

LEGISLATIVE COUNCIL

Tuesday, 7 April 2020

The **PRESIDENT (Hon. T.J. Stephens)** took the chair at 11:00 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

LOCAL GOVERNMENT (PUBLIC HEALTH EMERGENCY) AMENDMENT BILL

Assent

His Excellency the Governor assented to the bill.

SUPPLY BILL 2020

Assent

His Excellency the Governor assented to the bill.

PLANNING, DEVELOPMENT AND INFRASTRUCTURE (COMMENCEMENT OF CODE) AMENDMENT BILL

Assent

His Excellency the Governor assented to the bill.

CORONERS (UNDETERMINED NATURAL CAUSES) AMENDMENT BILL

Assent

His Excellency the Governor assented to the bill.

Members

MEMBER, NEW

The President produced a commission from His Excellency the Governor authorising him to administer the oath of allegiance to members of the Legislative Council.

The President produced a letter from the Clerk of the Assembly of Members informing that the Assembly of Members of both houses of parliament had elected Dr Nicola Jane Centofanti to fill the vacancy in the Legislative Council caused by the resignation of the Hon. A.L. McLachlan CSC.

Dr Centofanti, to whom the oath of allegiance was administered by the President, took her seat in the Legislative Council, in place of the Hon. A.L. McLachlan CSC (resigned).

LEGISLATIVE COUNCIL VACANCY

The PRESIDENT (14:21): I lay on the table the minutes of the Assembly of Members of both houses held on 7 April 2020 to fill a vacancy in the Legislative Council caused by the resignation of the Hon. Andrew McLachlan CSC.

Ordered to be published.

Parliamentary Procedure

ANSWERS TABLED

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

PAPERS

The following papers were laid on the table:

By the Treasurer (Hon. R.I. Lucas)—

Regulations under Acts—

District Court Act 1991—Fees

Emergency Management Act 2004—Expiation Notices

Magistrates Court Act 1991—Fees

Passenger Transport Act 1994—

Regular Passenger Services

Small Vehicle

Supreme Court Act 1935—Fees

Rules of Court—

Magistrates Court Act 1991—

Criminal—Amendment No. 81

Criminal—Amendment No. 82

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

SA Grape Growers Industry Fund—Report, 2017-18

Reports, 2018-19—

Adelaide Hills Wine Industry Fund

Apiary Industry Fund

Barossa Wine Industry Fund

Cattle Industry Fund

Citrus Growers Fund

Clare Valley Wine Industry Fund

Eyre Peninsula Grain Growers Rail Fund

Grain Industry Fund

Grain Industry Research and Development Fund

Langhorne Creek Wine Industry Fund

McLaren Vale Wine Industry Fund

Pig Industry Fund

Riverland Wine Industry Fund

SA Grape Growers Industry Fund

Sheep Industry Fund

Regulations under Acts—

Motor Vehicles Act 1959—Simplify and Other Measures

Consent to the Removal of Track Infrastructure – pursuant to s5(6) of the Non-Metropolitan Railways (Transfer) Act 1997—March 2020

By the Minister Human Services (Hon. J.M.A. Lensink)—

Regulations under Acts—

Children and Young People (Safety) Act 2017—Safety—Exemption from Psychological Assessment

Child Safety (Prohibited Persons) Act 2016—Prohibited Persons—Exemption

Disability Services Act 1993—Assessment of Relevant History—Exemptions

Youth Justice Administration Act 2016—Psychological Assessment

By the Minister for Health and Wellbeing (Hon. S.G. Wade)—

Board of the Australian Criminal Intelligence Commission—Report, 2017-18

South Australian Training Advocate 2019

Regulations under Acts—

South Australian Public Health Act 2011—Notifiable and Controlled Notifiable Conditions—CPE

Deputy Coroner's Finding of 14 August 2019 into the Death of Alexander Peter Kuskoff—
SA Health's Response dated February 2020
Government Response to Sixth Report of the Economic and Finance Committee on the
Inquiry into the Economic Contribution of Migration to
South Australia dated April 2020

The PRESIDENT: I lay upon the table the Auditor-General's Report 7 of 2020, Flinders Link project.

STANDING ORDERS SUSPENSION

The Hon. R.I. LUCAS (Treasurer) (14:28): I move:

That standing orders be so far suspended as to enable me to move that leave of absence be granted to the Hon. J.A. Darley, on account of precautionary measures relating to the COVID-19 pandemic, until 8 September 2020.

Motion carried.

Members

MEMBER'S LEAVE

The Hon. R.I. LUCAS (Treasurer) (14:28): I move:

That leave of absence be granted to the Hon. J.A. Darley, on account of precautionary measures relating to the COVID-19 pandemic, until 8 September 2020.

Motion carried.

The PRESIDENT: I note the absolute majority.

Parliamentary Procedure

VISITORS

The PRESIDENT: Before we move on to questions without notice, I acknowledge former President Senator Andrew McLachlan CSC in the gallery and welcome him back to the chamber.

Question Time

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (14:29): My question is to the Minister for Health and Wellbeing regarding public health.

1. Is the minister familiar with the SA Health Viral Respiratory Disease Pandemic Response Plan?
2. Who is responsible for implementing the plan?
3. Which parts of this plan are being implemented by the minister's agencies?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:29): The South Australian Viral Respiratory Disease Pandemic Response Plan (including influenza, COVID-19, SARS and MERS) was endorsed in March 2020. I presume that it is under the direct oversight of the chief executive.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (14:30): Supplementary arising from the brief answer: is the minister himself familiar with this plan?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:30): Yes, I am.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (14:30): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing regarding public health.

Leave granted.

The Hon. K.J. MAHER: The SA Health Viral Respiratory Disease Pandemic Response Plan (including influenza, COVID-19, SARS and MERS) provides a strategic outline for the South Australian government and SA Health's response to a viral respiratory disease pandemic in Australia and describes the high-level decisions and broad approach the government and health sector will take to respond to the pandemic. The plan covers infection control, vaccination, clinics, primary care, borders, and Aboriginal health, amongst other things. Each of these has multiple elements. My question to the minister is: can the minister outline how each of the following are being managed in accordance with the plan:

1. screening procedures in SA Health facilities;
2. implementing earlier-than-planned flu vaccination programs;
3. establishing respiratory clinics; and
4. implementing new triage systems for hospital emergency departments?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:31): I would regard that as a series of questions rather than a single question. Let me pick up one element of that, which is the issue of respiratory clinics. The government is very proud of its responsiveness to the need for COVID-19 testing clinics and respiratory clinics. The second drive-through COVID-19 clinic in the world was established under this government at the Repat site, a site that was only available because this government was elected and was able to tear up the contract of the previous government to sell it. Since then, we have established more than 50 clinics. Six of them are within metropolitan Adelaide; the remainder in country South Australia. A number of those are drive-through facilities. A number of them are walk-in clinics, and many of them are hospital based.

Those clinics are being coordinated with the PHN, both Adelaide and country respiratory clinics. The latest update I have had is that the commonwealth is in the final stages of operationalising three clinics in South Australia. My understanding is that we would be expecting more than that. Certainly, the state government is contributing a significantly larger number of clinics to the pandemic response than the commonwealth. We welcome the commonwealth's contribution, particularly because their clinics are slightly different. First of all, they are GP based and they will also involve an element of ongoing treatment. A person may present not merely for testing and assessment but also for ongoing treatment. We look forward to those clinics being put in place. As the disease progresses, we do expect that there will be more pressure on our EDs and our hospital services, so having those respiratory clinics around the state should be very helpful.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (14:34): Supplementary in relation to the answer about the Viral Respiratory Disease Pandemic Response Plan: is part of that plan for earlier-than-planned flu vaccination programs, and is this part of the plan being implemented?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:34): I should stress that the plan the honourable member is referring to is version 6. It is not new. Version 1 was released in 2017. There have been a number of iterations since then. This latest plan is a refreshing of the framework that already underpins the work of SA Health. It would be fair to say that every major public health event throws up its own unexpected challenges, and I think it would be fair to say that already coronavirus has done exactly that.

We have had to be nimble. Obviously, the timing of the coronavirus pandemic in the Southern Hemisphere is fundamentally different from that in the Northern Hemisphere, and that will raise particular challenges for us. The potential coincidence of the influenza season and the coronavirus peak is a significant concern. That is why the government has been very keen to roll out the influenza program. We have substantial stocks of influenza vaccines in place. We were very proud, the Hon. Michelle Lensink (the Minister for Human Services) and myself, I think it was only two or three weeks ago—I must admit weeks do blur at the current time—to introduce free flu vaccines for homeless people.

This government has shown its commitment to supporting the most vulnerable members of our community. We have not only provided free flu vaccines for vulnerable people but in another part of the Marshall government's strong plan to respond to the pandemic the Hon. Michelle Lensink has

established a program for hotel accommodation of homeless people to deal with that vulnerable group. My understanding is that the most recent number who had taken up that opportunity was around 250, which is great. I appreciate that it's a challenge for many of those people. It is disruptive for them, just as it is disruptive for any of us, but I am grateful that they have taken that opportunity. These are unusual times; we need to do unusual things.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (14:37): Further supplementary in relation to the answer about the Viral Respiratory Disease Pandemic Response Plan version 6.0. Has each hospital prepared, according to the plan, a standard operating procedure for personal protective equipment use and distribution?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:37): I would not necessarily expect to see the PPE usage policies in a pandemic response plan, but the honourable member is correct that a number of our agencies will have pandemic response plans that sit under the SA Health Viral Respiratory Disease Pandemic Response Plan version 6.

In that context, I am particularly reminded that last Sunday, I think it was, the Ambulance Service not only announced more than 100 people joining the Ambulance Service as part of their pandemic response but also released their specific plan for the pandemic, focusing on their business activities. I would expect a lot of my agencies to develop response plans. I wouldn't necessarily expect to see a PPE usage policy inside that plan.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (14:38): Supplementary arising from the original answer and for clarification: does the Viral Respiratory Disease Pandemic Response Plan not require standard operating procedures to be prepared for PPE use and distribution?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:39): The point being: should they be in the plan or should they be prepared?

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (14:39): Supplementary arising from the answer: does the response plan require hospitals to prepare standard operating procedures for their PPE use and distribution?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:39): I would be very surprised if the policy requires them to put their PPE usage plans inside a response plan.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (14:39): Supplementary arising from the original answer: is the minister aware of whether staff screening procedures have been established in all SA Health facilities in line with the response plan?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:39): Would the honourable member mind repeating that question?

The Hon. K.J. MAHER: The supplementary arising from the original answer was: is the minister aware whether staff screening procedures have been established in all SA Health facilities in line with the response plan?

The Hon. S.G. WADE: I am happy to take that question on notice.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (14:40): Supplementary, and this may be one that the minister is not aware of in the response plan and has to take on notice as well: has a new triage system for our hospital emergency departments been established as per the response plan?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:40): We have over 60 hospitals, so I am happy to take on notice that aspect. Let's be clear: ED triaging has

fundamentally changed as a result of this coronavirus pandemic. I am reminded of talking to clinicians who are involved in the Flinders Medical Centre coronavirus response, and they were making the point that there are a lot more people who are seen through the dedicated coronavirus clinics who are diagnosed with other conditions—nothing to do with COVID-19.

So in many respects we have what I suggest are almost parallel EDs: an ED for respiratory conditions (COVID-19 and others) and an ED for people who do not have respiratory conditions, whether that is COVID-19 or others. The triaging is certainly changing, both by design and by default.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (14:41): Final supplementary: how does the SA Health Viral Respiratory Disease Pandemic Response Plan, including influenza, COVID-19, SARS and MERS, version 6.0, interact with the government's action plan for the response the minister referred to during the last sitting week?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:41): I simply need to refer the member back to my previous answer. I explained that the framework interacts with the broader plan, which is—

The Hon. K.J. Maher: Where is that broader plan? What is it?

The Hon. S.G. WADE: I refer the honourable member to my previous answers.

INFLUENZA VACCINATIONS

The Hon. E.S. BOURKE (14:42): My question is to the Minister for Health and Wellbeing regarding public health. Will the minister allow pharmacists to vaccinate people over 65 years of age using the SA Health supply in order to speed up the rollout of the flu vaccine this year, and what is being done to address significant delays in orders for flu vaccinations at GP clinics and pharmacies across South Australia?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:42): The South Australian government regards pharmacies as a critical component of ensuring the health and safety of our community, particularly in difficult times such as we are experiencing in the current COVID-19 pandemic. It is very important for us that we maintain the operation of the clinics, and our awareness of this risk was heightened only in the last week when two South Australian pharmacies were impacted with staff members testing positive for COVID-19.

