the government's plan to have a more centralised service because more and more people will see that it is easier to come to Adelaide rather than going to Mount Gambier.

In relation to towns such as Bordertown and any of the towns along the highway, there is also a great risk for the community when you have a more centralised service and fewer skilled practitioners visiting those country hospitals and fewer quality staff because, of course, all the midwives and highly trained nursing staff we had in country towns have largely not been replaced. A lot of those people have retired or moved on, especially in places such as Bordertown, Keith, Tintinara and towns right along the main highway.

Some 2,500 vehicles travel along that highway every day, and many of them are large, heavy trucks and interstate buses. There is an interstate passenger railway line, and an interstate airline route traverses that highway. We all hope it never happens, but, unfortunately, I am sure at some point there will be a tragic major road accident that could involve trains, buses, cars and road transport. There is also an outside chance—and I accept that it is a very outside chance—that there could be an accident involving an aircraft. If you do not have a vibrant hospital that is well staffed and well resourced, you simply will not have the people on the ground to provide all the first aid and road trauma support needed.

I keep referring to Bordertown because I have had such a long association with that town, but the Keith hospital is about as far from Adelaide as a helicopter flight, so retrieval is quite quick. However, Bordertown goes beyond that, so it is just that bit more difficult. I think there is a really strong case that we should be maintaining the hospital boards within the communities—they are the fabric of the communities—to provide a service that is perhaps not for the local community entirely but on some of those major transport routes there is a sort of response service that will ensure that, if we do have a major road accident, we have the personnel on the ground to support those people who are injured.

I will close by saying that I have received a letter—and we all receive a number of letters—from the District Council of Grant (the Hon. Rory McEwen is a past mayor) which states that the council has noted the Health Care Bill and the government's proposed model, particularly as it relates to existing hospitals. The letter goes on:

The council considers that there are a number of significant deficiencies in the model proposed which will not lead to better health service delivery and, indeed, disempower local communities.

I am sure the District Council of Grant will be sorely disappointed that this bill and its representative in the cabinet, someone the Premier talks about as having a country influence and being, along with the Hon. Karlene Maywald, the government's country conscience (that is, the Hon. Rory McEwen) has allowed this bill to progress to where it will tear the heart out of health services in rural South Australia.

The Hon. J.S.L. DAWKINS (16:09): I note the contribution of our lead speaker, the Hon. Michelle Lensink, as well as the contributions of the Hon. Caroline Schaefer and the Hon. David Ridgway, my leader in this place. I think the background of my two country colleagues in particular has brought something to the debate because I think that when you do grow up in a local country community that relies on the local health services you do have that background that perhaps others do not.

I am opposed to this bill. It is a bill that takes us back to some previous moves to centralise health services. In my view, to replace local hospital boards with health advisory councils is a bad move, and I am opposed to it. I also wish to bring some personal experiences to this place today: one very close to home and one that I have had experience with as a member of parliament but also as someone who has visited the Riverland frequently all my life.

I will initially talk about the community of Loxton and the Loxton Health Service. I will never forget the amount of work done in the Loxton community in the past decade or so to raise money from that community for the local facility. There was such a wonderful community spirit involved in that campaign, and *The Loxton News* had a barometer on the front page showing the amount of money being raised for that project—many hundreds of thousands of dollars from the Loxton community. It was a project which community members were all very proud of and which was led by a very strong local board.

The board drove that, and it went out into the community and sought other champions for this local campaign. It did not mean it did not want money from the government for the project, but it showed that it was prepared to put its hand in its pocket and say, 'We want these facilities in Loxton and we are prepared to go out and put our hand out there and deliver some of the money.' As I said before, I have no doubt that that would not have happened without the strength of that local board providing leadership in that area.

The Hon. Mr Ridgway talked about the differences between the Bordertown and Mundulla football clubs and about how those people came together to support the hospital in Bordertown. Well, I can report that the Loxton and Loxton North football clubs are not always that close to each other in friendship—there is an enormous rivalry there, as you would understand, sir, with country football—but people from both entities came together to support the campaign to raise that enormous amount of money for the Loxton hospital. As I say, it was under the leadership of that local board.

I now come a bit closer to home. I live in Gawler, and in recent years Gawler changed from the very old Hutchinson hospital (where I was born) to a very modern facility. While that facility has been established and added to by various state governments, the reality is that in recent years the board of that health service decided that it also needed to supplement the funding of the building, in particular, as well as related services, with local funding. So, the board recommended and supported the establishment of the Gawler Health Foundation. That was established some three or four years ago—in fact, my wife Helena was the first chair of that foundation. She is no longer in that position, but all those who have been on that foundation and who have chaired it have been passionate about raising money for the local community's health service.

They have done that in a number of ways. A couple of reviews have been put on where the health fraternity have had a bit of a shot at themselves, with great humour, and raised a lot of money—and I have been privileged to be the MC on both those occasions. In another example, the Gawler Health Foundation is about to conduct a farewell to *McLeod's Daughters* as a fundraiser, and I am sure thousands of people will attend that function. In fact, some have already booked to come from New Zealand, because they are such avid watchers of the show. That just shows the way in which locally-based committees and boards can get out there and raise money for these facilities.

That health foundation will continue, but my concern is that it was established with the strong support of a board. It will now no longer have the support of a board and could, at some stage, and at the whim of a centrally-based executive, be gutted. That would be a great shame.

I will not delay the council much longer, but I think another aspect we need to look at in relation to the value of health boards in this state is the number of people, the number of leaders in our community, who have developed their leaderships skills working on (and in many cases, chairing) hospital boards—and we have heard it from members of parliament here and in the other place. Along with other local bodies, these organisations are a valuable tool in the development of leaders across this state.

I believe that if you take away those boards, and you take away the responsibility that goes with running those boards, then you lose that aspect. I was told by a colleague on the other side of the fence in another place that these people still get that experience on a health advisory council, but it will not be the same, because they will not have that ultimate responsibility for making sure that that local facility runs well and efficiently for the local community.

Those are just a couple of examples of the reason I think this is bad legislation, and I intend to oppose it.

The Hon. R.P. WORTLEY (16:17): I stand here today to speak in support of the bill, which proposes, through necessary reforms, to bring the health care system in our state well into the 21st century. As citizens of South Australia we are indeed fortunate to have access to reliable, effective and safe health services.

Our doctors, nurses and associated health care practitioners are well trained, committed and professional, as are our administrative and support staff. The work of our volunteers, who so effectively underpin the provision of high standard health services, is ably and generously supported by the communities in metropolitan, rural and regional areas.

It is undeniable that the health expectations and the health needs of the community are now considerably different from those that gave rise to the South Australian Health Commission Act in 1976. We are far from alone, in national and international terms, in anticipating an ageing population and increasing incidence of chronic disease, advances in medical-related technology and the need for improved infrastructure and quality assurance, in both staff and service.

The bill sets out a governance model which not only meets the needs and expectations of the committee in 2000 but in fact provides a foundation for achieving equitable coordinated health care in our state for many years to come. As my colleague the Minister for Health in another place mentioned in his second reading contribution last September, the Generational Health Review report of 2003 identified fragmentation and duplication of planning, funding and governance arrangements as major inhibitors to the development of a coordinated health system and systemic approach to improvements in health outcomes for South Australians.

Reforms proposed in the bill streamline governance arrangements and remove unnecessary bureaucracy, resulting in a more efficient, cost-effective and equitable system. Today, I want to focus my remarks in relation to this bill on an area of particular interest to me, namely, the wellbeing of South Australians in rural and regional areas. Health services in these areas will benefit enormously from the proposed simplification of governance systems. Presently, there are 45 separate incorporated health units in country South Australia. Each of these is managed by a local board and each employs staff, manages finances and maintains clinical standards.

These volunteer boards, which have for so many years demonstrated a balance between country communities and local health services, are now subject to increasingly complicated legislative, industrial relations and contractual requirements, among many other complex matters.

