HOUSE OF ASSEMBLY

Wednesday, 17 February 2021

The SPEAKER (Hon. J.B. Teague) took the chair at 10:30 and read prayers.

The SPEAKER: Honourable members, I respectfully acknowledge the traditional owners of this land upon which the parliament is assembled and the custodians of the sacred lands of our state.

Bills

STATUTES AMENDMENT (BAROSSA RAIL CORRIDOR) BILL

Introduction and First Reading

The Hon. A. PICCOLO (Light) (10:32): Obtained leave and introduced a bill for an act to amend the Highways Act 1926 and the Planning, Development and Infrastructure Act 2016. Read a first time.

Second Reading

The Hon. A. PICCOLO (Light) (10:33): I move:

That this bill be now read a second time.

In moving this bill, I would like to outline some of its background and also its purpose. The purpose of the bill is essentially to protect the rail corridor between Gawler and Angaston, which is usually referred to as the Barossa rail corridor. The purpose of protecting that rail corridor is to enable in the future, if the opportunity arises, commencement of a Barossa tourism train service.

As a result of some work I have been doing in the Barossa over the last four, five or maybe six months now, it has become clear that there is some support amongst the business sector and the community to explore the feasibility of reintroducing some sort of model of a tourism train service. I say a 'tourism train service' because what is being looked at is the possibility of having some sort of heritage train service or a service that brings tourists to the area and through the area. That is not to be confused with a passenger rail service, which is a very different beast.

The bill does three things. It basically restricts the government from selling off any part of the rail corridor to any third parties. I am aware at this time that that rail corridor, like many other rail corridors throughout the state, is under the care and control of One Rail, formerly known as Genesee & Wyoming, which has care and control of that under a lease arrangement which goes back some years prior to this government.

The terms and conditions of that lease at this point in time are not known. What I do know is that those terms and conditions have been amended since we were in government. I know that because part of the leased area has been removed from the lease and taken back by the government into government hands to enable a roundabout to be built at what is referred to in the Barossa as Kroemer's Crossing.

As a result of the roundabout being built at Kroemer's Crossing, part of the railway track was dug up and, therefore, there is a break in the line. It is interesting to note that there is another intersection further north and a roundabout, which was built during our period, but we were able to preserve the rail line as part of that roundabout as well. It is of great controversy in the Barossa that the rail tracks were not maintained or retained as part of the Kroemer's Crossing development. There is a view that it was possible and there has also been a view expressed that it may be possible to reinstate the train lines should a case be made that a tourism train service would be feasible in the longer term.

So this bill prevents the government—this government, any government—from removing or selling off some land. Secondly, it defines what the corridor is. Essentially, the corridor is between Gawler and Angaston. Even though there is no rail line between Nuriootpa and Angaston, the belief is that the corridor should be protected in some way and that would leave the options open in the future for any other transport systems as well.

The other part is that, if the corridor is to be developed in any way—whether the bridges would go above the rail corridor or if there would be any other infrastructure—it would require the consent of this parliament. In other words, the people would know and it would need the consent of this parliament should this corridor be affected in a way that would prevent a train service from being reinstated.

This is just a holding mechanism to say that, until that feasibility is undertaken and we make some sort of final decision as to whether a tourism train service is viable or not, then the line and the corridor should be retained intact. Part of that is because we do not know the status of where the lease arrangements are at the moment. As I said, we know the lease arrangements were changed recently by virtue of the fact that the Kroemer's Crossing, which was part of the lease arrangements, had to be amended to hand back part of that lease to the state government to enable that roundabout to be built.

This is not an argument against a roundabout. Clearly, the roundabout was required. What it is saying is we do not want that to happen again where further parts of the track are dug up for development purposes. So that is what the bill does, in essence. In terms of the background to it, the issue of a tourism train service has been one which has been discussed for many years. In fact, until about 2002 at least, as far as I can recall, the train service ran because I know that in 2002 Her Majesty The Queen visited Gawler and also the Barossa.

An honourable member interjecting:

The Hon. A. PICCOLO: She did. I met Her Majesty. I was fortunate to meet Her Majesty at the Gawler station. I was mayor of the town at the time, so I welcomed her to our wonderful town. I spent some time with Her Majesty and then she went on to the Barossa. She arrived in Gawler on the Barossa Wine Train. There is certainly a strong affinity and desire by the community to have its rail service reinstated, albeit in this case for tourism purposes only.

One of the things we have done to ensure we go into this matter with our eyes wide open is that I have established a task force made up of some very important and prominent people, in the sense that their roles in the community mean they have extensive networks and understand the Barossa very well. For example, the task force has Peter Joy, the chair of the Barossa Grape and Wine Association. He would have networks around all the wineries and grapegrowers, an important part of the Barossa, and would understand how a tourism train service would benefit that particular part of the business community.

There is Jon Durdin, who is involved with Tourism Barossa. Again, that goes way beyond just grapegrowers and wineries to all the people involved in the tourism industry. He has extensive networks and knowledge on what the benefit and also the costs could be of this wine train. It is important that we do a proper and thorough feasibility study to make sure this proposed wine train would work.

What we are doing now is different from what has previously happened. There have been a number of reports prepared on this matter, the most recent an expression of interest undertaken by the government, which has not had the confidence of the people of the Barossa. It has been piecemeal, and they have often been called not to actually inform but rather to prevent the train service. Bim Lange, the Mayor of The Barossa Council, is a member of the task force, as is Karen Redman.

A tourism train would not only benefit the Barossa but could also be of great benefit to the Town of Gawler, particularly if it were to run between Gawler and the Barossa. Rod Hook, former CEO of the Department of Planning, Transport and Infrastructure, is also a member of the task force He is an independent person but he also works for John Geber, the owner of Chateau Tanunda, a very successful winery. Rod brings a lot of actual experience, and his experience in this matter would be unparalleled because he worked for the department and understands how to cost projects, the challenges facing the project, etc. He brings a strong independent view to that task force—as do all its members.

The members of the task force have all been selected because they have either very strong pro or anti views about the proposed tourism train, and they also bring with them background and experience that are useful. Ivan Venning, the former member for Schubert, is a member of the task force. He would probably be one of the people who have very strong views about the tourism train,

very pro views. He was also the member for Schubert for about 20 years or so and therefore has a great knowledge of the history of the train and previous services as well as the community's views about the service.

Bob Sampson, who is involved with the National Rail Museum, brings to the task force a lot of expertise in regulatory issues. He understands the difference between regulating a passenger train service and a heritage train service, as well as the extensive processes involved in trying to get a licence to operate such a train service. He brings a very strong knowledge of that process, having worked, I think, in both ANR and South Australian Railways. I think Bob has worked in both railways, and so his input is very valuable to the task force.

Marie-Louise Lees has just recently joined the task force, representing the Southern Barossa region. The Southern Barossa region is an area that sometimes believes they are left out of the Barossa or not considered part of the Barossa, but they certainly are part of the Barossa. There are quite a few commercial, business and community interests that are represented through Marie-Louise Lees. In fact, at the recent task force meeting on Monday night she tabled a document of all the various businesses and interests in the Southern Barossa that could benefit from a tourism train, and it is quite extensive, so there are enormous benefits to be found.

Rolf Binder is the chair of the RDA. The RDA is very strong on economic development and also connecting that to community. Rolf brings with him not only the business acumen of Rolf Binder Wines, which he owned until recent times, which I understand he has now sold to another party, but also the networks that the RDA has in the Barossa area, so we have a very strong task force. Its meetings are very rigorous and robust, which they should be. The task force at the moment is preparing a document that could become a project brief to undertake a feasibility study.

It has been public knowledge that, should my side of politics win government at the next election—we do not have to win Schubert to win government, although for a few months that was a good idea, but that is not going to be the case now—we have committed ourselves to fund the feasibility study, and this is a thorough feasibility study.

The oversight of the study will not be some public servant in the Department for Transport at the direction of a minister or a senior public servant but it would be a taskforce made up of local people. The local people who I have just mentioned will oversee this process and will have a lot of confidence. The idea of having this feasibility is that the outcomes of this feasibility will be accepted by the community and the business sector.

The task before the task force includes looking at the range of benefits for the Barossa and Gawler region from a tourism train and, importantly, how it is congruent with the Barossa brand—the Barossa brand is a premium brand in tourism and we do not want to detract from it—and how it could add to that brand. Therefore, the service that you would provide would complement and not detract from it.

It would also look at the management of the rail corridor, should this go ahead. It would also look at, very importantly, the potential for private sector investment that could be unlocked with a tourism train in that area and what role the private sector would play. It would also look at the issue of Kroemer's Crossing and whether the line could be reinstated and whether the model of the train service would be from Gawler to Tanunda or Gawler to Nuriootpa and beyond.

There is a whole range of other things, but in essence it is designed to ensure that any reintroduced train service would be sustainable and be of long-term benefit to the Barossa. But to be able to do that we need a rail corridor, and the only way we can guarantee to have a rail corridor is to pass this bill that protects the rail corridor from any other actions by this government to dig up the train line. With those comments, I would certainly ask the house to support the bill.

Debate adjourned on motion of Dr Harvey.

CRIMINAL LAW CONSOLIDATION (BUSHFIRES) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 3 February 2021.)

Dr HARVEY (Newland) (10:48): I move:

That this order of the day be postponed.

Mr ODENWALDER: Sir, a point of clarification.

The SPEAKER: The member for Elizabeth rises on a point of order.

Mr ODENWALDER: I believe I was on my feet before the member for Newland and I am ready to speak on the bill.

The SPEAKER: That may or may not be the case. I saw the member for Newland and the member for Newland had the call. The motion has been moved and seconded.

The house divided on the motion:

Ayes 22
Noes..... 22
Majority..... 0

AYES

Basham, D.K.B.	Chapman, V.A.	Cowdrey, M.J.
Cregan, D.	Ellis, F.J.	Harvey, R.M. (teller)
Knoll, S.K.	Luethen, P.	Marshall, S.S.
McBride, N.	Murray, S.	Patterson, S.J.R.
Pederick, A.S.	Pisoni, D.G.	Power, C.
Sanderson, R.	Speirs, D.J.	Tarzia, V.A.
Treloar, P.A.	van Holst Pellekaan, D.C.	Whetstone, T.J.
Wingard, C.L.		

NOES

Bedford, F.E.	Bell, T.S.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Brock, G.G.
Brown, M.E.	Close, S.E.	Cook, N.F.
Duluk, S. (teller)	Gee, J.P.	Hildyard, K.A.
Hughes, E.J.	Koutsantonis, A.	Malinauskas, P.
Michaels, A.	Mullighan, S.C.	Odenwalder, L.K.
Piccolo, A.	Stinson, J.M.	Szakacs, J.K.
Wortley, D.		

PAIRS

Gardner, J.A.W.	Picton, C.J.

The SPEAKER: There being 22 ayes and 22 noes, I have a casting vote in accordance with standing order 180, and I cast that vote with the noes.

Motion thus negatived.

The SPEAKER: Member for Elizabeth.

Mr ODENWALDER (Elizabeth) (10:55): I thank you for your wisdom, sir, and I rise to speak on the Criminal Law Consolidation (Bushfires) Amendment Bill and indicate that the opposition will be supporting this particular bill in this house. What the devastating fires of last summer showed us, if we needed showing at all, was that first of all climate change and the effects of climate change mean that bushfires are going to be an ever present and more and more dangerous part of living not only in the rural areas of our state but in the peri-urban and even the urban parts of our state, when we talk about small townships and communities on the edges, in the foothills, in places like the member for Waite's electorate and the member for Davenport's electorate.

We need to be prepared to throw everything we have at the fight against bushfires. We need to be able to fight on all fronts, which means not only, of course, properly equipping and resourcing our firefighters and the agencies that support our firefighters but also making it very clear to the

community that causing bushfires, committing arson and associated offences, simply cannot be tolerated in this new environment we find ourselves in. I think the member for Waite's bill goes some way to demonstrating that and demonstrating that this parliament believes that we should have no more tolerance for these activities.

I have spoken in this place many times on bushfires. Last summer, when the leader and I went up to the site of the Cudlee Creek fire, to the community meetings, one thing that struck me and was very pleasing was the community spirit that evolves from those things in rural and regional townships but also in peri-urban areas. I note that the member for Kavel particularly, the member for Morialta and the federal member for Mayo were all there and all were acting as lightning rods for their community in a time of great need.

In that vein, then, I hope that, given the growing danger to peri-urban areas, the member for King, for instance, and the member for Newland are within their party rooms telling the relevant ministers that these measures are necessary and that we should be throwing everything at the bushfires. The member for Mawson, I know, will be supporting this bill because he knows from his own experience last year, acting in a similar way as a lightning rod for the concerns of his own community and as a hub for his community, how essential these things are. We need to send these messages very strongly.

Similarly, although I think the member for Kavel acquitted himself extremely well last summer in terms of his community actions, I hope that he was in the party room saying in no uncertain terms that this bill should be supported and that we should be throwing everything at the fight against bushfires. I hope all regional MPs—the member for Davenport, the member for MacKillop—are in there pointing to the Minister for Emergency Services, the Attorney-General and other potential naysayers.

An honourable member interjecting:

Mr ODENWALDER: Excellent. I think I know who the potential naysayers probably would be.

Mr Whetstone: What's a potential naysayer?

Mr ODENWALDER: Get a dictionary, mate.

Members interjecting:

Mr ODENWALDER: That's right.

The SPEAKER: Order! The member for Elizabeth will resume his seat.

Members interjecting:

The SPEAKER: Order! The member for Chaffey will cease interjecting.

Members interjecting:

The SPEAKER: The member for Chaffey is called to order! Members on my left will cease responding to interjections. The member for Elizabeth has the call. The member for Elizabeth.

Mr ODENWALDER: I thank the bard of the Riverland for his advice; it's always welcome. Having said all that, in fact, I hope the bard of the Riverland was in the party room, too, facing off potential naysayers, such as the Minister for Emergency Services and the Attorney-General, who may not like this kind of legislation. But I think it is essential. Let's go through the bill. It is a simple bill. The first provision—

The Hon. V.A. Tarzia: You like the simple ones, don't you Lee?

Mr ODENWALDER: I do like the simple ones.

The SPEAKER: Order! The member for Elizabeth will not respond to interjections.

Mr ODENWALDER: I will be interested—

The Hon. V.A. Tarzia interjecting:

The SPEAKER: The minister is called to order!

Mr ODENWALDER: Yes, sometimes these things are simple, minister, and I hope that you were one of those people in the party room, or will be one of those people in the party room, saying that we need to do this. The first provision, as I said, is a simple one. It increases the penalty from 20 years to life imprisonment for causing a bushfire. In—I could be wrong—2007 or 2006, the Rann government moved to make life imprisonment the penalty for arson and other related offences and I think this is just simply keeping up with that. I think that is a pretty easy one. I think even perhaps the Minister for Emergency Services could bring himself to support that. It might take him two years to come around, but perhaps he will support it at some point.

The second one, of course, is about mandating the provision of compensation under section 124 of the Sentencing Act. Of course, section 124 already allows compensation to be paid. This mandates the order for compensation to be made in the event of causing a bushfire. I think there is plenty of room in that. There is plenty of room, in fact, in other arson offences to look at that and perhaps that is something for the Minister for Emergency Services to do over the next year or so, to have a look at that.

We need to send very, very clear messages to these people. There are perhaps sometimes complex reasons why these people light bushfires or cause arson. But, in the current environment—and we saw last summer the devastating effects of the new nature of the fires we are facing—we need to throw everything at this fight. If it requires very, very harsh penalties, if it requires mandated compensation, then that is what we should do. I urge all members to support the bill, particularly those, as I said, in peri-urban and regional areas. I urge them to urge their own party room to support this measure and I hope that we can all come together and fight these fires together.

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (11:02): May I indicate that the government side has given consideration to this bill and, whilst there are very important sentiments sitting behind it, it will be the position from the government side that this be opposed. The, perhaps, misunderstanding of the mover, which I have attempted to explain directly to him, has not been, perhaps, fully appreciated.

Perhaps if I could just outline the position. On 3 February 2021, in wake of the Adelaide Hills bushfires, the mover introduced this bill, and that is unsurprising given the background of that. It seeks to amend section 85B of the Criminal Law Consolidation Act by increasing the maximum penalty for the offence of causing a bushfire from 20 years to life imprisonment. It also requires the court that finds a defendant guilty of the offence to make an order under section 124 that the defendant must pay compensation for injury, loss or damage resulting from that offence.

This is the situation in South Australia in respect of someone who deliberately causes a bushfire or is guilty of arson. With regard to property damaged by fire or explosives, section 85 of the Criminal Law Consolidation Act 1935 makes it an offence for a person to either intentionally or recklessly damage property (e.g., a building or motor vehicle) by fire or explosives, without lawful excuse. The maximum penalty is life imprisonment, which is consistent with Queensland and Western Australia, and significantly higher than some other jurisdictions such as the Australian Capital Territory and Victoria, which are 15 years and 25 years respectively.

Secondly, section 85B of the CLCA creates a specific offence for causing a bushfire. The maximum penalty is 20 years' imprisonment. This specific offence was created in recognition of the seriousness of bushfires and the danger they pose to human life, wildlife and vegetation. In fact, I was in the parliament at the time when Premier Rann introduced this initiative. I remember my first question was: why are we doing a new offence when we have already got life imprisonment for arson? The answer was: you have to actually have caused the death of somebody to be guilty of arson or property damage over a certain value. Therefore, this was without direct loss in that way, specifically, but recognising loss of vegetation and loss of wildlife, even if there was no loss of human life or property, as such, as we know it. That is the genesis of that initiative as he explained it to me at the time.

Thirdly, in circumstances where there is a risk to human life, where arson or a bushfire does pose a risk to human life or results in the death of a person, it is open to charge an arsonist with endangering life (section 29 of the CLCA), which attracts a maximum penalty of 15 years' imprisonment and 18 years' imprisonment for an aggravated offence, that is it occurs more than once, etc., or murder or manslaughter, both of which attract a maximum penalty of life imprisonment.

Additional sanctions relate to this proposal in respect of requiring a mandated compensation payment for those guilty. Section 124 of the Sentencing Act already, currently, provides that the court may make an order for a defendant to pay compensation for injury, loss or damage resulting from the offence, or any offence taken into account by the court in determining sentence for the offence. Introducing a sentence is one thing but introducing an obligation to pay compensation is clearly a futile exercise, most likely, when the offender, the guilty party, has no assets with which to meet that situation.

Let me advise the house of the comparison with other jurisdictions. The mover's second reading speech suggested that his bill would bring South Australian laws in line with the maximum life sentence available for causing a bushfire under the Western Australian Criminal Code Act Compilation Act 1913. However, on this point, as I have indicated, he is incorrect, as the penalty of life imprisonment in Western Australia relates to the offence against section 444 of criminal (wilful or unlawful) damage of a property by fire, for which South Australia already has the equivalent offence of property damage by fire or explosives, as I have detailed earlier. This attracts a maximum penalty of life imprisonment. Further, the South Australian specific offence of starting a bushfire, as I have indicated, is broadly consistent with other jurisdictions, although not every jurisdiction expressly has one.

Clearly, the mover of the motion, meritorious as his sentiment behind this motion may be, has focused, however, on the potential loss of life and extensive damage to property and the environment that can be caused by bushfires as the main rationale for introducing the bill. I entirely understand that sentiment. Although these reasons are obviously compelling, the offences currently available in the CLCA, which attract the maximum penalty of life imprisonment, are applicable in circumstances where property damage is caused by fire or a fire has posed a risk to human life or resulted in the death of a person. I suggest respectfully that the bill is futile.

In the few minutes that I have left can I add to my contribution by saying that we have just had a state and royal commission status federal inquiry into bushfires and how we might address matters that other speakers have raised, namely the advent of effect on the whole hydrology of fires as a result of climate change and other factors. I think that is all important data, including the use, better use and more use of indigenous burning. These are all things that clearly all governments around the country, who are providing the resource and making determinations to support the management and prevention of bushfires, need to take heed of and need to consider.

Punishing the people who start bushfires is a feature in respect of how we deal with the day-to-day management of bushfires. Let us be under no illusion: for someone who has grown up in a bushfire region and was a victim again of significant loss of property in the Kangaroo Island bushfire of December 2019, this is something that we do live with and we do have to continue to manage. We also need to appreciate that the overwhelming majority of bushfires, and others—and we are talking about bushfires, in particular, today—start with lightning strikes. If we are lucky, it is followed by rain, which helps us put out the fire.

We had a bushfire just the other day in my local region on Kangaroo Island. It started in almost exactly the same spot as the 2019 fires. Within a couple of days, we had sufficient moisture and support on the ground to get that fire under control. Sadly but fortunately, as a result of the denuding of the conservation zones and national park down that end, there was not much to burn if it did jump the highway. This is the reality of what we live with.

The police are also a very important party to the management of the cohort in our community who come up against criminal sanctions but who do not actually ever get either prosecuted and/or sentenced in the manner in which we expect when we are so outraged that someone has gone and done this. I am talking about a cohort of people who have a propensity or a love for lighting fires. They are under impairment and/or mental incapacity. It is with us on a daily basis, which is alarming during a bushfire season.

Our South Australian police have a project every year in the lead-up to and during the bushfire season to alert and inform those who have to be kept under surveillance that they are being watched. That is a really important role of the police in the lead-up to the bushfire season. There are not one or two in South Australia who have to be watched but dozens at any one time. They have to be cautioned, monitored, kept an eye on, reminded that they are sometimes under surveillance and

followed by police to make sure we are kept safe from behaviour that is going to cause a bushfire and/or loss of property or damage.

Just recently, someone was charged in respect of a fire in the Adelaide Hills, which is clearly proximate and a danger/threat to the mover of this motion. I do understand that. I am not going to mention the details of the case other than the fact that it was raised in the course of this debate. Whatever the circumstances are, I do not know. I make the point to the parliament that we are dealing with people who do the wrong thing, for which we have a very clear and severe set of parameters of laws that are already there. They are some of the highest in the country, so I do not know how we can make them any higher. Mandatory compensation will not resolve that for the people who clearly do not have any assets. Even reparation orders for someone who might be amateurish may not be the answer. We do not want them going in there putting up fences or things that are destroyed, as we do with graffiti.

I understand the merit of this. There are a lot of issues that we have to deal with to protect the community against bushfire, loss of life, damage and carnage to our sanctuaries, but I regret to say that this is not one of them.

Debate adjourned on motion of Ms Bedford.

CRIMINAL LAW CONSOLIDATION (PROTECTION OF WAR MEMORIALS) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 2 December 2020.)

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (11:15): On 2 December last year, the Leader of the Opposition introduced the Criminal Law Consolidation (Protection of War Memorials) Amendment Bill 2020 into the House of Assembly. It followed a circumstance where there had been acts of wilful destruction of the memorial on North Terrace, which was outlined in that contribution.

It is not a common occurrence, but it is very disturbing when any war memorial site is in any way defaced, graffitied, destroyed, damaged or urinated on. There are lots of different circumstances. It does not occur a lot but, when it does, it offends every sense of any of us who are respectful of the memorials and why they are there.

The bill proposes to insert a specific offence in the Criminal Law Consolidation Act (CLCA) 1935 for desecrating war memorials and their surrounds, with a maximum penalty of 10 years' imprisonment. It also provides that if a person is found guilty of the offence, they can be ordered to undertake remedial action to restore the war memorial if a suitable program exists or pay the costs of taking remedial action.

There are currently two main areas of law that apply to defacing public war memorials, namely property damage offences under the Criminal Law Consolidation Act and graffiti offences under the Graffiti Control Act 2001. The Criminal Law Consolidation Act already includes offences for property damage and arson. Section 85(3) of the Criminal Law Consolidation Act provides for the following non-arson damage to property:

> (3) A person who, without lawful excuse, damages another's property (other than a building or motor vehicle)—
>
> (a) intending to damage property; or
>
> (b) being recklessly indifferent as to whether his or her conduct damages property,
>
> is guilty of an offence.

This offence is likely to apply to defacing a public war memorial and attracts a maximum penalty of 10 years' imprisonment.

Let me outline to the house the Graffiti Act offences. The Graffiti Control Act defines 'marking graffiti' to include defacing property in any way. The offence of marking graffiti in section 9(1) attracts a maximum penalty of $5,000 or imprisonment for 12 months. Section 9(1a) provides a more serious offence of marking graffiti within a cemetery, public memorial or a place of worship or religious

practice. This offence attracts a slightly higher maximum penalty of $7,500 or imprisonment for 18 months.

There are some additional sanctions. Pursuant to the Graffiti Control Act, a court that convicts a person of an offence of marking graffiti, whether under the CLCA or the Graffiti Control Act, must either (1) order the offender to take part in a suitable graffiti removal program if available and reasonably practical or (2) order that person to pay appropriate compensation to the owner or occupier of the property in relation to which the offence was committed. If the graffiti is on public property or visible from a public place, the court may also order that the offender pay to any person who has removed or obliterated the graffiti a reasonable amount for the removal or obliteration; i.e. if local council comes in to clean it up, then they can seek that recompense.

When sentencing a person for a second or subsequent graffiti offence, a court has discretion to order a one to six-month licence disqualification in addition to any other penalty. Offences against both section 85 of the CLCA and section 9 of the Graffiti Control Act are taken into account for determining whether a person has committed a second or subsequent graffiti offence.

In his second reading speech and media release, the Leader of the Opposition, I suggest, conveniently failed to mention or acknowledge the CLCA offence of damaging property, which already attracts a maximum penalty of 10 years' imprisonment. Instead, he focuses on the lesser offence contained in the Graffiti Control Act. Given the offence already available under the CLCA attracts exactly the same maximum penalty of 10 years' imprisonment, also coupled with the additional sanctions that I have outlined, I suggest that the bill simply has served to duplicate the laws and penalties that already exist.

It is simply not enough for the Leader of the Opposition, who has been a police minister and understands how these things work, to come out and say, 'Ten years' imprisonment,' and omit to mention that we actually already have a law that does that. That is simply not adequate. I think it is important to recognise the significance of what happens.

In this instance that he has cited, my understanding is that, subsequent to that, there was media coverage to suggest that a person or persons have been charged in relation to the offence. We all agree the circumstances of the pillage and damage to the crosses on North Terrace at the time were disgusting. I feel offended and absolutely outraged about that, as anyone else in the community would be. It is unacceptable. The police have acted on the matter. As I understand it only from media reports, they have been charged. That is now a process to be undertaken with the laws that we already have, which already provide for what the mover of the motion is doing.

I do not in any way criticise the Leader of the Opposition for highlighting the concern the community has when these types of acts of wanton damage to something that is sacred occur. I totally support that, but he does need to get up to speed in relation to what is already there. If he has not, then simply coming out and making these sorts of statements to suggest that this is some way of managing a social issue is hardly helpful. Repeating the law does not make it any easier or any harder.

Second reading negatived.

STATUTES AMENDMENT (INTERVENTION ORDERS AND PENALTIES) BILL

Second Reading

Adjourned debate on second reading.

(Continued from 3 June 2020.)

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (11:24): The member for Reynell introduced the Statutes Amendment (Intervention Orders and Penalties) Bill 2020 to the House of Assembly on 3 June last year to amend the Intervention Orders (Prevention of Abuse) Act 2009 and the Sentencing Act 2017.

Essentially, this bill is to increase penalties for a number of provisions. In addition, it inserts a definition of 'aggravated offence', being an offence committed in circumstances where the offender knew or suspected, or ought reasonably to have known or suspected, that a child would see, hear or otherwise be exposed to the offending conduct or to any effects of that conduct, or, in the course of committing the offence, the offender threatened to restrict a person's access to the person's child.

The bill also prescribes section 31(2aa)(b) of the IO act for the purpose of a serious repeat offender in the Sentencing Act 2017. This is a whole area of protection by legislation that is dear to my heart, and I know to the Premier's heart, given his appointment of the member for Elder, who has a prominent role and passionate advocacy in this area.

Part 5 of the IO act was amended by the Statutes Amendment (Domestic Violence) Act 2018. That act implemented a government election commitment to introduce measures to combat domestic and family violence, which included:

(a) Introducing section 31(2aa) into the IO act, which provides for tougher penalties for:

- repeated breach of intervention order conditions; or
- breaches that involve physical violence or the threat of physical violence.

(b) Changing the penalty for a breach of section 31(2) (offence of breaching a term of an intervention order) from two years' imprisonment to a $10,000 fine or two years' imprisonment.

Currently, a breach of an intervention order that relates to a failure to undertake an intervention program can be expiated. The bill proposes to remove the scope for an expiation notice to be issued. This will remove the flexibility to use the expiation notice process to deal with a particular type of breach that the parliament has deemed is minor and able to be dealt with by way of an expiation notice. The bill also proposes a sentence of imprisonment of up to two years for a breach of section 31(1), which seems a disproportionate response to what is a minor breach.

The bill proposes to increase penalties for a breach of an intervention order, other than a breach involving failure to undertake an intervention program, under section 31(2a) of the act. The maximum penalty of imprisonment would increase from two years to five years for a basic offence (minor indictable) or seven years for an aggravated offence (major indictable). The bill also proposes to increase the penalties for a breach of section 31(2aa) from four years' imprisonment or $20,000 to 10 years' imprisonment for a basic offence and 12 years for an aggravated offence. Arguably, this reform is not required, and the government's response to the 2018 bill took sufficient steps to introduce tough measures to respond to domestic violence.

The bill seeks to create an aggravated offence where children are impacted. This is really a very contemporary concern; it is one for which the government is already undertaking some work and research, so that we do look at the actual impact on children who are not even necessarily directly a victim of physical assault, for example, but who view someone who is vulnerable in that circumstance, a victim, or just hear the constant barrage of verbal abuse and/or demeaning comments—for example, to their mother. Of course that is a concern.

The effect of a breach of an intervention order that impacts children is already treated as a more serious breach than other breaches. The new definition of 'aggravated offence' may result in there being a disproportionate response to what could be characterised as a relatively minor breach. Preventing exposure of children to the effects of domestic violence is already one of the objects of the act and underpins the existing provisions and intervention order framework.

I thank the member for raising it, to the extent that it is a contemporary issue. We do need to start. I assure her that the government have already started working as to how we might deal with this—again not necessarily in a criminal sanction or envelope, but how we actually deal with it to protect children, recognise them in that situation and actually assist them, not just the direct victim, to get through.

The bill also describes the provision of the creation of an offence contravening a term of an intervention order, and similarly in the Sentencing Act. Under the serious repeat offender scheme, where a person has been convicted of at least three serious offences on separate occasions, they meet the definition of 'serious repeat offender'. When sentencing a serious repeat offender, a court must impose non-parole periods of at least four-fifths of the length of sentence and is not bound to ensure that the sentence is proportional to the offence.

I would urge the member to perhaps draw attention to those initiatives. They are in place already. In those circumstances, again, this is a situation where I entirely understand the merits sitting behind the mover's proposal relating to an area in our community that we do need to shine the light

on. We intend to do that, and we are already activating that space. Repeating what is already in the law is not the way to do it, so I therefore indicate we will oppose the bill.

Debate adjourned on motion of Dr Harvey.

Motions

COVID-19 ECONOMIC RECOVERY

The Hon. S.C. MULLIGHAN (Lee) (11:31): I move:

That this house–

(a) recognises the need to support local businesses in order to recover from the COVID-19 recession;

(b) notes that small businesses in South Australia are the backbone of our economy and were hit particularly hard during 2020 due to COVID-19 restrictions; and

(c) acknowledges the need for a government in South Australia that consults with businesses and unions to ensure people in South Australia prosper.

There is no doubt that the South Australian business community was hit extremely hard by the events of last year. Not only was there significant uncertainty throughout the community and at varying times a significant reduction in some areas of spending across sectors of the economy but, of course, more particularly, many businesses were required to close or be subjected to very significant restrictions on their capacity to operate.

This was most acutely felt by small businesses in South Australia. The experience was not even across the economy. Some businesses have absolutely flourished over the last 12 months, even with the imposition of restrictions. You only need to be a major grocery retailer such as a Coles or a Woolworths, for example, or perhaps a JB Hi-Fi or even a Harvey Norman, to know what that means. As spending has been redirected away from other purposes—for example, interstate or overseas travel—or away from the capacity to patronise people's local small businesses, spending has been redirected into a small handful of large businesses.

This has massively impacted small businesses. Even for those small businesses that were able to make the case to access some of the federal government stimulus programs like the JobKeeper program, the impact on them has been extremely significant. A great concern for small businesses has been not just how the restrictions impact their capacity to operate their bottom lines and their capacity to generate a profit but, of course, their capacity to employ their staff.

There were tens of thousands of South Australians who lost work in the early weeks of the pandemic hitting South Australia. At one point, more than 50,000 South Australians found themselves unemployed who were not previously. Along with the rest of the nation, our unemployment rate spiked. Very quickly, attention turned to the state government here in South Australia as to what support was going to be provided to small businesses and, in turn, their employees.

No doubt, the federal government was doing its share. Implementing a wage subsidy scheme like the JobKeeper arrangement was unprecedented in Australia and I think it was certainly not anticipated that a federal coalition government would go down that path. Just as Wayne Swan had to do in the aftermath of the global financial crisis, it was clear that Josh Frydenberg and Scott Morrison listened to the advice of the Australian Treasury and its secretary and put in place those measures required to try to insulate the national economy from the worst impacts of the recession that was to come.

Notwithstanding the JobKeeper scheme, local efforts have often fallen short of what has been required to support businesses in South Australia. The government here was very quick to announce in March that it was the first jurisdiction in the country to provide a stimulus package. They said they would be spending over $300 million on stimulus to help the economy weather the storm of the coronavirus pandemic.

To put it into context, $300 million is less than 0.3 per cent of one year's gross state product. Of course, that would be a stimulus if it was new money. Unfortunately, this $300-odd million dollars was not new money; it was repackaged, rebranded existing spending already factored into the state budget across the forward estimates. It was not possible to get some of that money out the door even within the first six months of its announcement; it was no stimulus at all.

It quickly became apparent to the parliament, to the media and to the community that we had seen announcements made, particularly through the morning paper, of huge expenditures to come that never actually materialised. I am thinking of course of the $1.4 billion and $1.5 billion for South Road promised by the federal government over two years, which never turned up. Here, we had an announcement from the government which looked good on paper but fell well short in practice.

The government responded by upping their stimulus with some genuinely new money, announcing that $1 billion would now be spent—an extra $650 million on top of the $350 million announced previously. But, of course, it fell well short. You only had to read *The Advertiser* and *The Australian* to see that the stimulus package proposed by the Marshall Liberal government was the smallest per capita in the nation.

Frustratingly, not only was it the smallest—the lowest amount of support from a state or territory government for their community from anywhere in the nation—it turned out it was also the slowest stimulus in the nation. We had reports of business after business after business applying for the much-vaunted $10,000 small business grants and they could not access them. There was no clarity on the state government's websites around how to apply, the documentation required, the process after application, or when the application would be considered and paid out.

When we raised this issue in the parliament, the Premier was unable to answer any questions about how quickly the stimulus was being rolled out. In fact, it emerged that there was no process anywhere in government—not at the cabinet level, not at the budget cabinet committee level, nor at the Treasury or Treasurer level—to monitor how quickly the announced stimulus money was getting out into the community to help prop up the businesses and parts of the economy that needed it the most.

It is becoming a familiar refrain with this government: a minister is basically hands-off and does not take any action to check that their department is doing what is required of them. It seems to be the theme of this week and it was certainly the theme of last year when it came to stimulus spending. Perhaps some of this could be excused if the South Australian economy had been in a strong position going into the coronavirus pandemic; of course, the opposite was true. In the 2019-20 financial year, South Australia recorded the lowest economic growth of any state or territory in the Commonwealth of Australia—the worst economic performance of any state or territory.

Our employment growth rate was lagging behind the other states and territories, and of course our unemployment rate, before the coronavirus pandemic hit our shores, was higher than what it was at the last state election. So even before we had to deal with the pandemic, even before we had to deal with the economic impacts of the pandemic and the recession it was going to cause, our economy was already starting behind the eight ball. In response, we had measly economic stimulus commitments from the government, which were then slowly rolled out to the community with the complete absence of ministerial oversight.

I asked question after question, both in question time and also via questions on notice placed on the *Notice Paper*, about how much of this money was getting out to the community—sitting week after sitting week. I was unable to receive any answers from the government simply because they were not paying close enough attention to it. You do not have to take my word for it; it was also the evidence that the Under Treasurer gave the other place's Budget and Finance Committee, that this was not being monitored.

More recently, only at the beginning of this month, we had the Under Treasurer appear before the Budget and Finance Committee. He was asked a question by the Chair of the committee: 'So from March 2020 up to the end of the current financial year, which will be mid-2021, less than half of the funds,' that is, the stimulus funds, 'will be spent. Have I got that right?' Mr Reynolds, the Under Treasurer, said, 'Yes, that would be correct.' He even went on to say, 'That doesn't mean the funds haven't been allocated to be spent on particular programs.'

So the government are allocating money for expenditure to stimulate the economy; they are just not actually spending it. You can imagine the frustration of small businesses being crippled by the restrictions that have been placed on them. As I have said to this place previously, the opposition has steadfastly provided support to the state government with its handling of the pandemic. We have provided support to the government on the restrictions that have been imposed on the community, even though we understand the impact they are having on small businesses, their employees and the broader community.

However, we have regularly urged the government to do more to help those people impacted by the restrictions to better navigate their lives, to better maintain their livelihoods, to sustain their small businesses and to keep South Australians employed. Most of that has fallen on deaf ears. You only need to speak to operators in the hospitality industry, for example, to hear dozens if not hundreds of stories of small business owners and venue operators who feel like they have been left out in the cold.

Some of these people were fortunate enough to have the direct ear of the Premier. They were, at the beginning of the pandemic, thoughtful and considered enough to make representations to the government, even directly to the Premier himself, asking for better support for their industries. When it became clear that the government was not doing enough for these operators, that direct line dried up very quickly—very quickly. In fact, some operators will tell you that they were getting what can euphemistically be described as short shrift from the Premier. They felt like they had nobody to turn to or nobody to talk to in government.

Indeed, it is much to the frustration of many of these operators, and I will give you an example. If you are a large function venue operator, you might have a function room that is 750 or 1,000 square metres, specifically designed for holding large functions, weddings, celebrations and that sort of thing. Regardless of the one person per two square metre limit imposed on the rest of the hospitality industry, their functions are capped at 200 people, so there are still dozens and dozens of brides and grooms, for example, who have delayed their wedding, delayed their wedding, delayed their wedding in some cases up to seven or eight times because they cannot hold the function they want to.

Meanwhile, they are told by SA Health, 'We don't have the time, the resources or the interest to review your COVID management plans.' So, if they want to have a function with more than 200 people, if they want to have an event with more than 200 people, they will require a COVID management plan. But SA Health is telling them, 'No, sorry, you can't.' The result of all this is not just a loss to the function owner and to the staff they employ to actually hold the function; it's a loss to the suppliers of that function, that whole chain of businesses and employees that would help those venues operate. This is costing, still to this day, thousands of jobs across South Australia.

SA Health will not consider a COVID management plan for them but, I tell you, if you are lucky enough to be Andrew Daniels down at the Stadium Management Authority you can bet your bottom dollar that you can get your COVID management plan sorted out. If you are Tennis SA and the operator of Memorial Drive, you can get your COVID management plan sorted out regardless of all those unpleasant occurrences of secret COVID cases not being released by the government when it comes to tennis events.

Small businesses are the backbone of our economy. They always have been and they always will be. They need more support from this state government. They do not need mean-spirited, small and tardy stimulus packages in response to this pandemic. They need a government that will engage with them, that will support them and that help them maintain their livelihoods through this pandemic.

Ms LUETHEN (King) (11:46): I thank the member for his motion. I move to amend the motion as follows:

Delete:

That this house—

(a) recognises the need to support local businesses in order to recover from the COVID-19 recession;

(b) notes that small businesses in South Australia are the backbone of our economy and were hit particularly hard during 2020 due to COVID-19 restrictions; and

(c) acknowledges the need for a government in South Australia that consults with businesses and unions to ensure people in South Australia prosper.

And insert in lieu thereof:

That this house—

(a) recognises the need to support South Australian businesses adversely impacted as a result of COVID-19;

(b) notes that small businesses in South Australia are the backbone of our economy and that many were hit particularly hard during 2020 as a result of COVID-19;

(c) acknowledges the need for the government of South Australia to continue to consult with businesses and unions as the government implements policies to assist economic recovery; and

(d) acknowledges the importance of the $4 billion stimulus package outlined in last year's budget designed to provide support to small business and assist economic recovery over the next two years.

In the grip of a global pandemic and the greatest economic challenge of our time, the Marshall Liberal government has continued to do whatever is necessary to save lives and livelihoods. As noted by Deloitte Access Economics in its latest Business Outlook report, the South Australian economy has weathered the COVID storm remarkably well to date, with low cases, businesses open and positive news on the jobs front. The report states that South Australia's recovery theme has been jobs, jobs and more jobs, with the state's unemployment rate now lower than it was when COVID-19 hit, as well as being the lowest unemployment rate of any of the states.

There are more people employed full-time in South Australia now than at the same time last year, making South Australia the only state so far to have achieved this enviable position, which is something all South Australians can be proud of. Deloitte also notes that South Australia has pushed money into jobs, including a $4 billion economic stimulus to generate thousands of jobs as well as $16.7 billion in infrastructure investment and $288 million invested in skills training.

While Labor is desperate to talk down our state, the Marshall Liberal government remains focused on delivering for South Australians in these unprecedented times. To save as many jobs and businesses as possible, the Marshall Liberal government has invested a record $4 billion in economic stimulus, including an extension of $10,000 cash grants for small businesses and not-for-profits as well as significant payroll tax and land tax relief.

More than $253 million in cash grants has been paid to thousands of small businesses and not-for-profits across South Australia to help them survive and trade through COVID-19, in a sweeping economic stimulus program that Treasury analysis shows has supported more than 104,000 jobs. Of the 20,885 businesses and not-for-profits to benefit from cafes, restaurants and hotels to sporting clubs, clothing retailers, manufacturers and gyms, 20,097 received the $10,000 cash grant across rounds 1 and 2 of the scheme. A further 788 received a $3,000 grant. They are small businesses who do not employ staff, including sole traders and partnerships who operate from a commercial premises and are continuing to suffer COVID-19 hardship.

As part of the government's commitment to South Australian businesses and workers, it has committed the following stimulus measures: $795 million in total for the Business and Jobs Support Fund and the Community and Jobs Support Fund; $657 million in support for our educational institutions; $747 million for the community and community infrastructure; $592 million in relief from payroll tax, land tax, gambling tax, and other fees and levies.

This is additional to tax measures of $138.7 million and other fee relief measures funded from the business and community jobs funds; $354 million for economic and business growth; $317 million in road infrastructure; $297 million investing in our assets; $120 million for the Digital Restart Fund; and a $118 million investment in health infrastructure.

The government also took the step earlier on in the pandemic to allow for waivers of annual liquor licensing fees for 2020-21 for on-premises, residential, restaurant and catering, clubs, liquor productions and sales, as well as for small venues. These measures are all in place to assist South Australian businesses to keep their doors open, in turn allowing their staff to stay in a job.

The Marshall Liberal government is well aware of the need to support local businesses as we start moving out of the COVID-19 pandemic. Local businesses, which are fundamental to South Australia's economy, have been significantly affected by COVID-19 restrictions, hence the government is more committed than ever to back our local businesses, including those in my electorate of King, to spearhead a roaring rebound from this pandemic.

As the Marshall Liberal government continues to back our local businesses, South Australia's economy is in an enviable position. Additionally, the recent state budget is delivering $10 million in support packages for tourism and taxi and bus services, $7.5 million in rent relief for non-residential

tenants of government properties and tourism properties leased on Crown land, and $5 million for a business advisory services scheme supporting small to medium enterprises to develop sustainable business strategies.

This comes on top of the landmark $20 million committed to the tourism industry. Further, the government is helping local businesses recover by lowering their operational costs. Commercial owner-occupiers who own the land where they operate their small businesses were also offered 25 per cent relief from their 2019-20 land tax liabilities if they were eligible for JobKeeper from 31 October 2020 and had an annual turnover of up to $50 million.

Under the Marshall Liberal government, local businesses will be in the very best position to reinvest back into our economy, placing them at the front and centre of our state's economic recovery. The situation is certainly not doom and gloom, as the member for Lee would like to imagine. Our local businesses have achieved a remarkable post-COVID comeback. Our state's COVID-19 recovery is already producing inspiring stories in my electorate.

In Golden Grove, Zitto has faced the pandemic's challenges head-on. Owned by an aspiring, young businessman, Rob Terry, Zitto is a boutique cafe that continues to enjoy my constituents' confidence and continues to provide employment to the wonderful people from our local community. While COVID-19 restrictions presented unprecedented challenges to Zitto in 2020, the business worked tirelessly to adapt creatively to these restrictions. It has emerged from the pandemic's peak stronger than ever before and has now opened its third cafe in Elizabeth.

Similarly, keeping up with COVID-19's rapidly evolving nature, understandably, was difficult for the Golden Grove Tavern, although they found the most creative solutions—for example, serving meals through their drive-through service. Further, Greenwith's Caffe Aroma, with local leader Aliy from Hillbank, adapted to the COVID-19 restrictions by delivering meals to King constituents who have continued supporting this fantastic local business since 2020.

I cannot make a contribution about our local businesses without mentioning Pizza Bite and Aroma pizza bar who both generously offered to support frontline workers and community members doing it tough throughout the pandemic. They pivoted, they adapted and, make no mistake, local businesses are at the front and centre of our economic recovery. I commend this amended motion to the house.

Ms MICHAELS (Enfield) (11:55): I rise in support of the member for Lee's motion and to note my opposition to the amendments proposed by the member for King. I wholeheartedly second the member for Lee's sentiments that he expressed and reiterate the importance of supporting local businesses as our state recovers from the COVID-19 recession.

As our leader, the member for Croydon, often says, Labor is first and foremost an economic party, a party dedicated to supporting and growing our economy to encourage growth in jobs and wages. Governments must be focused on the economy and that is why I was privileged to be appointed to the shadow cabinet late last year with the small business and family business portfolio in order to enable us to consider all our policies and their implications with a small business lens.

As the member for Lee said, small businesses are the backbone of our economy in South Australia. We must work towards creating a competitive and productive environment for small business, if the South Australian economy is to recover post COVID. Small business owners, particularly with family businesses, often deal with the pressures of their businesses providing the primary source of income for their families and their employees' families. Through no fault of their own, so many of these businesses have become threatened by the uncertainty and limitations of the new COVID reality.