SA Health staff supported those pharmacies to respond to these challenges in a timely and efficient manner, and I understand that the Pharmacy Guild did likewise. The Chief Pharmacist in South Australia is coordinating regular meetings with South Australian representatives of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Pharmaceutical Registration Authority of South Australia. These are designed to coordinate the COVID-19 response.

These meetings have ensured the sector is up to date with medicines, legislation and policy changes and to ensure, importantly, that feedback and advice from the community pharmacy is available and considered. These meetings are a collaborative forum, and there are ongoing discussions about the role that community pharmacy can play in responding to the pandemic.

In terms of the honourable member's question in relation to expanding the scope of practice of community pharmacies, this government has, if you like, runs on the board in this regard. It was this government that only in the past 12 months allowed pharmacists to provide immunisation for children over the age of 10. It was your government that said that pharmacists could not do it under the age of 16.

This government is the government that has demonstrated its commitment to immunisation by introducing free flu vaccines for children under five. We certainly regard pharmacies as a key element in the health system. It is not an area where we are the primary funder. That is primarily done by the commonwealth government.

In relation to the honourable member's question about the supply of vaccines to pharmacies, I am very concerned about suggestions that there is a distribution problem in relation to vaccine supplies to pharmacists. However, let me be clear: this is not a distribution problem in relation to

government-funded national immunisation program vaccines, this is a problem in relation to privately-funded vaccines.

Of course, that is of concern to us because whether it is privately funded or publicly funded, it does impact on herd immunity. I was discussing this issue only last night. The health ministers had a discussion on exactly this issue. The commonwealth gave an undertaking that it would do what it could to facilitate the private sector distribution—but let's be clear: it's the private sector's distribution.

INFLUENZA VACCINATIONS

The Hon. E.S. BOURKE (14:46): A supplementary arising from the original answer: is the minister confirming that there is a shortage of the flu vaccine?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:46): To be honest with you, I don't have line of sight as to what stocks there are in the private system. In relation to the NIP, I'm not concerned about a shortage.

INFLUENZA VACCINATIONS

The Hon. E.S. BOURKE (14:46): A supplementary arising from the original answer: will the minister be able to answer whether pharmacists will be able to vaccinate people over the age of 65 through their service?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:46): I refer the honourable member to my earlier answer. This is the sort of issue that will be discussed in the group being convened by the Chief Pharmacist.

EXPORT RECOVERY TASKFORCE

The Hon. D.G.E. HOOD (14:47): My question is to the Minister for Trade and Investment. Can the minister update the council about the Export Recovery Taskforce and what role the government is playing in supporting exporters?

The Hon. D.W. RIDGWAY (Minister for Trade and Investment) (14:47): I thank the honourable member for his question and his ongoing interest in some of the really big challenges that face South Australian exporters. As I discussed last sitting week, we were going to establish an Export Recovery Taskforce. It met for the first time on 27 March and it was a chance to hear from, especially, exporters that have been dealt the toughest blow, shall we say, with the cessation of international airfreight. Depending on the time of year, about 48 to 52 international flights a week leave Adelaide Airport and nearly all of them have some fresh produce: seafood, fresh meat, fruit and veg and a whole range of things.

It was good to get the industry representatives together, and there was some good advice. Some of the markets were starting to open up again. There was some demand for lobsters back in China and there were still some orders coming from some of the markets. However, the lack of airfreight capacity out of Adelaide had caused some very understandable delays and disruptions to supply chains. Clearly, road freight and sea freight are pretty much unaffected and some of the airfreight that could go by sea has now gone by sea.

We asked the task force to come together and have a look at the volume they might have so that we could possibly look at the potential for consolidating freight. I think the most important thing, at this time, is that everybody across the industry, whether government, exporters or freight forwarders, will need to work together to keep all parts of the supply chain working smoothly.

This morning we had a second meeting. As members would be well aware, last week the federal government and the federal Minister for Trade, Tourism and Investment, the Hon. Simon Birmingham, announced a \$110 million initiative to help Australian exporters. At today's meeting we had some collation of the actual freight task that we were looking down the barrel at, and it was great to have some advice from Mr Michael Byrne, the National Transportation Coordinator, who is heading up the International Freight Assistance Mechanism.

That was good because Mr Byrne was chief executive of Toll Holdings for 20 years, was on the board of Australia Post and had worked in the horticultural sector as well, so he has a particularly

good understanding of logistics. As he said, he was not looking to get a perfect system but a system that would get freight moving as quickly as possible.

The model the federal government has been talking about is a hub-and-spoke approach with four major departure hubs: Melbourne, Sydney, Brisbane and Perth. South Australian exporters can register their interest through the commonwealth Department of Agriculture's haveyoursay.agriculture.gov.au site because the main focus is supporting our markets in China, Japan, Hong Kong and Singapore, and to a lesser extent the UAE, Europe and the US.

As I said, this morning we had a further briefing from Mr Byrne. One of the big take-outs from that meeting is that there would be opportunities to hub and spoke out of Melbourne. There would be an opportunity, if we could get sufficient volume together, for a plane to originate from South Australia and fly direct to a market. After today's meeting, the sector has gone away. We know roughly the tonnages they can expect over the next three to six months to see whether there is some common interest in trying to charter or get planes to go to various markets, so hopefully the sector will be able to report back to me sometime next week.

It is great to have Mr Byrne in this role because having this national coordination role is particularly important. He also expressed that they have gone out to tender for a national freight forwarder, which I think will close tomorrow or the next day and they should have that freight forwarder in place by the end of the week. Then they will have a panel of five people who will be there for exporters to lodge their applications to get support, whether it is a state government to support a flight on its own with 30-odd tonnes of freight or whether it is individual exporters saying, 'I need to freight it to Melbourne,' they will actually pay this part of the spread differently. They won't pay all of the cost but it will certainly make access a little easier.

I also wanted to say that in these difficult times, I keep shadow minister Zoe Bettison well briefed on what is going on. Also to the members here who aren't part of the opposition, my office remains open and my phone is always on. If you want more information, please don't hesitate to give me a call.

REFUGEES AND ASYLUM SEEKERS

The Hon. M.C. PARNELL (14:51): I seek leave to make a brief explanation before asking the Minister for Human Services a question about support for refugees and asylum seekers during the COVID-19 crisis.

Leave granted.

The Hon. M.C. PARNELL: As part of the state government's COVID-19 response, some very welcome measures are being put in place to look after rough sleepers and other vulnerable groups in society. But one group, however, that is falling through the cracks are refugees and asylum seekers who are living in the community. Nationwide there are about 48,000 people on Bridging Visas, Temporary Protection Visas or Safe Haven Enterprise Visas, and another 24,000 people who arrived in Australia by plane last year who made an application for Permanent Protection Visas. This group may hold different kinds of temporary visas; some will have Bridging Visas, some will have student or other visas.

In total there are more than 61,000 people living in Australia under precarious circumstances. They are overwhelmingly denied social security payments but many have been allowed to work. People in the refugee community in Australia work mainly in industries which have been forced to close so they are now losing their only form of income. Cafes and restaurants are closed, construction works are slowing, and fewer people are out and about so the demand for Uber has dropped.

These people are not entitled to Medicare but, of course, none would be denied help if they contracted COVID-19 or otherwise required emergency hospital care, but most are not eligible for any Centrelink benefits either. What this all means is that many people seeking asylum or refugees will have no safety net. They will be left highly vulnerable and at risk of destitution. They will be reliant on charities which are already inundated with demand.

Whilst many of these failings clearly fall within the remit of the federal government rather than the state government, the reality is that these are people who are living amongst us in South Australia who have fallen through the cracks of the various COVID-19 responses. My question of the

minister is: what steps can the state government take to ensure that refugees and asylum seekers in South Australia are properly looked after during the current public health emergency and beyond?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:54): I thank the honourable member for his question. In these challenging times, it is very important that agencies and service providers are very nimble and are identifying those people living in our community who are falling through the cracks, as he has referred to.

We do have a range of existing food services providers, in terms of Foodbank, Meals on Wheels, OzHarvest, SecondBite and so forth, and there are a range of charities. One that comes to mind is Anglicare, which provides certain services. He is correct in his comments that the federal government is primarily responsible for refugee and settlement services and the funding thereof. Also, the universities have a responsibility for their students.

Clearly, in these challenging times, anybody who finds themselves in need can go to any of these emergency services, particularly for food relief. I am aware that a number of communities themselves are stepping into that area, and not just particularly for people from various multicultural communities but indeed I see all the time in the community that there are organisations—through social media, things like Love Your Neighbour, which is a Facebook group that is providing things to people who need them in their local area, offering to go to the shops and those sorts of things. So there is some level of spontaneous organisation within the community, which is fantastic to see and is one of the silver linings of this challenge that we are going through.

I note that the Prime Minister publicly said the other day that anybody who isn't able to support themselves—I think he's referring to people on particular visas—if they are not able to support themselves in Australia, that he has an expectation that they will return home. I think that, in the short term, support is available through a range of existing service providers. This is one of the areas that I think we are looking at closely, and we need the federal government to step up in terms of its responsibilities. It has done that with the NDIA recipients. On the weekend, it announced that it is providing a direct service, via the supermarkets, to people in the community who are the recipients. It's an ongoing discussion that we are having in terms of how to manage those gaps.

I can assure the honourable member that there are a lot of discussions going on behind the scenes, trying to identify those people who are not receiving existing services. They are the ones who keep me awake at night, if you like. There are a lot of people who are already connected via various networks and are receiving support through them.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (14:57): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing regarding public health.

Leave granted.

The Hon. K.J. MAHER: The minister, earlier in question time, outlined some of the actions under the SA Health Viral Respiratory Disease Pandemic Response Plan, including influenza, COVID-19, SARS and MERS. It is otherwise known as the VRDPR plan. The minister in particular spoke about whether or not hospitals had standard operating procedures for personal protective equipment and whether these are plans that were already in place or whether these are specific plans made under the VRDPR.

My question to the minister is: under the Viral Respiratory Disease Pandemic Response Plan, are personal protective equipment standard operating procedures required amongst the whole of the health system, or is it local health networks or individual hospitals that require these new standard operating procedures? Secondly, are there triggers under the plan the minister referred to in relation to public transport; that is, the partial closure or entire shutdown of public transport under SA Health's Viral Respiratory Disease Pandemic Response Plan?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:59): On page 23 of the South Australian Viral Respiratory Disease Pandemic Response Plan, it is made clear that LHNs are responsible for developing a standard operating procedure for PPE use and distribution. The issue I was highlighting earlier is that any response plan they have for pandemics may not necessarily have

PPE in it. Let's be clear: you need PPE even outside of the context of a pandemic. Normal surgical operations in particular are very resource intensive in relation to PPE.

The honourable member asks: does that mean that there would be specific PPE plans for individual hospitals? That would be a matter for each individual LHN. I can't actually recall an LHN which only has one hospital in it. Some of our country LHNs would have a number of hospitals within them, often quite different entities, so I wouldn't be surprised if the PPE policies were if not differentiated between the units within the LHN perhaps they might even be separate procedures. I would be interested to see.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (15:00): A supplementary arising from the answer about the VRDPR plan: in relation to what the plan says about public transport, are there certain triggers in this health plan that would see a partial closure of public transport, and are there further triggers that would see an entire closure of public transport?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:00): Let's be clear: this health department plan is about the health department's response to a pandemic. All parts of the South Australian government are responding to the pandemic within their own areas of responsibility. In terms of public transport, it reminds me of one of the earliest press conferences I was involved in in relation to the pandemic, which was in relation to the excellent work being done by the Hon. Stephan Knoll in relation to significantly ramping up the cleaning procedures within the bus network.

There has been a significant reduction in public transport usage as a result of the pandemic. A lot of South Australians are choosing to work from home. That has the secondary benefit of supporting the government's efforts towards social distancing. To be frank, when the bus is half empty, it's easier to maintain a 1.5-metre separation.

I suppose in a way I could use the bus as a metaphor for this government's strategy in relation to the coronavirus: first of all, basic personal hygiene. We are urging all South Australians to raise the bar in terms of their personal hygiene. That's what Stephan Knoll has done in introducing a much higher cleaning regime within the buses.

My understanding is, before the leadership of the Hon. Stephan Knoll, we had perhaps weekly cleaning of buses. Not only are we going to much more frequent end of shift cleans under minister Knoll, but there will also be cleaning within the day, cleaning which is particularly targeting the risks of coronavirus. The issue of people touching a handrail or the rail in front of them in the bus or a vertical pole is much more important than whether or not the window is clean.

The other aspect in which minister Knoll is providing leadership is, as I said, in social distancing. Maintaining the bus network, in spite of the fact of a significant drop-off in patronage, supports South Australians to continue to use public transport but to do so in a way which maintains social distancing.

