LEGISLATIVE COUNCIL

Wednesday, 27 February 2019

The PRESIDENT (Hon. A.L. McLachlan) took the chair at 14:15 and read prayers.

The PRESIDENT: We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of this country throughout Australia, and their connection to the land and community. We pay our respects to them and their cultures, and to the elders both past and present.

Bills

ELECTORAL (PRISONER VOTING) AMENDMENT BILL

Conference

The Hon. R.I. LUCAS (Treasurer) (14:16): I have to report that the managers have been to the conference on the bill, which was managed on behalf of the House of Assembly by the Attorney-General and Messrs Boyer, Brown, Cregan and Teague, and they there received from the managers on behalf of the House of Assembly the bill and the following resolution adopted by that house:

That the disagreement to the amendment of the Legislative Council be insisted on.

Thereupon, the managers for the two houses conferred together but no agreement was reached.

The PRESIDENT: As no recommendation from the conference has been made, the council, pursuant to standing order 338, must resolve either not to further insist on its requirements or lay the bill aside.

The Hon. R.I. LUCAS: I move:

That the Legislative Council do not further insist on its amendment.

In speaking to this motion that the council do not further insist on its amendment, it is a pretty clear issue that the council will for one last time be asked to resolve one way or another. That is, if the council does not further insist on its amendment, the bill will be able to proceed in the way the government originally intended. If the council in its majority votes against that particular position, the bill will be laid aside and there will be no legislative change at all.

There is a pretty stark and simple explanation to the difference between the two views on the bill. It is the position of some parties and individuals that any restriction on entitlement to vote in state elections should be limited to those persons in prison who carry a life sentence. The position that the government has maintained publicly and in the parliament is that that ignores some prisoners with very serious offences, offences so serious that the people of South Australia would be appalled at the prospect that these particular individuals would continue to be able to vote at the next state election for the party or parties that they prefer.

The Attorney-General and others have advised that for sentences such as manslaughter, criminal neglect, rape, unlawful sexual intercourse with a person under the age of 14, persistent sexual abuse of a child, arson, aggravated robbery and indeed others, clearly members of the community would acknowledge that these are indeed very serious offences.

Where there is offending for which the person receives a sentence of three years or more, under the government bill we are saying they should not be entitled to vote for the party or candidates of their choice at the next state election. It is the position of the Labor Party and some other members that they want prisoners guilty of such offences to be able to vote at the next state election. The government believes this is not a proposition that the majority of the community, when this is explained to them, will support.

We make it clear that offences such as possessing child pornography, procuring a child to commit an indecent act and participating in a criminal organisation, again, are all examples of offences where the position of the Labor Party is that, if the member for Croydon in the House of Assembly and the Leader of the Opposition the Hon. Mr Maher in this particular chamber have their way, paedophiles, child pornographers, rapists, drug traffickers and the like will be entitled to vote for the Labor Party or for other parties at the next state election. It is a proposition that we think the majority in the community would find appalling.

There has been much publicity in recent times, in particular. We have a situation where clearly the member for Croydon, Mr Malinauskas, and the Leader of the Opposition in this chamber, the Hon. Mr Maher, are in essence asking the people of South Australia to support a position that people like Mr Shannon McCoole and Vivian Deboo should be eligible to vote for the Labor Party at the next election. The rank hypocrisy of the Labor Party and its members on these particular issues is now revealed starkly to all.

This is a simple issue. What I say to the many people who I am sure are watching the live streaming of the Legislative Council as we speak is that when we come to vote on this particular issue, those members who do not support the government side of this particular debate, those members who line up on the other side of the chamber are lining up to say they want Vivian Deboo, Shannon McCoole and the like, the paedophiles, the child pornographers, the drug traffickers of this world, to be able to vote for the Labor Party at the next election.

This is all this is about. It is about the Labor Party and others wanting to retain what they would say are the rights of these particular individuals—sexual deviants in some cases—people who they have publicly attacked and maligned, and I think with the support of most in the community in some of the statements they have made, as, indeed, many others have as well. But here we have a situation where the Labor Party are actually tested as to what their true intentions are in relation to these issues. Will they or will they not insist on a position that allows Deboo, McCoole and others to be able to continue to vote for the Labor Party and to vote at the next state election? The government strongly says, 'No, they should not be entitled to.'

This is the simple vote that we are about to have in the Legislative Council. Those who support the government will be saying no to Vivian Deboo, Shannon McCoole and the like. Those who oppose the government position will be saying they have rights and entitlements, they should be able to vote and the government is being mean to Mr Deboo, Mr McCoole and others by taking away their right to vote at the next state election.

I have given up on the Labor Party in this chamber. Their colours are often nailed to the mast when difficult issues like this come to be voted on but I would implore members of the crossbench who have so far supported the Labor Party position to now rethink. This is the last opportunity to rethink and say, 'Enough is enough.' The issue has been explored. There was no capacity to reach an agreement in the deadlock conference.

We have been through all the processes of the house and we now have one last opportunity to either say no to Deboo, no to McCoole and no to the other sexual deviants, or do we go along with the Labor Party as the Labor Party would wish? I would urge members of the crossbench to rethink their position and to support the principal position that the government is putting.

The Hon. K.J. MAHER (Leader of the Opposition) (14:25): I am speaking to the proposition that the council do insist upon its amendment. The Leader of the Government in this place has deliberately mischaracterised this debate. This is about community safety. The government was asked repeatedly in the debate on the bill, 'What evidence is there that these measures will do anything to make the community safer?' Every single time the answer was: nothing, there is none. This measure does nothing for community safety, not a thing.

That is what this is about: the people and the voters of South Australia expect their representatives to do things that make the community safer. The government offered no evidence that this does anything to that end. In fact, there were submissions on the bill from bodies like the Law Society that this could have the opposite effect and could make the community less safe with these measures.

The Leader of the Government talked about being serious on things like child sex offenders. That is something we will take on with the government every single day of the week. The Leader of the Government talked about Vivian Deboo. Let's have a look at what the two parties' views have been about this. There are measures that the opposition put forward that mean that Vivian Deboo would have no chance of getting court-ordered home detention.

Just yesterday, members in the other chamber voted on this and every single member of the government voted on a measure that would allow Vivian Deboo court-ordered home detention. Every member of the Labor opposition voted on a measure that would absolutely ensure that Vivian Deboo could not serve his sentence at home.

There is a track record on this and on community safety, and the government has been found wanting and on the wrong side of this matter. We will have an opportunity in this chamber to vote on things that will make the community safer, to vote on whether Vivian Deboo should have a chance of getting out of gaol. The government so far has voted to allow Vivian Deboo a chance of getting out of gaol. These are the issues the people of South Australia care about.

Look at other matters, such as the Colin Humphrys case. When Colin Humphrys was due to be released, even though expert medical reports to the court said that he was unwilling or unable to control his sexual instincts, what was the response from this government? The Attorney-General went on radio and said, 'Let's see what the court does.' The Attorney-General was willing to toss a coin, 'Just see how it goes. Maybe he'll get out and maybe he won't.' This is how seriously the Attorney-General takes community safety.

We were not prepared to do that. Community safety is what people expect us in this place to have as our highest priority. We put forward a private members' bill but the Attorney-General said it was unnecessary, 'We don't need that. We'll take the chance. Maybe Colin Humphrys will get out and maybe he won't. That's not our concern.' Fortunately, the Attorney-General, after a Monday cabinet meeting, was obviously rolled and we had that measure put in place.

We welcome the debate about who is more serious about community safety, who is more serious about protecting the community from serious child sex offenders, and it is not the government.

The Hon. M.C. PARNELL (14:29): The choice the Treasurer is effectively putting to us is that we need to do one of two things: one is that we need to add to the punishment already meted out by the courts to those serving terms of imprisonment; we need to add to their punishment so that their abandonment by society is complete for the term of their incarceration.

The other side, the flip side of the coin, is that regardless of the crimes that people have committed—the seriousness of those crimes—we do leave the door a little ajar to their eventual rehabilitation back into society. We are talking about people, unless they die in gaol, all of whom, every one of them, is coming back into society. When it comes, as the honourable Leader of the Opposition has been saying, to whether we are safer or not, I for one would feel safer about people coming back into society who have been rehabilitated, reformed and are able to re-enter society. Adding to their punishment by effectively denying all interaction with the electoral process I do not think adds to our safety.

I think it is all very well and good for the Treasurer to reel off a list of heinous crimes—abhorrent crimes, things that he has no argument with anyone in this room that they are not serious crimes that are not deserving of punishment—but he is somehow suggesting that unless we toe the government's line we are not being serious enough, we are not punishing these people enough, because we have not yet stripped them of all their civic rights.

The Treasurer made a comment which—I cannot speak for other parties—somehow suggested that unless people are on the government side we are somehow courting the paedophile vote. I for one have never stood outside a gaol on election day with how-to-vote cards. It probably would be pretty slow traffic unless they let the prisoners out to take the card. I am not aware of any parties that are actively courting the prisoner vote. So I think to try to paint it as some sort of a partisan exercise—that prisoners are more inclined to vote for one area of politics rather than the other—is just a silly argument.

The Greens' position always was that we did not support this bill at all: we did not support any part of it. But when the Labor opposition came and said, 'Look, we are prepared to strip voting rights from people serving life terms,' we accepted that, and I think that should still be the position that the Legislative Council retains.

The Hon. C. BONAROS (14:31): I think, like other honourable members here, our hope was that the deadlock conference would be able to come to a compromise position that better reflected the views of every member of this place, and clearly that has not been the case. I have to agree with the comments of the Hon. Mark Parnell in that the suggestion that anyone on the crossbench who is not supporting the government's position on this somehow supports paedophiles or other serious offenders is, with respect, pretty offensive, actually.

What I put to the Treasurer today is an invitation for the government to go back to the drawing board, to consult with members of this place and to consult more widely and to come back with a model that better reflects the views that have been expressed in this place on this issue.

The Hon. R.I. LUCAS (Treasurer) (14:33): I thank members for their contribution to this particular debate. What I will ask people who have been following this particular debate to note is that the contribution of the leader of the Labor Party, the opposition, did not address the issues at all. He proffered no argument at all as to why Vivian Deboo or Shannon McCoole or indeed others guilty of heinous crimes are entitled to have a vote. He wanted to talk about every other issue—other than the issue he is being asked to vote on here.

Why did he choose to ignore that argument? Because he has no argument. There is no argument from the Australian Labor Party for why people like this should be entitled to the vote or why we as a community, we as a parliament, should not take away their right to vote as a result of the serious offences.

It happens in the commonwealth parliament with the commonwealth elections. Why should they be entitled to vote for or against members and parties in a state election when they are not entitled to in a commonwealth election? That is the simple proposition, and I draw anybody's attention who either has listened to, viewed or reads this particular debate, to look at the substance or the lack of substance in what the Leader of the Opposition said and note that there was no argument offered at all as to why Deboo, McCoole and other sexual deviants like them should be entitled to keep their right to vote at the coming state election.

The PRESIDENT: Honourable members, for the point of clarity, the question before the council is actually in the negative, in this instance. The Treasurer moved that the council do not further insist on its amendment, and that is how I put the motion in this instance to the council. So the question before the council is that the council do not further insist on its amendment.

The council divided on the motion:

Ayes 9
Noes..... 12
Majority..... 3

AYES

Darley, J.A.	Dawkins, J.S.L.	Hood, D.G.E.
Lee, J.S.	Lensink, J.M.A.	Lucas, R.I. (teller)
Ridgway, D.W.	Stephens, T.J.	Wade, S.G.

NOES

Bonaros, C.	Bourke, E.S.	Franks, T.A.
Hanson, J.E.	Hunter, I.K.	Maher, K.J. (teller)
Ngo, T.T.	Pangallo, F.	Parnell, M.C.
Pnevmatikos, I.	Scriven, C.M.	Wortley, R.P.

Motion thus negatived; bill laid aside.

Parliamentary Committees

LEGISLATIVE REVIEW COMMITTEE

The Hon. T.J. STEPHENS (14:39): I bring up the 14th report of the committee.

Report received.

Parliamentary Procedure

PAPERS

The following paper was laid on the table:

By the Minister for Trade, Tourism and Investment (Hon. D.W. Ridgway)—

Report of the Circumstances Giving Rise to the Proclamation that the District Council of Coober Pedy Declared to be a Defaulting Council

ANSWERS TABLED

The PRESIDENT: I direct that the written answers to questions be distributed and printed in *Hansard*.

Question Time

AMBULANCE RAMPING

The Hon. K.J. MAHER (Leader of the Opposition) (14:43): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing.

Leave granted.

The Hon. K.J. MAHER: On 6 November 2018, ramping in South Australian hospitals was reported as the worst on record. The Ambulance Employees Association said, and I quote:

> Sunday was a very bad day and we thought it couldn't be worse, we were wrong, yesterday was the worst [day] we've ever seen, it was an absolute shocker.

The association went on to say and, again, I quote:

> If we can't respond quickly to a priority one or two then lives are at risk, there's no doubt about that.

On 7 November, the Minister for Health and Wellbeing was asked about these comments and responded:

> The fact of the matter is that there has been some data which has shown improvement in recent weeks.

My questions to the minister are:

1. Does the minister still stand by his comments that, right in the middle of the cluster of nine deaths, improvements were being made?

2. Was the minister in any way aware of the cluster of nine deaths when he made those comments on 7 November?

3. What were the dates of each of the deaths in the cluster of nine deaths?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:45): I thank the honourable member for his question. The member wants to quote Mr Phil Palmer in relation to ramping. I would also like to do the same. Phil Palmer talked about the fact that a number of factors have impacted negatively on ambulances. This was a comment in, I think, yesterday's media. He said that there have been a number of factors, that Transforming Health is certainly one of them and that 'there were some bad ideas about downgrading hospitals and we predicted that would create problems'. He said:

> I stood on the steps of the Repat, protesting the closure of that, because I could see that would contribute to reducing capacity and therefore increase the chance of ramping.

In November 2017, the former Labor government closed the Repatriation General Hospital. Going into the 2008 calendar year, we faced a hospital network with a net loss of more than 100 beds in

the southern network. But that wasn't the end of it. Also in the middle of 2017, they closed the Oakden Older Persons Mental Health facility, after a decade of neglect and abuse. That led to, again, about another 40 acute beds out of the system. Phil Palmer went on to talk about the problems that had been created by the new Royal Adelaide Hospital.

It is important to be clear that last year, 2018, was always going to be a challenge in relation to the capacity of the system because your government closed more than 140 beds. The Labor Party likes to cherrypick figures. In relation to October figures for priority one cases, for example, they highlighted 13 October 2018, which showed a 28 per cent target rate for priority one. If you are going to cherrypick dates, comparatively on 17 October—four days later—there was 100 per cent of priority one cases responded to within the recommended time frames.

Certainly, there are challenging days, as Mr Palmer and other union leaders recognised in correspondence to me recently. There are factors, such as the unseasonal weather, which has increased demand. The system does have surges from time to time, but this government is committed to developing the capacity of the system to respond to surges so that we eliminate ramping.

The former Labor government seemed to think that ramping was okay. It is a philosophy that became well entrenched in Victoria and it's a philosophy that the former Labor government brought into South Australia. That was a tragic day. It was tragic that the community was expected to tolerate that as a capacity management measure. You can be assured that this government will never accept ramping: it takes ambulances off the road, it adds stress to the role of ambulance officers and it undermines clear, patient-focused care.

AMBULANCE RAMPING

The Hon. K.J. MAHER (Leader of the Opposition) (14:48): Supplementary arising from the answer: given the minister has previously said that he has refused to talk to any of the families involved, does the minister stand by his comments and does he think they are good enough as comments for the families involved in the nine deaths about what occurred and why it occurred?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:49): I have given answers to the chamber. Of course we regret adverse incidents. I regret the adverse incidents last year, as I would hope all members of this council would regret adverse incidents over time. Let us remember that this government experienced 12 confirmed adverse events last year but, with the former Labor government, in 2015 there were 24 adverse events—sorry, 28. I also regret them.

HOSPITAL BEDS

The Hon. K.J. MAHER (Leader of the Opposition) (14:49): A further supplementary arising from the original answer, in which the minister talked about bed closures: why did the minister close 61 beds across the health system after receiving the warnings about ramping and after knowing about the cluster of nine deaths?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:50): The Labor Party has played games with bed numbers. The beds that were closed in the December period are the normal closures for seasonable beds, whether it is—

The Hon. K.J. Maher: Are they open now?

The Hon. S.G. WADE: The Flinders Medical Centre beds, for example, have been reopened.

The Hon. K.J. Maher interjecting:

The PRESIDENT: Leader of the Opposition, please let the minister answer. Then you can ask a further supplementary. Please don't ask him questions seated. Minister, go on.

The Hon. S.G. WADE: Please don't encourage disorderly behaviour; that doesn't relate to the original question or answer. Nonetheless, this government cannot put a candle to the former Labor government when it comes to bed closures: more than 100 in the southern network through the closure of the Repat, more than 40 as a result of the closure of the Older Person's Mental Health Service.

We are committed to fixing the mess of Labor, undoing the damage of Transforming Health, so it was great to be there today at the reactivation of the Repat, when the commonwealth Minister for Health and the commonwealth Minister for Aged Care stood shoulder to shoulder with a group of both state and federal representatives investing in the reactivation of the Repat. Of course, today was not the start. We opened 20 beds at the Repat at the beginning of December, in the period that the honourable member refers to, and we stopped the closure of another 20 beds that were scheduled to close at the end of December. That's 40 beds.

This is a government that actually wanted to sell that land. Under the Transforming Health diatribe they told us that the Repat had been built in 1942 and was basically of no use to South Australians when it came to health care. Well, here we are, and we already have 20 South Australians who are receiving care in the rehabilitation building and another 20 who are receiving care in the ViTA building.

Members interjecting:

The PRESIDENT: It's your question.

Members interjecting:

The PRESIDENT: It's not five minutes. I'm counting.

The Hon. S.G. WADE: This is a government that, unlike the former government, is committed to opening beds when they are needed. They closed more than 140, we have opened another 40.

HOSPITAL BEDS

The Hon. K.J. MAHER (Leader of the Opposition) (14:52): A further supplementary in relation to the original answer that discussed bed closures—

The PRESIDENT: Yes; Leader of the Opposition, ask your question.

The Hon. K.J. MAHER: Is it the department or is it the government and ministers who make decisions about the opening or closing of hospital beds?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:52): This is a repeat of the question we had the other day. It reminds me of comments of the member for Kaurna—

The Hon. K.J. Maher interjecting:

The PRESIDENT: Leader of the Opposition, it is actually your own question. Let the minister answer your own question, please.

The Hon. K.J. Maher interjecting:

The PRESIDENT: I don't need your commentary, Leader of the Opposition.

The Hon. S.G. WADE: The member for Kaurna, whether it is on Twitter or whether it is in his press releases, loves to give advice to clinicians on when to open beds and when to close beds.

Members interjecting:

The PRESIDENT: Order, opposition benches! Order! I cannot hear him.

The Hon. S.G. WADE: The member for Kaurna, concerned about ramping at our emergency departments, suggested that we should reopen the Cassia Ward. The Cassia Ward is a paediatric ward for children, so his clinical judgement is that the best way to deal with ramping in adult hospitals is to open a long-stay ward for children. I suggest we should heed the clinicians, not the member for Kaurna.