Unfortunately, many industries were already under pressure. Many of them have been forced to restrict or cease trading, reflecting what was already a challenging economic situation in South Australia. Australians are some of the most leveraged people in the world, with substantial financial liability placed on those interested in building their own ventures. We continue to witness the financial fragility of our businesses struggling to make ends meet in certain sectors, with our national economy flailing in so many metrics.

It is time our governments, both state and federal, seek to incentivise these ventures and maintain that support throughout. The cost of this recession on South Australians has been exponential. With business owners uncertain of their long-term and short-term prospects, there are

few incentives to invest in their potential expansion, to take on that extra worker or to build on their innovative ideas.

As we watch Victoria now emerging from another lockdown (3.0) and a new variant being introduced in New Zealand, anxieties over personal and financial security are at fever pitch. As the focus on the COVID-19 vaccine rollout intensifies, our government must be poised to deliver a suite of policy initiatives, stimulating business activity and creating opportunities for growth throughout our supply chain. We must consult with these businesses to identify where targeted support can be offered.

We know that the federal government is unlikely to come to the party. In fact, we know that when JobKeeper ends in a few weeks, about $35 million per month will be stripped out of the South Australian economy. It is our state government that needs to think big and to invest in business owners and their workers to create a culture of confidence in our future in this state.

This period of recovery is an opportunity to be proactive, to give our businesses reasons to expand their workforces and to give those workers an incentive to spend their wages. Indeed, this recovery could adopt a mantra of investment for growing industries such as the innovations targeting clean energy production, for example. Our startup companies of today could be tomorrow's specialists in agricultural technology, recycling or green transport.

I am optimistic that, if done right, South Australia can emerge stronger than ever, with the innovation and flexibility of local small businesses and their workers to thank for it. There is some scope for bipartisan action here. Whilst this place often witnesses disagreements between the parties, we can surely reach consensus that investment is required and a must for our constituents to reinvest in their local communities.

Sadly, those opposite have turned their backs on South Australian small businesses. Just this week the Treasurer was on radio spruiking his government's policy of deregulating shop trading hours. Unfortunately, in that interview he did not once discuss the benefits to South Australian small businesses but instead focused on how deregulation would assist national and multinational companies.

As I have already said, small business is the backbone of our state's economy. There is not one sector in South Australia that was not built up by small business people in this state, from hospitality, tourism, agriculture, food and wine, to even defence, mining and biotech as well as retail, just to name a few. Yet what is this government doing to support the small business end of town in these sectors?

The government has turned its back on most small businesses, particularly in hospitality and tourism with its Great State Voucher program. With the vouchers being redeemable to cover only accommodation costs, tourism operators have been left out in the cold. I have personally spoken to a number of travel agents who are desperately struggling at the moment. Once-thriving businesses that would be booked out months in advance are now lucky to get a few inquiries a week.

With each and every outbreak of COVID and subsequent border closures, these businesses lose more and more of their potential clients. That is money being taken away from paying their overheads, money that cannot be used to pay their mortgages, their children's school fees or any other necessities. These businesses have been kept alive with the assistance of the federal government's JobKeeper payments, but we have not seen much decent support from this state government.

This government's Small Business Grants even excluded thousands of small businesses, especially home-based businesses, which disproportionally impacted female business owners. With JobKeeper coming to an end in weeks, we do not know what will be in store for these once self-reliant businesspeople, their families and the employees who rely on them. This pandemic is far from over, and it is looking like support from federal and state governments will dry up long before it is.

I have spent many hours speaking with small business owners to get to know their businesses, their challenges and, importantly, their opportunities. Now it is time to work with my colleagues, in particular the member for Lee, as we continue to build relationships with the great South Australian business community and, on our side of the chamber, work constructively on South Australia's business recovery. I commend the motion to the house.

The Hon. D.G. PISONI (Unley—Minister for Innovation and Skills) (12:01): I stand to support the amendments made to this motion by the member for King and acknowledge her engagement with small business in her electorate in particular. I have visited the electorate of King with the member for King a number of times and learnt about the businesses, the quiet achievers, those who go about their day generating wealth for the state and employing South Australians without expecting anything in return other than a fair system—and that is what we have delivered here in South Australia.

We have continued to work in partnership with small business here in South Australia. We did not wait for a pandemic to trigger an interest in small business. The conversion on the road to Damascus from those opposite is interesting. Where was their interest in small business when they were in government, when they could actually implement policies—

The Hon. S.C. Mullighan interjecting:

The SPEAKER: Order, member for Lee!

The Hon. D.G. PISONI: —when they could actually do something about it? When we came to office the payroll tax threshold was amongst the lowest in Australia—$600,000 on your payroll. It is now $1.5 million, knocking thousands of businesses out of the need to collect and pay payroll tax every month. Again, that did not require a pandemic to take action; we did it because that is what we believe in.

The Hon. S.C. Mullighan interjecting:

The Hon. D.G. PISONI: It does not matter. The small business community—

The SPEAKER: The member for Lee is called to order.

The Hon. D.G. PISONI: —judges people and political parties on their actions. Those opposite had plenty of time to act when they were in office, but instead they failed. They failed in supporting small businesses with their payroll tax regime and, of course, they failed to support small businesses to get the skills they need to prosper and for South Australians to have the skills businesses require to be employed and be valuable contributors to the economy.

A very big part—50 per cent—of training done in South Australia was by private, non-government and independent training providers up until March 2015, when the Labor government overnight pulled all the funding for the Subsidised Training List from non-government training providers. Of course, that had a detrimental effect on access to training for young people and those who were reskilling.

At the very time when those opposite had their faux war with Canberra about defence sectors coming to South Australia, they were reducing South Australia's skill base with their cuts to funding and their trashing of the vocational education system. So not only did they stop funding to non-government providers but they then contracted the size of the Subsidised Training List, sacked 600 TAFE staff and closed 14 TAFE campuses. In the Tea Tree Gully TAFE, there are even email exchanges with TAFE and businesses that were making inquiries about hiring space in the TAFE building in Tea Tree Gully.

Here we have the Labor Party in opposition. They are so desperate that they are trying to be everybody's friend, but they are missing the mark on absolutely everything. Their lack of experience in business is an impediment to the growth of the South Australian economy.

Yesterday, ABS figures were released, and they showed that South Australia outperforms every other state and territory, except Western Australia, for the total value of employee wages since the COVID low point, which was 18 March 2020, rising 5.6 per cent, compared with just 3.1 per cent nationally—a very resilient return here in South Australia. Total employee jobs in South Australia increased, with a nation-leading 10.1 per cent in the 10 months since 18 April, which is well above the national average of just 7.2 per cent.

So you can see that this government is in partnership with the private sector. We trust the private sector to deliver on building the economy here in South Australia. We know they are—

The Hon. S.C. Mullighan: That's why you are privatising everything, like the Remand Centre. How did that work out?

The SPEAKER: Order, member for Lee!

The Hon. D.G. PISONI: —the employers, they are the wealth generators and we work with them in order for their businesses to grow because there is a statewide benefit for people to have jobs, for people to have careers and for people to have job satisfaction. The higher your skill levels are, the more job satisfaction you have. We know that over the next five years 50 of the top occupations in demand will require vocational education or skills-based apprenticeships or traineeship-based training in order to deliver those skills.

We are seeing a growth in that sector, a growth in higher apprenticeships of 133 per cent in just a 12-month period. Higher apprenticeships did not exist under a Labor government. These are apprenticeships specifically designed for modern manufacturing, Industry 4.0, and exactly where we need to be for making sure that the people of South Australia, those in the workforce, have the skills they need to participate in the tremendous opportunity that South Australia has with its $90 billion—billion dollar, that is with a 'b'—submarine and frigate program here in South Australia.

Of course, we want many of those jobs to go to South Australians and that is why we are making the investment. We are working with small businesses and small businesses are working with us: 1,500 businesses over the last two and a bit years have registered and taken on apprentices for the very first time. These are not just new businesses; these are businesses that have been operating for quite some time that have been convinced by the need to upskill their staff and to be involved in the training of South Australians so they have the skill base they require to participate in the modern economy.

When they were in government, it was an economy that was transitioning. It never made it to a transition, but it is in transition now. We are there in the new economy, and we are delivering those jobs and making sure South Australians have the skills to participate in that process. We are supporting businesses during this very difficult time. I think there is no doubt that, compared with other jurisdictions and certainly compared with what is happening overseas, we have the balance right here in South Australia. We are ensuring that we are supporting the business community to employ South Australians and to grow their businesses.

The small business support grant was there to enable businesses to go out and get support for services to change their business model. If you look at those business models that were the most sought after—the advice on business planning, on marketing, transformation of business and operating models, business futureproofing, ITC, e-commerce—this is not the sort of thing you need to learn when you are thinking of closing your business or downsizing. This is all about expanding businesses.

To back up those statistics, 8,800 South Australians got full-time jobs in December last year. Unless you have confidence as an employer—and I can speak with experience on this—you do not take on people full-time, because it is a much more difficult process if you are forced through changes in the economy or uncertainty to downsize your business. It is much more difficult and expensive to do that.

The fact that employers—and many of those are small businesses—are converting from casual/part-time to full-time employment is a very good sign that the economy in South Australia is heading in the right direction, and it is doing that because we have worked in partnership with small business, we have listened to small business, and we are doing that in government. We are not shouting from the sidelines, niggling at every tiny little issue—

The Hon. S.C. Mullighan interjecting:

The Hon. D.G. PISONI: —that can be found, but of course we are working and delivering. We have always had a commitment to small business; now in government we are delivering on that commitment.

The SPEAKER: Before I call on the member for Mount Gambier, I warn the member for Lee.

Mr BELL (Mount Gambier) (12:12): I will not take too long, but I rise to support the motion and acknowledge the businesses in my electorate that have been doing it pretty tough over the last 12 months—not only the hospitality sector, which has come to see me regularly, but those businesses that are doing business across the border. The border closure and the limitation on travel

have severely impacted a number of businesses, particularly in the forest industry. We have harvesters who were not able to go over to Victoria to harvest the plantation that was due on their rotation to be harvested.

A number of harvest operators are facing significant financial challenges, particularly in the hardwood sector where they have the added issue of China closing its imports, not taking hardwood. This has led to millions of dollars worth of machinery sitting idle, and, for those who are indebted to the bank or have mortgages over machinery that sits idle, it is not a business model that has a bright future.

We also have the crayfish industry, again impacted by China. Normally, the beach price is about $120 a kilo for crayfish. Last week, I was talking to a couple processors and they said that the beach price is about $38. Even they acknowledge that sometimes there is little sympathy for crayfishermen. However, there are different circumstances within that industry: some are leasing pots at $55 a kilo and have to pay that regardless. Quite literally they are remortgaging their houses, or selling anything they can, because they have to pay that shortfall as well.

We have the wine industry, again, suffering due to international conditions in part brought on by COVID. There are gymnasiums. There are a lot of people and businesses in our region who have been doing it tough, and it is testimony to their determination and grit to get through. I could talk all day about certain businesses, including some young entrepreneurs who have a tree house play cafe and indoor bowling area. They are just a young partnership, getting up, having a go, and being hit by COVID at the worst possible time.

I also want to talk today about Leah Mullen, who is a co-owner of Tailor Made Travel in Mount Gambier. Before the pandemic, this business was thriving and successful, so much so that my mother-in-law, who lives in Coromandel Valley, would use Tailor Made in Mount Gambier every time she would travel because of the exceptional service and care for their clients. They had experienced 75 per cent growth since opening in 2013, and then COVID hit. International travel made up about 80 per cent of their business.

For the first few months of the pandemic, the five staff were solely focused on processing refunds and credits from the closing of domestic and international borders. From people ringing and cancelling, there were major flow-on effects to hotels and tour operators. Some have now gone into insolvency. Travel agents work on commission. By refunding, they are literally paying their own income, so there is no ability to make money. The agency had five staff at the start of last year: four full-time and a part-time. They had to let three of these staff go.

Leah said that it was very difficult for herself and Carla, the other co-owner of the business, but they were forced to scale back as much as they could. From being open five days a week during business hours, the shopfront is now only open three days a week from 10am until 3pm. Just when there was a recovery in sight, there was a second wave, when South Australia's six-day circuit-breaker was announced and domestic borders were again closed. Both Leah and Carla are on JobKeeper, and the business was one of more than 20,000 across South Australia to receive the state government's $10,000 cash grant. Leah said JobKeeper is hard to live on, and it is simply not viable for the long term.

Along with advocating for the extension of JobKeeper, Leah would like to see the federal government's tourism support package adjusted so payments are fair and equal for all businesses. For example, some payments are based on total income and some on total turnover. These are some hard statistics around the travel industry: 97 per cent of Australian travel agencies are relying on JobKeeper, 88 per cent of these businesses will have to close if JobKeeper ends and 90 per cent of travel agents have mental health issues following the pandemic. Leah said it has been the most incredibly tough year, but she considers herself lucky that there is a tight-knit community of agents in the Limestone Coast area.

Nearly a year after the pandemic was announced, travel agents are still managing refunds and credits from the first wave of lockdowns and border closures. They have successfully repatriated $6 billion in refunds and credits from overseas airlines, hotels and tour operators for Australian customers, but there is still an estimated $4 billion outstanding. Leah asked what will happen to the billions of dollars of refunds, credits and bookings tied up in companies both in Australia and, predominantly, internationally if travel agents go under.

A good day for Leah now is finalising a refund that she may have been working on for up to a year because it means she can finally cross it off her spreadsheet. Their clients have been hugely supportive, but Leah says there is a lot of lost confidence in the domestic market as snap border closures continue. She is asking South Australia's Minister for Tourism, Premier Steven Marshall, to advocate for businesses like hers at a national level for JobKeeper to continue and for the focus on funding and support to be tailored for specific industries, rather than an all-encompassing bracket of tourism. A travel agency has vastly different needs from those of a tour operator or a hotelier, and there needs to be greater consumer and industry protection.

Leah has given an example: South Australia's Great State Voucher scheme was a great idea but it could have included a commission for booking agencies or for people to go through a booking agency. These days, there is just one or two staff at the Ferrers Street business and there are no incoming bookings and no income. If JobKeeper ends in March, Leah said they will be forced to close their doors entirely.

The Hon. A. PICCOLO (Light) (12:20): I would like to make a contribution to this debate and indicate my opposition to the amendment and my support for the original motion. In opposing the amendment, I will provide some case studies from my electorate that show what has been said this morning by the mover of the amendment is not accurate. I will quote her and then I will use case studies to show how untrue this is.

For example, the member for King asserts that their policy is to keep the doors open and staff employed, that the government are committed to our local businesses and that they aim to provide lower operational costs. The minister then went on to talk about a fair system and also how small businesses are at the front and centre of economic recovery. I would like to provide two examples in my electorate to show that both the minister and the member for King, despite what they have said here, are removed from the reality of a lot of small businesses in this state.

The first example I would like to provide is the Gawler Heritage Cafe. The Gawler Heritage Cafe is a small cafe located in the Gawler railway station and provides a valuable service in terms of selling tickets, coffee, meals, etc., for people who use the train service, which unfortunately at the moment is not operating because we are actually electrifying the rail line. That is understood. But the story is this: as a result of no trains and as a result of a substandard substitute bus service, people are not using the station and the number has gone down probably about 90 per cent. The throughput in that area is about 10 per cent, if not less.

So what did this government do? I will tell you what this government did. This cafe had a ticket machine, which is owned by Adelaide Metro. It is a ticket machine from which they get a commission for selling tickets and recharging, etc. As a result of the rail closure and as a result of COVID-19, fewer people are using trains because they have felt less safe on our trains, etc. The department and the government said, 'We're going to take your ticket machine away from you because you are not meeting targets,' so they ripped out the ticket machine from this small business.

This is the government that cares and supports local businesses to keep the doors open: it removes the ticketing machine from this small business because they were not meeting targets. Obviously, somebody there was ticking boxes, but somebody obviously did not realise there were no trains on the tracks and somebody also did not realise that the substitute services were quite substandard and that people were not using them. So this person's ticket machine—a major source of income for this small business—was actually removed from them as a result of the actions of this government. This puts a lie to all those things the member for King said in support of her motion.

But it gets better, though, as this is not the end of the story. The same cafe, because of the way they operate their BAS system, was not eligible for JobKeeper and, as a result, this government turned around and said, 'Well, we are not going to give you rent relief either. You have to pay full rent,' as if nothing had happened. Despite the fact that we had COVID-19 and the fact they actually closed down the train services and 90 per cent of the customers had gone, they still said, 'You will still pay 100 per cent of your rent, every week, day in, day out.'

We expect the private sector to provide rent relief, and quite rightly, but this government, who we are told have a fair system, who will keep the doors of small business open and who are committed to local business and lower operational costs, decided they will not reduce the rent for the small business. This is the archetypal small business: it is a husband-and-wife team who run a small cafe in addition to some other work they do to raise enough money to support their family. This

government will not back off. They said, 'No, you will pay that rent, even when there is not income coming in.' This is actually an indication of what this government does to small business, and these are real examples, not the theoretical hype that we got from the member for King. These are examples about what this government is doing to small business in my electorate.

I mentioned the substitute bus services. They are substandard. We had to go into bat to improve those services. We had to go into bat, first, to get some express services from Gawler and Adelaide to actually encourage people to use the bus services, because if you are coming from the north the road system is quite clogged up now. There is congestion. This government talks about breaking the congestion on our roads, but it is doing nothing when it comes to public transport. It is actually downgrading our public transport system and therefore congesting our roads.

Eventually they did introduce some express services, but where did they send the express services? Down the Main North Road—not the Northern Expressway, not down the new connector road to get the people from Gawler to Adelaide quickly and more comfortably, but down the Main North Road, and why did they send them down the Main North Road? Because, apparently, they pay per kilometre.

So, it is not about the interests of the customer, or the consumer, or the passenger: it is that they are penny-pinching while the trainline is not operating, and the result is that people do not use it. This week they have actually started a trial run. After we lobbied heavily, they started a trial run—and I acknowledge that—down the Northern Expressway and the northern connector, but only one way, only to Adelaide. On the way back they still come down the Main North Road during peak times, and I do not have to tell people who use the Main North Road what it is like during peak times. This government really has no idea about the needs of the people in Gawler and the surrounding areas.

The second example is the Tikka Talian restaurant in Gawler. It is an Indian restaurant run by Mr and Mrs Singh who are wonderful, wonderful people. Again, it is a small business. From memory they employ three or four people in their business. They have wonderful food, are wonderful hosts and it is a nice location—everything!

They applied for the $10,000 Small Business Grant, which the government put up—good idea, I fully support that. Unfortunately, these people made the mistake of actually putting in an application one week late, and the Hon. Mr Lucas, the Treasurer, said 'Well, they should have got their act together.' In the biggest crisis we have seen in the world people are supposed to act rationally, quickly, respond and do everything in order. There were no grounds for compassion, no ground to move.

We lobbied, and not only did we lobby but the Small Business Commissioner lobbied, too, saying, 'This is just unreasonable.' There was a health issue in the family, a whole range of things, but the Hon. Mr Lucas, the minister in the other place, said, 'No. These are the rules,' etc. Then a few months later, wait for it, he reintroduces the scheme. Are these people eligible? No, no, of course not, so they get nothing. These are the people who are trying to keep their business afloat, keep their doors open and keep people employed. It is the archetypical small business, which in all other ways was eligible for this $10,000 grant, but the government did not bend.

This is how they treat small business in this state. This is how this government treats small business in my electorate. When the members on the government side vote for this amendment and oppose the motion, they are rejecting and repudiating the experience of these two businesses amongst other businesses.

What they are saying is that this experience is not real. We have heard all the gloss and the hype from the government members, and what they are saying to these small businesses is, 'Well, you're just not good enough. Your experience is not good enough, and therefore you are repudiated by this motion.' For this reason, Mr Speaker, I will vote against this amendment and ask members to support the original motion.

Mr DULUK (Waite) (12:28): I also rise to make a contribution to this debate. I agree with a lot of the sentiments from all sides of the house that small business is indeed the backbone of the economy, and they have done it incredibly tough for the last 12 months because of COVID.

I have said in this house now for over 12 months and in all the deliberations in my community that small business and businesses of all sizes need consistency in decision making from

government—and in the case of the matters that are before us at the moment—in terms of dealing with the COVID-19 pandemic.

Snap closures and lockdowns make it very difficult for businesses to survive. I can only imagine being a florist in Melbourne last weekend, where you are preparing for your second busiest trading day of the year (Valentine's Day) and all of a sudden Dictator Dan changes the rules and your small business struggles. As I said before, there is the need for a consistent approach to really support the hospitality, retail and tourism sectors. These snap circuit-breaker lockdowns just do not work in terms of supporting the economy.

The University of Adelaide's South Australian Centre for Economic Studies recently urged the state government to consider a more consultative approach with industry in response to the COVID-19 pandemic to avoid the disruption and losses by the hospitality sector. The South Australian Centre for Economic Studies estimates that the three days of lockdown we had in November and the forced shutdown of the economy and subsequent restrictions through to 31 December 2020 saw a loss of more than 12,500 jobs.

Turnover reduced by some $100 million in that sector. There was $7 million to $10 million in wasted good and beverages, $11 million to $15 million in lost spending for tradies and contractors and $15.5 million in lost accommodation revenue. These statistics are staggering for the economy and the result of an emergency management regime that is in place today. Back in November (and I said this at the time as well) it was the inconsistences in the decisions made by the Transition Committee.

For example, during the November lockdown if you were a butcher, you could open; if you were a fruit and veg retailer, you could open; but if you were a bakery, you could not open. If you were a fishmonger, you could open; if you were a newsagency, you could not open. That was quite common. In my community, there are five of those exact shops in a row in the strip shopping at Blackwood Shopping Centre: three could open during the lockdown and two could not.

Those inconsistencies are at the heart of what small businesses want to see removed. They want to work with government for the betterment of their businesses and indeed the whole community. I know a number of local businesses in my community were forced to absorb the costs of the COVID lockdown. There was lost revenue, lost stock and a feeling of anxiousness amongst retailers.

You can imagine the anxiety business owners have felt over the past year and continue to feel into 2021, especially those who work in the hospitality, retail, events and tourism sectors and all businesses associated with these industries, such as wedding photographers, venue spaces, caterers and the like. I think one industry that has also been unduly affected over the past 12 months is the small bars, city venues and nightclubs. These businesses are drawcards for much-needed tourism in our state and something we should continue to promote.

Whilst it is fantastic that the government has the accommodation vouchers scheme and I think is doing a pretty good job in supporting the accommodation sector, the night tourism sector is an important part of our economy as well. It has been almost a year since dancing in South Australian venues has been banned. You can even dance in Victoria. A lot of people have contacted my office—including many of my younger constituents—concerned about this. There is also now a discrepancy between whether dancing is allowed at a function in a CBD venue as opposed to a nightclub.

A question put to me by venue managers is: what is the difference in movement in a nightclub compared to a busy gym, a fitness centre, an indoor exercise class or the storm that hits Bunnings every Saturday morning? How different is the experience compared to a busy pub, where people are brushing shoulders as they walk to the toilet or the bar? Some 8,000 people recently signed a petition addressing the need to bring back dancing. It is so important, I think, that there is a clear pathway for this industry. I echo the words of Harrison Raphael, co-owner of Hindley Street venue Loverboy, who said:

> There doesn't seem to be a light at the end of the tunnel…
>
> I'm just after some kind of roadmap for us as an industry to see a way for us to get back—and a bit of transparency as well.

As the federal government's JobKeeper regime rolls out and comes to an end next month, it is so important that we do all we can in South Australia to remove roadblocks to South Australian businesses that want to employ and do the right thing and get on with business.

One industry that has done so well in dealing with the difficulties of COVID-19 and restructuring their businesses has been the hotel industry. It was really fantastic to join the hotel industry last week. Members of this house were there. The Attorney-General was there in her capacity as the responsible minister. I know the member for Lee and my colleagues in the upper house were also there. It was great to see such an important industry, an industry that directly employs tens of thousands of South Australians, with many casual workers and young people in that industry.

Importantly, not only do they directly employ tens of thousands of South Australians in their venues but they also interact with the food industry, the catering industry, the accommodation industry, the wine industry and the manufacturing industry. It is such an important part of our society and community in terms of generating jobs and also what it does in the trade training area. I know the Minister for Innovation and Skills has been doing a lot in that space with the hospitality industry.

I want to offer my congratulations to the many winners of the 2020 AHA Hotel Industry Awards for Excellence in various categories over the last year and to the Marion Hotel for winning the award for Best Overall Hotel in South Australia. In talking to many venue owners, publicans and people who work in the hospitality industry, their desire is to see a road map for continual government support in the sector; it is so crucial and very important. They are grateful that both the member for Lee and the member for King, in her amendments, have presented the opportunity to debate this matter today.

Ms WORTLEY (Torrens) (12:36): I rise to support the motion moved by the member for Lee:

That this house—

(a) recognises the need to support local business in order to recover from the COVID-19 recession;

(b) notes that small businesses in South Australia are the backbone of our economy and were hit particularly hard during 2020 due to COVID-19 restrictions; and

(c) acknowledges the need for a government in South Australia that consults with businesses and unions to ensure people in South Australia prosper.

From cafes, hotels, restaurants and the travel industry to businesses deemed non-essential traders, small businesses have been massively impacted over the past year. Local businesses have been hit hard, as their ability to operate has fluctuated between limited trade and complete closure. I have spoken to local cafes and restaurants that have had to dispose of fresh food, including massive serves of seafood, at a considerable loss to them as there is no way they can gain back.

Even during times when there was no lockdown, numbers attending events in hospitality venues were drastically cut. That of course meant the business offering that service was working on greatly reduced turnover and profit, which impacted on the livelihood of staff. In my own electorate of Torrens, many businesses were impacted—Latitude Adelaide and Mega Courts Indoor Sports—and of course all the local sports clubs were impacted. I support the member for Lee's call for the government to work proactively with local businesses and unions to get the best outcomes for all South Australians. We should expect nothing less.

The Hon. S.C. MULLIGHAN (Lee) (12:38): Unsurprisingly, I do not support the amendments made by the member for King, some sort of Winston-like effort, if we turn our mind to George Orwell's *1984*, to rewrite the history that we have just experienced. Basically, from my motion the reference to recession is removed. There is some kind of glossing over the economic experience of tens of thousands of South Australian small businesses, trying to say that there was no recession. Also, of course, removing the word 'restriction' from the second part of the motion pretends that there were no restrictions and that they were responsible for limiting the capacity of small businesses to operate.

Perhaps even more galling is to repeat the absolute lie from this government that there is $4 billion worth of stimulus. Where does the $4 billion figure come from, Mr Speaker? If you add up all the operating and investing initiatives from the last state budget, that is what totals $4 billion. Let's

have a look at some of the generous economic stimulus measures that the member for King is saying will rescue small businesses in South Australia: backing out $897 million of health overspends and unachievable savings over the next four years.

That will really get small businesses going in the electorates of King and Lee, won't it? Or the $120 million Digital Restart Fund, finally updating state government websites; that is going to turbocharge small businesses, isn't it, particularly in the hospitality and tourism sectors. What a lifeline that is! Recasting some government websites—absolutely ingenious!

The one that is perhaps the most gobsmacking is how this government claims $70 million of payroll tax relief from the extraordinarily generous measure of not levying payroll tax on JobKeeper payments. Well, congratulations for not taxing a once-in-a-lifetime economic stimulus measure from a federal government. 'Good on you,' I say to the Marshall Liberal government for your obscene generosity in that regard.

Extraordinarily, another measure that is claimed as a stimulus measure is the $52 million in bushfire recovery funds, funds that were announced and committed to before the pandemic. Apparently they are new stimulus funds to help South Australian small businesses. I could go on, because there are literally hundreds of millions of dollars of additional examples of funds that are claimed as being part of the $4 billion of economic stimulus which are, of course, not a stimulus at all.

That $4 billion stretches across four financial years, so we are expected to believe that this government is spending hundreds of millions of dollars a year in three years' time to rescue small businesses from the malaise that they are in at the moment. According to those opposite, the member for King and the member for Unley, there is no malaise. It has never been so good for small businesses in South Australia.

Ms Luethen: Hear, hear!

The Hon. S.C. MULLIGHAN: That is the clear message from the member for King and the member for Unley. She even cheered out then, 'Hear, hear!' It has never been so good. Really? Was that the message that the member for King and the member for Unley got from all those businesses that serve food, whether they are cafes, takeaway shops, hotels, for example, when a snap lockdown was imposed on them on a Wednesday in November?

They were told it would be at least five days, so they had to throw out a delivery of five days worth of food. It has never been so good for them! All those casual hours had to be cancelled in those businesses, all those employees missing out on hundreds of dollars worth of income. It has never been so good for them!

It has never been so good for the tourism operators referred to by the member for Waite and the member for Mount Gambier. It has never been so good! Delayed stimulus payments—stimulus which is not real stimulus—does not help South Australian small businesses. Vague promises from the member for Unley about how many people are starting but not finishing apprenticeships are not rescues for small business.

When the government finally takes its head out of the sand, finally starts engaging with small businesses, even walks a couple of hundred metres from here, south, into those small hospitality businesses, which have had to sack staff, close down their businesses, drastically reduce hours, risk their livelihoods, borrow hundreds of thousands of dollars of extra money, they might finally understand what is confronting the economy here in South Australia: 77,500 South Australians still getting JobKeeper as of this month. What do they expect to happen in the coming weeks? This government needs to do more.

Amendment carried; motion as amended carried.

SUPERLOOP ADELAIDE 500

The Hon. Z.L. BETTISON (Ramsay) (12:44): I move:

That this house—

(a) condemns the Marshall Liberal government's decision to cancel the Adelaide 500 race;

(b) notes the negative economic impacts that the cancellation will have on the local hospitality and tourism industry; and

(c) recognises the need to restore a sporting event that has received bipartisan support for more than 20 years.

Thousands of South Australian businesses in the hospitality, accommodation and tourism industries are looking at an empty space in the calendar this month as they mourn the loss of an iconic international motorsport event, the Adelaide 500. Held annually in and around the city's east since 1999, the event drew hundreds of thousands of people to our state and to our city. In 2019, the event injected $45 million into the South Australian economy, creating 435 full-time jobs and attracting more than 15,000 interstate visitors.

Over the years, this race placed Adelaide on the international motorsport stage. Acclaimed commentator Murray Walker declared it the most pre-eminent touring car event not just in Australia but in the world. Now it is gone, which is of course a devastating blow to our motorsport enthusiasts. However, there is also the economic, employment and reputational damage to our state to be considered.

Over the years, successive governments have lauded the success of the Adelaide 500. A look back in *Hansard* demonstrates that the only contention was whether the government of the day, from either side, was investing enough in the event and its infrastructure. Whether it was the jobs created, the volunteer experience, the festival atmosphere, the booked-out accommodation or the excitement of hosting international bands such as the likes of Kiss, Red Hot Chili Peppers and Robbie Williams, the bipartisan enthusiasm for this event has been unwavering. In fact, let's revisit the very words of the former minister for tourism, the Hon. David Ridgway, who addressed a question by one of his colleagues in the other place with the following:

It is the largest motorsport event in Australia. It is one of the largest production motorsport events in the world. It has close to a quarter of a million visitors every four years. It has a 21-year history. It often wins national tourism awards. What it does is, it fills all of the hotels. It activates Adelaide. It is one of the few times that Adelaide is chock-a-block full.

We have great events—the Tour Down Under, the Fringe, the Festival, all of those things—but this actually fills every hotel for about a week. It is an exciting time of the year, and I thank the honourable member for his supplementary question and the opportunity to highlight to the chamber the importance of this great event. An initiative that was started under the former Liberal government over 20 years ago, it has now grown to be one of the nation's great sporting events, a great sporting festival. We are proud that we started it back more than 20 years ago, and we are proud to be associated with it today.

Until now, because now it is gone, because Premier Steven Marshall and the Liberal state government, who for decades claimed this event for their very own, have walked away. I do not need to stand here today and even articulate why. I know that the axing of this event is a devastating blow for our state. There are plenty of stakeholders willing to go on the record. Former supercar driver and five-time championship winner Mark Skaife said that he was absolutely gobsmacked by the decision. I quote:

It is one of Australia's biggest sporting events and, at a time when hospitality and tourism is being smashed by the pandemic, it is a government decision that is extraordinary.

The 2016 Adelaide race winner and former Holden worker Nick Percat said that the Premier's reasons for scrapping the event did not make sense. I quote:

He's just used COVID as a scapegoat. You know the support for us is growing—all the numbers have grown in the previous years.

Just two years ago, the then acting Minister for Trade, Tourism and Investment, the member for Chaffey, declared the following:

We know this event is a significant economic driver for South Australia, attracting more than 250,000 visitors each year,15,000 from interstate, who provide enormous flow-on benefits for the city's hotels, bars, restaurants and local retailers.

Regional tourism operators also experience uplift as visitors stay longer and experience all the wonders our state has to offer.

Since its inception, the race has injected more than $600 million into our state's economy and created hundreds of jobs.

The race is getting bigger and better each year.

So why has the Liberal government axed this incredible event? Let's work through the various reasons that have emerged from the Premier since the cancellation was announced last October.

Make no mistake: the reasons have been changing as each one was exposed as a complete fabrication. Initially blame was laid on the coronavirus pandemic and an alleged long-term decline in motorsport evidenced by the lowest crowds at the 2020 event in 17 years.

As articulated by Percat, this is utter nonsense. The reasons for the smaller numbers in 2020 were attributed to a number of factors, including South Australia's catastrophic bushfires, the emergence of COVID-19, extreme heat and a smaller concert line-up compared with that of past years. Despite lower crowd numbers, 206,000 people still made it the largest supercar crowd in Australia. EventsSA executive director Hitaf Rasheed told the ABC, 'I still think more than 200,000 people across four days in anyone's language is still a great crowd.'

Premier Steven Marshall then claimed it was unviable to host the race in 2021 or any other year going forward because it could not be managed in a COVID-safe way. This was immediately repudiated by the Chief Public Health Officer, Nicola Spurrier, who corrected the record to note that SA Health had not been approached by Adelaide 500 organisers about holding a COVID-safe event, more evidence that Percat's observation that COVID was being used as a scapegoat to axe this event was entirely accurate.

It then emerged that the state government had actually requested that the event be moved to the end of the year, and the organisers had agreed, so it was a genuine surprise to all concerned when the contract was ripped up and the event permanently axed. Premier Marshall confirmed under questioning in estimates that Supercars were only advised the night before the announcement to axe the race was made public.

That brings me to the question of what damage we have done to our state's reputation when a multimillion dollar international sporting event can have its contract ripped up without notice or warning. Supercars themselves said, 'We regret that the South Australian government has decided to cease holding this event.'

So, with the initial excuses for axing the race exposed as being nonsense, the Premier moved on to a new reason for axing the Adelaide 500—the expense. Suddenly an event which over the years had injected north of $40 million back into the state economy every year was no longer providing bang for buck for South Australian taxpayers. There has been much talk of ring-fencing the Adelaide 500 expenditure to roll out a series of smaller events, but talk is cheap, and the events have not been forthcoming in any numbers that would compare with the 90,000 accommodation nights the race provided each year.

Now we turn to the economic cost to our state of cancelling an iconic, internationally renowned event established for more than two decades, an event that has evolved over time, adding a depth to South Australia's knowledge of event management, an anchor event in the calendar that contributed to not only the economic welfare of our state but our social welfare as well. What happens when you remove an anchor tenant from a shopping centre? You see other stores close their doors and move to a location where the foot traffic will resume.

The Adelaide 500 was an anchor tenant for our state. Whether you were a motorsport fan or simply a lover of a good concert, the race literally brought Adelaide to life. Let's remind ourselves that, since its inception, the race has injected $600 million into the state economy. It was recognised on several occasions as the winner of the Major Festivals and Events category at the Australian Tourism Awards, and it has been inducted into the Supercars Hall of Fame and the South Australian Tourism Awards Hall of Fame.

Despite a drop in attendance in 2020, the event continued to have a record economic impact for our state. With high numbers of interstate and overseas visitors and a massive television audience globally, it has been the jewel in the crown of the South Australian tourism sector. Now, at the whim of the Premier and the Liberal government, it is gone. I will leave you with a final message from Supercars themselves: 'If at any time in the future the South Australian government decides to recommence the Adelaide 500, Supercars will be delighted to be there.' A Labor Malinauskas government will do just that.

Mr WHETSTONE (Chaffey) (12:57): I move to amend the motion as follows:

Delete all the words after 'That' and insert the following words in lieu thereof:

this house—

(a) acknowledges the Adelaide 500 has been an iconic event for over 20 years and was first established under the Olsen Liberal government;

(b) notes in recent years the Adelaide 500 experienced an increase in costs, a reduction in the amount of corporate support and a reduction in the number of people who had been attending the event;

(c) notes the South Australian Tourism Commission's difficult decision not to host the 2021 Superloop Adelaide 500 and not to seek a new sanction agreement beyond 2021;

(d) supports the establishment and funding of new events to replace the Adelaide 500 and create economic benefit to the state's hospitality and tourism industry; and

(e) recognises the need to support a range of events across the calendar to provide the best return on investment for the people of South Australia and ongoing job creation.

On 29 October 2020, the difficult decision was made by the South Australian Tourism Commission board not to host the 2021 Superloop Adelaide 500 and not to seek a new sanction agreement beyond 2021. While the Adelaide 500 has been an iconic event for over 20 years, the event's return on investment had been in decline, with crowd numbers, job creation, visitors and the economic benefit all down in 2020 based on previous years. Further, advice from SA Health at the time of the decision meant that a street circuit event in 2021 would not be possible.

Significantly, the difficult decision was unanimous and made by the experts in tourism and events. It was made after considering the diminishing return on investment and the impact of COVID-19. The state government continues to support motorsport and Supercars racing here in South Australia and is committed to delivering world-class events and driving the visitor economy back to its record pre-COVID value of $8.1 billion. The money previously budgeted for the Superloop Adelaide 500 is in excess of $10 million per year. It will be maintained within SATC and be repurposed to secure new or existing events that will provide economic impact to the city and South Australia.

The current new events include Illuminate Adelaide, A Day at the Drive, the WTA tennis, Tasting Australia, the Santos Tour Down Under, the SALA Festival, the Adelaide Fringe, the Adelaide Festival, the National Pharmacies Christmas Pageant, the Bridgestone World Solar Challenge and others, and there will be many more to come. In addition, $1 million has been invested into regional events to support our vital regions and drive visitation. The state government continues to support motorsport here in South Australia. I seek leave to continue my remarks.

Leave granted; debate adjourned.

Sitting suspended from 13:00 to 14:00.

Parliamentary Procedure

ANSWERS TABLED

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

Parliamentary Committees

LEGISLATIVE REVIEW COMMITTEE

Mr ELLIS (Narungga) (14:01): I bring up the 23rd report of the committee, entitled Subordinate Legislation.

Report received.

Parliament House Matters

CHAMBER PHOTOGRAPHY

The SPEAKER: Members, I advise that I have granted permission to a still photographer to take photographs from the public gallery. The photographer is present in the public gallery.

Question Time

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:01): My question is to the Minister for Child Protection. How and when did the minister learn there are currently five children in state care who are pregnant?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:02): I took this question on notice yesterday and will get back to the house.

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:02): My question is to the Minister for Child Protection. Without identifying any of the children, how old were the five girls in state care who became pregnant?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:02): Firstly, I won't be discussing individual cases. We are discussing young, vulnerable girls who are in care, and it's an absolute disgrace the line of questioning and the gutter depths that the opposition has gone to.

Members interjecting:

The SPEAKER: Order! The minister will resume her seat. Order, members on my left! Members on my left will cease—

The Hon. A. Koutsantonis interjecting:

The SPEAKER: I'm addressing the chamber, member for West Torrens. The member for West Torrens is warned.

The Hon. R. SANDERSON: Thank you, Mr Speaker—and it is absolutely disgusting, this line of questioning. Have you read the Nyland royal commission? Perhaps you need to read about the mess—

Members interjecting:

The SPEAKER: Order, members on my left!

The Hon. R. SANDERSON: —that your government left.

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:03): My question is to the Minister for Child Protection. Were any of these children also the victims of sexual abuse by paedophiles?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:03): Whilst I won't be discussing individual cases, I can say that any matters that need to be referred to the police will be referred to the police and would have already.

Members interjecting:

The SPEAKER: Order! Before I call the member for Reynell, I call to order the member for Wright, I call to order the member for Cheltenham and I remind members that the questioner is entitled to be heard in silence and the minister answering a question is entitled to be heard in silence.

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:04): My question is to the Minister for Child Protection. Has the sexual abuse of these five girls that led to their pregnancies been referred to South Australian police?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:04): I refer to my previous answer.

Members interjecting:

The SPEAKER: Order! The member for Badcoe is called to order.

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:05): My question is to the Minister for Child Protection. Did the sexual abuse of these five girls happen in a state-run residential facility?

The Hon. V.A. CHAPMAN: Point of order: the member has attempted to introduce information, accurate or not, as to whether sexual abuse has occurred in relation to this. If she wants leave—

Members interjecting:

The SPEAKER: Order!

The Hon. V.A. CHAPMAN: —she can ask for it, and she hasn't.

Members interjecting:

The SPEAKER: Order! I will allow the minister an opportunity to answer the question. I hear the point of order. There is, for the time being, an opportunity for the minister to answer the question. I will allow the question.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:06): Could I have the question repeated, please?

Ms HILDYARD: Did the sexual abuse of these five girls happen in a state-run residential facility?

The Hon. R. SANDERSON: I refer to my previous answer.

The SPEAKER: The member for Newland.

Members interjecting:

The SPEAKER: Order, members on my left! The member for Newland has the call.

NEWLAND ELECTORATE

Dr HARVEY (Newland) (14:06): Thank you very much, Mr Speaker. My question is to the—

Members interjecting:

The SPEAKER: Order! The leader on a point of order.

Mr MALINAUSKAS: The Premier is audibly telling the shadow minister for child protection that she is a disgrace for doing none other than her job. I would ask him to withdraw those remarks.

Members interjecting:

The SPEAKER: Order! The member for Playford is called to order. The member for Reynell on the point of order.

Ms HILDYARD: Mr Speaker, I take offence—

Members interjecting:

The SPEAKER: Order! I am on my feet. Interjections will cease. The member for Wright will leave for 20 minutes under standing order 137A. When a Speaker is on their feet, interjections will cease.

The honourable member for Wright having withdrawn from the chamber:

The SPEAKER: The member for Reynell on the point of order.

Ms HILDYARD: Mr Speaker, I raise a point of order, 125: I take offence to being called a disgrace three times by the Premier.

The SPEAKER: I accept the point of order. I invite the Premier to withdraw his reference to the member for Reynell.

The Hon. S.S. MARSHALL: I withdraw those comments.

Members interjecting:

The Hon. A. KOUTSANTONIS: Point of order, sir: the Minister for Innovation and Skills was interjecting just as much as the member for Wright. Why was one asked to leave and not the other?

The SPEAKER: There is no point of order. The member for Newland.

Dr HARVEY: Thank you, Mr Speaker. My question is to the Minister for Infrastructure and Transport. Can the minister advise how the Marshall Liberal government is building what matters in the Newland electorate?

The Hon. C.L. WINGARD (Gibson—Minister for Infrastructure and Transport, Minister for Recreation, Sport and Racing) (14:08): I thank the member for Newland for his question because, like me, he is super keen to make sure we are building what matters in this great state. We know—

The Hon. A. KOUTSANTONIS: Point of order, sir: standing order 125, offensive words against a member. The Minister for Innovation and Skills accused the member for Wright of protecting paedophiles. We would ask him to withdraw and apologise unequivocally.

Members interjecting:

The SPEAKER: Order! I have the point of order. I have not heard those words expressed. I have not heard them. I will consider the transcript of *Hansard*. If there is a matter to come back to the house on, I will do so.

The Hon. D.G. PISONI: Just to expedite, I withdraw, sir.

The SPEAKER: The Minister for Innovation and Skills has withdrawn. The Minister for Infrastructure and Transport has the call.

The Hon. C.L. WINGARD: Can I have the question again, please, sir?

The SPEAKER: The member for Newland will repeat the question.

Members interjecting:

The SPEAKER: Order!

Dr HARVEY: My question is to the Minister for Infrastructure and Transport. Can the minister advise how the Marshall Liberal government is building what matters in the Newland electorate?

The Hon. C.L. WINGARD: Thank you very much, and I certainly can, and I am very excited. The member for Lee should be excited as well because, like me, the member for Newland is super keen to be building what matters in our great state. We know that a sportier state is a healthier state, and we want to get more people involved in sport, and that is why we are building what matters: to do just that.

It was my pleasure to be with the Premier and the member for Newland at the Banksia Park Sports Area. It was wonderful to be there and to acknowledge the great work that he has done. The member for Newland knows the importance of—

Members interjecting:

The Hon. C.L. WINGARD: Some of those on the other side—

Members interjecting:

The SPEAKER: Order!

The Hon. C.L. WINGARD: —the opposition over there, may not care but we do, and that is why, since coming to government, we have invested $350 million—in fact, a little bit more—into sports. Let's talk about the $350,000 that the member for Newland got committed to the Banksia Park Sports Area. It was a great investment. In fact, I was with him back in 2017—that's how far back this goes—and he identified the issue there: the two netball clubs, the Banksia Park Netball Club, the Tea Tree Gully Netball Club, and the tennis club as well, needed more court space. They were growing in numbers and they needed more help, and the member for Newland got onto the case. He got council involved as well and he has delivered.

They were ignored for such a long period of time until the member for Newland came along. He has delivered more jobs in this project: 20 jobs created throughout the project during construction and two more afterwards, and now over 400 athletes in both tennis and netball take part at this club. Our investment is already attracting higher rates of participation, and more South Australians are getting their game on, which is our strategy.

I want to point out this example, because it is a great one, about how building what matters, investing in the important infrastructure gets more people active. At this new facility—and I mentioned the two netball clubs and the tennis club before—we have grown a new club. The Strikers Netball Club has been formed, and they have four teams: two seniors and two juniors. So we are getting

more people active of all ages, getting them out there and playing. I want to congratulate Laura Clark and Linley Bertram on their efforts in growing this club. It was very hard to do and they have done it with great success, but it doesn't stop there.