I would like to take the opportunity, and I thank the honourable member for giving me the opportunity, to pay tribute yet again to the strong commitment of South Australians to back the public health advice. People are raising their standards of personal hygiene. They are maintaining social distancing. Even the honourable member himself, in terms of ushering perhaps the new member to her place, was diligent in upholding those principles, and this is important.

Members interjecting:

The Hon. S.G. WADE: This is saving lives. Members of the opposition might chuckle, but simple things save lives, and in a pandemic we are having a significantly better outcome because of measures such as that. In fact, the member might not chuckle so much when she sees the material coming out of the national cabinet, which talks about modelling, which talks about the significant impact social distancing has above and beyond isolation and quarantine. People might get excited about locking people up in quarantine and isolation, but what the modelling shows is it is grassroots community-wide compliance with measures such as social distancing which will be vital to a less negative outcome in the context of a pandemic.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (15:04): Supplementary arising from the original answer: does the SA Health Viral Respiratory Disease Pandemic Response Plan at all contemplate what happens to public transport in the event of various levels of a pandemic?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:05): I would refer the honourable member to page 17 of the plan.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (15:05): Further supplementary to the minister: has the minister read the entirety of the plan?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:05): I have read the plan, yes.

VIRAL RESPIRATORY DISEASE PANDEMIC RESPONSE PLAN

The Hon. K.J. MAHER (Leader of the Opposition) (15:05): Final supplementary: can the minister explain how this plan interacts with other government plans? Is it dependent on any other particular plan or triggers, or is this plan entirely independent of anything else the government does?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:05): Again, you remind me of the Hon. Stephan Knoll welcoming the Hon. Nicola Centofanti—

The Hon. K.J. MAHER: Point of order, Mr President.

The PRESIDENT: Sit down, minister. Point of order.

The Hon. K.J. MAHER: I think everybody takes this very seriously, and you have been very lenient in terms of supplementaries and how questions are answered, but I think sometimes it is straying to things that have absolutely nothing to do with the subject matter at all.

The PRESIDENT: The minister will answer, but I would like a brief answer so we can move on, if we can, minister, please.

The Hon. S.G. WADE: Let me be brief: as the Hon. Stephan Knoll said in welcoming the Hon. Nicola Centofanti, we are a party that has fundamentally different values to your party. You can talk all you like about plans and bureaucracy. We are going to talk about community efforts which lead to better health outcomes in the middle of a pandemic.

CORONAVIRUS

The Hon. J.S. LEE (15:06): My question is to the Minister for Human Services about the South Australian food relief sector. Can the minister please provide an update to the council on how the Marshall Liberal government is supporting the food relief sector to help most vulnerable South Australians in response to COVID-19?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:06): I thank the honourable member for her question. The state government does provide funding to the food relief sector on an ongoing basis. Indeed, Foodbank, which is well known to many honourable members, has received over \$1 million for the last three years, has ongoing funding, as does the Port Pirie FoodHub, which is provided by Uniting Country SA, and as I have mentioned previously today, OzHarvest and SecondBite.

DHS also administers the emergency financial assistance program, which is free, confidential and available to people who are experiencing financial difficulties. It is delivered by multiple agencies across the state and provides people with immediate financial assistance, offered in the form of Foodbank food vouchers or other material assistance. Food security entities also receive funding through a number of other sources, including the commonwealth government, which is investing some \$6 million.

Due to the COVID matters that we are dealing with at the moment, the sector is currently facing significant disruption due to market pressures, such as panic buying and the fact that there are a large number of volunteers in the system who are older. The situation is being monitored daily

to ensure that we continue to support people who are most in need. Most recently we had Human Services staff who supported Foodbank at a number of sites, including packing and stacking and serving customers, and they will continue to monitor this as well as any shortages which might take place at other agencies, such as Meals on Wheels.

We did provide a significant amount of additional funding to these agencies—half a million dollars for the food relief sector, including \$200,000 for Foodbank and \$300,000 for other relief charities, including OzHarvest, SecondBite and Meals on Wheels; \$800,000 to charities to provide emergency relief to vulnerable South Australians, including supermarket and pharmacy vouchers and help with cost-of-living pressures; and \$185,000 to the Salvation Army, which provide the Affordable SA helpline and National Debt Helpline, SA branch.

This is in addition to other strategies, including the \$500 boost for people who are receiving JobSeeker payments and bringing forward the 2021 cost-of-living concession for other eligible recipients to assist those who are particularly struggling through this challenging time. As the Minister for Health has referred to, we do need to be very nimble in these circumstances and looking for gaps for people who are living in our community. There is a range of ongoing committees and meetings that take place on a regular basis within various providers in the sector and in communications with the federal government to make sure that we are covering any gaps.

HAIRDRESSING SALONS

The Hon. F. PANGALLO (15:10): I seek leave to make a brief explanation before asking the Minister for Health and Wellbeing a question about hairdressing salons.

Leave granted.

The Hon. F. PANGALLO: Let me preface my explanation by giving credit where credit is due by commending the state and federal governments on their rapid responses to the pandemic, which I'm sure has been welcomed by the community. The SA Hair and Beauty Industry Association has requested the state and federal governments to immediately close down hairdressing salons across the country to further reduce the risk of exposure and spread of coronavirus. This is because its own member salons are finding it difficult to comply with social distancing requirements, which business and patrons are finding confusing and contradictory.

The association has also reported several incidents of clients flouting self-isolation after returning from overseas, including one client who visited a hairdresser and later tested positive to COVID-19, while other salons are reporting staff being abused and accused of flouting social distancing requirements by passers-by.

My question to the minister is: why hasn't the state government ordered the closure of all hairdressing salons in South Australia; how does the government expect salons to exercise 1.5 metre distancing between salon chairs when hairdressers are required to be centimetres from a client to be able to cut their hair; and do you think the decision by the federal government to allow hairdressers to remain open, after first ordering their closure before doing a complete backflip, yet ordering beauty salons and nail salons to shut down, sends confusing messages to the community?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:12): I thank the honourable member for his question. I think it is a point well made that there is a lot of confusion out there. One of the problems was the nimbleness of the government response, both federal and state. There was a period there—I will have to go back and look at the chronology—where a full week might not have even passed before one set of restrictions was replaced by another set of restrictions. People, quite understandably, were not really sure what they were supposed to be complying with. It is a challenging environment not only for proprietors but also for customers.

With all due respect, I don't think the national cabinet could be accused of a backflip. The advice, as I understand it, from the Australian Health Protection Principal Committee (AHPCC) was, I think, to limit hairdressing sessions to half an hour and it was the national cabinet's decision to extend that to two hours, I seem to recall. I wouldn't describe it as a backflip, but rather a revision of the national cabinet decision.

I appreciate that there is plenty of community debate about some of the decisions that national cabinet has made. For example, why can a playground operate inside a school and not

outside a school? No matter whether it's a decision made under normal processes of government or by, shall we say, the expedited processes of the national cabinet, there will always be debatable matters.

I know it's challenging for a society that is used to orderly consideration of proposals and the right to challenge and amend them—that's why we're here. I know it's challenging culturally in terms of the public debate that there is actually no debate. The State Coordinator makes these decisions and they are under the emergency management legislation put in place by this parliament. The expedited processes of a major emergency mean that the normal processes of debate and consideration are not available.

So not only is there confusion about what is in place—and we do our best to try to provide information to people to make clear what the expectations are—but I think there's also frustration because people don't have the normal avenues to debate and shape legislation. I hope that South Australians are feeling more at ease now that we are seeing tangible benefit from the restrictions that have been put in place and, to be frank, by their compliance with them. These measures could not have achieved the public health outcome that they have if they relied on police enforcement to make them work.

We need well over 90 per cent compliance with these measures for them to have a public health impact. In relation to the business enforcement activity and in relation to the personal enforcement activity, compliance levels have been in the high nineties. That isn't achieved by a police enforcement mechanism, it's achieved by a community working together, pulling together in the face of a pandemic to deliver a shared outcome.

I know that a lot of young Australians—and I know that we discussed this in the chamber last time we met—would feel relatively unthreatened by coronavirus because they hear that older Australians are more vulnerable to it. But since we last met, there have been tragic cases of young people also dying from this disease and I think that in that high nineties compliance you have an awful lot of younger Australians who are saying, 'I may not be doing it for me, but I am doing it for my family, I'm doing it for my grandparents, I'm doing it for the more vulnerable members in my community.'

I would like to take that as a link to the honourable member's statement about members of the community abusing hairdressers when they continue to go about their lawful business. This is not a situation where people should see themselves as some sort of deputy sheriff running around enforcing what they think is good public health advice. The AHPPC and the national cabinet are laying down a very clear strategy to maximise public health. It is having tangible benefits. I would encourage South Australians to back those efforts by complying and avoiding the temptation for becoming enforcement officers themselves.

CORONAVIRUS

The Hon. E.S. BOURKE (15:17): Supplementary arising from the original answer: can the minister outline how the government's message is communicated to industries, from health services to small businesses, impacted by the government's changes in regard to COVID-19?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:17): I think the best site in this regard is actually the commonwealth department's website. The Australian government has a very detailed website with a series of information sheets on how these restrictions should be applied. Of course, there is also information on our own government's website. The Premier's department has established an excellent whole-of-government website to not only keep South Australians up to date on the progress of the pandemic in South Australia but also to provide them with information about the restrictions, particularly the South Australian restrictions, the ones put in place by the State Coordinator to implement the decisions in the national cabinet in the South Australian context.

I would certainly encourage the honourable member to use both the commonwealth Department of Health website and the South Australian Department of the Premier and Cabinet website and the SA Health website as very useful doorways into a treasure trove of information.

CORONAVIRUS

The Hon. K.J. MAHER (Leader of the Opposition) (15:18): My question is to the Minister for Health and Wellbeing. Can the minister explain how doctors, nurses and paramedics who are treating COVID-19 patients and who contract COVID-19 themselves can access workers compensation if they need to take time off work or incur medical costs? Have any groups representing public health workers raised these issues with the Minister for Health and Wellbeing? Are the Minister for Health and Wellbeing's agencies doing anything specifically to address any concerns?

The Hon. R.I. LUCAS (Treasurer) (15:19): As the minister responsible for workers compensation issues, a number of groups have raised issues in relation to workers compensation, because, I think, last week the Labor Party announced that they were going to introduce legislation that has caused considerable alarm across the business community in South—

The Hon. K.J. Maher interjecting:

The Hon. R.I. LUCAS: I am just saying that where the groups have raised issues, because that particular bill, as I understood it, included some public sector workers but also—

The Hon. K.J. Maher: The question wasn't about the bill. It was about hospital workers.

The PRESIDENT: Order!

The Hon. R.I. LUCAS: I will answer the question, Mr President. It was in relation to workers compensation.

The Hon. K.J. MAHER: Point of order.

The PRESIDENT: Sit down, please, Treasurer.

The Hon. K.J. MAHER: Relevancy: this wasn't about any particular bill or businesses. This was a very specific question about public health workers.

The PRESIDENT: However, the Treasurer can answer the question as he sees fit. Treasurer.

The Hon. R.I. LUCAS: I can understand why the member wouldn't like me to—

The Hon. K.J. Maher interjecting:

The PRESIDENT: Order!

The Hon. R.I. LUCAS: —highlight some of the issues that have been raised publicly in relation to the Labor Party's announced position on workers compensation in relation to COVID-19 as it relates to both public sector and private sector workers. There is one bill that the Labor Party has indicated that covers—traverses—both public sector workers and private sector workers. I have been contacted by a significant number of people in relation to the implications of that for business and industry. I won't spend too much time during this question time in relation to that, because there will be other opportunities to indicate publicly the concern that has been raised in the business community and in the private sector about those aspects of the bill.

As it relates to the public sector—and it's not just nurses, obviously; it's other members of the public sector—the position is that this issue having been raised by the opposition, I have sought advice from ReturnToWorkSA and from Treasury in relation to how we manage workers compensation issues. Whilst it is in the very early stages, so far no evidence has been provided to me, as the responsible minister, of major concerns with workers compensation for nurses and other public servants in relation to the treatment of workers compensation issues for COVID-19.

As this debate continues, I would welcome receiving evidence from the Police Association or the teachers union or the nurses federation about any deficiencies, as they might see it, in the current treatment and claims in relation to workers compensation for COVID-19. As I said, thus far I have not been provided with evidence that there are particular issues in relation to the way the issues are being managed at the moment.

In terms of the public sector, in relation to looking after people who are either socially isolating because they are being tested and they have to be socially isolated or, for example, who have COVID-19, the government's provisions in relation to treatment of its public sector workers are extraordinarily generous compared to the private sector. Indeed, there are some in the unions in the private sector urging employers to follow some of the provisions that we have made for public sector workers in relation to issues related to COVID-19.