AMBULANCE RAMPING

The Hon. K.J. MAHER (Leader of the Opposition) (14:53): A further supplementary arising from the original answer: does the minister accept that ramping in hospitals is in any way a possible contributing factor to the cluster of nine deaths?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:54): What a bizarre question. This government had a systemic review that highlighted that ramping is part of the context that undermined clinical judgement and, in doing so, made it less likely for patients to be transported to hospital, and that that led to adverse incidents. I am proud that we are part of a government that is not just willing to look at individual isolated cases but is looking at systemic reform.

It has taken the former Labor government 16 years to corrode and degrade our health system; it is going to take a significant amount of time to fix it, and it certainly won't be fixed by taking individual, isolated, limited views of the problems. We are committed—as we did with EPAS, as we did with EPLIS, as we are doing with the Ambulance Service—to making sure that we take a broad view, a systemic view to fix the problems in the health system.

The PRESIDENT: A further supplementary, Leader of the Opposition?

AMBULANCE RAMPING

The Hon. K.J. MAHER (Leader of the Opposition) (14:55): Thank you, Mr President. Does the minister accept that if he had immediately acted on the repeated warnings that ramping was the worst it had ever been some of these deaths might have been prevented?

Members interjecting:

The PRESIDENT: Let the minister answer.

Members interjecting:

The PRESIDENT: Leader of the Opposition, please! You asked a question; let the minister answer it.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:55): Ramping has been with us for a decade, and this report highlighted—this is the Hibbert report—its corrosive effect. While the report does not find that ramping caused these adverse incidents, the report highlights that ramping is a significant part of the context. Ramping has a direct impact of delaying care and tying up ambulance resources. The report highlights that ramping also has indirect impacts, such as affecting the decision-making of crews who may be less inclined to transport patients to hospital than they should be.

The Hon. K.J. Maher: So no responsibility for you?

The Hon. S.G. WADE: So what our clinician in front of us, member Maher, the Leader of the Opposition—whatever title he has managed to achieve. The clinician in front of us suggests that the best response to ambulance officers not applying good clinical protocols at the site of the 'treat not transport' or the transports 'against medical advice'—the best way to deal with that is to open a bed.

What we say is that we want to manage the system as a whole, and part of managing the system as a whole is not just to rant about beds but work at every part of the patient journey. If we had done what the former Labor government did and after five years of adverse events, averaging 15 adverse events a year—28 in 2015. If we had just continued what they were doing and ignored the need to support our ambulance officers at the roadside—if we ignored our responsibilities to support our ambulance officers, like they did, we would continue to have poor clinical outcomes.

Sure, we need to manage the bed stock, but we also need to support our ambulance officers. This is a former Labor government that significantly increased the workloads of team leaders within our Ambulance Service. What that meant was that individual ambulance officers did not feel as supported as they should have been to make decisions. One very immediate action of the Ambulance Service, which I strongly commend them for, was to make sure they strengthen the support they give to ambulance officers in the crews.

So as of December, as part of the adverse clinical incidents, they said, 'If you're wanting to not transport a person'—a cert IV ambulance officer or a paramedic—'you need to have that confirmed by a senior clinician.' So 'treat not transport' is when the ambulance officer is suggesting that, in spite of the fact that a call has been made, they choose not to transport the person to hospital.

AMA is 'against medical advice', which is when a patient suggests, in spite of the fact you have presented, 'I now don't want to go to hospital.'

These are what the report highlighted. These are clinically risky situations. Of course our clinicians are extremely well trained to make those sorts of decisions, but in the context the report says we need to make sure that patient care is paramount, so the decision of the SAAS executive team was to strengthen their policy so that in both those situations that group of clinicians would seek confirmation by other clinicians. This government won't apologise for doing more than one thing at once; we can chew gum and walk. We are going to both support our ambulance officers to continue to develop the world-class ambulance service we have and also run our hospitals.

HIBBERT REVIEW

The Hon. K.J. MAHER (Leader of the Opposition) (14:59): Final supplementary: is the minister or his office aware of the dates of these nine deaths and will he let the chamber know the dates of the nine deaths involved?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:59): I am happy to take the question on notice.

MINDA INCORPORATED

The Hon. C.M. SCRIVEN (14:59): My question is to the Minister for Human Services. Given the special general meeting held at Minda on Sunday 24 February, which endorsed the current board of management, will the minister also provide her unconditional support to the Minda board?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:00): I thank the honourable member for her question. As we know, Minda has been undergoing particular governance challenges as well as some of its care challenges and is currently undergoing a significant amount of review. I think it's fair to say there are a lot of eyes on that organisation at the moment, through the matters raised to do with the Pat Kaufmann Centre and a number of other agencies that have oversight for the other services that Minda provides. I have met with the board chair, Ms Susan Neuhaus CSC, and the acting CE of Minda. I give my full support for the reforms that Ms Neuhaus is undertaking.

MINDA INCORPORATED

The Hon. C.M. SCRIVEN (15:01): Supplementary: can I confirm that the minister is saying that the Minda board does have her unconditional support?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:01): It's not appropriate for ministers to be making comments about supporting various boards or not. We have so many boards throughout South Australia. If the Labor Party wants to go through every board and say, 'Do you support this one?', 'Rule this one out; rule this one out,' this is a very dangerous game for the Labor Party to be playing. I have responded to the question. That is my final answer.

MINDA INCORPORATED

The Hon. C.M. SCRIVEN (15:02): Supplementary: will the minister confirm whether she, a member of her staff or any staff member of the Department of Human Services attended the special general meeting on 24 February?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:02): I did not attend the special general meeting. None of my ministerial staff attended the general meeting. I am reasonably certain that staff of the department did not attend the general meeting.

MINDA INCORPORATED

The Hon. C.M. SCRIVEN (15:02): Further supplementary: will the minister apologise for misleading the chamber, including again yesterday in her ministerial statement, when she said she had not been provided with specific client details, despite the member for Hurtle Vale providing her with those details on multiple occasions?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:02): Absolutely not—absolutely not. The member for Hurtle Vale is playing some very dangerous games. We have tracked every piece of correspondence and she is incorrect and she ought to apologise to every organisation

that looks after people with disabilities. We have been tracking her activities. We will make sure that community organisations understand the sort of behaviour that the member for Hurtle Vale has been engaging in—undermining them.

Members interjecting:

The Hon. R.P. WORTLEY: Point of order: the Hon. Mr Ridgway just told the Leader of the Opposition to shut his mouth. The Leader of the Opposition is performing what he is supposed to do at question time, and to be told to 'shut your mouth' is totally unparliamentary.

The PRESIDENT: Thank you for your concern about the behaviour in the chamber. The Hon. Mr Ridgway, please restrain yourself in your chair, because it is causing the Hon. Mr Wortley—

The Hon. R.P. Wortley interjecting:

The PRESIDENT: Don't talk to me seated—some concerns. Leader of the Opposition, I didn't see what you were doing, but no doubt you may well have been deserving of the comment. I don't know. The minister has finished her answer. The Hon. Ms Scriven, that last supplementary I did allow. I was being very generous. It needs to be based on the original answer.

MINDA INCORPORATED

The Hon. C.M. SCRIVEN (15:04): My final supplementary is just to ask the minister again: does she support the Minda board or does she not?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:04): I have already replied to this question.

The Hon. D.G.E. HOOD: Point of order.

The PRESIDENT: Point of order, the Hon. Mr Hood.

The Hon. D.G.E. HOOD: Mr President, we are now some 20 minutes into question time and so far the Labor Party has asked two questions and the crossbenchers have had none. I am sure they have many questions they wish to ask. I draw that to your attention.

The PRESIDENT: I appreciate your concern. The Hon. Ms Bourke.

Members interjecting:

The PRESIDENT: Can the group discussion please cease, and show some courtesy to the Hon. Ms Bourke.

HIBBERT REVIEW

The Hon. E.S. BOURKE (15:05): My question is to the Minister for Health and Wellbeing. Now that the minister has had 24 hours to reflect on the answers he provided to the chamber yesterday and to seek further advice, can the minister advise precisely when he informed the Premier about the 17 adverse incidents, including the cluster of nine people who died unnecessarily following the adverse incidents involving ambulance calls; and exactly and by whom was the Hibbert report commissioned?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:05): I didn't take a question in relation to the Premier on notice. I stand by my answer yesterday, which is that I have ongoing discussions with the Premier on health matters. In relation to the Hibbert report, I understand that it was commissioned by the SAAS executive. It might have been commissioned by the CEO of SAAS. I am happy to take that on notice.

The PRESIDENT: The Hon. Ms Bourke, a supplementary?

HIBBERT REVIEW

The Hon. E.S. BOURKE (15:05): Will the minister advise whether families were given the opportunity to provide evidence to the Hibbert report?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:06): I will take that on notice but I will be surprised if that was necessary because the individual case reviews were

continuing right through this process and the semi-systemic review that Associate Professor Hibbert was doing was about common factors. My understanding about what the SAAS executive found was that there seemed to be clinical management issues that had been raised within this cluster. So the issue that Associate Professor Hibbert was focusing on was clinical management. Nonetheless, I am happy to take it on notice to see whether Associate Professor Hibbert did engage families in his work.

The PRESIDENT: The Hon. Ms Bourke, the last one was pushing the boundaries. I will allow you to ask a further supplementary. I am keen to move on.

HIBBERT REVIEW

The Hon. E.S. BOURKE (15:07): Supplementary: what resources has the minister allocated to implement the Hibbert report? How much will the implementation of the recommendations cost? What is the time frame to have all recommendations in place?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:07): I have met with the CEO of the Ambulance Service. I did that within an hour or so of him having received the report. As I have already indicated to the council, he has made public comments that current indications are that SAAS is not under-resourced for its current workload. We are working on a resourcing plan.

Considering that the work that the SAAS executive team was doing in relation to improving clinical management started from early December and, if you like, parallel with work on the resourcing plan going forward, I am sure that those elements are being, shall we say, articulated. In other words, the SAAS executive is planning for an appropriate set of resources to deal with both the clinical management issues and the workload issues going forward.

SA AMBULANCE SERVICE

The Hon. I.K. HUNTER (15:08): Supplementary arising from the original answer: did the minister advise the Premier of the adverse outcomes or the cluster of nine deaths via email or letter, or orally in discussions with the Premier?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:08): As I have said, I have had ongoing discussions with the Premier in relation to health matters.

The PRESIDENT: The Hon. Mr Hunter, I am allowing you one more on this issue.

SA AMBULANCE SERVICE

The Hon. I.K. HUNTER (15:08): With respect, sir, the minister didn't answer my question; in fact, he dodged it: he responded with a non-answer. My question is simply this: did you advise the Premier formally in writing or by email, or did you advise him orally in discussions?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:08): I stand by my answer.

STUDYADELAIDE

The Hon. T.J. STEPHENS (15:09): My question is to the Minister for Trade, Tourism and Investment. Can the minister advise the council how the government is fulfilling its election commitment to double StudyAdelaide's Student Ambassador Program?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:09): I thank the honourable member for his ongoing interest in international education and in particular the student ambassador campaign.

In less than a year the new Marshall Liberal government has made progress in fulfilling its election commitments, and that is also true in the field of international education. We took a commitment to the last election to double StudyAdelaide's Student Ambassador Program. Since 2014, the Student Ambassador Program been a very successful way to create market awareness of Adelaide as a high-quality study destination, as shared through the eyes of outstanding students in key source markets.

On 15 February, I met with six school-aged Chinese students and their parents, who were winners of StudyAdelaide's latest student ambassador campaign. The digital campaign had a substantial reach in China of some 50 million people throughout the country and was the first to

promote Adelaide directly to Chinese middle and high school students, encouraging them to consider South Australia earlier in their study journey. Speaking with the student ambassadors, I learnt that both Kira Yang and Jason Chen have expanded upon their ambassador roles and chosen Adelaide for their studies as fee-paying international students. Kira has chosen to do a Bachelor of Music Theatre and Jason will do his high school schooling in Adelaide.

I am pleased to share with members that StudyAdelaide appointed 16 international student ambassadors in 2018, with 10 from Malaysia, in addition to the six Chinese students who I met that morning. We are expecting an even larger student ambassador cohort in 2019. These growing figures fulfil our election commitment to double the Student Ambassador Program. In 2017, we saw the appointment of just two student ambassadors. There were eight student ambassadors from China, India and Vietnam in 2016. We are already seeing significant growth in the sector with this past year seeing strong growth of some 10.6 per cent in the value of international education to our state. This has seen our international education exports figure reach $1.62 billion, with more than 36,000 international students enrolled to study in Adelaide in 2018.

We have increased the annual funding to StudyAdelaide to $2.5 million a year and we are demonstrating our commitment to further grow that sector. The more international students we are able to attract to this great state the greater benefits for our local economy. All these students will spend money on accommodation, goods and local services while they are living here, and creating more jobs for hardworking South Australians.

ROYAL COMMISSION INTO ABUSE OF PEOPLE WITH DISABILITY

The Hon. T.A. FRANKS (15:11): I seek leave to make a brief explanation before asking the Minister for Human Services a question about a royal commission of inquiry into the violence, abuse, neglect and exploitation of disabled people in residential and institutional settings.

Leave granted.

The Hon. T.A. FRANKS: On 20 February I was pleased to co-sign—along with my Greens colleagues from the Senate, Senator Jordan Steele-John, the ACT, WA, Tasmania, Queensland, New South Wales and Victoria—a letter to all premiers and chief ministers, noting the passage of motions in the federal parliament calling for a federal royal commission of inquiry into the violence, abuse, neglect and exploitation of disabled people in residential and institutional settings.

That letter was done because, at the time, Prime Minister Morrison had not enacted the necessary steps and had stated that states and territories needed to come to the table. I certainly agree with that statement that states and territories do have a role to play. Since that time and just today we see that New South Wales, Victoria and South Australia have confirmed that they are behind this royal commission. Could the minister update what commitment the Marshall government will make, both financially and in terms of other resources, to this royal commission?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:13): I thank the honourable member for her question, and commend Senator Jordan Steele-John for raising this important issue in the national parliament. South Australia is committed to safeguarding people with disability, upholding their human rights and promoting their dignity and full inclusion. I understand that on 18 February a motion passed the Australian parliament to establish a royal commission to inquire into violence and abuse of people with disability. It is anticipated that the royal commission will examine the abuse and mistreatment of people with disability in a wide range of settings.

The matter of the current status of the royal commission: my understanding is that the Prime Minister wrote to our Premier, the Hon. Steven Marshall, last week. South Australia was the first jurisdiction to respond in writing to state our in-principle support, and we are fully cooperating with other states and territories as well as the federal government as this goes forward. As I think the honourable member may have outlined in her question, the terms of reference haven't been determined at this stage so it is probably premature to outline what funding and so forth may be required. Once that matter is resolved, then we will be able to provide that information.

GOVERNMENT TRAVEL SERVICES

The Hon. T.T. NGO (15:15): My question is to the Minister for Trade, Tourism and Investment.

Members interjecting:

The Hon. T.T. NGO: Hello, hello. Has the minister or any of his staff ever met with the CEO of QBT and federal Treasurer of the Liberal Party Andrew Burnes, and if the minister has met with Mr Burnes, when was that and did the minister inform the Premier of the content of the conversation?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:15): I thank the honourable member for his probing question. I can inform the honourable member that I think I met Mr Andrew Burnes at ATE last year, just after the election. I think I did, but it was in passing. I was escorted around ATE. I think parliament was—no, parliament wasn't sitting, but it was very new in the time that I had just been sworn in. I think I was escorted around by officials from the South Australian Tourism Commission or maybe even Mr John O'Sullivan from Tourism Australia.

I met a stack of people. I met quite a large number of them. I have a vague recollection of meeting him, but I don't recall anything that was discussed other than, 'Hello, I'm the new minister,' you know, 'I've got a great opportunity. I'm really happy to be the Minister for Trade, Tourism and Investment and I'm looking forward to growing the South Australian visitor economy.' I really don't have any recollection of any conversation I had with him, but I met hundreds of people over that weekend. They were so pleased to see there had been a change of government—

The Hon. R.I. Lucas: Hear, hear! And a new minister.

The Hon. D.W. RIDGWAY: And a new minister. They were very excited by that. I was trying not to get ahead of myself. So I do have some recollection, but as I said, I don't have any recollection of anything I discussed, if anything at all, other than just saying hello and shaking his hand.

GOVERNMENT TRAVEL SERVICES

The Hon. K.J. MAHER (Leader of the Opposition) (15:17): Supplementary: has the minister or any of his staff ever met with any other person who is employed by or represents Helloworld or QBT?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:17): I don't believe so.

GOVERNMENT TRAVEL SERVICES

The Hon. K.J. MAHER (Leader of the Opposition) (15:17): Further supplementary: will the minister check his records and his diaries and bring back a reply to that question?

Members interjecting:

The PRESIDENT: The question has been put. The minister can respond.

Members interjecting:

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:17): Mr President, if it pleases the—

Members interjecting:

The PRESIDENT: Have you responded, minister?

The Hon. D.W. RIDGWAY: No. You won't stop talking, so I'm not going to answer.

The PRESIDENT: The Hon. Ms Lee.

GOVERNMENT TRAVEL SERVICES

The Hon. K.J. MAHER (Leader of the Opposition) (15:17): Further supplementary: will the minister bring back a reply to whether he or his staff have met with anyone from QBT or Helloworld?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:17): I don't believe so.

Members interjecting:

The PRESIDENT: The minister answered the question, Leader of the Opposition. The Hon. Ms Lee, you have the call.

TIME FOR KIDS AND RELATIONSHIPS AUSTRALIA SOUTH AUSTRALIA MERGER

The Hon. J.S. LEE (15:17): My question is to the Minister for Human Services about the work of organisations that support children overcoming disadvantage. Can the minister please provide an update to the council about the recent merger of two important organisations, namely, Time for Kids and Relationships Australia SA, and the work they do in our local communities?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:18): I thank the honourable member for her question and for her interest in this area. Relationships Australia South Australia is probably quite well known to a number of members of this chamber. They provide a range of services, particularly in the family and child protection space. Indeed, my understanding is that they have quite a role in foster care arrangements and counselling and a range of services: gambling, counselling and the like.

Time for Kids may not be as well known to honourable members. It is an organisation which provides care to children from disadvantaged backgrounds, in that they match up a child with individuals, couples and families who volunteer to take the child for one day a fortnight or some other arrangement to provide the family of origin with a break and therefore provide another experience for the child.

The two organisations merged quite recently. We were invited to an event on 20 February. I was pleased that the member for Adelaide and the Minister for Child Protection were able to be there. I understand that Mr Boyer, who is the member for Wright, was there as well. What I think was pretty outstanding of the two organisations is that Time for Kids itself had realised that a merger was a very useful thing for them to undergo.

We have a large number of organisations doing amazing work throughout South Australia, and there are advantages to them merging from time to time to ensure that they have breadth and sustainability into the long term. It can take some time; we have seen similar reform undergone within the domestic and family violence sector with the advent of Women's Safety Services, which has also increased its strength through amalgamations over a period of time.

Since early 2015, the Time for Kids board has been looking at this particular issue. They have provided some data for the 2016-17 year: 154 children were supported in placements with volunteer carers and mentors, 77 children were supported through school holiday programs and 426 children received one or more forms of service or support across the year. They have additional services, including a little pop-up library, emergency relief and financial aid, a seasonal gifting program and access to community events and activities.

Over 13 per cent of the children in respite placements were of Aboriginal or Torres Strait Islander background, 18 per cent of children in respite placements were from culturally and linguistically diverse backgrounds, 27 per cent of children in respite placements were under guardianship of the minister and 220 community members were registered as volunteer carers and mentors.