The unified system outlined in the bill will ensure consistency in policies, standards and expectations across all our health services. Indeed, the bill is the basis for an innovative mechanism of governance by which corporate responsibilities, management of finances and of risk, including medico-legal risk, and staff recruitment will come entirely within the ambit of Country Health SA.

The best standards of care will be ensured by across-the-board mandated quality and safety protocols. While the vast majority of these boards have done an excellent job, a board in the Riverland comes to mind. A while ago, a doctor, who had a particular disease and drug problem, was injecting patients with the knowledge of the board, and it caused some very big problems in the community. While the vast majority of boards do a great job, there are instances where those standards have fallen down.

Country Health SA will recruit and select staff through a centralised workplace planning process. As an added benefit, it is anticipated that coordinating staff through a linked network of hospitals will provide increased sector-wide career opportunities for staff and promote the retention of a skilled and experienced workforce.

Health advisory councils are to be established, and these will replace the voluntary boards. So, the link between the community and the hospital will be maintained, and I think that we all agree that that link is very important. The health advisory councils will be made up of local representatives who will advise and advocate on behalf of their communities.

Health advisory councils will continue to be involved in senior staff recruitment, and incorporated health advisory councils will hold assets, administer gifts and trusts, and raise funds, should they so choose. I understand that the majority of country boards support the establishment of these councils, which is quite in contrast to the scaremongering of the opposition in regard to this issue.

In a hugely significant week, when both federal and state governments have offered apologies to the Stolen Generations, it is important to note that the principles of this bill acknowledge the health needs of Aboriginal people and the importance of supporting indigenous culture and recognising indigenous values. Its principles will realign the health system to work more appropriately towards providing services to Aboriginal communities in metropolitan areas and in regional, rural and remote areas.

With regard to aged care service provision, which is particularly significant in a number of country communities, it should be stressed that the bill does not impact on accommodation bonds. The retention amounts will continue to apply to the benefit of the facility where the service is provided. Principles for the operation of aged care places under the bill have been settled and tabled in the other place by the Minister for Health.

There are challenges ahead for our health system. The Health Care Bill enables us to meet those challenges in a planned and structured fashion so that better health outcomes can be ensured in rural and remote areas, as well as in the major centres.

The Hon. SANDRA KANCK (16:23): I want to begin with a little bit of history because, although at the present time I am responsible for all portfolios for the Democrats, in the past I was not. At times when we had two or three MPs, I always had responsibility for the health portfolio, so I have seen quite a few changes in the past 14 years.

Back in 1994, the health minister at that time (Hon. Michael Armitage) set in place the structures for a policy known as 'regionalisation'. In addition to the local health boards, a second tier of bureaucracy was established in the form of seven regional health boards, with the local boards having to go through the regional boards for spending approval.

When the Hon. Dean Brown took over he established the new super bureaucracy, the department of human services, which established new lines of bureaucratic reporting. Local boards had to take money out of their budgets to fund the regional boards, thus reducing money available for them to produce health outcomes. The regional boards were administrative bodies only, and the money gravitating to them produced no health outcomes at all.

In a media release I put out in May 2001, I stated that I had been given an estimate from someone in the department that it was costing \$5 million to fund those seven regional health services. In the decade following the introduction of these reforms, as I travelled around the state and talked to chairs of hospital boards, a lot of anger was expressed about the money and autonomy being taken away from local hospitals and given over to these regional health services. The CEOs of health services had to report via the regional health services and could not contact Adelaide directly. They never knew whether their communications were being passed on and often believed they were not. This process left providers of the services isolated and created unnecessary delays and confusion in decision making.

There were a few exceptions. Some health administrators in the Murray Mallee and Yorke Peninsula regions thought it was good to have the regional health service available effectively to act as a broker on their behalf in dealing with the Adelaide-based bureaucracy. I came to a position therefore of supporting perhaps two regional health boards, an east and west, but my preference was in fact for one. When the Hon. Lea Stevens as health minister at the time commissioned the Generational Health Review I was disappointed that one of the outcomes was that it proposed reducing the number of regional health boards by one, from seven to six. I put out a release at that time calling for the amalgamation of the seven regional health boards into one regional health board, while keeping the local hospital boards intact.

In 2004 minister Stevens reduced the number of boards for the metropolitan hospitals to three. Since then, under the Hon. John Hill, we have come down to one Country SA board, and it did not require any legislation for him to do that. When the current minister did this I publicly congratulated him on the initiative. If it was costing \$5 million in 2001 to fund the boards I can confidently assert, given the rate at which those boards grew, that amalgamating them to one probably saved our health system at least \$7 million per annum, if not more. That meant that that money could have been directed back into health outcomes.

In the two years since that took place, I have had no complaints—zero, zilch, nothing! Previously there were leaks all the time coming from doctors, nurses, CEOs and chairs and members of boards but now, nothing. That leads me to conclude that the current system is working administratively, as there are no complaints.

The Hon. C.V. Schaefer: There is no-one left to complain.

The Hon. SANDRA KANCK: That is true: many people who put up a fight were exhausted and have left the system. Nevertheless, it was a surprise that the proposition of this bill is that local hospital boards be removed completely and replaced with advisory councils, if they are indeed so replaced. The powers of these councils are severely limited compared with the current boards. The bill also removes the boards of the metropolitan health services, and it is not clear from the minister's explanation why we have the changes before us if the system is now working.

The question to be resolved by us in parliament is whether or not this is justified, and I quote from the minister's explanation as follows:

Without these reforms South Australia risks having a public health system that is incapable of meeting the challenges identified in the GHR report and by other national and international bodies to provide a more sustainable public health system, with better and more equitable health outcomes for its population.

It is a sweeping claim, but the basis of it is not elaborated on in his explanation. It seems that the pendulum has swung back completely in the opposite direction. We had the bureaucratic madness with the seven regional health boards on top of the local health boards, and now we are going to none.

Health Reform South Australia sent all Legislative Councillors a circular in November, shortly after this bill arrived in this place. It asked four questions, which I looked at at the time and thought that, as I was preparing for this bill, I would answer those questions, which asked:

1. Does the legislation provide the structures for meaningful representation and involvement by the broader community in planning and delivery of health services, particularly at the health advisory council level?
2. Most decisions in the health system will rest with the minister and the CE of the Department of Health under the proposed bill. Whilst such centralised decision making can contribute to uniform and consistent standards, minimised inequalities and increased coherence and coordination, the decentralisation of decision making on the other hand can help enhance local autonomy and empowerment, encourage customisation and innovation and increase participation. Do you believe the bill contains the right mix of centralised and decentralised decision making powers?
3. Given that the legislation proposes that members of the independent Health Performance Council (HPC) be appointed on recommendation of the minister, are you satisfied that there are sufficient provisions in the legislation to protect the independence of members of the HPC and therefore the integrity of the health system?
4. Are you satisfied that the reporting requirements of the HPC are sufficient to discharge its duty as an independent monitor of the performance of South Australia's health system?

In retrospect, now that I have prepared my speech and looked at all the submissions and at some of the history, I regard those questions as merely rhetorical. (No doubt there is an emotional attachment to country hospitals having their own boards, and we have to consider whether the local people want control or want a say.)

John Menadue, the chair of the Generational Health Review, told a meeting at Adelaide Town Hall a month before his report was released, 'We have to be careful not to confuse community participation and corporate governance.' He also made the point that the profile of boards does not reflect the community: 'Women, families, children, the aged, indigenous Australians and people of low socioeconomic background are seriously under-represented.' That is something that could be fixed up without abolishing the boards.

In the foreword of the final Generational Health Review report, John Menadue said:

Change can only be achieved if there is a broad constituency of support. That constituency carries with it a moral authority. This report offers not only the potential for a long-term sustainable health service but also, perhaps even more importantly, it can enhance public confidence in open and inclusive public processes.