In terms of whether the government would amend legislation, we have said that at this stage we haven't seen an argument to convince us to do that. There is considerable concern about what the potential cost might be in relation to that. We also need to see what evidence there might be in relation to whether there are any deficiencies in the way the workers compensation scheme treats people. Thirdly, as it relates to the Return to Work scheme, in the discussions I have had, it would seem sensible to take actuarial advice as to what the implications might be in relation to any change along the lines that have been flagged by the Labor Party and, indeed, others.

All that seems very sensible to me as the minister responsible, and I would propose to follow that particular course if the debate was to continue, that is, to ensure that we had actuarial advice. Ultimately, the cost of any particular additional benefits, if additional benefits are to be provided to workers compensation, has to be paid by somebody, and those particular groups or individuals need to be aware of what the potential costs might be, should the parliament move down a particular path or not.

However, the precursor to that is that there should be evidence to indicate what the problems are with the current scheme and the current arrangements and how it might be. I guess if the position the Labor Party or others were to move towards, that is, that it not be all encompassing, as they indicated they were going to do last week, and limited to just one or two categories, how you then limit it to those one or two categories.

We saw in relation to the workers compensation scheme changes a year or two ago, which related originally just to police officers, and which, through a series of negotiations, enterprise agreements and other changes, under the former government was extended from not just police officers but to a whole variety of other employment groups, because people said that if it is good enough for police officers to have this protection then why shouldn't everybody else.

So the question would be for the opposition, if they say just provide additional benefits for nurses, for example, why wouldn't you provide it for doctors, why not teachers, why not police, why not correctional services officers, why not officers who work in residential care facilities? There is a whole variety of public sector officers who would say why should an additional benefit be provided just to nurses, as important as they are? Our public sector workers who work with people with disabilities and a whole variety of other groups—prisoners, etc.—are nevertheless doing very important public sector work as well.

The issue is how you distinguish one particular employment category from the others. All of those issues are very difficult and it is one of those issues on which the parliament, in our view, should take advice before it moves pre-emptively too quickly down a particular path.

CORONAVIRUS

The Hon. K.J. MAHER (Leader of the Opposition) (15:26): Supplementary arising from the answer: could a nurse contracting COVID-19 already fall into one of the, I think it is, 23 categories where the presumption of evidence is in favour rather than against it being contracted at work that is already in schedule 2 of the act?

The Hon. R.I. LUCAS (Treasurer) (15:27): I am surprised the Leader of the Opposition, as a lawyer, doesn't know the answer to his own question. Have a look at the legislation: it would have been pretty clear I would have thought that, unless it refers to COVID-19 (and it clearly does not), then it would not.

CORONAVIRUS

The Hon. J.S.L. DAWKINS (15:27): My question is to the Minister for Health and Wellbeing. Will the minister update the council on initiatives to support health staff?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:27): I thank the honourable member for his question. Every South Australian should be in no doubt as to the significance of the challenge presented by COVID-19, not only in terms of public health but also in terms of the impact on our health system and the impact on our society and economy. This burden will be carried by everyone in South Australia, and that is why the Marshall Liberal government has a strong plan to respond to the range of impacts of the pandemic.

What we have witnessed overseas is that, as the front-line response to a pandemic, our doctors, nurses, paramedics, ambulance officers and allied health professionals will bear the brunt of the pandemic as it rolls out in South Australia. Their skill, dedication and hard work to protect and care for South Australians is literally the foundation of the response to the pandemic in South Australia and is the key mantle of safety for our community.

The pandemic will increase pressure on our staff, and I want to thank them for what they have already done in our hospitals and right across the health system. Not only are they already responding to COVID cases through clinics, treatment and home nursing, but they are also in extraordinary times continuing to maintain every day the health care that South Australians need across all of the other domains of their health.

In particular I would like to thank SA Pathology for its role in this response. With over 33,000 tests performed, SA Pathology has put South Australia in the forefront of the world in testing per capita. The government recognises the pressure on staff and one step we have taken to support our clinicians is the provision of hotel rooms for staff who are in direct contact with COVID-19 patients. This initiative will give staff peace of mind that they will not be putting their families at risk as they seek to serve our community. It will also provide a place for staff to recharge when they are not on duty. SA Health is working with several providers, in terms of providing these services, and any provider interested in joining the process can go to the SA Health tenders website.

South Australia has been at the cutting edge in responding to the COVID-19 pandemic. South Australia introduced drive-through clinic centres to Australia, with other states following, and now both Victoria and New South Wales have announced programs for staff accommodation following this government's announcement. We are determined to support our staff during this pandemic and beyond. Securing accommodation for our at-risk staff is a clear demonstration of that commitment. We care for those who care for us.

Parliamentary Procedure

STANDING ORDERS SUSPENSION

The Hon. R.I. LUCAS (Treasurer) (15:30): I move:

That standing orders be so far suspended as to enable me to move motions without notice concerning the substitution of members on select committees on poverty in South Australia, health services in South Australia, matters relating to SA Pathology and SA Medical Imaging, the findings of the Murray-Darling Royal Commission and Productivity Commission as they relate to the decisions of the South Australian government, and the Budget and Finance Committee.

Motion carried.

The PRESIDENT: I note the absolute majority.

Parliamentary Committees

SELECT COMMITTEE ON POVERTY IN SOUTH AUSTRALIA

The Hon. R.I. LUCAS (Treasurer) (15:31): I move, with pleasure:

That the Hon. N.J. Centofanti be appointed to the committee in place of the Minister for Human Services (resigned).

Motion carried.

SELECT COMMITTEE ON HEALTH SERVICES IN SOUTH AUSTRALIA

The Hon. R.I. LUCAS (Treasurer) (15:31): I move:

That the Hon. N.J. Centofanti be appointed to the committee in place of the Hon. J.S.L. Dawkins (resigned).

Motion carried.

SELECT COMMITTEE ON MATTERS RELATING TO SA PATHOLOGY AND SA MEDICAL IMAGING

The Hon. R.I. LUCAS (Treasurer) (15:31): I move:

That the Hon. N.J. Centofanti be appointed to the committee in place of the Hon. J.S.L. Dawkins (resigned).

Motion carried.

SELECT COMMITTEE ON FINDINGS OF THE MURRAY-DARLING BASIN ROYAL COMMISSION AND PRODUCTIVITY COMMISSION AS THEY RELATE TO THE DECISIONS OF THE SOUTH AUSTRALIAN GOVERNMENT

The Hon. R.I. LUCAS (Treasurer) (15:32): I move:

That the Hon. N.J. Centofanti be appointed to the committee in place of the Minister for Human Services (resigned).

Motion carried.

BUDGET AND FINANCE COMMITTEE

The Hon. R.I. LUCAS (Treasurer) (15:32): I move:

That the Hon. N.J. Centofanti be appointed to the committee in place of the Hon. D.G.E. Hood (resigned).

Motion carried.

Parliamentary Procedure

STANDING ORDERS SUSPENSION

The Hon. R.I. LUCAS (Treasurer) (15:32): I move:

That standing orders be so far suspended as to enable me to move a motion without notice concerning the appointment of members to the Environment, Resources and Development Committee, the Legislative Review Committee, the Statutory Authorities Review Committee, the Occupational Safety, Rehabilitation and Compensation Committee, the Statutory Officers Committee, and the Natural Resources Committee.

Motion carried.

The PRESIDENT: I note the absolute majority.

Parliamentary Committees

ENVIRONMENT, RESOURCES AND DEVELOPMENT COMMITTEE

The Hon. R.I. LUCAS (Treasurer) (15:33): I move:

That pursuant to section 21(3) of the Parliamentary Committees Act 1991 the Hon. D.G.E. Hood be appointed to the committee in place of the Hon. J.S.L. Dawkins (resigned).

Motion carried.

LEGISLATIVE REVIEW COMMITTEE

The Hon. R.I. LUCAS (Treasurer) (15:33): I move:

That pursuant to section 21(3) of the Parliamentary Committees Act 1991 the Hon. N.J. Centofanti be appointed to the committee in place of the Hon. D.G.E. Hood (resigned).

Motion carried.

STATUTORY AUTHORITIES REVIEW COMMITTEE

The Hon. R.I. LUCAS (Treasurer) (15:33): I move:

That pursuant to section 21(3) of the Parliamentary Committees Act 1991 the Hon. N.J. Centofanti be appointed to the committee in place of the Hon. T.J. Stephens (resigned).

Motion carried.

PARLIAMENTARY COMMITTEE ON OCCUPATIONAL SAFETY, REHABILITATION AND COMPENSATION

The Hon. R.I. LUCAS (Treasurer) (15:34): I move:

That pursuant to section 21(3) of the Parliamentary Committees Act 1991 the Hon. N.J. Centofanti be appointed to the committee in place of the Hon. J.S.L. Dawkins (resigned).

Motion carried.

STATUTORY OFFICERS COMMITTEE

The Hon. R.I. LUCAS (Treasurer) (15:34): I move:

That pursuant to section 21(3) of the Parliamentary Committees Act 1991 the Hon. T.J. Stephens be appointed to the committee in place of the Hon. J.S.L. Dawkins (resigned).

Motion carried.

NATURAL RESOURCES COMMITTEE

The Hon. R.I. LUCAS (Treasurer) (15:34): I move:

That pursuant to section 21(3) of the Parliamentary Committees Act 1991, the Hon. N.J. Centofanti be appointed to the committee in place of the Hon. D.G.E. Hood (resigned).

Motion carried.

*Parliamentary Procedure***STANDING ORDERS SUSPENSION**

The Hon. R.I. LUCAS (Treasurer) (15:36): I move:

That standing orders be so far suspended as to enable me to move that the order made on Wednesday 25 March 2020 for Notice of Motion: Private Business No. 7 to be an order of the day for Wednesday 8 April 2020 be discharged and for this order of the day to be taken into consideration forthwith.

Motion carried.

SITTINGS AND BUSINESS

The Hon. R.I. LUCAS (Treasurer) (15:36): I move:

That the order made on Wednesday 25 March 2020 for Notice of Motion: Private Business No. 7 to be an order of the day for Wednesday 8 April 2020 be discharged and for this order of the day to be taken into consideration forthwith.

Motion carried.

*Parliamentary Committees***STATUTORY AUTHORITIES REVIEW COMMITTEE: REPORT 2018-19**

The Hon. D.G.E. HOOD (15:37): I move:

That the 2018-19 annual report of the committee be noted.

As members would be aware, the Statutory Authorities Review Committee is a parliamentary standing committee whose five members are drawn solely from the Legislative Council. It was established back in 1994 to make the operations of statutory authorities more open to detailed scrutiny. On behalf of the committee I am pleased to present its 72nd report, the Annual Report of the Statutory Authorities Review Committee 2018-19. It provides a summary of the committee's activities for that year.

During 2018-19, the committee met on 14 occasions. It focused its work on two new inquiries, one on the State Procurement Board and the other on the State Courts Administration Council, with particular reference to the Sheriff's Office. In September 2018, the committee resolved to inquire into the State Procurement Board. Under its terms of reference, the inquiry focused on the scope of the State Procurement Act 2004, the current state procurement process and practices, and small and medium-sized business participation within government procurement in general.

The committee's report for the inquiry was tabled and noted in the Legislative Council in September last year. In February 2019, the committee resolved to inquire into the State Courts Administration Council, with particular reference to the Sheriff's Office. Under its terms of reference, the inquiry is focusing on the operation's effectiveness and employment practices of the Sheriff's Office, with an emphasis on the management of allegations of bullying and harassment in the workplace. That inquiry is ongoing.

Last month, you would no doubt recall that the Hon. Terry Stephens stepped down as presiding member of the committee. On behalf of the committee, I thank him for his work as presiding member since May 2018. The Hon. Justin Hanson, the Hon. Frank Pangallo and the Hon. Irene Pnevmatikos continued as committee members in 2018-19 and I thank them for their contribution to the committee throughout that year. I also wish to thank the committee staff members for their service during the year. It is a productive committee and one on which I enjoy being the Chair.

Motion carried.

The Hon. R.I. LUCAS: Mr President, I draw your attention to the state of the council.

A quorum having been formed:

Bills

STATUTES AMENDMENT (FREE MENSTRUAL HYGIENE PRODUCTS PILOT PROGRAM) BILL

Standing Orders Suspension

The Hon. R.I. LUCAS (Treasurer) (15:41): I move:

That standing orders be so far suspended as to enable the Hon. C. Bonaros to introduce a bill forthwith.

Motion carried.

Introduction and First Reading

The Hon. C. BONAROS (15:42): Obtained leave and introduced a bill for an act to amend the Education Act 1972 and the Education and Children's Services Act 2019. Read a first time.