The Tea Tree Gully Tennis Club is now classed as a regional-level facility, which means that they can attract bigger events. In fact, they have already managed to get a national-level men's and women's tournament and a new junior tournament as well, so the investment is getting great returns. The three-day event, which will be held in April, will attract around 200 players and their families from across Australia. They will be staying in local hotels, they will be eating at local restaurants, they will be spending money and driving investment into the local economy.

I also want to talk about the two new trainee jobs that have come from this after the Marshall Liberal government's investment. I know that the Minister for Innovation and Skills will be excited by this. I was talking to the tennis coach down there, Jason Todd. He is the head tennis coach at the club. We were chatting at the opening, and he said that under Tennis Australia's alignment with the Marshall Liberal government's skilling Australia program they have put on two more coaches, two more people. In fact, we poached one of them from New South Wales—again, bringing people back to our great state because they know what a wonderful place this is and they want to be involved in this.

Our vision to grow sport in this state and get more people involved in sport is working and it is paying dividends. Our Sports Vouchers program is hugely successful, reducing the cost of sport, dance and Learn to Swim. Over 204,000 vouchers have been claimed since 2018. That is more than $17 million—all of that money going back into the pockets of South Australian families.

In and around the member for Newland's area, 39,000 vouchers have been claimed totalling $339,000, putting money back into the pockets of South Australians—more jobs, lower costs, better services and definitely building what matters.

The SPEAKER: Before I call the member for Reynell, I call to order the member for Hurtle Vale, I warn the member for Playford, I call to order the member for Ramsay, I warn for a second time the member for Lee.

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:14): My question is to the Minister for Child Protection. Did the sexual abuse of these five girls happen in one state-run residential facility or more than one?

The SPEAKER: The Minister for Energy and Mining on a point of order.

The Hon. D.C. VAN HOLST PELLEKAAN: Mr Speaker, that question offends standing order 97 because it contains argument.

The SPEAKER: The reference to sexual abuse is a matter that has been taken exception to in repeated points of order. The additional reference to questions as to the location of it introduces the prospect of additional facts and/or opinion. Should the member for Reynell wish to seek leave to introduce such further information, the member for Reynell may take the opportunity to do so.

Ms HILDYARD: My question is to the Minister for Child Protection. Did the five girls who became pregnant live in one state-run residential facility or more than one?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:15): As I have made perfectly clear, I won't be discussing individual cases and the privacy of young people in care is paramount.

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON: What I will say, however, is that for 10 years the Guardian for Children and Young People recommended—

Members interjecting:

The SPEAKER: Order! The minister will resume her seat. Members on my left will cease interjecting. The minister is entitled to be heard in silence. The minister has the call.

The Hon. R. SANDERSON: As I was saying, for over a decade the former Labor government ignored the calls of the Office of the Guardian for Children and Young People—

The Hon. A. KOUTSANTONIS: Point of order, sir.

The SPEAKER: The minister will resume her seat. The member for West Torrens on a point of order.

The Hon. A. KOUTSANTONIS: Standing order 98: that is obviously debate.

The SPEAKER: The minister will resume her seat.

The Hon. A. KOUTSANTONIS: It's debate, sir; she's mentioning the Labor Party.

The SPEAKER: The member for West Torrens raises a point of order of debate.

Members interjecting:

The SPEAKER: Order! The minister has commenced her answer. I will be listening carefully. The minister has the call.

The Hon. R. SANDERSON: This is directly relevant because I was questioned about where they lived, and what we know is that for over a decade the former Labor government ignored the calls from the guardian to close large bed facilities. Not only did they not close large bed facilities—

Ms Stinson: Now there's more than double the amount of children in care under you—double the amount of kids in care now.

The SPEAKER: Order, member for Badcoe!

The Hon. R. SANDERSON: —they built more large bed facilities and they did nothing. Upon coming into government, we acted swiftly to decommission the Queenstown large bed facility—

Members interjecting:

The SPEAKER: Order, members on my left!

The Hon. R. SANDERSON: —we decommissioned the Gilles Plains large bed facility, and we reduced the numbers and capped the numbers of all of the other large bed facilities because it is common knowledge—

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON: —that the majority of the care concerns and incidents were coming from the large bed facilities that the former Labor government did nothing about. They kept building them despite what they were told. We have made an exerted effort to find homelike facilities. We have purchased homes, we have rented homes and we have instigated a MyPlace initiative so that our young people can actually decorate their homes and make them feel more homelike.

Ms Stinson interjecting:

The SPEAKER: Member for Badcoe!

The Hon. R. SANDERSON: We have looked at wraparound services for our young people. We have programs such as—

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON: —the MyPlace program, which is all about empowering our young people who are at risk of getting pregnant. We know that these children come from very difficult backgrounds. We know that we need to support them, and that is exactly what we are doing. We need to have homelike environments and the right therapies.

We have invested $600,000 in this Sanctuary therapeutic residential care model, which will be rolled out over the next three years, which develops relationships between the staff and young people to make a better homelike facility so there are trusting relationships and so that if there are

predators, if there is online activity, the children will be able to discuss that with their workers. We have taken significant steps on e-safety. We have online safety agreements that must be—

Ms Stinson: How about them not being at risk rather than talking about it?

The SPEAKER: Order! The member for Badcoe is warned.

The Hon. R. SANDERSON: We have online safety agreements that children must sign before accessing mobile devices. We have the Family Link app, which is also installed—

Ms Cook interjecting:

The SPEAKER: The member for Hurtle Vale is warned.

The Hon. R. SANDERSON: —to restrict use, to track and to monitor a child's movements and who they are with. In fact, it's the phone policy that led to the discovery of what was the activity with McIntyre and his subsequent arrest.

In the future, this will be rolled out to all non-government residential care homes as well, and we are working with government and non-government organisations to upgrade and improve continually. My department is in regular contact with the eSafety Commissioner. Cybersecurity is an across-society problem. We also have a trial with Telstra. The department recently approved a project that is a proof of concept mobility solution—

Members interjecting:

The SPEAKER: Order, members on my left!

The Hon. R. SANDERSON: —for children and young people in care. This project was developed in consultation with Telstra to roll out devices with software aimed—

The SPEAKER: The member for West Torrens on a point of order.

The Hon. A. KOUTSANTONIS: Three and a half minutes in, sir, it's all debate.

The SPEAKER: I uphold the point of order. The Minister for Child Protection will direct her answer to the question. The question was quite specific and related to whether there was one or more residential facilities involved, as I recall the question.

The Hon. R. SANDERSON: We have fewer large bed facilities and we are reducing the risk.

CHILD PROTECTION

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:20): My question is to the Minister for Child Protection. Has the minister met in person with the Guardian for Children and Young People in the last eight days?

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (14:21): Can I advise the house that there are a number of other oversight bodies that deal with children, some of which overlap with Child Protection. One of them is the guardian—

Members interjecting:

The SPEAKER: Order!

The Hon. V.A. CHAPMAN: —for young people. She—that is, Ms Penny Wright—is the guardian in South Australia and under law she has a reporting role in relation to some of the children whom she is responsible for to the Minister for Child Protection and also has a different reporting role, largely in relation to children in custody in our training centres, to the Minister for Human Services. Obviously, there are also other oversight bodies, including the child death and serious injury committee. Ms Meredith Dickson SC is the chair of that committee and she has a role of reporting to the Minister for Education, so we have a number of others.

Can I advise the house that, notwithstanding that the Rice report looked exclusively at the issue in relation to this incident around C1 and C2 in child protection, it has aroused—and some members may be aware that, for example, the guardian made a statement I think yesterday that was

certainly published today indicating that she hadn't received information about the case of C1 and C2 and as a result of that I—

The Hon. A. KOUTSANTONIS: Point of order.

The SPEAKER: The Deputy Premier will resume her seat. The member for West Torrens' point of order.

The Hon. A. KOUTSANTONIS: The standing order is standing order 98. The member should reply to the substance of the question, not debate the matter. The question was very specific: has the Minister for Child Protection met with the guardian in the last eight days?

The SPEAKER: I have the point of order. I will direct some remarks, Deputy Premier, to the point of order.

Members interjecting:

The SPEAKER: There will be silence on my left. I will listen carefully to the question. The Deputy Premier has the call.

The Hon. V.A. CHAPMAN: I would just remind the house that I had commissioned the Rice report, which had very specific terms of reference and, as—

Members interjecting:

The SPEAKER: Order!

The Hon. V.A. CHAPMAN: —I pointed out yesterday, there were a number of people who were interviewed by Mr Rice. The guardian, Ms Wright, wasn't interviewed. That is not within his purview to do that within the terms of reference, but Ms Wright has made a public statement I think alerting to the fact that she has some concern that she hadn't received information. The Crown Solicitor's Office nominee has been identified today. I won't name them for obvious reasons, but I just want to assure the house that that process has been underway, the selection has occurred and the nomination has been made.

The Hon. S.C. MULLIGHAN: Point of order.

The SPEAKER: The Deputy Premier will resume her seat. The member for Lee on a point of order.

The Hon. S.C. MULLIGHAN: Again, on the same point of order, standing order 98: the Deputy Premier is debating the answer. None of this is material to the very simple question about whether the Minister for Child Protection had met with the guardian.

The SPEAKER: I have the point of order; it is the same point of order raised by the member for West Torrens. I am listening to the Deputy Premier's answer. The Deputy Premier will address the question. The Deputy Premier has the call.

The Hon. V.A. CHAPMAN: As a result of his appointment and my request to the Crown Solicitor's Office that consideration be given to the statement of the guardian and that some application be given in the role that they undertake, that they consider that, it may also be necessary to look at whether the child death and serious injury committee, which also has not only a—

The Hon. S.C. MULLIGHAN: Mr Speaker?

The SPEAKER: The Deputy Premier will resume her seat. The member for Lee.

The Hon. S.C. MULLIGHAN: I rise again on the same point of order: standing order 98. The Deputy Premier is debating the answer. None of this is material to the question at all. It has been over three minutes and we still haven't got anywhere near an answer.

The SPEAKER: The point of order has now been repeated for a third time. I ask the Deputy Premier to direct her response to the question. The Deputy Premier has the call.

The Hon. V.A. CHAPMAN: So, in relation to who meets with the guardian, that's a matter of identification by the guardian as to how often she meets. She—

Members interjecting:

The SPEAKER: Order!

The Hon. V.A. CHAPMAN: Are you going to let me finish?

Members interjecting:

The SPEAKER: Order, members on my left! The Deputy Premier has the call.

The Hon. V.A. CHAPMAN: As the guardian has raised the concern, it's being actioned through my department. In the meantime, I'm advised that in addition to meeting with the Minister for Child Protection every eight days or so, there are—

Members interjecting:

The SPEAKER: Order, the member for Cheltenham!

The Hon. V.A. CHAPMAN: My understanding is that in the last eight days that hasn't occurred for her, but there are other people that she's responsible to, including this parliament, of which she has, subsequent to the Mullighan inquiry, protection of this parliament not to be directed by a minister. So she has statutory protection.

Members interjecting:

The SPEAKER: Order! The time for answering the question has expired. The Deputy Premier will resume her seat. Before I call the member for King, I warn the member for Cheltenham, I call to order the member for Light, I warn for a second time the member for Hurtle Vale, I call to order the member for Elizabeth, I warn for a second time the member for Badcoe and I call to order the member for Reynell.

I take the opportunity to remind members that the questioner is entitled to be heard in silence and the minister answering the question is entitled to be heard in silence. There is no cause for escalating interjection. If points of order are to be raised, points of order are to be raised, but the minister answering the question will be heard in silence.

KING ELECTORATE

Ms LUETHEN (King) (14:27): My question is to the Minister for Primary Industries and Regional Development. Can the minister advise how the Marshall Liberal government is building what matters in the electorate of King?

The Hon. D.K.B. BASHAM (Finniss—Minister for Primary Industries and Regional Development) (14:28): I thank the member for King for her important question about the work of the Marshall Liberal government in building infrastructure that matters for the electorate of King. I was delighted to join the member at Gould Creek on 18 December to officially open a new mobile phone tower in her electorate. What a positive Christmas present to the community to deliver improved mobile phone reception.

Mobile phone and digital communication infrastructure has been identified as a priority infrastructure need for regional communities, equal to roads. The member for King has been a champion for fixing blackspots in her electorate. This tower has been delivered in partnership with Telstra and the Morrison commonwealth government.

The new Little Para Pass tower located at Gould Creek provides enhanced phone reception for all those people who now use One Tree Hill Road daily. Prior to this tower, there was no reception on parts of the road. Without phone reception, this is not a section of road you would want the car to break down on. Investing in mobile phones is vitally important infrastructure. It is important to have a service when caught in a disaster such as a flood or a fire.

Mobile reception is important, if you are running a business in the regions, to contact clients and contact suppliers. In this sense, investing in mobile phone infrastructure is a very significant economic development measure and helps create jobs. You cannot underestimate the extra sense of comfort it gives you to know that people have mobile phone reception on key roads they use to travel daily to and from work and to school.

Building new mobile phone towers is a real way the government can improve quality of life for families and economic opportunities for business. The Marshall Liberal government inherited a massive backlog of more than 500 mobile blackspots across regional South Australia. The former

government did not recognise blackspots in the regions and in the Hills as a priority because they ignored the regions. In rounds 1 and 3 of the federal government's Black Spot program, Labor invested zero dollars. There was only one small contribution by Labor to fix mobile blackspots, and you can bet they were dragged, kicking and screaming, to spend the money.

By contrast, we have established a $10 million Mobile Phone Black Spot Fund to help address the priority blackspots. Since our election, this fund has helped leverage funding for 52 new mobile phone towers, which have been and currently are being rolled out across the state. Thanks again to our funding, we have seen towers go up in communities—

The Hon. S.C. Mullighan interjecting:

The SPEAKER: The member for Lee!

The Hon. D.K.B. BASHAM: —as diverse as Kangaroo Island East, Cherry Gardens, Roseworthy, Kuitpo, Long Valley Road to Strathalbyn, Keilira, where the devastating fires occurred, and Wudinna—and $8.8 million has been committed to support these new phone towers across South Australia. This government will continue to invest in building the infrastructure that matters to support jobs and opportunities for regional South Australia.

Of course, there are many more blackspots remaining, and I look forward to working with the commonwealth to leverage further investment to fix additional blackspots during round 5A of the commonwealth's Black Spot program, which is currently open for applications.

CHILD PROTECTION, RICE INQUIRY

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:31): My question is to Minister for Child Protection. Has the Minister for Child Protection met with the Guardian for Children and Young People regarding the Rice review since she received it over seven days ago?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:31): I meet regularly with the Guardian for Children and Young People and so does my department. My CE met with the guardian last Friday and went through all the relevant reports.

Members interjecting:

The SPEAKER: Order! Before I call the leader, I call to order the Deputy Premier and remind members on my right and on my left that the minister answering the questions is entitled to be heard in silence.

CHILD PROTECTION, RICE INQUIRY

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:32): A supplementary question to the Minister for Child Protection: has the minister then not met with the Guardian for Children and Young People since she received the Rice review over a week ago? Why not?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:32): I refer to my previous answer.

CHILD PROTECTION, RICE INQUIRY

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:32): My question is to the Minister for Child Protection. Why hasn't the minister taken the time to meet with the Guardian for Children and Young People, given she received the Rice review over a week ago?

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (14:33): I thought I had made it clear; perhaps I haven't. I commissioned the report. Mr Rice did not interview the guardian. The guardian has made a statement this morning publicly. I haven't received any correspondence, and I have asked my department to check whether anything has come in from her at this stage. I do regularly deal with Ms Wright over things such as OPCAT, the development of the international arrangements for the supervision of areas. I do have regular contact with her or her office as well.

There are overlapping areas of responsibility that the guardian has. I have made a decision, on the basis of the statement I read of Ms Wright this morning in raising a concern. I checked whether she had actually been interviewed. She wasn't. I think it is reasonable, having raised the issue, that she be brought in to contribute to, I would hope, the issue of the notification—

Mr Malinauskas interjecting:

The SPEAKER: Order, the leader!

The Hon. V.A. CHAPMAN: —in the child protection department and any other department in which she has role. What is important at this stage is that we have noted what she has said this morning.

Mr Malinauskas interjecting:

The SPEAKER: I call the leader to order.

The Hon. V.A. CHAPMAN: I think it is important that she is the guardian. She has a statutory protection to report to this parliament without interference from any minister actually.

The Hon. A. KOUTSANTONIS: Point of order, sir.

The Hon. V.A. CHAPMAN: After the Mullighan inquiry, that was a recommendation put to us.

The SPEAKER: The Deputy Premier will resume her seat. The member for West Torrens has a point of order.

The Hon. A. KOUTSANTONIS: Standing order 98: the minister is now debating the question. The question was very specific to the minister: why hadn't she met with the guardian, given that she has had the report now for eight days? The Attorney-General is now debating the guardian's role. That's not the question we asked.

The SPEAKER: Order! There is no point of order. The Deputy Premier has the call.

The Hon. V.A. CHAPMAN: Given those circumstances, yes, it has been already brought within the terms of reference of how we manage, as a government, the response to the Rice report. Even though she hadn't been party to the Rice report, we think, as a government, it's important that she be included. That opportunity will be given to her to assist us in relation to the Significant Incident Reporting Unit to be now headed by the Crown Solicitor's nominee, nominated today. That can get going, and she will certainly be part of that consultation.

SCHOOL MAINTENANCE PROGRAM

Mr TRELOAR (Flinders) (14:35): My question is to the Minister for Education. Can the minister advise the house how the Marshall Liberal government is building what matters in the state's west and north-west?

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (14:36): I thank the member for Flinders for this question. His passion for rural and regional South Australia, not just in his electorate but indeed across the whole of the western half of South Australia, is well known. I really appreciate having the opportunity to once again talk about some of the outstanding work being done by educators on Eyre Peninsula and the APY lands and across the western half of South Australia.

We know, of course, there is significant investment in this region of South Australia—$150 million worth of infrastructure projects in the member for Flinders' electorate and the member for Giles' electorate, and indeed I know both those members welcomed those investments passionately. They have been joined by investments in our preschools and our schools as a result of the coronavirus pandemic budget investments for stimulus for urgent maintenance work that is being done.

In the member for Flinders' electorate, I can tell the member that grants of between $20,000 and $100,000 have been given to Ceduna, Cleve, Cummins, Elliston, Karcultaby, Kirton Point, Koonibba, Lake Wangary, Lincoln Gardens, Lock, Miltaburra, Penong, Poonindie, Port Lincoln High, Port Lincoln Junior Primary, Port Lincoln Primary and Port Lincoln Special School, Port Neill, Streaky Bay, Tumby Bay, Ungarra, Wudinna and Yalata. There are many schools across Flinders, many diverse circumstances.

The member for Giles knows, too, that there are even more, I suspect, in number—different circumstances across his electorate. He will be pleased to know, I am sure, that schools at Amata, Andamooka, Coober Pedy, Cowell, Ernabella, Fisk Street, Fregon, Hawker, Hincks Avenue,

Indulkana, Kenmore Park, Kimba, Long Street Primary School, Memorial Oval Primary School, Mimili, Murputja, Nicolson Avenue, Oak Valley, Oodnadatta, Pipalyatjara, Quorn, Roxby Downs, Whyalla Special Education Centre, Whyalla Stuart, Whyalla Town and Woomera have also benefited from those stimulus grants of $20,000 to $100,000, depending on their size and circumstance, enabling those schools to get some really important immediate maintenance work done. Often they are jobs that have been waiting for a couple of years, over and above what the school regularly does out of their resources.

In regard to preschools, not only did each of the government preschools across all sites in South Australia get a $20,000 extra grant last year to do urgent jobs but they got another $30,000 to be spent this year. It is great for the education sites. It is critically important for jobs in local communities because every single one of those dozens of towns and rural and remote centres in the west of the state I just went through has painters or, potentially, bricklayers, renovators, tilers, electricians or people putting together nature play areas. All those sites, whatever the site needs, are providing local jobs.

I am also really pleased to advise that some of the significant infrastructure projects in the state's west are going very well. The member for Flinders would be pleased to know that in Ceduna a $4 million project is on the way to delivery, along with Cummins, another $4 million project, and $15 million at Port Lincoln High School before the end of this year.

In the seat of Giles, the Fregon Anangu School has a $15.7 million project due to be completed in the next couple of years. It is a significant redevelopment of the primary and secondary buildings: new home economics, a new canteen and a roof on the basketball court and playground. There is a $7 million project at Roxby Downs and, of course, the $100 million new school at Whyalla to be opened next year.

We are also building the capacity of staff in the regions. We are really pleased that the Teach For Australia program has its first three pilot associates—two in Roxby Downs—and STEM teachers filling roles that have been hard to fill and a music teacher at Whyalla Stuart, again roles really hard to fill. I have had great feedback on how that expertise is lifting the capacity in the schools in those areas. The important work done in our schools is so much appreciated by all of us, I'm sure.

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:40): My question is to the Minister for Child Protection. What is the current staff supervision ratio for children in state care in government residential care facilities?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:40): I will take that on notice.

CHILD PROTECTION, RICE INQUIRY

Ms HILDYARD (Reynell) (14:40): My question is to the Minister for Child Protection. Has the minister thoroughly read the Rice review that was provided to the government over a week ago?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:41): I welcome the question, unlike the former Labor minister, who hadn't read the report and actually chatted to a man in Bunnings who had written the report, as her way of knowing about the report. That was the mental health facilities report—Leesa Vlahos. I have read the report. I have read every word of the report. I have read it several times. I have gone through it with my CE. I have had meetings—

Ms Stinson: Why don't you know what's in it then?

The SPEAKER: Member for Badcoe!

The Hon. R. SANDERSON: —several meetings with my CE. As far as meeting with the guardian—

Mr Malinauskas interjecting:

The SPEAKER: Order, the leader!

The Hon. R. SANDERSON: —I have regular meetings with the guardian. My office, my CE, has regular meetings with the guardian. She had a meeting as early as last Friday, and I am not aware of any requests for a meeting that have been ignored.

Members interjecting:

The SPEAKER: Order! The member for Reynell is seeking the call.

CHILD PROTECTION, RICE INQUIRY

Ms HILDYARD (Reynell) (14:42): My question is to the Minister for Child Protection. What is the minister doing to specifically address the issue of child protection fatigue, as identified by Paul Rice QC on page 37 of his report?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:42): This is a very important question. As we know from the Nyland royal commission, there has been a culture, a toxic culture—in fact, it was identified first in 2003 by Robyn Layton. Labor had 16 years to improve that culture. It was still there in the Nyland royal commission. So we know that it is well documented that there was—

The Hon. Z.L. Bettison interjecting:

The SPEAKER: Order, member for Ramsay!

The Hon. S.S. Marshall: A lot of progress has been made.

The SPEAKER: Order, the Premier!

Members interjecting:

The SPEAKER: The minister has the call.

The Hon. R. SANDERSON: I think we can see from the way they behave in parliament that is exactly the culture that I am trying to change in the department. The staff were yelled at—

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON: —they were bullied. The conversational swearing from the member for West Torrens—

The Hon. A. KOUTSANTONIS: Point of order.

The SPEAKER: Order! The minister will resume her seat. The member for West Torrens on a point of order.

The Hon. A. KOUTSANTONIS: Obviously, Mr Speaker, the member is imputing an improper motive to members of the opposition. I ask her to apologise and withdraw.

Members interjecting:

The SPEAKER: Order! There's no point of order. The Minister for Child Protection has the call. Has the minister concluded her answer?

The Hon. R. SANDERSON: Yes.

The SPEAKER: The minister has concluded her answer.

ELECTRICITY PRICES

Mr McBRIDE (MacKillop) (14:43): My question is to the Minister for Energy and Mining. Can the minister please update the house on further reductions to electricity prices for all South Australians?

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:43): Yes, I can. We had some very good news yesterday, with independent analysis explaining how far electricity prices have fallen—$269 for the average household across the last three years, well on the way to our $302 commitment, which we made and we intend to deliver on.

Members interjecting:

The SPEAKER: Order!

The Hon. D.C. VAN HOLST PELLEKAAN: That's a very significant drop in price actually applies to people on market offers, about 90 per cent of those households in South Australia. Of course, the opposition being the opposition say, 'What about the 10 per cent?' It's not good enough that it's 90 per cent—what about the 10 per cent? So I do have some very good news to share with the opposition—

Members interjecting:

The SPEAKER: Order!

The Hon. D.C. VAN HOLST PELLEKAAN: —and finally they might begrudgingly come out of their shells and just say, 'Look, we realise that the Marshall government is getting on, fixing this job and doing what it said it would.'

For the other 10 per cent of household consumers, those who are on standing offers, the default market offer draft put out by the AER says that they will have a drop of $117 for the average household. That would mean, over the last three years—assuming that draft finding is what they actually settle on; it might be more—that for those households it is $397 per year. So on the numbers that we have in front of us, 90 per cent of households on the market offers will have a $269 saving over three years and for the 10 per cent of households that are on the standing offers, a $397 on average saving over three years. Our energy policies are working. Mr Speaker, let me share with you and everybody in this chamber also that more than 10,000 small businesses are set to save—

The Hon. S.C. Mullighan interjecting:

The SPEAKER: Order, member for Lee!

The Hon. D.C. VAN HOLST PELLEKAAN: —$342 per year according to the Australian Energy Regulator. These are not my figures: these are the national regulator's independent figures. That would, over the last three years, put the saving for small businesses at over $2,000 per year. We are seeing very consistent downward trends in electricity prices for households and for small businesses—those on market offers, those on standing offers. These things are working and they will continue to work. We will deliver on our commitments. Our policies are working. It is also well known in this chamber how vehemently those on the other side oppose the delivery of the interconnector between South Australia and New South Wales.

Members interjecting:

The SPEAKER: Order!

The Hon. D.C. VAN HOLST PELLEKAAN: So it is unfathomable to us that those opposite do not want South Australian households to get the additional $100 per year saving on top of the savings that they've already got. For some reason those opposite thought it was better to spend $600 million of taxpayers' money for dirty diesel generators and then not even let them operate throughout the year. That was their plan: $600 million for dirty diesels to not be used. We are fixing that. We are going to deliver an interconnector. We are delivering on our promises. Those opposite have a disgraceful record on energy policy. I encourage them to ask some questions on energy policy, if they dare. We are delivering for South Australians.

Members interjecting:

The SPEAKER: Order, members on my left and members on my right! Before I call the member for Reynell, I call to order the Minister for Education, I call to order the Minister for Energy and Mining, I call to order the Premier, I call to order the member for Giles and I warn for a second time the member for West Torrens.

CHILD PROTECTION, RICE INQUIRY

Ms HILDYARD (Reynell) (14:48): My question is to the Minister for Child Protection. Can the minister explain what she believes her chief executive meant when she told Judge Rice, and I quote, 'My recollection is that the—

Members interjecting:

Ms HILDYARD: I seek leave.

The SPEAKER: The member for Reynell will resume her seat. The minister for Energy and Mining on a point of order?

The Hon. D.C. VAN HOLST PELLEKAAN: Yes, sir. Again, that question offends standing order 98: attempting to introduce apparent facts without seeking leave.

The SPEAKER: I have the point of order. Before I rule on the point of order I might give the member for Reynell the opportunity to complete the question. The Member for Reynell.

The Hon. D.C. van Holst Pellekaan: It's that 'and I quote' part.

Ms HILDYARD: Yes, I understand. Thank you.

The SPEAKER: The member for Reynell has the call.

Members interjecting:

Ms HILDYARD: I beg your pardon?

Members interjecting:

The SPEAKER: Order!

Ms HILDYARD: My question is to the Minister for Child Protection. Can the Minister for Child Protection explain why her chief executive said:

> …my recollection is that the Minister was not seeking DCP to enter a lengthy 'fishing' exercise to identify other instances where a matter had not been reported...

With your leave, Mr Speaker, and that of the house, I will explain.

Leave granted.

Ms HILDYARD: In the Rice review, there is a quote from the chief executive that says:

> …my recollection is that the Minister was not seeking DCP to enter a lengthy 'fishing' exercise to identify other instances where a matter had not been reported…

The Hon. J.A.W. GARDNER: Point of order, sir: your predecessor, Speaker Atkinson, made it very clear that whenever one was quoting judicial officers and judicial reports, one had to identify the full paragraph for context—

Members interjecting:

The SPEAKER: Order!

The Hon. J.A.W. GARDNER: —and, as somebody who had questions of this nature ruled out of order by former Speaker Atkinson, I ask that the precedent be upheld.

Members interjecting:

The SPEAKER: Order! Leave was sought and leave was granted to introduce the material that I understand was a direct quote. I will give the minister the opportunity to respond. The Minister for Child Protection.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:51): Thank you, Mr Speaker. What we know is clear from Judge Rice's report is that the reporting process is complicated, ambiguous and not clear, and that in many cases staff were not aware that it existed. We have accepted all the recommendations and will be working to rectify that.

Members interjecting:

The SPEAKER: Order! Before I call the member for Narungga, the member for Badcoe will leave for the remainder of question time under standing order 137A. The member for Playford is warned for a second time and the Minister for Energy and Mining is warned.

The honourable member for Badcoe having withdrawn from the chamber:

The SPEAKER: Member for Narungga.

REGIONAL JOBS

Mr ELLIS (Narungga) (14:51): I have a question for the Minister for Innovation and Skills. Could the minister please update the house on how the Marshall Liberal government is building what matters by creating jobs, including apprenticeships, in the regions and providing employers with the skilled workforce to grow?

The Hon. D.G. PISONI (Unley—Minister for Innovation and Skills) (14:52): I thank the member for Narungga for his interest in this and also for hosting an employers' round table just recently in his electorate. The Marshall Liberal government is creating jobs across the whole of South Australia. We are increasing paid training opportunities through more apprenticeships and traineeships to deliver real jobs.

With drought, bushfires and the coronavirus last year, it was a tough year for South Australians and our regions have been particularly resilient. On the back of these challenges, South Australia is recording one of the strongest economic employment—

The Hon. A. Koutsantonis interjecting:

The SPEAKER: The member for West Torrens will cease interjecting.

The Hon. D.G. PISONI: —recoveries in the nation and continuing to be among the nation's leaders in recovery of spending, business confidence and the labour market. The Marshall Liberal government is investing significantly to support our regional communities through increased skills training, leading to job creation, better services and more infrastructure.

The latest ABS labour force data for regional South Australia shows higher levels of employment and lower unemployment rates combined compared with the same time last year. The Marshall Liberal government is delivering skills for industry and providing regional employers with the skilled workforce required to grow and expand their businesses.

It was terrific to visit the Upper Spencer Gulf last month. I popped into Whyalla and it was great to host a forum of local employers to discuss their needs and also what the Marshall Liberal government is doing to support training in their regions. Of course, I then also visited Liberty Steel for the 2021 apprentice program launch. It was a great day. The member for Giles was there to celebrate 21 new apprentices starting new apprenticeships. This is four times more than last year, on top of the 47 apprentices they have in training at the moment. Apprenticeships being started were the Certificate III in Electrotechnology Electrician, Certificate III in Instrumentation and Control, Certificate III in Engineering—Fabrication Trade (welding) and Certificate III in Engineering—Mechanical Trade, which is commonly known as fitting and turning.

I also visited the Whyalla Secondary College, and what a magnificent building—the biggest structure to be built in Whyalla in living memory. I met a group of 38 apprentices working on site in that place. I also met site supervisor Terry, and one of his key roles is to monitor the apprenticeship commitment that Sarah Constructions made in obtaining that contract. On the way to Whyalla I popped into Port Augusta to see Phoebe Story, who was the national finalist in the trainee awards last year. I presented her with a certificate of appreciation, because unfortunately we couldn't have the training awards this year.

Since March last year, since the economic impacts of COVID were first felt in the state, more than 2,570 regional apprentices and trainees have commenced their training. The latest national data confirms that in South Australia there is an increase of 5.1 per cent in the number of regional and remote vocational education training students in 2019, up from 2018. It is a significant increase of 15.3 per cent from 2015.

CHILD PROTECTION, RICE INQUIRY

Ms HILDYARD (Reynell) (14:55): My question is to the Minister for Child Protection. Is a poorly constructed flow chart the only failing the minister will admit to? With your leave, Mr Speaker, and that of the house I will explain.

Leave granted.

Ms HILDYARD: Asked by an *Advertiser* journalist yesterday whether the minister took any responsibility for her role in the failings identified in the Rice report, the minister said, and I quote, 'I did oversee the significant incident flow chart and I agree it is unclear.'

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:56): We have accepted all of the recommendations, and we have taken it further to fix this problem. We are taking full responsibility and we are taking responsibility for fixing the problem.

CHILD PROTECTION, RICE INQUIRY

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:56): My question is to the Minister for Child Protection. Does the minister agree with the finding of the Hon. Paul Rice QC that she was responsible for significant failings within her own department?

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:57): We have accepted all of the recommendations and we have taken that further to ensure that there is a clear, concise and unambiguous—

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON: —reporting system to ensure that significant incidents are reported up in the future to all: the minister, the CE and the guardian.

Members interjecting:

The SPEAKER: Order! Before I call the member for Davenport, I was endeavouring to listen to the Minister for Child Protection's answer. I am particularly interested in the answer that the minister is giving to the question. I am unable to do that with any degree of clarity if I can't hear for the interjections on both sides. The minister is entitled to answer the question in silence. Member for Davenport.

INVESTMENT ATTRACTION

Mr MURRAY (Davenport) (14:58): My question is directed to the Minister for Trade and Investment.

Members interjecting:

Mr MURRAY: Listen up. Can the minister advise how the Marshall Liberal government is building the ecosystem that is attracting international companies to invest in South Australia?

The Hon. S.J.R. PATTERSON (Morphett—Member of the Executive Council, Minister for Trade and Investment) (14:58): I thank the member for Davenport for his question and note that he has run international operations in the UK and New Zealand and so understands not only the difficulties in running a business internationally but also the benefits that can bring not only for the company but also for the country itself.

Ever since coming to government we have really been working on building what matters. I know that we have had ministers talk about infrastructure, schools and hospitals, but underpinning all that is making sure that we are building our economic ecosystem here in South Australia—

Members interjecting:

The SPEAKER: Order!

The Hon. S.J.R. PATTERSON: —because that will grow jobs and also attract investment here to South Australia. It is about getting all the fundamentals right, of course: electricity and bringing that down. We have heard from the Minister for Energy and Mining about bringing that down. It has a massive impact on business—

Mr Brown interjecting:

The SPEAKER: The member for Playford!

The Hon. S.J.R. PATTERSON: I will let him take all the credit for that because we know that is important. Fundamental to this, though, is we know that to compete on the world stage you need to have levels of excellence. We have not stopped working to attract centres of excellence here

into South Australia, such as the Australian Space Agency setting us up as the nation's capital for space, recognising where the world is going.

Data is so important, ensuring data safety is important, so we have brought the Australian Cyber Collaboration Centre to set up right here in South Australia, which is fantastic. Alongside that, we have the Australian Institute for Machine Learning, one of the top three institutions in the world for artificial intelligence machines, competing right up the top there. Those fundamentals are really important, as they get big world companies looking at South Australia.

We have attracted MIT, setting up their Living Lab here in South Australia. That is going to be important for us going forward, as it helps bring partnerships with South Australian businesses. BankSA are working with them and Optus has set up, and this is very important. It is all about making sure we're doing the transformation of our economy, making sure we're transforming it to where we need to be into the future, whether that is the cyber or artificial intelligence.

That is why it was very pleasing when I joined the Premier at Lot Fourteen to hear the announcement that Amazon Web Services are setting up right here in South Australia. It is fantastic that Amazon, one of the top two companies in the world alongside Apple, have set up here in South Australia. They have seen what we're doing, they have backed it in and we're a magnet for their investment. They have arrived here and it is fantastic.

Not only will that be jobs for South Australians but it will also help our businesses here in South Australia. It will give them access to world-class technology, and it will allow them to set up and digitally transform their business in a very cheap and cost-effective manner into the cloud. We were joined by Davinia Simon from Amazon Web Services. What is the cloud? You can think of it like turning the switch on for electricity: if you want to get involved in the world—

Members interjecting:

The SPEAKER: Order!

The Hon. S.J.R. PATTERSON: —you just click on a switch via the cloud. 'Wow,' they say over there. Well, wow it is absolutely—

Members interjecting:

The SPEAKER: Order!

The Hon. S.J.R. PATTERSON: —because what that does is it allows South Australian businesses to connect into the world straightaway. Not only can they provision here in South Australia quickly and rapidly but they can provision in whichever country they want to go in, whichever key market. That's fantastic for South Australia and what that is doing is attracting talent back here to South Australia. Instead of net migration going backwards, with 6,000 to 7,000 leaving, now we have them arriving here, coming back—we have turned that around.

That is fantastic for South Australia and it is fantastic for business. We know skills are so important to our businesses. This government will not stop, though. We will continue to attract world-leading businesses here because we know that grows the ecosystem and the economic ecosystem here in South Australia.

Members interjecting:

The SPEAKER: Order! Before I call the member for Reynell, I warn the member for Ramsay. The member for Lee, the member for West Torrens and the member for Playford will leave for the remainder of question time in accordance with standing order 137A.

The honourable members for Lee, West Torrens and Playford having withdrawn from the chamber:

Members interjecting:

The SPEAKER: Order, members on my right!

CHILD PROTECTION

Ms HILDYARD (Reynell) (15:03): My question is to the Minister for Child Protection. Has the mobile telephone policy been updated to reflect the discovery that young people can search in 'incognito browser' hiding their search history?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (15:03): I did speak about this earlier; however, there was a lot of noise coming from the other side. Our department is currently undergoing a trial with Telstra. We have a proof of concept mobility solution for children and young people in care for both mobile data and voice uses. This project was developed in consultation with Telstra to roll out devices with software aimed at providing effective cybersecurity safeguards through the use of mobile device management technology, mobile application management and content filtering.

In recognition of the mess that had been left in the Department for Child Protection, our government appointed the first ever child-dedicated Minister for Child Protection and we have rolled out significant changes throughout our time that obviously they are not interested in at all. When we came to office, to speak of the fatigue and the difficulties, I would like to thank all our staff. I make a big effort to visit DCP offices in the country, as well as in the metropolitan areas, to thank the staff, to meet the staff and to speak with them about their ideas. They all have great ideas on how we can improve things.

Every single one of them I have met is there because they want to improve the lives of children and young people. They are compassionate and they are dedicated and I thank them for their work. I do know that this is one of the hardest jobs that they could have in government. When we came to government, there were 279 vacancies in the department, which led to the overworking of our frontline staff. They had immense case loads and they were under a lot of pressure, not to mention the toxic culture of bullying, standover tactics and retribution that they worked under.

It was a tick-box situation where they weren't encouraged to make defendable decisions. They were told how to behave and they were in fear. I am working very hard to change that, to encourage them to make defendable decisions and to think about the individual circumstances of the child. We have reduced the vacancy rate down to 52 from 279, which is taking off the pressure for the frontline staff. We have more work to do. I want that to be zero, and we will continue working hard.

We also have increased our number of social workers by 229 and 48 extra case managers. As a result of our broadening the qualifications policy, we have appointed 70 extra professional officers, which include 53 new hires and 17 existing employees who have been promoted. We have more staff than ever before in this department to take the pressure off and to deliver good outcomes for our children. We have more staff in residential care than ever before and we are continuing to recruit, so if anyone is looking for a job in child protection we are recruiting, so please look us up.

Grievance Debate

MINISTER FOR CHILD PROTECTION

Ms HILDYARD (Reynell) (15:07): I rise today to talk again about the desperate need for the Minister for Child Protection to demonstrate some empathy and to take responsibility for her significant failures in relation to the handling of two heartbreaking cases of sexual abuse of girls in care. What happened to these girls is shocking and deeply upsetting to many community members. Community members know that what happened to these girls is utterly unacceptable. Everyone in this place knows what happened to those girls is utterly shocking and unacceptable.

What most community members and indeed members of this place also know is that when something so terrible has happened to a vulnerable person, to a child, the right thing to do is to front up, show empathy and take responsibility for any of your failures in relation to that matter. Taking responsibility for what we have done wrong is what we teach our children. It is part of our generally accepted societal expectations. There have been plenty of people in this place who have taken responsibility for their failures. This Minister for Child Protection is absolutely not one of them.

Instead of taking responsibility, she has indeed had responsibility taken from her. In 2019, significant functions focused on early intervention and prevention were stripped from the responsibility of the Minister for Child Protection and allocated to the Department of Human Services.

Then many of the remaining early intervention programs were outsourced to the private sector, a move that is seen by many commentators and many community service organisations working in child protection and wellbeing as, frankly, odd.

How can a minister, one whose sole job it is to keep children safe, not have responsibility for the prevention of abuse and for early intervention? And now, in the wake of this utterly damning review, she has had the responsibility for critical incident reporting taken away from her and given to the Department of the Premier and Cabinet.

The South Australian public must be rightly asking: what does this minister actually do to earn her $350,000 a year salary? This minister has utterly refused to take responsibility for what retired District Court Judge Paul Rice has clearly identified as her significant failure. Yesterday and today, we witnessed the minister ducking questions, refusing to speak to the media this morning and yesterday, trotting out a rehearsed line about a regular meeting with her CE, and then again a rehearsed line about a regular meeting with her CE, and then again a rehearsed line about a regular meeting with her CE.

Meanwhile, yesterday and today her colleagues are forced to continue to run a protection racket for this beleaguered minister. She could not even answer a question about whether she had met with the guardian. They run interference in parliament, inventing nonsensical points of order to buy her time. They jump to their feet to answer her question time questions. They even programmed her estimates hearing in the evening, yet she still handballs nearly every single question to her department chief or deputy chief.

Again today, asked a series of very basic questions about the most serious issues in her portfolio, she has failed and refused to answer any of them. It is shameful. Asked by a journalist from *The Advertiser* on Monday if she took any responsibility for her role in the significant failings identified in the report, she said, 'I did oversee the significant incident flow chart and I agree it is unclear.' I assure the house that the problems plaguing the child protection system under this minister's watch go well beyond a confusing flow chart.

The question beckons: what on earth does this highly paid minister actually do? This minister is clearly out of her depth and, for the sake of children in state care, she must be replaced. The Rice review is an absolutely damning document that lays bare the failures of this minister—failures for which children in care deserve her to take deep responsibility. If the minister will not take responsibility for these failures, the Premier needs to take responsibility and deal with this. South Australian children in care need and deserve better. This minister must go.

KING ELECTORATE KINDNESS AWARDS

Ms LUETHEN (King) (15:12): Today, I wish to talk about and recognise the terrific and inspiring students who have really stood out for displaying kindness in our schools in 2020. This is timely because it is Random Acts of Kindness Week. The year 12 classes of 2020 across King have proven their resilience, recording results as strong as in any other year.

I wish to congratulate all the primary school and high school students in my electorate and the state of South Australia on doing their best in what was a very challenging year. I wish to provide a special mention to local young man Trent Heaver from King's Baptist Grammar School, who was one of the 28 students in the state to receive a commendation from His Excellency the Honourable Hieu Van Le AC, Governor of South Australia.

But back to spreading kindness as well. Thank you to our local schools that collaborated with me to again look out for remarkable young people in our community actively spreading kindness. What a school year 2020 was; kindness was certainly needed. Thank you to our amazing teachers, school governing councils, support staff and volunteers for all your efforts to look for and highlight to me examples of kindness so that we can really reinforce this in our community.

Although understandable given the circumstances, it was still sad not to be able to present and celebrate with our students and with school staff, parents and grandparents in recognition assemblies as we normally would. The following are students who received a King Kindness Award from me in recognition of acts of kindness in 2020. From the Tyndale Christian School, I would like to acknowledge the following students and volunteers: in the junior school, Ava Baggaley; in the middle school, Charlize Branscheid; for the middle school volunteer awards, Kristin Wilhelm and Susan Harvey; and for the year 12 RISE (Respect Integrity Service Excellence) Award, Jacob March.

From the Salisbury East High School, I would like to acknowledge the following students: in year 8, Ashley Bain; in year 9, Timmoney Cotton; and in year 12, Ammal Basnet. From the Salisbury Park Primary School, I would like to acknowledge two year 7 students, Kiara Hewitt and Paige Jones. Both these students, I am told, were so incredibly kind to other students that they could not pick one person.

From Pedare Christian College, I would like to acknowledge the following students: in junior school, Naavi Chheoum; in the middle school, Santi Vargas Zuluaga; and year 12 student Liliana Carletti. I apologise if my pronunciation is not quite right for any of these students' names.

From Gleeson College, I would like to acknowledge the following students: in year 10, Molly Bennett; in year 11, Jack Hutchins; and in year 12, Eloise O'Neill. From Golden Grove High School, I would like to acknowledge the following students: in year 8, Aiva Edwards; in year 9, Thomas Lee; in year 10, Ronan Seal; in year 11, Emmanuel Wary; and in year 12, Georgia Woolley.

I am so pleased to note today that the outstanding results were able to be celebrated in person last week at Golden Grove High School, congratulating the class of 2020. Your future is certainly bright. Congratulations to Angela Harris on achieving dux. It was great to be inspired at the presentations by the 2019 dux, Alex Carey. Peter Kuss, the principal, told us that Golden Grove High School achieved a 100 per cent SACE completion across general and modified SACE for the first time in a very long time, in such a challenging year.

The class of 2020 results were exceptional across the King electorate, and I commend you all. I thank the teachers, the leadership teams and the volunteers at our school, and I thank everyone for inspiring the students to do so well. Mr Speaker, thank you for the opportunity today to speak about our King schools' leaders in kindness, our academic achievers and the dux at the Golden Grove High School. I look forward to continuing to recognise, spread and encourage kindness in our schools in 2021 and to seeing even more outstanding results.

MINISTER FOR CHILD PROTECTION

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (15:17): I thank the house for the opportunity to address an important subject, and that of course is the unfolding saga surrounding the Minister for Child Protection. Let's speak plainly about this. The child protection portfolio is an incredibly challenging one. There are undoubtedly very tragic, sad circumstances that lead to so many children in our state ending up under the care and responsibility of the Minister for Child Protection. This is why it is so important that everybody in government, including within this parliament—not just the minister herself but everybody—fulfils their responsibilities to ensure that everything that can be done is being done to look after the welfare of these children.