My sense is that John Menadue was highly supportive of community involvement and ownership, and I am not convinced that there is a broad constituency of support for some of the changes in this bill, nor am I convinced that what is offered is an open and inclusive public process.

The GHR recommendations included, as one of five pillars, the need to have more involvement of community, including consumers and clinicians, in the governance (and I underline that word, 'governance'), planning and decision making of health services. The Health Care Bill appears to be ignoring these. The involvement that is offered in this bill is, therefore, tokenistic. Instead, the bill offers a structure where the minister and chief executive have centralised control over all aspects of public health in the state. As far as community participation is concerned, the closest to participation is '6(h) ...promote and encourage the participation on the provision of health services'.

The bill's establishment of a central health performance council with up to 15 appointments by the Governor (read minister) will be the only body to be consulted by the minister. The bill also proposes the establishment of health advisory councils (HACs), with the minister having enormous powers, including whether they are even established; decisions whether to amalgamate or dissolve them; determining their functions, which may (or perhaps may not) include community participation, providing advice, fundraising or providing assistance with fundraising; deciding whether they will become incorporated bodies; and determining and varying constitutions.

The bill also provides that HACs, in performing their function, must (and I stress the word 'must') take into account strategic objectives. And who sets those strategic objectives? The minister—the government. The HACs will not be involved in financial or staffing issues or the setting of priorities.

The Hon. C.V. Schaefer: I doubt they will be lining up to do it.

The Hon. SANDRA KANCK: Another good interjection! Yes, I doubt that there will be people lining up for the job. The minister will have the power to appoint up to three members of each HAC. However, the bill does not provide for a minimum membership of HACs. So, if there is a HAC with three members and the minister provides three of them, it will be totally ministerially dictated. It could well be that the HACs are made up of ministerial appointments. I am not saying that they will be, but it could be that they are entirely made up of them, or they could make up the majority of the members.

This is not, I believe, the participatory process envisaged by Menadue, and it creates a health minister-centric health system. As the minister has such absolute power over HACs, they will be in no position to advocate for the needs of their community. Minister Hill, in a press release dated 3 July 2007, in regard to the HACs, stated:

They will perform a range of advisory, advocacy and fundraising functions related to their local communities. This will include providing advice on local health and service issues, planning and resource allocation to the ministers, the Chief Executive, Department of Health and Country Health SA.

I have to advise the minister that this bill does not provide for this communication stream—and, anyway, given that the very existence of the HACs will depend on the minister, the chance of their giving any frank and honest advice is extremely unlikely. The minister will not have to consult with the HACs: they are merely the avenue for broader community involvement.

It is interesting to consider comments in an *Advertiser* article of 14 July 2006 by Ian Yates of COTA. He pointed out that the Generational Health Review gave priority to the need for greater community involvement in the health system. He said:

The health department itself is not a fan. The culture of the department is largely closed to external influence—most health bureaucrats think they see all, hear all and know all. The Health Department would love to administer the health system without 'interference' from people who represent the actual users of the system.

Remember, that was 14 July 2006, and we did not know what was being proposed then—that, in fact, that was exactly the proposition that was coming up. Ironically, Ian Yates then went on to say, 'The Rann government is to be applauded for backing community engagement in the health system.'

The Hon. C.V. Schaefer interjecting:

The Hon. SANDRA KANCK: He did not know. Comments like those made by Mr Yates leave me feeling uneasy about this bill. Over 14 years I have been provided with information of many instances where Health Commission bureaucrats have bullied the health boards, especially in the regions. So, an important question for me in resolving the issue of dissolution of local boards is the effectiveness of these boards in standing up to the city bureaucrats. I would say that, generally, they have not been effective.

There were different incidents around the state where, for instance, regional health boards were, quite frankly, interfering in the day-to-day running of hospital decision making, and the local health boards were not able to withstand this. The Mount Gambier District Health Service was the exception: it did stand up to them, but it caused great upset and division in the community, and a lot of good people went missing in action from both the board and the hospital, having been very badly burnt in the process. And, in the end, nothing was achieved.

In considering the effectiveness of boards, I will concentrate on one of the failures. In 2002, the Port Lincoln Health Service Board failed to stand up to head office and its bureaucratic interference. Following a review in 2000, the roles of the CEO of the hospital and the regional health service were separated. Then a post-implementation review was ordered by one of the most hated bureaucrats in the Department of Human Services, Roxanne Ramsey, despite a request by the board for more time to implement the review's recommendations.

The recommendations of the post-implementation review were then foisted onto the Port Lincoln Health Service Board. The new CEO, having inherited an operating debt from the previous management, was told that the Port Lincoln Health Service had to find budgetary savings. The CEO did this by partly reducing some services across the board, which resulted in community

rumblings. However—and this is really important—the Eyre Regional Health Service signed off on them and advised head office that these cuts were justified.

Despite this, with only a day's notice to the board and without any other advice from either the department of human services or the Eyre Regional Health Service that there were departmental concerns, a DHS bureaucrat flew into Port Lincoln and told the board that she wanted the CEO sacked. The board complied and required the CEO to step down immediately based 'on the advice of DHS that they have lost confidence in the ability of the CEO'. The board's own views and experiences were set aside and it did not even bring the CEO in to let him argue his case. So, what was the point of having a board at all if, in a crisis, it simply rolled over and did what the department dictated?

The current minister argued in an 891 interview on 19 June last year that South Australia has had a problem in the way health has been run. He said:

It's been run by a whole series of boards. The boards' chairmen aren't in parliament to answer the questions. So when Vickie Chapman or the opposition ask me a question about what's going on at the Royal Adelaide Hospital or the QEH, I can't say that's the responsibility of the board from the central northern area. I'm the one who has to answer the questions...I want to have a mechanism in place so I can plan and run the system. The idea of having that outsourced to a series of boards to make decisions I think is contrary to proper ministerial responsibility.

Strangely, the South Australian Health Commission Act, which will be repealed if we pass this bill, was established deliberately to create a distance between the minister and the health providers and, ironically, this was done by a Labor government.

I am not convinced by minister Hill's argument. Early on in the Rann government, legislation was passed to abolish the Passenger Transport Board on the basis of similar arguments and, sure, Patrick Conlon now runs the public transport system without a board to give him an independent view but, if anything, the public transport system has become worse without that independence built into it.

I note that Queensland and New South Wales have got rid of boards, although Victoria has not, and I ask the minister whether Queensland and New South Wales now have a better health system with better health outcomes as a consequence. Certainly, negative stories about the Queensland health system regularly pop up in our media here. I have concerns about all this power residing with the minister and his chief executive, and I wonder whether we need a body to act as a buffer between the many health services and the minister. That is the major issue with which I am wrestling.

The opposition has indicated total rejection of the bill because of the centralisation of power, yet during the eight years of the Liberal government we saw similar proposals and actions. In April 1995 a bill introduced by the Liberals, with Michael Armitage as the health minister, gave far too much power to the minister. There was a stand-off between the government and the Labor Party and the Democrats. We had a deadlock conference and the bill was laid aside. Back then it was the Liberals who wanted to abolish the Health Commission; now they are opposing it. Strangely, that bill gave the power for the minister to dissolve hospital boards, and now the Liberals are apparently fighting to keep the boards.

When Dean Brown was minister, the ALP in opposition supported the South Australian Health Commission (Direction of Hospitals and Health Centres) Amendment Bill 1999. Having opposed a similar bill in 1995, the ALP buckled to give the health minister extra powers which allowed him or her to close hospital beds, wards and even departments without having to consult the hospital board. In that debate the Labor opposition argued that the minister needed these powers and that by giving them to him or her the minister would be more able to be held accountable for the decisions. Well, that got through and I am not sure that it made any difference to accountability.