Second Reading

The Hon. C. BONAROS (15:42): I move:

That this bill be now read a second time.

It gives me great pleasure to reintroduce the Statutes Amendment (Free Menstrual Hygiene Products Pilot Program) Bill 2020, together with my parliamentary Labor colleague the Hon. Irene Pnevmatikos. The bill allows for a trial of dispensing machines providing free menstrual hygiene products in South Australian government schools. I am extremely proud of the work that we have done, together with the Hon. Irene Pnevmatikos, on this most important issue, which I am sure she will speak to shortly as well.

Unfortunately, to date the government's response to the bill, or to any proposal for a rollout of free menstrual hygiene products across our schools, has been utterly disappointing. I was hopeful, after the last sitting late last year, based on discussions at the time with the minister, that we might see an announcement by the government, but that announcement did not come. I was hopeful again at the beginning of this year, when we sat again, that we would hear an announcement from the Minister for Education about a rollout of a scheme, but sadly there has been absolutely zero from the government in relation to this most important issue.

In fact, the last noted correspondence or discussions that I have had with the government have been ones that have repeated the message that it is satisfied with the current piecemeal arrangements operating in our schools with respect to the provision of pads and tampons, and that seems to suggest that there is absolutely no interest in securing free menstrual products in government schools. It is utterly disappointing because our students deserve more support, respect and dignity than the response they have received so far.

I will note, on that basis, that it is not just the opposition and SA-Best calling for a program that provides menstrual hygiene products. The Commissioner for Children and Young People has prepared a report, which has been provided to the government, which I will detail soon during this speech, outlining the same request. She has a petition on her website.

From time to time, she initiates petitions on particular issues, seeking support from members of the community. Those petitions are then presented to the relevant decision-makers and community leaders to encourage them to consider taking the actions proposed. In this instance, it has been suggested that, if you are aged 13 years or older, you are invited to sign a petition with the aim of ending period poverty. The commissioner's website states:

Please help us to achieve our goal of reaching 5,000 signatures by sharing the campaign with your friends and family before 28 May, 2020. #endperiodpoverty...

In South Australia there are girls who cannot afford to buy sanitary hygiene products. Commonly referred to as 'period poverty' this impacts on the capacity of the girls affected to attend their school, sporting and social commitments.

Period poverty also causes girls to feel shame for being dependent on others to supply essential hygiene items, forcing them to use inadequate alternatives that include socks, tissues and toilet paper.

No girl should have to worry about how they are going to manage their period. Every girl has the right to access feminine hygiene products.

To address this inequity, the Commissioner for Children and Young People, Helen Connolly, is calling upon government, the feminine hygiene industry, and community stakeholders, including schools, community groups, sporting clubs and public and private hospitals and universities, to work together to end period poverty permanently in South Australia. An accessible, non-stigmatising supply and distribution scheme for a range of free hygiene and sanitary products that will reach South Australian girls in regional and metropolitan locations who cannot afford to purchase these essential items themselves, must be devised as a priority and be put in place ideally before International Menstrual Hygiene Day on 28 May, 2021.

I think that quote and petition sums things up very neatly. We have the commissioner, again, who has prepared a report that has been submitted to the government calling for some assistance to end period poverty in our schools and amongst our young girls and young women. That 2019 report of the Commissioner for Children and Young People was labelled Leave No One Behind. As previously noted by me in this place, it documents a series of discussions and conversations the commissioner had with children and young people who explained to her what living in poverty is like for them and what they think needs to be done to address the impact of it right now.

From December 2018 to June 2019, the commissioner consulted with more than 1,400 South Australian children and young people aged 12 to 22 via workshops, focus groups, a poverty survey and a poverty summit. It included a number who have a lived experience of poverty, with the remainder drawing on their observations of those in their schools and the broader community who say they live with the impact of poverty daily.

Poverty is real in South Australia and across the country more broadly. The inequity that exists between rich and poor continues to grow in this country. In 2018, SACOSS reported more than 60,660 South Australian households living below the poverty line. That represents 9 per cent of all households, or 131,945 South Australians, 22,350 of whom are children and young people aged under 18. That is what the commissioner had to say in her report with respect to the lived experience of children and young people not able to freely access hygiene and sanitary products. She said in her report:

Participants told us about the impact not being able to afford hygiene products such as deodorant, toothpaste and soap has on young men and women. They commented on how being poor impacts 'whether or not you bathe well and get the right amount of care for your body'...For young women 'period poverty' was a real issue raised in a number of groups. Girls told us about missing school because they couldn't afford sanitary products. A number of girls spoke about the products being available at school, but that the process of accessing them was embarrassing and required quite a lot of self-disclosure which many were not comfortable to provide...

'For a lot of females in poverty, menstrual products are inaccessible.'...

A young person also talked about how hygiene needed to be 'role modelled', explaining that if you are not taught how to take proper care of yourself then it is difficult to know what to do, or what and how to ask for help. We learnt that for some families because good hygiene is not achievable, it is therefore not taught.

I find it heartbreaking that there are children and young people in South Australia who do not have access to such basic items that the rest of us take for granted.

I say again, as I said when this bill was first introduced by my colleague and I, just imagine the indignity for a teenage girl of having to go to the school office when she is menstruating to ask for a pad or a tampon, because that is the only way they will be made available in emergency cases by schools. Just imagine having to disclose such personal information about yourself—that you are bleeding and in need of a tampon—to whoever it is that you happen to be confronted with at the office, whether that be a man or a woman. It would be embarrassing to all of us, and it just should not be happening.

The current regime of accessing pads and tampons in our schools is woefully inadequate and has to change. The issue is one of access and my fear is that the minister and the government have not understood that key point: that this is one of access. In her report the commissioner made the following recommendation, that the:

Government, Feminine Hygiene Industry, and community partners expand the current piecemeal provisions of sanitary product support and develop a free, accessible and non-stigmatising supply and distribution scheme for a range of hygiene and sanitary products.

As I understand it, there has not been a response yet to this report—and I stand to be corrected if that is not the case, but that is certainly my understanding. I have already outlined, again, the government's position to my questioning on this issue in the chamber as being woefully out of date and dismissive of our young girls attending schools in South Australia.

I previously noted that I had met with the commissioner, after her report was published, regarding the viability of the current process and also the appropriateness of those arrangements in schools in terms of accessing sanitary products. I note that just recently the commissioner made further public comments regarding the same.

Given that we are reintroducing the bill, I think it is important to place on the record again that during the discussion I had with the commissioner she advised that her office had undertaken a test to see what schools were doing in practice. They contacted 24 schools. The commissioner confirmed that most schools provide products upon request, but these have to be dispensed, as I said, by an adult staff member.

Staff also reported that the availability of products is not readily promoted or publicised by schools and that the arrangements are, at most if not all schools, ad hoc in nature. Teachers have reported that they purchase sanitary products out of their own pay packets to ensure that students who need them are provided with sanitary products. It is appalling that students do not even know what the current process is to obtain a tampon or a pad at a school and the arrangements across schools are not consistent.

It is a piecemeal process that is offered, one that smacks in the face of ensuring accessibility, affordability and availability in a non-stigmatised environment, and, of course, a very important consideration in this context to all cultural groups. The need for these products is no different from the need for toilet paper. They should be universally available without exception.

The issue of toilet paper is one that we have heard a lot about recently. During the COVID-19 pandemic we have all probably experienced the mad rush to the supermarkets to try to get your hands on toilet paper, which has been very sparsely available. We know what it is like for that to be in short supply in our supermarkets. The prospect of having to use the bathroom without toilet paper has hit home and hit home hard for many of us who have been unable to purchase such a vital commodity.

As I said before, just imagine if schools did not provide toilet paper. As I said before, just imagine if our male students were forced to trot down to the office, find a staff member and request toilet paper when they used a toilet as opposed to a urinal, because that is precisely what we are asking young women, living in poverty, to do each and every time they have their menstrual cycle and do not have access to menstrual hygiene products.

Menstrual hygiene products are essential in schools, the same way toilet paper is. They should be budgeted for the same way as toilet paper and soap. I have called on the Premier to step

in and take the lead on this crucial issue because so far, unfortunately, the education minister has failed to do so. He would like us to believe that the current system in our schools is sufficient.

The commissioner's report clearly indicates that that is not the case. It clearly indicates that there is an urgent need to end period poverty amongst young girls, particularly in our schools. It can and does have significant and life-changing impacts on a young woman's life by adversely impacting her participation in a range of school activities or missing out on school altogether.

Young girls and women should be able to manage their menstruation hygienically with confidence, with dignity and without stigma, regardless of their personal and/or financial circumstances and, of course, the personal and/or financial circumstances of their families. It should be the unanimous agreement of this parliament that it is totally unacceptable that any girl—in fact, I would go further and say any girl or woman—in Australia is unable to access sanitary items due entirely to their financial circumstances or because they are at school.

It is imperative that we find ways of making menstrual hygiene products accessible to those young girls and women who would not otherwise have access to them and that the government assist in the facilitation of such access. The opposition and SA-Best have indicated their overwhelming willingness to the government to work on a proposal that could be accepted by everybody in this parliament. I think this bill is indicative of our continued efforts to reach an agreement with the government whereby all of our schools are placed on an even playing field and all young girls have access to the products they need.

If successful, the effect of the bill would be to establish a pilot program for free menstrual hygiene products, including the rollout of dispensing machines across government schools, as specified by the minister. The reason it is important to go down this path is for those reasons that I have already articulated and that is that it is not appropriate, it is not okay, to expect young girls to have to go and ask somebody else for one of these products.

We know that there are organisations that have said that they are willing to assist, and that this will not cost the government; in fact, it will not cost the government a cent if we go down the path of taking up the offer to install existing dispensing machines in schools by organisations that are backed by the producers of sanitary products and some of our major supermarkets. The machines would be GPS tracked so that when they run out of products they can be refilled and made accessible at each and every one of our schools throughout the state.

The bill goes on to provide that the pilot program will commence within six months of the bill's passage and will run for six months. The Commissioner for Children and Young People will then prepare a report on the pilot to be provided to the minister and tabled in parliament within six days after receipt of the report. I note that both the Education Act and the Education and Children's Services Act have been amended in this bill, a reflection of the fact that the latter act has yet to commence, I believe.

As we all know, the Victorian Labor government announced a world-first program to provide students in every government school in that state access to free pads and tampons. That has been deemed as a great success and is being rolled out more widely. I think it is important to note the Victorian example because the Victorian government did not need legislation to pass that initiative, and this government does not need legislation to pass this initiative, but in this instance we have seen that the government has failed to take action in and of itself and so that is the reason why this bill is once again being introduced in this parliament.

I think it is important to also make mention of the Scottish government's proposal, which I did last year but I will do again now. In 2017, it announced that it would distribute free menstrual hygiene products to those in low income households, as part of a six-month pilot program in Aberdeen. That program, which was launched by the Scottish Cabinet Secretary for Communities, Social Security and Equalities, Angela Constance, made those products easily accessible to those who needed them but could not afford them. They were funded by the Scottish government and provided for free at selected locations, such as schools, shelters and food banks. At the time, it was the first program of its kind in the UK and was expected to help approximately 1,000 women and girls in its six-month trial.

The Scottish government recognised that its policies in this area had fallen short of what was needed to even begin to tackle period poverty. The trial's outstanding success saw an expansion of the project in May last year before the government dedicated £5.2 million to offer free products to all pupils in Scotland in August 2018. In January of last year, the Scottish government committed a further £4 million to tackle period poverty, making free sanitary products available in more public places. The funding is given to councils, which work with other organisations to meet local needs.

Since that time, and in fact at the beginning of this year, Scotland has become the first country in the world to attempt to end period poverty full stop by providing sanitary products to every young woman and girl in need of them across the country. While free menstrual products were already made available under the provisions that I have just spelled out, including in schools and universities and colleges, the Scottish government has seen fit to pass laws to make those products free across the board, across the entire country, for all young girls and all women.

The bill passed the Scottish parliament with 112 votes in favour, none against and one abstention. There are, of course, expected to be some hurdles, because that was a mammoth, I think, effort made by the Scottish government, but at the end of the day it was deemed that none of those hurdles were not able to be overcome. The Scottish government has said, 'Look, we know this is going to cost some money, we know that there are going to be challenges, but this can be done.' They voted unanimously in favour of that proposal.

We have a country, on the one hand, that has managed to provide sanitary products across the board for all young girls in need of them, for all women in need of them, and yet here in South Australia we have struggled to roll out a package that sees sanitary products made available to young girls in our schools.