As this saga unfolds, which is increasingly escalating to put itself directly in the lap of the Premier, it is important to remember what got us here, because it is truly tragic. This all started in September last year, with a report through the courts—I think it was the sentencing remarks—when we first publicly heard about the case of the McIntyre incident, where a 34-year-old man was conducting highly predatory behaviour in regard to a victim who I understand was 13 years old. He used electronic forms of communication to get in touch with that 13-year-old girl in a way that was unlawful. Subsequently, that developed into sexual abuse of that 13-year-old girl, who subsequently fell pregnant. That understandably caused outrage within the community.

The minister responded by saying, 'I knew nothing about it.' Let's take the minister at her word and assume that is true. She said she knew nothing about it, and she now felt compelled to act, as you would reasonably expect. She said she instituted a whole suite of changes within the child protection department that would ensure it would not happen again. She was going to make sure that, although these changes would maybe not prevent harm ever occurring again, at the very least they would ensure that the minister would find out about it and that would allow her to act. That was the promise that she made. Public outcry dulled as a consequence of the minister's commitment to this house and the people of this state and the children in her care.

Only a few weeks after that, what happened? Almost the exact same thing again. We found out through public remarks through our courts—that is the only way we found out about this—that yet again we had a tragic case of a young girl, who was out at a nightclub, being captured by a predator and then subsequently subjected to child sex abuse, I understand, while residing with the predator, despite the fact that that child was in the care and custody of the minister. It was the exact

same thing again. Public outrage ensues, people go to the minister. What is the minister's response? 'Well, I knew nothing about it,' despite the promises that she had made to change the system.

This is neglect beyond any comprehension. It is unlike anything that we have seen during the course of this term of government. Now what we have seen is an independent review subsequently finding in black and white that the minister was responsible for failings on her part—on her part. No ifs, no buts, no qualifications—the minister had failed. She was not failing a political test, not failing the commitment to her house, but failing young children in her care who were victims of paedophiles on her watch.

I simply make the point that, if that does not demand action, what does? If that does not demand action on behalf of the Premier, what does? It goes to an unqualified broken promise from the Premier. This is what the Premier has said. He has said this on more than one occasion, but these are the Premier's words back in 2018:

> Ministers must be ultimately responsible to the public and the parliament for the quality of services funded by the taxpayers and for the actions of those providing it. If serious errors, or worse, occur in agencies, the minister takes responsibility…
>
> I have told my ministers they cannot expect to remain in cabinet if they see nothing, hear nothing and question nothing.

This minister did not do it once; she did it twice. Furthermore, the Premier has made remarks repeatedly on the record, including on the ABC. He said:

> Now this is a major difference between the Labor hopeless administration and a new Liberal Government if we're elected in March next year because let me tell you if one of my ministers had such a hopeless level of neglect in their department they would not be sitting at the Cabinet table the following week. That's a fact.

It has been a week. In fact, it has been almost six months. This minister is still there, still failing the public, failing her responsibilities but, most alarmingly, failing children. It is time for the Premier to act in the interests of young people in her care.

NEWLAND ELECTORATE SPORTS FACILITIES

Dr HARVEY (Newland) (15:22): I was thrilled to be at the official opening of the new tennis and netball courts at the Banksia Park Sports Area last week. I attended along with the Premier, the Minister for Recreation, Sport and Racing and a number of other parliamentary colleagues and elected members of the local council.

This is a very important local project for grassroots sport that has been a long time in the making. This project will directly benefit the Tea Tree Gully Tennis Club, Tea Tree Gully Netball Club, Banksia Park Netball Club and the recently arrived Strikers Netball Club. Also, importantly, I know Jason Todd, the coach of the tennis club, is really keen to see greater access by the local community.

Way back in August 2017, as the then Liberal candidate for Newland I organised a meeting to bring together the three clubs that occupied the site at the time, along with the then shadow minister for sport and recreation, who is now the minister. It was clear from our conversations with those clubs that capacity was a problem at that site, whether it be for the netball clubs that were using those courts for training a couple of nights a week or similar capacity constraints for the tennis club. It also limited the sorts of competitions that the tennis club could host.

As the local candidate, I then launched a local campaign to see this facility upgraded. I really would like to congratulate and thank all club members for their efforts in helping gain broad community support for the project. In the lead-up to the 2018 state election, the Marshall Liberal team committed, if elected, to invest $345,000 to upgrade the facility, which was ultimately a council-owned facility. Importantly, we consulted with the council about this project at the time.

Thanks to the confidence shown by the community in the Marshall Liberal team across the state, particularly in Newland, we were fortunate to be elected to government in 2018. Following the election, the Marshall Liberal government entered into a funding agreement with the City of Tea Tree Gully for the construction of six multipurpose courts, with the government to invest $350,000. Whilst there was some politicking from local councillors, the council ultimately and unsurprisingly fulfilled their end of the bargain. I thank the council for that, and I know the local clubs are also grateful.

In May last year, it was exciting to see the fences go up around the grassed area adjacent to the original courts and to see works commence on the brand-new courts and to see additional

parking and lighting at that site. I happen to live just around the corner, so I was always very pleased to see what was going on each day as I went past. Over the subsequent months, it was great to see works progressing to being essentially completed in October/November last year. The original official opening was scheduled for 18 November, which unfortunately had to be postponed due to the Parafield cluster.

In achieving this goal and the project, I would very much like to thank the local sporting clubs for their efforts in helping to secure the upgrade and also for their efforts in supporting important local community clubs. The Tea Tree Gully Tennis Club has a very hardworking committee. I would like to acknowledge club coach, Jason Todd, and president, Scott Sheridan. Other committee members, including Paul Crisanti, Mark Zander, Kelly Zander, Nick Reynolds, Amy Secomb, Mark LeDan, Beryl Adamson, Jenny McIntyre, Karen Sheridan, Mark Duffield, Peter Gibbons and Mark Wiegosz, have done a wonderful job supporting tennis players of all ages. I was also pleased to see at the start of this year that the tennis club was able to take advantage of the expanded number of courts to host a highly successful tennis tournament.

The Tea Tree Gully Netball Club were also particularly prolific in advocating for their club. Again, I would like to acknowledge their committee members: Helen Burvill, Natalie Henry, Cathy Heffernan, Natalie Maxted, Sarah Lavingdale, Janelle Smith, Gemma Burvill, Heather Fleet, Tania Lewis, Alice Reynolds, Leah Dredge and Tim Buckingham.

I acknowledge the Banksia Park Netball Club and their committee, including Rachel Onderstal, Renee Walker, Dee O'Loughlin and Heidi Pachur. I also acknowledge the Strikers Netball Club, which is the new beneficiary of the expanded number of courts, and their committee, made up of Laura Clark, Linley Bertram, Linda Frick, Ryan Kemp, Mel Ryan and Karen Lang. I am really excited to see this project going ahead in this fantastic central location within our community and to be part of a government that is building what matters and supporting local grassroots sport.

TAFE SA

The Hon. A. PICCOLO (Light) (15:27): Today, I would like to bring to the attention of the house the Marshall Liberal government's policy towards TAFE, which involves cutting, closing and privatising most of TAFE. In my view, TAFE is under attack from this government to the extent that I believe this government, particularly the minister, is committed to dismantling TAFE on the altar of ideology.

The Marshall Liberal government closed campuses and then started cutting funding and now it is effectively privatising large batches of courses that TAFE previously offered. In fact, TAFE has been banned, and I will repeat that—TAFE has been banned from running a number of programs in metropolitan Adelaide. For example, the business studies programs are not allowed to be offered in metropolitan Adelaide. In fact, my young trainee now has to travel from Gawler all the way to Henley Beach to access training through an RTO in the private sector, whereas previously it was available in Gawler, Elizabeth and Adelaide. A number of other programs have been banned, which I will mention in a moment.

This has been under the policy of contestability. The minister goes around and talks about contestability. I am not sure how contestability works if you only have one player, if you knock out a player. For example, if TAFE has been banned from offering courses in metropolitan Adelaide, who is the contest between? What they are effectively doing is trying to undermine TAFE and actually dismantle it course by course, campus by campus, right across the state.

In fact, this minister has gone one step further. One of the programs, I understand, window glazing, which is now an online program, is actually being offered by an interstate RTO. Not even the private RTOs in South Australia are good enough for this minister, and obviously there are jobs that go with that. The results of this campaign to undermine TAFE speak for themselves with big falls in the number of commencements. Latest numbers show that there has been a 41 per cent drop in apprenticeships/traineeships, leaving the government well short of its promise of delivering 20,800 new apprenticeships and trainees.

The Marshall Liberal government is set to axe a subsidy for a very popular Certificate III in Retail, currently offered at the Adelaide city campus of TAFE, and it cost $1,250 after state government subsidy. Removing the subsidy will increase the cost for students to more than $2,000, which will put a lot of basic training and skills development out of the reach of ordinary young people.

This follows the decision to cut funding for other courses, including courses for early childhood education, aged care, disability care and business, as I have already mentioned. The Tea Tree Gully, Parafield, Port Adelaide and Roxby Downs campuses had been closed.

More than 150,000 South Australians who are unemployed or underemployed require investment, and this cutting of TAFE funding does not help. Another reason the minister gives for cutting TAFE is as follows: he does his comparison. He says that in the years 2019-20, TAFE delivered five million hours of training for $231 million, then he says the private sector provided six million hours for $52 million.

Well, it is a case of not comparing apples with apples. If the popular low-cost courses that TAFE is not allowed to provide go to the private sector, of course they are going to be able to be more efficient. It is like comparing a university that offers a medical course and a legal course: the cost of one is much more than the other and the comparison is quite erroneous and irresponsible. So he is actually comparing this and using these stats to undermine TAFE.

In terms of Gawler and the northern Adelaide areas, cuts to TAFE will force students in my electorate, in Gawler and the northern Adelaide suburbs, studying carpentry and joinery at the Elizabeth campus to travel more than 100 kilometres a day in addition to their normal travel. They will have to go to Tonsley to undertake their studies in carpentry. I wrote to the TAFE CEO about that and the minister wrote back saying that it is better for the students, program-wise, to actually do it at Tonsley—as I said, 100 kilometres away from their home on a return trip.

The matter came up in the Budget and Finance Committee, and the CEO of TAFE had to acknowledge that this policy actually puts additional cost and imposes additional burdens on young people even to the extent that they could lose part-time work. He has promised now to support these young people. I am now looking for the detail of how TAFE and this government will support young people so they can stay in TAFE and develop the skills they need for our economy and their careers.

Time expired.

COLTON ELECTORATE COMMUNITY SPORT

Mr COWDREY (Colton) (15:33): My electorate of Colton is lucky to be home to fantastic recreation and sporting clubs. Sporting clubs provide an opportunity to learn skills that will help in life, our careers and our personal relationships. Through engagement in sport, people learn leadership, teamwork, problem solving, responsibility, self-discipline and a sense of initiative, which are all important skills for our day-to-day lives. I understand better than most the benefits that stem from being involved in a sporting club. My time involved in swimming clubs during my formative years has made me the person I am today, and I am grateful for the support I received from those clubs.

Our local clubs have done a fantastic job, keeping going through the uncertain times that have been caused by COVID-19. That is why I was excited to see the latest list of successful applicants for the Active Club reboot round. The Active Club grants help recreation and sports clubs with program and equipment funding up to and including $3,000, which we know can make a huge difference to many clubs. Over the past few weeks, I have enjoyed going out and visiting successful clubs to hand deliver their certificates and have a chat to see what they have been up to, what their plans are for the future and where the funding is going. The list of successful clubs in round 49 in my area in the western suburbs includes:

- Adelaide Sailing Club;
- Fulham Falcons Cricket Club—congratulations to their board members, including Andre D'Souza, Rob Lukosius and David Butler;
- Girl Guides' state headquarters on Military Road;
- Glenelg Tigers Baseball Club and Glenelg Lacrosse Club;
- Gym West—again, I acknowledge Mick, Nick, and also Tina, who runs their KinderGym program. My son just started at Gym West in KinderGym and is absolutely loving it, so I cannot say anything but good things about Tina and the work she is doing down there;

- Henley Sharks Football Club and former member of this place Paul Caica, Rod Hill and Stephen Higgins, and I am sure the Minister for Recreation and Sport is looking forward to going down there in just a few weeks, as I certainly am, to open the new changerooms;
- Henley Hawks Volleyball Club—I would just like to put on record my thanks to outgoing president Michael Collins for all the time he has committed to the club;
- Henley Sailing Club;
- Henley Surf Club;
- Lockleys Bowling Club—I just dropped off a couple of flags for them recently;
- Seaside Tennis Club, powered by many mums and dads down there;
- West Beach Tennis;
- West Torrens Baseball Club, West Torrens Cricket Club and West Torrens Softball Club—I ducked in on the weekend to see the division 2 boys very briefly. Brian LeCornu was down there on the scorer's table, as he so frequently is with the division 2 boys; and
- Westward Ho Golf Club—I just recently attended their end of season awards last week.

There are so many great people and volunteers in each and every one of those clubs and so many people I could mention today, as well as the other clubs that received awards based at the university playing fields in West Beach and at the West Beach Trust grounds.

This program was reprofiled in the wake of COVID-19 to do the best we could to support as many clubs as possible, recognising the additional cost burden that was placed upon clubs due to the COVID-19 circumstances, whether that be additional equipment, personal development, hygiene products or digital equipment to help with Zoom meetings or the like that needed to take place over that period.

This government has already committed over $21 million to support the sport and recreation sector through the COVID-19 pandemic. As we know, and as I have already said, so many of the clubs are run by volunteers and supported by volunteers. We understand that every dollar our government can provide helps to go a long way in ensuring those clubs are able to provide the very best of opportunities to our young athletes.

Again, my sincere thanks to everyone involved in keeping our local clubs up and running during this uncertain time and all the very best for the 2021 season to those clubs. To those who were not successful in this round, please make sure that you put in your applications for the next one. It is incredibly important. Something that I am incredibly passionate about is seeing as much investment as possible into the local sporting clubs in my area. Again, to all those volunteers out there and to all our kids involved in the sporting clubs in the local area: get out there and get involved.

Bills

TERMINATION OF PREGNANCY BILL

Committee Stage

In committee.

(Continued from 16 February 2021.)

Clause 1.

The Hon. D.C. VAN HOLST PELLEKAAN: Mr Chair, I draw your attention to the state of the house.

A quorum having been formed:

The CHAIR: The house is once again in committee on the Termination of Pregnancy Bill 2020. We are dealing with clause 1. The Attorney has the call.

The Hon. V.A. CHAPMAN: Speaking on clause 1, just as a preliminary, if I may confirm as I had last night that it is important that, having considered contributions over 10 hours, some refinement/amendment needed consideration. I undertook to do that, and I have indicated to the

house that there are a number of amendments that are proposed for its consideration. Indeed, there has been I think a flurry of other amendments that have come through, and so I hope members in this rather complicated process have been able to keep up with that.

Nevertheless, can I just say before we consider the substantive matters of the bill that I would like to address some of the key concerns that have been raised about the bill, particularly in relation to some of the proposed amendments that members will be asked to consider shortly. As I said last night, many members have indicated that they are supportive of the spirit of the bill and the need for decriminalisation of abortion. They hold very serious concerns regarding some of the more significant aspects of the bill, particularly in relation to late-term abortions and sex-selective practices.

I appreciate that there is a wide range of views on these issues and that it will not always be possible to satisfy everybody with this bill. Nevertheless, I have listened to those concerns, not just from our members but obviously across the spectrum, and I am confident that there is a middle ground that we can reach to ensure that we do provide compassionate, safe, supportive health care for all women, and I do not think anybody in the parliament expects anything less than that.

Accordingly, I indicate that I will be moving a number of amendments in my name to specifically address the concerns that have been raised regarding late-term abortion and sex-selection practices. I urge members to seriously consider supporting these amendments.

Firstly, in respect of late-term abortions, currently the bill provides that a termination may be performed after 22 weeks and six days if two medical practitioners consider that termination is medically appropriate in all the circumstances. In considering whether a termination is medically appropriate, the bill provides that the medical practitioners must consider all relevant medical circumstances and consider the professional standards and guidelines that apply to the medical practitioner in relation to the performance of the termination.

Some members have raised that this threshold is too low and that it does not go far enough to provide sufficient certainty as to what constitutes a 'medically appropriate' termination. Some have claimed that this means that the bill will allow abortion to birth. Whilst I still wholeheartedly reject those assertions, I do not believe that the answer to these concerns lies in some of the amendments that have been proposed to date, and some of them are from my colleague the minister.

Under those amendments, for example, terminations after 22 weeks and six days will only be performed in circumstances where the termination is necessary to save the life of a pregnant person or save another foetus or there is a case or significant risk of serious foetal abnormality associated with the pregnancy that is incompatible with survival after birth, and the termination is performed in a prescribed hospital. I appreciate there has also been a further amendment to deal with rape and incest. I have not read that one, but I think it has come in today. If I call it 'the rape and incest' and then it consolidates.

Ms Bedford: No, 10 is here.

The Hon. V.A. CHAPMAN: I understand. I have seen it, but I am just saying it has been taken over now with a consolidated one.

Ms Bedford: That is the last one—10.

The Hon. V.A. CHAPMAN: Yes, thank you. One of the difficulties in relation to the specification of, say, rape and incest—which I wholly endorse need to be factors considered in the event of a termination—is best dealt with by example. We have started from all the legal minds who have been working on how this should best be explored, together with the medical expertise, which I clearly do not have and probably most of us do not, although I note that some members have health professional training.

I do not diminish that, but I do not know of any of my colleagues here in the parliament who are expert in relation to the medical procedures and terminations that we are being asked to deal with. Obviously, we have had to rely on a number of professional people in that capacity. If I were to give some examples in relation to where this is limited, I hope this makes it clearer. One of the scenarios was introduced by the Hon. Connie Bonaros in the debates in the other place, but it is a very telling one. It is a very real example of what happens in the real world, which most of us are completely protected from.

She described a young girl with an intellectual disability who had been sexually abused by a family member and fell pregnant. As a result of her intellectual disability, she was unable to appreciate or understand her pregnancy until she was in a late gestational stage. When the situation became known, the girl was clear that she did not wish to proceed with her pregnancy and a late-term abortion was ultimately carried out. The severe and adverse effects on her, had she continued with the pregnancy, were noted as the reasons for this.

For those who have had some experience, even with constituents, in dealing with the really difficult aspects in relation to someone who has the care of someone with an intellectual disability or a diminished capacity, for young women even the experience of a monthly period menstrual cycle is quite a traumatic experience in some cases. Of course, sometimes procedures are undertaken to try to minimise what is scary to some but which we as women might take as a normal course of our daily life.

We need to deal with that circumstance in the envelope of balancing all of the positions. Under my colleague's amendment—if I go to the consolidated one because I think it is the most comprehensive—this would not be achievable. In a case such as this, there would be no life-threatening situation. The person was not physically able to have the baby; it was not life-threatening. There was no suggestion that the foetus had an abnormality, severe or otherwise, and there was no suggestion that, whilst it was a family member, it was necessarily incest and/or rape—that has to be proved.

This is what happens. The only case I can recall—and I was not involved but I can recall that it was in relation to an incest matter—was a girl under 18 who was pregnant to her stepbrother. There was no common DNA, no blood relation and no breach of the incest limitations, which largely relate to criminal matters and/or the opportunity to marry, because obviously the Marriage Act has restrictions in this regard as well. They would be excluded.

Probably the most confronting is if we add in rape and we limit it to rape. How do we deal with, for example, one of the girls, who was identified as C1 or C2 in the recent Rice report, who was 13 years of age and apparently 14 when she delivered a baby, and then the other girl, who had access to a termination? Clearly, that is within the envelope of what is best to be able to deal with that situation. That is, again, a circumstance where we need to take into account unlawful sexual intercourse. In that case, as she was under the age of 14 years, it is a criminal offence with up to life imprisonment. The person who did it is now in gaol, but how do we accommodate it in this legislation? We cannot do that if we just restrict it to rape and incest.

We all know the obvious. It is always the grey area that we have to consider. I do not think anybody in this chamber would say that it would be reasonable to impose on one of the 13-year-old girls, where it was agreed she have a termination, that she should go through becoming a birthing mother and, in that case, presumably, hand it over or attempt to be a mother when she is a child herself. These are matters that really make it difficult to accommodate if we are too prescriptive. So whilst I agree and whilst I think the AMA have written to you all in the last 24 hours to say that prescription is not what they like, so be it. We are the parliament. We will make those decisions. But if you do, then please be alert to the problems that are here.

I recently had a lady write to me and I think most of you got the letter. I only got it in the last 24 hours. She identified a couple of other examples. One was where a pregnant woman was involved in a motor vehicle accident, was incapacitated—in fact, severely injured—and when she was able to recover her pregnancy was advanced and that was going to create significant complications. You all have the letter, apparently, so I do not need to necessarily go into the detail. I suppose we have to ask ourselves the question: how do we accommodate that?

Ms BEDFORD: Point of order at this point, Mr Chair: I do not wish to curtail the free-ranging discussion, but it is one-sided. I would like to ask you some questions about what is going on in this discussion.

The CHAIR: Thank you, member for Florey. I have given that some thought. Given that the Attorney has carriage of the bill, my feeling is that members here are appreciating some background, but by the same token I remind the Attorney that we are dealing with clause 1 at the moment and we will get to dealing with amendments as they become due. Member for Florey, you will have plenty of opportunity, I am sure.

Ms BEDFORD: I do not know because I will only have three questions and what the Attorney has said has already given me more than three questions, so if we are having this free-range discussion I hope that we will all be able to ask more than three questions if we need to.

The CHAIR: Let's see how we go on that, member for Florey. If this has raised further questions—

Ms BEDFORD: I am sure you will be very—

The CHAIR: Member for Florey, thank you, I am speaking. Given that we probably have quite a long evening in front of us, I will try to stay within the standing orders on this, bearing in mind that there are a lot of members here who will have questions.

The Hon. V.A. CHAPMAN: I note the member for Florey's comment and I totally respect it. In addition to that—

Ms Bedford: I don't mind you having an extra half-hour if we all get a half-hour too.

The Hon. V.A. CHAPMAN: I am trying to indicate, where there is a proposed amendment, what has been developed overnight, as I promised I would do, but I will move on to considering the second aspect, an addition to late-term abortion: the prohibition on sex-selective abortion. Again, members raised concern about this. A number of members raised concern about this and I acknowledge that is a very real concern.

I personally would think that it would be abhorrent to think that people would even be indulging in such a practice. I am personally satisfied that it is not a practice. It has not been identified as a practice, but it has occurred overseas, as members have pointed out, and therefore it needs to be addressed. I am concerned, on the proposal by the member for Playford, with whom I have also had a continued conversation, that there is a question of making it an offence for any person who performs or assists in a sex-selective abortion.

In addition to the grammatical matters we have had a conversation about, I have invited him to speak to parliamentary counsel on that. The issue of any person could potentially capture a pharmacist or other health practitioner whose only role is to dispense or administer medication or who is otherwise not involved in the decision-making process as to whether or not a termination occurs. I just want to add that for the benefit of the member for Playford, who has provided a substantial amendment.

The defence proposed by the amendment currently provides that it is not an offence if the health practitioner is satisfied there is a significant risk that the person born after the pregnancy but for the termination would suffer a sex-linked hereditary medical condition that would result in significant disability to that person. I am advised that there are sex-linked conditions which are not hereditary which could nevertheless result in significant disability to a person.

I am just trying to place that on the record as to where that has gone and the advice I have received. I have no clue when it comes to these things; it is not my area of expertise at all. I just think it is important that members be aware of those two aspects. With that, I indicate that I would hope everyone has some generous opportunity to be able to fully explore all the amendments before the house, and I am happy to be here to whatever time it takes.

The CHAIR: Thank you for that generous offer, Attorney. Are there any questions or contributions in relation to clause 1?

Ms BEDFORD: I will have a go, sir, seeing as we are being so generous here this afternoon. As you have brought up anomalies where certain types of people may not have their needs addressed by the bill, can you perhaps tell us if the term 'medically appropriate' appears in any other legislation anywhere, as well as the term 'in an emergency'? This is in an effort to try to define both those phrases.

The Hon. V.A. CHAPMAN: I just indicate that I was discussing that in the context of the amendments, not what is in the bill, but if you are asking me what is in the bill—

Ms BEDFORD: Well, 'medically appropriate' is in the bill.

The Hon. V.A. CHAPMAN: Yes, I agree; it was just in relation to the first aspect. My recollection is 'medically appropriate' is not, because the other application in other jurisdictions I think

has the wording 'appropriate in all the circumstances'. The provision of 'medically appropriate' I suggest is actually to increase the threshold for what is required here. As we are moving to a medical model, this issue was generally canvassed with the SALRI, but other jurisdictions have passed legislation with what I would suggest is the lower threshold of just being 'appropriate in all the circumstances'. 'Appropriate' is by the medical practitioner.

Ms BEDFORD: I perhaps did not make myself clear. Does 'medically appropriate' appear in any South Australian legislation anywhere?

The Hon. V.A. CHAPMAN: I do not have any particulars of where it might apply, but it was a phrase used by SALRI itself. John Williams is the Director of the South Australian Law Reform Institute, so it is their wording, not mine.

Ms BEDFORD: The next logical question would be: what does it actually mean?

The Hon. V.A. CHAPMAN: When we come to the clause that is proposed in the bill, it has to be identified within the envelope of what the national standards require. The practitioner must take that into account. Remembering it has to be 'medically appropriate', an example that was given to me is you cannot just walk into a doctor's surgery and say, 'I want you to cut my arm off.' If it is not medically appropriate, he or she might not cut your arm off, so—

The Hon. A. Koutsantonis: You can't choose what arm?

The Hon. V.A. CHAPMAN: I am just indicating an example. I am not sure that is a helpful interjection from the member for West Torrens, but I will take any helpful interjections that members would like to raise. Is there a definition of what 'medically appropriate' is in the bill? No. My understanding is that what is appropriate in all circumstances is not defined in the other legislation interstate either. It is a standard that is assessed by the two doctors within the confines of their own regulation and their own guidelines, and that is specified a bit later on in the bill.

Ms COOK: If it might be of assistance, would the Attorney be able to describe a couple of medically appropriate circumstances?

The CHAIR: In what context?

Ms COOK: In the context of termination of pregnancy and the clause where the words 'medically appropriate' are used.

The CHAIR: So it is specifically about termination?

Ms COOK: Correct.

The Hon. V.A. CHAPMAN: Within the context of perhaps even a couple of the issues that have been raised, firstly there is the life threat to the mother. I think everyone, universally, as is currently the law, allows for a late-term abortion, as it is described, to take place.

The most common example that was given to me in consultation was where a treatment was to be applied to a woman who had been diagnosed with cancer while she was pregnant and the capacity for the mother to complete the pregnancy and produce a healthy baby would, as per medical assessment, leave her life at risk if she were to not take intervention. What was more commonly put to me was if she did not start her chemotherapy as a common treatment for that. Then there is the heartbreaking choice of what you do. So that is 'medically appropriate' in the context of a termination.

The other one that is most obvious—and I will again take the least controversial one—is where someone has a foetal abnormality diagnosed by paediatricians and the like to say that, for whatever reason, the foetus is now going to be born with significant and/or fatal disability. Again, the most common thing that was put to me is where a baby might be born with significant organ reversal, or even organs outside of the body. The capacity for them to then receive anaesthetic and survive is really just a tragic end for everybody.

These are the sorts of examples that were put to me. I do not know of these personally, but they were put to me as common areas of treatment, intervention and assessment medically, as to whether that was going to cause a threat to the life of the mother and/or the foetus, if the foetus was not lost in that scenario, and the birth of a child who may be non-viable.

Mr PICTON: In relation to current termination services being provided by the government, is it true that it is now two years since the surgery and Pregnancy Advisory Centre at Woodville closed due to air-conditioning problems at the time and that women seeking termination surgery have been moved to The QEH to undertake that surgery in the same operating theatres and areas as everybody else getting elective surgery? Is it true that that has reduced the capacity for women to get operations, from 16 per day to 12 per day? What is the government's long-term plan for the Pregnancy Advisory Centre? Will surgery return to the Woodville site?

The minister, I noted in estimates in 2019, said that the government at that stage was working on a long-term plan for the centre. That is now 18 months ago and nothing has changed. Certainly, when I visited and other members visited, the staff there were not aware of anything about addressing this significant issue they have.

The CHAIR: That is probably a question more relevant to estimates, Attorney.

The Hon. V.A. CHAPMAN: Possibly, but again, I answer the member this way. I heard this issue for the first time when the member made a contribution last night. The concern was about the failure to spend $100,000 to repair air conditioning and that had a consequence, I think, of having to direct patients into an area where they might have to share it with people with heart disease. Am I remembering exactly the same incident?

Mr Picton: Yes.

The Hon. V.A. CHAPMAN: Yes, thank you. I do not know the answer to that. I am more than happy to get a response from the minister. I have Health people here today. If at some time, even during the tea break, I can talk about what is the update on that and they have it, then I will try to get that for you.

The Hon. S.C. MULLIGHAN: Attorney, in your preamble to this stage of the consideration of the bill you made reference to the prescriptions in the bill, in particular the requirement that two doctors must determine that the termination is medically appropriate, and you made reference to the requirement also that it satisfies the national standards that apply to those medical practitioners. Where are those national standards defined or set out?

The Hon. V.A. CHAPMAN: I will just find the clause for you in relation to the obligation to take them into account. They are not published in the bill, obviously, but they are available. On my recollection, they have been circulated in the information we have provided. We will get an extra copy of them, if you have not read them. I will just find the clause that sets out that they have to take them into account. Clause 6(2) says a medical practitioner must consider:

(a) all relevant medical circumstances; and

(b) the professional standards and guidelines that apply to the medical practitioner in relation to the performance of the termination.

They are national standards. I am happy to get them circulated. I believe they have been circulated, but, if you have not read them, I can manage to get a copy for you.

The Hon. S.C. MULLIGHAN: I would be grateful for a copy, but my question was: where are they defined or where are they published? How often are they reviewed?

The Hon. V.A. CHAPMAN: They are published by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. I would have to find out for you how often they are reviewed. I will just see whether there is a date on this one. There does not appear to be, but I will make that inquiry.

The Hon. S.C. MULLIGHAN: My next question is: did the government consider including the standards which are relevant to termination procedures in the bill? If they did consider including them in the bill, why were they not included in the bill?

The Hon. V.A. CHAPMAN: Firstly, it is not the government's consideration; it is my consideration. Certainly, I am Attorney-General, and I have had the wise advice and counsel of SALRI, which has formed the base of the model that is before you. To the best of my knowledge, we had not received any advice from anyone suggesting that we replicate what is in a national guideline in the bill for the very reason that often they do change. I do not know of other legislation where we

have written out what is in a format of a guideline. I indicate to you the title of this, and there are about four pages, is 'Late abortion'. Nobody has advised me to actually put it in the bill.

Clause passed.

Clause 2.

The Hon. A. KOUTSANTONIS: What is the government's plan for commencement? Is it by the end of this year or the beginning of next year?

The Hon. V.A. CHAPMAN: Again, for the purposes of common usage, I know that members keep saying 'the government'; it is my bill.

The Hon. S.C. Mullighan interjecting:

The Hon. V.A. CHAPMAN: I am just saying that, in relation to what is the government's intention, I cannot answer for the government because this is a private member's bill, but I am making—

The Hon. S.C. Mullighan interjecting:

The CHAIR: Member for Lee, just cease the interjections, please. The Attorney is attempting to answer the question.

The Hon. V.A. CHAPMAN: I am advised that, as with most bills, regulations would need to be prepared and circulated, consulted on, etc., before that final determination could be made. I do note that other jurisdictions around the country have progressed legislation in this form, some for a number of years, so it is not as though it is a unique piece of legislation which sometimes does require extra time. I am assuming that, in the event that the legislation passes the parliament, the regulations are prepared.

There would obviously be a review of other regulatory processes around the country. I am sure that they would progress it as soon as practicable, but there is no known date until that has occurred. It may be later. I think you asked if it was late this year or early next year, but it may be even later than that. I am expecting that, as it is a matter that has some precedent around the country, at least there will not be a need to look at a novel set of process.

The Hon. A. KOUTSANTONIS: Given the fixed date for proclamation will be done by the government rather than a private member and the Attorney flagged the development of regulations based on the precedents set in other jurisdictions, will the Attorney commit today in the house that she will hold a consultation period for those regulations, distribute the draft regulations in advance to all interested parties and take feedback from those parties on those draft regulations well in advance of any proclamation of the bill?

The Hon. V.A. CHAPMAN: I will take advice on process, but I am more than happy, and quite happily state here today, that once draft regulations have been prepared they should be available for anyone who wishes to do that. It is probably best that they be on a website, but again I will take advice on that. As a clear indication, rather than the usual suspects, all the legal people and all the medical people and all the associations that are both for and against—it has been a very wide group of stakeholders—I think you are saying that if an individual person wants to see those regulations, they ought to have an opportunity to review them before they are finalised. I give that undertaking.

Clause passed.

Clause 3.

The CHAIR: I want to talk briefly, Attorney, about the sequence of amendments this afternoon or this evening. My understanding is that the Attorney-General and the Minister for Environment and Water and now the member from West Torrens have the same and/or similar amendments, Nos 1 to 4.

In accordance with practice, I intend to give the Attorney precedence to move her amendments in lieu of the Minister for Environment and Water. Where the minister's amendment No. 2 is at variance to the Attorney's, I will invite the minister at that point to move an amendment to

the Attorney's amendment. For amendment No. 1 and amendment No. 4, the member for West Torrens will have that same opportunity.

The Hon. V.A. CHAPMAN: Chair, I thank you for giving me the invitation. As this is essentially consequential on further amendments, may I suggest that we suspend consideration of this amendment until those more substantive amendments have been dealt with. Certainly, there is an overlap in relation to various amendments on file because this will be consequential if they pass.

The CHAIR: My reading of this, Attorney, is that your first amendment deals with the term 'prescribed hospital' and that it would mean 'a hospital, or hospital of a class' prescribed by the regulations.

The Hon. V.A. CHAPMAN: In any event, I am happy to do it. If nothing else happens and we do not deal with these other things, and for whatever reason none of these amendments get passed, then we may have to come back to deal with this. That is all. In any event, I am happy to deal with it on that basis, as you direct, sir.

The CHAIR: Attorney, perhaps if you move your first amendment now.

The Hon. V.A. CHAPMAN: I move:

Amendment No 1 [AG–1]—

Page 3, after line 18—Insert:

prescribed hospital means a hospital, or hospital of a class, prescribed by the regulations;

I think the reason is self-evident. It seeks to establish a requirement for termination after 22 weeks and six days in the member for Black's amendment as well, and forms part of the broader set of amendments.

The CHAIR: Is there a contribution at all or questions to the Attorney on her first amendment? My understanding is that the member for West Torrens may wish to speak to this. The Attorney has moved her first amendment standing in her name. I give the call to the member for West Torrens.

The Hon. A. KOUTSANTONIS: Yes, sir. Is now the appropriate time for me to move my amendment?

The CHAIR: I was thinking you were moving an amendment to an amendment, member for West Torrens.

The Hon. A. KOUTSANTONIS: Yes.

The CHAIR: Then you move that now.

The Hon. A. KOUTSANTONIS: I move:

Amendment No 1 [Koutsantonis–2]—

Page 3, after line 18—Insert:

prescribed hospital means an incorporated hospital within the meaning of the *Health Care Act 2008*);

I have concerns about the practice of late-term abortions, if this bill is successful, in effect being able to be provided in clinics that could be operated solely for profit. I think it is in the public interest that, if the government's bill is successful, we put safeguards in the bill that would ensure that surgical abortions are conducted entirely within public hospitals.

What I do not want to see is what we have seen practised in some other jurisdictions internationally. I am not saying it is going to happen immediately, but what you can see happening are clinics for profit. Given the very broad definition that the Attorney-General is using for the appropriateness of abortions after viability and given the requirements in place for two approving medical practitioners being quite broad, I do wonder whether or not it is in the house's interest and in the parliament's interest to be quite prescriptive about where these procedures are conducted.

I accept the criticism from proponents that perhaps we are trying to solve a problem that does not exist. What I am saying to the house is that we have seen in other jurisdictions—not necessarily in Australia as yet, given the volumes—a large volume of abortions carried out. I could

be proven wrong, but my view is, given the liberalisation of the government's bill of abortion procedures, we may see more of them. It is not definite, but we may. If we do see an increase in volume, will that offer a place for the private sector?

I understand that some of these services are already offered within the private sector and that there are some very reputable private operations that do offer them. What I am trying to foresee is: will this give an opportunity for new, opportunistic, entrepreneurial people to move into the market to try to take advantage of this? This is a prophylactic measure to try to prescribe what the house is seeking to do here.

I know this is difficult for everyone. This is the first amendment we will be considering that will probably be voted on. It is a bit of a litmus test as to where the house stands on these measures. I will be supporting future amendments moved by the Minister for Environment and Water, but my intention here is on the basis that, if all the amendments lose and the Attorney's bill passes unamended or amended as the government sees fit, this is a safety valve that we put into the bill early. That is why I am asking members to consider this.

It is a private member's bill that appeases some of the ministers in the government and is being given government time, government resources and government advisers. Regardless of that, what I am attempting to do is put in a safety measure in advance if the other measures are unsuccessful. That is my argument to the house and I am happy to take any questions from members if they have them. I commend the amendment to the house.

The Hon. D.C. VAN HOLST PELLEKAAN: First of all, would the Chair mind if I participate from here so that the Attorney-General has as much space as she wants for her paperwork and so on? Otherwise, I would be cramping her style. My question for the member for West Torrens is: his amendment talks about hospital as described in the Health Care Act, but his words were to the effect that he would only want these procedures to take place in a public hospital. Given that I do not know exactly what the description in the Health Care Act is, when he says a public hospital, does he mean a public hospital as we would know it or a public or private hospital and those types of institutions?

The Hon. A. KOUTSANTONIS: I understand that the Health Care Act is based around public hospitals. I was using colloquial language to explain to the house what I am talking about. It is under the current regime.

The Hon. S.C. MULLIGHAN: I rise in support of the member for West Torrens' amendment to the Attorney's first amendment. This is a concern that I share for a couple of reasons; one is I agree with the reasons that the member for West Torrens has put forward about the significant change that the Attorney's unamended amendment will provide to the current regime of providing terminations here in South Australia, particularly surgical terminations.

At the moment, as I am sure we are all aware, the vast majority of terminations, which are surgical terminations, occur in public healthcare facilities. There is a minor exception to that and that is those that occur in regional areas. It is certainly my understanding that the Health Care Act enables a small number of country hospitals—some of those members opposite me who perhaps represent electorates that contain these hospitals would know this better than I—to conduct these procedures. But that is by far and away the very, very slim majority of these services that are provided across the state. The vast majority occur in metropolitan Adelaide and, of course, occur necessarily in public healthcare facilities.

The concern that the member for West Torrens has about introducing the unfortunate profit motive into the provision of these services is something which I think should be avoided at all costs. But I want to raise an additional reason, and that is one which has occurred to me during the course of the discussions that I have had before this debate has been held in this house and the representations that have been made to me in preparation for this bill being considered by this house.

When I have raised concerns that I have had about I was going to say late-term abortions, but perhaps I could say abortions perhaps occurring after the 20-week period, and how that may be possible under the ambit of the bill that is being proposed by the Attorney, the response invariably has been, 'That's not going to happen. That's not what happens at the moment.'

Well, what happens at the moment is that the provision of these surgical terminations is motivated only, solely, by healthcare considerations. We know that because they are being provided in a public hospital. There is no profit motive. There is no incentive for throughput or to conduct a

number of services. It is based solely on what is in the best interests of that particular circumstance, and perhaps if I can put a finer point on it in the best medical interests or medical considerations of that situation.

I do not think it is too much to ask at this early stage of considering this bill that we do not introduce this unfortunate profit motive by opening up the provision of these termination services, these surgical termination services, into private clinics. There does not seem to be any need for it whatsoever, notwithstanding the concerns that the member for Kaurna raised about the adequate resourcing of the Woodville Park facility. Beyond that there does not seem to be any need for it, because for many, many years we have had the arrangement where it is conducted almost exclusively—with that slight exception in those country areas—within public healthcare facilities, and I would urge all colleagues to support that.

This is not the juncture at which we should be introducing an unnecessary and unneeded broadening of the provision of these services into the private sector.

Mr SZAKACS: I have a question for the member for West Torrens as the mover of the amendment to the amendment. Can the member for West Torrens point to any other matters of health care or surgical intervention that are regulated under the Health Care Act, or other act in this state, that are similarly safeguarded in the manner the member for West Torrens proposes in his amendment?

The Hon. A. KOUTSANTONIS: No, I cannot because this is a unique situation. We are talking about termination of life of some babies. This is unique, and that is why it is a unique response. Healthcare provisions in this country have been provided through private providers for decades, because some people prefer to have their surgeries on themselves or procedures in the private sector.

What we are saying here is that we want to remove a profit incentive provision of this procedure, not generally. I am not attempting to shut down the private healthcare system. I am supportive of the private healthcare system. I am talking about a profit motive for ending the lives of viable babies. Again, we get back to the original debate in the second reading speeches. I do not want to relitigate it because we have had the second reading and that has passed the house. My point in the second reading, if I am understanding what the Attorney has said, and my interpretation of the bill that is before us is that it will allow the termination of viable, healthy babies past 22 weeks and six days.

What I am attempting to do is to put a prophylactic measure in place to try to stop a profit incentive in that procedure, and it would simply be about providing—if the bill does pass—safe abortions within the public healthcare system only, not in a for-profit environment. It is entirely up to the committee how they treat this amendment. Again, as said in our second reading speech, this is a lot like 1890. This is what the parliament would have looked like pre political parties. I understand what the member is saying but this is a unique situation requiring unique amendments.

The Hon. V.A. CHAPMAN: Can I indicate that my understanding on the advice I have is that the effect of this is that it would require that any surgical terminations—and that under the bill would be from nine weeks—

The Hon. A. KOUTSANTONIS: That is not my intention.

The Hon. V.A. CHAPMAN: Well, I am just saying—there would be surgical terminations essentially if you could not take the medical option up to the nine weeks opportunity. Yes, there might be four or five cases a year that are what we are calling 'late-term abortions', given those standards, but there are also those who would go in for a procedure.

Essentially, the effect of the amendment to the amendment is that it would only be allowed to occur in a public hospital and not a private hospital because, under the act, an incorporated hospital does not include a private hospital. So here's the dilemma. Let me just add one more piece of information, I am advised, and it is probably in my annual report to the parliament; that is, apparently only about 0.05 per cent of surgical terminations are currently done outside the public hospital sector.

If a mother in that 0.05 per cent either lives in a remote location and needs to have access to a private facility, rather than going to the next town down the road or whatever, or is a regular

client at, say, St Andrew's Hospital—and I do not say that for any other reason than that they might have all their other obstetric and treatment done with the specialist at that hospital—then the effect of this amendment to the amendment would be to say, 'No, if you're going to have a termination, you will have to go to either the Women's and Children's Hospital, for example, or the Woodville Clinic.'

I am not sure entirely what the status is of the Woodville Clinic. It is under a health network. It was established from an organisation established by SHINE SA, which used to be in my electorate. It was moved down to Woodville and then set up as a facility to be able to offer pregnancy services, so I am not sure what its total status is. But I think I understand correctly that the amendment to the amendment would be that those small number of cases that are in a private sector using a private sector hospital should be excluded because in some way terminations might be seen as profit making.

I have never experienced that as being a difficulty. It may be that the passage of this amendment to the amendment may only affect a few, but I do not know the details of who it might affect. I can only imagine that there might be some regional aspects of this that would cause some further inconvenience to people in a rural community or where they are not near our big hospitals that currently provide this service.

I would prefer that it be still left as a choice matter. If there is any example where there might be some practice operating that is seen to be unacceptable, then please let me know and I would be more than happy to accommodate it. I think it would be unreasonable to restrict it. It is not going to be terminal to the actual provision of the service for most people.

There is one other thing, and I think the health minister made a point in the other place during the debate on this matter; that is, there is a very significant cohort of medical and health professionals and specialists within the public health sector who provide this service—amongst many others, but they provide this service—and it is the intention certainly of our government that we maintain that critical mass of expertise in women's health and treatment, so we are not in any way proposing to get out of that space.

Other than the 0.05 per cent that was indicated, we do all that work and must provide, presumably, a very good service for it to be so oft used in an environment where the private sector is available but apparently not being taken up by the population to any large degree. That is the best I can offer on it.

The CHAIR: I will come to this side, deputy leader.

Dr CLOSE: Sides are an interesting concept at the moment.

The CHAIR: Well, it is an interesting concept. I feel better going side to side.

Dr CLOSE: I am asking the member for West Torrens a question. As I understand it, this is intended to have the effect of essentially restricting access, so this form of location for a surgical termination would not be available and it would only be this form.

I wonder if the member has contemplated an unintended consequence, which might be that someone who has resolved that she is in need of an abortion—and it is a very difficult time and every day must weigh heavily once you have had to reach that conclusion—is restricted so that a pregnancy goes on longer than it would otherwise. Therefore, there is the impact not only on the foetus but also on the mother and the family that they are having to wait longer because there may be, through a variety of circumstances, more of a delay at the public facility, but the doctors say, 'We can't send you down the road to the private hospital.' Is that an unintended consequence that is possible and is it something that might make you reconsider the implications of what you are proposing?

The Hon. A. KOUTSANTONIS: Do I think a Liberal government might underfund our hospitals? Yes, I think they do underfund our hospitals. However, I know that if it is an emergency and we are getting to a deadline—

Dr Close: Time is crucial.

The Hon. A. KOUTSANTONIS: Time is crucial. I hope that every pregnancy goes to term and that every baby is born healthy—we all do. But again we get to the point where you either support

a gestational limit or you do not. I support a gestational limit. What I am talking about here is trying to put a prophylactic measure in so we do not see an incentive for profit.

Could there be unintended consequences? I could make the same argument about the broad definitions that the Attorney is using about allowing abortions for late-term mothers, where you could see viable babies aborted. Yes, there may be unintended consequences littered throughout this bill, no doubt. I do not think this bill is perfect. I do not think my amendments are perfect. I do not think we can amend this bill and make it perfect.

What I am trying to do is shrink that profit incentive to keep this within public hands, within public hospitals and with doctors, nurses and practitioners who are not motivated by profit but who are solely motivated by the care and concern of that mother—that is it. That is what I am trying to do. Is it perfect? No, it is not, but again this bill is not perfect. For me, this bill has gaping holes in it and that is why it is such a controversial piece of legislation. I cannot assure the member with what she is asking, and I do not think that I could be assured that the bill does not allow the termination of viable healthy babies.