Strangely, only a few months before that bill was introduced, the then Labor shadow minister for health Lea Stevens in her 'Health Directions' paper had this to say:

The public also feels disempowered by a top-down approach that is neither open nor accountable. South Australians do not want to be told what's good for them by those who are tearing the system down.

That is the Labor shadow minister who said this back in 2004-05. The Hospitals and Health Services Association of South Australia wrote to all MPs at that time raising their concerns about the 1999 bill, particularly relating the views of country hospitals, as follows:

Many members—

he is talking about the chairs and boards of country hospitals—

question the future role of community boards once a minister has the power to direct a health service. In fact, some question the need for boards should the bill be passed.

In April 2000, when we debated that bill in this chamber, there was no outcry from Liberal Party backbenchers at the power this was giving to the minister, and yet now the Liberals are berating the government.

The Hon. T.J. Stephens interjecting:

The Hon. SANDRA KANCK: A new broom? Well, that is very refreshing to hear. We have seen the impact of that with reductions and closures of a variety of different services in our hospitals, the most recent such decision being that of closing down the birthing services at Modbury Hospital. I have to say that it is hard to reconcile the changing positions of both the Labor and Liberal parties over the years, both in government and in opposition. Part of the task I have is actually to work out what the political agendas are for both parties in this to allow me to make my own decision.

I note also that consumers have been left out of the bill. Currently, most public hospitals in South Australia have consumer advisory councils, which provide advice to hospital managers from a consumer perspective about key aspects of the operation of the hospital, as well as to develop appropriate mechanisms for consumer involvement in the activities of the hospitals. Consumer advisory councils have no place in this bill; instead, they will be replaced by HACs but, as we can see from the bill, it is not even guaranteed that HACs will be set up, because it will be at the minister's discretion and when they are set up they will have no autonomy.

The benefits of consumer participation and structure, such as the consumer advisory councils, are well recognised and documented. The National 2001 Consumer Focus Collaboration Report stated:

Active involvement of consumers at all levels of the development, implementation and evaluation of health strategies and programs is integral to their success.

Carers SA is another of the groups that has lobbied MPs about this bill and, in its submission, it argues for a consumer and carer advisory council at each hospital. This, and other statements about the benefits of consumer participation, have been recognised in the Generational Health Review and in other health reform work by the Department of Health, but they are very poorly addressed in this bill.

Consultation is pointless unless it is genuine. I think that John Menadue envisaged a health care system which engaged and involved South Australians in controlling the destiny of their health system.

Part 8 of the bill sets out that root cause analysis will be the model for analysing adverse events. This has a hospitalcentric focus and lacks independence, as others within the same hospital will be conducting the investigations.

I am opposed to enshrining any particular method, and this specific method of investigation, into the legislation, particularly as I am not aware of any proper assessment having been done of this quite recent methodology. It is a model that places too much emphasis on doctors and, while I know nurses would have an input, they are often wrongly perceived to be less important than doctors, and their views and experiences are not listened to. I fear that any investigation would most likely listen to what the doctors have to say rather than the nurses.

Adverse incidents do need to be investigated, but internal investigation is not usually going to be the best model because it lacks real accountability. The South Australian Health Commission Act, which will be repealed by this bill, is deficient in regard to adverse events in that it focuses on the hospital with the patient effectively sidelined. We need to investigate adverse events in a way that ensures that all facts are on the table and that the investigation is thoroughly independent. With that in mind, I find it curious that the bill makes no reference to the Health and Community Service Complaints Commission. Surely, the bill should ensure that the commission and the investigation of adverse events are linked.

The Health and Community Service Complaints Commission would be an ideal and independent body to conduct investigations into adverse events, but it only investigates when affected patients contact it. Health care providers can also contact it, but it is more likely that they will be the subject of the complaints and so are unlikely to do so. I am interested in knowing what protocols will be in place as regards reporting adverse events. Clause 68 begins with the words 'If

an adverse event is reported'. Surely the expectation would be that all such incidents would be reported, so I want to know why 'if' is the dominating word in that clause.

Accountability must be a major factor in legislation such as this. Is there too much power in the hands of one person? Is the centralising of the power in the hands of just the minister and his chief executive too much? Members will recall that last year I negotiated with minister Weatherill in regard to the affordable housing legislation and he consequently introduced amendments to his bill that restored a board for the Housing Trust, so that all the decision-making and power did not rest with the minister and the chief executive. This chamber supported that move because of the extra accountability that would result.

The health minister already has a great deal of power. Recent examples of the major changes to health, where the minister has made the decisions without community involvement and which have not necessarily reflected the need and wishes of the community, include the decision to build the Marjorie Jackson-Nelson hospital, based purely on the whim of the health minister and his Premier, the closure of birthing services at Modbury Hospital, and the relocation of the renal unit from the QEH to the RAH. This bill would give the minister still more power, and I have to ask whether this is really warranted. On the other hand, there are numerous instances of boards being incompetent or simply rolling over to allow the minister and his or her department to have their way while the board has grumbled a little bit in the background.

The boards of the three metropolitan health services have subcommittees which will need to be replaced once the boards are dissolved, and I wonder about the financial consequences of this. The board members are paid sitting fees, but I think the government gets very good value out of what the board members are doing for those fees. With the boards dealing with issues such as safety, quality and clinical governance—which are crucial issues for hospitals—these tasks will have to be taken up within the health service bureaucracy.

I want to know what structure the minister proposes to set up in his department to replace what the boards do now. I note that there will be advisory committees to assist the HPC, but are they a replacement of the existing board's subcommittees? If they are, will they be composed of departmental staff or volunteers or a mix? If there are volunteers, how are they to be chosen? Again, what input will the public have? Policy development is really important in the health portfolio and it is a role that board members have undertaken. So, what policy structures has the minister proposed in his department if this bill is passed?

In transferring these extra tasks and responsibilities to his department, what extra staff will be needed to take them on? What will be the extra cost? I assume that there is no-one in his department at the present time sitting around twiddling their thumbs, so there will have to be new staff. How does that compare with the fees paid to existing board members? Where will the staff be based? Will any of them be based in the regions, or will they all be Adelaide-based? The Health Performance Council is, unfortunately, the next best thing we have to the boards and they will, in turn, consult the HACs—if they exist—but it is not even mandatory for that consultation to occur.

When I was briefed by the health minister last year about this bill I told him that, on the face of it, he had prepared a convincing argument but that I would need to look at the bill and consult with others. I have done that and, as a consequence, I am ambivalent about the bill. I look forward to hearing and digesting the response the minister makes at the conclusion of the second reading. I indicate support for the second reading of the bill but also indicate that it is highly likely that I will have amendments.

The PRESIDENT: Just before we close the debate, reference was made to a member of the public being the most hated bureaucrat—or something similar to that. We have politicians standing up here making personal explanations and sometimes being very thin-skinned and, yet, they seem to think they can make comments about people who find it very hard to make personal explanations to clear their positions. If this chamber wants to be treated with respect, it should treat those outside this chamber who do not have that opportunity with respect.

The Hon. R.D. LAWSON: In relation to your ruling, Mr President, I think it was most inappropriate to describe a bureaucrat, especially the particular one named, as 'the most hated'.

Debate adjourned on motion of Hon. M. Parnell.

ELECTRICITY (FEED-IN SCHEME—RESIDENTIAL SOLAR SYSTEMS) AMENDMENT BILL

Consideration in committee of the House of Assembly's message.

The Hon. P. HOLLOWAY: So that this matter can be returned to the House of Assembly, I will be as brief as possible. When the bill left this chamber there were 16 amendments. Amendment Nos 1 to 15 had the effect of expanding the eligible customer definition from domestic customers only to include small businesses which employ fewer than 20 FTEs.