I think it is somewhat regrettable that we have been forced to drag the government to the table on this issue again via legislation because it has not had the tenacity to do what Victoria has done, what other jurisdictions have done, what Scotland has done. I know that the Hon. Irene Pnevmatikos and I are certainly not alone when it comes to this. *The Advertiser* has reported that teachers and parents are also demanding that the state government provide free pads and tampons from dispensing machines in schools, and in a survey that they undertook after we raised this issue last year, about 80 per cent of 1,362 respondents absolutely agreed that such a program should be rolled out. It is a program that the Australian Education Union also supports. It is a no-brainer.

I will just make mention again of the work that I have done with Share the Dignity. That is the organisation that I referred to earlier, which rolls out dispensing machines in various locations throughout the state. There are a couple of trial ones in schools. We have advocated for them in terms of getting them into our public hospitals, and I am grateful for the Minister for Health and Wellbeing's assistance in relation to opening the doors for us in terms of having those discussions. I remain hopeful that those hospitals that have indicated that they are eager to get these machines will be able to do so, because as I said before, the program that Share the Dignity runs comes at absolutely no cost to the government.

Each machine is installed by Share the Dignity. The products that are used in these vending machines are provided by Share the Dignity. They come with a two-year guarantee in terms of product supply, so it costs absolutely nothing. They are GPS tracked, which means that every time they are running low, volunteers in the community who work for Share the Dignity will be able to go and restock these machines and ensure that they are available for those people who need them.

Following on from that, I also met with the Adelaide Lord Mayor. It was probably the shortest meeting I have ever had because, again, it was a no-brainer. When I put that proposal with Share the Dignity to the Lord Mayor and said, 'How about we roll some of these out across Adelaide?' she said, 'Absolutely, yes; we'll just need to find the right locations.' So there are moves within the community to make sure that these sorts of vending machines that offer free menstrual hygiene products are easily accessible to those in need, to young girls and to young women in need, but this bill ensures that they are available throughout our schools, so that all of our high schools have access to a scheme, albeit under a pilot program, that would ensure that their students have access to the products they need in managing their periods.

In a society as rich as South Australia I think it is completely unacceptable that any young student should have to forgo their education, their sporting pursuits or any other activity because they have their period. As I said before, International Menstrual Hygiene Day is celebrated on 28 May each year to raise awareness of the importance of good menstrual hygiene management. That date was selected based on the average number of days of a period cycle (28), and the fifth month (May), based on the average menstrual cycle of five days.

Since it began in 2015, International Menstrual Hygiene Day has encouraged open dialogue about the financial hardships faced by many women and girls in this space, and it would be timely if the occasion this year could be used by the Marshall Liberal government to make an announcement that would have the support of all members of this parliament. With those words, I commend the bill to the chamber.

The Hon. I. PNEVMATIKOS (16:12): It is with great pleasure that I introduce this bill today with the Hon. Connie Bonaros. The extent of the impact period poverty has on young women and girls is immeasurable, whether it is from shame, stigma or financial restrictions, and there is no one definite answer for why period poverty occurs. No matter, girls and young women should never go without access to sanitary products.

We recognise that period poverty is a multilateral issue. Given the many dimensions to this issue, I acknowledge that research in this area is limited and it is difficult to explore the full extent of period poverty in South Australia. However, there is enough evidence to suggest that period poverty is not an uncommon situation for those families living below the poverty line.

In South Australia, 60,000 households live below the poverty line. About half these people are female, many of whom will have their period on a monthly basis. Remote Indigenous communities have been hard hit by the effects of period poverty. The University of Queensland's report 'Water, sanitation and hygiene in remote Indigenous Australia: A scan of priorities', found that some areas had no sanitary bins in bathrooms, and others had no soap or the toilets were clogged up.

One account in the report mentioned that the sanitary bins were located outside the toilet, and the girls were embarrassed to use them. The lack of access to hygiene facilities highlights the lack of awareness of period poverty. Dr Nina Hall, who conducted the research project, said that they set out to evaluate drinking water quality. However, the issue of feminine hygiene and the facilities related to that was both unexpected and could not be ignored.

In the report, women and girls mentioned that the issue of period poverty and access to sanitary items often was not taken seriously or discussed. They expressed that they felt shame when talking about menstrual issues. Access to sanitary items in rural areas is expensive and at local shops can be up to \$10 a packet. The study found that girls who were normally law abiding felt forced to steal sanitary pads from local stores. It is completely unacceptable that women and girls are put in a position where they feel they have no other option but to steal essential items.

The Commissioner for Children and Young People, Helen Connolly, identified period poverty as a key issue for schoolgirls through her report: Leave No One Behind. Of schools surveyed in the report, 74 per cent believed that access to sanitary products is an issue for their students, and 11 per cent of the schools surveyed reported that lack of sanitary products is having an impact on student attendance.

During the consultation period, Helen Connolly indicated that girls talked about how these items were expensive and that on a limited income 'a choice between sanitary pads and food on the table was always won by food'. Period poverty significantly impacts a school student's ability to attend and engage at school. We know that it is critical for all children to engage in learning at school. Poor school attendance significantly impacts a child's economic potential over the course of their life, health outcomes, self-esteem and sense of control.

Teachers have recognised this gap and some have reported taking it upon themselves to purchase items for school students. This should not fall as a responsibility to the teacher and it is purely unacceptable. Because of the taboo nature of menstruation, period poverty is often hidden in our communities. Non-government organisations such as Share the Dignity, Essentials 4 Women and Foodbank have each recognised that this is an issue that many in our community face, and they are working towards, as best they can, assisting those who need products.

It is not enough that only these non-government organisations are working on period poverty. We, as a parliament, must do more about it. This pilot program will see young women and girls in school reach their full potential. The program we are putting before the parliament will be rolled out for a six-month trial. Free menstrual products will be provided in government high schools for students to use whenever they need them. We know that programs such as this work.

Victoria is a perfect example of how a state government is ensuring that girls are given all the opportunities to succeed at school. I applaud the Victorian Premier Dan Andrews and his government for rolling out a similar program that, as he said, 'is to help girls thrive at school because getting your period should not be a barrier to getting a great education'.

After six months a review of this trial will be undertaken to look at the feasibility of implementing the program long term. It is important that the review looks at the strategy and effectiveness of the program to ensure that the program is getting to the most vulnerable in the community. This review should also consider the potential increase in poverty as a result of the current health crisis and the coronavirus pandemic in assessing the importance of an ongoing program aimed at women and young girls.

I know that there is a lot of support for this bill from the general public. We have been talking to students, teachers and parents about the proposed program and each group has expressed their support for the program. I hope that the South Australian government will also support this bill. It is an important show of support to the most vulnerable in our community at a time when it is needed most. We know that without this service, girls and young women will miss out on education opportunities. I would like to thank the Hon. Connie Bonaros for her contribution to this bill, testament that when we work collaboratively in this parliament we can achieve things for South Australia.

Debate adjourned on motion of Hon. D.G.E. Hood.

SOUTH AUSTRALIAN PUBLIC HEALTH (EARLY CHILDHOOD SERVICES AND IMMUNISATION) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 5 March 2020.)

The Hon. C. BONAROS (16:20): I rise to speak in support of the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill. It is, indeed, very timely that we are debating such a bill. We are in the midst of a global pandemic unlike anything any of us have seen in our lifetime. Worldwide, more than 1.3 million people have so far tested positive for COVID-19. The death toll to date has exceeded 74,000 and we are still counting, and there is worse to come with the US bracing for a spike over the next two weeks. Tragically, the unforgiving brutality of the virus hit even closer to home this morning, with SA Health confirming the death of the first South Australian from the insidious virus, and SA Health has warned the community of the likelihood of more deaths.

Scientists all over the world are in a race against time to develop an effective vaccine for the novel coronavirus and the world will not be able to rest easy or return to any semblance of normalcy until a vaccine is developed. In the past, vaccines have afforded us many freedoms that we have up until now taken for granted. They have given us freedom to interact with others and the freedom to live without fear of disease when doing so. The World Health Organization estimates vaccines save between two and three million lives every year. Many diseases are on their last legs thanks to worldwide vaccination programs. It is rare for many amongst us in this chamber to have seen these diseases firsthand because of these sorts of programs.

The current childhood immunisation program, as part of the National Immunisation Program, provides free vaccines against a range of diseases. The schedule includes vaccines for hepatitis B, tetanus, whooping cough, pneumococcal, meningococcal, rotavirus, measles, mumps, rubella and chickenpox. It also includes a vaccination against Hib to protect against diseases caught by Hib such as bacterial meningitis. I am not even going to attempt to—actually I will because it has Greek origins—haemophilus influenzae type b is the long term for Hib.

The program also provides vaccines against lesser known diseases such as diphtheria, a serious bacterial disease causing inflammation of the nose, throat and windpipe; and polio, a viral infection causing nerve injury leading to a partial or full paralysis. Many of these diseases are now extremely rare thanks to vaccines. In fact, today many doctors have never seen a patient suffering from many of the diseases I have just listed, but of course they do exist and that is why vaccines are important. In 1980, smallpox was officially eradicated by the World Health Organization certification and it is the only disease, I understand, to have been completely eradicated from the worldwide population by a vaccine.

This bill follows the introduction of the no job no pay legislation, which was introduced at a federal level in January 2016 and links a child's immunisation status with some family assistance payments through what has become known as the no job no pay legislation. That legislation changed what is a valid exemption to immunisation. Immunisation objections based on conscientious, personal, philosophical or religious beliefs are no longer valid exemptions from immunisation requirements for payment purposes.

Under the scheme, a permanent vaccine exemption can only be recorded for the following reasons: anaphylaxis following a previous dose of the relevant vaccine, anaphylaxis following any component of the relevant vaccine and significant immunocompromise for live attenuated vaccines only. A temporary vaccine exemption can only be recorded for the following reasons: acute major illness, significant immunocompromise of short duration for live attenuated vaccines only, or if the individual is pregnant, for live attenuated vaccines only.

Since the introduction of that legislation, New South Wales, Queensland, Victoria and WA have all gone on to implement no job no play laws—laws that were initially introduced in this state by the opposition, and I think the opposition would agree that they were stifled by the government at the time. I certainly commend the work of the opposition on this most important issue, and I do so because immunisation programs save lives and we all have to do our bit. But their effectiveness, of course, depends on participation.

According to the federal government, nearly 95 per cent of five-year-old children in Australia are now vaccinated, and I agree wholeheartedly that this figure needs to be as high as possible. As the mother of a preschool-age child, my hope is certainly that the vaccination rates for preschool-age children in South Australia and nationally will increase above that 95 per cent mark, thereby achieving a stronger herd immunity. The herd immunity that we have been hearing a lot about lately in relation to COVID-19 occurs when such a large portion of the population is immune to infection that they indirectly provide protection to others, including babies and young children too young to be vaccinated, cancer patients, pregnant women and children and adults with low immune systems.

Other Australian states that have implemented the no job no play legislation have seen an increase in vaccination levels, and they appear to have achieved their objectives. I congratulate them on doing so because they are saving lives. For those parents and guardians who conscientiously object to their preschool-age children participating in the childhood immunisation program, their child will have to wait to have access to an education basically until they start school. That is the choice that those parents are making on behalf of their children.

I, for one, commend the introduction of this bill and those parents who have immunised their young children, not just for the sake of their children but for the sake of others. Vaccines are not just for today: they not only protect our children but will protect our children's children and even their children. With a little bit of luck and a lot of knowledge, expertise and tireless work by our very talented scientists, we will see the same occur in relation to COVID-19.

I think it is clear that I am a vaxer. As soon as my son was old enough, I took him straight to the GP and requested whatever extra vaccinations were available to protect him, especially against meningococcal disease. I supported, and was genuinely relieved, when the government finally rolled out the Meningococcal B Immunisation Program to provide free vaccinations to eligible children and young people. I appreciate especially that up until that point not all families would have been able to access those vaccinations, even if they wanted to, based on financial grounds. I know that when I visited the doctor to vaccinate my own son—and I only have one child—it came with a hefty cost. So those families with two, three or more children would find it difficult to cover the costs otherwise.

The importance of that program really rang true for me earlier this year when the teenage son in a family I know found himself fighting for his life after contracting meningococcal. Once his organs started to fail, he was placed in an induced coma and underwent a series of what were ultimately life-saving operations. It is something that resulted in many of my own family members being tested and subsequently vaccinated against the deadly meningococcal disease.

It was a very close call for this young man, a close call that I know his family and my family never want to relive but one that will stay with them forever nonetheless. In terms of recovery, there is no question that it was slow and scary. He has required lots of ongoing medical treatment, but he is indeed one of the lucky ones when it comes to meningococcal.

By the same token, I completely accept and indeed believe that it is critical that there is always some wriggle room for those of us who, for medical reasons and medical reasons only, are not able to take advantage of certain vaccination programs. It is the reason why I was supportive of measures implemented in 2017 that enabled the class of medical practitioners who could actually grant an exemption for vaccinations to be broadened.