I note that another member who attended was Mr Stephen Patterson, the member for Morphett. He and his family are carers in this wonderful program. We wish their new marriage as organisations well into the future as they continue to serve South Australians.

SHOP TRADING HOURS

The Hon. F. PANGALLO (15:22): I seek leave to make a brief explanation before asking a question of the Treasurer regarding shopping hours.

Leave granted.

The Hon. F. PANGALLO: On Boxing Day last year, both the Premier and the Treasurer declared their decision to allow shops in the suburbs to open on Boxing Day a success. Myself and a staff member spent most of the day travelling to various shopping precincts in the north, south, west and east of Adelaide. Apart from the mega complexes—Marion, Tea Tree Plaza, Gepps Cross

and Harbour Town—other centres, like Elizabeth and West Lakes, weren't brimming with people. Reports are that trade in Rundle Mall was down about 15 per cent, compared to last year.

Smaller shopping centres were dead quiet. Some, like Mitcham and Unley's Metro, saw shops closed. I am informed that trade on Jetty Road at Glenelg was down 56 per cent. The smaller IGAs reported turnover being down 46 to 76 per cent, collectively losing half a million dollars they won't recover. The Henley Beach IGA was down 60 per cent. IGA and Foodland in Mount Barker also lost money. The Wattle Park IGA lost 70 per cent and only had 15 customers. One Foodland at Salisbury East had three customers for the entire day. I didn't see anyone in the Sefton Park Foodland when I turned up at around 2pm.

My question to the Treasurer is: does he still maintain that Boxing Day trading was a success when the majority of businesses, many of them small operators, either didn't open or closed early and lost money? Does he have figures to justify the government's claim that it was a widespread success? Was the Treasurer warned that smaller operators faced losses if they opened on Boxing Day? Does the Treasurer intend to provide permits for shops to open on Easter Monday?

The Hon. R.I. LUCAS (Treasurer) (15:24): Absolutely, the government and my view is that Boxing Day trading was an enormous success, widely applauded by many people in the community. The government's position is, and has been, a relatively simple one, that is, it's a question of choice. That is, if a trader wants to trade, if customers want to shop and if the workers are prepared to work, why should our silly, antiquated, outdated, bizarre shop trading laws prevent them? They don't do so in every part of regional South Australia, from Mount Barker to Whyalla to Mount Gambier, with the exception of the proclaimed district in Millicent. They don't do it in the Adelaide CBD; however, they purport to regulate in the suburbs of Adelaide.

So it is a question of choice and clearly there will be some traders who will make a commercial judgement that it is not in their best interest to trade, and they should be entitled to do so. They can make a decision, as they do for many other hours during the week when they are lawfully entitled to trade if they want to. They can trade from midnight through until 9pm through the week. They don't choose to do so because there is not enough customer demand for them to do so. They choose the trading hours that suit themselves, their customers and their workers.

The government's position is absolutely clear; that is, we do believe it was an enormous success. We accept the fact that there will be parts of Adelaide, or the suburbs of Adelaide I should say, a bit like there will be parts of regional South Australia where traders will choose to trade and where other traders might choose not to trade, or to restrict the hours for which they happen to want to trade and to be open, but that should be a question of choice for them in terms of what they seek to do.

There have been lots of claims in relation to the impact of Boxing Day trading on sales. The government is seeking to gather as much information as it can. It is difficult because, clearly, you can't require traders to give you what might be commercially confidential information to them but there is some endeavour to try to gather information—not just by the government, I might say, but clearly some stakeholder groups, as I understand it, are seeking to gather as much information as they can in relation to those particular issues.

I am unsurprised if the Hon. Mr Pangallo was prepared to drive far enough and further enough and look for various shopping centres. He may well have found traders who either chose not to trade or, having opened, decided that it was not worth their while to do so. But let me assure you, he obviously didn't spend much time, so I am advised, at places like Marion and Tea Tree Plaza and the various other suburban shopping centres where there was a raging success.

There were tens of thousands of South Australian families delighted that the government in South Australia had at last said no to the union bosses and the shoppies union, had said no to the Labor Party bosses and had basically said to the traders of the suburbs of Adelaide, 'You can have the same freedom of choice that the traders in the Adelaide CBD have and that the traders in Mount Barker have, and the traders in Mount Gambier have, and the traders in Whyalla have.'

The PRESIDENT: The Hon. Mr Pangallo, a supplementary.

SHOP TRADING HOURS

The Hon. F. PANGALLO (15:28): Well, actually, the Treasurer didn't answer the last question. Does the Treasurer intend to provide permits for shops to open on Easter Monday?

The Hon. R.I. LUCAS (Treasurer) (15:28): What I have indicated in relation to public holidays is that I will consider these issues on a case-by-case basis, as the former minister for industrial relations, John Rau, the then member for Enfield did on occasions. He used the powers that are open to him in the act to allow for exemptions under trading hours legislation. I did so in relation to Boxing Day; I didn't do so in relation to New Year's Day and Australia Day but I will consider each of those on a case-by-case basis and I will make judgements in relation to future public holidays in a similar way. I will have a look at the proposition, decide whether or not it makes sense to do so and then use the powers that are available to me within the act. At this stage I have made no final decision.

WOMEN'S AND CHILDREN'S HOSPITAL

The Hon. J.E. HANSON (15:30): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing regarding the Cassia Ward.

Leave granted.

The Hon. J.E. HANSON: Yesterday, the minister was asked about reopening the Cassia Ward and said that:

> The need is assessed on a daily basis and, if need is identified, Cassia Ward will be reopened. This can happen at any time across all shifts.

The Cassia Ward has been closed since before Christmas and has not reopened since then, despite the Women's and Children's Hospital paediatric ED hitting 165 per cent of capacity this week. Parents are reporting children with respiratory issues who, under normal circumstances, need an individual room, but are instead sharing a bathroom with several other children. In one instance a child with respiratory issues, who would normally have a private room because of the risk of contamination, has been placed in a different ward with a number of other patients.

My question to the minister is: why doesn't the minister think that the Women's and Children's Hospital paediatric ED hitting 165 per cent of capacity, and children with respiratory issues being forced to share rooms, which increases the risk of contamination, justifies the reopening of the Cassia Ward?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:31): Again, another Labor member who thinks they can make clinical judgements about the appropriate placement of—patients this time. They are telling clinicians how they should be running the emergency department at the Women's and Children's Hospital. As I said yesterday, to respond to changes in demand over the summer period, paediatric medical wards, including the medical Short Stay Ward and the Cassia Ward, have been amalgamated. This amalgamation occurs every summer—Labor did it—and it coincides with what is usually a reduced demand in activity over this period. This year has been no exception.

I am advised that today paediatric bed occupancy numbers at the Women's and Children's Hospital were 99 occupied beds. Of these patients, nine are confirmed ready to discharge and a further seven are queried for possible discharge. As at 2pm, there were nine confirmed spare paediatric beds. I reiterate what I told the house yesterday, which is that the needs of the hospital are assessed on a daily basis and, if a need is identified for Cassia Ward, it will be reopened, and this can happen at any time across all shifts.

HOSPITAL DEMAND

The Hon. J.S.L. DAWKINS (15:33): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing regarding hospital demand.

Leave granted.

The Hon. J.S.L. DAWKINS: During my Address in Reply last year I spoke about the current government's approach to health services, and how different it was from that of the previous

government. Yesterday in this place the minister mentioned a stark difference in views on ambulance ramping. Will the minister update the council on initiatives to address hospital demand?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:33): I thank the honourable member for his question. The South Australian public health system is under pressure. Our hospitals are not working as they need to, and in consequence we are experiencing ramping and overcrowded emergency departments. The Marshall government considers this is unacceptable; ramping is completely unacceptable.

It is not part of the normal running of a world-class health system. It is a symptom of a system deformed by Labor's Transforming Health experiment, and broken by 16 years of Labor mismanagement. As the honourable member points out, the Labor Party did not deal with ramping. One former Labor health minister brushed off ramping, saying that it was fundamentally a fight between ambulance and emergency department staff, and said that ambulances in photos showing ramping were often empty.

Labor won't acknowledge the demolition job they did on South Australia's public health system. Yesterday, Mr Phil Palmer from the Ambulance Employees Association said:

> There's been a number of factors that have impacted on ambulances. Transforming Health is most certainly one of them.

The quote continues:

> I stood on the steps of the Repat protesting the closure of that because I could see that would contribute to reducing capacity and therefore increase the chance of ramping.

They broke their promise. The Labor Party promised they would never, ever close the Repat, but that is what they did, and when they closed it in November 2017 they cut more than 100 beds from the system.

The Marshall Liberal government does not try to pretend that ramping is not happening. We are working to make it a thing of the past, as dead as Labor's Transforming Health. In this regard, an initiative I announced on the weekend to address flow in our hospitals is the introduction of Criteria Led Discharge. One of the major reasons for the stress our hospitals are under is a lack of capacity to discharge patients who are ready to leave but who are held in hospital by paperwork. To help address this, Criteria Led Discharges bring a wider range of health professionals—nurses and other health professionals—into the discharge process to enable better discharging processes while ensuring patient safety remains paramount.

Criteria Led Discharge is a way of making the patient journey from admission to discharge, helping to provide better patient outcomes and the more efficient working of our hospitals. Patients who stay in hospital longer than they need to are at an increased risk of poorer health outcomes such as infections. They are also in beds that would otherwise be free for incoming patients, helping to relieve pressure on our emergency departments.

Labor talked about Criteria Led Discharge a lot, but Labor was only good for talking: they couldn't deliver in all their 16 years. It seems the only action they could deliver was downgrades to hospitals. The Marshall Liberal government, still less than one year old, has delivered on this important initiative.

FREEDOM OF INFORMATION

The Hon. M.C. PARNELL (15:37): I seek leave to make a brief explanation before asking the Treasurer, as Leader of the Government in the Legislative Council, a question about access to cabinet documents.

Leave granted.

The Hon. M.C. PARNELL: On pages 1 and 2 of this morning's *Advertiser* an article by Adam Langenberg refers to the Auditor-General being denied access to cabinet documents relating to the Adelaide Oval hotel development. The article describes how he was denied access to those documents, and goes on to quote Premier Steven Marshall saying he was 'committed to much

greater transparency than the former Labor government who were addicted to secrecy and cover-ups'.

The Premier is quoted as saying that he would release the documents if requested, although the Auditor-General would not be provided with legal advice about whether the hotel meets the Adelaide Oval and Parklands laws, even if the Auditor-General requested those documents. The article explains that:

> Former premier Jay Weatherill changed rules around access to cabinet documents so that Mr Richardson and other inquiry agencies, including the Independent Commission Against Corruption, no longer had automatic access to them.

My questions to the Treasurer are:

1. Given the Marshall government's election promise and commitment to greater transparency and openness, will the government be changing the rules around access to cabinet documents to reverse the former premier's rule change and allow automatic access to cabinet documents by inquiry agencies?

2. While they are at it, will the government consider providing increased access to cabinet documents through legislative changes to the Freedom of Information Act that the Attorney-General is apparently still working on?

The Hon. R.I. LUCAS (Treasurer) (15:38): In relation to the second question, that is ultimately an issue for the Attorney-General. In relation to the first question, I think the Premier has, in the morning media, made it quite clear what his and the government's position is; that is, if the Auditor-General requests cabinet documents, unlike the former Labor premier he will provide access. I will take advice on this, but I would imagine, if there are current rules which actually prevent that, for him to enact it he would need to change those rules.

So I think the answer to the question is—but let me take advice and bring back an answer—if there are existing rules, rather than just a decision that the former premier and the former Labor cabinet took without any rules, that would prevent what the Premier has indicated that he intends to do, I am sure a natural corollary of what he has said would mean that he would need to change those particular rules. But I am happy to take the first part of the question on notice and bring back a reply.

HOSPITAL BEDS

The Hon. R.P. WORTLEY (15:40): My question is to the Minister for Health and Wellbeing. Given Chief Medical Officer, Paddy Phillips, has foreshadowed today that there may be elective surgery cancellations this week so hospitals can manage the situation, will the minister instead reopen the 61 beds that you have closed so elective surgery can continue unabated?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:40): By way of footnote at the beginning, I will say I do not endorse Labor's data games on beds. Let's remember that they closed 140 beds with the closure of just two institutions, Oakden and the Repat.

Postponing elective surgery is part of regular heat escalation policy. It happens under this government and it happened under the previous government. Now Labor is feigning outrage. They are saying that we should reopen beds rather than cancel elective surgery. What this shows is how confused the opposition is. We all know they left the health system in a mess, so the health system does confuse them.

Last week, the Labor Party was criticising me for opening more surgical capacity at Flinders. As I have told the chamber, when we opened the 20 new beds at the Repat we were able to close 16 medical beds at Flinders at convert the ward into a surgical ward so we have more surgical capacity. This is in contrast to Labor, which closed the Repatriation General Hospital, which was the workhorse of surgical activity, particularly in the area of urological and orthopaedic surgery. But what about the hypocrisy of the former health minister in the Labor government—

The Hon. I.K. Hunter: Closing beds when you've got ramping problems.

The Hon. S.G. WADE: Sorry, Mr President, I just wonder if anybody wanted to hear my answer.

The PRESIDENT: Order, the Hon. Mr Hunter, please!

The Hon. S.G. WADE: Obviously, Mr Hunter thinks that the best way to avoid truth telling is to yell people down. Well, I can assure you, I will keep talking—

Members interjecting:

The PRESIDENT: Order, the Hon. Mr Hunter, please! I cannot hear the minister.

The Hon. S.G. WADE: Let's remember that the member for Croydon, the former health minister in the Labor government, the member for Kaurna, a former health minister in a Labor government, were both health—

The Hon. K.J. Maher: Former health minister?

The Hon. S.G. WADE: Former health minister—both of them were. One was an assistant health minister. The member for Kaurna was an assistant health minister.

The Hon. K.J. Maher: There you go! Correct the record.

The Hon. S.G. WADE: That's a health minister. Okay, so this member for Kaurna, a health minister in the Labor government, is telling us that we should not consider—

Members interjecting:

The PRESIDENT: Order! I cannot hear the minister.

The Hon. S.G. WADE: —cancelling elective surgery under extreme heat. The hypocrisy of that comment, in the context of a policy that was enacted in 2014—the version I have in front of me is dated 2016; I seem to recall that was during a Labor government. Their extreme health strategy says, on page 10:

> LHN plans need to consider the following (but not limited to)…Potential and/or actual reduction in service delivery (clinical and/or non-clinical) to ensure that a degree of capability and capacity is maintained both within a site and also across their Network.

What hypocrisy! So what should we do today? The Chief Medical Officer says, 'Part of my and my health colleagues' preparedness for the heat that's in front of us is to enact a policy that was there in the Labor government and it's there in a Liberal government,' but the hypocrites on the other side suggest, 'No, no, no, we're going to override the clinicians. We're going to ignore the Chief Medical Officer. We're going to ignore the policies that we ourselves put in place just to play political games.' They are insipid. They are hypocritical. They don't tell the truth. That's probably why the people of South Australia voted them out last March with such a resounding result.

Let's remember, the Labor Party was playing with the idea of forming a government with the crossbenchers, but this state said, 'No, no, we've had enough of Labor's games. After 16 years, we want a clear break.' They backed the Marshall Liberal government and they will continue to back the government because they know that we have a hard job ahead. It will take hard, crazy work to fix Labor's mess. We are not shying away from that.

As I said earlier, that's why we have systematic reviews on health IT with EPAS, that's why we've done systematic work in terms of developing hospital demand planning going forward. This government will not shy away from our responsibilities, but I must say I am gobsmacked that a party that still suggests that they might one day be ready for government is so hypocritical that they criticise us for being open to the fact that the Chief Medical Officer might take strategies that they themselves put in place in a framework released in 2014. The hypocrisy of the Labor Party is absolutely overwhelming.

The Hon. T.J. Stephens: Breathtaking.

The Hon. S.G. WADE: Breathtaking; my honourable colleague says it's breathtaking. We will continue to support our clinicians, Chief Medical Officer and local health board management to do what it takes to make sure that South Australia copes in the week ahead. It will take resolve. We will continue to ask people to look after themselves, to rehydrate, to look out for vulnerable people, to make sure that they avoid exposure to the heat if they can, but we will also make sure that our

hospital network is ready. Our hospital network will be ready, and if that means cancelling elective surgery to protect the health of South Australians, that's what we will do.

Members interjecting:

The PRESIDENT: Order!

Matters of Interest

WAGE THEFT

The Hon. I. PNEVMATIKOS (15:46): Article 23 of the United Nations Universal Declaration on Human Rights states:

> Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

I believe it is important that we reflect on why the United Nations saw fit to include employment in a document that sets out basic human rights. Could it be that employment is a basic human right and not, as some would have us believe, a privilege?

I fully understand that there are differing perceptions of what a regulated industrial relations system should look like. There are some who want the market to regulate itself, where employers decide when, how and in what manner they pay their employees. This may be suitable when there are safeguards and systems in place to protect all parties involved, but as we have seen recently in a number of sectors these safeguards do not always exist.

The recent comments made by the general manager of Muffin Break, Natalie Brennan, are an example of such behaviour. Ms Brennan accused millennials of having an inflated view of themselves and being unwilling to work for free. In essence, some young people are expected to be grateful for the privilege of work without any entitlements or pay, by the grace of employers.

It simply is not acceptable for people to participate in our society with all the obligations of being a citizen without being paid a decent wage while working. How are young workers and young people expected to pay for essentials such as food and rent without some form of pay for the work they do?

I acknowledge that Foodco, the company which sells Muffin Break, issued the following apology:

> Our policy is, and has always been, that all employees including interns, employed either directly or through our brands, are paid according to relevant awards.

However, this conflicts with a statement made to a Senate inquiry last year by a Muffin Break franchise owner, who reported that they were encouraged to underpay staff who they could trust. The advice he received was that, as a migrant, he must be aware of other migrants or students who would not report or complain about underpayment for the privilege of their first job.

In 2016, the Ombudsman found two Muffin Break workers were underpaid a total of $46,000. In 2014, a student who had worked for the franchise for almost two years had been underpaid by almost $20,000.

My intention is not to single out any one particular person or employer. Ms Brennan's comments and Muffin Break are just recent examples that have been in the media and have encouraged this debate. I look forward to the opportunity to have an open dialogue with Ms Brennan of Foodco in terms of how we can encourage a just and proper system of employment and encourage them to make a submission to the Select Committee on Wage Theft in South Australia. But it does paint an alarming picture.

We cannot continue to see examples of exploitation in the workplace and do nothing about it. We need to shine a light on this issue because in all likelihood there are other employers adopting similar practices, which is completely unacceptable in Australia. I am pleased that since the matter has been raised there have been a significant number of tweets, articles and posts in opposition to the comments and behaviours associated with Muffin Break.

We all need to be talking about this issue. South Australia is facing growing unemployment and stagnant wage growth. This is making working conditions more precarious than ever and it affects our most vulnerable workers the most, including young people. It starts by acknowledging that having a job that pays a decent wage is not a privilege, it is a basic human right and one we should all fight for.

WHYALLA

The Hon. T.J. STEPHENS (15:51): Whyalla is one of South Australia's most important cities. Mount Gambier and Whyalla are our two major regional centres. Whyalla has a proud history. It was founded by BHP in 1901 and was originally named Hummock Hill. It began as a port for the shipment of iron ore. During the Second World War, the town built many ships for the Royal Australian Navy. In the 1950s and 1960s, the first steelworks were built. In fact, for a time Whyalla had the largest shipyards in the entire country.