In relation to those matters, on 13 February the House of Assembly passed amendments to the amendments made by the Legislative Council, which had the effect of:

- Rejecting the 'small business' definition contained in the Legislative Council's amendments on the grounds of high administration costs and inconsistency with definitions currently applied in the electricity market.
- Rephrasing the definition of 'qualifying customer' to refer to a 'small customer' to accommodate the spirit of the amendment.
- 'Small customer' has an existing definition in the act and regulations based on this being below an annual electricity consumption threshold of 160 megawatts. This would cover approximately 90,000 more small customers, including small businesses and other 'non-residential' customers, such as schools and community buildings. That matter has been the subject of some discussion.

The first amendments I move will be in relation to that, and I trust they will get speedy passage through the committee.

In relation to amendment No. 16, it was the second issue, because in 14 of the 16 amendments moved by this chamber there were really only two separate issues—14 were consequential—and I have dealt with 15 of those. The final amendment is to extend the scheme's duration from five to 20 years.

The government has opposed this extension on what we believe are very good public grounds, and I will briefly summarise the points made by the Minister for Energy in another place, as follows. The government will review the effectiveness of the scheme after 2½ years or when the installed capacity reaches 10 megawatts, over three times the current capacity of just over three megawatts.

At this time, we will evaluate uptake from the scheme, the impact of emissions trading and the expanded national mandatory renewable energy target, whether the price of solar panels has risen or fallen and, of course, what will be the most effective approach after that review time, which is 2013.

I also remind members of the committee who are considering this matter that their amendment does not require the amount paid to be reviewed at any point. So, I ask them what they will be able to buy for 44¢ in 2028. Nevertheless, given the importance of this matter, I do not propose that the government will divide on that particular issue.

Members interjecting:

The Hon. P. HOLLOWAY: I would have a bet with anyone opposite, except that it is illegal. However, if it was legal, I would be quite happy to have a bet with anybody opposite that within the next 20 years this matter will be revisited, and it could well be by a Liberal government at some stage in the future—probably closer to 20 years—but, almost certainly, it will have to do it.

Just to briefly illustrate the point, because I think it is important that we get this matter through as quickly as we can, the change of commonwealth government has brought with it a vastly extended mandatory renewable energy target and a commitment to pursue a consistent approach to feed-in tariffs across jurisdictions. These items are already being progressed through COAG, and its Working Group on Climate Change and Water, chaired by South Australian Senator Penny Wong and the head of our Department of the Premier and Cabinet, Mr Warren McCann.

The Rudd government has also committed to providing access to very low interest loans of up to \$10,000 for household energy actions. Photovoltaic will be eligible and the commonwealth's \$8,000 capital grant for PV will remain. So, it is clear that the situation is improving all the time, even in the time that this bill has been in the parliament.

As I have said, I am certain that we will revisit this matter but, given the wishes of the committee, I will not insist on a division. What I think is more important is that we get this scheme established as quickly as possible. If there are any particular questions on the amendments, I am happy to speak to them. I seek the committee's cooperation in getting these amendments carried as quickly as possible. In order to facilitate the debate, I move:

That, in line with the schedule, the House of Assembly's amendment to amendment No. 2 of the Legislative Council, together with a consequential amendment, be agreed to.

That is the first matter. As I have said, I have commented on all the amendments, and I indicate that I will not seek a division on amendment No. 16.

The Hon. M. PARNELL: I will be brief, given that we have the opportunity to get this back into the lower house tonight. I thank the government for accepting the spirit in which the first 15 of my amendments were delivered; in fact, I think the government has improved them with this amendment.

We are now going to find that a range of small consumers will be able to benefit from this preferential feed-in tariff for solar panels. I am pleased about that because, after having introduced an amendment to open this scheme up to small business, I started to get correspondence from groups such as churches, saying, 'We would like to put some solar panels on our church roof.' I think this amendment is sensible.

In relation to amendment No. 16, I will be supporting a move that we insist on our amendment, that is, to give this scheme a life of 20 years. I thank the government for not dividing on this motion; I think the government appreciates where the numbers lie in this chamber. My thanks to the government for not pursuing to the last degree its opposition to the period of 20 years.

Thanks also comes from the solar energy industry which, in correspondence and a number of phone calls received today, thinks that a 20 year scheme in the lead jurisdiction (we are the first state to do this) is absolutely sending the right message. So, the makers of solar panels, the distributors, the sellers, the alternative energy industry association, are all very pleased that we look like getting a 20 year scheme in South Australia. That now sets the bar for the rest of this country to follow and, when the other states legislate for their feed-in schemes, they will be looking up to and following South Australia.

In relation to the minister's comment about whether this legislation will be reviewed, of course it will be; everything will have changed in 20 years. However, today we are sending a strong message to say that the government of South Australia will stand behind those who make the decision to reduce their carbon footprint and put solar panels on their roof—'We will stand behind you. The commonwealth government is standing behind you with rebates; South Australia will stand behind you with a preferential feed-in tariff.' I urge all honourable members to insist on our amendment No. 16, which is for a 20 year time frame for this scheme.

The Hon. SANDRA KANCK: I will be voting to insist on these amendments, but I also note the magnanimity of the Hon. Paul Holloway in saying that the government will not divide on this. In a sense the government has had to back down. I think this is a very positive outcome; in fact, when the Solar City Congress starts next week it means that the Premier will be able to go to that congress and wave around a new act before all the delegates—

Members interjecting:

The CHAIRMAN: Order!

The Hon. SANDRA KANCK: —and say, 'South Australia not only has a feed-in tariff but it is going to operate for 20 years.' That will be something of which we can all be proud.

The Hon. C.V. SCHAEFER: The opposition will also insist on these amendments. I will briefly quote from one of the pieces of correspondence that we received yesterday, which reads:

The clean energy industry is completely behind both amendments to extend eligibility to small business and to extend the life of the scheme from five to 20 years.

They go on and thank those of us who have insisted on working for that. Yesterday the shadow minister, Mitch Williams, issued a press release in which he said, in part, that he supported green amendments in the upper house 'to ensure that people who purchased solar panels, photovoltaic electricity generators, would receive an enhanced feed-in tariff for 20 years rather than the measly five years, as proposed by the government'.

He added that potential purchasers would fail to be encouraged by an enhanced feed-in tariff which only lasts until 2013. He then said that leaders in the solar industry, both manufacturing and retailing, supported the 20-year time frame and agreed that a five-year sunset clause would send the wrong message to potential purchasers of photovoltaic systems. I think that sums up our

attitude. I believe that five years is nothing more than a stunt, and we will support the green amendments, as we did previously.

Motion carried.

The Hon. P. HOLLOWAY: I move:

That the Legislative Council do not further insist on its amendment No. 4 to which the House of Assembly has further insisted on its disagreement.

Motion carried.

The Hon. P. HOLLOWAY: I move:

That the Legislative Council do not further insist on its amendment No. 16 to which the House of Assembly has further insisted on its disagreement.

I will not divide on this.

Motion negated.

HEALTH CARE BILL

Adjourned debate on second reading (resumed on motion).

(Continued from page 1728.)

The Hon. M. PARNELL (17:09): In speaking to the second reading of the Health Care Bill, the first observation I make is that the title of the bill is misleading. It is not really a health care bill: it is really an administration of ill health bill. I think that it would be obvious to all honourable members that, when we look at definitions of true health and work out the indicators of true health, we need to go much beyond ill health, hospitals and medical practitioners.

True health is determined by a range of factors, including education and poverty, and also issues such as infrastructure in our cities and towns—for example, public transport, water and clean air—and issues of asthma related to air quality and obesity connected with sedentary lifestyles and the lack of walking or cycling opportunities. All these things make up the mosaic of health issues.

In relation to the bill, I also note that there is probably a great deal of reform fatigue in this area. The debate over centralisation or decentralisation has continued for many years, and a great many people who would otherwise engage robustly in a health debate have probably run out of puff.