Mr KNOLL: I rise to make a few points on this. First off, I think it is one of the few times I will agree with the member for West Torrens that there should not be a profit incentive. It was pointed out in the member for Lee's speech, when he spoke about the SALRI report, that this issue is not just a medical issue but it has ethical and social concerns also embodied in it. That is why we are debating it in this place rather than just leaving it to doctors.

In this instance, I think restricting this to public hospitals is appropriate not only to get rid of the profit incentive but also to make sure that those ethnical and moral dilemmas we are grappling with here this afternoon can be looked after and controlled in a way that we, as this parliament, as the representative of our people here in South Australia, would want us to.

The principal point I want to make on this is that the Attorney points out that 99.5 per cent of abortions are currently undertaken in public health facilities. I think that shows that we have a public system at the moment. But what we will see over the course of this debate in a number of the amendments we are going to discuss is that this bill needs to be forward looking and future looking and that it is not just about today. It is about what happens over the next 50 years before this act is amended again. We need to have a future-proof, forward-looking piece of legislation that takes into account some of the unintended consequences that we can foresee today.

I think the passing of this bill in its current form could see private for-profit clinics open or indeed for-profit private hospitals get into this space in the future. That is something we need to safeguard against. Again, the fact that 99.5 per cent of current terminations are undertaken in public facilities shows that we have a handle on this and it is not an immediate issue we need to deal with, but it is one that we need to future-proof for generations to come and ensure that we have done our due diligence thinking of what we understand at this point, imperfect as it is, the future consequences may be and make sure we safeguard against them.

Mr PICTON: I will try to provide some information that I am aware of. I understand that for a number of members who raised concerns on this, their concern is in relation to not wanting to open the door to private for-profit delivery of terminations. I would argue that the fact this does not happen in South Australia at the moment is not by virtue of the law but probably by virtue of Medicare and other funding arrangements. Historically, since our reform 50 years ago, the state has invested in public services such as those I am raising concerns about with the Attorney today.

I went back and looked at the current law, which I do not think we have done too much during this debate so far. I had a presumption that there was a very limited list of places in which legal terminations are allowed, largely in the public sector. However, under the Criminal Law Consolidation Act, the law states:

> …where the treatment for the termination of the pregnancy is carried out in a hospital, or a hospital of a class, declared by regulation to be a prescribed hospital, or a hospital of a prescribed class, for the purposes of this section;

At the moment, there is no legal limit that it should be at a public hospital. In fact, the Criminal Law Consolidation (Medical Termination of Pregnancy) Regulations 2011 list all those hospitals, which include a significant number of private hospitals, that today are legally allowed to provide terminations.

These include: Ashford Community Hospital, the Burnside War Memorial Hospital Incorporated, Central Districts Private Hospital Incorporated, Flinders Private Hospital, Glenelg Community Hospital Incorporated, The Memorial Hospital, North Eastern Community Hospital Incorporated, St. Andrews Hospital Incorporated, Southern Districts War Memorial Hospital Incorporated, Stirling and Districts Hospital Incorporated, Wakefield Hospital Incorporated—which I presume may not exist anymore; maybe that is now Calvary—and Western Community Hospital.

All those places are legally allowed to provide terminations at the moment. Obviously, people will come to their own determinations about the various amendments, but making it a public-only list of places that can provide abortion or termination services actually makes it a more limited list than what is in the current law of the state under that act and those regulations.

Another point I will note for the benefit of members is around the way the Health Care Act works. There is a backwards definition of an incorporated hospital, which is on the basis that incorporated hospitals are basically local health networks. I do not want to get too much into how we navigate commonwealth taxation law to help our hardworking healthcare workers, but if you work for an incorporated hospital then you are entitled to certain taxation benefits.

All our local health networks are incorporated hospitals. Flinders Medical Centre is not listed separately; it is the Southern Adelaide Local Health Network. The Royal Adelaide Hospital is not listed separately; it is the Central Adelaide Local Health Network. That means all of the parts of those hospitals would therefore be described as part of a service that could provide those services. At the moment, under the regulations that are set by the minister, it is much more specific to those individual hospital sites—so, The Queen Elizabeth Hospital and the Royal Adelaide Hospital as part of the Central Adelaide Local Health Network.

Other aspects of the Central Adelaide Local Health Network that do not provide services of the type that could be considered—i.e. SA Dental Service and SA Pathology—are not included within the current law and the current regulations as being able to provide termination services. I thought I would provide that background of the current state of both of those laws for members' consideration.

The CHAIR: Thank you, member for Kaurna. On a point of clarification, before I call the member for West Torrens, you mentioned, by example, Burnside hospital, which is a private entity. Are those private hospitals incorporated bodies?

Mr PICTON: They are not incorporated hospitals under the Health Care Act. The Health Care Act only incorporates I think eight or nine local hospital networks that we have in this state—Central Adelaide, Southern Adelaide, Eyre, western, etc. Private hospitals have a separate registration process that, from my understanding, would not be covered by the member for West Torrens' amendment.

The Hon. V.A. CHAPMAN: Can I clarify—because the member has raised an important point and I think is actually speaking to a prescription model—that at the current stage, if one looks at the Criminal Law Consolidation Act regulations that deal with termination prescribed places, they include the Burnside War Memorial Hospital. They include almost every country hospital—in fact, they still have the Leigh Creek Health Service in there. I probably need to amend that at some stage.

There are pages of hospitals that are covered, both public and private. That has been the position for, presumably, 50 years. In regard to having a long talk about taking all the ones that are private hospitals out and minimising that, as I say, at the moment it seems that there is a small group in the community who choose to have a termination in one of the private hospitals that have been there and available to do this for a long time.

I think it probably requires a bit of a bigger discussion, but one of the things that has just been brought to my attention is that, those who might utilise the services of an obstetrician who does not consult in a private hospital—and obviously a lot of women use obstetricians and gynaecologists who are perhaps never expecting to have the choice of doing a termination—are going along to their obstetrician, having regular appointments, doing tests along the way and everything is going well. They are planning to have their baby at the Burnside War Memorial Hospital, and then, three months into it, horror strikes and they have to make decisions about termination.

By this amendment, are we going to be requiring that that woman can no longer, even though we have had it for 50-odd years, have access to a private hospital, if she wants to, to have the obstetrician she has had throughout that period? I think this is probably best for a bigger amount of

time. If members want to have a look at the Criminal Law Consolidation (Medical Termination of Pregnancy) Regulations 2011, all the prescribed hospitals are set out in schedule 3. I would not want to cut them out.

Can I say that I am also advised that the expectation would be that, for the purpose of any regulations under any new bill, we would probably take a similar format and go through all these, assuming they still exist, although I am not sure the Leigh Creek Health Service still provides that service anymore. In any event, we would need to go through it, but frankly it covers nearly every hospital in the state. I would like to think that we are not going to restrict that at this point. It seems to have worked so far.

The Hon. A. KOUTSANTONIS: Just so that we are clear, without wanting to throw parliamentary counsel anywhere near a bus, my amendment is in relation to a proposed amendment by the Minister for Environment. This amendment is about dealing with procedures after 22 weeks and six days. What the Attorney is telling the house, which I think she has misinterpreted, is that somehow my amendment is a catch all for all abortions, including medical abortions. It is not. It is part of a series of amendments.

To read the amendment to the Attorney's amendment in full, you must read the amendment in 110(11), which is identical in all other places beneath to the amendment of the Minister for Environment. The only change that I make to his amendment is to change the definition of where a prescribed abortion can be conducted. That is my understanding of the intention of my amendment.

I do not accept what my good friend the member for Kaurna has said, although it is interesting to note that there are a vast number of places where you can get a safe, legal and rare abortion, which brings us back to the question: why are we here at all? However, given that, my amendment is to ensure that, if the Minister for Environment and Water's amendment is successful on the prescription for late-term abortions, those late-term abortions can only be conducted at public hospitals. My understanding of my amendment is that it has no impact on medical abortions or abortions before the time that the minister's amendment kicks in, or even if the Attorney-General's amendment kicks in.

I hope that is as clear as mud. This is, again, the difficulty of doing this type of legislation by a private member's bill, where we do not get the advisers. The government have the advisers, but it is a private member's bill, so it is all very complicated and difficult. We are working on the advice of parliamentary counsel. My intention is, as a prophylactic measure, that if the house approves late-term abortion, hopefully by what the Minister for Environment and Water is proposing, those procedures will only be conducted at public hospitals.

The Hon. S.C. MULLIGHAN: I have listened with interest to the questions and comments that have been put to the member for West Torrens, and I am grateful for the counsel of the member for Kaurna in furthering our understanding of what the current arrangements are. It seems to me the difficulty that some of us are having here is that we have a promise of regulations from the Attorney-General, to be made by the government, without actually seeing them and knowing definitively what will be in them. We have an assurance from the Attorney in the contribution she has just made, if I have understood it correctly, that basically a very long list of hospitals, including private hospitals, will be prescribed as ones in which these termination services can be provided, subject to the bill passing the parliament.

In practice, what is occurring at the moment is that the vast, vast majority of terminations—not quite 100 per cent but very, very close to it—are occurring in public healthcare facilities. The concern the member for Port Adelaide raises is, of course, entirely valid; that is, if we restrict it to public healthcare facilities, might we be inadvertently running the risk of leaving somebody seeking a termination in a situation where they do not have proximate access to that service, of course, inconvenienced but, more to the point, distressed and otherwise traumatised by that additional difficulty they are having in that situation?

From what I can gather from the reports that are made available publicly by SA Health, the annual abortion reporting report that is provided to the parliament, it is a very, very small number. Of the 4,400-and-something terminations which occurred in the most recent reporting period, which happens to be 2018, the number of these procedures which occurred in a private facility would almost be in single digits. Unfortunately, we are having this discussion and consideration not actually knowing which facility that might have been and exactly knowing what that number is and knowing

even where that facility is. It might be a metropolitan facility. It might be quite close to a facility that is already providing this service.

I do not think it unreasonable that, in the absence of regulations, seeing in hard copy what the intention of the government is in prescribing these healthcare facilities, the member from West Torrens merely seek to retain what the current arrangements are. If it can be demonstrated by the government, if it can be demonstrated by the Attorney, that there are a number of cases and locations and situations which will be disadvantaged by that particularly and specifically, then let's hear it because the evidence and the advice that we have before us to date does not suggest that.

On the other hand, what we do have is the risk, getting back to what the member for West Torrens tells us, that we are introducing a profit motive in the provision of these services should future medical practitioners seek to operate clinics, for example, where these services will be provided. You only need to listen to FIVEaa in the morning on the way in to hear advertisements from private medical clinics touting for business: 'Don't go to a private hospital. Don't go to a public hospital. Instead, if something happens to you on the weekend, come and see us and you'll be seen far more quickly and it will be cheaper than a private hospital alternative.'

That is the concern. We can see in the provision of other medical services this sort of behaviour is happening already. We are not seeking to limit what is currently happening. We are just seeking to maintain, effectively, the current arrangements. In that regard, I think it is entirely appropriate, it risks nothing, it disadvantages no-one to accept the member for West Torrens' amendment to the first amendment filed by the Attorney.

The Hon. A. KOUTSANTONIS: I will just refer members, who I know are probably very interested in this, to the 'South Australia law practice review reform abortion', page 188, Part 9: Facilities, The Current Position. I happy to table it, if necessary, if I am asked by a member. I quote:

> The current law in South Australia requires any abortion to be carried out at a 'prescribed hospital'. The list of prescribed hospitals in which abortion procedures can be undertaken is set out in Schedule 3 of the Criminal Law Consolidation (Medical Termination of Pregnancy) Regulations 2011 (SA). However, many of the prescribed hospitals listed in the Regulations are no longer in operation, or no longer have the clinical staff or facilities to undertake abortion procedures in accordance with SA Health guidelines, either medical, surgical or both.

I think it goes a long way to what the point is: most of the services are already conducted at public hospitals.

The CHAIR: Member for West Torrens, you indicated then that the act uses the term 'prescribed hospital'; is that right?

The Hon. A. KOUTSANTONIS: Yes.

The CHAIR: Attorney.

The Hon. V.A. CHAPMAN: I think he is really directing that to me, sir. I am happy to answer it as best I can. I am not sure what he is quoting from.

The Hon. A. Koutsantonis interjecting:

The Hon. V.A. CHAPMAN: Yes. I have listed and, in fact, I think I identified one which I think is precisely the point: the Leigh Creek Health Service I am almost certain does not provide this service. I was up there recently and, really, most of the town has gone. There are probably ones here that are not operational, many more than that. I do not take any dispute with that, but that does not mean that the ones that are listed here that are in the private sector are all suddenly dropped off the list.

This is a prescription process. It is in the regulations. There may be some that are no longer actually providing the service and are still published in the regulations. But, really, I think you are asking, member for West Torrens, to have it incorporated under the health act definition so that any private hospital could not be able to provide this service. I am pretty sure I have that right. What I am indicating, just to cover the matter for the member for Lee, is that it is the expectation that when we do the regulations for this we go through that list and obviously, as I have said, take out the ones that are no longer providing the service and identify them.

I think the key to the gatekeeper here is a prescription because I am starting to hear other members say, 'Well, how do we stop somebody just setting up a facility to do terminations?' Let's

assume that it is the will of somebody to do that; they still have to be prescribed. There still has to be a process they have to go through to be able to get on the list. I certainly have not heard of any complaint about any of these services, which I am assuming have been in these regulations at least since 2011 and probably for 50 years—for those who are that old. I hope that gives some reassurance.

The CHAIR: We will go to the member for Hurtle Vale.

Ms COOK: Thank you very much. My question is to the member for West Torrens. You mentioned just before when you were clarifying your moving of your amendment that your intent was that this amendment would only preclude people who are pregnant with a gestational period of more than 22 plus six—so later term—from accessing abortion services within the private hospital sector.

However, are you absolutely positive that your amendment does not preclude services, such as a very worthy service that has run for many years within the private sector, such as at Burnside War Memorial Hospital, from operating? Given the framing of your argument, are you alleging that a hospital such as the Burnside War Memorial Hospital would then participate in profiteering?

The Hon. A. KOUTSANTONIS: I am not making any accusation about any private hospital. I have not done so and I would not do so. I do not know where that has come from. I do note what the 'South Australia law practice review reform abortion' document that has been published says on page 188. I am sure the member has already read this, but I understand that the majority of the hospitals that offer these services already are public. The intention of the amendment is to be taken into consideration with Minister Speirs' amendment.

Ms Cook: But does it?

The Hon. A. KOUTSANTONIS: That was the drafting instruction to parliamentary counsel. Again, I am not trying to hoodwink any members into secretly banning abortion through my amendment. If the amendment that Minister Speirs moves is successful, the definition of where that procedure can be conducted is only at public hospitals. I make no attack on any private hospital whatsoever.

Mr COWDREY: I am simply after the Attorney's view as to whether the amendment to the amendment made by the member for West Torrens does apply just simply to gestational limits of 22 plus six onwards. If she could provide that answer to the house, I think that would be helpful for many of us.

The Hon. V.A. CHAPMAN: The amendments that are being discussed later on in this debate will relate to after 22 weeks and six days, as I understand it. I cannot say I am certain about the member for West Torrens' amendments, but I am talking about the minister's amendments. At present, the facilities that are listed under the Criminal Law Consolidation Act that are allowed to do this are allowed up to 28 weeks and then cut off. Of course, they were established at a time when we did not have medical.

At the moment, women can have access and do have access and will be allowed to continue to have access up to nine weeks to have the medical process. After that nine weeks—to either 22 weeks and six days or whatever we are going to be dealing with a bit later on in the debate—if they need a surgical procedure, I think the effect of the amendment to the amendment will only affect after the 22 weeks and six days.

My point, in short, is that if we have somebody who has gone along for 22 weeks, and they have actually had the obstetrician at St Andrew's Hospital or Burnside War Memorial Hospital, or whichever of these hospitals, and they are then told, 'You can't have that. You have to go to the Women's and Children's Hospital for this procedure,' I think that would be really unfair, even though apparently only 0.05 per cent of abortions are currently done in a hospital outside the public sector.

The CHAIR: Supplementary, member for Colton.

Mr COWDREY: Is there a view as to how many post 22½ weeks now are conducted outside the public system?

The Hon. V.A. CHAPMAN: I do not know the answer to that, but I have made that inquiry. At the moment, in the late terms that we have under the current law, there were five last year or thereabouts.

Mr KNOLL: Just for the benefit of the house in trying to actually answer, I think everyone is just trying to understand if this applies to 22 weeks and six days and beyond. If we look at the original bill the Attorney has put forth, there is no reference to paragraph (c) in clause 6 that deals with a prescribed hospital. There is no reference to a prescribed hospital in the current clause 6 as it stands.

What the member for West Torrens is doing is putting in a definition for 'prescribed hospital' at clause 3. In a future amendment by the Minister for Environment and Water, there is a paragraph (c) that refers to a termination being performed at a prescribed hospital, but that is there under clause 6, which only deals with terminations by a medical practitioner from 22 weeks and six days and onwards.

The Hon. S.J.R. PATTERSON: I will just direct this to the Attorney. In the existing Criminal Law Consolidation Act, I think section 82A(1) actually states:

> …the termination of the pregnancy is carried out in a hospital, or a hospital of a class, declared by regulation…

That is how we have the regulations: 'These are the hospitals.' If you can just assist me with this. In the Termination of Pregnancy Bill, you have defined hospitals and private hospitals, but where is the mechanism to say in the regulations which hospitals are allowed? It does not say in the Termination of Pregnancy Bill, 'These hospitals are where it can occur by regulation.' So it is a mechanism in the legislation, in the regulations. Could you just talk me through that—or does just regulation apply?

The Hon. V.A. CHAPMAN: In short, I think the answer to that is yes. On the advice I have, if the Termination of Pregnancy Bill becomes an act, there are regulations to be done and within those regulations will be provision for prescribed hospitals. What is before us now is to provide an amendment to have a prescribed hospital for the purpose of dealing with late terms. The amendment to the amendment says, 'For that purpose, I want to exclude the private hospitals.'

In short, from my perspective, that is probably restrictive without requirement, in that sense and for the reasons that it might effect. As I have also said, it is not one that is going to completely deny an opportunity for that to occur, in the sense of having access to the public sector. If members are unable to pull it up electronically, it is schedule 3. It is a very long list. I am advised, again by the Attorney-General's Department advisers, that the expectation is that the draft of the bill, which I have committed will be public, is to provide for the hospital facilities that would provide that service to be in the regulations, just as they are now and I assume have been since at least 2011.

The committee divided on the amendment to the amendment:

Ayes.....18
Noes 28
Majority 10

AYES

Bedford, F.E.	Bell, T.S.	Brock, G.G.
Brown, M.E.	Cowdrey, M.J.	Cregan, D.
Duluk, S.	Ellis, F.J.	Harvey, R.M.
Knoll, S.K.	Koutsantonis, A. (teller)	Mullighan, S.C.
Murray, S.	Pederick, A.S.	Piccolo, A.
Speirs, D.J.	Tarzia, V.A.	van Holst Pellekaan, D.C.

NOES

Basham, D.K.B.	Bettison, Z.L.	Bignell, L.W.K.
Boyer, B.I.	Chapman, V.A. (teller)	Close, S.E.
Cook, N.F.	Gardner, J.A.W.	Gee, J.P.
Hildyard, K.A.	Hughes, E.J.	Luethen, P.
Malinauskas, P.	Marshall, S.S.	McBride, N.
Michaels, A.	Odenwalder, L.K.	Patterson, S.J.R.
Picton, C.J.	Pisoni, D.G.	Power, C.
Sanderson, R.	Stinson, J.M.	Szakacs, J.K.
Teague, J.B.	Whetstone, T.J.	Wingard, C.L.

NOES

Wortley, D.

Amendment to the amendment thus negatived.

The CHAIR: This now brings the committee back to the amendment standing in the name of the Attorney-General. Is there any further discussion or are there any questions? Does the member for Schubert have a question?

Mr KNOLL: Just a point of clarification, Mr Chair. With the member for West Torrens' amendment being lost, do we now move to amendment No. 1 [Speirs-3] on the same clause?

The CHAIR: No, we now go back to the amendment standing in the Attorney's name, amendment No. 1 to clause 3, which reads:

prescribed hospital means a hospital, or hospital of a class, prescribed by the regulations;

Amendment carried.

The CHAIR: The member for Florey has a question.

Ms BEDFORD: This goes back to the question I asked at the wrong spot, which is why we do not have an interpretation of 'medically appropriate'.

The Hon. V.A. CHAPMAN: There is not a definition of 'medically appropriate', but the application and the guides to go with it and what needs to be considered are all set out in clause 6. I am sure the member has read it, but I particularly draw your attention to the obligation for when there is a consideration of whether a termination is medically appropriate. At present, subclause (2) provides:

(2) In considering whether a termination is medically appropriate, a medical practitioner must consider—

(a) all relevant medical circumstances; and

(b) the professional standards and guidelines that apply to the medical practitioner in relation to the performance of the termination.

I think that I have canvassed it, but if I have not, I remind the member that the late-abortion guidelines set out by the peak national body, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, has been circulated. There was a question asked by one of the members about how often it gets updated. I have not got that yet, but I have a copy of it. It has been circulated to all members in the parliament, but I am happy for anyone to have a look at a hard copy of it again.

Clause as amended passed.

Clause 4.

The Hon. A. KOUTSANTONIS: Could the minister explain the necessity of this clause?

The Hon. V.A. CHAPMAN: This provision, I am advised, is to clarify that this legislation, which is the new standalone provision medical model just for terminations, operates within the umbrella of a number of other laws and that includes the Consent to Medical Treatment and Palliative Care Act 1995. To give an example that I have just been given, that law still applies in respect, say, of it being necessary to have a patient's informed consent in relation to a procedure, and so that is still an obligation under this model.

We do not have to replicate it all into this bill. It sits within the envelope of other laws that still apply in relation to any other medical procedure. As it has turned out, in this area we are adding a very specific prescriptive provision as to how the model is to apply specifically in relation to termination of pregnancy, but that should not be seen as obliterating all of the other obligations that medical practitioners and health professionals have in any other general procedure, the most common of which and is very important is that any patient has any procedure after providing informed consent and all of the other obligations that occur in relation to, for example, a patient who cannot give consent as they are a minor or under the care of a guardianship order or something of that nature. I hope that makes it clear.

The Hon. A. KOUTSANTONIS: So, as I read it, it says:

> This Act is in addition to and does not limit or derogate from the provisions of the Consent to Medical Treatment and Palliative Care Act…

Without trying to be too controversial, in the frequently asked questions circulated by the minister, under point 5, 'What happens in later term abortions?' it states:

> In later term terminations, either an induction of labour or surgery will be used. If induction of labour is the chosen method of termination, the most usual outcome in this situation is that the baby will be stillborn. [In this instance] palliative care is provided. The baby is [born, it is] wrapped in a blanket and the mother is given the opportunity to hold the baby as it dies. In some instances in late termination feticide is undertaken which means the baby will be stillborn.

Is that clause 4—the palliative care act—in respect of the birth of these babies that are mentioned in your frequently asked questions?

The Hon. V.A. CHAPMAN: I will again say, if I understand the question, to put it within the envelope: this procedure and these restrictions and rules that apply to terminations do not exclude the obligations that may apply in respect of the other acts. If the circumstances in respect of the birth of a child are seeking the provisions of the palliative care laws—that is, usually to enable a medical practitioner to administer a medication which may have the consequential effect of death—then certain rules come into play with that. I have just asked the adviser.

For example, if someone has a serious condition, they are administered morphine. If it is a continuous administration, it will result in death. I cannot think of anyone in this room, including me, who has not had to deal with that issue. Whether a baby born as a consequence of a termination procedure would be eligible for consideration under the palliative care act would depend entirely on whether the medical practitioner would be seeking to actually administer a drug for that purpose—that is, for palliative care. He or she might be asked to do that.

In short, the technical answer is: this structure does not remove the entitlements and obligations that relate to the other laws but it does not necessarily mean that a baby born in a termination is going to be seeking to have its medical advisers protected, supported or restricted by that law. It may not apply; that is really my point. I would probably need an example to try to get some answers, if you have a specific question that you might want to ask. I think you are going to ask—if I am wrong, tell me—about if a baby is born as a result of a termination procedure and is born alive. If that is where we are going—

The Hon. A. KOUTSANTONIS: Yes.

The Hon. V.A. CHAPMAN: —then the question may be: do the palliative care act obligations, whatever they might be, impose an obligation to provide palliative care to the baby, which may be to nurse it through to death? I will ask. I am advised—and I will perhaps invite the member have a look in more detail at this, if he wishes—that in the Consent to Medical Treatment and Palliative Care Act 1995, under part 3, division 2, section 17(1), it sets out the procedure that is to apply for the care of people who are dying: 'A medical practitioner responsible for the treatment or care of a patient in the terminal phase of a terminal illness.' It may be the case that a baby is born who has a condition that is going to cause the loss of the baby. The act then sets out a procedure that is to occur in relation to the consent.

It is the advice that I have received that this procedure does not translate to the situation that you have described, that is, with a baby, and so in a way it is not available for that purpose. Obviously, we are talking about a situation where we already know that some children are born, independent of termination procedures, who sadly die—infant mortality—within hours or days.

The process of what happens in the care of that baby from the time it is born to the time it might pass I imagine is one that is worked out with the neonate specialists and the parents of that baby. I do not have any contemporary knowledge of that. I was briefed on it a number of years ago, but I have not had advice on what the current process is. Clearly, the baby cannot consent, but this type of legislation is really set up for someone who is capable of giving that consent, I think, or is authorised to give that consent.

I invite the member to have a look at it; in short, it seems to set out a process designed to protect the civil liability of the doctor who might administer a medication—for example, for the treatment of pain—but clearly knows that the patient is going to die. I am happy to acknowledge that

I have been in a situation where my own husband had morphine and the doctor gave the advice that we could start giving morphine treatment to make sure that he was not suffering but he would die. That is the brutal reality of that.

In that instance, yes, I gave consent, and I understood fully that there was no repercussion for the doctor on that. I could not go back to complain later and say, 'You didn't tell me that he would only last a few hours,' or whatever. That is what this whole consent to medical treatment and palliative care is designed to do: to set up a structure so that everyone knows what they can do in that situation and what protections there are—one thing that is certain at the end, of course, is that there is going to be a death—and that is designed to do that.

I am advised that the other issue is that the perinatal guidelines apparently suggest (I do not know this but I am advised) that palliative care be given as needed. I am advised that is the contemporary position.

The Hon. A. KOUTSANTONIS: On that last point, the neonatal palliative care guidelines are prescriptive about palliative care being offered to babies born alive during a termination procedure.

The Hon. V.A. CHAPMAN: All I am given here is that perinatal guidelines suggest palliative care to be given as needed. The only experience I have had of this, and it was about 20 years ago, is when a neonatal practitioner advised me that when a baby is born and they are in a state in which they are really not going to survive and they cannot be operated on—usually that means they will die under anaesthetic—they are given liquid, moisture, again assuming they can consume it but basically at least on their lips. They are wrapped, and sometimes they are offered to a parent to say goodbye and sometimes they are just left with the nursing staff for them to pass.

That is very much a generalisation, but I am assuming that is what they mean in perinatal care, where they are facing the inevitable and they do what they can to make sure that the family have what time they want with the baby. I am also advised that generally that is discussed beforehand. I imagine there would be some births even today where there would be complications in the birth and they suddenly are faced with this during the trauma of birth.

But if there are going to be some complications, often that is now known beforehand and it is discussed with the parents as to what they would like to do in the event that the expectation is that their baby is going to be born but may only live a very short time and how they might deal with that. That is a comforting thought, that a lot of these things are usually discussed beforehand, but if they are not I think they have to do the best they can. I do not think I can add anything further.

Clause passed.

Clause 5.

The CHAIR: In relation to clause 5, we are going to be dealing with amendments from the member for Schubert. I advise members that the amendments in the name of the member for Schubert are all substantially the same—that is, to replace the word 'person' with the word 'woman'. Therefore, should the member for Schubert's amendment No. 1 be negatived, I do not intend to put the balance of the member for Schubert's amendments on sheet 110(4) to the vote, as the committee will already have voted on this proposal and not agreed to it. Let's see how we go.

Mr KNOLL: I move:

Amendment No 1 [Knoll–1]—

Page 4, line 4 [clause 5(1)]—Delete 'person' and substitute 'woman'

In researching this bill over the past few weeks and looking through the bill it reminded me of a debate that this chamber had back in 2016 on the Statutes Amendment (Gender Identity and Equity) Bill, which substantially dealt with the same issue. At that time, this chamber voted to reject a change to the definition of 'pregnant woman' on the following bases.

At that time, we were dealing with the intersection of biological sex and gender and working out where it was appropriate for legislation to reflect the biological sex of a person and where it was more appropriate that the more fluid concept of gender was more appropriate to be put in place. The debate at that time very much went along the lines that to be pregnant is fundamental biologically to being a woman. I cannot speak for women here, except for the ones who have very strongly put their

positions to me in the last few weeks, who think that being pregnant is fundamental to what it means to be a woman.

The idea that you could be not a woman and be pregnant was inconceivable. In fact, much of the impetus for my moving these amendments has come from the women I have spoken to over the past few weeks who felt quite offended. I can only reiterate what they said to me, and that is very much that their pride, their passion, their experiences around pregnancy, birth and motherhood make them proud. It is an experience that I will never get to go through, but one which is intrinsic to what it means to be a woman. If you are capable of getting pregnant from a biological standpoint, you have female sex organs and you biologically are a woman. I think it is important that our legislation very much reflects that.

The many women who have brought this up with me, and also the women I speak to in my life when it comes to dealing with these issues, have all said that changing this language away from being a 'pregnant woman' is something that they do not want to see. I have been listening carefully during the course of this debate and the first four clauses. I am struggling to think of where somebody has not used language that reflects the language that I seek to put back into this bill, references to women and mothers, babies and fathers. Even when we are debating this bill, we are using language that refers to a woman's biology.

I would like to draw the committee's attention to it being quite serendipitous that over the past couple of days there have been media stories around an Australian National University policy document that seeks to change a whole series of language to more gender-neutral terms, things such as chest milk instead of breastmilk, birthing parent or non-birthing parent, and a whole series of changes to the way that the ANU would like their staff to refer to people and actions and things in relation to pregnancy and birth. It has been met with almost universal condemnation by the broader community.

I will reference a story in *The Advertiser* over the last 48 hours where, helpfully, they put a poll onto their online story asking whether staff at unis in South Australia should be made to change common English terms to be more gender inclusive. At the stage, that I took this screenshot, it had 2,965 votes and 99 per cent of people said that it was a step too far.

Nothing in this amendment will change the way that care is given to people. Indeed, the current act quite clearly refers to pregnant women. There have been no concerns raised that there are people who will not be able to get care under the current regime. I think that if we are going to make legislation, that legislation should be based as much is possible on biological fact as distinct from the more fluid concept of gender. That was certainly the view of this chamber back in 2016. It is the view of the many people who have put their views to me over the past few weeks in relation to this. It is the view of the vast majority of people who have engaged with stories in relation to the ANU over the past 48 hours, and I am hopeful that it is the view of this chamber going forward.

Ms COOK: I would like to ask the member for Schubert whether he consulted at all with anybody or took into consideration the views and values and realities of people who are intersex in relation to pregnancy. Is he aware of the vulnerability level of people who are intersex in relation to rape and their lack of capacity to access appropriate contraception at times? What would this do to people who are intersex in relation to accessing services that are not descriptive against them?

Mr KNOLL: Absolutely nothing. This change will have absolutely no practical effect of changing the care that people receive. It does not deal with contraception. That is something that is outside the scope of what we are dealing with here today. Again, it reflects what the vast majority of South Australians would consider to be right and appropriate. I am standing here not on behalf of myself, but on behalf of the many women with whom I have spoken. They are the ones saying that this is a change that they would like to see because it is intrinsic to them: what it means to be a woman.

The Hon. V.A. CHAPMAN: I do not doubt for one moment that anyone reading our laws would say that a reference to a pregnant person would obviously be a woman. That would be the general expectation of most people reading our laws. The member's indication here saying, 'I have local people who take the view that as women they should be recognised as women,' and so I perfectly understand it. I remember we had this discussion back in 2016 in one of the parcels of legislation in which we were trying to be non-gender specific at the time, from memory, so I do understand that.

Use of this language is not in any way to be politically correct, incorrect or anything else. It is actually designed because under our Acts Interpretation Act, a woman is identified as obviously including—and I just want to be clear about this—a person who identifies as a woman. Within our own legal structure now, we have a system where a woman is a person who is female or it can include this other group. I know we had a discussion way back in 2016 about a person who might change their identification. Born female, they then wish to be acknowledged as a man at a later date but still retain the capacity to bear a child.

If somebody in that situation is then in a relationship where ultimately there is a pregnancy, how does that male access services for the purposes of being in a maternity ward with women? These are all the practical things that apparently happen, so I just make the point that this is not designed to be offensive to women who want to be known as women when they are pregnant. It is certainly not designed to be something that is to be exclusionary, but we have developed our legislation drafting consistent with the Acts Interpretation Act to try to be gender non-specific and consistent with that this has developed.

It will not make a scrap of difference to the applicability of the legislation if it is the will of the parliament to have an exception in relation to women in this category—of course, I am at the will of the parliament—but it is of concern to those in the community who have probably fought for a long time to have recognition. In the days of Diana Laidlaw, it was to insist that the whole of the Constitution of South Australia be rewritten so that it says 'he' or 'she'—even Tom Playford had a crack at that back in 1959—but it can be offensive within the envelope of the contemporary prescriptions that we have.

We have developed our law to try to accommodate that and to deal with all those in the community, including intersex, who change their identity, and that is the purpose of this. Its purpose is not to in any way offend or exclude those women. I think probably most of us here in the house who are women who have had children would be treated as women, as pregnant people. It is certainly not designed to be offensive, but I am in the hands of the parliament as to what you want to do with it.

Ms BEDFORD: Could I ask the Attorney how much consultation or if any consultation took place around this change in terminology?

The Hon. V.A. CHAPMAN: I am not changing any. It is not my amendment.

The CHAIR: It is the member for Schubert's amendment.

Ms BEDFORD: You have just taken a straw poll; is that correct?

Mr KNOLL: Again, in relation to the changes that I put forth to bring it back to what the current act says, no. It was just in relation to the people who have spoken to me but also with reference to the debate that this chamber previously had.

Ms BEDFORD: My question actually is to the Attorney. Was there any consultation about using the word 'people'?

The Hon. V.A. CHAPMAN: Just to be clear, then, yes. The way that this is drafted is purely to be consistent with our Acts Interpretation Act and consistent with modern drafting practices as a result of that being developed. Certainly, I acknowledge that in 2016, when we were dealing with affecting a number of acts, an amendment was made to accommodate this wording as per the member for Schubert's recommendation, but this is in no way intended—our drafting is just to be consistent with what the rules are, so I will not be supporting the amendment.

I think we do need to have some consistency, but I also point out that if it is the will of the parliament to treat pregnant women only as women and not countenance the possibility of others who might feel hurt or offended by this then so be it. It will not actually impact the application of the act but it may considerably hurt a number of people who have fought a long time to have non gender-specific language.

Dr CLOSE: I was just going to say to the member that he is saying—in all honesty, I am sure—that he has had women say to him that they feel offended and would prefer to be known of as women when they are engaging in the health law in various forms. I would just like to put on record that I am a woman and I am very much a person and feel no sense of offence in being referred to as a person.

The CHAIR: The member for Hammond.

Mr PEDERICK: Thank you, Mr Chair.

Members interjecting:

The CHAIR: Order!

Ms Hildyard: Remember?

Mr PEDERICK: I remember and I note the interjection from the member for Reynell. We did have a bit of to and fro on this in 2016. I just want to reflect on that debate briefly. I remember going to the briefing, because the member for Reynell was leading the legislation that we were amending at the time. Before coming in here to debate and before going to the briefing, I was probably going to make a very short contribution and deal with it that way, but then I went to the briefing and basically, I will be frank, I was afraid and I was scared.

Members interjecting:

Mr PEDERICK: No, I said five years ago in the speech I made in regard to the legislation we were dealing with at the time that I think it demeans women and I think women having the right to give birth is a beautiful thing. They are biologically the only ones who can give birth. I fully support the member for Schubert moving these amendments. If we are going to keep consistency, as the Attorney-General suggested, I think we should go with the consistency that we had five years ago.

In regard to whether we are going to offend a few people, I do note that—I cannot remember the state by state breakdown of men who identified as women who gave birth—in the records I found from either 2014 or 2015, there were 54 men across Australia who identified as—

Mr Szakacs interjecting:

Mr PEDERICK: You can make a contribution, member for Cheltenham. There were 54 men across Australia who identified as women. I think it is going to cause far more offence to the probably 13 million-plus women in this country—and I am going on the country's population statistics now—than if people think we are going to offend a few people who in my belief are women no matter how they identify.

Mr SZAKACS: I will oppose this amendment. I reflect on the member for Light's words yesterday. He was quite eloquent and succinct in his consideration that in debate there are those of us who seek to argue or prosecute and those of us who wish to persuade. I would like to think that I have spent a lot of my professional career, both in this place and before I was elected, acting to persuade. That is not what I am going to do now.

I rise to reflect on some of the argument that was put by the member for Schubert yesterday in his second reading contribution in pursuit of this amendment. The member for Schubert may be an expert on women. He must have more expertise than those of us seeking to read the SALRI report because there has not been consultation. One thing that I will rise on, and I do so on behalf of the women who have contacted me—women in my family, women I care for—is to repudiate in the strongest and unequivocal way his distillation of a woman's worth about whether she gestates or not.

Somewhere in this argument, we have chased the absurd to change the goalposts to oppose what I have already put on the record is what I consider to be reasonable, properly articulated reform, but to pursue an argument that a woman defines and finds her worth because of her ability to gestate should offend all of us in this place. It should offend every person who miscarries, it should offend every person who chooses not to have a child, it should offend every person who is unable to conceive naturally and it should offend that a man like the member for Schubert gets up and contributes in this way. You are a shame.

Mr KNOLL: I was close to suggesting that the member is imputing improper motive. Yesterday, in second reading contributions on all sides of this debate there was a strong desire to see this evening's proceedings happen in a way that is respectful and also deals with the issue at hand, as opposed to attacking an individual. I stand here not as a man; I stand here as a representative of the people who elected me, over half of whom are women.

Mr Szakacs interjecting:

The CHAIR: Order! Member for Cheltenham, you have had your contribution. The member for Schubert has the call.

Mr KNOLL: Each of us comes to this place representing all those people, and we naturally have to make laws about things that do not personally affect us. We do it every single day in this chamber—every single day in this chamber—and if we distil debates down to whether or not you personally have experience in relation to an issue in order for you to have validity and are able to have an opinion or a vote on something, then we will not be able to discuss issues freely.

I come at this from a very simple place, that is, to represent those opinions that have been brought to me. But I think the back and forth that we have just had speaks to the difficulty that chambers like this have when it comes to deciding who is going to be more offended. If we sit here and play outrage politics so that the group who are most outraged should be the group who ultimately have what they want end up in legislation, it makes this issue very difficult for us to grapple with.

As I said at the start of my contribution, and where the debate went in 2016 for the purposes of this, it is why who is going to be more offended is a very difficult proposition for us to put, notwithstanding the member for Hammond's contribution that there are 13 million women and far fewer intersex people who would potentially be on the other side of that. Again, there is absolutely no way for us to balance that.

It is why at the opening of my contribution there was the fact that the bill and the language we use should be based as much as possible on fact and biology, as opposed to anything else. So, when it comes to the giving and taking of offence, we are dealing in biology and fact, as opposed to public opinion or concepts that are more fluid and changing.

Sitting suspended from 18:00 to 19:30.

The CHAIR: Welcome to back to committee in the House of Assembly. The member for Schubert is on his feet.

Mr KNOLL: Just to wrap up, I do hope that the balance of this debate tonight continues in the way in which it started, and that comments made by many members across all sides are made with a degree of civility, if not dispassion. I would hate for any member of this place to feel they are bullied into making a decision one way the other.

I commend this amendment to the committee on the basis that it is something the vast majority of South Australians would understand to be common sense, and again, on behalf of those women who have expressed very strongly to me their desire for this amendment to be successful.

The committee divided on the amendment:

Ayes 12
Noes..... 32
Majority..... 20

AYES

Cregan, D.	Duluk, S.	Ellis, F.J.
Knoll, S.K. (teller)	Koutsantonis, A.	Murray, S.
Patterson, S.J.R.	Pederick, A.S.	Speirs, D.J.
Tarzia, V.A.	van Holst Pellekaan, D.C.	Wingard, C.L.

NOES

Basham, D.K.B.	Bedford, F.E.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Brock, G.G.
Brown, M.E.	Chapman, V.A. (teller)	Close, S.E.
Cook, N.F.	Cowdrey, M.J.	Gardner, J.A.W.
Gee, J.P.	Harvey, R.M.	Hildyard, K.A.
Hughes, E.J.	Luethen, P.	Malinauskas, P.
Marshall, S.S.	McBride, N.	Michaels, A.
Mullighan, S.C.	Odenwalder, L.K.	Piccolo, A.
Picton, C.J.	Pisoni, D.G.	Power, C.

NOES

Stinson, J.M.	Szakacs, J.K.	Teague, J.B.
Whetstone, T.J.	Wortley, D.	

Amendment thus negatived; clause passed.

Clause 6.

The Hon. V.A. CHAPMAN: I move:

Amendment No 2 [AG–1]—

Page 4, lines 22 to 25 [clause 6(1)(a) and (b)]—Delete paragraphs (a) and (b) and substitute:

(a) the medical practitioner considers that, in all the circumstances—

(i) the termination is necessary to save the life of the pregnant person or save another foetus; or

(ii) the continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the pregnant person; or

(iii) there is a case, or significant risk, of serious foetal anomalies associated with the pregnancy; and

(b) a second medical practitioner is consulted and that practitioner considers that, in all the circumstances—

(i) the termination is necessary to save the life of the pregnant person or save another foetus; or

(ii) the continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the pregnant person; or

(iii) there is a case, or significant risk, of serious foetal anomalies associated with the pregnancy; and

(c) the termination is performed at a prescribed hospital.

This is an amendment to clause 6. As I indicated earlier to the committee, having considered all the submissions made by members in the debate yesterday and at that stage identified a number of amendments that were already filed, consideration would need to be given to how we might add some level of prescription into the matters that a medical practitioner must consider when dealing with a post 22 weeks six days termination decision.

I will briefly speak to the three areas. One is to save the life of the pregnant person or another foetus. I do not think that needs explanation, but of course I am more than happy to answer questions. It is the situation that we currently have, to the extent that, as I understand the submissions made, if we are to have termination post 22 weeks six days, this is something that I think has universal acceptance and needs to be continued. As I say, I am happy to answer any questions on it.

I will just quickly skip to paragraph (a)(iii), which details a proposal for where there is significant risk of a serious foetal abnormality associated with the pregnancy. Can I say first in relation to this matter that I think there is a general acknowledgement that there needs to be some element of choice for families when they are faced with this very difficult situation. I would say this particularly when they are dealing with it after a period of months, when I am sure families are looking forward to a happy, healthy baby. You have all heard submissions in relation to the challenges and the distress when this sort of decision is brought upon families in this situation.

Perhaps the difference between this and other aspects of other amendments foreshadowed relate to this risk being associated with a foetal abnormality that is ultimately likely to result in the death of the baby after it is born. That is a qualification I have not included in this clause. There are situations, clearly, where there is a diagnosis, distressing as it might be, that there may be some serious abnormality, but it may mean that the baby when born is able to live, and actually live even a normal life span, but with severe abnormality.

It is my personal view that this is a difficult decision, but it ought to be allowed in a circumstance where parents do make the decision that they are not able to continue with the pregnancy and take on the responsibility in light of that significant challenge they will face in raising

a child with a disability. To be frank, I have also considered it in the context of the matters that have been raised with me and probably with others, that in those circumstances—that is, when a baby is not wanted to be progressed—they really should proceed to have the baby and offer it for adoption.

We are talking here about a child that is knowingly going to be born with significant disability. The prospects, frankly, of them being able to find a family that is able to accommodate the responsibility in those circumstances I think is probably unrealistic. Even facing most significant abnormality, that does not mean that parents will not choose to progress with the baby and have the baby and take up the challenge. That is a decision to be respected and, as a community, I think we should certainly continue to support them not just in a health sense or a welfare sense but to support them as a family to give that child the best life it can have.

But where they may have responsibilities to other children and are not able to undertake that, the disability may be so severe that it would utterly frustrate the capacity of the family to do that. Again, families are in different circumstances as to whether they can provide adequate care. I think that should be a decision for the family, as tough as it is, so it needs to be considered in light of not overburdening this aspect with that qualification, which I see as foreshadowed in other amendments.

The third area, which is really in (a)(ii), is for the continuance of a pregnancy that involves significant risk of injury to the physical or mental health of the pregnant person. Can I say, firstly, that this clause does not include psychosocial factors. It is something that is within the guidelines of the profession to consider in lots of procedures for which they give advice or assessment and/or treatment, but in this instance the physical and mental health I suggest would be adequate. The reason I say that is, firstly, we need to have it to encompass issues like rape and incest. As I have said before, we all have a pretty clear understanding of what that is about.

How do we deal with those that fall outside of strict rape but are still an assault circumstance resulting in a pregnancy, which is not rape, i.e. intercourse with a minor under the age of 14 years? I use the example of the 13 year old that has been traversed in another setting in this parliament in recent time. It was determined that that child was able to have a termination. The factors that are raised in relation to rape also include the level at which there would be a threshold of proof. Do you need to have a conviction? In this regard, can I say that the classic example is in a domestic violence situation, where a woman may be raped, then she acts and ultimately kills the perpetrator.

There are lots of issues around that, but in respect of her being left pregnant in that circumstance, where her partner or husband is dead, there is obviously a circumstance where she does not want, and had not wanted, the advance that resulted in the pregnancy, and there is no capacity to prosecute or have a conviction. The principal witness—one of them—is dead. I say to members that I pose these examples of exactly why going down the line of trying to be prescriptive is our attempt as legislators to say that we want to make it clear to those who are going to carry out or supervise or enforce these laws what we have in mind, and I respect that. The practicality, though, is that unfortunately we do come across these other difficult decisions.