When I met with various opponents of the bill a while back, I listened and agreed with many of the arguments that they made in relation to their stance. I agree that there are some children who simply will not be in a position to safely access vaccinations, but for my part, if those reasons are not based on qualified medical grounds, then with the greatest respect to those parents I cannot support their position.

I am not referring to those children who are not vaccinated because they cannot be; I am referring to those children who are not vaccinated because their parents or caregivers choose not to have them vaccinated. There is no question whatsoever that there is a massive amount of misinformation remaining in our community. It is rampant when it comes to vaccinations, especially as a result of social media.

I think an Australian model just a couple of days ago was heavily criticised in relation to COVID-19. She has a number of followers and promoted a message from somebody who clearly was not a medical practitioner. I believe it may have been about using the health benefits of a celery product—I am sure it was celery—in guarding yourself against COVID-19. That is part of the misinformation that families find themselves reading on our social media posts and various other means.

I think sometimes, depending on what it is—in this instance, I think celery was a bit of a stretch for anyone—it makes us nervous and it makes us think twice about what we are exposing our children to and the need for it. It points to the fact that we should all be very responsible in terms of the information that is spread publicly throughout our communities, that families find themselves relying on when choosing not to vaccinate their children. There comes a point where we must place our trust in the hands of experts. When it comes to my family, I will rely on the good word of science and all the miracles it and it alone has left us with.

I will leave you today, Mr Acting President, with the words of one social media commentator who I think has hit the nail on the head in relation to the current situation we all find ourselves in. His name is Mr Carlos A. Rodriguez. I do not know this gentleman. I do not know if they are his words, but I know that the thoughts he shared on social media and the sentiment behind that message have been shared by many of us and repeated in one form or another by many commentators in recent months in the current COVID-19 pandemic gripping the world.

They are: 'For those who wanted a world with no vaccine, here's a world without one vaccine.' As one person recently said to me, 'This has to be one of the most profound statements of the century.' Right now, Mr Acting President, I am praying, along with the rest of the world, that science will once again prevail and save us from what can only be described as the most catastrophic events most, if not all of us, in this place have ever had to live with. With those words, I indicate our overwhelming support for this most important piece of legislation.

The Hon. M.C. PARNELL (16:35): I rise today to speak on the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill. Let me say at the outset that this contribution by me today was prepared by my colleague the Hon. Tammy Franks, who has

responsibility for this bill on behalf of the Greens. She is unable to attend parliament today but did not want to unduly delay proceedings. References in this contribution to personal opinions, meetings, briefings and quotes from constituents refer to the Hon. Tammy Franks and her office but, to be clear, I do agree with her.

I want to begin my contribution today by making it absolutely clear that the Greens support vaccination as an evidence-based approach to population health. We recognise that vaccination is the easiest way we can protect everyone from vaccine-preventable infectious diseases. The Greens have a long track record of advocating for a science-based approach to public health and vaccinations. In fact, our health policy calls for an increase in funding for education and programs that promote the benefits of mass immunisation.

However, the Greens also have a significant history of standing up for the right to education and of standing up for people who are being left behind. While we intend to support this legislation, we have some significant concerns that we would like to raise. I recognise that the bill is intended to signal the government's strong stance on protecting people from vaccine-preventable diseases and on community responsibility to protect those who cannot be vaccinated. However, it is some of these people—children—who cannot be vaccinated who might end up excluded from early learning opportunities as a result of this legislation.

The bill will mean that children who are not up to date with vaccinations in South Australia will be banned from attending formal childcare facilities or participating in kindergarten. Children and families are already penalised by the government if they are not vaccinated, as they are ineligible for the childcare benefit, the childcare rebate or family tax benefit A supplement. Many other states have introduced similar legislation, yet ours is not uniform, and there are other options.

One such example is Queensland's legislation, which instead of flat-out banning unimmunised children, childcare and early education providers have the power to refuse enrolments to unvaccinated children. I have also had many concerned parents contact me in my office not because they are against vaccination—in fact many were health workers themselves—but because they are some of the handful of people who have needed to seek a medical exemption from vaccinating their children and are deeply worried and frustrated by their inability to do so. They are now being forced to choose between potentially putting their children's health at risk or pulling their kids out of child care or kindy.

There are significant difficulties faced by parents and children with a history of autoimmune diseases and who have previously had adverse reactions to vaccinations. Under this legislation the government is proposing to use the same system and criteria for exemptions as is used federally. However, as I have raised with the department and as has been raised with my office on multiple occasions, it is almost impossible for parents to be granted a medical exemption, even in the face of severe reactions.

I would like to share some of those stories with you all here today. These are from parents who have contacted my office and whose children will be affected by this legislation. They are not anti-vax, but they are enormously concerned for their children's wellbeing. This legislation will not change their minds on vaccinating their kids, but it will mean that they will have to take their children out of day care and kindergarten and many will leave their jobs. I do not think this is the intended outcome of this legislation, but it is an outcome that we need to be aware of and that we should address.

With the permission and, in many cases, up-front encouragement of the families that have contacted me, I would like to share some of their stories and experiences and their words on how this legislation will impact them and their families. Agata wrote:

I was paralysed as a child following vaccination. Now that I am an adult, I see that this reaction is listed on the manufacturer's insert for certain vaccines...

I have two young children and following an attempt to vaccinate our eldest that resulted in unwanted reactions, I have come to the decision to cease further vaccination for the fear they will develop lifelong side effects. My decision was not made lightly and was in consultation with three separate General Practitioners...

I ask that you advocate for people such as my children who are unfortunate enough to have inherited my genetics and do not respond well to being vaccinated and allow them the basic human right of an early education.

Nicki wrote:

My husband and I are both hard working professionals with three happy and healthy children. Our oldest child is now in school and my two younger children are cared for at home by myself or my husband between our busy work schedules. They also attend occasional care once a week. My middle child is also due to start kindergarten next year. Due to a family medical history of vaccine injury and autoimmune disease my children cannot be vaccinated. They cannot obtain a medical exemption in South Australia either. Due to restrictions on medical exemptions in this state my children would literally have to die, twice, before an exemption was granted. If we lived in the United States of America my children would be medically exempt.

I am an allied health professional and put good health practices above everything in my home, my children have never been sick with anything more than a sniffle and they are vibrant, healthy, and happy. I am not against vaccination for the community but the risk: benefit ratio for my children with their particular family medical history is too high. To risk their lives in order to prevent a self-limiting childhood illness is not an option and legislation like this will not change my child's medical history and therefore not change our decision to not vaccinate our children. I know many families in similar situations that will not be coerced by such aggressive legislation.

Finally, Natasha wrote:

I have worked in the Early Childhood sector for 8 years, and my husband is a hard working business owner. I don't have dread locks, practise witch craft or bathe my kids in herbs and spices. We are a normal family, and it just so happens that we don't vaccinate, anymore.

My oldest child is fully vaccinated according to the schedule. She is a bright, energetic 6 year old girl that loves to dance.

My younger child is a cheeky, very vocal 2 year old little girl. She is vaccinated up until 12 months according to the schedule. She was born with a kidney condition that required her to have half of her right kidney removed at 5 months old. It was absolutely heart wrenching. She spent the first year of her life on antibiotics, and has overall been a very sick little girl. She reacted to every single set of vaccines she received. For whatever reason, her little body cannot handle these vaccinations. And getting an exemption in 2020 is not possible, unless your child has quite literally died. After her 12-month immunisations, we decided it was not in her best interest to continue. It is my job as her mother to protect her.

She has been attending play group at the Early Learning Centre connected to the private school her sister attends, the school she will be attending. This has been so great for her as she doesn't like interacting with other children, as we don't receive childcare subsidies, she doesn't attend childcare. We have made so many lovely relationships with the families and educators at this centre. The plan was for her to start the Kindy program there once she turned 4.

If this bill passes, this will stop her from attending Kindy. I'm worried about how this will affect her developmentally, she won't have the same learning opportunities as other kids her age. Emotionally, I don't know how she will cope once she starts school. She will have had no preparation, and I worry about how her teacher will cope with this while being responsible for the rest of the class. Socially, will Winnie be socially excluded due to her vaccine status? We will be outed if she doesn't attend Kindy. How will she learn to socially interact with other children without the opportunity of Kindy?

Child development is my background, I know the benefits and I understand how detrimental it will be for a child to miss out on Kindy.

And lastly, this will mean I will have to forfeit my work commitment of 8 years. The sitting arrangement I have currently isn't a long term solution, and I had planned on finding her a space in family day care.

I am begging you to reconsider. My daughter deserves the right to early education.

To conclude, I would like to reiterate that, while the Greens will be supporting the bill, we do have some not insignificant concerns which we hope the government will address as they implement the legislation. We must remember that if we are introducing coercive health measures, we must have mechanisms in place to support parents through this process and to alleviate their concerns.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (16:45): I would like to thank the Hon. Kyam Maher, the Hon. Connie Bonaros and the Hon. Mark Parnell, channelling the Hon. Tammy Franks, in relation to this bill. I will start by addressing the issue the Hon. Mark Parnell raised.

The government is very mindful of the right of children to education. That is one of the key reasons why we insisted that this legislation go out to consultation. To be frank, there was strong advice from people from an education background supporting the vaccination program because children have the right to education, but they also have the right to safety in that education. So by

supporting vaccination programs we support the right of children to be protected from vaccine-preventable diseases as they attend school.

The Hon. Mark Parnell raised the issue that there would already be an impact of the no job no pay legislation in terms of people who might otherwise be reluctant to vaccinate their children. I make the point that this legislation applies to all parents and therefore might be seen as complementing the no job no play legislation for more wealthy parents and families who do not have access to childcare benefits.

I would like to thank the Hon. Connie Bonaros for her contribution and for putting this bill in its contemporary context. The COVID-19 pandemic, as the honourable member says, shows us a world without a vaccine, and it is a scary place. This bill is all about supporting public health. We have seen through the COVID-9 pandemic that a failure in public health threatens all of us in a way that individual health never will.

So if there is ever a time to recognise public duty, it is the duty of the public to support the mutual benefit of public health. To refer to my own political heritage, John Stuart Mill reminds us that individuals should have the right to act with individual freedom, but they should not do so if to do so is to harm others. Surely, COVID-19 and the threat of vaccines demonstrates the public duty on citizens to be vaccinated against vaccine-preventable diseases.

The Marshall Liberal government is unashamedly a vaccination government. We were the government that introduced free flu vaccines for children under five. We were the government that introduced meningococcal B vaccinations, not only for children but the first government in the world to introduce meningococcal B vaccinations for young people. Now we are the government that will implement no job no play legislation. We do that because we fundamentally believe that public health and the protection of community from vaccine-preventable diseases has, as the Hon. Connie Bonaros reminded us, very strong science and very strong public benefit.

I thank all members who have spoken. Even though there are, if you like, notes of caution from the Greens, I accept their general support for the legislation, so I welcome that. It is an opportunity for the parliament to come together to affirm our mutual commitment to strong public health in this state.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

The Hon. K.J. MAHER: I have a few general questions that I might ask at clause 1, and I indicate that there will be no more questions after that. Can the minister confirm that there was a period of consultation in relation to this policy, or this bill particularly?

The Hon. S.G. WADE: The Marshall Liberal government developed a public consultation paper that outlined various options for the second stage of the no job no play legislation. I have consulted with the relevant government departments, especially those involved in education and child protection services, medical professional groups, early childhood education providers and the general public. The government received more than 800 responses to that consultation paper.

The Hon. K.J. MAHER: When did the consultation period end?

The Hon. S.G. WADE: I am advised that the consultation concluded at the end of June last year.

The Hon. K.J. MAHER: If the consultation period concluded at the end of June last year, why has it taken so long for this legislation to be introduced into the parliament?

The Hon. S.G. WADE: The outcomes of the consultation were considered by government, and the legislation was prepared.

The Hon. K.J. MAHER: Can the minister indicate what preparatory work will be undertaken in the coming months, particularly with early childhood services, in preparation for the full rollout of the second stage of the policy?

The Hon. S.G. WADE: Before I get further advice, I would make it clear that this is a staged implementation. From 1 January, early childhood service education providers are required to collect immunisation records. It was always intended that this be a staged implementation. We want to make sure that parents are aware of their obligations and that providers, in an orderly way, can prepare for the full implementation. SA Health is planning education programs for affected services, so that they fully understand their obligations.

The Hon. K.J. MAHER: Can the minister outline if there are also education programs in place for parents, ahead of what I think has been described as a staged rollout?

The Hon. S.G. WADE: Yes, I am advised that there is a media and a communications plan for parents as well as for providers.