However, in the last several decades it has struggled to maintain the population it once had in the 1970s. The shipyards closed and for a long period the steel and iron ore businesses were in decline. It is a town with great potential. Whyalla has all the ingredients for prosperity. It has great people who want to work, it has the equipment, such as the port, and is blessed with minerals in the ground waiting to be mined.

It is therefore fabulous news that in December last year we heard from the Premier and Mr Sanjeev Gupta that significant new investment is coming to Whyalla. Sanjeev Gupta and his company GFG Alliance have grand plans for Whyalla. As a Whyalla man, I am very excited about this. The company wishes to upgrade the existing steelworks. It will make the works capable of annual exports of 1.8 million tonnes of steel. The contracts recently signed are worth more than $600 million.

As well as the upgrade, a further expansion of the steelworks is being planned. This expansion down the line could make Whyalla the home of the largest steel plant in the developed world, producing 10 million tonnes of steel a year. This project, of course, has the complete support of the South Australian government. The Premier has announced that $50 million will be put aside to support the sustainability of the steelworks. This will make Whyalla one of the great centres of industry, as it once was during the war.

As it stands, the Chinese company China Metallurgical Group Corporation will be contracted to build the facility. As with all investment at this scale, it is not only the steel industry but those who work in the mill who will receive the benefits. The expanded steelworks will need workers, technicians and many staff. The wealth invested will flow over into the town and throughout South Australia. The shops and cafes in Whyalla will see more business and many more people will come to live in Whyalla—and why wouldn't you? Whyalla is a sensational city with wide streets and easy access to the beach. It is only fitting that its economy matches its potential.

With these developments, it is likely that Whyalla's population will grow. It is predicted it could reach 80,000 people in the years ahead. In addition to the steel plant to be built, the City of Whyalla, under the leadership of Mayor Clare McLaughlin, is welcoming private investment to build a large hotel estimated to be worth $45 million, a $145 million horticultural facility and a $6 million organic recycling business. I would like to give a shout out to a great South Australian, Peter Wadewitz, who is behind the organic recycling business.

The Premier announced that, in support of these new developments, the state government will provide a new $100 million secondary school on Nicholson Avenue. There may be some who have had doubts about this new development in Whyalla. However, there are reasons to be confident in the future of the town.

Mr Gupta has proven himself to be a successful businessman, a man who does what he says. In 2013, he bought the company Mir Steel in the United Kingdom. The company was the owner of a steel mill in Newport in Wales. Many thought the steel mill had seen the last of its good use and was going to be shut down for good. However, the mill remains open today and many of the employees were kept on.

The workers were treated with respect and care. In the interim period of the mill, before it reopened, the employees were paid one-half of their wages and could take up other work to supplement their income and help to pay bills. Mr Gupta achieved similar results with steel plants in Yorkshire and Scotland.

The growth and opportunities for Whyalla and its people that this development will bring is something for which we should all be grateful. It is a tribute to the people of Whyalla over these many years who have kept the town alive. As someone who was born and raised in Whyalla, this new-found optimism is incredibly exciting. The people of Whyalla deserve it. I wish Mr Gupta and his team every possible success.

E-SCOOTERS

The Hon. F. PANGALLO (15:55): It is vital to be up to speed with innovations, especially if they improve our lives. Governments like to be hip and cool by embracing new technologies from the gig economy; however, decisions should not be hurried without deliberation. Take ride sharing, rushed in by the Weatherill government and supported by the Liberals to woo millennial voters. Yet, in the process, they destroyed livelihoods in the taxi industry they regulate. The latest fad to catch the eye are battery-powered scooters.

The government and the Adelaide city council agreed to a rushed trial of Chinese made e-scooters in the city for the month of the Fringe and the Superloop 500 motor race. There was an added fringe benefit. I understand part of the deal was that Lime, the company conducting the trial, also provided e-scooters to Fringe staff at no cost. I can see merit in this novel and inexpensive type of transport; however, like ride sharing and those yellow Ofo bikes, this appears to have been another hasty and ill-conceived decision.

They dart around at 15 km/h, and that is quick on footpaths brimming with pedestrians at this time of the year. There are accidents just waiting to happen. Last week, California-based Lime was forced to remove them from New Zealand cities because of a dangerous, sudden braking fault which caused people to be thrown from them. The company claims to be fixing the glitch with a global patch. However, similar reports of sudden braking emerged this week in Brisbane where two riders suffered injuries, and then yesterday in Adelaide with a female rider suffering a badly broken nose.

This problem is not peculiar to Australia and New Zealand. It occurred in Switzerland and in several parts of the United States where there are reports of three people being killed riding them and scooters falling to pieces and catching fire. Popular Los Angeles beachside places like Santa Monica and Venice Beach have banned them.

Considering these incidents, widely reported incredible newspapers like *The Washington Post*, are historic, with Lime claiming to have fixed the malfunction, why then is it still happening? More than 1,200 injury claims have been recorded by the New Zealand Accident Compensation Authority since they were introduced in October last year. There have been 300 injury reports in Queensland, where Lime also operates. This should ring alarm bells.

Yesterday, while on the steps of Old Parliament House, I watched a young couple gleefully ride sharing illegally on one. The female passenger was not wearing a compulsory helmet. I have seen other breaches of e-scooter trial laws and road rules put out by DPTI. You need to be aged over 18 years to ride one and no licence is required; however, I doubt many users would know the laws. While police have issued a few infringement notices, the laws are either proving too difficult to enforce or there is no will to do so.

Mitchell Price, the Lime executive overseeing the trial, boasts that there has been only one incident in Adelaide from more than 21,000 rides. That just might be one too many, because the same problem they reported fixing overseas and interstate still exists. I have called for them to be pulled from our streets until Lime, which is owned by Uber, can demonstrate that they are safe.

On Leon Byner's FIVEaa radio program this morning, Mr Price put up a senseless argument that cars and motorbikes should also be banned if they crash. Cars and motorbikes must meet stringent Australian design and safety standards. They are not even driven on crowded public footpaths, and if they do suddenly stop for no reason in traffic, endangering its occupants, the manufacturers would be ordered by regulators to conduct a recall. But do not knock it if you have not

tried it. Today, I road-tested two with automotive engineer and crash-test expert Grad Zivkovic, who also conducted speed readings with a hand-held radar. It can be an exhilarating experience, but with caveats. At a brisk 15 km/h, handling is difficult without driving experience.

Mr Zivkovic did spot a design flaw. Steering is made much more difficult because the handlebars sit higher than those on motorcycles and bicycles. Speed is governed at a required 15 km/h if you are travelling on a flat stretch. His radar showed they travel between two and three kilometres faster than the e-scooters' speedo readout. On a sloping footpath, such as Kintore Avenue, I hit a top speed of 21 and had to brake hard, so the governor is ineffectual. Mr Zivkovic recommends 10 km/h as a safer option yet remains opposed to them on footpaths. I am not entirely opposed to e-scooters; however, safety of users must be the priority.

WAGE THEFT

The Hon. J.E. HANSON (16:00): I quote:

> There's just nobody walking in my door asking for an internship, work experience or unpaid work, nobody...
>
> I'm generalising, but it definitely feels like this generation of 20-somethings has to be rewarded even if it's the most mundane, boring thing, they want to be rewarded for doing their job constantly.

I quote further:

> In essence they're working for free, but I can tell you every single person who has knocked on my door for an internship or work experience has ended up with a job. Every single person, because they back themselves.

Those, I am glad to say, are not my words. They are the now infamous words of Muffin Break boss Natalie Brennan. Before we all rush to apologise for words perhaps said in the heat of the moment, the bosses at Muffin Break have form for more than just saying such things. They put them into practice. Not that long ago Muffin Break were found to have underpaid a worker $20,000. But rather than be prosecuted they chose to enter into an arrangement with the government where they promised not to do it again. The recent comments show, of course, that they, like many bosses these days, have learnt nothing.

Let us get this straight: millennials or gen Y, or whatever else you want to call them, are not young and they are not inexperienced. Many were born between 1981 and 1985. Most have been in the workforce for some time and deserve not only fair pay; they deserve respect. Even if you are twenty-something, as Ms Brennan derides, the fact is that we have more than doubled—doubled—what we produce in the workplace in the last 30 years alone. No-one is lazy. We all work hard.

Regardless of their age, workers knowing what they are worth and being confident has a lot of benefit to bosses. Workers having an eye on wages and conditions and not being taken for a ride is consistent with a modern workplace that is family focused and promotes work-life balance. I should say here that a few days after the scathing media, Ms Brennan has since apologised, saying her comments were in some way misunderstood, something I struggle with because they seemed pretty structured to me. But even with this apology from the bosses at Muffin Break, it is simple fact that Ms Brennan's original thoughts are common amongst bosses in Australia. Wage theft and the failure of bosses to adequately pay superannuation to their workers is an endemic problem in Australia.

I only need mention here, for instance, 7-Eleven. In 2015, we saw one of the largest industry-wide underpayment scandals, a scandal that rolls on to even this year. In January 2019, a 7-Eleven owner and store manager were collectively fined $335,664. They are not alone. In the 2017-18 year, courts handed down $7.2 million in penalties to bosses for breaches of the Fair Work Act relating to wage theft. That is an increase of 49 per cent from the previous year. An ombudsman recovered $29.6 million in unpaid wages for more than 13,000 workers in 2017-18, having heard 28,275 requests for assistance. And these are the cases we know about.

From these statistics it seems the bosses are not just guilty of eating out on their workers' wages, they are shamelessly taking the hard-earned dollars of workers because, as Ms Brennan originally said, bosses regard themselves as entitled to do so. So who is affected? None of us will be surprised to learn that it is our most vulnerable industry workers that are, again, at the forefront of being exploited by the criminal activity of bosses.

We also know that wage theft is a form of tax evasion by bosses. When a worker is paid in cash or paid less than they are entitled to, we all see less paid into payroll tax by bosses. They are stealing from all of us as they defraud the tax system. The fact is that bosses are stealing from workers in their thousands. Wage theft is a targeted crime, targeted by bosses at those entering the workforce or those who work in vulnerable work, and targeted in such a manner that any who complain are labelled by bosses as lazy, entitled or not worth giving a job to.

Wage theft is occurring despite courts having financial penalties in place to deter it. Wage theft is spoken about openly by bosses, like those at Muffin Break, as a business model. Wage theft is occurring because the rights and powers of workers and their unions to obtain evidence and pursue negligent bosses are insufficient. It is not occurring to isolated people. It is occurring to young graduates entering the workforce and it is occurring to migrants here for short stays on farms. It is not occurring to young people or 'other generations'. Young families, reliant on the wage of their 37-year-old mother or father, are being robbed by bosses.

It is occurring, and it is occurring on an industrial scale. I deserve, we deserve and my son deserves a better world than where bosses see him, or anyone for that matter, as nothing more than cheap or free labour and where they are labelled as lazy or entitled if they demand any better.

CYPRIOT COMMUNITY

The Hon. J.S.L. DAWKINS (16:06): I rise to speak today about two recent Cyprus community events. On 9 February this year, I attended the 2019 Cyprus Festival in Welland. The festival was presented by the Cyprus Community South Australia as a two-day event celebrating the Cypriot way of life, past and present and in Australia. The Cyprus Community SA Incorporated was established in 1948, so there is a rich history of people from Cyprus as part of the everyday life of South Australia as we see it today.

The festival celebrated the rich culture and entertainment that has come to our community from Cyprus. It was quite an experience, and the event is growing larger year by year. The event featured cultural demonstrations; dancing performances from individuals and Cypriot dancing groups, including adults and children in traditional costumes; live music; and plentiful delicious Cypriot food, including drinks and sweets. There were an estimated 2,000 attendees at the festival.

I would particularly like to acknowledge and thank Professor Andreas Evdokiou, who is the president of the Cyprus Community of South Australia; Mr Loukas Minas, the secretary of the Cyprus Community of South Australia; and Ms Christina Loucas, who is the Cyprus Community SA coordinator.

I know that the City of Charles Sturt is a great supporter of the event and goes to some effort to assist in the management of traffic and other things in relation to the festival. I was pleased to see Mayor Angela Evans at the event, paying tribute to the volunteers, mainly from the Cypriot community but I think also other individuals who did work behind the scenes to make the festival such an enjoyable and successful event.

I acknowledge the presence at the event (when I was there) of Mr Matt Cowdrey, the member for Colton in the other place, who was representing the Premier; the Hon. Connie Bonaros; the Hon. Frank Pangallo; the Hon. Irene Pnevmatikos; as well as the member for West Torrens in the other place. I look forward to making another visit to the festival, as it has become one that I look forward to on a regular basis.

On 18 February, I attended the 2019 Adelaide Cobras season launch in Hilton. The Adelaide Cobras Football Club was founded by the Cypriot community in 1972 and is affiliated with the Football Federation South Australia National League structure. The season launch was held at the Hilton Hotel and I was pleased that the Hon. Russell Wortley was also able to attend the event.

Originally, the club was known as Adelaide Omonia to signify unity with Adelaide and its surrounding communities and suburbs. The name was changed to Adelaide Cobras in 1994. The event included an introduction of senior teams, the announcement of club captains and the acknowledgment of valuable sponsors. I would particularly like to acknowledge the leadership of the Adelaide Cobras Football Club, including Mr Simon Panayi, president; Mr Paul Soteriou, vice-president; Mr Peter Gonis, secretary; and Mr Con Nicola, treasurer.

Many of us in this place recognise that the support that we and the general community give to local sporting teams is vital and valuable, and certainly the opportunities I have to support local sporting events and groups that not only represent particular facets of the community but provide a way in which many people learn about leadership, and a way in which they can develop themselves as part of our broader community. I wish the Adelaide Cobras Football Club all the best for the 2019 season and success in the near future.

SOCIAL MEDIA

The Hon. J.A. DARLEY (16:11): I rise today to speak about social media and its link to mental health issues. Today, we are connected more than ever with advances in technology. Social media allows us to reconnect with old friends, make new ones, and maintain friendships, no matter where we are in the world; however, if not used mindfully, social media can equally make people feel disconnected and it has been linked to negatively affecting mental health. I am particularly concerned about the impact social media is having on young people today. Although I can appreciate that social media is a powerful tool and can be used for good, I am grateful that I experienced a childhood free from social media.

I am concerned that young people are spending too much time trying to capture perfect moments instead of being present in those moments and connecting meaningfully to people around them. Our streets, public transportation, restaurants and even our homes are filled with people looking at screens instead of faces. I fear that our young people are missing out on important social interactions and experiences in their lives.

The highest incidence of social media use is seen amongst those aged 16 to 24 years. These years are a crucial time for young people for emotional and social development. During this time, young people are trying to make sense of their identity. This developmental stage can be quite challenging and social media can play on a young person's vulnerabilities, including their need for validation and their fears of rejection.

Studies have shown that excessive use of social media has been linked to depression and anxiety. Research has suggested that the use of phones, tablets and laptops before bed can interfere with the release of the sleep hormone melatonin which can lead to poor quality sleep. Social media has also been linked to poor self-esteem and body image. Whilst traditionally young women have been the ones who have suffered from body image issues, we are now seeing a large proportion of young men also experiencing the same body issues by trying to live up to an unrealistic expectation.

Studies have demonstrated the link between greater body concerns and the pressure to change physical appearances after spending time on social media. Unfortunately, young people can easily use social media as a tool of comparison. They often forget that in this digital age, photos can be easily manipulated and are very seldom a true reflection of another's life. This exposes young people to unrealistic standards that can leave them feeling deflated about their own life.

Suggestions have been made for popular social media platforms like Facebook, Snapchat and Instagram to provide usage warnings to alert users when they have exceeded a set time that could be potentially harmful. Warnings provide users with advice about the potential detrimental impact social media can have on mental health and information about where to seek help, if necessary. A warning would allow a young person to make an informed decision about whether to continue to spend more time on the social media platform.

It is important to note that, when social media is used mindfully, it can be a positive outlook for those experiencing mental health issues. It can provide a platform for people to voice their experiences and for others to relate to those experiences, connect and support one another. Starting conversations about mental health is important, and sometimes social media can allow people to have access to support when they do not have the opportunity to do this face to face.

With the ever-increasing popularity of social media, and its addictive nature, it is vital that we understand how to manage the good and the bad that comes from this platform in order to support our young people. With depression and anxiety on the rise amongst young people, it is difficult to discount social media as a contributing factor to this. It is important that our young people are aware of the risks and are equipped with the skills to manage this.

AGRICULTURAL SECTOR

The Hon. E.S. BOURKE (16:16): I ask the parliament of today: what did you have for breakfast? Feel free to participate!

Members interjecting:

The PRESIDENT: Order!

The Hon. E.S. BOURKE: Muesli—good choice. Peanut butter—that is not what I was hoping. But, really, it does not matter because all of us have supported the agricultural sector in some way, whether it be the milk, the Weet-Bix or the cereal that we have eaten.

We know in this chamber that the agricultural sector is South Australia's biggest export and is our great source of revenue within our state. Yet, I find myself here today defending it as a discipline. Why? Because the Marshall Liberal government continues its crusade to cut, close and privatise key state services. Thousands of people are employed by the agricultural sector. Hence, it is not surprising that it is becoming an increasingly sought after vocation.

According to the SA Tertiary Centre, this year we have seen a 19 per cent increase in the number of students choosing agriculture and animal science as their first preference at a tertiary education level. This is an increasingly growing sector, and as a state we need to ensure that those who want to work in this sector have access to the education they need, meaning access to institutions like TAFE SA, where many South Australians attain the qualifications they need to pursue careers in agriculture and other sectors.

Last year, in December, the Marshall Liberal government closed the Tea Tree Gully and Parafield TAFE campuses and has plans to close another five in regional South Australia, including Port Augusta, Roxby Downs and Coober Pedy. The decision is a $32.8 million cut in the TAFE SA budget. The closures to Roxby Downs and Coober Pedy are yet another hit to rural and remote students. Where does the government expect Coober Pedy TAFE students to go? Maybe to Port Augusta, which is a five-hour drive from their local community.

This is just another example of the government's ability to spend a lot of time talking about supporting the regions, but that is all it is, when in reality all the government does is cut and close rural infrastructure, harming regional communities. We as an opposition are asking for the reversal of the cruel cuts to TAFE. If the Liberal Marshall government reversed its decision to cut TAFE campuses, they would be able to continue to provide regional communities the education that is needed, rather than facilitating an educational discrimination based on postcodes.

I grew up in a regional community, as I have mentioned before in this chamber, like many others who are in the chamber at the moment and have seen a significant change in our regional communities. My family still runs a property between Maitland and Ardrossan, and what would have been seen as a reasonable-sized farm some 15 years ago is now one of the smaller farms. Many larger farms are getting bigger and smaller farms are moving from the community.

We are now seeing one property over what would have previously covered three farming families. This is why it was so pleasing to see on the front page of *The Advertiser* recently an article highlighting the growing demand to study agriculture, and hopefully a keenness to return to regional communities. What is disappointing is that the government has not recognised the need to keep the doors of a TAFE that specialises in horticulture and agriculture—like Urrbrae TAFE—open to support this growing demand.

The community has had enough of having services cut. In fact, over 3,000 people have signed a change.org petition to stop the closure of Urrbrae TAFE. One individual who started the petition, Elly, says she is 'totally gobsmacked at the Marshall government's recent decision to close the Urrbrae TAFE campus'.