One group whose contribution to this debate I acknowledge is Health Reform South Australia. One of the documents it sent to us (it went to all members of the Legislative Council) in relation to the bill stated:

Health Reform South Australia is broadly supportive of the reforms proposed by the bill, but we would like to raise a number of issues for consideration by members. In particular, we have concerns in the areas of community participation, the excessive centralisation of decision making and accountability mechanisms in governance. These are key areas of the reform process which have been largely overlooked in the past.

It raises a number of specific concerns about the bill, for example (and other members have referred to this), the independence of the Health Performance Council and the levels of transparency and accountability, and it has proposed alternative models for a body with such functions. It also makes the obvious point, but a point that I think is overlooked in the bill, that reforms to the health system have to result in improved health outcomes for South Australia.

Dealing with hospital administration is not the primary tool for delivering those improved health outcomes. The submission of Health Reform South Australia states:

For these health outcomes to occur, the focus must remain on comprehensive primary health care, a population health approach, accessible and appropriate preventative health and health promotion programs, and the health literacy of the community. Although a focus on these may not require legislative change, they must not be subsumed or neglected in the processes of reforming the tertiary sector.

I think that a point worth making is that, in the Health Care Bill, we are dealing with only a small part of the overall health picture.

One of the problems with the health debate in recent times, and in this bill in particular, is that the debate is all about hospitals. I think that we need to take hospitals away from the centre of the debate. I will refer to a few words of John Menadue who, as members appreciate, was the Chair of the Generational Health Review. In an article published in April 2005, he stated:

We have the wrong model of health care with the hospital at the centre. The best model is where there are strong core services in the community—primary care—that is linked to hospitals but not driven by hospitals.

There is ample evidence that we have got the cart before the horse in health care with our emphasis on hospitals. We have more hospital beds per capita than comparable countries—about 50 per cent above the Canadian rate and 30 per cent above the US rate. In some states almost 70 per cent of state health dollars are spent in hospitals. The health debate is invariably about hospitals.

John Menadue goes on to state where the emphasis should lie. He states:

By a primary health care system, I mean a system which focuses on population needs, rather than institutional interests, that addresses the social determinants of health, particularly poverty and disadvantage, focuses on health promotion, illness prevention and early intervention, ensures equitable access to health services and has community involvement and participation. Such an approach recognises that there are limited resources and that we need to maximise the wellbeing of the population within those resources.

So, it is somewhat disappointing that we focus so much on hospitals. We have only to look at the debate around what has become known as the 'Marge', the proposed Marjorie Jackson-Nelson hospital. The debate has revolved around, first, whether we need a new hospital and, if we do, where it should be located. It is an ongoing argument. I am not convinced that the government has got it right, and I know that the opposition has some concerns about the proposed location.

I even had one piece of correspondence from Dr Ruben Seben of the Queen Elizabeth Hospital, who suggested that, if you were serious about putting a hospital at the centre of where it is most needed, and if you were looking to get something that is accessible by a large proportion of the population and equidistant between the two large hospitals of the Lyell McEwin and Flinders, you would put it on the Cheltenham racecourse site. I am not advocating that, but it just goes to show that the debate that is out there needs to run a few more miles before we decide on whether to rebuild a hospital in the city.

The minister has made strong commitments in relation to the potential for the community voice to be heard in this health debate, and I think it is important that we hold the government to account on that. So, at this second reading stage, I urge the government to continue its consultation and perhaps to go a little slower; through consensus, that may prevent having to deal with the great many amendments to this legislation which, as we have seen in the past, can not only be confusing but also have unintended consequences. At this stage, I am happy to support the second reading of the bill.

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health) (17:17): I rise to make a few summarising comments in relation to the second reading debate on the Health Care Bill. I take this opportunity to thank all honourable members for their invaluable contribution to the debate thus far. Before going on to make specific comment, I table a number of documents: the explanatory note to the draft constitution for Country Health SA Board Inc., an incorporated health advisory council to be established under the bill; an explanatory note to the draft model constitution for incorporated health advisory councils; an explanatory note to the draft model rules for unincorporated health advisory councils; and, the AGM attendances and other general information during 2005-06.

The bill is an important piece of legislation designed to provide South Australia with a more integrated and coordinated public health system where, appropriately, responsibility and accountability rests with the Minister for Health. Its importance and significance as a comprehensive and sound bill has been acknowledged by members in another place, with the bill being passed on 24 October 2007, without amendments being tabled by the opposition.

During the course of the debate on this bill the term 'centralisation' has been used a number of times by members opposite to describe the intent of the bill. I make clear that the bill is not intended to centralise control, as has been claimed, but is about creating better governance arrangements to ensure that health services can be managed more effectively and efficiently.

Under the bill the current metropolitan incorporated hospitals (the Central Northern Adelaide Health Service, the Southern Adelaide Health Service and the Children, Youth and Women's Health Service) will be retained. In addition, Country Health SA will be established as an incorporated hospital when the proposed act comes into force. Each incorporated hospital will have a chief executive officer who will be responsible for its management and who will report to the chief executive of the Department of Health. Consistent with commitments the minister has made to veterans, the Repatriation General Hospital will remain as a separate incorporated hospital,

governed by a board of directors, until such time as it wishes to become part of the broader Southern Adelaide Health Service.

These governance arrangements do not create a centralised control or employment of staff. It was the Statutes Amendment (Public Sector Employment) Act passed by the parliament in 2006 that made the chief executive of a department the employing authority. Therefore, the chief executive of the Department of Health is already the employer of all staff in the public health system. The bill does not change the employment relationship between staff and the chief executive but is consistent with the Statutes Amendment (Public Sector Employment) Act 2006.

The chief executive will be responsible for the administration of all incorporated hospitals and subject to the direction of the minister. However, the day-to-day running of the hospitals and health units will rest with the chief executive officers of the incorporated hospitals. Therefore, appropriate levels of decision making and management will remain.

What will change in line with clear and strong community expectation is that the chief executive and the minister will be more directly accountable and responsible for all parts of the health system. The chief executive should have the functions and powers consistent with this responsibility and accountability. At present there are fragmented accountabilities and responsibilities between the incorporated hospitals, health centres, the boards and the chief executive, making consistency in the planning and delivery of services for the benefit of all South Australians difficult to achieve.

Under the bill, this fragmentation is removed ensuring a greater capacity for the health system to act as a coordinated, strategic and integrated system that can meet the challenges facing the health system into the future. A second theme emerging from the debate is a claim that the needs of people in the country region are being ignored, or not seen as significant. With the establishment of the Health Advisory Council (HAC), the power and influence the local community currently has through the local hospitals boards will not be lost.

The Minister for Health has consulted very extensively in the country region and the bill before the house represents the outcomes of those extensive consultations. The bill gives specific recognition to the country regions in its principles. It says:

The planning and provision of health services should take into account the situation and needs of people who live or work in the country or regional areas of the state, including through the support of health professionals who provide services in those areas.

Therefore, the bill enshrines in legislation the importance of the country region. It is not dismissed as a minority group. The bill ensures that, when the local hospital boards become incorporated (HACs), the assets held by the local boards will continue to be held by the local and incorporated HAC which replaces it.

Similarly, the incorporated HAC will continue to manage gifts and trusts currently held by the boards, or raised in the future. These local country HACs will operate independently (as they do now); continue to advocate for their local community, and provide advice on the health needs and the services that are required to meet these needs. Their functions are well described in the second reading tabled in the house and in the bill, so I will not repeat them now.

In effect, HACs will, like the boards they replace, continue to have central control in advising on local health needs in the strategic planning of services and in the engagement of volunteers and carers. Again, like the boards, they will continue of their own volition to be able to provide advice to the local health services, and directly to the minister, as well as to Country Health SA and the department.

There is no loss of influence, nor is their advice tokenistic, but it is essential for the planning and delivery of health services in the country region. Responsibility for functions related to safety and quality, financial management (apart from locally owned assets) and contracts will rest with Country Health SA to allow a coordinated and system-wide approach to be undertaken in relation to these.