The third is in relation to intellectual disability, and we have heard of that in the example Ms Bonaros recounted to the parliament that she was aware of, and the circumstances there. Any reasonable person would accept that is a really tragic circumstance, and we have to be able to deal with it. I am advised that there are other examples, and I would like to just explain them to you. All of us need to be aware of these, and my advisers here have some more.

Firstly, can I thank this excellent lady who is sitting next to me who is, of course, in our health department. She has been able to identify a couple of areas that may assist members. In respect of mental health—even people who have an existing mental health condition, for example, psychosis and severe depression—I am advised that even the advent of pregnancy can exacerbate these conditions.

Psychosis, I am advised, can present a circumstance where the expectant mother does not understand that she is pregnant and then is suddenly thrust into this late-term period. Of course, the bill I am presenting to you makes it a bit harder timewise, because I am bringing back from 28 weeks under the current legal limit to 22 weeks, six days. So everyone concerned in these circumstances is under even more time pressure. I do not apologise for that. I think we need to recognise that foetal viability is now at that end of the spectrum, and we need to recognise that, but it does introduce an extra pressure.

The issue in relation to addiction in respect of the mental health space, particularly drug and alcohol, is one that I am very concerned about. We do have in South Australia, I think still, a situation where approximately a baby a week is born with an addiction as a result of the mother taking drugs, sometimes at a very serious level, and for which they then need to have immediate treatment often by injections and over a sustained period—several months I understand. Certainly with heroin addiction, as I recall, a newborn baby needs an injection every six hours. It can be even more often or less, but it is a situation that is obviously a legacy of an addiction of the mother, which has a direct physical translation to the baby.

We as a community deal with that to the extent that sometimes these babies are fostered out and the foster family assist in the medical treatment for them. Where possible, obviously they grow to healthy babies. You would have to be living under a mushroom not to appreciate the significance of foetal alcohol syndrome, which we now know of and have to deal with for children who are facing this.

Again, I think these are examples in the mental health sphere. Not every one of you will agree that these are a sufficient threshold to enable a medical team to work with a mother and make these difficult decisions, but I think we need to allow for that at the severe end of these; that is, the most acute circumstances that need our assistance.

On the physical side, I am also advised that there are often foetal congenital abnormalities. In other words, they are not fatal but there is a congenital abnormality in relation to the mother. Cancer, obstetric conditions such as pre-eclampsia, renal dysfunction, these may not be terminal in the mother but they could severely affect her capacity and health. They may kill her but they also may not. This is obviously an area where families in this situation have to assess the physical circumstance of the mother. She is not going to die as a certainty but she is going to be under severe physical impairment and/or injury if she continues with the pregnancy.

I know nothing about any of these things as a trained person and there may be some in our parliament here who are familiar with these or who have seen them in the extreme. I can only convey to you that if I or a member of my family was in a circumstance where they were facing the severe and acute outcomes and legacies of these symptoms, I would want to at least be able to discuss it, or my family be able to discuss it, with medical advisers and have the informed consent to proceed with a termination or, with that advice and support, progress with the pregnancy. That is the choice that I am asking to be included.

The second medical practitioner must also comply with this and the termination is to be performed at a prescribed hospital. I do not think I need to explain that further. We are clearly saying that it is a procedure that must be done by medical practitioners, approved and recommended by two medical practitioners, and which must be done in a prescribed hospital. This is something that requires special advice.

I am advised, and I am sure others would have been during the consultation, that when it comes to late-term terminations there is often more than just a doctor sitting around the table: the obstetrician, sometimes paediatric services come in and other areas of specialty. If the mother, for example, has a pre-existing illness or disability, then there are advisers in relation to her circumstances or her health, which may be her cancer specialist or anaesthetist.

There can be lots of people, not the least of which might be psychiatric support for those who may need assistance to work through this. I am advised that this is something that is much more common and that there is a general team that comes together to support the mother and father to make a decision one way or the other.

Can I say that I have not written these, but I have asked for there to be consideration of all the matters that have been taken into account where I think there has been a very clear indication from the members, and also an acknowledgment that there are other areas, such as incest and rape, that we cannot just ignore. We have to be able to deal with that.

I thank the member for Black for acknowledging in further amendments that are foreshadowed by him that these are important areas, but they are not exhaustive. To this degree, I think it is important that, whilst we are giving very clear instructions to the profession and they are bound in the areas that I have already said in relation to their national guidelines, these are the best words.

They are not my words. It is not a question of whether this is Chapman's rule or whether it is any other member's rule. I have tried to ask parliamentary counsel to draft something that is considerate of the issues that have been raised to best deal with this.

There is another thing I should bring to members' attention. I think members probably would have received a letter from the AMA, as I did—it must have come in this morning; I seem to have had a bit of correspondence lately—of today's date. They have identified their concern about what is workable, and they have expressed their views to all of you, I am sure.

Whilst they have a strong preference for both the AMA and RANZCOG—and, of course, many of you have had meetings with Associate Professor Rosalie Grivell, who has provided answers to questions from all members during this debate—they do not see this as the preferred option, but they acknowledge, as they say, 'the genuine and deeply-felt thoughts of members of the House of Assembly in last night's deliberation'. They tell us they understand and respect that and then they set out the basis upon which it is necessary.

Again, I can only endorse what has been said. I suppose the clear warning they are giving us is to say, 'If you are too prescriptive, we are not going to be able to accommodate cases that you have already acknowledged are a challenge,' of which I think there is a sympathetic understanding that parents ought to be able to make a decision on that and have the choice in respect of that.

For that reason, I present this amendment as capturing your expressed wish, acknowledging that my colleague the member for Black has already started to crystallise this in a number of amendments, and then a final amendment which captures an important list, but in my view it is not sufficient. On that basis, I present this amendment to the committee.

The Hon. A. KOUTSANTONIS: I have a brief opening statement before I ask my question, if I may.

The CHAIR: Certainly. You have 15 minutes, member for West Torrens.

The Hon. A. KOUTSANTONIS: Thank you very much. When this bill first came to the upper house in another place, it was presented to the other place as a body of work based on a long review, which I quoted earlier, by the law review process, and the legislation was based on that. We have heard much discussion about the consideration of the bill that was presented in the upper house.

I also point out to the committee that the health minister resides in the upper house. Throughout that entire process, the health minister resisted all attempts to amend this very section—all attempts—that any amendment was inappropriate, and this was the basis of a long, considered process. Then this morning at, I do not know, 10 o'clock, amendments were lodged by the Attorney-General. We have been told to accept these changes.

The Hon. V.A. Chapman: What's your point?

The Hon. A. KOUTSANTONIS: My point is that time and time again we are being told that this entire legislation is on the basis of a long-term considered process through legal reform after 50 years of a certain process and it should be unamended, let alone the other accusations like, 'How dare anyone amend this.' This is not from the Attorney-General but from public conversations about, 'No-one shall amend this bill,' and here we are—

Mr Knoll: Name them.

The Hon. A. KOUTSANTONIS: I'm far too polite. My mother raised me well.

An honourable member: Are you sure?

The Hon. A. KOUTSANTONIS: Careful, I will cop anything else but my mother. I am very interested in how this amendment came about. My first question to the Attorney-General is: has the AMA consulted its members about this amendment? I ask this because I received a glowing letter of endorsement from the Australian Medical Association about the benefits of this amendment. I would love to know if, from the moment it was conceived by the Attorney-General and parliamentary counsel, that amendment went out to all their members and they were able to give their detailed feedback. I suspect the answer would be that, no, they were not—nor were obstetricians, nor were other medical professionals.

This seems to me as if there is a little bit of politics being inserted into this considered legal process of 50 years of reform that is long overdue and that somehow the Attorney-General is now amending this private member's bill in government time with government advisers—but they are acting independently, of course—to do something differently.

From my independent reading of what the Attorney-General was saying, it seems to me that she wants the house to accept the criteria used in the existing act under the Criminal Law Consolidation Act for pre-viable babies and post-viable babies; that is, the criteria for assessing whether or not a pregnancy can be terminated pre viability—before 28 weeks—are to be applied in the new legislation at 22 weeks and six days going forward.

It seems to me that this is a further liberalisation of what the Attorney-General is attempting to do disguised as making it stricter. I am sorry, Attorney. If this amendment is part of the long thought-out process, it seems awfully rushed to me. If the Attorney-General is serious about this, perhaps she will adjourn the debate, let the AMA consult on it, let obstetricians have their say, and let the profession that we are relying on to give us the information about whether these terminations should proceed or not give us some feedback because all I have is Chris Moy and the Attorney-General—that is it, no-one else.

So either the coalition for abortion reform is right and their long-term, long thought-out, long legal review of this process gave us a bill that should be unamended throughout the entire both stages of parliament or the Attorney is right and the amendment at the last minute is the right thing to do without the medical profession being appropriately consulted, because we are handing them the ultimate decision-making. We are telling them. We are being less prescriptive and giving them the ability to make the decision on this.

Attorney, I am sorry for my caution on your amendment. I apologise for the shortness in my speech, but, quite frankly, this seems rushed. This seems to me to be as if it is panic by some proponents who fear that the vote might have been getting a little bit close. That is not the way to make legislation, especially legislation as impactful as this, which impacts the lives of the unborn, so, Attorney, I am sorry.

My first question is: can the Attorney-General assure the house that the AMA has consulted with its membership in full and that its membership have had time to respond to the Attorney-General's amendments and give us thoughtful written feedback as to the impacts of this amendment?

The Hon. V.A. CHAPMAN: Firstly, can I say that the AMA and the royal college have been consulted and active in the development of legislation in all jurisdictions of Australia over a number of years in the advances of similar legislation. To perhaps provide some comfort to the member that this is not some snap decision of the AMA just here in South Australia, this has been an area they have developed and consulted on comprehensively across the states. They have been active in the development of the law in the other states. They have been active in the development and report over a number of years to our institute, the South Australian Law Reform Institute, and they have been active in the consideration of their view during the draft.

Indeed, can I say that, as to whom they have consulted in each step, I am satisfied that they have comprehensively considered these matters. None of the matters in this section are new. The issues in relation to conscientious objection which have been raised during the course of this debate, some of those are new. In fact, even the member for West Torrens has some amendments which are novel and may well have not been necessarily raised in other jurisdictions on other legislation which covers those matters but are nevertheless somewhat more novel in this area.

I am quite satisfied that the Australian Medical Association are very clear in what their view is. In fact, they outline in the letter today, having helped go through the drafting of this during the night—sending out to relevant parties to check, the lawyers, the health professionals, etc.—as to how we might cover these other contingencies that have not been dealt with and come up with some legislation to be able to manage that. They have been vocal and active in the consideration of this throughout. Even today, they still say in their letter to every one of us:

> In the letter, I reinforced that the Bill removes the unfair burden of criminality from women who undergo abortions. I also noted that the Bill sets out a new, higher bar for medical practitioners in assessing cases of later-term abortion, by requiring them to assess if abortion is medically appropriate, and therefore aligning this with the high standards of health law under which doctors must act in Australia.

I write to you again, this time alongside the Chair of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) (SA/NT), Associate Professor Rosalie Grivell, after having heard the genuine and deeply felt thoughts of Members of the House of Assembly in last night's deliberation of the Bill. We both understand and respect your views and those of the communities you are elected to represent.

We therefore wish to state that it is the strong preference of both the AMA(SA) and RANZCOG that the Bill be passed unamended. However, we are of the understanding that a number of amendments to the bill have been filed, which is understandable given the nature of the debate last night.

I think they make it very clear what their preferred position is, and they tell us all again this morning, even after they have heard all the debate, but with that in mind they then go on to set out why it is important not to be too prescriptive but to recognise that some of the parameters that have been showing up in the development of the debate will produce inequity, unfairness and, I think, an unsatisfactory burden on prospective parents.

They set it out in the letter. I will not read it all again. You have all got it. They tell us why it is unworkable and too prescriptive or too restrictive. Whilst they have a general view in relation to moving from a criminal to a health model—and perhaps some would see that in a purist form— these are people who have about four layers of obligation and capacity.

They are medically trained, obviously, and have fellowships of the college; they have multidisciplinary teams involved within the hospital guidelines; they are bound by the policy and guidelines of RANZCOG, and I have referred to those in detail; and they also are under legislation including the Health Practitioner Regulation National Law, and the national body, the national regulator, has power to take away their right to practise and fine them. So this is not a situation where they are without a parameter of legislated responsibility.

Some will say we need to be really much more prescriptive in explaining to the doctors and directing the doctors that this is the intent of the parliament. I understand that, I have listened to the debate, I have heard what you have said and so I have asked the experts to go away and come up with something within the envelope.

Be under no illusion, member for West Torrens: the AMA have a view. It is the view that they have always expressed in these debates. They maintain an advisory role, I suppose, in warning us of how we might cause more damage when we are trying to minimise harm. I think they should be commended for trying to do that if we are going to go down this line of prescription.

I think it is clear that the parliament wants some tighter prescription around what is to be done. I hear that, I am sure they have, and they have said, 'We still think this is not the appropriate way but, if you do it, please be alert to these other factors.' I think I have covered what they have said, probably much more eloquently than I did, in the matters that I have raised today. I will just check if there is anything else. I am getting a nod, so I hope that has answered the question.

The Hon. A. KOUTSANTONIS: Not entirely, unfortunately, Attorney-General. I understand that the AMA leadership have been consulted. I understand that they saw the amendment in advance. My question was: was their membership—the people in the field, the people who are working in obstetrics, the people who are working delivering these services—consulted?

It seems to me that what happened, from the Attorney's own words throughout the debate yesterday, was she formed the view that the parliament, this house, wanted more prescription, despite the same amendments being moved in the upper house and the health minister rejecting each and every one of them as unnecessary, that the bill had been formulated on the base of a long-term legal review done by considered people who had come up with a series of bills and a series of amendments. Here they were, being presented to the parliament complete, after a long, thoughtful process.

Now we are told, after one day's debate, that the Attorney-General sensed the mood of the room for more prescription and the AMA, without going to their thousands of members, have come up with a series of amendments that we are meant to accept as definitive from the AMA. I am sorry, Attorney-General, I do not accept that. I do not accept it because I bet as much as I have in my pocket right now compared with what you have in your pocket right now that a majority of doctors have not seen the amendment that you have proposed to the house today. They may have been emailed it, it may be sitting in an inbox somewhere, but they have not been spoken to about it.

It is completely different. It is a different test. Despite what the AMA say, 'It's not perfect, but we will accept it,' I want to know what obstetricians think. I think the house wants to know what obstetricians think about this new test. Again, I will go back to the beginning. From my reading of this, the Attorney-General and its drafters have picked up what is in the Criminal Law Consolidation Act, despite all of us supporting decriminalisation—all of us. I do not know anyone in this house who is opposing decriminalisation of abortion.

Despite it coming up again and again in the discussion, I support decriminalisation of abortion. It should not be considered in the Criminal Law Consolidation Act. It should absolutely be in the Health Care Act. This is a healthcare provision, I agree. But the provisions that you are now proposing to the house liberalise abortion for late term, applying a test that was designed for pre-viability. I want to know how it is the Attorney can claim that the AMA and its members are satisfied that this is an appropriate course of action simply through a letter from its chief executive, its president or its spokesperson.

It is not feasible to believe that they have been consulted appropriately. This is politics inserting itself into this process after we have been told for so long that it should not be. That is why we should not be accepting any amendments, but here we are. So, Attorney, again, very specifically: when did your office send the AMA a copy of the draft of the amendment you have presented here to parliament today?

The Hon. V.A. CHAPMAN: I will get the time for that because I know this has been worked on overnight. But can I just clarify perhaps some misunderstanding that the member for West Torrens is acting under. The terms of prescription, if you like, that we are proposing in this bill are not new to the AMA. They have all been canvassed in other states and in the other place, during the course of this inquiry with the institute, here in the parliament. These are not new issues.

I am satisfied when they tell me that these issues have been canvassed with their members that they understand what is there, and I will tell you why: these are all things that are in their guidelines. These are all things that they already sign up to. They are saying that the danger of going into a prescription is that we end up with medical amateurs like us having to then rely on different cases which we hear about which we think are so unfair. So this is not new; this is the lifeblood of the people who work in this field.

As to the obstetricians, Professor Jodie Dodd is the chair of the abortion reporting committee which reports to our parliament—the last one I think was last year in 2020—either every year or two years and gives us all the data in relation to how this process occurs. If anyone has not seen this report, which comes into our parliament every year; I assume it has been happening since 1969. I have not been here that long; some might think it seems that long.

But I make the point that these people are within a very small group of obstetricians. I am advised this. Not all obstetricians do this work. It is a very small group, probably less than half a dozen in South Australia, and then there are some other training doctors coming through. But those who practise in this area in the specialty within obstetrics I can count on these hands, so they are very mindful of these issues. They live by these within their own guidelines.

The parliament is asking to prescribe things that they want to be satisfied—we all want to be satisfied—that they are going to take into account. They say they do these things anyway. In fact, if you listen to Dr Chris Moy, he says what is happening with this bill is that they are crystallising in place what we are already doing. To ask them in the legislation, for us—and you can call it politics or anything else. I do not accept for one moment that the AMA are in any way playing politics with this. They have had a consistent view through all of these debates in every state that has dealt with them over a number of years and this is not new.

To see it with my name on the top of it as the Attorney-General, instead of someone else's or in some other state, it is all the same. That is why I am confident that, when they viewed it to check whether there was anything different in there or some new thing in there that was saying that people with red hair could not have abortions or something else, they are satisfied that they are able to speak for their organisation which has lived and breathed this issue over many years. I will find out the time that it was distributed to them. It was at approximately 8am this morning. It was all the health department last night because we started on this after the conclusion of the debate last night.

Mr KNOLL: To try to give further clarification to the house because, like the member for West Torrens, I am trying to understand the chronology of how we have got to where we are. For the benefit of members, what we had yesterday in the second reading debate was concern by a reasonable number, if not potentially a majority of members, about late-term abortions, post 22 weeks and six days, and a desire to see a debate as we are going to have tonight on how we look at the term 'medically appropriate' and whether or not that provides the degree of protection that many of us in this chamber would like to see.

I agree that we have had this term 'medically appropriate', something that has been discussed ad nauseam in the upper house, throughout the SALRI report and the subsequent draft bill, and then in this chamber yesterday and earlier on in the committee process through questioning by the member for Florey.

'Medically appropriate' is a new term. It is one that is difficult to define and one that does place in the hands of medical practitioners a huge degree of influence and a huge degree of discretion. There would be a question mark from this chamber as to whether or not the term 'medically appropriate' is a more liberal term or a tighter term than currently exists in the Criminal Law Consolidation Act. There is a question mark around that.

What the Attorney is seeking to do with this amendment is to take late-term abortion, as we are commonly discussing it tonight, and give it the same test that currently exists for pre 28 weeks in the Criminal Law Consolidation Act. We have not heard in this debate —or I certainly have not heard, in listening to the speeches and to the committee stage so far—the contention that, even though abortion is currently illegal, the test that exists here is overly restrictive for women to procure an abortion pre 28 weeks.

I put to this committee that the amendment the Attorney is now seeking to put forward does not tighten or allay any of the concerns that many in this chamber have about late-term abortion. It actually goes the other way. It puts us back to a test that, in my view, is more liberal than the medically appropriate test, because the medically appropriate test is something that is untested and something that, if it were to pass, would evolve over its application. Hopefully, through some of the reporting mechanisms that the member for King is amending later on, we will be able to assess that.

In my view, this does not allay any concerns. What it does is allow abortion to birth. I think that every member in this place should understand very clearly that this is not a tightening of late-term abortion, this is a liberalisation of late-term abortion that would allow abortion to birth. That is something that does not respect the wishes of a number of us who have raised concerns; in fact, it goes the other way.

Members in this house should be very clear about that. Nobody in this place should be under any illusion that if they vote for this amendment thinking it is going to allay concerns, those very difficult ethical concerns, the balance between the rights of the mother and the rights of the unborn child, that it is going to allay those concerns. In fact, it would entrench abortion to birth in a way that I do not think would allay the concerns of the many who have raised them.

Dr CLOSE: It is an interesting idea that some late amendments laid on the table are completely fine, but ones that are done by the Attorney are somehow dubious because they were rushed. I think we all ought to accept that we are dealing with a very complex issue, and we are all doing our best to land a bill that can receive majority support in this parliament, rather than casting aspersions on the timing. I believe the Attorney is making every effort to find an accommodation that delivers a majority vote for a bill that will be a matter of making progress.

My question to the Attorney is to seek to understand, with the amendment she has put forward, if her understanding is that the reason the AMA and the Royal College of Obstetricians have indicated their support is that it is substantially a fleshing out of what they understood to be medically appropriate, that it identifies the issues they would have considered under the various layers of accountability the Attorney has already described that sit around these professionals, who are well trained and who are required to act ethically and to appropriate professional standards.

In doing that, these are the considerations they would expect to undertake and, therefore, they were comfortable with medically appropriate and, having received this list, would see that as being compatible with what they understand to be their professional obligations. Would that be a reasonable characterisation of why the AMA and the Royal College of Obstetricians have been able,

in a fairly fast turnaround, to agree to these, and also to identify that subsequent amendments that have been tabled but have not yet been debated may be regarded as discriminatory and unworkable?

The Hon. V.A. CHAPMAN: I will not foreshadow the discussion on other amendments, but in relation to this aspect I think the member is absolutely right. In this gain, in addition to the agencies that have been referred to, namely, the AMA and the royal college, and confirmation of the people in the health department, one of whom gives us this report each year, I also have the benefit of Professor Katina D'Onise, who is head of Wellbeing SA, in the department, and is able to give us all the legal aspects, but also I have a team back here. In fact, Emily is the team, the genius at the back, and all the people who work with her, some of whom are sitting up there. Professor Katina D'Onise is the person I most rely on for the specific advice on what we are doing here.

As she said to me a little earlier, 'Whatever you prescribe here, for doctors it still has to be medically appropriate.' I think the member touched on this to say that there are a number of other standards they have to comply with, consistent with not only their training, registration and regulators but also their own national guidelines, under which they can be struck off and/or fined and face the consequence of losing all those years of investment in their education and training and income opportunity, I suppose. In any event, there is a lot to lose if they do not.

I am not suggesting for one moment that all doctors do the right thing just in case they get punished if they do not. I do not suppose most of them would be going into that profession unless they had some desire to help people through these health decisions, and give them better lives and better choices. That is their professional obligation. To ask them to endorse prescription that they think is not necessary, they will still say, 'We still have to act where it is medically appropriate. That is a standard.' You can put it in the legislation. They say they do it anyway. But we will still have to do it. This is not something different. They have not been given some relaxation here; they still have a standard anyway, they say.

I hear endlessly, 'We agree, Vickie: decriminalisation should come out of the Criminal Law Consolidation Act. We should be regulated as a medical model,' and we have every genius in the health department and every other area explain to us, work out, what is the best health model, and then we are trying to tie behind its back the hands of the profession, we are asking to do this job. I get a little bit concerned about whether people are completely genuine in saying, 'We agree with the decriminalisation.'

Where we are at risk is if we were a parliament that simply abolished the Criminal Law Consolidation Act and then just let things go and did not have a medical model at all. We could have done that. We could have just said, 'Let's just repeal all the divisions that produce a sanction—concealment of birth, mothers taking toxic chemicals to kill their baby, aiding and abetting a criminal. These are all the ones we are getting rid of.'

The Hon. A. Koutsantonis: Come on!

The Hon. V.A. CHAPMAN: We are getting rid of them, right?

The Hon. A. Koutsantonis interjecting:

The Hon. V.A. CHAPMAN: We are doing that. We are getting rid of them. If you read what we are getting rid of, you will see that we are getting rid of all those. What we are doing in decriminalising and setting up a health model is designed to give us a new level of protection.

What I think would be a risk, and therefore I would never propose it and I am pleased that the institute did not go down this path, is to simply decriminalise and then do nothing and leave it up to everyone else—mums, dads and everyone else—to go and do what they wish, just like they are going to get a measles injection. That would be a risk.

When people say to me, 'We agree: let's get rid of the criminal sanctions. Let's not have threats of gaol to doctors, mothers or people who might aid that; let's get rid of that,' we have to come up with a model. We have relied on the health professionals, the department and others who are regulators and experts in this, and some of you have some level of expertise. That is great; you will understand it better than I do. If we are going to go to a health model, we have to listen to that profession.

That is why it has been very necessary, I think, for them to be in step with what we are doing. They do not agree with everything we are talking about down here, clearly. They have told us that in

a letter this morning, and we do need to respect that. We will not change their mind on that, but I am reassured when I hear the professor sitting next to me say that whatever is here, we will still have a standard of what is medically appropriate. That is something that they have to line up with the assessment. I am comforted by that, and I would hope members are.

The CHAIR: I am going to go to the Minister for Environment, who I believe has an amendment to the amendment.

The Hon. D.J. SPEIRS: I do, but I was not going to move that immediately. I was going to ask the Attorney-General some questions, if that is appropriate.

The CHAIR: You move your amendment when you are ready, Minister for Environment.

The Hon. D.J. SPEIRS: Thank you, Chair. There is no doubt that we are now moving into probably one of the most challenging parts of this bill. The clauses in this section are particularly difficult. There are many things we need to wrestle with. I have made very clear my concerns about this legislation. I did so in my second reading speech in no uncertain terms. I said that I would move a range of amendments with the hope that the house could support some of them to get this legislation into a place where I felt, as a local member and as an individual exercising my conscience, I could support the third reading. Really, for me, the crux of that support lies in amending the sections that are before us now.

As members of parliament, I think we have a couple of approaches to take as we analyse these pieces of law. Firstly, we have to look at the science. We have to speak to the experts. We should listen to bodies that represent particular sectors. We have government departments—Wellbeing SA, the Department for Health and Wellbeing, the Attorney-General's Department—and we should absolutely take all of that on board, but equally we represent people in communities who have values shaped by their experiences, and that is the case for us as individuals as well.

As laypeople in this parliament, we should listen to the experts, but we also have to reflect the values of South Australians. I have been consulting many people on this legislation—the people in the community that I speak to and the people who have reached out to me—and the sentiment that I am picking up from the people of South Australia is that they want a more prescriptive test around the pathway to late-term abortion.

There is no doubt that there should be exceptions, and the amendments that I have canvassed in recent weeks, and in a much more detailed way in recent days, contain those exceptions. They look at medical emergencies. They look at risk to the life of the mother or another unborn child. In more recent discussions, I have also worked through an amendment that would look at cases of incest and rape as well.

One of the challenges that we now are confronted with in this legislation is a real shift, I think—almost a philosophical shift—from a position and a statement and a term around 'medically appropriate', which was subject to very significant debate and questioning in the Legislative Council. We now find ourselves looking at an amendment from the Attorney-General that on the face of it shifts this legislation more in line with the amendments that I have publicly canvassed and filed with this house.

However, I do not think we are actually achieving this at all through the Attorney-General's amendment. I do not think this is shifting the proposed legislation closer to the protections that I sought to achieve through my amendment. On the face of it, it looks like it is structured in a similar fashion, if you look at particularly (a)(ii):

> (ii) the continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the pregnant person…

Paragraph (b)(ii) is simply a repeat of that in relation to the use of the second medical practitioner. For me, this is actually as open, if not much more open, than the use of the term 'medically appropriate'.

I can understand the use of the term 'risk of injury to the physical health'. I think I can work through that, and I can see how that could be limited, but my challenge is the use of the term 'mental health'. I think it creates a gateway so wide and so subjective that it does not attain the protections and restrictions I have sought in the amendments I have before this place. I will be seeking to amend

this shortly based on my real concern around the term 'mental health' in the Attorney-General's amendment.

My question to the Attorney-General is quite simple in the first instance. If a pregnant person sought an abortion and used the mental health clause when they were pregnant with a baby that was at 35 weeks of gestation, and they presented to two doctors seeking an abortion through the mental health clause, would an otherwise healthy baby be permitted to be aborted under the use of the 'mental health' term if that pregnant person said they were suffering from a mental health issue as a result of their pregnancy?

The CHAIR: Minister, I might call the Attorney and ask you to repeat that question succinctly, please.

The Hon. D.J. SPEIRS: I aim this question to be quite simple. My question to the Attorney-General is: under proposed new paragraphs (a)(ii) or (b)(ii) of the Attorney's amendment, which use the term 'mental health', if a pregnant person presented to two medical practitioners and that pregnant person was pregnant with an unborn baby at 35 weeks of gestation and used the 'mental health' term as a reason for obtaining that abortion, and the baby was otherwise healthy but the mother claimed to have mental health issues as a result of being pregnant or otherwise, would that mental health issue be a ground for aborting that baby, otherwise healthy, at 35 weeks of gestation?

The Hon. V.A. CHAPMAN: In short, no. I can confidently say that because the question suggests this is a presentation whereby the mother is claiming she has a mental health problem as though she has assessed that. I think one forgets here that it is the doctors. The mother can have a choice to make a decision to seek a termination as an option. What is necessary, even under the bill as it is, let alone with all these other things, is that two doctors have to assess that there is a mental health problem—they are the doctors; they are the ones who have to make that assessment—and that it is medically appropriate. If the features that the member has raised, that is, she is 35 weeks pregnant—

The Hon. A. Koutsantonis: We're taking 'medically appropriate' out. We're taking that out.

The CHAIR: Order! Continue, Attorney.

The Hon. V.A. CHAPMAN: They have to make that assessment as to whether it is medically appropriate. It is not a question of going along and saying, 'I want an abortion. I know I have just changed my mind.' At present, two doctors are required to undertake that, not to mention they need a whole team of people, who can of course have conscientious objections if they do not want to do it, who have to come together to actually procure that.

This is why it is so important that we understand the significance of going from a criminal model, where the stick has been a threat of conviction and imprisonment of a mother or a doctor or someone who assists them, to a medical model in which we are requiring the assessment to be undertaken to determine significant risks, foetal abnormality, mental health of the patient, likely risk of a life-threatening condition to the mother and serious harm or injury. These are all things that the mother does not assess; the doctors have to assess them. I think that is the key difference, that is, the idea that it is a choice of the mother that they just simply line up and require this service. The doctors have to make the assessment.

Certainly, we have read this report. To be fair, we have consulted lots more than any of the people in our electorate. The level of consultation on this over a number of years, in the development of this report and the consultation process, enables them to look at that and examine, firstly, should it be decriminalised? Yes. Should we stop there? No. Should we move to a health model? Yes.

Let's look at the options as to how we might set that health model up as a standalone piece of legislation to set out the rules and regulations that go with that, and that includes two doctors in a prescribed hospital determining that it is medically appropriate and taking into account a number of things, to which we are adding another three.

I want to assure the member, and all the members, that we have gone to a medical model. In a way, sometimes that makes us feel probably a little bit nervous, but the reassurance I have and that I hope others will have is that it is not just because a whole lot of academics, doctors and lawyers and everyone else has had a look at that in this report, as comprehensive as it might be, it is also

because we are asking the medical profession to sign up to this and to support our people through this in a way that gives us the reassurance and the knowledge that the people whom we have all been meeting with have been all over the country discussing this issue.

They have been to many parliaments other than ours to help people like us make an informed, responsible decision that enables us to get out of the shadow, I suggest, of criminal sanction to a 21st century medical model with people who are expert and trained to not only give advice but to do the assessments.

This is not just a sign up, line up, pick a product off the shelf situation; this is a prescriptive set of circumstances. The fundamental thing here for the advocates in relation to the profession, the health department and the like is that you have set for us a higher barrier, even here in South Australia, to say that it cannot just be appropriate in all the circumstances but has to be medically appropriate. You are making us do that. They are happy to sign up to that. They were not too happy about the 22 weeks and six days; they thought we should leave it up to them. Well, I did not think that, but we make those other decisions.

I think the parliament here has said that there are some other things to do. Saying that a consideration by a doctor that the mental health of the patient is a factor they can take into account and should assess means that they have to assess it. It does not mean that somebody can go up and say, 'I am suicidal,' or, 'I am schizophrenic,' or, 'I have a psychotic condition,' or, 'I will perish if I am forced to have this baby.' That is not what this is.

I want to reassure members and the member for Black, because he asked this question, that a person who simply goes up and says, 'I want to have an abortion of my 34-week-old foetus. I have a mental health situation'—it could be for whatever reason—'and will I get that from the two doctors?' will get an answer of no.

The Hon. S.C. MULLIGHAN: It should be apparent to all participating in and watching this debate that we are now really at the crux of this bill, in clause 6. As the member for Black, the minister, has pointed out in his previous remarks, we have now seen in a very short period a very substantial shift in the nature of this clause that is being proposed by the Attorney.

Despite the time and effort that some of us put into canvassing this in the beginning of this committee stage before the dinner break, talking about the concept of what is medically appropriate, that is proposed now to be gone and to be replaced with a more prescriptive test in clause 6. I appreciated that the Law Reform Institute and medical representatives like the royal college and the AMA have made their submissions. I am certainly grateful for them, and I am sure many, if not all, other members are grateful for them.

As I drew members' attention to in my second reading contribution, while the Attorney in the original bill has been careful to include the term 'medically appropriate' on the advice of the Law Reform Institute, even the AMA tells us in its submission to the Law Reform Institute from June 2019, 'Abortion is an issue with complex medical, ethical, legal and social aspects.' Personally, I am grateful for the medical advice, but it is not solely a medical issue, is it? It is not a medical issue solely. According to the AMA, the body representative of doctors, it is not just a medical issue; it is a social, ethical and legal issue as well.

So I am grateful for the medical advice. I am glad that we have got that covered off in some detail, but we are left to arbitrate the remaining aspects of striking the appropriate balance in abortion law, namely, according to the AMA, those social, ethical and legal issues, which largely the bill is silent on.

It is also made much more difficult, of course, because we have all come into this debate on the basis of what is medically appropriate without even a definition of what is medically appropriate. To a layperson, to somebody who is not a doctor and not a lawyer, like me, I try to think of what medically appropriate means. If it is medical, it must be to do with the provision of medical services or advice or medical intervention. If it is appropriate, it must be fit for the circumstances in which it is being considered or provided. That is all we have got to go on. There is nothing else.

To his credit, what the member for Black has sought to do is to provide some better defined parentheses, some tighter and better defined provisions around how these services can be provided, specifically for—

The CHAIR: Member for Lee, can I just remind you—

The Hon. S.C. MULLIGHAN: That did not feel like 15 minutes.

The CHAIR: No, you are only halfway through. The Minister for Environment has not actually moved his amendments as yet. He has foreshadowed that he will.

The Hon. S.C. MULLIGHAN: I thought we were speaking to the Attorney's.

The CHAIR: You are, but of my listening to your contribution, you seem to be referring to the member's proposed amendments.

The Hon. A. Koutsantonis interjecting:

The CHAIR: That is okay. Member for Lee.

The Hon. S.C. MULLIGHAN: As usual, Chair, your lightest touch commands obedience. What we have seen is now a move from what was proposed by the Attorney and introduced into this place in the original bill with what is now proposed in terms of her amendments, if it pleases you, and that is a redrawing of clause 6, which is concerning us all quite significantly. I thought the member for Black's question was entirely legitimate and quite pointed to get to the nub of this, because the way in which the Attorney's amendment No. 2 is drawn:

(a) the medical practitioner considers that, in all the circumstances—

(i) the termination is necessary to save the life of the pregnant person or save another foetus;—

I think that is a principle which has been, if not been longstanding, the one that we all agree with or support—

or—

not 'and' but 'or'—

(ii) the continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the pregnant person;

It then goes on, 'there is a case, or significant risk, of serious foetal anomalies associated with the pregnancy'. So for the member for Black to draw our attention specifically to the concept of the test of mental health injury is important and very pertinent. Bearing in mind, of course, that the way in which abortions in South Australia are reported to the parliament specifically makes mention of mental health as being one of the reasons why abortions are conducted; indeed, not only one of the reasons but the predominant reason. In fact, not just the predominant reason, the vast majority of abortions are performed, according to the annual report that we receive in this place, for mental health reasons.

I do not think it is unreasonable that the member for Black seizes on this newly introduced concept of mental health from the Attorney—the majority of cases where an abortion is performed both before 22 weeks and six days as well as potentially after—and asks whether that is now the manner in which somebody will be able to secure a late-term abortion. That is entirely pertinent.

I think the point the members for West Torrens and Black make is correct. That test of mental health, which currently seems to exist because that is how it is reported to the parliament, is now to be applied singularly—singularly, not together with other considerations but singularly—as to whether a late-term abortion is available to somebody. Nobody is jumping to the nth degree and saying that somebody is just going to wake up one day in the 34th or 35th week and have a change of mind and stroll into a clinic chewing gum and decide that they have a mental health issue and that they do not want a baby anymore when the baby growing inside them is otherwise healthy and viable.

What we are trying to do as legislators is provide some well-defined prescriptions around when this termination can be accessed. When the Attorney says, 'No, that's not the case,' I am sorry, but it seems very clear from the way in which the bill and the amendments have been provided and the evidence has been provided to us that in fact it will be. That is why there is such a concern.

I know it is a concern because despite our repeatedly being told that the bill as presented to this house must be passed without amendment, we now have a slew of amendments in an effort, it seems, to head off the member for Black in what he is proposing. I share the member for Black's

concerns in this regard. I am not necessarily saying I am perfectly happy with his version of amendments, but I think what he is getting at is the real concern that we have now with what has been tabled by the Attorney, that mental health is a reason that will be able to be used to secure a late-term abortion.

The CHAIR: Which the minister, of course, has not moved yet. Deputy leader, you were seeking the call earlier.

Dr CLOSE: I seek the call. Thank you very much, sir, for the latitude you have extended to me. Did you wish to answer that question first?

The Hon. V.A. CHAPMAN: Yes, if I may, to assist the member for Lee. The actual percentage of people who after 20 weeks sought an abortion under our current law, which as you may know is up to a legal limit of 28 weeks but as a matter of practice is not done over 24 weeks, the percentage of late-term abortions under the current law for mental health reasons for women for the last recorded year (2018) was 0.9 of 1 per cent.

It is accurate to say that there is a large level of mental health being the reason in the very early stages. As you know, 90 per cent plus is now done by tablet and by medical procedure. The previous year it was 1.3 per cent of late-term terminations (after 20 weeks under the current law) and the following year it was 0.9 of 1 per cent.

Although the number may be incorrect, I appreciate that mental health is a feature. For all the reasons I have indicated, it needs to be a feature, especially if one is facing having a baby from an unwanted sexual encounter—rape or otherwise; incest, illegal or otherwise—especially where there is a capacity to impinge on the serious mental health of the mother. A mental health issue is as dangerous as a physical issue: it can kill you; it can lead to suicide.

I do not stay away from mental health. What I am comforted by is that, even in the current law, this is not just somebody coming along and saying, 'I want to have my baby at 22 weeks here under the current law because I'm unwell. I think I'm psychiatrically in need of assistance.' That is not the assessment. The taking out of 'medically appropriate' to put in the prescriptive form has been raised by the member for Black, as I say, and other members have raised it. The member for Black has translated it into amendments and wants to take out the definitional uncertainty, so to speak, of 'medically appropriate' and put in the factors that have to line up to be medically appropriate.

I can add that back in as well if you like because the doctors tell me they still have to set their own standard of what is medically appropriate. If you want to go down to the very clear areas of parameters to which we are saying this is to apply, then I do not step away one bit from saying that if that 0.9 of 1 per cent turn up in the late-term period—not 34 weeks because that is, I suggest, completely unacceptable and will not happen—if there is 0.9 of 1 per cent of those women of the five last year, and it might only be one, if they are assessed in that way then, yes, I do think they need to have the support to make that choice.

Dr CLOSE: The question of mental health appears to be vexed, and I wonder if I could ask the Attorney to reflect on a couple of issues and perhaps expound upon them. One is the interaction between how one assesses part 3, that is, the significant risk of serious foetal anomalies, and how that interacts with the mental health of a woman—i.e., a risk of a child with severe deformities might be weightier for a woman who is alone, has a low income or is otherwise encumbered in a more complex life, as opposed to a woman who is of great means, mentally robust and so on. Is there an interaction between part 2 and part 3 of that clause when the doctor is considering in all circumstances what the best approach is for that particular woman?

I would also ask you to reflect on the way in which we understand the mental health impact of rape, assault, incest. In the instance of a young person—effectively a child, a teenage girl who becomes pregnant and hides that pregnancy through shame and through denial, who is discovered to be pregnant reasonably late—is the mental health impact on her of having that child part of what you are getting at in taking account of mental health in this clause rather than simply focusing on the physical alone?

The Hon. V.A. CHAPMAN: I think the member raises a very good point. Perhaps I have been derelict in my explanation of this, as to say that when the medical practitioner is doing the assessment I suppose I have been compartmentalising it to say that it will be one of these three

categories. I do not doubt there are many situations where factors in all three of these columns might apply when the medical practitioner is undertaking the assessment.

Nobody turns up with one issue. That is just not reality in the legal world or in the medical world. If we talk about a comorbidity here, we talk about myriad factors that can accumulate to the medical assessment in the end that it would be appropriate to provide the option of a termination. It may be that there is a risk of a foetal abnormality. It may be that the mental health would make it impossible for a person in her condition to be able to manage that. She may be alone or she may be poor—these were the external factors that I was referring to earlier that make it harder.

We might have in this house people who are in a more financially robust circumstance. We have support, we have capacity, we have income streams that mean we could probably handle a lot more than some others, but it is not for us to sit and compare everyone with our own circumstances. There are people out there who will come in different stages of health themselves or facing health challenges themselves, who are in a much more financially impecunious state, who do not have family support, who are not articulate and able to communicate their position or who are in a minimum level of support in the community.

They may also have addictions and other problems. How are they possibly going to deal with the distress of a child born even with foetal alcohol syndrome, which we know so much about? Perhaps any one of us with the support we all individually have would be able to cope. That is why we are moving to a health model for the medical person, the two doctors minimum in this case, to make that assessment.

I think the member makes a very good point that perhaps I should not be just compartmentalising this to say, 'It has to be one of these.' The fact is people rarely turn up with an individual issue. There is a multitude of factors to take into account to assist the mother to make a decision whether or not to have a termination or whether she has other options. This is not just a termination-only consideration.

Our medical practitioners and health professionals are there to assist women and families to make decisions with all those factors to be taken into account, which is why often around the table we keep hearing from Rosalie in particular that there are myriad different people who are there to provide an indication of what support there is, how that can be managed or what treatment can be done to facilitate their making a choice.

We would like to think that women have a choice in this situation and, if they choose, do not need to go down the termination path, even if the medical advice is to do so, and that they are entitled to say, 'No, I want to take the risk. I want to run the gauntlet though my own life might be at stake.' They should be entitled to make that decision with the informed consent in any direction they want to go.

The CHAIR: Before I call the member for Black, I am just going to remind those visitors in the public gallery and the Speaker's gallery—you are very welcome and it is nice to see you here—to keep your phones on silent, please.

The Hon. D.J. SPEIRS: I want to emphasise that at no point during my previous question about the mental health term was I attempting to trivialise the decision for people to have an abortion. I think it is too often being pushed around in the periphery of this debate that if you want to create restrictions and protections in this law, you have a bent towards thinking that people just sign up and rock up, to paraphrase the Attorney-General. I just do not think any of us here think that is the case. I do not think any of us think that late-term abortion is a trivial act that would be made by any person at all.

My next question for the Attorney-General is simply the other side of the previous question, because I remain extremely concerned about the mental health term. I would like advice not on the side of the mother claiming mental health but on the assessment from the doctors. Could a pregnancy be aborted at 35 weeks if two doctors deem a mental health threshold has been reached for an otherwise healthy unborn baby?

The Hon. V.A. CHAPMAN: On the health advice I have right here, the answer to that is no. The reason for that is that if the only factor was the mental health of the mother and she has a healthy baby—this is the scenario you are presenting—she would be capable of delivering the baby, and it

would be the safest for her to deliver the baby. I do not know whether it has to be by caesarean or natural birth or whatever—generally by natural birth.

Mr ODENWALDER: I have a quick question for the Attorney, and I apologise if we have been over this. You have talked quite a lot about the medical appropriateness, and we have traversed that area quite well. You have also referred to a lot of the guidelines and professional standards that doctors and medical practitioners have to follow.

I do note that in the initial iteration of the bill, in the initial provision, consideration of the professional standards and guidelines is explicit and that in the amendment it is not. In fact, right at the beginning of your remarks you said that it does not include psychosocial reasons because that is prohibited by the guidelines and professional standards. I wonder why that insistence on recognising the professional standards and guidelines has been taken out in this amendment.

The Hon. V.A. CHAPMAN: Quite simply because we proposed a medically appropriate, comply with the guidelines approach. Clearly, the parliament was looking for some more prescription, so we have removed that and put in this. We can add that back in if you like. I am advised by the health professionals that they are still bound by those anyway, and I had them in there to try to give reassurance to the parliament.

The parliament said, 'No, we'll take those out,' because, as I said at some stage, if you take psychosocial out of the legislation, they are bound by it anyway. We will do what you want and do the prescription, and so we have done that. I do not mind; they can easily go back in.

The Hon. A. Koutsantonis interjecting:

The Hon. V.A. CHAPMAN: Well, I am just saying that the member has raised quite a legitimate question: why take them out? Only because we are now going to this more prescriptive model. They are all covered by that, and when you read them I think you will see that there are a number of these features in here that we have put in the prescription. In fact, the member for Black has put in some of his as well, and that is fine.

A factor that was taken into account in the guidelines was the psychosocial. I do not even know what that means, but that is something that was raised as a concern, and so you will see it is not in my prescriptive list. I do not think it helps us, but mental health is a clear, clinical circumstance and requires a specialist to be able to make a diagnosis, and we would expect that, of course, at the time of there being that assessment.

There is no reason that it has been removed for any mischievous purpose; it is there. I am advised that the profession is required to comply with those national standards and guidelines anyway, and I think I have repeated that several times during the course of the debate. If the member wants to add them back in as well, I am more than happy to, but in my view it will not actually resolve the concern that some members have raised, that they want to really make sure they understand what the parameters are.

It seems to me the baby has to be unwell in some way, the mother has to be unwell—and that is physical or health—and/or going to die. I think we have heard that, and that is why we have tried to be prescriptive. I have taken advice from parliamentary counsel on how that should best be done, and we are coming to some landing on how that is. The parliament will ultimately make a decision on it, but I asked for their advice and that is the result of it.