This new year, the Marshall Liberal government needs to make some resolutions to start investing in agriculture instead of cutting, closing and privatising the education from where people start their careers. We will be watching to see whether the Liberal government can prove that hashtag #RegionsMatter is anything other than just a hashtag.

Bills

PLANNING, DEVELOPMENT AND INFRASTRUCTURE (CODE AMENDMENTS) AMENDMENT BILL

Introduction and First Reading

The Hon. M.C. PARNELL (16:20): Obtained leave and introduced a bill for an act to amend the Planning, Development and Infrastructure Act 2016. Read a first time.

Second Reading

The Hon. M.C. PARNELL (16:21): I move:

That this bill be now read a second time.

This bill is incredibly simple. The operative provision of the bill consists of five words and some numbers, but what is at stake with this bill is incredibly important. What is at stake is the future protection of tens of thousands of heritage buildings in South Australia, tens of thousands of buildings that have been listed, often for many years, in council development plans, areas that have been zoned for conservation purposes for many years. All these are at risk unless this bill passes.

Let me explain. One of the most fundamental underpinnings of the planning system is that decisions are made in the public interest and pursuant to clearly articulated planning policy. The community has a range of opportunities to be involved in the development of planning policy. Under our planning laws, citizens have a right to make submissions and decision-makers are obliged to take those submissions into account.

Nowhere in our planning laws does it say that planning policy is the exclusive domain of an exclusive few. Nowhere does it say that only those with a direct vested interest can participate in the decision. We have not had a system such as I have described in South Australia since the property franchise was abolished for elections many decades ago. You do not have to be a property owner in order to vote these days, and you do not have to be a property owner to participate in planning decisions that affect your neighbourhood, your quality of life, or any of the things that connect us to our communities and our local environment.

However, there is one exception. Back in 2016, the parliament wound back the clock several decades and decided that only certain property owners would be entitled to vote on whether or not certain planning provisions applied to the properties they owned. The circumstances were that in the debate on the Planning, Development and Infrastructure Bill a party—which you will be familiar with, Mr Acting President, the former Family First party—moved that when it comes to zoning areas such as historic conservation zones to protect their heritage value, that zoning could not take place unless more than half the affected property owners agreed.

So a test was put into the law, a unique test, a test that applies nowhere else in our statute books. Effectively, the law that passed this parliament back in 2016 provided—and I will quote the words; they are legalistic but it is important—in section 67(4):

> …an area cannot be designated under an amendment to the Planning and Design Code as constituting a heritage character or preservation zone or subzone unless the amendment has been approved by persons who, at the time that consultation…constitute at least the prescribed percentage of owners of allotments within the relevant area…

It goes on to say that one owner gets one vote. The prescribed proportion was 51 per cent. What that says is that the government cannot create any historic conservation zones, or similar, unless more than half of the affected property owners agree. In my view, this was a throwback to the past. I have spent a lot of time and I have studied thousands of pages of planning laws, rules, regulations and guidelines, and I cannot find any other example where affected property owners have an effective right of veto over zoning decisions that would normally be made by planning authorities or the minister.

When the Liberal Party supported this measure back in 2016, it did not really have any immediate impact. The Liberal Party, then in opposition, knew that the next state election was still two years away. They knew that the planning system was going to be rolled out over a five or more year period, so nothing was going to happen anytime soon. So the Liberal Party voted for this measure in opposition, but now they are in government and they have access to professional advice

that is available to them through government departments and through the State Planning Commission.

I hope they are now having second thoughts about the decision they made back in 2016. If they talk to people in the planning department or the Planning Commission they will no doubt be told that what I am saying is correct and that giving property owners a right of veto over planning policy has no place in a modern planning system. As I have said, nowhere else do we give property owners a right of veto. We did not give any other category of property owner this right.

We did not allow the owners of city properties to determine how high the buildings should be. We do not allow farmers on the fringes of our cities to determine whether those farms should be subdivided for housing or remain as farmland. These are public policy questions that are decided by the community as a whole, not a popularity vote of those with the greatest vested interest. We do not do that anywhere else except for this one example in the Planning, Development and Infrastructure Act. That provision back in 2016 was, in my view, a thought bubble that now needs to be burst.

Why is it important to do this now? The provisions that I am seeking to remove from the act—there are two subsections of section 67—have not yet been brought into operation. They are not currently effective as law, and I understand the government does not intend to bring them into operation anytime soon, so now is the time to get rid of them before they can do harm. But there is in fact an even more pressing reason, and that relates to another provision of the Planning, Development and Infrastructure Act that creates the Planning and Design Code. I know this is a highly technical matter that has most people's eyes glazing over, but I come back to my main point: at risk are tens of thousands of properties that have been identified as heritage and risk losing that status if we do not pass this bill.

This new Planning and Design Code is going to replace the 68 or so individual development plans that apply to each local council area, and there are some others for the outback and coastal waters. That is under the old system. We are going to have a single code to replace all those documents. This code is going to come into operation for the first time around the middle of this year. The first part of the code is only going to cover the outback and coastal waters. In other words, it is only going to cover those areas that lie outside of local government boundaries. Later, next year, we are going to deal with country areas: we are going to deal with the regions and we are going to deal with country towns. Finally, the Planning and Design Code will be extended to cover the city and the suburbs.

I note that, under the 68 development plans in existence, there are dozens of historic conservation zones already in existence. The question is: will they be lost in translation? When we move away from those 68 plans to a single Planning and Design Code, will they be lost? I think there is a serious risk that they will be.

The legal argument goes like this. There is only one code. The code is going to be released in the middle of this year. It is going to cover the outback. Next year, more parts of the code will be released. They will be amendments to the code. They will be amendments to the existing code that was introduced in July 2019. If there are amendments, section 67 kicks in and none of these historic conservation zones can be translated across unless you have a popular vote in that area and 51 per cent of people agree to keep their area zoned as an historic conservation zone.

I think there is a real risk that if we do not fix this provision now we will see the act come into force as it was passed back in 2016. We will see a series of these votes, and it will depend on who the property owners are. If they are all property speculators who would love to knock down the historic houses and build blocks of flats, then that is what will happen. They will not be able to bring the historic zoning across. It is a serious matter.

The bill that I have introduced actually fixes the problem. To be really clear, people are saying, 'Hang on.' They might have heard that the government promised to bring existing local heritage areas across into the new system. That is correct. The government has agreed that, I think, 6,000 or 7,000 local heritage places will be transferred into the new system. There are about 2,000 state heritage places that will be transferred into the new system, but they have not committed to bringing across these 12,000 contributory items that are currently under the development plans.

People might think, 'What are contributory items? What are they? Are they really heritage? Are they heritage light?' The answer is that it is hard to say, because some councils have approached this issue very differently. There are some local council areas where there is almost no local heritage listed and just about everything is listed as a contributory item. They are recognised as being historic, but they have not actually been given the label of local heritage.

Members can look for the definitions of contributory items themselves online, but the point to note is that there are 12,000 of them. The list has been frozen in time since 2012, so for the last seven years there have been no new additions to it. They are in some ways an historical throwback to earlier attempts to identify historic properties in different areas, and they are at risk.

Why do I say they are at risk? That is because senior officials from the planning department have told us that they are at risk. When I have asked officials, 'Can you guarantee that these 12,000 contributory items listed in development plans under the local heritage area will be brought across?' this is the answer that I got. A senior planning official stated:

> I don't think we can say definitively that contributory items will be translated exactly as they are now. I think the commitment we can make is that the outcome that is being sought through contributory items will be retained in a policy environment. For example, I don't think we have very well described the role of historic conservation zones and character areas and how we can be really clear about their different functions.

I know it is technical, but the relationship is that the government will not promise to bring across this list of 12,000 historic properties. What they are saying instead is, 'We might use a zoning approach. We might zone these areas as historic conservation.' The relevance of my bill is that unless my bill passes that zoning is not likely to happen because there is going to be a popular vote of affected property owners only. That, I think, puts these properties at great risk.

I do not think I am overreacting. In fact, I have consulted very widely with lawyers, the National Trust, the Community Alliance and the Environmental Defenders Office, and they are all terribly worried about what is going to happen to these items. I will give you an example. I gave an interview on country radio the other day and I tried to pick a good example for a country audience. In the town of Crystal Brook, you have the old heritage main shopping street. There are two properties across the road from each other, the old hotel and the old post office. The hotel is local heritage. Tick: that will be protected. Across the road is the post office. That is a contributory item; it might not be protected.

The whole street is in an historic conservation zone. There are about 32 certificates of title. I am not sure if they are all in single ownership, or whatever, but only nine of the properties are listed as local heritage: tick, they will be protected. Nine of them are contributory items; big question mark. And then the other 15 or 20 or so properties are also a question mark because we do not know whether the historic conservation zone will survive the translation from the old planning system to the new. So this is a live issue.

I do not propose to go into any more detail. In fact, I did say at the outset that this bill only consists of effectively five words and some numbers. The bill repeals those parts of section 67 of the Planning, Development and Infrastructure Act that give this right of veto to property owners to strip heritage status from the areas where they live or they own property. It is a very simple bill. I really do hope that now the current government has access to professional advice they will heed that advice and that we can pass the bill through both houses of parliament before any harm is done and before heritage properties in fact lose all of their protection. I commend the bill to the council.

Debate adjourned on motion of Hon. T.T. Ngo.

Parliamentary Procedure

VISITORS

The PRESIDENT: Before I call on the Clerk, may I acknowledge former President the Hon. Anne Levy who is in the gallery. Welcome.

Motions

INTERNATIONAL HOLOCAUST REMEMBRANCE DAY

The Hon. C.M. SCRIVEN (16:36): I move:

That this council—

1. Notes that 27 January was International Holocaust Remembrance Day; and

2. Rejects and condemns any form of racial discrimination and anti-Semitism.

In November 2005, the United Nations General Assembly proclaimed 27 January, the day on which Auschwitz was liberated, as International Remembrance Day to mark the Holocaust. Six million Jews were murdered in an act of unspeakable genocidal barbarism. So, too, were homosexual men, Roma gypsies, people with a disability and political dissidents, among others.

We know that in the camps the old or those with less physical capacity—that is the most vulnerable—were killed first. People often ask how could it have happened? How could people, no different to ourselves, have been involved, have stood by, have tolerated such atrocious treatment of a whole group of people?

The theme of the Holocaust remembrance and educational activities this year was Holocaust Remembrance: Demand and Defend Your Human Rights. This theme encourages youth to learn from the lessons of the Holocaust. We, too, must learn. To be able to learn, we must take the time to look at what led to the terrible events of the Holocaust. I place on the record my appreciation for the many people who have researched and written on this topic over the years, many of whose work I have drawn on for this contribution today.

In January 1942, in the outer Berlin suburb of Wannsee, a meeting was convened by Reinhard Heydrich, the Reichsprotektor of Bohemia and Moravia. He had been appointed as the authority for the preparation of the final solution of the Jewish question in Europe. Responsibility for handling the final solution would lie with him and Himmler, 'Without regard for geographic boundaries.' In total, 11 million Jews would be targeted for extermination.

Without a whimper, the 13 officials signed off on the final solution, which would, 'cleanse the German living space of Jews in a legal manner.' This was a key moment in a series of events that would see the murder of 6 million Jews—abhorrent behaviour almost beyond our comprehension. The Holocaust Museum has video footage of Nazi doctors experimenting on those considered insane and those with a physical disability. Highly educated professionals crossed the threshold in 1930s Germany, believing some people's lives of so little value they could be ended with state sanction.

Of the 13 German ministers and senior public servants assembled, nine had PhDs, masters' degrees and the best university education that Europe had to offer at the time. Adolf Eichmann, Heydrich's henchman in charge of implementing all this, said at his trial that Heydrich had expected opposition to the plan from the bureaucrats, not only did they not resist, he said, they embraced the heinous idea with enthusiasm. How could this be? The American Declaration of Independence states:

> We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain inalienable Rights, among these are Life, Liberty and the pursuit of Happiness—That to secure these rights, Governments are instituted among Men…

Alan Moore was at the Bergen-Belsen death camp in April 1945. He took photos of the appalling tragedy he saw because he knew that otherwise no-one would believe him—no-one would believe it. Alan Moore said:

> …we must remind ourselves not only of why we fought wars but that of which human kind is capable and the circumstances that lead to it.

Much has been written about the circumstances that led to the Holocaust, but one thing is definitely clear: the Holocaust could only happen because a whole segment of our population was dehumanised. Dehumanisation is a psychological process whereby opponents view each other as less than human and thus not deserving of moral consideration nor humane treatment. This can lead to increased violence, human rights violations, war crimes and genocide. International

non-governmental organisations consider a dehumanising speech as one of the precursors to genocide. An article by Allison Skinner in The Conversation stated:

> Once someone is dehumanised, we usually deny them the consideration, compassion and empathy that we typically give other people. It can relax our instinctive aversion to aggression and violence.

So how was this done, and what can we learn? Evidence shows that it was a long campaign of demonising Jewish people. First, they must not be called people. Do not use the word 'person'. Nazi propaganda called Jewish people animals, parasites or pests. A University of Canterbury paper explained:

> Modern media were efficiently employed to spread Nazi beliefs. Emotive speeches and new legislative measures were broadcast on the radio. Propaganda was printed and circulated, while cinematography captured the imaginations of many Germans and represented the Jews' alleged animal nature.

It goes on:

> With a wealth of resources available to his purposes, Hitler was able to form and strengthen an ideology that had every appearance of being credible, necessary, righteous and legitimate. The use of new technologies appealed to a sense of progress, of being up to date as part of the nation's self-improvement.

Reclassified as non-humans the Jews were excluded from the ranks of humanity and their lives deemed both undesirable and expendable. There is a strong relationship between language and the dehumanising process that appears to justify atrocity against fellow humans. A vocabulary of detachment, rationalisation and euphemism hastened the Nazi invasion of German hearts, minds and consciousness.

Through the use of subhuman terminology, Nazi soldiers and doctors often became able to think of themselves as pest exterminators rather than human executioners. The Jews were determined to have no rights at all, for the supposed good of the German nation. After a brief visit to a ghetto in November 1939 Goebbels alleged that these Jews were not human beings but animals and so Germany faced not a humanitarian but a 'surgical task'.

This perception of the Jews negated any anxieties that could arise with their genocide. The notion of a surgical task also implied a health emergency and tied the representation of Jews as animals together with the critical state of Germany's national health. We owe it to the six million Jewish people who died to understand how dehumanising language was used so that we avoid ever going down a similar path.

Judges at the Nuremberg war crimes trials considered that dehumanising language and 'obscene racial libels' of the anti-Semitic *Der Sturmer* important enough to have 'perverted the attitudes of countless Germans towards and incited genocidal acts against the Jewish people'. The Nazis changed the perception of a Jew from being a someone to being a mere something. From this vantage point the Jews were completely dispensable.

Amazingly, Himmler was emphatically opposed to the hunting of animals as a sport, questioning how it could be possible to 'find pleasure in shooting from behind cover at poor creatures browsing on the edge of a wood, innocent, defenceless, and unsuspecting?' It is amazing that Himmler could oppose hunting for sport and even call it 'pure murder', yet he saw the German hunting of the Jews as the necessary removal of threatening non-human animals, a group of dangerous things. Euphemisms enabled mass murder and cruel torture. This is what dehumanising language leads to. But this also was written about the Jewish prisoners in the death camps:

> Prisoners often formed small groups within their barracks or with those with whom they had known outside the camps' confines:
>
> > In such groups men again became human beings, after the humiliation suffered in the toil of the day…Despite the prison stripes and the shorn skulls, they were able to look their fellows in the face, beholding the same sorrow and the same pride, and drawing renewed strength…

No-one should ever have to fight to prove their humanness. All are created equal. If we sincerely believe this—and I certainly hope that everyone here does—we must be ever vigilant against the dehumanising language that is an enabler of discrimination and violence. If we hear another human referred to as a parasite, we are hearing the words of Nazism. If we hear someone defined by their ability, we are learning the thinking of pre-war Germany. When we hear a change of perception from

being a someone to a mere something, we are hearing the same view that led to Jews being thought of as dispensable.

By recognising the humanity of every person, regardless of race or creed, regardless of ability or age, we will honour those victims of the Holocaust who were treated so appallingly. When we reject and condemn the language of racial discrimination and anti-Semitism we are defending everyone's human rights. Observing this 27 January remembrance day will mean nothing unless we ensure that we never let the journey begin that ended in the atrocity and tragedy that was the Holocaust.

Debate adjourned on motion of Hon. I.K. Hunter.

Bills

STATUTES AMENDMENT (ABORTION LAW REFORM) BILL

Second Reading

Adjourned debate on second reading.

(Continued from 5 December 2018.)

The Hon. T.A. FRANKS (16:48): I rise to conclude my comments on the second reading of this most important bill. I do so because best quality abortion care is enabled when abortion is a woman's decision, affordable to all and accessible regardless of a woman's location. In South Australia abortion remains a crime punishable by up to life imprisonment. Where we once led, we now lag. It is time to again move forward.

While each woman's experience of abortion is unique, all women seeking an abortion in South Australia will encounter the laws that now constrain the possibilities for medical practitioners and health services to provide them with that best care. These barriers do not necessarily prevent women in our state from seeking abortions. They do, however, place unnecessary limits on the capacity of the doctors and the health professionals who seek to provide them with that abortion care. That is why the South Australian Abortion Action Coalition formed three years ago and mounted the case for law reform. They were formed from a basis of medical and legal professionals concerned with these barriers to care that they observed day to day and documented through academic analysis.

At this point, I seek leave to table the document *Abortion in the Shadow of the Criminal Law? The Case of South Australia*, authored by Mary Heath and Ea Mulligan.

Leave granted.

The Hon. T.A. FRANKS: I continue. From those beginnings, the South Australian Abortion Action Coalition has grown in number and in breadth, and the growing list of supporters now includes (I note this because the list has grown since I last spoke to this bill, so I update the council now for the public record): the Aboriginal Health Council of South Australia, the ALP Women's Network, the Australian Clinical Psychology Association, the Australian Greens South Australia, the Australian Medical Students' Association, the Australian Nursing and Midwifery Federation (SA Branch), the Australian Psychological Society (SA Branch), the Australian Society for Psychosocial Obstetrics and Gynaecology, the Australian Women's Health Network and Business and Professional Women Adelaide.

It also includes: Children by Choice, the Coalition of Women's Domestic Violence Services, EMILY's List Australia, Family Planning Alliance Australia, Flinders University Student Association, the Human Rights Law Centre, Marie Stopes Australia, the National Alliance of Abortion and Pregnancy Options Counsellors, the National Council for Single Mothers and their Children, the Public Health Association of Australia (SA Branch), Reproductive Choice Australia, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the South Australian Council of Social Service, the South Australian Council for Civil Liberties, the South Australian Rainbow Advocacy Alliance, SA Unions, the SA Unions' women's standing committee and SHINE SA.

Finally: Support After Fetal Diagnosis of Abnormalities SA, The Tabbot Foundation, the Union of Australian Women, the Women's Electoral Lobby, the Women's International League for Peace and Freedom (SA Branch), the Women Lawyers Association of South Australia Incorporated, the Working Women's Centre South Australia and the YWCA Australia (formerly the YWCA Adelaide, that organisation now having amalgamated).

These many organisations backed this law reform because the 1969 statutory amendment to the 1935 act allowed abortion only when the woman had resided in South Australia for some two months, two doctors determine the abortion necessary on either mental or physical health grounds or for foetal abnormalities and before the woman is 28 weeks pregnant; thereafter, only to preserve the woman's health and to be performed in a prescribed hospital.