This change is consistent with the overall purposes of the bill. Membership of these HACs will be predominantly decided on by the local communities, with the majority of members being elected at annual general meetings. HAC membership will also include a representative of the local member of parliament and local government, a medical practitioner and up to three members appointed by the minister. The intention is to ensure there is a majority of local members. These arrangements will ensure local community involvement with health services is maintained.

During the public consultation on the bill, it became clear that the main concern of the current country hospital boards and country communities was to ensure that the HACs will continue to hold assets owned by the local health services. The bill reflects these wishes.

In addition to incorporated HACs, the bill allows the minister to establish advisory HACs related to specific population groups, health issues or services to provide him with advice as required. These unincorporated HACs will be governed by a set of rules. An incorporated HAC will be governed by a constitution and an unincorporated HAC by a set of rules. I have tabled a copy of those along with the explanatory notes for the benefit of the house. The model constitution and rules can be varied so that they are more reflective of local circumstances and needs.

An independent Health Performance Council (HPC) is established by the bill. This is an important initiative to ensure that the minister receives independent advice on the health system's performance in relation to the health status of South Australians. The council will be required to deliver annual and four-yearly reports to the parliament, and the Minister for Health will be required to table a response to the four-yearly reports. The council's membership will include a mix of persons who together have the necessary skills, knowledge and experience for the council to undertake its functions and can represent South Australia's diverse communities.

The calibre and expertise of the HPC members will ensure that the HPC can independently analyse and report on the information and data provided to it. The independence of the council will be assured, as members will be included from areas outside of the department; and the minister will consult with a range of non-government organisations to be prescribed by regulation to advise on suitable members. The Australian Medical Association will be included in regulations as a body with which the minister must consult in relation to the membership of the HPC.

The shadow spokesperson for health asked: what will be the difference between the Clinical Senate and the new HPC, and which parts of the health system will those bodies have responsibility for within our system? In summary, the HPC will be responsible for providing a wide range of advice focused on the overall operation of the health system and service delivery, health outcomes and population health needs and future health priorities. The purpose of the Clinical Senate is to provide a forum where clinical leaders within the South Australian health system share their collective knowledge, provide advice, leadership and guidance on clinical issues, and participate in the decision-making process in relation to clinical health planning.

Its members come from a range of medical, nursing and allied health areas and will be appointed by the minister. It will act as a principal, independent source for clinical advice to the chief executive of the Department of Health. It has as its main focus clinical services and clinical services reform, safety and quality, and the integration and coordination of these services. The Clinical Senate then has a more defined focus than the HPC and, although the exact relationship between the Clinical Senate and the HPC is yet to be defined, since the latter is still to be established, it is expected that the HPC could well ask the Clinical Senate to review or provide advice on specific matters before the HPC where they relate to clinical services.

A number of statements have been made about access to and the quality of health services in the country region. This bill is not about the health services that will be delivered; it is about the broad governance arrangements for the public health system. The deep bond that country communities have with their health service will continue. The community will continue to own its assets. The questions about the services themselves are being addressed in South Australia's Health Care Plan and the draft Country Health SA Services Plan to be released for public consultation later this year. Generally, however, country people will have to travel far less to access a higher level of service, that is, they will not always need to travel to Adelaide. They can, of course, do so if they so choose. The overall intention is to increase the availability of health services in country locations.

The country general hospitals being established will ensure that there is a greater range and complexity of services available in the regional areas of this state. This will provide broader clinical experience for those training as a health professional and support building a relationship between those training with the country regions. Through this, the opportunities for attracting and holding these people, once qualified, are increased.

Overall, this bill provides for improved integration and coordination of public health services, with clear lines of accountability, the monitoring of the system's performance by an independent body in a transparent manner and the establishment of various HACs to hold local assets and advise on local community needs, health service issues and important community groups, such as veterans. The Health Care Bill is a comprehensive and an important piece of

legislation to ensure that South Australia's public health system has a far better system of governance to meet the increasing and changing demands that are being placed on our health system, and I commend the bill to the council.

Bill read a second time.

In committee.

Clause 1.

The Hon. J.M.A. LENSINK: The purpose of rising at this juncture is to put the Liberal Party's position in terms of how we will be voting, and also to ask some questions. We clearly did not support the second reading, and we will be calling for a division on the third reading. There are some questions that may have been addressed at clause 58, which is one of the clauses relating to ambulance services, but I am quite happy to put them on the record now.

I would like to reiterate my thanks to officers in the minister's office for providing a further briefing. During that briefing, we talked about non-emergency ambulance services, of which I understand that there are three: the Royal Flying Doctor Service, the State Emergency Service hospital retrieval teams and a service that is provided by Booleroo Centre. There are some rumours in that region that independent licences will not be issued in the future. Booleroo ambulance service has a licence until June 2008, and in the past it has had some difficulty in gaining its licence in a timely manner, and taking up to 12 months to do so. First, will the minister please advise which of those non-emergency services it is intended will be licensed and, secondly, can she give me an assurance that the Booleroo ambulance service will continue to have its licence?

In a separate issue, the Liberal opposition has been approached by a gentleman by the name of David Zammitt, who has long sought to obtain a licence to operate an ambulance service. The organisation's name is WorkCare SA. The Minister for Health stated in an email to him on 30 June 2007, 'Once the proceedings are resolved I will move as expeditiously as possible to finalise the matter.' Here we are in February 2008 and I understand that that has not been resolved. So, if the minister could provide some explanation for the lengthy nature of this matter and whether there are any reasons why that organisation should not receive a licence, I would be very grateful.

Progress reported; committee to sit again.

CRIMINAL LAW (SENTENCING) (VICTIMS OF CRIME) AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 13 February 2008. Page 1694.)

The Hon. S.G. WADE (17:38): This bill amends the law dealing with the sentencing in criminal cases and continues South Australia's journey to develop the law so that victims are positively involved in criminal cases. This is to the benefit of all parties. For the victim, their involvement recognises the fact that the crime has an enduring impact on them and often assists them to recover from and minimise the impact of that crime.

For the offender, victim involvement can often bring home the reality of what they have done and be a first step towards rehabilitation. For the judiciary, victim involvement ensures that judges are properly informed of all relevant facts so that they might more wisely wield the sanctions of the criminal law to promote justice and community safety. For society, victim involvement is important to help maintain balance in the criminal justice system and promote a healthier, safer community.

The criminal justice system is not a genteel jurisdiction but, as history tells us, once the system is undermined, civil society becomes increasingly brutalised. I am extremely concerned by this government's willingness to reflect on the judiciary and the legal profession and the damage it is doing to the criminal justice system and, therefore, in due course to victims.

Sometimes the government makes attacks, other times it allows attacks. Earlier this week, the Hon. Dennis Hood acted honourably by apologising for statements he made in an explanation to a question last year. I await an apology from the Attorney-General. As the chief law officer of this state, the Attorney-General has the responsibility to maintain and protect our judicial institutions. Following the Hon. Dennis Hood's comments, the Courts Administration Authority immediately issued a statement indicating that the attack was based on incorrect information. However, in his response, the Attorney chose not to highlight this fact and, instead, he said repeatedly that the DPP

would appeal the sentence if it was felt to be inadequate, reminding listeners that 'when the public was outraged by the case of Paul Habib Nemer, the government decided to instruct the DPP to appeal against the sentence in that case and, eventually, Nemer served a term of imprisonment'.

In the furore that ensued, I could find only one reference to the Attorney-General citing the facts. The facts put paid to the suggestion of leniency, but the Attorney-General kept the issue alive by raising the prospect of DPP action, which could only be taken in relation to the case decided that day, not the other cases referred to.