Dr CLOSE: Interestingly, I was going to ask about the various guidelines and professional requirements that sit around doctors in these situations, but not from the perspective of asking why they were not referred to anymore. I share the Attorney's view that they exist regardless, and if they are in or out as references it does not change the reality for a doctor that they exist and that they must be obedient to them or operate within them.

On that front, I was going to ask for a little bit more detail. The member for Black, the Minister for Environment, gave an example of a very late-term woman—35 weeks is very close to being regarded as full term—who presents, presumably in this scenario for the first time, with mental health issues to the doctors who have to make this decision. Can we give some detail about the kinds of considerations that those doctors would have to go through? What guidelines would they be consulting? What is the ethical framework within which they would be operating?

I appreciate that you have gone to the end of the story and said that in that instance there would not be an abortion offered, in the very simplified example given by the Minister for Environment and Water, but if you could flesh out a little what those considerations ought to be and what they are required by law to be by their professional standards by virtue of remaining medical practitioners. What are they required to explore before making that decision?

The Hon. V.A. CHAPMAN: I hope I do justice to the professor here, but my understanding in respect of that is—let's just deal with the 35 weeks—there is a healthy baby and a mental health claim on the part of the mother. Even if it is assessed that she has a mental health condition, I am advised that, in that scenario, the biggest other factor would be the viability of the foetus. I am advised that, if the baby was at 23 weeks, there is still a risk of death or a high level of support being required and/or disability. At 30 weeks—I think even from 29 weeks—the diagnosis on viability is likely to be that the baby will survive and that it will be with minimal support. So that viability of the foetus is the most significant other fact in that scenario.

I am further advised that, even if you swapped out mental health for cancer of the mother as the debilitating feature for her, viability would still be the most significant feature. So, essentially, if that is going to be the feature, then really from 29 weeks on, if the baby is already healthy in the scenario, the expectation from the medical profession is that the baby will be born alive and with minimal need of support. That is the feature I would encourage, again in more detail as the member has asked, to support the contention that it would not be a recommendation of termination in the test case given by the member for Black. The mother would be assisted to have the baby and obviously then supported in whatever other decision she might make.

The Hon. C.L. WINGARD: I would like to just first acknowledge the amendments to this bill and appreciate that they do tighten the bill, which does give me some comfort as we go forward. This is also to acknowledge that we have very similar amendments on the table to address, tabled by I think the member for West Torrens and the Minister for Environment and Water, the member for Black, and as we work our way through that I look forward to the debate.

Clearly the parameters around saving the life of a pregnant person and saving the foetus I think are very self-explanatory, and I am sure there are quite a few in this chamber who agree with those principles as well as significant injury. It is and does tend to be the mental health aspect that people are asking questions about, and I would like to pose a question about that as well.

I think, Attorney, you have outlined that this is not a case where if someone has a bit of depression or the blues or they are feeling a bit down on a day; that is not how this applies. Can I ask if you can give an anecdote of how mental health would apply and give an example in that context to make that a little bit clearer, please?

The Hon. V.A. CHAPMAN: Of course, the professor has given me several. One, for example, would be in a circumstance where the expectant mother had a severe addiction; there may be already some foetal abnormality, or certainly small or less viable, etc. It may be embraced in other circumstances of not being in a financial position, maybe homeless, etc. but severe addiction together with some foetal abnormality, bearing in mind that there is a psychosis problem there would be a very difficult situation.

The other is in relation to the mental health of a child when they are pregnant. Again, we have been familiar with two 13-year-old girls who have been pregnant. One has had a termination, we know, and one, from the sentencing remarks, had the baby and it has been given up for adoption. I do not even know all the details of these. I have read the sentencing remarks, of course, but obviously each of these girls was in different circumstances, and they were supported through different options.

I am not here to make any judgement on either, but what the professor tells me is that whilst children who bear children may be quite physically robust themselves and actually able to deliver children—not always ideally; it might even be frightening for a child but nevertheless they are physically able to have the baby without it being a threat to their own life—there are mental implications with that.

There is even the capacity to terminate or not and/or to have the child and then be able to cope with raising another child. Again, I do not doubt that the social factors around that might help to guide, to give more options. So, if she had other family—a supportive partner and/or other family—

that would give that support, terrific, and that might give her some other options, but sadly some of those children do not.

There are two examples: psychosis, immaturity of the mother. I think I mentioned before a situation of severe addiction. Severe depression I did mention before. I do not have an immediate example of that, but one can imagine that if there is a person who has a significant depressive disorder and is suffering severe depression that their capacity to have the baby might not be diminished but their capacity to support a baby and remain reasonably competent themselves to do that and to look after themselves may be severely at risk. I hope they are suitable examples to give all members some appreciation of how difficult this is.

Again, people usually do not turn up with just one issue. It has to be looked at in the whole. But I think it is fair to say that it is not unreasonable to expect that if somebody has a supportive family, some financial support, a home and they are healthy in themselves, they have the capacity to look after a baby that has been diagnosed as having a significant foetal abnormality. It might be much easier for that mother and/or father and their supportive family to make the decision to bring that child into the world and to provide support for them. It may be an impossible dream for other mothers.

I think we have to rely on the support team, but this will give the criteria that they are to take into account—it may be multiple. I hope that members are satisfied by the very telling information from the professor that a healthy baby at 34 weeks will not be terminated by a doctor, under any of the rules they are bound by in the circumstance that has been given, just because a mother turns up and says, 'Look, I'm sick of this idea; I don't want this baby.' It will not happen.

Ms COOK: Every day, members in this place, our families, our friends and our constituents go to doctors for help, and they do so for significant medical issues: psychiatric disorders, surgical problems, a whole range of things. We trust doctors and health professionals to make the right judgement call on things we do. In fact, we spent the whole of last year saying, 'Trust the medical advice.' Women, men and their families all put their trust in medical professionals to make the decisions with them with all the information available.

Is it even remotely possible that the bill in its original form or with this amendment would lead to what has been called abortion to birth, which is the assumption that healthy or otherwise foetuses at or near term would be killed then birthed and discarded? That is the information that I have been sent by the truckload for the last months. It is the information that people are spreading in this community.

What are the consequences of medical professionals—health professionals, nurses, doctors and otherwise—who would then participate in what has been called an abortion to birth cascade from the opening up of late-term abortion? All this that we are debating, is this not the reason why we have gone to SALRI for expert advice to move this into health legislation, so that it all connects? I know there are a few questions in there and I have been a bit tricky.

The Hon. V.A. CHAPMAN: I think whilst SALRI did a good job in canvassing all these issues and trying to come up with the best model, as I say, even I did not accept all their recommendations. But I think we should be grateful for the comprehensive work that has been done. There are always new things that come about, whether it is in this debate in this house or in discussions that we have had throughout.

If I could go to the last first, what is the consequence under the new health model for doctors who do not do the right thing, that is, they fail in some way to comply with this structure if it were to pass? The answer to that is that under the medical model they would be under the reaction from AHPRA, which is the national body, for up to dismissal, and AHPRA has, as the national body, the right to fine. I have seen $20,000 in some of the proposed amendments here; in fact, they can fine unlimited. But they may not; that is a discretion they have.

Firstly, it is seven years' imprisonment for a non-health professional to do these processes. It is seven years' imprisonment for someone who tries to coerce someone either to have a termination or not to have a termination. That is for a doctor or anyone. But the big stick for the health professionals is that they face the risk of lifetime exclusion from the profession that they are trained to do.

You can say, 'That is not harsh enough.' Some people might say that. Some people might say we still should put them in gaol. I hear on the one hand everyone saying, 'We agree. This is the 21st century. We do need to move into a medical model.' We have had all the medical experts have a look at it, not just doctors but all the other health administrators and all the people in the health department. The professor here is way more qualified than I am, obviously.

These people have identified what is the real stick here. The real stick here is their professional reputational damage, loss of employment and to be struck from the register of the profession that they have clearly worked hard to get to, and this is for any of the health professionals, specialists, nurse practitioners, etc. I think that is important. If they break the law in other criminal ways, just like lawyers they can get struck off too if they do the wrong thing. But if they steal money out of the trust account or break the law, they can also go to gaol.

So if a doctor breaks this regime and has to come before AHPRA and may end up with a big fine and no qualification and no income, it may well be that they have broken other laws on the way, so that would have to be considered in the circumstance as to whether there was some other assault or trespass or whatever that they might be liable for. Without going into that, we are trying to say, 'What is the structure around them for the purposes of that?' I think there was another question as to the complexity of the procedure and the multidiscipline.

Ms Cook: About the notion of abortion to birth.

The Hon. V.A. CHAPMAN: Yes. I hope with the examples that the professor has provided to the parliament that the concept of having healthy babies aborted—clearly, after even 29 weeks in the concept, the fact is that it is safer for the mother to have the baby and it is very viable. This viability issue comes more to the forefront and it gives those options.

Bear in mind that she explains to me that a late-term abortion, I assume at this stage anywhere up to about 20 to 24 weeks, is quite a complicated procedure and requires a whole team of people. As she advises, it is usually in a major tertiary hospital because of the significance of the surgical intervention and the requirement to have a whole lot of other people around, and after the surgery obviously because that is a procedure of repair and also redeveloping some mental resilience to get through all that.

The Hon. A. KOUTSANTONIS: In my final contribution on this amendment to this clause, I think it is important to point out the statistics. I am advised by my colleague the member for Lee that in the reported statistics of terminations of pregnancies of a gestation of more than 20 weeks, of the 92 that were performed, 37 were for mental health considerations—40 per cent. That is separate from congenital anomalies and separate from specified medical conditions of the mother. That is a staggering statistic. I do not profess to understand the individual diagnosis of each individual case of mental health diagnosis by their medical practitioner. I do not know.

An honourable member interjecting:

The Hon. A. KOUTSANTONIS: Yes, exactly. How many of those were rapes? How many were incest? But the one stat that is not here is: of those 37, how many of those babies were perfectly healthy? That is what vexes us in this parliament, and that is the problem I have with the Attorney's discussion.

The Attorney was asked by the minister: if someone is diagnosed with a mental health issue and is pregnant at a gestation of 35 weeks, can they receive an abortion if they are diagnosed by two doctors? The answer was categorically no. Therefore, there is uniformity of medical opinion on that diagnosis: if it is 35 weeks with a mental health condition, you cannot have an abortion. Why do we not put it in the bill, if it is uniform? It was a very, very clear, sharp, fast 'no'.

If we can make these diagnoses that quickly—35 weeks, perfectly healthy baby, mental health diagnosis, no, safer to deliver the baby—why do we not put it in the bill? Why not put it in law and preserve those babies' lives? Again, this is the anomaly we are being asked to consider, the obvious contradictions to what we are being told. This is a very, very messy piece of legislation and that is making it very, very hard for people of good faith to try to come to a considered decision.

When you hear things like that—and it is obvious from what the Attorney has just told the parliament, knowing the consequences of misleading the parliament—that a person who is 35 weeks

pregnant with a perfectly healthy baby cannot seek an abortion, a termination, for mental health reasons, let's put it in the bill. That was the advice the parliament received.

That is why I will be supporting Minister Speirs' amendment, and that is why I think there are gaping holes in this. That is why amendments on the run, like the Attorney's, are fraught with risk, given what we have heard over the last couple of weeks about the importance of this bill being unamended.

The CHAIR: The Minister for Environment has not yet moved his amendments, although we have been talking about them for quite some time. Minister, are you planning to move your amendment—

The Hon. D.J. SPEIRS: I am planning to do it now.

The CHAIR: Take a seat for a minute, minister. Member for Badcoe you have the call. You were looking for the call?

Ms STINSON: I was. I was going to ask a question of the Attorney. I am happy to wait if there is some procedural—

The CHAIR: I am sure the Minister for Environment will not mind waiting a little bit longer.

Ms STINSON: I appreciate that, sir. My question is to the Attorney-General. I particularly want to understand a little more about how significant risk is defined, and how that would operate. For example, I know there are circumstances where a doctor might provide a woman with advice not that something will absolutely happen or that a condition will absolutely develop, but that there is a risk. I am not sure if they can put a number on it, but a 10 per cent or a 50 per cent or an 80 per cent risk that a child may be born with certain anomalies or health issues.

I am wondering what scope is taken into account, I suppose, with significant risk and how medical professionals actually assess what a significant risk is in the context of serious foetal anomalies, especially considering that those anomalies may not be able to be fully diagnosed until the pregnancy develops over some period of time. Can the Attorney shed some additional light on how that might be interpreted in practice?

The Hon. V.A. CHAPMAN: I have all the legal information here on that and I am happy to read it out. The last point made is that the circumstances may change during the pregnancy to change the assessment by the medical professionals as to what the risk is or what the development of, say, a congenital disability for the foetus is. I suppose that one of the really tragic circumstances of this is that sometimes it is very difficult to make that assessment in the early part, as I am advised, and then it can be well into the pregnancy before there is really an assessment, which can be distressing because it can be much worse than was expected.

It is a bit of a moving feast, it seems, in relation to the development, and every now and again I hear of circumstances where I am told that there has been an expectation of quite a serious situation and then it seems to have stabilised or not been quite as bad as it was thought to be. Again, that is why it is really important that doctors continue to monitor this. Obviously, every parent would like to know really early on, I am sure, and not have to spend months and months preparing for things, and have a wonderful expectation, and then to be hit with this four months into a pregnancy is a shocking situation, but that is the reality of what they are dealing with.

Let's look at the difference between serious, substantial, significant. These are different phrases legally. For example, we have 'serious harm' regularly in our criminal law, and we have 'significant' and 'substantial' used in different circumstances. What I am advised from the techno-word people on this is that:

> When drafting legislation, words are given their ordinary meaning. However, although words have been interpreted in the past by a court, in a new act all terms are open for interpretation within the context of how they are used. The word 'significant' has been recently considered in the courts as meaning 'not merely material but considerable, large, weighty or big; as such it implies a matter of more or greater significance'.

I would add that I would not go so far as to say that means 50 per cent plus one, on the balance of probability-type language, but you can get the flavour of what the courts have said there. It continues:

> The term 'substantial' in certain circumstances has also been to mean a matter that is large, weighty or big. However, the word 'substantial' is defined to mean 'genuine, real or actual or of substance'.

For some, listening to that I am sure they think that is as clear as mud. It continues:

> If the risk of an occurrence is substantial, then it could be considered to be a genuine, real or actual outcome, that is, the risk exists and it is not fanciful or theoretical.

Ms Stinson: So it's a greater test than 'significant'?

The Hon. V.A. CHAPMAN: It is essentially a greater test, the member is absolutely right. In child protection, it is something we are quite familiar with—risk is often raised. I am not a child, but there is a risk that I walk out on this floor and I trip over. There is probably a much higher risk or a substantial risk if I am wearing platform shoes with seven-inch heels.

The fact is that we rely on the courts in a new piece of legislation to refresh, to look at that as a new piece of law, within the context of that law, so our drafters try as much as possible, certainly in the advice they are giving me, to be consistent in the application of certain words. The question of reference in this amendment, certainly I canvassed with them the use of words including 'serious', 'substantial' and 'significant' and, on the advice I received, it was as per the final draft here—to be more than just a risk. A risk is a possibility. For me, we are talking here now of what is on balance more likely than not. That is the way I am interpreting my layman's assessment of that.

Ms LUETHEN: I will make a short contribution in support of the Attorney-General's amendment and concur with many remarks that have been made in terms of this being a difficult clause. It is so difficult for us to find some common ground because it is a medical, social, ethical and legal issue, which is why it is very important for us not only to reflect on the community feedback but to reflect on what we have learnt up to this point looking at and listening to health experts, evidence and research.

I would like to refer to two pieces that have guided my thinking and get that on the record. One is from Wellbeing SA. They have said:

> Later gestation abortion is exceedingly rare in South Australia with only 0.3% of all terminations in 2018 occurring after 22 weeks gestation.

In my second reading speech, I said that in South Australia there have been no abortions after 27 weeks, and there are no indications from the research that I have done that that will increase if this bill is passed. Wellbeing SA goes on to say that these terminations only occur in unusual circumstances, including:

1. late diagnosis of a serious congenital anomaly
2. extreme social circumstances that led to a late presentation (eg rape, incest)…
3. serious risks exist for the woman in continuing the pregnancy

The other piece of research that I have done and I would like to refer to is from a presentation provided to me by Dr Judith Dwyer, who was the previous chief executive of Flinders Medical Centre, and draws upon her significant experience. She says:

> …patients who undergo this procedure are without exception facing very challenging and complex circumstances…in 2018…the majority of those (51%) were for fetal abnormalities, with a further 9% due to [serious] illness in the woman. I wish to share…insights into the remaining 40% of abortions after 20 weeks…which are undertaken for what is categorised as 'mental health' reasons.

She goes on:

> The examples outlined below give an indication of the breadth of the situations that give rise to the need for abortion after 20 weeks…

She gives a series of examples, but I am going to draw out two:

> A mother of several children whose husband shot her non-fatally in the head. By the time she was physically and mentally well enough, and able to consent to non-emergency treatment, her pregnancy was in the second trimester. Would you, in good conscience, deny needed health care to this desperate but resolute mother?

The second of her examples is:

> A woman subjected to family violence against her and her young child, who was prevented from using contraception when her husband raped her. She managed to escape the situation with her child, but not before she was over the legal gestational limit in South Australia…

If we had the current laws, she would be forced to travel interstate for the abortion care she needed in order to set up a new life for herself and her child. Dr Dwyer continues:

> In each of these cases, the likely reported reason for the abortion would have been 'risk of injury to the mental health of the woman', because that is the available category…The realities faced by these patients—

and people raped and in incest cases, as I referred to in my second reading speech—

> should not be confused with ill-informed and misleading interpretations spread by those who oppose access to safe abortion…There are no women who light-heartedly 'change their mind and decide to have an abortion'…There is no 'abortion on demand for no reason'.

As the Attorney-General has outlined to us tonight, these decisions are in the hands of trained doctors conferring with the pregnant woman, making very serious decisions and risking their professions if they make unethical decisions.

The CHAIR: The Minister for Environment, I think your time has come.

The Hon. D.J. SPEIRS: Thank you. This is the long-foreshadowed amendment. This amendment is not the one I had filed that seeks to establish a regime to restrict late-term abortions; rather, it is an amendment to the amendment proposed by the Attorney-General, so I move:

> Delete paragraphs (a)(ii) and (b)(ii).

I have no confidence that the legislative regime being proposed by the Attorney-General as a private member's bill will present and create the appropriate protections for unborn babies at what we would class as 'late-term', that is, after 22 weeks and six days.

I believe that the term 'mental health' creates a large and undefined gateway towards late-term abortion. In one of the Attorney-General's answers to a question asked by the deputy leader (member for Port Adelaide), which was a very pertinent and worthy question, the Attorney-General outlined a whole range of things that would be taken into consideration to prevent a late-term abortion from occurring. Those things gave me huge confidence and that is why I think this law is lacking. For whatever reason that I cannot understand, the Attorney-General and the advisers, particularly from Wellbeing SA, have chosen not to translate those protections into law.

I think the amendment we had from the Attorney-General has been unfortunately created on the run. It hurts me to have to say that in this house as the Attorney-General is a colleague and a friend of mine, but I do not think the amendment we have before us provides the protections that we need. As a consequence, I think deleting (a)(ii) and (b)(ii) will create a more robust regime. It will remove the uncertainty that is created by the term 'mental health' and it will also achieve what I think the member for Enfield has been trying to achieve in another amendment filed under her name. As a consequence, I think it may supersede the need for that amendment, if that be the will of the member for Enfield.

If successful, this amendment would bring the overall amendment perhaps a little bit closer to what the Attorney-General is after because it does take out that section which refers to the 'incompatibility with life' in my previous draft amendment. I am happy to walk away from that on the basis that I think if we delete (a)(ii) and (b)(ii) we will have a situation which tightens this law and creates the appropriate protections.

Ms COOK: I have a question for the member for Black: is he able to inform the house as to how many neonatologists or obstetricians and/or currently practising health practitioners he consulted with in relation to the development of his amendment, and, if his amendment does happen to get up, will he then be supporting the bill?

The Hon. D.J. SPEIRS: I thank the member for Hurtle Vale for her question. I have consulted with a number of medical practitioners in the formulation of this amendment—really, the previous amendment I have filed which has led to the amended version of the Attorney-General's amendment; I guess they feed one another. I have consulted with many people—I could not put an exact figure on it—working in the medical profession, some who have been involved and are supportive of abortion taking place. These medical practitioners, these doctors, have not necessarily been anti-abortion; in fact, that was and is a significant part of their work life.

The member for Hurtle Vale should feel extremely confident that I have consulted as widely as I was able to develop this amendment. I believe I have got it to a place where, if this amendment in its current form is passed, I would be very likely to support the bill at its third reading.

Dr CLOSE: We had to listen to a number of questions of the Attorney concerned about late amendments and that it was not the right way to do legislation, to suddenly bring in an amendment—'suddenly' being this morning—and that it was not appropriate to say that the AMA and the royal college were able to be supportive because it was so recent.

So I ask the minister how he can be confident that his most recent amendment, which is somewhere in this pile that keeps arriving here, has indeed been adequately and appropriately considered by people who are practitioners in abortion, who experience the current legal conditions and, more importantly, both their own professional guidelines and the real circumstances of women. How can we be confident that we have adequate feedback on their views, because the AMA and the royal college, in one of the earlier versions of the minister's amendments, described it as discriminatory and unworkable?

How are we to have any confidence that a line through a couple of bits of clauses makes any difference to that position of these two organisations? These two organisations, I would add, are ones in which we place an enormous amount of trust in many other fields of endeavour, not least the AMA when it comes to managing COVID and the vaccination roll out but whose views on these amendments are somewhat suspect now.

The fact that the minister has met with a few doctors who think that what he has is a good idea—I do not know which version that was—is considered somehow more robust. I would like some more detail, if there is any available, about why this version of the amendments is not discriminatory and is workable?

The Hon. D.J. SPEIRS: I certainly do not accept that this amendment is discriminatory, and I strongly disagree with the position put forward in the letter from the AMA. My amendment flows directly from the Attorney-General's amendment and, as a consequence of that, much of it has been dealt with through the Attorney-General providing to the house that she has confidence in a large proportion of it.

In consultation with people working in the medical profession and with people beyond that as well—people with lived experience and people who have a whole range of values that may be similar to mine, maybe representative of the broader community—I have chosen to delete one portion of the Attorney-General's proposed amendment to give it, in my assessment, a position that would be more acceptable to the broader South Australian community. As a member of parliament, I have to make that judgement. I have to exercise my conscience in a way that I see fit, and that is what I have done in putting this amendment to the house.

Mr KNOLL: I think at this point it is instructive to put a couple of comments on the record in relation to the exact thing that we are dealing with and to the exact question I think the deputy leader has put forward. The first of these comes from Professor R.J. Norman, who is Professor for Reproductive and Periconceptual Medicine at the University of Adelaide and a founding director of the Robinson Research Institute for reproduction at the university. He states:

> In this bill we are operating a dual standard. 'We deny human rights to a viable fetus, yet in premature birth we strive our utmost to preserve human life. Logically, there is no difference between the potentially disposable material in the womb at 23+ weeks and the sacred inviolable rights that are conferred upon the baby at birth'…My recommendation is that in the case of normal fetus the primary aim should be to deliver it alive and provide life-giving support for the child and perinatal psychological support for the woman involved.

We then move on to an adjunct associate professor in obstetrics and gynaecology from Flinders, who says:

> Today—

and this is in relation to a speech that was given a few weeks ago—

> you heard arguments as to why abortion after viability, 23 weeks, should not be allowed: because the live birth option is safer for the mother from 23 weeks, and humane to the baby, and because the evidence from Victoria clearly shows it's open to abuse—patients will request it and there are doctors who are prepared to do it.

A third comment from Dr Roy Watson, who is a specialist obstetrician and gynaecologist and a past Vice President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, who states:

> Firstly, is the matter of gestation. I find it abhorrent that this legislation would allow aborting a baby at term for any reason, but certainly for maternal psycho-social reasons. Even when it is necessary to end a pregnancy beyond fetal viability to safeguard the health of the mother, this can always be done in a way so as to allow the child to continue their life. Almost everyone with whom I discuss this issue agrees that feticide after the point of viability is not acceptable.

I would contend that they are three learned voices who have operated as specialists in the field, and they have all said that, past the point of viability, the reasons for needing to terminate a pregnancy with the object of the baby not surviving, of the baby dying, are extremely limited. In fact, their contention is that the ability, post 23 weeks and post viability, for babies to be kept alive and for there to be alternative ways to help when it comes to psychological treatment for the mother, that there are alternative ways to go about that.

Ms COOK: Is there a point of order available regarding the identification of Roy Watson? He was not an obstetrician at all; he was a gynaecologist, which is completely different.

The CHAIR: Sorry, what is your question?

Ms COOK: I am just asking if we can correctly identify people in the house. It is a question. Can you correct the identification? You have quoted Roy Watson. I believe that should be corrected to be Roy Watson, gynaecologist, not obstetrician. He has nothing to do with babies; he is a gynaecologist.

The CHAIR: Would you like to respond to that, member for Schubert?

Mr KNOLL: No, I do not, because what I am quoting from was actually material provided directly from the speakers themselves.

Members interjecting:

The CHAIR: I think we might just move on from that. It is now on the record twice, because I believe the member for Schubert was reading from *Hansard*, which I have allowed.

Mr COWDREY: I just want to ask the Attorney a question in the hope that it will help me as I ponder the amendment that has been put forward by the Minister for Environment. Not too long ago in debate, the Attorney referenced advice in regard to the RANZCOG late-abortion statement and the principle of 'medically appropriate'. She made reference to a number of gestational limits, those being, prima facie, where the viability of the foetus was considered as the paramount consideration in what happens or the decision-making process that clinicians undertake. I have had concerns raised with me and, to be frank, to an extent I share those concerns in regard to late-term aspects and the way that we regulate or otherwise those.

I have read the RANZCOG statement. I cannot see any reference to specific dates. I understand that some of this may be risk based and we may not be putting these things to the complete and utter nth degree on a piece of paper in a framework, but I guess where I would like to see an assurance is at what date is the viability of the foetus deemed to be the number one and paramount priority? Also, what stops the interpretation of this framework being different from doctor to doctor?

The Hon. V.A. CHAPMAN: I am happy to answer that.

The CHAIR: Yes, but I should point out to the member for Colton that we are actually dealing with the amendment to the amendment of the Minister for Environment.

Mr COWDREY: I understand that, sir, but this will provide context to how I think the house potentially interprets the Minister for Environment's amendment.

The Hon. V.A. CHAPMAN: I think the minister is conflating two answers. Firstly, I gave an answer in relation to the guidelines that the college put out at a national level. That is available, and I think you have a copy of it. Someone has my copy somewhere, but anyway it is there. Adding to that, the data I provided on the advice from the professor here is in answer to a question about a 35-week pregnancy, where there is a healthy baby and an assertion of mental health by the mother. The factors that would be taken into account in that circumstance would justify the answer: that is, no, that would not be a medically appropriate termination.

The answer to that, I explained, is that the professor said that the most significant feature, the fact that it would be taken into account there, which supported the argument that that would not be a termination option, was the viability of the foetus. She gave 23 weeks as being the time when there would be risk of death or disability and a high requirement of service. At 30 weeks it is satisfied, and even at 29 weeks, she qualified, it is likely that the baby will survive and need minimum support. Therefore, the viability of the foetus became the most significant feature in the assessment by the medical practitioners when they consider the scenario provided by the member for Black, namely, 35 weeks, healthy baby and the mother asserting that she had a mental health problem.

Mr COWDREY: From your answer, effectively—

The Hon. V.A. CHAPMAN: The professor is adding that those figures, those weeks, are on average. I do not think I said that before, but those weeks are on average. If there is a health issue in relation to the foetus, that could change, but in the scenario that the member for Black put it is a healthy foetus, 35 weeks old—so very late term—with the mother presenting a claim that she has a mental health problem.

Mr COWDREY: You are effectively referencing viability stats and the weeks that viability is deemed to be plausible. Where is the framework that that becomes the paramount or the primary consideration documented? How do doctors determine that that is the primary issue to be taken into consideration? Is that written anywhere? Is that communicated more broadly? Is there some sort of framework distributed to help all of us understand the decision-making process and what 'medically appropriate' actually means in the circumstances?

I think it would give many of us a greater level of assurance that these things potentially would not be contemplated if it was more coherently communicated to members as a true understanding of what 'medically appropriate' actually means and when the consideration of the viability of the foetus is the primary consideration.

The Hon. V.A. CHAPMAN: There is no short answer to that, and I suppose that is exactly why we rely on the medical profession to consider all of the factors that present in every particular case. If it was that simple we would not need a doctor at all; we would just get a scenario and open up A to Z and list the issues and do that factor yourself and work out your own scenario.

I have an expert sitting here, and the professor has indicated to me that, in answer to a specific question about whether a termination is medically appropriate in this scenario, she has assessed that and given me that information. The question of viability of a foetus, she would say in that scenario, is the primary factor in the assessment of whether there would be advice to have a termination or not. Things like at 23 weeks there is still a risk of death or disability and at 30 or even 29 weeks it is likely the baby will survive are assessments that are made not on any particular case, but they are a level of advice from an expert who makes that assessment.

They are two different things: one issue is what are the guidelines about what should be taken into account and what factors are to be considered by the royal college, the national body, and then there is a separate issue about what would happen in relation to a termination where there are those three factors—the mother turning up saying, 'I've got a mental health problem,' she is 35 weeks pregnant and she has an identified healthy foetus. That is the specific advice.

How do you codify that? That is the very problem that SALRI identified in saying that you will never cover every case, and there will always be factors that get taken into account. We are trying to do this in this prescription process. The previous speaker, in identifying summaries of the Dwyer letter, raised another one that, frankly, I had never even heard of. It just makes you realise that no matter how long you have been around these things the more cases will come up where you think, 'Goodness, how could we have ever contemplated that?'

There is no simple way of going to a document that says, 'These are all the factors, this is the weight they carry and you can tick a box and calculate it yourself.' We need people like the professor here to actually do that assessment, and that is what we cannot answer. That is why, when we are hit with different scenarios, it is a challenge for us. We cannot make that assessment, but as an accumulation we have to be able to. I was just asked about a specific scenario there, so does that help?

Mr COWDREY: To an extent. Where I am trying to get to is that no matter the circumstance that has different factors involved there is always a primary consideration. No matter how we build a

framework of considerations, there is always going to be a point where there is a primary consideration. In terms of foetal viability, at what point is that no longer the primary consideration? That is simply the question I am trying to understand.

The Hon. V.A. CHAPMAN: Could you just repeat the last bit of that question?

Mr COWDREY: I will try to word this in the most expedient way I can. In any circumstances, obviously there are going to be a multitude of factors. We are quite likely never going to encounter the same factors of anyone presenting. I completely understand and am happy to accept that without any shadow of doubt. In purely the circumstances of a healthy foetus—otherwise not encumbered, changed in any way, shape or form—using other considerations, as we said, whether that be the mental health of the mother, at what point does the viability of the otherwise completely normal foetus no longer become the primary consideration?

The Hon. V.A. CHAPMAN: At 22 weeks and six days—or 23 weeks, say, to round it off—viability under that time is not the consideration. That is why I have put it in the bill, to say—

Mr Cowdrey: The primary consideration.

The Hon. V.A. CHAPMAN: The primary consideration, absolutely. The professor will correct me, but that is why we are talking about a different set of standards after viability—because once the baby is viable it is healthy. If it goes full term, it is going to be alive and well and a healthy baby, and that is when it kicks in; is that fair to say? The professor adds to that, and I have just identified it in the Wellbeing SA document, in which it says:

> It should be noted that the most common scenario of a second trimester termination is around the 23-25 week mark—

There is that parameter; I have chosen 22 weeks and six days as the bottom end of that threshold—

> and the termination is undertaken due to a congenital anomaly. The anomaly is often only able to be identified at this stage or later. If babies are resuscitated from 23 weeks in spite of an abortion attempt, they would potentially have more severe ongoing disability than if an abortion was not attempted at that stage. In many cases the disability itself will not lead to the death of the baby in the short term. These babies may in fact be born with signs of life.

The entry point of a different regime is from that 23 to 25 weeks. That is why we hear from doctors, time and time again, that even though the law lets them do terminations up to 28 weeks, the latest termination in South Australia was a single one at 27 weeks. Even that is lawful under our current state. Doctors will say after 24 weeks, because that is the end of this parameter, but some doctors will say viability is from 22 weeks and six days, so there is that little shaded area. From that parameter, we move into a different regime and the viability of the foetus, all things being equal, then becomes the primary factor after the threshold.

Mr KNOLL: Just a quick personal explanation. I have gone back and checked the veracity of the member for Hurtle Vale's claims. The information I have—and I have tried to do a quick search—says that Dr Roy Watson has been a specialist obstetrician and gynaecologist and certainly is qualified in those areas. He is a past vice president of RANZCOG and he is currently the head of gynaecology. I stand by the statement that was previously put and certainly would not want there to be any misrepresentation about the credentials of Dr Watson.

The Hon. D.C. VAN HOLST PELLEKAAN: I have a couple of questions, but I just want to be sure that we are all on exactly the right track here, because the principles are important but so are the words. We are debating or discussing the Minister for Environment and Water's amendment to the Attorney-General's amendment to her own bill. Just to be really clear, are we looking at the piece of paper that we have that is 110(9), amendment No. 2 [Speirs-3]?

The CHAIR: Yes, that's correct.

The Hon. D.C. VAN HOLST PELLEKAAN: The Attorney-General has given us some comfort with regard to the importance of viability of a foetus, which I am sure we are all glad to have. I just want to check: my understanding when I heard the Minister for Environment and Water describe his amendment was that it was the same as the Attorney-General's amendment No. 2 [AG-1], but with the removal of (a)(ii) and (b)(ii).

Mr Knoll: Yes, that's right.

The Hon. D.C. VAN HOLST PELLEKAAN: I am not actually concerned by this; in fact, from my perspective at least it gives me comfort because it fits in exactly with what the Attorney-General has been telling us. However, it is not as simple as just removing (a)(ii) and (b)(ii). In the Attorney-General's amendment, (a)(iii) would become (a)(ii) and (b)(iii) would become (b)(ii), but her (a)(iii) and (b)(iii) are not the same as (a)(ii)—

Members interjecting:

The Hon. D.C. VAN HOLST PELLEKAAN: So it is not as simple as just taking out the (ii).

Mr Knoll: But it does reflect the Michaels proposed amendment.

The Hon. D.C. VAN HOLST PELLEKAAN: I understand. That is why I was just checking. When I asked, 'Did I hear it correctly that it was as simple as taking out the (ii)?', I was told yes, but it is actually not as simple as taking out the (ii) because the new (ii) are different and give this assurance.

The Hon. V.A. Chapman: Correct.

The Hon. D.C. VAN HOLST PELLEKAAN: Yes, just to be absolutely sure.

The Hon. V.A. Chapman: They are different from 110(9), you are right.

The Hon. D.C. VAN HOLST PELLEKAAN: Thank you.

The Hon. V.A. Chapman: But that is what he wants; he is entitled to have what he wants.

Mr SZAKACS: A question to the Attorney: I appreciate that a number of questions in respect to this clause have been seeking to find binary or finite answers and outcomes of what is otherwise incredibly complex medical reasoning. What I am interested in, I suppose from your adviser, is whether it is impossible at times in determining this question of a binary outcome? I go particularly to the member for Colton and his question around at what point does the primary concern become X, Y or Z? Is it a possibility that we never arrive from a medical point to a primary concern because there are simply too many complex, interwoven and interoperative medical outcomes?

Perhaps in a non-termination, non-abortion perspective, I can look at treatment for terminal cancer, where one outcome may be to proceed with an operation to try and remove the tumour, and, on the other hand, that operation may take the life of that patient, both of which are weighed up as serious concerns, both of which are properly put to the patient, and ultimately the primary outcome there—or the primary position or the primary concern—is never at either stage able to be arrived at because it is through informed consent of the patient that we find ourselves at the primary point of concern.

Can we find ourselves in the situation that has been put in your amendment that we simply cannot ever get to a point medically where a primary concern will either be the medical and health considerations of the person or alternatively the primary viability of the foetus?

The Hon. V.A. CHAPMAN: It is probably me who has confused people because we seem to have settled on a particular scenario where we are asked what would be the primary feature in a circumstance that was given. We got an answer to that and it was the viability of the foetus in that particular scenario that applied. The provision here is that the medical practitioner has to consider in all of the circumstances, and following was the question of when would the viability of the child not be the primary consideration. Again the experts say, 'Well, look from that period of 23 to 25 weeks when there is that range. Before that it is not, but after that it is.'

Whether it is the most important or the strongest or the greatest weight will always depend on different circumstances, but the medical practitioner actually has to consider that, in all of the circumstances, bang, bang, bang. So it is not a question of giving a certain thing a weight necessarily that then has to have greater weight than other things. If you look at something like a procurement process, you have to look at the weighting of the value of a contract, and then you can give it a percentage and so on, and we have all sorts of formulas and models of how we do those things in a legal world. Again, all these factors have to be taken into account but you take them into account when you are giving the advice about whether they are going to win or lose their case. In a health situation, in this particular procedure, all these circumstances have to be considered and then, of course, the specific limitations that we are putting on them.

Just because the member for Black has identified a particular 35-week foetus case for me to ask the experts on, that does not mean that there is always a principal or lead circumstance that is the greatest weight. In fact, all of these matters have to be considered, but she has indicated in that particular case. I have a question, Mr Chairman, of the mover of the amendment.

The CHAIR: Just before you do that, Attorney, I would like to correct the record and I will go back to the question from the Minister for Energy and Mining.

The Hon. A. Koutsantonis: At this stage in your career.

The CHAIR: I know. We are dealing with 16 schedules of amendments, member for West Torrens, and some of those amendments have even changed during this evening, so bear with me. The question the Minister for Energy and Mining asked me was if what we are debating now is schedule (9) amendment No. 2 standing in the name of the Minister for Environment. In fact, what the minister moved was something slightly different to that schedule. I will take the committee back to what the amendment actually was and that was to delete (a)(ii) and (b)(ii), which in fact is slightly different to 110(9). So is that clear?

Members interjecting:

The CHAIR: I am here to help, Tom.

The Hon. D.C. VAN HOLST PELLEKAAN: Thank you, Chair, because I think some people were thinking, 'What's that bloke asking about?' so I do appreciate that clarification. With that clarification, we are discussing what is on the paper, which was slightly differently described, but we are discussing the amendment to schedule (9) amendment No. 2.

The CHAIR: Probably the best reference for you, Minister for Energy, is schedule (7) with (a)(ii) and (b)(ii) deleted. Go back to schedule (7) to delete (a)(ii) and (b)(ii). That is the amendment that finished up being moved. Attorney, you had a question for the mover.

The Hon. V.A. CHAPMAN: For the mover of the amendment, yes, thank you, my colleague the member for Black. I will not take any point about this next amendment coming in this morning. I am looking for the rape and incest clause. So 110(8) is the foreshadowed amendment of the member for Black, which is essentially to insert into this prescription process:

> (3a) A medical practitioner may, in circumstances where the pregnancy was the result of an alleged act of incest or rape, perform a termination on a person without acting under subsection (1).

I am not even going to ask about consultation. What I am going to ask the member for Black is: is it intended that this would be allowed to be considered on the basis that the woman claims that there is an alleged act of rape or incest and there is no obligation on there to be any proof of it?

The CHAIR: Attorney, you have jumped ahead here, so I think we might deal with the amendment to your amendment first.

The Hon. V.A. CHAPMAN: Can I ask it in this sense: in the event that the amendment to the amendment is successful, is it the member's intention to move 110(8)?

The Hon. D.J. SPEIRS: No.

The Hon. V.A. CHAPMAN: If it is not successful, is it the intention of the member to move 110(8)?

The Hon. D.J. Speirs: Perhaps I will.

The Hon. V.A. CHAPMAN: If it is the intention, can I ask the member—

The CHAIR: I would rather follow the process here. I do not think we should be too pre-emptive tonight. I would prefer to deal with the Minister for Environment's amendment to your amendment, which is what is before us now.

Dr CLOSE: Because we are not dealing with any other amendments, what we are being asked to do is consider the amendment that the Attorney-General has put up allowing late-term abortion, abortion past the 22 weeks and six days, but not allowing for that to occur if the continuance of the pregnancy would involve a significant risk of injury to the physical or mental health of the pregnant person. That is not something that is able to be considered under the minister's amendment.

The CHAIR: The Minister for Environment's amendment, yes.

Dr CLOSE: My question to the minister is: in the case of a 13 year old who is pregnant to an adult and hides the pregnancy through shame and denial, fronts late and is desperate and unhappy and her life is on the verge of being ruined by what has happened to her, they cannot do anything for her because it is not saving her life and there is no evidence of serious foetal anomaly; is that right? She would be required to go full term, despite being 13, despite having been impregnated by an adult, which is at least statutory rape, if not actual rape.

The Hon. D.J. SPEIRS: That is correct, although there is an amendment for incest and rape, which has also been moved and which I would be interested in presenting to the house later. But, as things stand, I think there is no cut and dried circumstances here. There will always be scenarios in all aspects of law that are not covered off on, and this is certainly one.

I guess the position I take is that there is an opportunity for a life to be produced here. There is an opportunity for a baby to be born, and that is the position that I take. It may not be a position supported by the deputy leader and some other members of this house, and I accept that. I take a different philosophical, a different moral position on this and want to support as many babies as possible to reach full term. That is simply what motivates me to move this amendment in a holistic sense.

Dr CLOSE: In that scenario—and it may be that the Attorney is in better possession of the answer; this is a factual question—if we have this piece of legislation saying, 'No, you must carry this child to full term, despite being a child yourself,' is it perhaps the case that the doctors would send this child interstate where the laws recognise more the circumstances of that child?

The Hon. V.A. CHAPMAN: I would not say 'the doctors would send her' interstate—obviously the guardians or the parents or whatever would have to look at that—but that is the situation that faces some women now under our current laws. If we were to develop a set of laws which resulted in a child being forced to have a child then there would be no option but for them to go interstate, and I would think that a very sad day.

Ms HILDYARD: We know there are a number of victims of reproductive coercion where violent partners use pregnancy to trap that particular person and their children in violent and sometimes life-threatening situations, where they cannot seek health care. Under this amendment—should this amendment be successful—would our new laws abandon those people?

The Hon. D.J. SPEIRS: I do not accept that anyone would be abandoned by this more restrictive framework that I have proposed. I just do not accept the premise of that question at all. We can go through lots of scenarios like this where someone may not necessarily be provided with the outcome that people in this place would want but, at the end of the day, whether it is the example the deputy leader has presented or potentially depending on the stage of the pregnancy, because this amendment would only be triggered after 22 weeks and six days, certainly under this law we would be in a situation where a baby would have to be born, delivered, anyway. My position is that we should make every effort to see that baby born alive rather than be terminated and born dead. That is the position I take.

Ms HILDYARD: For women with disability, carer abuse, sexual abuse and reproductive coercion can come from their legal guardian. This means that that person often cannot access any health care at all or in some cases cannot consent to procedures without support from their abuser, who is also their guardian. How would your amendment include those particular people?

The Hon. D.J. SPEIRS: Again, we can construct many scenarios here, and that is the role of the parliament. I believe that this amendment restricts a pathway to late-term abortion. It is more likely to see babies delivered alive rather than delivered dead. Again, that would be apparent in the situation outlined by the member for Reynell. This is difficult law. I think we should give doctors a much more rigid framework in which to make these decisions, and I have outlined that a number of times this evening.

The Hon. A. KOUTSANTONIS: I rise in support of the member for Black's amendment, and I thank him for developing it and moving it. I think it is absolutely right to say that if the amendment is successful, fewer babies will be aborted late term in South Australia, no doubt. But I think the proponents are also right in that some of those abortions will occur interstate. There is no doubt because the system the Attorney-General wants to introduce in South Australia exists interstate.

I will give the house some of the stats from Victoria, where the system the Attorney-General has been talking about operates, over the many years since the introduction of those changes. South Australians do go to places like Victoria for these late-term abortions. The Victorian government publish the reasons, the indications, every year. They publish terminations for psychosocial indications, stillbirth and neonatal death. In a number of years, there were more abortions done for psychosocial indications than congenital abnormalities.

So, yes, our legislation will potentially save lives. That is exactly what the member for Black is attempting to do. If people wish to continue to terminate viable pregnancies for psychosocial reasons that are past a gestational limit we set here, they will go to the jurisdiction that allows them to have it. That is the point I think we are making, that jurisdictions that have adopted these changes do have more of these abortions. More of them happen because it is more permissive. That is the point that we are making and I think the proponents are making. We are both making the same point.

What we are saying is we do not want that to happen. I cannot wave a wand and change the law in Victoria, but these stats speak for themselves. I am not sure we are solving any problems here today with the Attorney's law. All we will see is more abortions performed. In the statistics—2005, 2006, 2008 to 2010, 2013—the numbers are either more or equal, so we know that this occurs.

I do support the amendment of the member for Black. I think it is a sensible one. It would be very interesting to see what happens here, but I think both members are right. If it does not occur here, people will seek to go interstate because it is more permissive, and the Attorney-General is seeking to bring that more permissive regime to South Australia.

Mr SZAKACS: Can I briefly reflect and thank the member for West Torrens for his frankness, which I do appreciate. It is the honest statement that the member for Black's amendments will lead to fewer terminations. That is a statement I think we all agree on in this chamber. Even if that means that fewer victims of incest, rape and child abuse will be able to terminate, albeit for those reasons, we still acknowledge that fewer will occur. I also am happy to fill in a couple of years that the member for West Torrens did not get to in his comments from 2014 onwards in Victoria which show a decrease in 20-plus week terminations from pre decrim levels. Numbers are fluid and often are used to promote an argument either way.

The Hon. A. Koutsantonis interjecting:

Mr SZAKACS: Yes, and it is not by any means suggesting that the member for West Torrens was improperly not disclosing them. The point that I make is that there are many factors at play here which lead to 20-plus week terminations. I do have a question of the member for Black with respect to his amendments, and that is very clearly that, in the amendments put, the risk to injury, safety or otherwise of the pregnant person is deleted from the Attorney's amendment.

My question to you is: is there any extent of profound prolonged disability that would give cause for a termination in these later stages, or is it simply that unless the imminent and acute saving of life was not able to be attained and, no matter how profound the permanent disability is to the mother, it would not matter in the consideration of these amendments?