Our current law is from another time when abortion was banned. Much as elsewhere in the world, times gone by are no longer the framework for this particular law. Back then, when abortion was banned, sometimes it was safe and a lot of the time it was not. Those unable to find a doctor or midwife would have to go secretly to gain an abortion. It was not always a safe option. They often relied on self-inducing with dangerous and unreliable methods, or with patent medicines featuring not so subtle 'will cause miscarriage in pregnant women' warnings or by using knitting needles, coathangers or falls downstairs.

In fact, in 1930, illegal abortion was listed as a cause of death for some 2,700 women in that year alone in the United States. The risk of an unsafe abortion continues to stalk women globally. Even now, recent figures from the World Health Organization estimate that nearly half of the 56 million abortions given worldwide every year are unsafe. However, banning abortion does not make abortions go away. Women who have the means to travel or the desperation to go underground have always found a way. As was said at last year's Youth Parliament in their debate on a similar bill: you cannot ban abortions, you can only ban safe abortions.

That is why we reformed this law 50 years ago and that is why we should now further reform our laws so that our abortions in this state are safe. Safe abortion means that abortion is treated as health care, publicly provided wherever possible and accessible. Yet we know already that there are delays due to our current laws pushing women further back in their pregnancy. Safe also means protecting—protecting women seeking that health care as well as protecting those who provide that health care.

That is why this bill contains a 150-metre safe access zone, as almost all other states and territories have now included in their laws. I note the recent, very welcome announcement made by Bill Shorten at the ALP National Conference to support such safe access zones and indeed to support publicly provided accessible abortions across our nation.

Unfortunately, however, we do not provide that safe workplace to those who work in South Australia. Indeed, as a Pregnancy Advisory Centre staff member commented to me last year when we first introduced the bill, in that instalment of my second reading explanation, she noted afterwards that she was grateful because she had had a quiet day down at the clinic in Woodville as the protestors had been here in parliament for a change and not outside the Pregnancy Advisory Centre.

For that reason, I am glad protestors are on the steps weekly and are here today. It means that they are not outside the clinic at Woodville and are safely far away from the women who today seek the health care they deserve and need, again giving those hardworking, compassionate and professional staff the break I imagine they gratefully appreciate.

We have come a long way since a time when only women of means were able to access abortion, where backyard butchers preyed upon the vulnerable, and quite rightly that activity needed to be stamped out. But given that our once progressive law that was designed to protect women now harms them, and that those who work in providing abortion care suffer the harassment of regular protests and threats, we must now move so that abortion is not treated as a crime. In fact, it should be regulated as any other health service, and for this to happen we need informed debates.

However, the public debate so far has not necessarily been informed. I, like many others in this place, and no doubt in the other place, have received an avalanche of missives and misinformation. There has been murder rhetoric, noting that:

> The Tammy Franks abortion bill is the worst in the western world, allowing babies to be killed right up until birth, for no medical reason.

We have 'open-house slaughter of the innocents', noting that this must not be allowed to happen or it would be 'mass murder', stating that abortion is the 'hands that shed innocent blood', blatant misinformation such as saying that the bill would allow sex selection abortions to be carried out and would allow paedophiles and sex traffickers to do away with the evidence of the child they fathered and not be convicted of any offence.

Other emails and letters state that this bill would approve a 'children's Holocaust' and that it would also 'betray the values for which every martyr in history fell and, more importantly, the values for which our own Anzac soldiers died defending, that is, the freedom to live', and quoting the J.R.R. Tolkien character, Gandalf, when he said:

> Do not be too eager to sort out matters of life and death for even the wisest cannot see all ends.

This, no doubt, was prompted by some of the misinformation that has gone out from more formal sources, which I will get to soon. Some of the missives have just been odd, noting:

> Please reconsider the Bill. I believe some of the proposed provisions are as extreme as the Nazi bombing in Sheffield.

Another stated:

> We should not have a task force to hunt terrorists if we are allowed to do this to our own.

There has been a lot of mother blame, pleading to not support this bill with accusations such as:

> Hard questions need to be asked, and society needs to support these women more so that the life in their womb is not sacrificed to avoid discomfort for them or those around them.

Also stating:

> Has life become so cheap that we are to set a precedent that an innocent baby nearly at full term can be exterminated practically at the whim, of its mother?

Another states:

> I can only imagine the heartache and trauma of women who deliberately choose to end the life of their own flesh and blood, especially through this barbaric act of mutilation and callousness.

Hell, Satan and Isis have all been mentioned, with one missive noting:

> Ms Franks is in the pagan ancient world, there was always human sacrifice to the false God's Baal, Ishtar, Isis, ('$atan'.)

I note Satan is spelled with a dollar symbol instead of an 's'. It continues:

> Involving children also, the Babylonians, Incas, Mayas.. Ms Frank, abortion is just a 'human sacrifice' to Satan, as was done in the ancient pagan world, all who are against God's Commandments, the teachings of Jesus Christ your Lord 'God' and Saviour. Hell is real and many unsuspecting souls go there….don't be one of them…For those who end up in the eternal lake of fire 'there is no return..' Ms Franks Many will not inherent the kingdom of God, please consider this 'satanic late abortion' bill.

Further calls that this would lead to ritual sacrifice, and stating that abortion is just another name for child sacrifice:

> …tragic to see you pushing for child sacrifice, as with the pagans 3,500 years ago, & pretending your [incorrectly spelt] 'liberating' women from their 'burden' with some 'modern philosophy'!?

Another goes on to say:

> I have heard my teachers tell me of Aztec's and Inca's who sacrificed newborn babies and children to 'Sungods'. And yet that is exactly what would be happening if we were to pass this law; we would be sacrificing the babies to the god of 'Self'.

Then some personal attacks: 'Is this woman (Tammy) a mother or an auntie?' The answer is yes to that person, but I will not be writing back to them. 'Is she despairing that her own mother never aborted her?' I must say that my mother is a strong supporter of choice, and indeed worked at Family Planning Queensland. Back when she had me, of course there was no choice of a legal abortion,

and certainly she and I have had many discussions about how that failed so many women of the time, particularly with the forced adoptions that resulted from them.

Some more personal attacks, which I will not go into, but being called a murderer on a regular basis I have to say will not deter me, because it is not true. The misinformation and fear campaign simply fuels my desire to have this debate in an informed way. Those organisations that have put their name to some of this claptrap should be ashamed of the lies and misinformation that they have spread about, often willingly, certainly recklessly. With that, I seek leave to table the three letters initiated on 14 February this year from the Catholic Archdiocese of Adelaide.

Leave granted.

The Hon. T.A. FRANKS: In that letter of 14 February from the Catholic Archdiocese of Adelaide, signed off by the apostolic administrator, Gregory O'Kelly, is an attachment from Dr Elvis Seman, and a form letter for people to send off to their local MP, but I note that the letter states:

> This bill treats abortion simply as a medical procedure without moral significance.

I would agree if they had said that this bill simply treats abortion as a medical procedure. I disagree that any woman contemplating an abortion does not place some moral significance upon it. However, it then goes on to completely lie and say:

> There is no need for a medical opinion or a doctor's involvement, and no reason need be given for an abortion. It will be the most radical abortion law in the country.

Totally false to say that, by taking abortion out of the criminal code and treating it as a health procedure, there will be no medical opinion or doctors' involvement. That is the point of this bill: that there will be medical opinion and doctors' involvement.

The letter goes on to advise people to send missives that no doubt everyone in this place has now received, stating such things as, 'The Franks bill', according to Dr Elvis Seman, 'when carefully analysed', as he claims, 'aims to radically deregulate abortion and outlaw two important things: conscientious objection to abortion and the freedom to pray and offer pregnancy support near abortion clinics.' The bill, of course, does not allow babies born alive to be left to die.

In my second reading explanation I have also already noted that I would actually continue the public reporting of abortion statistics in this state. My bill does not preclude that. The claim that it will radically deregulate abortion and allow conscientious objection and the freedom to pray are simply wrong.

I will not be lectured to by the Catholic Church on issues of abortion or, indeed, child abuse—certainly, and in particular, not this week. I draw members' attention to the recent revelations that nuns who were raped had the Catholic Church oversee abortions because that rape was conducted by priests and sanctioned by the church. It seems that sometimes abortion is appropriate, but not all times. This bill would ensure it is the woman's choice, and would certainly not sanction rape.

I also go on to note a very common misunderstanding, that decriminalisation somehow means deregulation. I fear this is something I may have to say a thousand times over the next six months: decriminalisation does not mean deregulation. The Marshall government's announcement this week that the debate will now be assisted by reference to the South Australian Law Reform Institute (SALRI) is most welcome, not least because I would back Professor John Williams and his team's understanding of the law any day over many of those making these extraordinary claims about my bill.

I am pleased to see the Marshall government allow for some informed insight and reflection to counter the shrill voices that are currently claiming all of the space. I believe the SALRI will report back to the parliament on this area and ensure, as MPs with a conscience vote and as we debate a woman's choice, that our own choices on how we exercise that vote will be better informed as we progress to a vote.

Before we get to the SALRI report, which is some months away, I think now is as good a time as any for a little truth telling. Contrary to the fear campaign that has been launched in our streets, on our airways, across many churches and even on the back of a truck, as I said,

decriminalisation does not mean deregulation. They are five simple words and an even simpler concept, but I feel we will have to repeat this ad nauseam, as it is being so wilfully misunderstood.

Health care is highly regulated in our nation, and will remain so with the Health Practitioner Regulation National Law (South Australia) Act 2010, the Consent to Medical Treatment and Palliative Care Act 1995, and the Therapeutic Goods Act 1989 being just three of the most obvious of the many relevant statutes that will continue to regulate abortion care. Currently, in the case of abortion care, women and their healthcare teams are constrained in their healthcare decisions by the Criminal Law Consolidation Act 1935.

Repeal of the criminal law in relation to abortion will remove the stigma and the chilling effect of criminality on clinicians and healthcare organisations, and it will require only minor amendments to existing standards and guidelines for the overwhelming majority of abortions—some 98 per cent of them. Once abortion is removed from the criminal law it will be regulated according to the normal standards and practices that govern all other health services. These include specific clinical guidelines for each area of care.

All health procedures, practices and services are closely controlled and regulated by government, industry and professional bodies, and breaches are dealt with very seriously. In this way existing health law regulations, codes of practice, clinical protocols and institutional policies and procedures provide a comprehensive regulatory framework that protects patients, promotes good quality and safety in health care and ensures accountability.

Under these arrangements women who need abortion care will be afforded the same safe, good quality care as all patients should be able to expect, and healthcare professionals will be able to deliver that care within a framework of health laws, standards and regulations, not with the criminal law looming over their practice. I remind members that there are some 20 South Australian and about 70 commonwealth health statutes.

Law and professional practitioner regulatory boards already ensure that only qualified professionals provide health care and that they are held accountable for compliance with standards. Health care is provided in accordance with those specific clinical standards and in appropriate facilities, with hospitals and day surgery centres regulated primarily by SA Health. Early medication abortion in the primary care setting is closely regulated under commonwealth laws and regulations. Patients must, of course, give informed consent for all healthcare services, and healthcare providers who fail to secure that informed consent are subject to heavy penalties.

Standards and guidelines for the very small number of abortions that would be needed later in pregnancy—less than 2 per cent of all abortions—will likely be revised once the criminal laws are repealed. Revisions will ensure that appropriate clinical decisions are made for these patients, who are typically faced with a decision of whether to keep or terminate their pregnancy in distressing and complex situations, such as the diagnosis of foetal abnormality, serious maternal illness or in the context of family violence.

Regulation under health law will help to ensure that patients can be treated promptly and that care is affordable. Importantly, health professionals are already not required to provide abortion care if they have a conscientious objection. They are always required to refer patients to others who can provide care. This will not change. Indeed, assaults on a woman that also harm her foetus would still be punishable under the criminal law of assault. Where coercion is used, that would certainly not have ever been a matter related to sections 81, 82 and 82A of our current criminal code. Indeed, these provision would be far more likely to punish the victim of that coercion and domestic violence rather than the perpetrator of that violence. I remind members that there is a life imprisonment penalty associated with some of these clauses.

The Health Practitioner Regulation National Law applies in South Australia to all health professionals. The national law provides for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered. The national law also establishes the Australian Health Practitioner Regulation Agency and national health practitioner boards, including the Medical Board of Australia, the Nursing and Midwifery Board of Australia, the Pharmacy Board of Australia and the Psychology Board of Australia, among others.

These national boards set registration and accreditation requirements, including standards and programs of study, to ensure practitioners are suitably qualified and competent. They also establish mandatory performance and professional standards, as well as policies and guidelines. Each board has extensive investigatory and disciplinary powers, including suspension or withdrawal of registration and maintenance of national registers. The national law also allows for the minister to make further regulations and define offences for unqualified persons practising inappropriately. Health practitioners can be disciplined for misconduct and unsatisfactory professional performance. The national law is administered in South Australia by the South Australian Health Practitioners Tribunal.

With regard specifically to conscientious objection, health professionals are already not forced to provide care they are not willing to provide, and nothing in this bill will obligate them to defer from that. However, under the current system they are obligated to assist patients to gain access to care. Doctors, nurses and others are specifically protected from being required to provide care for which they are not skilled or have a conscientious objection. Protection for conscientious objection is specified in mandatory national codes of conduct for doctors, nurses and midwives and others, as well as in the AMA code of ethics.

The provision of abortion in appropriate facilities will, of course, continue to be in accordance with the relevant clinical guidelines and standards. Surgical abortions are provided in hospitals and day surgery centres. The Health Care Act 2008 of South Australia governs the incorporation of public hospitals and the licensing of private hospitals and private day procedure centres. SA Health specifies mandatory standards and procedures for these facilities.

With regard to early medication abortion care, it is used extensively throughout our country and internationally, and its safety is proven. Following decriminalisation, early medication abortion care would be provided in primary care, including by telemedicine, as well as in outpatient services. Medications for early abortion are regulated under the Therapeutic Goods Act 1989, and this controls the quality, safety, efficacy and timely availability of therapeutic goods. It covers the regulation of manufacture and standards for those therapeutic goods, establishes the Australian Register of Therapeutic Goods and creates a criminal offence for importing, supplying or exporting goods that do not comply with these standards.

The TGA approval of early medication abortion medicines was issued in 2012 and it specifies the conditions under which they can be prescribed, including gestational length, dosage, training requirements, follow-up and access to emergency care and support. Pharmaceutical benefits schedule regulations require that authority is requested from the commonwealth Department of Human Services for each prescription for early medication abortion. Two large studies of the Australian experience have found that early medication abortion (EMA) is safe and effective, with the most common complication being incomplete abortion in about 5 per cent of cases. For that, surgical abortion is the backup procedure.

Patients, of course, must give informed consent, and currently all patients must give that informed consent for medical treatment, including for abortion care. This bill does not change that. The potential problem of coercion of a woman to terminate a pregnancy is addressed by the informed consent requirement as legislated in the Consent to Medical Treatment and Palliative Care Act 1995 of South Australia. It aims to ensure that patients decide freely for themselves on an informed basis whether or not to undergo medical treatment of any kind.

Medical practitioners are required to explain the nature, consequences and risks of treatment and alternatives. These provisions act to protect patients from coercion by parents, partners and others, because treating health professionals must rule out coercion in order to reach and meet their obligations. The Health and Community Services Complaints Act 2004 enables patients who are not satisfied with any aspect of their care to complain to the Health and Community Services Complaints Commissioner.

Grounds may include that the health practitioner acted unreasonably, inappropriately, without due skill, contrary to applicable standards or in an unprofessional manner. In particular, patients may complain that a health practitioner failed to provide sufficient information to enable them to make an informed decision, or failed to provide the patient with a reasonable opportunity to make

an informed choice concerning treatment and services provided. The commissioner does have extensive investigative and disciplinary powers.

Ensuring proper consent on behalf of minors and other people unable to give their own consent is also regulated under both the Consent to Medical Treatment and Palliative Care Act 1995 and the Guardianship and Administration Act 1993. Informed consent must be sought from the parent or guardian. There are some exceptions, but the medical practitioner must satisfy a number of conditions, with serious penalties for failure to do so.

Institutional requirements ensure that abortions later in pregnancy are provided in accordance with those clinical and professional standards, as I have mentioned, and professional ethics and the health professional regulation national law require that all health professionals act in the best interests of their patients and that all health care is provided on the basis of need, in the interests of the patient's health, wellbeing and quality of life, and within clinical standards and guidelines. That need is determined by patients and their healthcare teams.

Women facing the question of an abortion above 20 weeks are always in distressing and complex situations. About half are confronting a diagnosis of foetal abnormality. A small number face serious maternal illness or injury, and others are in a range of complex social personal circumstances. These include reproductive coercion and other forms of family violence. They include rape, facing pregnancy as children or when very young, or experiencing an undiagnosed pregnancy, mental illness or substance abuse.

Patients with these complex needs are currently treated in specialised centres by multidisciplinary teams, in compliance with institutional protocols and professional standards. This bill would not change that. The current criminal law, however, does cause several problems for patients and their care providers in these situations, most commonly the pressure to make a decision quickly because of a looming cut-off time, which varies across services.

One story that I would like to share today is of a friend of mine. Her oldest daughter is of a similar age to mine and I remember talking to her in the playground when both of our daughters had just started junior primary school. Prior to that day, she had been incredibly happy: she was pregnant and expecting their second child. Seeing my friend Sandy in the playground that day in tears, stressed, was not what I had expected. That day, she had found out that at her 21-week scan her now daughter Tess had a severe heart condition.

The initial prognosis was that the condition was so severe that it was incompatible with life. The doctor's advice was that a late abortion would be the best emotional and health outcome for Sandy and her baby, but as an urgent priority they needed to get more tests and more scans and gather more information. They then had a terrible realisation that they only had 10 days before the medical professionals would be unable to perform abortion surgery due to the legal uncertainty around abortion care in this state. This position was concerning.

All of the doctors were apologetic, but there was this unhelpful and arbitrary deadline to a very traumatic decision. All were clear that the best medical advice would be not to rush a decision and to give Rob and Sandy the time to grieve the situation. They were also clear that the health outcomes for Sandy and her baby would not change between 20 and 23 weeks. The heart diagnosis was essentially fatal and time would not change that.

But a week later new scans and medical technology did not medically change the outcome, it provided them with vital, clearer information. The part of the heart that had appeared to be missing was transposed, located 180 degrees in the wrong place. This changed everything and the life chances turned from incompatible with life to a serious and challenging heart condition. It was certainly not easy for them from there on in, but that did change everything. They were so relieved and felt it was the best news they could have received, but they were two days away from the date where they would have had to undergo the termination surgery. That arbitrary and unhelpful legal deadline could have caused them to make what would have been, in this lucky case, an unnecessary rushed and tragic decision.

Prenatal screening is a means to an amazing amount of information for foetal health. We must remove the legal uncertainty so that our medical experts can give the very best care to our community. These instances are, of course, rare. They are definitely traumatic and the information

technology that provides us with this information improves day by day. The law, of course, now though, is a reverse clock working against the best medical information being obtained before medical advice is given.

Now, six years on, young Tess has had two open-heart surgeries and so many other procedures. She is brave and strong and Rob and Sandy love her dearly and they are so glad that she was not lost to them by this unnecessary law, but it was so close that it almost took Tess's life. They say that most of all they wish for other parents and doctors to be able to avoid the trauma of those arbitrary dates in the future and to remove abortion from the criminal law.