The Hon. K.J. MAHER: The minister mentioned a staged rollout. When is it envisaged that this legislation will be in full effect?

The Hon. S.G. WADE: Considering we live in a COVID world, I am a bit cautious to respond. It was the intention of the government that it be introduced from 1 July, but we may need to assess that in the context of the pandemic.

The Hon. K.J. MAHER: I was expecting the caveat put on that, and that is, of course, understandable. Was the intention for the phased rollout to be started or for the full rollout to be finalised by July?

The Hon. S.G. WADE: Sorry, let's be clear: this is the culmination of the rollout. Stage 1 in my view is what was introduced from the beginning of this year, and this is the culmination of that implementation.

The Hon. K.J. MAHER: Has there been any pushback from early childhood service providers in cooperating on the implementation of this policy and, if so, how is that being managed?

The Hon. S.G. WADE: If the honourable member is asking me whether there was unanimous support for the option, the answer is no.

The Hon. K.J. MAHER: For example, has there been any resistance, any action needed to be taken in the form of warnings or penalties regarding the first phase of the legislation?

The Hon. S.G. WADE: Sorry, I may have misunderstood the honourable member's question. You are referring not to discussion about this bill but rather to the response to the legislation that is already in place—if you like, stage 1?

The Hon. K.J. MAHER: I am asking about this one before I am asking about phase 1.

The Hon. S.G. WADE: I am advised that we are not aware of any noncompliance in relation to stage 1.

The Hon. K.J. MAHER: Following on from that, is the minister aware as to whether 100 per cent of childcare centres are now collecting immunisation records in full compliance with the legislation?

The Hon. S.G. WADE: My understanding is that compliance in relation to this legislation primarily will be delivered through education service accreditation processes. I would assume that, if there was noncompliance, we would be aware of it.

The Hon. K.J. MAHER: In terms of compliance for parents or guardians, what penalty would a parent or guardian face if they forged an immunisation history statement or otherwise misled about their child's immunisation history?

The Hon. S.G. WADE: The potential penalty under this legislation is \$30,000.

The Hon. K.J. MAHER: The bill allows for the inclusion of additional vaccines to be added to the state government's list over and above the federal requirements: has the state government actively considered adding any other vaccinations to the no jab no play reforms via regulation?

The Hon. S.G. WADE: Not at this stage. The legislation is designed to be flexible. For example, the legislation requires parents to provide immunisation records to early childhood services at a frequency specified by the Chief Public Health Officer in the *Government Gazette*. As the national immunisation program is frequently changing, the government's view is that it is important to be able to change the specified times as needed. The specified times are intended to reflect the current vaccination schedule points during early childhood.

The Hon. M.C. PARNELL: I am channelling my colleague. At the outset, can I thank the minister and his staff for the provision of some questions that my colleague put on notice. There were 10 questions, and I will refer to one of them in a second. Just referring to the questions that the Hon. Kyam Maher was asking, I have a copy of the public consultation summary and analysis of responses, which was published in October last year, and it is a document that does, I think, show some of the perils of public consultation mechanisms, because at first blush the numbers for or against the bill (if we can put it like that) look to be about fifty-fifty, but then when you go to the analysis it was unclear how many were not from South Australia, how many people might have responded multiple times and how many people might have responded through multiple channels.

I do not mean that as a criticism of the government, which clearly has used a number of different mechanisms. There is the Survey Monkey, YourSAy and then unsolicited emails and letters, and that came to the nearly 800 or so to which the minister referred. I make the point that the government's own analysis shows that it is contentious. I see that, in terms of what we might call peak bodies and agencies, the bulk of them support the model that has been adopted in the bill.

One notable exception was the Public Health Association, which did not support this particular model because they did not support efforts that would disadvantage individual children socially or financially, or impede access to health or education, but the bulk of other agencies supported what the government was doing.

The question that I propose—and I will not go through all of the 10 questions and supplied answers—is a question that my colleague asked, related to the case studies that I read onto the record, and that was those parents who believe that their children are special cases, if you like. They believe that immunisation is bad for their particular children and they complained that it was virtually impossible to get an exemption. Of course, if you could get an exemption and then try to enrol in kindy or child care you have an exemption certificate as opposed to a vaccination certificate. My colleague asked the following question, question 5:

How many medical exemption requests have been approved or refused in the past three years? On what basis are the exemption approvals granted? How many have been rejected and how many have been appealed?

The response that came back is not adequate, in my view, and I ask the minister to expand on it. The government's response was:

The South Australian legislation will follow the exemptions in place under the commonwealth's no jab no play requirements for family tax benefits. This is to ensure consistent requirements for parents. South Australia does not have access to data in relation to the number of exemptions approved, refused or appealed.

The government did not answer the question about the basis on which exemption approvals are granted, so I would like the minister, if he can, to address that. However, it also suggests that the state government has absolutely no idea how many South Australians might fall into a category of having applied for an exemption and then been granted, denied, refused or whatever. Could the minister please address that and, in particular, the basis on which the exemption approvals are granted?

The Hon. S.G. WADE: I will have a go, but I may be corrected. My understanding is that about 95 per cent of South Australian children would be immunised. There are about 2 per cent who are medically incapable, and we are advised by the commonwealth of those children. We are talking about 2 per cent or 3 per cent of other children. As the answer said, we do not have access to that data but the member raises an interesting point and I am more than happy to write to the federal minister and seek access to any data he might have in relation to South Australian children.

The Hon. M.C. PARNELL: I thank the minister and I am happy for him to take that question on notice. I will not ask any further questions at this stage. I prefer the phrase 'physical distancing' to 'social distancing' because we are not supposed to be socially distant from people but we are supposed to be physically distant from them. Perhaps that is a question for question time tomorrow and I give you advance notice. It is going to be difficult to go through a lot of technical information so I am happy if the minister will take that on notice and I look forward to a response.

The Hon. C. BONAROS: I would like to address one of the points that the Hon. Mark Parnell just made in relation to the contentious nature of the debate with the almost fifty-fifty split in the consultation process. Just to confirm, minister, 95 per cent of children, according to the federal government, have been vaccinated. There is a further 2 per cent who are medically incapable, so effectively putting aside the consultation, we are talking about 3 per cent of children in total. Is that correct?

The Hon. S.G. WADE: That is correct. I just make the point that the national aspirational target for immunisation is 95 per cent. For example, with physical distancing, as the honourable member likes to refer to it, we could have an effective public health response probably with a compliance rate that falls short of 95, but the herd immunity, the nature of immunisation, the national aspirational target is about 95 per cent. Every 2 or 3 per cent matters, so we do not apologise for making the extra effort to get the last couple of per cent.

The Hon. C. BONAROS: I thank you for not apologising for attempting to get the last 2 or 3 per cent. I do have another question, which I raised during the briefing which I would like to raise with the minister, that is, vaccination rates amongst our teachers and teaching staff and the requirements that they be vaccinated given that they are, in effect, the ones who are with our children in our schooling system.

The Hon. S.G. WADE: It is a very good question and you will forgive me if it reminds me more of the debate within my own portfolio in relation to healthcare workers. There are some jurisdictions that will not allow healthcare workers to go to work if they are not vaccinated. Of course, the full suite of vaccines will not be available for adult teachers because some of them they might have needed to get when they were a child and that opportunity has passed.

The issue comes up every year with flu and, God willing, the issue will come up with the COVID-19 vaccine when it is available. I certainly believe that workers who choose to work in an industry need to maintain a safe workplace not only for the workers but also for the people they are serving. That applies in schools, that applies in healthcare settings. There are, of course, issues of workers' rights and the like and they will be hotly contested. I am aware that in some high-risk environments—e.g. intensive care units and emergency departments—there are facilities that expect their workers to be vaccinated.

The issue is also particularly relevant in residential aged-care facilities. I think the honourable member raises a very good point that, whilst in this legislation we are asserting basically a public duty to support public health by having your children vaccinated, that does not mean that we leave those responsibilities behind as we go into adulthood. I think as a community we do need to have a discussion about what responsibilities you have as a worker to support the health of the person you are caring for or providing a service to.

The Hon. C. BONAROS: I am grateful that the minister indicated that these are the discussions he has within his own portfolio because I know they are discussions that we have had about your portfolio within our offices, regarding the requirement for staff in Health to be up to date in terms of vaccinations and so forth. I suppose, given that we know that there is no requirement in this jurisdiction for teachers to be vaccinated, subject of course to all the exemptions that would normally apply, is the minister willing to refer this matter—I am not sure if it would be the Minister for Health and Wellbeing or the Minister for Education—to get some response as to whether any discussion has taken place with teachers on this issue?

The Hon. S.G. WADE: I am not aware of it being an issue in the education setting but I will certainly refer the matter to the Minister for Education and perhaps, if the member is agreeable, I will provide a copy of the response.

The Hon. C. BONAROS: I think that one of the other issues canvassed by the Hon. Mark Parnell was the access to education, or denying access to education. It is correct, I think, to say that because this bill is dealing with the early childcare setting it is not deemed to be a denial of access to education. That is the reason why, once a child reaches school age, if they have not been vaccinated there is no capacity for us to prevent that child from attending school.

The Hon. S.G. WADE: I thank the honourable member for her question. She is certainly correct that this does not impede children's access to compulsory education, but that is not to say that I do not recognise that early childhood services can often have an important developmental opportunity for children. It is just the view of this government that, at that stage of a child's development, we need to give priority to public health.

Clause passed

Remaining clauses (2 to 6) and title passed.

Bill reported without amendment.

Third Reading

The Hon. S.G. WADE (Minister for Health and Wellbeing) (17:12): I move:

That this bill be now read a third time.

Bill read a third time and passed.

At 17:13 the council adjourned until Wednesday 8 April 2020 at 11:00.

*Answers to Questions***LEISURE EVENTS BID FUND**

1 The Hon. C.M. SCRIVEN (3 March 2020). Has the Event Bid Fund been used to bid for the World Water Ski Championships in 2021?

The Hon. D.W. RIDGWAY (Minister for Trade and Investment): The Premier has advised the following
The South Australian Tourism Commission (SATC) submitted an offer to the Australian Water Ski and Wakeboard Federation to secure the 2021 World Water Ski Championships.

In July 2019, the federation advised the SATC that it would not be submitting a bid to host the 2021 World Water Ski Championships.

LEISURE EVENTS BID FUND

2 The Hon. C.M. SCRIVEN (3 March 2020). Has the Event Bid Fund been used to bid for the Clipper Round The World Race in 2019-20 or 2021-22?

The Hon. D.W. RIDGWAY (Minister for Trade and Investment): The Premier has advised the following
The South Australian Tourism Commission submitted a bid to be a host port for the Clipper Round the World Yacht Race in 2019-20, however the event organisers declined the offer.

ADELAIDE CONVENTION BUREAU

3 The Hon. C.M. SCRIVEN (3 March 2020). Has the Adelaide Convention Bureau established new sales staff in China and South East Asia? If so, where are they based?

The Hon. D.W. RIDGWAY (Minister for Trade and Investment): I have been advised:

The Adelaide Convention Bureau (ACB) has not appointed overseas sales staff in China or South East Asia. The ACB leverages in-market intelligence from the South Australian Trade and Investment Office network and, when required, senior staff travel to Asia to meet with decision-makers. This approach has enabled the ACB to secure several major incentive tourism contracts to date for South Australia.

ADELAIDE CONVENTION BUREAU

4 The Hon. C.M. SCRIVEN (3 March 2020). Has the Adelaide Convention Bureau established a client services manager to encourage international delegates to visit South Australia? Is it part of any specific initiative?

The Hon. D.W. RIDGWAY (Minister for Trade and Investment): I have been advised:

The Adelaide Convention Bureau activities are undertaken with a holistic approach, including the 'linger longer' program, and the bureau has not appointed a specific client services manager.

The ACB's approach to delivering support for incentive tourism events is focused on activities that will deliver the highest economic value to the state.

VENTURE CAPITAL FUND

In reply to **the Hon. E.S. BOURKE** (4 March 2020).

The Hon. D.W. RIDGWAY (Minister for Trade and Investment): I have been advised:

According to data from the Australian Bureau of Statistics:

- The value of new and follow-on venture capital and later stage private equity investments for South Australian headquartered companies declined 43 per cent from \$28 million in 2017-18 to \$16 million in 2018-19.
- Nationally, the value of deals decreased 56 per cent from \$2.6 billion in 2017-18 to \$1.45 billion in 2018-19.
- The number of new and follow-on venture capital and later stage private equity investments for South Australian headquartered companies increased 20 per cent to 12 deals in 2018-19, compared to 10 deals in 2017-18.
- Nationally, the number of investment deals increased 8 per cent to 517 deals in 2018-19, compared to 479 deals in 2017-18.