I would certainly not want the Attorney-General defending me in a court of law. Rather than give the court my watertight alibi, he would be more likely to go straight to making a plea bargain. In the other place, in speaking to this bill, on the very day of Justice Shaw's sentencing, the member for Hammond made some very thoughtful remarks on the issue of general deterrence and the fact that judicial sentencing should not be driven by the media. In summing up the second reading debate on this bill, on that afternoon, the Attorney-General said, 'In light of Judge Shaw's sentencing today, I am sure the media will find the member for Hammond's remarks most enlightening'. What an outrageous remark! The Attorney-General was eagerly awaiting a media scrum, which could only have oxygen in the absence of the facts. The community would be better served and safer if the Attorney-General gave less attention to how issues can be spun in the media and more attention to the law, justice and the interests of victims.

The government's persistent failure to uphold the judiciary and the legal profession does the victims of crime no service. Because of the government's approach, victims are more likely to lack confidence in the independence and impartiality of the judiciary. They may well come to believe that judges are biased in favour of the offender. They are less likely to feel that justice has been done and they are less likely to get closure and heal from the ordeal.

I note the recognition in the explanatory notes that the Hon. Nick Xenophon also proposed legislation with similar provisions to those incorporated in this bill. The government said at the time that the Hon. Nick Xenophon's amendments were best placed in the context of the entire victim-oriented reform bill. This bill is relatively straightforward. The government is simply not willing to acknowledge that any good idea could come from the opposition benches. As usual the government says no.

Government members remind me of Carol Beer, the travel agent in the television series *Little Britain*. Her standard reply to customers when they ask questions is to type something into her computer and flatly reply 'Computer says no'. When the customer decides to leave, she coughs at them. In this place, almost every time a hapless government backbencher rises to speak on a private member's bill, they say 'Government says no'. This government's arrogance means that it is pathologically unable to engage in the collective elements of the legislative process. For them it is just about crunching numbers and managing the media.

I turn now to the detail of the bill. It proposes four changes to the law. First, in relation to summary offences in the event of death or incapacity, the bill proposes that prosecutors must (and victims or their representatives may) read the victim's impact statement not only in indictable offences, as is the case currently, but also in cases resulting in death or permanent incapacity as a result of non-indictable summary offences.

Secondly, the bill provides that a victim can have an appropriate representative to read out the victim impact statement to the court on their behalf. As shadow minister for disability, I welcome the introduction of these provisions. While these provisions are available to any South Australian who finds themselves to be a victim of crime, I expect that they will be particularly pertinent for South Australians with a disability. I look forward to the opportunity to explore these provisions in more detail in committee.

Thirdly, the bill provides for community impact statements. The community impact statements will be used to inform the sentencing court about the effects on the community of the crimes before the court. The bill anticipates that there will be two types of statements: a neighbourhood impact statement and a social impact statement. The bill proposes that both kinds of statements can potentially be given in relation to the same sentence hearing for the same offence. It should be possible to collate the statements of individuals into a group statement. Government documents suggest that such statements will be prepared by the Commissioner for Victims' Rights. I share the concerns of the Hon. Dennis Hood over the possibility that these statements might develop into pro formas. The opposition is willing to support this element of the bill, but the opposition will also be keen to monitor its practical implementation.

Fourthly, the bill provides for the indirect delivery of victim impact statements. The bill enacts an amendment suggested by the Commissioner for Victims' Right to make clear that the victim impact statements can be given in person or, alternatively, via closed-circuit television, audio or other audio-visual recording. The government advises that it has received several requests to cover the costs of victims coming to court to read or listen to their impact statements, and the government suggests that this amendment will provide another option, especially for vulnerable victims. I am concerned that this clarification not be used to discourage personal attendance of the victims because, for many victims, that would serve to dilute the benefit of a victim impact statement.

At the conclusion of the second reading I would appreciate the minister's advice as to how much is currently allocated to enable victims to appear personally at criminal sentencing hearings. In addition, I seek an assurance from the government that it will increase, or at least maintain, the funds currently available to victims to personally appear at trials.

Fifthly, the bill provides for restitution orders. Apparently, this innovation was also suggested by the Commissioner for Victims' Rights. The bill provides for restitution orders. Unlike section 53, which provides for compensation orders that can be enforced like any other pecuniary order, an order made under section 52 appears to be unenforceable, and the bills seeks to address this. In closing, I reiterate that the opposition supports the bill and looks forward to exploring some of the issues it raises at the committee stage.

Debate adjourned on motion of Hon. J. Gazzola.

STATUTES AMENDMENT (ADVISORY PANELS REPEAL) BILL

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

The Hon. P. HOLLOWAY (Minister for Police, Minister for Mineral Resources Development, Minister for Urban Development and Planning) (17:49): 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.

This Bill will repeal the mandatory requirements for the establishment of the Building Work Advisory Panel (BWAP), Electrical Advisory Panel (EAP) and the Plumbers and Gas Fitters Advisory Panel (PGFAP) under the Building Work Contractors Act 1995 and the Plumbers, Gas Fitters and Electricians Act 1995.

When the Building Work Contractors Act and the Plumbers, Gas Fitters and Electricians Act were introduced in 1995, it was essential to develop appropriate licensing criteria, policies and procedures. To facilitate this, the relevant Acts provided for the Minister to establish advisory panels representative of industries. Apart from the Commissioner for Consumer Affairs, panels consisted of members drawn from industry associations and other stakeholder organisations.

Panels performed an advisory function only, on matters such as licensing criteria, policies and procedures. They tended to focus on operational and technical issues rather than broader policy or legislative reform and were asked to provide advice in relation to these matters. Initially, panel meetings were held bi monthly to expedite this process. However for the preceding three years, each panel had only met twice a year.

When appropriate licensing criteria, policies and procedures had been established, the Office of Consumer and Business Affairs (OCBA) referred fewer issues to the panels for advice. Advisory panel meetings changed from a forum where day to day licensing matters dominated discussion, to a reporting forum where OCBA presented statistical data and highlighted relevant achievements.

While broad policy issues were sometimes raised in panel meetings, they were normally dealt with outside the panel forum through formal discussion papers and targeted meetings held out of session. OCBA also holds regular meetings with a number of the bodies represented on the panels. OCBA is able to achieve the same outcomes using a combination of alternative and ongoing communication strategies.

It was anticipated that some industry organisations and some unions would argue that the licensing systems risked falling out of step with industry needs and that the Government would implement change without an appropriate level of consultation and that Government would become less accountable. In seeking to allay such concerns, OCBA has committed to alternative communication strategies, which will ensure that industry continues to have a voice and that their needs will be taken into account.

Explanation of Clauses

Part 1—Preliminary

1—Short title

The Bill may be referred to as the Statutes Amendment (Advisory Panels Repeal) Bill 2007.

2—Amendment provisions

This clause is formal and provides that this measure amends those Acts referred to in the following headings.

Part 2—Amendment of Building Work Contractors Act 1995**3—Repeal of Part 6**

This clause repeals Part 6 of the Building Work Contractors Act 1995 which requires the Minister to establish an advisory panel in accordance with the regulations and sets out the functions of the panel.

Part 3—Amendment of Plumbers, Gas Fitters and Electricians Act 1995**4—Repeal of Part 5**

This clause repeals Part 5 of the Plumbers, Gas Fitters and Electricians Act 1995 which requires the Minister to establish advisory panels for plumbing and gas fitting and for electrical work in accordance with the regulations and sets out the functions of the panels.

Debate adjourned on motion of Hon. S.G. Wade.

CRIMINAL LAW CONSOLIDATION (RAPE AND SEXUAL OFFENCES) AMENDMENT BILL

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

ELECTRICITY (FEED-IN SCHEME—RESIDENTIAL SOLAR SYSTEMS) AMENDMENT BILL

The House of Assembly agreed not to further insist on its disagreement to amendment No. 16 made by the Legislative Council.

At 17:51 the council adjourned until Tuesday 26 February 2008 at 14:15.