This is the situation for far too many families in our state currently who face that distressing diagnosis of an abnormality in a very much wanted pregnancy and are sometimes required to make a very difficult decision within even as little as 24 hours, a requirement that rules out the further diagnostic assessment that may have enabled them to make a different decision. For some women, access is also denied in Adelaide and they travel interstate or overseas to get the health care they need. Women who are not able to travel are forced to continue the pregnancy and birth a baby that they did not necessarily choose to. There are immediate consequences for a woman's mental health, affecting their capacity to bond with that baby and generally poor outcomes for both the woman and the child.

Critically, leading health bodies, including the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Royal Australasian College of Physicians and the Public Health Association of Australia, do not—I repeat: do not—support legislatively-prescribed gestational limits that set out different laws for different stages of pregnancy.

That is because the health system and health professionals working with individual patients are equipped to make appropriate decisions in the best interests of patients regarding later terminations. Once the criminal law is repealed, amendments will be required to the two existing SA Health clinical standards for abortions that are undertaken later in pregnancy, and governing the termination of pregnancy and foetal loss. The corresponding hospital policies and procedures will then be amended accordingly.

Regulation in other jurisdictions in Australia and internationally provides potential models for amending these standards for South Australia to follow. The standards will then need to guide decision-making about care for each individual patient within a framework of appropriate principles and processes. Healthcare professionals are never forced to provide the care that they are not willing to provide, and certainly the scuttlebutt that has been put out about this bill taking abortion care out of the realm of doctors and medical professionals and medical opinion is just that: it is absolute rubbish and it belongs in the bin.

In terms of the most recent debates, I would reiterate that claims that we have seen in this most recent day or so, that removing abortion from the Criminal Code will somehow result in more coerced abortions and increase domestic violence, is mischievous at the very least and wilfully destructive at worst. Is it not time that we stopped punishing victims of domestic violence? Rather than leave a law in the Criminal Code that would punish the victim herself of that abortion rather than the perpetrator of violence against her, we should put that political agenda to one side. If people are serious about addressing issues of domestic violence and coercion then bring forward legislation to this place to increase our progress in that area. Do not use abortion law reform as a stalking horse with the pretence that you are supporting those who are victims of domestic violence.

We have heard a lot of claims so far and we have heard a lot from those who are not involved in the provision of abortion or, indeed, later abortion. Someone who I would urge all members to pay heed to, who is a doctor, who has performed later abortions for many years and has become somewhat of a Twitter sensation, is obstetrician and gynaecologist Dr Jennifer Gunter. Incensed by the recent comments of Donald Trump at the State of the Union Address, she took to Twitter and it certainly was an education.

At the time she wrote that she noted only nine states in the District of Columbia allow abortions after 24 weeks without restrictions, and that the number of those was incredibly rare, some 0.3 per cent. She went on to state:

Normally they are only done because the mother is sick or the baby is so deformed it won't live. With a sick mum after 24 weeks they would normally induce labour and once born the baby would be in the care of the neonatal intensive care unit to help it survive.

She cautioned the general public and especially our political leaders not to confuse the abbreviation of 'term' with term meaning a fixed or limited period for which something lasts, and stated:

Late term abortion is in fact redundant because termination is the medial word for elective abortion. It should either be late term or late abortion.

She went on to state:

The only abortion of an unwanted pregnancy at 37 to 42 weeks of pregnancy is in fact inducing labour, normal birth of a live baby and adoption to new parents.

She knows because she has worked in this field for many, many years. She knows because she has had to perform a late abortion for a woman whose ultrasound showed anencephaly. Be glad that you do not know this word. I did not know it before now. It means missing most of the brain and part of the skull. The only case that she could think of in her knowledge and experience of many years of work in later abortions was that of a 12-year-old girl who was raped by her stepbrother and then dragged through the courts as she sought to gain an abortion, and that court process pushed her into that later abortion framework.

That girl was failed by her family and failed by the courts. The doctor was there to provide the abortion health care that she needed. And if you do not think that 12 year olds in this country are raped by stepbrothers, I draw your attention to the young girl in WA who was impregnated by her brother and gave birth in her own lounge room last month. She did not even know she was pregnant.

There are so many stories we have yet to hear in this debate. I would urge MPs to start to listen to the quieter voices in this debate, the voices of those people that I imagine none of you would care to walk in the shoes of, those of later abortion patients. In fact, they have started to speak up in America because of President Trump using the opportunity of the State of the Union Address to divide his country.

In response to his fake news of a so-called nine-month abortion, a signed letter from dozens of Americans—an open letter—was penned. These Americans were from Illinois, Indiana, Idaho, Arizona, Maine, Pennsylvania, Washington, South Dakota, California, Oregon, Michigan, Virginia, Georgia, Tennessee, Connecticut, Massachusetts, Florida, Oklahoma, New Jersey, Iowa, Missouri, Colorado, Alabama, Wisconsin, Maryland, New York, Kansas and Texas, and they stated:

Recent legislation regulating abortion in New York and the fervour around a similar proposed bill in Virginia have ignited a national conversation around later abortion.

They condemned President Trump's words that these were easy decisions, and they stated:

We know because we are the families who have gotten them.

We are the later abortion patients and their partners who are concerned with the politicisation of this issue at the expense of both truth and compassion. While we do not speak for every later abortion patient and do not pretend to represent everyone who seeks this care, we can speak for ourselves and our families.

The stories we hear being told about later abortion in this national discussion are not our stories. They do not reflect our choices or experiences. These hypothetical patients don’t sound like us or the other patients we know. The barbarous, unethical doctors in these scenarios don’t sound like the people who gave us compassionate care.

Our cases, the ones that would be affected by the legislation in question, constitute a relatively small number of abortions. So while these cases are incredibly rare and specific to each patient’s unique circumstances, they are being broadly misrepresented and are playing an outsized role on the national stage.

The decision to terminate a pregnancy is never a political one, it is a personal one. Later abortions stories are often ones of tragedy and loss. For others they are stories of relief. They feature struggles with hope, women betrayed by their bodies and the incredible complexity of pregnancy. Many stories are ones of overcoming the many obstacles and restrictions our states have placed on these procedures.

We are not monsters. We are your family, your neighbours, someone you love. We are you, just in different circumstances. Due to ignorance, many of us may not have supported later abortion access before facing a crisis ourselves, accepting restrictions on healthcare we never imagined needing. Now we recognise that our laws may not be able to draw neat lines around each of our stories, allowing these procedures in certain, hyper-specific

circumstances and not in others, because we know people will be left outside those lines. As people privileged enough to speak up, that is unacceptable to us.

I applaud their courage for speaking up. They all put their names to that letter, not just their locations. I repeat that it has stuck with me, their words and how they must be feeling, having already suffered such devastating circumstances and loss. They state:

> We are not monsters. We are your family, your neighbours, someone you love. We are you, just in different circumstances.

None of us here would want to be them, but all of us here should be willing to support them. To do that we must start having a more nuanced conversation about later abortion that reflects the experiences of patients and the expertise of physicians. We need to start listening to people with that firsthand experience. They will tell you their stories if you can muster the compassion necessary to hear them. Talking about later abortion is uncomfortable. It requires us confronting the terrible reality that pregnancy, even the most wanted one, is not always blessed. It means we have to consider decisions being made with imperfect information.

When we talk about later abortion, concepts we thought were simple become very complicated. Therefore, we must weigh the restrictions on later abortion against real stories, not the hypothetical cases that are fabricated to win political points. With the manufactured crises over later abortion, opportunistic politicians will seek to exploit an already stigmatised, marginalised group of people. Over and above the loss of those much-wanted pregnancies, they will suffer also from the loss of their dignity, being reduced to demons and being denied their voice.

There must be space in this debate for education and empathy, but this is only possible if it includes the stories of real patients. Real women, not mythical ones, must guide this debate—real women, not mythical women, must guide this debate, placing trust in women to control their own health, with compassion and understanding, not with stigma, assumption and impugned motives, and by making a good-faith effort at a conversation on later abortion that includes them. However, abortion stigma runs very deep in this debate, and it is running very deep right now in this state. That is why I will today also include the voices of some of those who have experienced later abortion in this conversation. Listen now to the voice of Kate Carson:

> I had a later abortion because I couldn't give my baby girl both life and peace.
>
> No-one loves my baby more than I do. Her death was a gift of mercy. Now, women like me will always be a scapegoat for policies limiting women's rights.
>
> People are talking about me again, loudly, unkindly. Even the President of the United States has had his say about families like mine. I have told this story so many times, but I will tell it again as many times as it takes.
>
> I help run a support group for families who have ended pregnancy after poor prenatal or maternal diagnoses. If you're wondering, 'Who are these women who get abortions in the third trimester?' We are. I am. Parents who love our babies with our entire hearts. Desperate acts like an abortion in the 36th week of pregnancy are brought about only by the most desperate circumstances and are only available to those [in certain, limited certain situations].
>
> I know, I've been there.
>
> My daughter, Laurel, was diagnosed in May 2012 with catastrophic brain malformations (including Dandy-Walker malformation) that were overlooked until my 35th week of pregnancy. I did not know much about brain disorders at that point. I imagined developmental delay, special education classes, financial pressure, an overhaul of expectations for Laurel's life and my motherhood. Here were the doctor's real expectations for Laurel: a brief life of seizures, full-body muscle cramps, and aspirating her own bodily fluids.
>
> When I heard the list of all the things my beloved daughter would not do—talk, walk, hold her head up, swallow—I grasped for what she would be able to do.
>
> 'Do children like mine just sleep all the time?' I asked.
>
> The neurologist winced. Children like yours, he told me—slowly—are not often comfortable enough to sleep.
>
> Our choice was sad but clear.
>
> Let me answer some questions you might be thinking: Yes, we were sure that these problems were severe. No, there is no cure, nor any on the horizon. Yes, we were counseled in-depth on our options, including adoption. Because we wanted to spare our daughter as much suffering as possible, our choice was very sad, but crystal clear: abortion.

I imagined an abortion at eight months would be grisly. But no matter how violent my imagination, it surely could not compare with the suffering Laurel would have endured in her own broken body.

In Massachusetts, my home state, a later abortion can be obtained only if the life or health of the mother is at risk. So I set off on a 2,000-mile journey from Massachusetts to Colorado to access this abortion. I landed, not in the nightmare I had imagined, but in the safest, kindest, most dignified hands I have ever encountered as a patient anywhere. Dr. Warren Hern at his Boulder Abortion Clinic is one of the few doctors in the country performing this procedure. After a single injection and a couple of hours, my baby was laid to rest in my womb, the purest mercy that I knew how to give my Laurel…

Mercy means something different to each family…

Nobody loves Laurel more than I do. Her death was a gift of mercy. Mercy means different things to different loving families, and that has to be okay. To all the families who face similar circumstances and made a different choice, I honor you. I trust your wisdom. I celebrate your child's brief and beautiful life.

We must treat each other with love, tenderness and respect.

It is horrible, as a parent, to choose between life and peace for our children, especially when we want to give our children both beautiful and precious gifts.

It is devastating to lose a child. But, unlike most bereaved parents, women like me will live out the rest of our lives as scapegoats, fuel for an agenda that seeks to strip women and families of our reproductive freedoms.

When I think of my baby Laurel, I feel love and peace. Unfortunately, I cannot be with that peace because there are fresh wounds in the way, the throbbing pain of being hated and misunderstood.

Gretchen Voss has also shared her late-term abortion story, which started so happily, as so many do:

Way too excited to sleep on that frigid April morning, I snuggled my bloated belly up to my husband, Dave. Eighteen weeks pregnant, today we would finally have our full-fetal ultrasound and find out whether our baby was a boy or a girl. I had no reason to be nervous, I thought. I was young (if 31 is the new 21), healthy, and had not had so much as a twinge of nausea. Well into my second trimester, I was past the point of worrying about a miscarriage.

The past 3½ months had been a time of pure bliss—dreaming about our future family, squirreling away any extra money that we could, and cleaning out a room for a nursery in our cozy, suburban home, then borrowing unholy amounts of stuff to fill it back up. From the day that we found out we were expecting a baby—on New Year's Eve 2002—we thought of ourselves as parents, and finding out whether the 'it' was a he or she would cap the months of scattershot emotions and frenetic information-gathering. I just couldn't sleep. I invited our 105-pound yellow Labrador 'puppy' into bed with us and snuggled even closer to Dave.

Later that morning, at quarter past 9, Dave held my hand as I lay on the cushy examining table at the Beth Israel Deaconess Medical Center office in Lexington. As images of our baby filled the black screen, we oohed and aahed like the goofy expectant parents that we were. 'Can you tell if it's a boy or a girl?' I must have asked a million times. The technician was noncommittal, stoic, and I started feeling uncomfortable. Where I was all bubbly chitchat, she was all furrow-browed concentration.

Then, using an excuse about finishing something on her previous ultrasound, she left the room. Seconds passed into minutes while we waited for her to return. Staring at the pictures of fuzzy kittens and kissing dolphins on the ceiling, I knew something was wrong. Dave tried to reassure me, but when the ultrasound technician told us that our doctor wanted to see us, I started to shake. 'But she doesn't even know we're here,' I said to her, and then to Dave, over and over. That's when I started crying. I could barely get my clothes back on.

The waiting room upstairs, usually full of happy pregnant women devouring parenting magazines, was empty. Our doctor, who usually wears a smile below her chestnut hair, met us at the front desk. She was not smiling that day as she led us back to her cramped office, full of framed photos of her own children.

As we sat there, she said that the ultrasound indicated that the fetus had an open neural tube defect, meaning that the spinal column had not closed properly. It was a term I remembered skipping right over in my pregnancy book, along with all the other fetal anomalies and birth defects that I thought referred to other people's babies, not mine. She couldn't tell us much more. We would have to go to the main hospital in Boston, which had a more high-tech machine and a more highly trained technician. She tried to be hopeful—there was a wide range of severity with these defects, she said. And then she left us to cry.

We drove into Boston in near silence, tears rolling down my cheeks. There was no joking or chatting at the hospital in Boston. No fuzzy kittens and kissing dolphins on the ceiling of that chilly, clinical room. Dave held my hand more tightly than before. I couldn't bear to look at this screen. Instead, I studied the technician's face, like a nervous flier taking her cues from the expression a stewardess wears. Her face revealed nothing.

She squirted cold jelly on my belly and then slid an even colder probe back and forth around my belly button, punching it down every so often to make the baby move for a better view. She didn't say one word in 45 minutes. When she finished, she looked at us and confirmed our worst fears.

Instead of cinnamon and spice, our child came with technical terms like hydrocephalus and spina bifida. The spine, she said, had not closed properly, and because of the location of the opening, it was as bad as it got. What they knew—that the baby would certainly be paralyzed and incontinent, that the baby's brain was being tugged against the opening in the base of the skull and the cranium was full of fluid—was awful. What they didn't know—whether the baby would live at all, and if so, with what sort of mental and developmental defects—was devastating. Countless surgeries would be required if the baby did live. None of them would repair the damage that was already done.

I collapsed into Dave. It sounds so utterly naive now, but nobody told me this pregnancy was a gamble, not a guarantee. Nobody told me what was rooting around inside me was a hope, not a promise. I remember thinking what a cruel joke those last months had been.

We met with a genetic counsellor, but given the known, as well as the unknown, we both knew what we needed to do. Though the baby might live, it was not a life that we would choose for our child, a child that we already loved. We decided to terminate the pregnancy. It was our last parental decision.

So this is our story—mine, my husband's and our baby's. It is not a story I ever thought I'd share with a mass audience, because, frankly, it's nobody's business. But now it is…

But lost in the political slugfest have been the very real experiences of women—and their families—who face this heartbreaking decision every day [and are not heard].

I don't know what was worse, those three days leading up to the procedure (I have never called it an abortion), or every day since. I clung to Dave. He was always the rock in our relationship, but now I became completely dependent on him for my own sanity. Though abortion had never been part of his consciousness, he was resolved in a way that my hormones or female nature or whatever wouldn't let me be. But I worried about him too. The only time I saw him crack was after his brother—his best friend—left a tearful message on our answering machine. Then I found Dave kneeling on the floor in our bathroom, doubled over and bawling, his body quaking. That nearly killed me.

I don't remember much from those three days. Walking around with a belly full of broken dreams, it felt like what I image drowning feels like—flailing and suffocating and desperate. Semiconscious. Surrounded by our family, I found myself tortured by our decision, asking over and over, 'Are we doing the right thing?' That was the hardest part. Even though I finally understood that pregnancy wasn't a Gerber commercial, that bringing forth life was intimately wrapped up in death—what with miscarriage and stillbirth—this was actually a choice. Everyone said, of course, 'It's the right thing to do'—even my Catholic father and my Republican father-in-law, neither of whom was ever 'pro-choice'. Because, suddenly, for them, it wasn't about religious doctrine or political platforms. It was personal—their son, their daughter, their grandchild. It was flesh and blood, as opposed to abstract ideology, and that changed everything.

I was surprised to find out that I would no longer be in the care of my obstetrician, the woman who had been my doctor through my pregnancy. It turned out that she only dealt with healthy pregnancies. Now that mine had gone horribly wrong, she set up an appointment for me with someone else—the only person who was willing to take care of me now. I felt like an outcast. As we drove to his private office, I could not shake the feeling that we were going to meet my executioner. I had never met this doctor, but I did look him up online.

With thick, mad-scientist like glasses, he looked scary. In person, though, he reminded me both in looks and the manner of Dr Larch in *The Cider House Rules*. He had the kindest, saddest eyes I have ever seen, and he sat with us for at least an hour, speaking to us with heartfelt compassion, an understanding that I had never encountered from any doctor before. His own eyes teared as Dave and I cried.

He explained the procedure to us; at least the parts we needed to understand. Unlike a simple first trimester abortion, which can be completed in one quick office visit, a second trimester termination is much more complicated, a two-day minimum process. He started it that day by inserting four Laminaria sticks made of dried seaweed into my cervix. It was excruciating, and he apologised over and over as I cried out in pain. When I left the examining room my mum and my husband were shocked. I was shaking and ghostly white. The pain lasted through the night as the sticks collected my body's fluids and expanded, dilating my cervix just like the beginning stages of labour.

The next morning Dave and my mother took me to the hospital in Boston. I was petrified. I had never had any sort of surgery, and I fought the anaesthesia, clinging to the final moments of being pregnant—as I lay in that stark white room and I started to drift off, my doctor held one of my hands and an older female nurse held the other, whispering in my ear, 'You're going to be okay, I've been here before, lean on your husband.' It was my last memory, and when I woke it was all over.

Dave had to return to work the next day. He didn't want to leave me, and he certainly didn't want to return into the furtive stares of his co-workers, all of whom knew we had 'lost the baby'. I really don't know how he did it. My mother stayed with me at home for the next week, trying to glue my shattered pieces back together with grilled cheese sandwiches and chicken noodle soup. I had no control over my emotions. I felt like a freak in a world of capable women having babies, and I couldn't stop whimpering: Why did my body betray me?

For months, I hid from the world, avoiding social outings and weddings. I just couldn't bear well-meaning friends saying, 'I'm so sorry.' So I quarantined myself, and would try to go about my day—but then, bam, heartbreak would come screaming out of the shadows, blindsiding me and leaving me crumpled on the floor of our house. It wasn't that I was questioning our decision. I knew we did it out of love, out of all of the feeling in the world. But I still hated it. Hated it.

The doctor who performed my termination talks about the women he has helped through the years—the pregnant woman who was diagnosed with metastatic melanoma and needed immediate chemotherapy, the woman who was carrying conjoined twins that had only one set of lungs and only one heart, the woman whose baby had a three-chambered heart and would never live.

I wrote my doctor a long thank you note on my good, wedding stationery. I thanked him for his compassion and his kindness. I wrote that it must be hard, what he does, but that I hoped he found consolation in the fact that he was helping vulnerable women in their most vulnerable of times. He keeps my note, along with all the others he's received, in a really large bundle. And he keeps that bundle right next to his stack of hate mail [that he also receives]. They are about the same size.

Listen now to those from the medical profession. The aforementioned Dr Jennifer Gunter is an obstetrician-gynaecologist and a pain medicine physician. She is the author of a book, *The Preemie Primer: A Guide for Parents of Premature Babies*, and her website (and I recommend all members visit this) is drjengunter.wordpress.com. She is, of course, on Twitter @DrJenGunter. Members may know her as the doctor who recently schooled Donald Trump. She starts with:

Dear Donald Trump: I'm an OB-GYN. There are no 9-month abortions.

She then continues:

I'm a doctor who was trained to do late-term abortions. I did them for five years in residency and for 10 years in practice and I have no idea what Trump is talking about. I have even practised in states with no gestational age limit for abortions. So while I no longer perform abortions, I know much more about this subject than Donald Trump or any of his advisers can ever hope to know.

Focusing on late-term abortions is always an interesting strategy. And certainly, if one really wanted to reduce abortion, it is the wrong strategy, as only 1.3 per cent of abortions happen at or after 21 weeks. We know this because the Centers for Disease Control conducts annual abortion surveillance. The majority of abortions, 91 per cent in fact, happen before 13 weeks, and we know how to prevent most of them: easily accessible, free, long-acting reversible contraception.

But since we can't count on Trump—

and certainly today I would add the Catholic Church—

for facts about abortion, let's set the record straight on later abortions, meaning those on or after 21 weeks.

According to Dr Gunter:

There are three reasons women seek later abortions: health of the mother, personal reasons, and fetal anomalies (birth defects). Late abortions are rare—and women tend to seek them for [those] three reasons.

Abortions for the health of the mother only happen before 24 weeks, which is the generally accepted cut-off for fetal viability. After 24 weeks, if a pregnant person is sick enough that she needs to deliver for her health, obstetricians either induce labour or perform a C-section, and the baby is attended by the neonatal intensive care unit. Anti-abortionists would apparently have you believe, and perhaps he believes himself, that in these situations doctors do a delivery and then commit infanticide.

Health of the mother abortions absolutely do happen—in circumstances of ruptured membranes with infection or deteriorating heart disease, for example—but they happen before 24 weeks. No OB/GYN is doing third trimester abortions for the health of the mother. We simply practise obstetrics and deliver the baby by the most appropriate method.

A small percentage of late term abortions (i.e., at or after 21 weeks) are for personal reasons. These procedures also don't happen in the 'ninth month' or one or two days from delivery. When a woman presents for an abortion and she is past 24 weeks, she is told she is far too far along for the procedure. There is even a medical term for this—

Dr Gunter goes on to say—

'turnaways'.

I note at this point that there is also a report on those turnaways available via the University Of California, 'Advancing New Standards in Reproductive Health', online.

Sadly, however, this debate has not listened to the doctors and it has not listened to the patients. I hope that the SALRI reference will allow some much-needed sense and facts to be brought into this debate, but I do think we also need the compassion and the willingness to be open, to have those facts and those stories guide our decisions and to not come back to this place with another blunt tool based more on politics than on the personal experiences of those who seek health care.

Indeed, it is possible for people to change their minds on this issue, and I will finish with one final story. That is the story of Dr Parker. Dr Parker, in America, is a Christian. He is from Birmingham, Alabama, and he initially refused to even consider doing the procedures of abortion. However, about halfway through his 20-year career he changed his mind and now he is one of the rare doctors who is willing to push the limits and provide abortions at 24 weeks of pregnancy. He wrestled with the morality of it. He had grown up in the south with fundamentalist Protestantism and was taught that abortion is wrong. Yet he pursued his career as an obstetrician/gynaecologist and there he saw the real and heartbreaking dilemmas that women found themselves in.

He found he could no longer weigh the life of a pre-viable or lethally flawed foetus equally with the life of the woman sitting before him. In listening to a sermon by Dr Martin Luther King he came to a deeper understanding of his spirituality which places a higher value on compassion. King said that what made the good Samaritan good is that, instead of focusing on what would happen to him by stopping to help the traveller, he was more concerned with what would happen to the traveller if he did not stop to help.

With that, Dr Parker stated, 'I became more concerned about what would happen to these women if I as an obstetrician did not help them.' He goes on to say that they lack access to health care or they do not have an understanding of their body changes and often figure out later on that they are pregnant, or they find out early enough that they are pregnant but their lack of access to health care or volatile dysfunctional relationships delay them seeking help.

The women most likely to be in these situations are trapped in poverty. They are often women of colour or poor socio-economic backgrounds, less education, and women and girls of the extremes of reproductive age: women beyond that age where they think they can become pregnant or young girls who have infrequent and irregular sexual activity and are not conscious of it. Starting with those women as the ones that you would cut off is kind of ironic because they have the most compelling reasons to consider abortion in the first place. The reality is that unplanned or unwanted pregnancies occur to women in all walks of life and in all demographics. One in three will terminate a pregnancy in her lifetime.

The doctor goes on to note that he had a patient who was a 32-year-old attorney, a senior staffer for a prominent US senator. She and her husband had their first pregnancy and were very excited about it, only to find out in the 21st week that there was a lethal, severe developmental abnormality. They waited until the 23rd week because it was a rare disorder and they did not want to have an abortion unless that rare condition was absolutely confirmed. Another patient was a 13-year-old girl with a very quiet demeanour, which her parents had perceived as model behaviour, but in fact she had an uncle staying with the family who had been sexually molesting her and she had kept quiet about it. It only came to light after he left.

Dr Parker is a lesson in education, empathy and understanding. These examples he has cited are typical circumstances for later abortions. Doctors do not deliver babies and then kill them. The central concept behind that claim is that women will somehow seek out late-term abortions for cavalier reasons and that doctors will perform them, with the indulgence of craven politicians. It is the stuff of fantasy and it shows distrust of both women and our medical system.

There are so many stories, such as that of Lindsey Paradiso of Virginia, who discovered that her foetus had a severe abnormality that was almost certainly lethal but did not want to abort until it was absolutely confirmed. But then, because she had waited, hers was a later abortion—but can you blame her? Or that of Darla Barar of Texas, who was devastated to learn that one of the twin girls she was carrying had a neural tube defect and brain matter was being leached out. That meant that she would be severely disabled, if she was not a vegetable. Ending half the pregnancy of the twin girls meant that the other baby had a better prognosis.

These choices are heartbreaking, but Danielle Deaver had no choice at all. The Nebraska woman was forced to watch her baby choke to death moments after giving birth because of a strict law in her state that banned abortions after 20 weeks. If her doctor had been allowed to induce labour and analyse her condition earlier, she would have learned something that would have helped her have a future healthy birth. Instead, she had to wait out a worsening infection and go through a painful delivery and then the agony of the baby's death.

Another woman facing an unmistakably dire prognosis might not want her baby to suffer and then die, or live in that vegetative state. What sense did it make to put her own health at risk or that of the twin foetus? These are the situations that we are talking about when we talk about the supposedly wanton women who will simply seek abortion on demand. These are the most heartbreaking stories that you will hear in this place, and yet they are such a small number and they are so often silenced. We must stop using them as political pawns and listen to the realities of their experiences.

If we want to prevent late-term abortions, the answer is to provide early, affordable, safe access to abortion wherever possible, along with easy access to contraception, but also to ensure that our laws are not a blunt tool that puts those families in the most precarious and difficult positions, with those terrible choices with the reverse clock that we currently have and the unrealistic boxes that we will place them in. We must let women and their doctors handle it and respect the fact that they are actually going to be more concerned about that foetus than any politician in this place will ever be, than any priest will ever be. Unless it is our body, recognise that it is not our choice.

Like Dr Parker, you might even find that you change your mind when you not only trust women but you listen to their voices. This is a South Australian Abortion Action Coalition bill, not a Greens bill, as I have stated, but as a Greens member of this place I am proud to bring it forward. I am proud that my party has the courage to take on this debate, and I certainly look forward to more members in this place having the courage to listen to the true stories—not to the rhetoric and not to the rubbish that we see put into our letterboxes in the dead of night without any authors—and to start ensuring that this debate is informed by that compassion and understanding and that we move from the shrill voices that have so far dominated the debate. With those words, I commend the bill.

There being a disturbance in the gallery:

The PRESIDENT: Order! Black Rod, remove that man from the gallery.

The Hon. I. PNEVMATIKOS (18:03): Today, I also rise to speak on the Statutes Amendment (Abortion Law Reform) Bill 2018. South Australia has a long proud history of being the most progressive state in the nation, especially when it comes to gender equality. In 1879, South Australia opened the first state secondary school for girls in Australia. In 1881, we were the first to admit women to degrees, and of course in 1895, South Australia was the first Australian colony to grant women the vote and allow women to stand for parliament.

These are achievements that we can rightly be proud of, but I fear we may have lost touch with our progressive and groundbreaking heritage and we are starting to fall behind other states and territories. The way we treat abortion is one example. Interestingly, South Australia was also the first Australian state to liberalise access to abortion through legislation but, according to most experts, our laws now are out of step with modern advances in medicine. We can and should do better.

South Australia's abortion laws were introduced in 1969. They state that South Australian women are only able to access an abortion if they have been examined by two doctors and if they believe there is a risk to the woman's life or that the child would be seriously disabled. This not only means that women are denied the freedom to determine their reproductive choices, it also entails an expensive and unnecessary use of medical resources.

Importantly, it can also contribute to a delay in access where two doctors might not be available. It must be remembered that these laws were introduced at the time to protect women from receiving surgical abortions from unregulated facilities, but with our world-class healthcare system and great advances in medical services and technologies, South Australia is vastly different today from what it was in 1969.

Not only are our laws out of step with medical advances but also with moves from other states and territories to decriminalise abortion. A look at the time line from other jurisdictions shows just how far behind we are lagging. Western Australia decriminalised abortion way back in 1998, the ACT in 2002, Victoria in 2008, Tasmania in 2013, the Northern Territory in 2017 and Queensland took the step in 2018.

That leaves just South Australia and New South Wales as the only two states to include abortion in the criminal code. South Australia has gone from leading the way in such reforms to

seriously being out of step with modern advances and practices. It is commonly recognised that at present South Australia has the most restrictive laws of all the states and territories. We should care about this; after all, it can affect us all.

Statistics show that one in three Australian women will have an abortion in their lifetime, meaning that all of us will likely know someone who has faced this decision. It is also an issue that Australians feel strongly about. Studies conducted have consistently shown that around 80 per cent of Australians support the statement, 'A woman should have the right to choose whether or not she will have an abortion.' Keeping abortion in the criminal code truly appears to be out of touch with the general sentiment of the majority of South Australians.

Abortion should be regulated like other health care. This is important because we know that the best quality abortion care is enabled when abortion is a woman's decision, is available free of cost and is accessible regardless of a woman's location. This brings me to another issue that is very close to my heart, namely the disadvantage faced by women in rural and remote areas when trying to access abortion services.

Advances in medicine and technology mean that under certain circumstances women today can access EMA termination using prescription medication. EMA has been commonly available in Australia since 2013 as an alternative to surgical abortion and it is widely regarded as safe and effective for early pregnancy up to nine weeks. In every other jurisdiction, this treatment can be accessed from GPs or community health centres or by telemedicine.

However, under South Australia's current abortion laws, this is not possible because we have a prescribed hospital requirement. This means that women who qualify for an EMA must still complete two visits to a prescribed hospital 48 hours apart. There is no doubt that this further disadvantages women in regional or rural South Australia and is yet another area where South Australia is clearly lagging behind other jurisdictions.

Once abortion is removed from the criminal code, it will be regulated according to the normal standards and practices that govern all other health services, which include specific clinical guidelines for each area of care. Regulation under health law will help to ensure that patients can be treated promptly and that care is affordable.

This is very much in keeping with the recommendations published by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists in 2016 that clearly states that access to termination of pregnancy should be on the basis of healthcare need and should not be limited by age, socio-economic disadvantage or geographic isolation. The changes proposed in the bill will ensure that South Australian laws correspond to most other jurisdictions as well as no longer disadvantaging certain groups in our society.

Since this bill was introduced, I have met with many groups and stakeholders of all persuasions because I believe it is important to hear all views. I continue to receive phone calls, emails and letters from many groups sharing their feelings about this bill. While I appreciate this input, I wish to make it explicitly clear that I will not be responding any further at this stage until I have received and had the chance to review the South Australian Law Reform Institute report. I am still waiting on further contributions on specifications of the proposed bill. I look forward to considering this matter further when in committee.

Debate adjourned on motion of Hon. I.K. Hunter.

Parliamentary Committees

SOCIAL DEVELOPMENT COMMITTEE: REVIEW OF OPERATION OF MOTOR VEHICLE ACCIDENTS (LIFETIME SUPPORT SCHEME) ACT 2013

Adjourned debate on motion of Hon. D.G.E. Hood:

That the final report of the committee, for the review of the operation of the Motor Vehicle Accidents (Lifetime Support Scheme) Act 2013, be noted.

(Continued from 13 February 2019.)

The Hon. E.S. BOURKE (18:11): I rise to speak on the Social Development Committee's report on the review of the operations of the Motor Vehicle Accidents (Lifetime Support Scheme) Act 2013. As my committee colleague the Hon. Dennis Hood mentioned, the review was significantly underway when I and other members were appointed to the committee under the Fifty-Fourth Parliament. The committee of the previous session of parliament heard the oral evidence, and the current committee had to rely on written submissions as well as *Hansard* from the oral evidence.

In 2011, the Productivity Commission determined that no-fault schemes are better than fault-based schemes for dealing with the care and support of those who suffer catastrophic injuries. The Productivity Commission also found that, across Australia, compulsory third-party insurance premiums were rising, the ratio of compensation dollars going to legal fees was increasing and the amount directly benefiting an injured person was declining.

Between 2000 and 2013, South Australia's premiums had grown at a rate of 5 per cent per annum, more than anywhere else in Australia. If action had not been taken by the previous Labor government, these premiums would have continued to increase. In December 2012, the Council of Australian Governments signed an intergovernmental agreement for the first stage of the NDIS, and all states made a commitment to endeavour to agree on a minimum benchmark for a scheme for no-fault lifetime care and support for people who are catastrophically injured in motor vehicles.

It was the former Labor government that established the Motor Vehicle Accidents (Lifetime Support Scheme) Act to provide a fairer scheme for people injured in a vehicle accident on South Australian roads as well as a cost effective and affordable scheme for all South Australian motorists. Prior to the Motor Vehicle Accidents (Lifetime Support Scheme) Act, which came into effect on 1 July 2014, South Australians catastrophically injured in motor vehicle accidents were covered by CTP, a compulsory third-party, fault-based insurance scheme for people who suffer serious injuries in vehicle accidents.

As CTP is a fault-based scheme, it meant there were people with catastrophic injuries from vehicle accidents who were not covered by CTP. These were people whose injuries were the result of accidents that were entirely the injured person's fault or because no-one was at fault at all. For example, if a person suffered a catastrophic injury as a result of speeding, or if an accident was caused by dust from a regional road, they were not covered by CTP.

Figure-wise, prior to the Lifetime Support Scheme being introduced, it was estimated that 40 per cent of catastrophically injured vehicle accident victims missed out on compensation from the CTP scheme each year. In contrast, the Lifetime Support Scheme, funded through motor vehicle registrations via the motor vehicle registration lifetime support levy, is a no-fault insurance scheme which provides a safety net to those who are catastrophically injured in vehicle accidents.

At times, it was challenging to wade through the evidence which was presented to the previous committee but in doing so it gave me an understanding of some of the day-to-day lives and how the scheme assists those who are injured—like Robert, who spoke about the reassurance of the support he received following his accident, which gave him peace of mind. Robert also mentioned the professionalism of the Lifetime Support Authority and that he had the same case manager, which was quite significant support for him.

The committee of the previous session heard from the Lifetime Support Authority that since the scheme was introduced it has supported over 188 South Australians who have experienced serious injury in a motor vehicle accident on South Australian roads. Of that group, around 60 per cent would not have received the same treatment, care and support if their accidents had occurred prior to the scheme's existence, or if the scheme did not exist at all.

The committee learnt how the Lifetime Support Authority works to ensure that people who have suffered catastrophic injuries receive the treatment, care and support they need, rather than the lump sum which they would have received under the CTP. Overall, the committee heard positive feedback on the Lifetime Support Scheme. Before I conclude, I would like to return to Robert for a moment. When I read the transcript from the Lifetime Support participants' evidence, a particular passage stuck with me. As Robert stated in his submission:

> Whoever thought of the legislation should be congratulated. It's a brilliant concept: funded house modifications, funded specialist services, like physio, social work, computer and OT.

I hope those opposite are discussing who will be looking after this scheme going forward, whether it is the Treasurer, the Minister for Human Services or the Minister for Health. It is a vital service.

The Hon. S.G. Wade: Just quietly, we're going to make that decision; you're on the wrong side.

The Hon. E.S. BOURKE: That is good; just bringing it to your attention.

The PRESIDENT: This is not a debate, minister. It is not a debate.

Members interjecting:

The Hon. E.S. BOURKE: Clearly, I have hit a sore point over there.

Members interjecting:

The PRESIDENT: Order! Ignore them, the Hon. Ms Bourke.

The Hon. E.S. BOURKE: Very, very touchy over there.

Members interjecting:

The PRESIDENT: The Hon. Mr Hunter, you are not assisting me in bringing the government benches to heel.

Members interjecting:

The PRESIDENT: Order! Minister, please. The Hon. Ms Bourke.

The Hon. E.S. BOURKE: Yes, it would be great if that could be resolved because it is a fantastic scheme and it has supported so many South Australians. I would also like to thank the committee's secretary and the research officer for all the amazing work they did, the previous committee members and the current committee members.

Debate adjourned on motion of Hon. I.K. Hunter.

Bills

LABOUR HIRE LICENSING REPEAL BILL

Introduction and First Reading

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

At 18:19 the council adjourned until Thursday 28 February 2019 at 14:15.

Answers to Questions

OVERLAND TRAIN SERVICE

In reply to **the Hon. J.E. HANSON** (4 September 2018).

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment): The Minister for Transport, Infrastructure and Local Government has advised:

1. That he met with Great Southern Rail on 2 October 2018. This involved Mr Chris Tallent, Group Chief Executive of Journey Beyond, and Mr Steve Kernighan, Managing Director of Great Southern Rail.

Following the meeting, the minister has given careful consideration to the request for funding support and discussed the matter with the Victorian government.

In challenging fiscal times, the South Australian government needs to carefully prioritise its funding to maximise benefits for all South Australians.

Unfortunately, due to the relatively low passenger levels for the service, particularly within regional South Australia and availability of other transport options for these regional communities such as coach services, the state government has come to the difficult conclusion that an extension to the current funding agreement is unable to be justified when assessed against other funding priorities.

2. I will take this opportunity to thank Great Southern Rail for its interest and investment in regional rail services in South Australia.

Demand for visitor services and experiences is constantly evolving and, in order to be relevant in a highly competitive market, we must constantly review and adapt our product.

From a tourism perspective, all government investment is weighted against our target of achieving an $8 billion visitor economy by 2020.

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