The Hon. D.J. SPEIRS: Firstly, I do not have any knowledge of significant physical injury that would come from a pregnancy that would not be caught by saving the life of a pregnant person. I think if you were talking about injury so great, as described by the member for Cheltenham, that would be assessed as being necessary to save that life whether at the point in time or in a point in the future.

Mr SZAKACS: I will ask the Attorney the same question because she may have spoken to a few more doctors than the member for Black has. Is there ever a position, as the member for Black has put, where such a profound disability arising potentially from childbirth would not lead to an acute saving of a life if the foetus was to be terminated?

The Hon. V.A. CHAPMAN: I gave a list of a couple of matters that we will check again to see if there is anything else we can provide. Pre-eclampsia was one and also renal failure. I think I referred to those as two very significant disabilities that could occur as a result of their having a condition. It is not life-threatening, they will not die from it, but they will have a significant disability from it. So, yes, there are. They were two of them that I can remember I spoke of. I will bring back the professor and see if there is any other circumstance.

Another example the professor gives me—which hopefully I can recount accurately—is, say, the mother has multiple sclerosis. The pregnancy itself may cause a further deterioration of the mother in those circumstances; it may not kill her, but it will provide her with more disability and complications. So, yes, there are circumstances, as the member for Black acknowledges, but I think he is expressing his view that his position is that it is either (a) life-threatening or (b) a serious foetal abnormality and there is really nothing between. They are the sorts of situations, I am advised.

Mr MURRAY: I am particularly prompted by the reference to people suffering from multiple sclerosis, having a deep personal knowledge of it. I want to further elaborate on that which flows from the contributions of the member for Cheltenham and, to some extent, the member for Reynell, talking about specific examples and asking the question about, insofar as these amendments are concerned, whether or not those situations would be adequately addressed.

If I go further back to the member for Colton's question, I am intrigued by the situation where, if we posit a variety of different scenarios under this legislation—so we move away from today's legislation, which is very prescriptive and we start to discuss these particular things—we can ask the expert and the expert will provide us with an answer as to what may happen in those cases. I am intrigued by several things. First, we are assuming that in the case of incest or of a mother who has MS it is more likely that a decision to terminate is going to qualify and/or be ranked higher than the question of viability.

The question I have is: is there a compendium, is there a list, or do we simply remain forever asking specific questions and getting specific references? I know with great certainty today what will happen post 28 weeks; with the scenarios you have posited, we know what is going to happen. The difficulty we all have is that we do not have a construct, a readily available construct, however broad. I presume that is the case, and I am asking the question: is there a readily available construct, weighting—call it what you will—that can give us some comfort about the means by which the decision, yes or no, in all circumstances, is at least arrived at?

Is there something written that can give people some comfort about what helps determine these decisions? I have heard three or four different answers tonight. You have asked the expert and the expert has given us an answer, and that is great. My question is: can we collectively get some idea, in writing, about the decision-making process to take back to the people in our electorates to say, 'Look, we're no expert, but these are the sorts of things that are determined and the weighting given to them,' with a caveat if need be, or is it simply not possible to derive that?

The Hon. V.A. CHAPMAN: The simple answer is that there is no compendium. There is no digest of factors or weighting to be given, or a percentage. That is why we go to the specialists, to give us that advice. I am told that even being an asthmatic could, depending on how severe an asthmatic they are, presumably, or how badly affected they might be by the pregnancy, may be a sufficient condition to have to consider whether it is life-threatening. Perhaps it is not, but is it sufficient to cause them another disability?

That is what they have to assess, weighing up the factors: presumably the age, weight, condition of the mother to start with, the level of the condition she has got, whether her baby is 100 per cent well or has other factors—these are all the things they have to weigh up. It is not easy, and that is why we start from this very premise of how we in this parliament start being prescriptive. It is not easy because we always find scenarios where we are missing out.

While we have an expert here, the member for Black asked me some questions about a 35-week healthy baby pregnancy, and, assuming this, this and this, would this happen. I can ask that specifically. Sure, it would be easy if we had a digest, but that is not the way it works. We have a whole lot of human factors which are different. What she is saying—and I think it is important for us to have confirmation of this—is that viability of a foetus, that is, the capacity to survive outside the womb and thrive as a healthy baby, happens somewhere between 22 weeks and six days and 25 weeks or thereabouts—23 to 25 weeks. There is that sort of range, and the experts have a slightly different view according to that.

I feel really good about that, because she says that the viability of the foetus becomes a very significant factor. It is not even an option way before the 22 weeks and six days. That is why I feel good that we as a parliament have said that we think there has to be some cut off for the doctors to have to appreciate, in the standard they might apply in relation to any other lower term.

We have got to this stage where we have gone from the imposition on them that they have to go through other hoops and specifically consider in all the circumstances these factors to be able to do it, to have a different set of rules to do that. I feel really pleased that we have got that. Doctors take about 10 years to learn all these things, how these things work and if they do affect, and if you are starting with a patient who is an expectant mother who has MS, and then you have to look at the assessment of the time diagnoses and how she has progressed to that stage and then identify whether there is an impact by the pregnancy on that condition. That is what we pay the big money to these people to tell us.

We just cannot put that in a dictionary, an index or a digest—that is just not available. That is what we pay them to study, balance up and give the advice. We are asking them as a parliament that, if they want to recommend to a patient a certain procedure that results in the termination of a foetus, these are the rules we are setting. We are trying to do that to, I think, deal with the nervousness that people have when you move from a prohibition/criminalised sanction model to a health model, because you take away that 28 weeks—that is it, full stop, nothing else.

Even though I can say to you that only one case in South Australia was at 27 weeks, and was under that anyway, there is this fear of statistics that suddenly there might be some explosion of numbers. Some statistics were quoted by the member for West Torrens. We got advice on that; it did not translate. I think other members pointed out that in latter years it actually went down. In Victoria it has been doing this for years. Unsurprisingly, a lot of South Australian women have gone over to Victoria since it has been lawful, because it has given them more choice. Trying to drill down on that data will not go very far, but I think the ABC Fact Check went through it and dismissed that data. That does not really help us.

The fact is that there is some anxiety about moving out of the safety and security of a prohibition/criminalised model to a model—it can be challenging to accept that, but I cannot say to you that we have any capacity to be able to provide a digest of options, because we will always find a set of scenarios where there will be some inequity, some unfairness, some case that a member raises, which some of us think is okay and they can live with, and others of us are appalled by. I do not know if I can be any more help than that.

Mr MURRAY: I have a related question, if I could. Listening closely to the Attorney's explanation, the takeaway I have is that what we essentially have is a well-educated decision derived from and delivered by an expert, based on years of study and experience, which cannot be codified or qualified or described in any way. I presume it is not possible to get it in writing, is it? It is not possible to get any brief indicator.

My question, before you rise, Attorney, is given what you have described is the fact that we speak to an expert and the expert gives us a subjective assessment based on their assessment of the facts, their education, their experience, etc., is it possible—I presume the answer is that it is possible—that two experts will, with one case, possibly give two different subjective assessments? We are perpetually in the situation where, depending on which experts you go to and their training, their perspective and their assessment of the relative weighting of the facts, we will have, with one case, potentially two, or as many experts as you see, different opinions.

I go back to some of the examples provided before and questions asked of the member for Black. I would ask if you could give some further detail on whether it is possible to have different outcomes for some of those different cases, depending on whether you speak to a different expert.

The Hon. V.A. CHAPMAN: Can I just add to the information I have from the professor that there are experts within the profession who can assess risk to mother of pre-existing conditions, for example. This is why sometimes a team of people comes together to do the assessments of risk of particular features, and then there is an assessment.

In answer to your question, yes, one doctor may say, 'I am not satisfied, given the prescription or given the obligations.' We say that once you get over 22 weeks and six days you need to have two medical practitioners who have seen the mother and assessed that these factors are there and sufficient to be appropriate in all the circumstances, and they have to assess all the circumstances within that umbrella as well. Yes, of course there can be doctors who will say, 'I am not satisfied.' We think that one of the safeguards in all this is to have two doctors who have to provide that and go through that exercise.

There is no easy answer to this in the sense of us having a prescription. We have expertise there. We are relying on them to provide the advice. We rely on doctors all the time to do these risk assessments, whether it is for compensation claims, to assess levels of disability for compensatory payments. This is not outside their usual work, but in the area of life threat to mother, carrying conditions, foetal abnormalities, these are highly specialised, and obviously before someone can go in and consider a termination after 22 weeks and six days they are going to have to get to that high threshold.

I suppose at this stage we are considering whether that should just be the life of the mother or the foetal abnormality, or whether we allow for other factors to be considered within the physical and mental health and disability and intellectual incapacity areas.

Ms HILDYARD: I just had a further question for the Minister for Environment. The first part of my question is to seek clarification about whether my thinking about his amendment is correct, and then I have a question based on what is clarified by the minister.

Under your amendment, am I correct in thinking that a woman who is experiencing serious mental illness who might not realise that she is pregnant or who, in her mind, denies the pregnancy or who may not be capable of seeking care early in the pregnancy would be denied care? That is the first part of my question. I am seeking clarification on that.

The Hon. D.J. SPEIRS: I would strongly deny she would be denied care because care is a very different thing. My position on this is that we have two options here. No matter what the particular scenario, this amendment relates to pregnancies beyond 22 weeks and six days. We deem that to be the age of viability. Beyond that, whether that be 23 weeks and one day right through to 40 weeks, there is the opportunity—the Attorney-General says this as do the medical professionals—for that child to be born alive.

There are a range of pathways for that child to take after they are born alive. It could be fostering, it could be adoption, it could of course be remaining in the care of the mother and/or the mother's family. To me, this provides an option for children to be born alive and given the chance to live beyond the age of viability, rather than be delivered—because they will have to be delivered at that later stage—in a state where they are not alive.

Ms HILDYARD: Just to be very clear—and I think you are clear about that—I was actually seeking clarification about the person seeking care in relation to abortion (abortion care). I think you have clarified that part of my thinking. What I am very curious about is in relation to your amendment. If this woman's serious mental illness progressed while she was pregnant to the point where she was suicidal, would that be deemed 'life-saving' and therefore enable her to seek access to a termination?

The Hon. D.J. SPEIRS: I do not believe that it would be and I believe, again, that pathway towards having that baby born alive would be appropriate.

The Hon. S.C. MULLIGHAN: I find myself, on the consideration of both the Attorney's amendment and the Minister for Environment's amendment to that amendment, in somewhat of a quandary. As my earlier contribution on the Attorney's amendment demonstrated, I have been a little concerned that the application of her proposed new paragraphs (a)(ii) and (b)(ii) and the inclusion of the term 'mental health' are very broad.

From subsequent discussions, I understand why it has been drawn like that. It is, I understand, to provide for those circumstances which have been exemplified by the member for Cheltenham, the member for Port Adelaide, the member for Reynell, the member for Hurtle Vale and so on. There is likely to be circumstances where there needs to be—and I am sorry to have to use this word because it is not the best—a discretion or a capacity to provide for—

Dr Close: A judgement.

The Hon. S.C. MULLIGHAN: —a judgement; thank you—a termination in some of these often quite perhaps extreme circumstances of rape, statutory rape, incest or disability and so on. With that in mind, considering the Minister for Environment's amendment to what is proposed by the Attorney, we then have the broad drawing of the mental health proposal to something which is far tighter and stricter. It seems to me, if I can follow the debate, to preclude the ability to form a judgement that a termination is appropriate in some of those circumstances we have heard about.

I would be grateful if there were some further guidance somewhere between the very broad mental health and what is proposed by the Minister for Water—a much tighter stricture on how we can try to arrive at a tighter regime but one that provides for some of the circumstances that I am sure we are all, or if not all the majority of us, concerned about.

I go through this preamble because the Attorney has used the example of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and their document as it relates to late abortions and the four areas where practitioners can take some instruction from the royal college and take some guidance in their considerations about whether a late abortion is appropriate.

That would be worth leaning on, I think, if we were to still have something in the bill, as has been proposed originally, where there is a reference to professional standards that are relevant, for example. The deeper quandary comes from the third amendment proposed by the Attorney to remove subclause (2) and hence the reference to professional standards; that is, we would not have any guidance if that subsequent amendment, amendment No. 3 in the Attorney's name, were to be successful.

I realise that the bill draws medical practitioners fairly broadly, and certainly medical practitioners in this area will not by definition be members of the royal college. Indeed, without being facetious about this, some royal colleges pride themselves on having exclusive membership, for various reasons. So if not all medical practitioners who may provide a surgical termination, a late abortion, are members of the royal college, they may not feel bound by that particular drawing of professional standards, if indeed the bill gave reference to professional standards.

I raise all that because I am going to ask two questions, one of the Minister for Environment and the other of the Attorney. I ask whether, in an effort to satisfy the desire to find some middle ground here, they would consider a further amendment that drew upon those guidelines from the royal college in an effort to provide some coverage for the concerns that we have had from the members for Port Adelaide, Cheltenham, Reynell and Hurtle Vale. I would be grateful for advice, perhaps first from the Minister for Environment and then subsequently the Attorney, on whether such an amendment, of course appropriately drawn, would be favourably received.

The Hon. D.J. SPEIRS: I thank the member for Lee for his very considered comments. I certainly would consider an amendment. I feel that, not just speaking for myself but in regard to colleagues who have spoken to me, we do need to reach a middle ground as a house. This is very different from any other debate I have been part of in the seven years that I have been here. It is very different from the euthanasia debate back in 2016. I think we are reaching an impasse here, which could be fixed or improved by the presence of an amendment. I think we are probably reaching a place where we should adjourn this debate and go, for the Attorney-General and me and others to work on this. That is my personal view.

I would certainly consider something that captured the professional standards and also sought to potentially capture severe psychiatric illness or a condition like that. I think there is a way to go on this, and we are at risk, I think, of not doing our constituents and the state justice by trying to push through with this legislation tonight.

The CHAIR: Attorney, did you wish to speak to that?

The Hon. V.A. CHAPMAN: I am happy to, yes. I think I have already indicated that we have no problem with leaving in, essentially, subclause (2), to the extent of having 'medically appropriate' back in with the guideline obligations. They are all there. We have repeatedly said that they are, and the medical profession, that is their threshold anyway. We went to the prescription model. I am happy to follow that and look at where we could cover that, but we will leave in subclause (2). I have already indicated that. I am happy to leave in those provisions. That covers that.

To allay the fears of the member for Lee, the peak body, the royal college, although not everyone is a member of it, might see themselves as an elite group; they are the peak body. Their obligations in relation to those guidelines apply to all those practising, I am advised. This is not a question where, if you are not in that union, you do not have to comply with it. They apply to all for their professional standards.

The CHAIR: With all due respect, Attorney, I do not think the member for Lee was talking necessarily about leaving words in. He was talking about an amendment. From my perspective, it is

matter of how we do that, because at the moment we are already dealing with an amendment to an amendment. It is possible, but it is just a matter of how and when.

The Hon. V.A. CHAPMAN: The issue that he has raised, from my perspective, as I have just outlined, actually comes to whether I progress another amendment of mine down the track. It will not affect what we are dealing with here. The issue we are dealing with here is, I think, a suggestion by the member for Lee that we go away and discuss how we might be able to tighten up the words 'mental health' to be more restrictive. That is what I am hearing.

Just to be absolutely clear, I have listed a number of mental health illnesses, but we need to also deal with the intellectual capacity, and that is not a mental illness. We are very clear in presenting this for the consideration of the parliament, that the physical—and I have outlined physical problems that women can suffer with disabilities—but also mental health to cover circumstances where we are dealing with someone who does not actually have a form of mental health illness.

I think the key to all that from our perspective is that we are talking about the doctor making that assessment in all the circumstances with all those factors. I do not think that helps us, but I am very pleased that you have raised the question of the re-enlivenment of the other protections, which I think I have already indicated we are happy to leave there.

The Hon. S.C. MULLIGHAN: I am grateful for the response from both the Minister for Environment and the Attorney. Perhaps to be a little more specific about how such a subsequent amendment might work, I guess what I am canvassing is whether the Minister for Environment's amendment was to be supported—i.e., that proposed new paragraphs (a)(ii) and (b)(ii) in clause 6 be deleted from the Attorney's amendment and then an additional provision drafted, as a subsequent amendment to be inserted into the bill, that tries to provide a better articulation of what is in the original bill, which is clause 6(2)(b), and that is what the professional standards are.

While the Attorney assures us that it is her advice that the peak body for all medical practitioners in this area is the royal college, of course we know from previous discussions that the definition of 'medical practitioners' is drawn very broadly as well. It does not necessarily relate to obstetricians and gynaecologists and hence may not specifically have reference to any guidance documents that the royal college puts together.

Nonetheless, what I am trying to do is give some legislative or prescriptive life to what the Attorney has been at pains to explain to us previously; that is, the royal college has specific guidance around things like psychosocial circumstances, and the explanation it provides in that regard, and maternal medical conditions (I will not go into this in too much detail), which are described as, 'Infrequent but significant medical and psychiatric conditions may become apparent or deteriorate during the pregnancy to the point where they are a threat to the patient's life.'

It seems to my mind that those two provisions alone—bearing in mind it is only two out of the four that are provided by that guidance document—might almost successfully throw their arms around most of the concerns that have been raised by the members who have given specific examples that they believe will not be covered by the Minister for Environment's concerns. That is the proposal.

Members can make up their own mind when we consider the Minister for Environment's amendment and what their intentions are with regard to that, and then perhaps their willingness to consider a subsequent amendment. That is what I was proposing: not leaving in (ii) and better defining the mental health prescription but giving some specific life to the Attorney's previous descriptions of the guidance document from the royal college.

Ms COOK: I just want to qualify again the mental health psychiatric illness component, talking to a case where a pregnant person in complete psychosis may present at 24, 25 weeks and require an intensive psychiatric forensic admission. With this particular person there could be self-harm and a whole range of suicidal attempts in a quite disturbing and very, very upsetting situation. Would the Minister for Environment and Water's amendment preclude that woman from accessing abortion care? How would the minister propose that, for the next four months, that woman is managed from an obstetric point of view to incubate the child?

The Hon. D.J. SPEIRS: Again, we can go through these scenarios all night, and the member for Hurtle Vale is completely at liberty to do so. There is no doubt in my mind that that would be captured under (a)(i) 'a termination is necessary to save the life of the pregnant person'. The scenario

described by the member for Hurtle Vale is so extreme that it would clearly be captured by the first point.

Ms COOK: Supplementary.

The CHAIR: We do not normally have supplementaries. To be perfectly frank, we have been asking the same or very similar questions for the past hour. Everybody is entitled to do that, I understand, but we are getting to a point where we are going around in circles. The member for Light.

The Hon. A. PICCOLO: Thank you, Mr Chairman; my sentiments exactly. I have been sitting here for five, six hours and, to be quite honest, I am not sure how much I have been enlightened by the debate over the last few hours; it seems to be going around in circles—no pun intended. I have a question. In the last hour or two we have heard a whole range of scenarios. I clearly missed something because the answers I am hearing seem to be inconsistent with what I thought I heard earlier and are certainly inconsistent with what I heard yesterday.

My question to the Attorney-General is: is my understanding of what you said earlier correct? Let's take the example the members for Port Adelaide, Cheltenham and Hurtle Vale gave. The scenario is to the point where the advice has been so far that the baby would be viable, which is 29, 30 weeks; it varies, but say 29, 30 weeks. This is based on what you said a bit earlier, when you gave the example, if I understood you correctly, that at some point, if the baby is viable and likely to be born alive, there would be no abortion or no termination; is that correct? Have I understood you correctly?

The Hon. V.A. CHAPMAN: Let me just repeat it. In response to the question of dealing with a particular scenario of a 35-week pregnant mother with a healthy baby claiming she has a mental health situation, would she be accessible to the option of abortion? The answer from the professional was no, on the basis that, although there is a capacity to live after the 23 to 25 group, by the time they get to 29 and 30 weeks the expectation is that they will have a live baby that needs minimum support—in other words, not just viable but does not need to have an incubator or anything else. I am adding that bit, but you understand the difference. That is in the context of that environment of capacity to live with support to expected to live without the normal. Your question then is?

The Hon. A. PICCOLO: My question then is under what circumstances would a termination of a baby as you have just described be allowed? I think it is important to know. Under what circumstances would a foetus or a baby—use whatever language you want to use—which, as you said, would be viable and would live be terminated? Under what circumstances?

The Hon. V.A. CHAPMAN: The three scenarios that we are considering is, first, when the mother's life is threatened, that is, she is going to lose her life if the pregnancy continues; the second is, and I paraphrase here, a serious abnormality of the baby; and the third is that the physical or mental health of the mother would involve a serious risk of injury to the physical or mental health of the pregnant person. I suppose that is what the scenarios have been in the last hour, given the indication of the member for Black to remove that third area. There are many scenarios there which have been identified that, if that is removed, would not be able to proceed to a termination.

The Hon. A. PICCOLO: Just to clarify and make sure I am understanding this correctly, under those scenarios you have described the foetus or baby, which otherwise could live, could be terminated?

The Hon. V.A. CHAPMAN: Sorry, could you ask the question again?

The Hon. A. PICCOLO: Under the three scenarios you just provided, the foetus, baby—whatever language you like to use—which otherwise could live, could be terminated?

The Hon. V.A. CHAPMAN: The diagnostic process in relation to the foetal abnormality may take up to the 25, 26 weeks to complete for the purposes of being able to identify how bad this is going to be. I am paraphrasing that, but I think you understand. A termination could be recommended at that point. In relation to the life threatening—

The Hon. A. PICCOLO: Sorry, I am not sure you have perhaps understood my question.

The Hon. V.A. CHAPMAN: No, perhaps I did not.

The Hon. A. PICCOLO: What you just said to me is not answering the question I asked. The question I asked was: under the scenarios where a foetus or a baby would be otherwise

whatever word you would use—not viable, but could actually live if it left the womb—under what circumstances could that baby or foetus be terminated under those scenarios you have provided?

The Hon. V.A. CHAPMAN: The mother is going to die.

The Hon. A. PICCOLO: Right, yes.

The Hon. V.A. CHAPMAN: The foetal anomaly, that is, it is then diagnosed as actually having a condition that raises, in the words here, 'serious foetal anomalies associated with the pregnancy,' and the third is, if there is a significant risk of injury to the physical or mental health of the mother, that is, the pregnant woman.

The CHAIR: It is my view that there have been more than enough questions on the amendment to the amendment. Unless somebody else springs to their feet with another idea, my plan is to put the amendment in the name of the Minister for Environment and Water. I understand there is some cross—

The Hon. D.J. SPEIRS: I move:

That the committee report progress.

The committee divided on the motion:

While the division bells were ringing:

The CHAIR: Before I do anything else, I am going to remind members in the public gallery that they must remain seated during proceedings, please. You are very welcome to be in the building and we appreciate your interest in the debate, but you need to remain seated. The record of the vote will be publicly available at some point soon.

Ayes 18
Noes 27
Majority 9

AYES

Bell, T.S.	Brock, G.G.	Brown, M.E.
Cowdrey, M.J.	Cregan, D.	Duluk, S.
Knoll, S.K.	Koutsantonis, A.	Michaels, A.
Mullighan, S.C.	Murray, S.	Patterson, S.J.R.
Pederick, A.S.	Piccolo, A.	Power, C.
Speirs, D.J. (teller)	Stinson, J.M.	Tarzia, V.A.

NOES

Basham, D.K.B.	Bedford, F.E.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Chapman, V.A. (teller)
Close, S.E.	Cook, N.F.	Gardner, J.A.W.
Gee, J.P.	Harvey, R.M.	Hildyard, K.A.
Hughes, E.J.	Luethen, P.	Malinauskas, P.
Marshall, S.S.	McBride, N.	Odenwalder, L.K.
Picton, C.J.	Pisoni, D.G.	Sanderson, R.
Szakacs, J.K.	Teague, J.B.	van Holst Pellekaan, D.C.
Whetstone, T.J.	Wingard, C.L.	Wortley, D.

Motion thus negatived.

The CHAIR: In which case, my intention is to put the amendment standing in the name of the Minister for Environment. It is an amendment to the amendment standing in the name of the Attorney-General.

The committee divided on the amendment to the amendment:

Ayes 20
Noes 26

Majority..... 6

AYES

Bell, T.S.	Brock, G.G.	Brown, M.E.
Cowdrey, M.J.	Cregan, D.	Duluk, S.
Ellis, F.J.	Knoll, S.K.	Koutsantonis, A.
Malinauskas, P.	Michaels, A.	Mullighan, S.C.
Murray, S.	Patterson, S.J.R.	Pederick, A.S.
Piccolo, A.	Power, C.	Speirs, D.J. (teller)
Tarzia, V.A.	van Holst Pellekaan, D.C.	

NOES

Basham, D.K.B.	Bedford, F.E.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Chapman, V.A. (teller)
Close, S.E.	Cook, N.F.	Gardner, J.A.W.
Gee, J.P.	Harvey, R.M.	Hildyard, K.A.
Hughes, E.J.	Luethen, P.	Marshall, S.S.
McBride, N.	Odenwalder, L.K.	Picton, C.J.
Pisoni, D.G.	Sanderson, R.	Stinson, J.M.
Szakacs, J.K.	Teague, J.B.	Whetstone, T.J.
Wingard, C.L.	Wortley, D.	

Amendment to the amendment thus negatived.

The CHAIR: We next come to the amendment standing in the name of the Attorney-General, amendment No. 2 on schedule (7).

Amendment carried.

The CHAIR: Attorney, are you ready to move amendment No. 3 standing in your name?

The Hon. V.A. CHAPMAN: I withdraw amendment No. 3. It relates to the matters that we canvassed that the member for Lee had raised, which I indicated we would leave in, so I withdraw amendment No. 3. In relation to amendment No. 4, really this is just consequential to the amendment that we have just made. Mr Chair, my understanding is that I am withdrawing. I note the amendment is the same as the member for Black's and he is also not proceeding with his.

The CHAIR: You are simply not proceeding, Attorney, with your proposed amendment and I would probably prefer to hear from the Minister for Environment as to what he intends to do. The member for Schubert has the call.

The Hon. D.J. SPEIRS: As I understand, what we are doing here is we have passed the Attorney-General's amendment No. 2. We have passed the [AG-1] amendment No. 2 from 110(7) from the Attorney. We are now not progressing with amendment No. 3. I would ask the Attorney: if this amendment is not progressed, essentially what we are doing is leaving in the medically appropriate test as well as all the other tests we have just voted to insert. I think we have just had a debate for the past four hours about how those two things are different; one is open and leaves it to doctors and the other enumerates a list of circumstances in which late-term abortion would be acceptable.

Now, with the Attorney not moving amendment No. 3, we are in a situation where we have both tests, which to me means we would have two separate tests. I do not know how those two things interact with each other, but I think we have just spent four hours deciding that those two things are two separate tests that may be incongruous with each other.

The CHAIR: I will take that as a comment, member for Schubert.

Mr KNOLL: I suppose the question would be: if—

The CHAIR: But my point is that the Attorney has indicated to the committee that she is not proceeding with her amendment, so we then really have nothing to speak to.

Mr KNOLL: The questions then are: is amendment No. 3 [AG-1] not contingent on amendment No. 2 having now passed, and is there a degree of incongruity, Attorney-General, between having now passed amendment No. 2 and failing to pass amendment No. 3? Do we not create two separate tests?

The CHAIR: Well, we did not fail to pass it, member for Schubert. It was—

Mr KNOLL: Sorry, failed to move the amendment.

The CHAIR: —simply withdrawn.

Mr KNOLL: Sure, but the question remains the same.

The Hon. V.A. CHAPMAN: I think I understand. I am happy to clarify this so that it is absolutely clear. We have introduced a set of prescriptors, which is the clause we have just passed, and it sets out a prescription. I have repeatedly said throughout this debate, and the medical professionals here today confirm, that they can take into account all those prescriptors of dealing with those 'in all the circumstances' and 'qualify'—it has a 'qualify' under one of those headings—but their standard still is that it has to be medically appropriate and that they follow their own guidelines.

It has been asked that there be some way of ensuring that there is an obligation to comply with those in our statute, and we have been happy to do that. Is there an overlap? Probably, but we do not see it as acting in a manner to cause confusion on that.

The CHAIR: Before I call the member for Schubert, I would just like to inquire of the committee: we have two other proposed amendments that read exactly the same as the one the Attorney has just decided not to proceed with; one is standing in the name of the Minister for Environment and the other one is standing in the name of the member for West Torrens. What I am looking for is an indication of whether either of those two members wish to proceed. They are not proceeding either. I call the member for Schubert.

Mr KNOLL: I will try to explain to the house at least my understanding of what it is that we are now seeking to do. What we have just done is get rid of 6(1)(a) and (b), where 6(1)(a) talks abouts medical practitioners considering that in all the circumstances the termination is medically appropriate, and 6(1)(b) also uses the term 'medically appropriate'. We have just deleted those two paragraphs, and we have replaced them with an enumerated list, but in not moving three sets of amendment No. 3 we are now leaving in a clause that states, 'In considering whether a termination is medically appropriate,' which is obviously a reference to the preceding clause we just got rid of. We are now making reference to something that no longer exists.

To my mind, we are now having a test of whether something is medically appropriate where that circumstance is not actually referred to in the previous part of the clause. Again, especially with the way these have been drafted by parliamentary counsel, it seems very much to me that these amendments are consequential, i.e., if you vote for one you have to vote to do the other one otherwise we have a bill that does not make sense.

The Hon. V.A. CHAPMAN: I can only reaffirm that I have taken advice. I have all the experts here. It can stay. I am happy for it to stay. I appreciate the member's concern, but it can stay.

Dr CLOSE: If I can just ask the Attorney, I think the confusion is being caused by the term 'medically appropriate', which had previously existed in the original subclause (1) and is now no longer in subclause (1) because of the vote we have just had. I think the confusion is: is that a term that only exists because it was in subclause (1), or is it a term that has meaning to a doctor or obstetrician or so on in considering what they will advise the woman and choose to do?

It is then that we have made a decision about circumstances under which the termination can take place. We have made that decision as a chamber. Further, whether that termination is medically appropriate, the medical practitioner must consider the things that we know they are required to consider under their professional codes of practice anyway.

The question is: does 'medically appropriate' have meaning to doctors in that sense, given the new subclause (1)? I think you have been pretty clear 'yes', but I would like another opportunity for it to be absolutely explicit that 'medically appropriate' was not a term created for the first time for the first version of this bill but is one that exists and has meaning irrespective of the wording of the first subclause.

The Hon. V.A. CHAPMAN: In short, yes and yes.

The CHAIR: I am going to ask the Attorney now if she would move to amendment No. 4 standing in her name, because as a committee we need to be speaking to a question.

The Hon. V.A. CHAPMAN: Absolutely. Having withdrawn amendment No. 3, I move:

Amendment No 4 [AG–1]—

Page 4, lines 31 to 37 [clause 6(3)]—Delete subclause (3) and substitute:

(3) Without limiting section 13 of the *Consent to Medical Treatment and Palliative Care Act 1995*, a medical practitioner may, in an emergency, perform a termination on a person who is more than 22 weeks and 6 days pregnant, without complying with paragraphs (b) and (c) of subsection (1).

This sets out another matter that we canvassed at length, which again is just consequential to the decision that we have now made in adding in the new subclause (1) but otherwise is pretty much the same.

Mr KNOLL: In speaking on clause 6 as we are now understanding it, clause 6(2)(b) provides:

(b) the professional standards and guidelines that apply to the medical practitioner in relation to the performance of the termination.

Could the professional standards and guidelines include RANZCOG's statement on late-term abortion that we have been discussing? I think there are some in this house who would wish that to be enumerated. Would that apply? Is that something that subclause (2)(b) could or does refer to?

The Hon. V.A. CHAPMAN: Yes, it does.

The CHAIR: Minister for Environment, you have a couple of things in front of me still. You can either move amendment No. 4 in an amended form or you could move to amend the Attorney's amendment.

The Hon. D.J. SPEIRS: And the third option is that I could withdraw those amendments.

The CHAIR: You simply would not proceed.

The Hon. D.J. SPEIRS: Yes. I will not proceed with those.

The CHAIR: With either of those?

The Hon. D.J. SPEIRS: No.

Amendment carried; clause as amended passed.

New clause 6A.

The Hon. A. KOUTSANTONIS: I move:

Amendment No 1 [Koutsantonis–1]—

Page 4 after line 37—After clause 6 insert:

6A—Requirement to preserve the life of a baby in certain circumstances

If a termination is performed—

(a) on a person who is more than 22 weeks and 6 days pregnant; and

(b) a baby is born as a result of the termination; and

(c) the baby has a reasonable prospect of living without experiencing—

(i) serious anomalies that are incompatible with survival after birth; or

(ii) serious, incurable health issues that will cause significant pain and suffering or other substantial hardship,

reasonable endeavours must be used in an attempt to preserve the life of the baby.

I am deeply disappointed that the member for Black was unsuccessful, probably the only time I will be disappointed he is unsuccessful. But given that the house was unable to accept his amendment,

I have a new clause 6A to insert which is a requirement to preserve the life of a baby in certain circumstances.

Many of you may have received the frequently asked questions distributed kindly by the Attorney-General about what actually happens during late-term abortions. I read this out during the second reading contribution, I think, and I quote:

In later term terminations, either an induction of labour or surgery will be used.

If induction of labour is the chosen method of termination, the most usual outcome in this situation is that the baby is stillborn—

that is, the baby is born dead—

In this instance, palliative care is offered—

the baby is born alive—

the baby born it is wrapped in a blanket and the mother is given the opportunity to hold the baby—

and as the Attorney said, nurse it to death—

as the baby dies. In some instances in late termination feticide is undertaken which means the baby will be stillborn.

My amendment, given that the member for Black's amendment is unsuccessful, is that if a healthy baby survives an abortion, we give it medical attention. It is alive. I know it sounds controversial but here we are. So it is for a person who is more than 22 weeks and six days pregnant and the baby is born as a result of a termination and the baby has a reasonable prospect of living without experiencing serious anomalies that are incompatible with survival after birth or serious incurable health issues that will cause significant pain and suffering or other substantial hardships.

My amendment asks for reasonable endeavours to be used in an attempt to preserve the life of the baby. I never thought in my 23 years I would contemplate moving an amendment like this but I feel obliged to do so. I am not attempting to keep alive or offer futile medical assistance to babies who do not have a prospect of surviving, hence why they were terminated. I am talking about babies who have gone through a termination and have survived and can survive on their own. We should be offering medical assistance.

Obviously, this would go against the wishes of the parents, I assume, given they have sought a termination but, again, it gets back to my core beliefs that I think these babies have rights. The question for the parliament to consider is whether we offer them assistance. I know it is confronting. I know it is something none of us want to think about. I know it is something that none of us thought we would be contemplating.

I did not know this happened, and when I heard it happened I did not believe it. I thought it was proponents who were trying to convince us to vote a certain way, who were just trying to shock and horror us into a certain vote. As I said earlier, the first casualty of these debates is usually the truth, on either side. I have done my research, and it does happen—rarely, not regularly. It happens rarely, but it does happen.

What we do know is that a large number of babies are aborted because of mental health issues of the mother, or for other psychological reasons, without babies having any abnormalities. All I am saying is, if they survive the termination perhaps we should do what we can to try to offer assistance, so I put this very difficult and troubling amendment to the house, as confronting as it is.

For people who are watching who have been through this process, I apologise. I am simply exercising my conscience. I hope members see fit to contemplate this. I am not going to be there the day after this baby is saved, but I think a baby saved, where we can, is worthwhile thinking about—at the very least worth debating or contemplating or voting on.

The CHAIR: Member for West Torrens, I am going to interrupt here. Given the hour, I am going to encourage the Attorney-General to move that we report progress. However, member for West Torrens, I will say that you can resume when the committee reconvenes.

The Hon. V.A. CHAPMAN: I hate to interrupt the flow of the contribution of the member for West Torrens but, given the hour, I propose that we report progress.

Progress reported; committee to sit again.

At 23:58 the house adjourned until Thursday 18 February 2021 at 11:00.

Estimates Replies

STORKEY, MR G.

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised:

All car parking fees previously paid for on Mr Storkey's credit card have either been repaid by Mr Storkey or are in the process of being repaid.

COST OF LIVING CONCESSION

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised:

No physical reports or summary reports were shared with external stakeholders, including SACOSS.

COST OF LIVING CONCESSION

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised:

Disclosure details of contracts only remain on the SA Tenders and Contracts website while the contract is active or for 12 months, whichever is longer, in accordance with Premier and Cabinet Circular PC027: Disclosure of Government Contracts.

DOMICILIARY EQUIPMENT SERVICE

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised:

The tender number for the Readily Available Loan Equipment Service was DHS-405.

DOMICILIARY EQUIPMENT SERVICE

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised:

The depreciation line does not include the written-off amount for the equipment transferred to clients.

YOUTH ACTION PLAN

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised:

The draft Strong Futures: Youth Action Plan 2020-2022 was released for consultation on YourSAy on 16 March 2020, with consultation closing on 14 April 2020.

A total of 20 submissions were received. Feedback was consistent with what had already been agreed/supported, allowing for a quick turnaround to finalise the plan. The submissions also focused on the ongoing involvement of young people and the sector and were used to inform the next stages of the youth action plan once launched.

The final Strong Futures: SA Youth Action Plan 2020-2022 was launched on Friday 17 April 2020.

OFFICE FOR WOMEN

In reply to **Ms HILDYARD (Reynell)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised:

The Office for Women did not use any external contractors during the 2019-20 financial year.

ASK FOR ANGELA SCHEME

In reply to **Ms HILDYARD (Reynell)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised:

The 'Ask for Angela' is a partnership between the South Australia Police, the Attorney-General's Department, Consumer and Business Services, the Office for Women and the Australian Hotels Association (AHA)(SA). It is also supported by YWCA, Yarrow Place and Music SA. The project was adapted from original materials developed in the United Kingdom. The South Australian 'Ask for Angela' campaign is based on an existing initiative and utilises existing materials and resources.

SCREENING CHECKS

In reply to **Mr KNOLL (Schubert)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised:

In 2018-19, 97 per cent of checks were finalised in 30 days and 96 per cent of checks in 2016-17 and 2017-18.

COUNTRY HOSPITALS DEPARTMENTS

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

In line with restrictions on entry to regional aged-care facilities due to the COVID-19 pandemic, some regional accident and emergency services with co-located aged-care facilities were temporarily closed to protect aged-care residents from the risk of cross contamination of COVID-19.

As of 3 December 2020, the following sites remain temporarily closed:

- Gumeracha Districts Soldiers' Memorial Hospital
- Strathalbyn and District Health Service
- Kapunda Hospital
- Eudunda Hospital
- Mount Pleasant District Hospital
- Tailem Bend District Hospital
- Barmera Hospital
- Penola War Memorial Hospital

The local health networks responsible for these sites continue to work with local GPs to determine reopening dates. Sites will only be reopened when it is safe to do so.

CENTRAL ADELAIDE LOCAL HEALTH NETWORK, MENTAL HEALTH SERVICES

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. The letter was addressed to Mr Raymond Spencer, Chair, Governing Board, CALHN. The clinicians did not write directly to me or seek a meeting with me.

2. In November 2020, the average number of beds occupied by mental health consumers in CALHN emergency departments was seven beds (7 per cent), with an average of six beds (or 9 per cent) at the RAH and one bed (or 3 per cent) at TQEH.

3. Approximately 33 per cent of the rural and remote mental health patients who are transferred to a metropolitan emergency department are sent to the RAH.

4. In November 2020, the total overall occupancy of mental health beds across CALHN was 94 per cent.

KORDAMENTHA

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

The March/June bed plan identified the average number of inpatient beds that needed to be opened during that period to enable CALHN to deliver its commissioned activity.

The actual numbers of active and stand-by beds are not static because wards are staffed to match inpatient demand, which varies across any given day.

This year, two wings within CALHN have been converted to COVID-19 stand-by bed capacity, equating to 36 beds. This was made possible through reductions in discharge delays and reducing length of stay in line with benchmarking as part of CALHN's ongoing recovery program.

HALTON REVIEW

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

The table comparing aspects of states and territories' hotel quarantine programs does not form part of the publicly available National Hotel Quarantine Review report. As the table forms part of national cabinet documents, its handling is governed by federal cabinet guidelines and its circulation is therefore limited.

The Department for the Premier and Cabinet have reviewed the final report, including the comparison table.

Relevant documents have been confidentially shared with senior SA Health officials.

MSS SECURITY

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. The cost of MSS Services at medi-hotels as at 15 November 2020, is $13,796,318.69 GST inclusive. The current contract with MSS Security was awarded on the 1 April 2019 and expires on 31 March 2024.

2. Yes.

MSS SECURITY

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. Some of the powers available under the contract, have been utilised as part of SA Health quality assurance processes.

2. Regular reports are provided to SA Health in accordance with the contract.

MSS SECURITY

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. All security guards working in the medi-hotel program are required to undertake online training. Regular face-to-face training sessions are provided to guards.

2. As part of the regular billing processes, details of all guards who worked in medi-hotels are provided to SA Health. This is held by the contract manager.

3. Yes.

4. This prohibition commenced on 17 November 2020.

5. Notifications about the conduct of security guards are considered and discussed between SA Health and MSS.

6. MSS security has provided SA Health with incident overview reports

7. The contract manager often attends Effective Quarantine Workstream meetings.

COVID-19 PARAFIELD CLUSTER

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

All private security guards and cleaners identified as close contacts were placed into mandatory quarantine and undertook testing for COVID-19.

If they had COVID-19 symptoms or returned a positive COVID-19 test they were interviewed with an extensive contact tracing questionnaire.

MEDI-HOTELS

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. The Medi-Hotel Program is overseen by the Effective Quarantine Workstream. Contracts are in place with each hotel, with a designated contract manager in the Department for Health and Wellbeing (DHW).

2. The Effective Quarantine Workstream has an executive lead, the Deputy Chief Executive, Commissioning and Performance and an operational lead, Deputy Chief Public Health Officer.

3. Key risks, issues, progress and mitigating strategies are addressed through workstream meetings each week and reported to DHW Leadership. Additional meetings are convened where required to ensure timely response to any current or emerging risks. Risk activities are identified, captured, monitored and reported to DHW

leadership. Regular review and monitoring, as often as daily, of risk responses has occurred through the workstream meetings and out of session.

4. Yes, in accordance with established SA Health incident management and open disclosure policy and practice frameworks.

WOMEN'S AND CHILDREN'S HOSPITAL

In reply to **Ms BEDFORD (Florey)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. There is no current outsourcing arrangement for paediatric or gynaecology surgery from the Women's and Children's Hospital (WCH).

From December 2019-June 2020 WCH outsourced 186 patients who were treated at either Adelaide Community Healthcare Alliance Memorial Hospital or Calvary Hospital.

2. The consultant expenditure on the WCH Sustainment project between 1 July 2018-30 June 2020 was $3.03 million.

GOODS AND SERVICES

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised the following:

The budgeted expenditure on goods and services for 2020-21 and the forward estimates is listed below:

	2020-21	2021-22	2022-23	2023-24	2024-25
	$'000	$'000	$'000	$'000	$'000
Department of Human Services	61,540*	69,294	71,182	69,626	69,496
SA Housing Authority	232,110	230,977	234,638	212,426	208,350

* as per 2020-21 Agency Statements

Information on expenditure on services and supplies can be found in the DHS and SA Housing Authority annual reports for the 2019-20 financial year:

The details of SA government awarded contracts for goods, services and works are displayed on the SA Tenders and Contracts website.

PUBLIC SERVICE EMPLOYEES

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised the following:

Between 1 July 2019 and 30 June 2020, 11 executive positions were abolished, and eight (8) executive positions were created within the Department of Human Services.

(1) Abolished:

- Executive Director, Disability and Domiciliary Care Services (SAES2)
- Group Executive Director, Disability and Reform (SAES2)
- Director, Change Management (SAES1)
- Director, Child and Youth Services (SAES1)
- Director, Program Management Office (SAES1)
- Director, Quality Assurance, Risk and Business Intelligence (SAES1)
- Director, Service Transfer (SAES1)
- Director, Strategic Finance (SAES1)
- Director, Strategy and Reform (SAES1)
- Director, Youth Justice (SAES1)
- Local Recovery Coordinator, Yorketown Fires (SAES1)

(2) Created:

- Executive Director, Community and Family Services (SAES2)

- Executive Director, Disability Services (SAES2)
- Director, Business Commercialisation (SAES1)
- Director, Disability Access and Inclusion (SAES1)
- Director, Strategic Reform Programs (SAES1)
- Local Recovery Coordinator, Yorketown Fires (SAES1)
- Local Recovery Coordinator, Cuddle Creek Fires (SAES1)
- Local Recovery Coordinator, Kangaroo Island (SAES1)

Between 1 July 2019 and 30 June 2020 no positions were abolished and the position of Head of Homelessness Sector Integration, SAES1 was created within the SA Housing Authority.

Individual executive total remuneration package values as detailed in schedule 2 of an executive employee's contract will not be disclosed as it is deemed to be unreasonable disclosure of personal affairs.

GOVERNMENT ADVERTISING

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised the following:

In 2019-20, DHS had 7.4 FTEs responsible to provide communication and promotion activities, with employment expense of $1,252,454.

In 2019-20, SA Housing Authority had 9.7 FTEs responsible for providing communication and promotion activities, with employment expenses of $880,000.

FTEs budgeted in 2020-21, 2021-22, 2022-23 and 2023-24 are listed below.

Year	2020-21 (Budgeted)	2021-22 (Budgeted)	2022-23 (Budgeted)	2023-24 (Budgeted)
DHS FTEs	10.98	10.98	10.98	7.80
DHS Estimated Employment Expense	$1,372,244	$1,329,814	$1,349,814	$970,869
SA Housing Authority FTEs	12.8	9.4	8.8	8
SA Housing Authority Estimated Employment Expense	$1,411,000	$1,075,000	$1,020,000	$927,000

In 2019-20 DHS expenditure was $361,017, and budgeted expenditure for 2020-21 is $76,860.

In 2019-20, SA Housing Authority's expenditure was $371,254 and budgeted expenditure for 2020-21 is $307,402.

PUBLIC SERVICE EMPLOYEES

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised the following:

According to current HR Systems, in 2019-20, the following attraction and retention allowances were paid:

Department/Agency	Classification	Attraction Allowance	Retention Allowance
Department of Human Services	AHP504	$6,198.39	
Department of Human Services	ASO504	$4,216.22	
Department of Human Services	ASO603	$10,048.78	
Department of Human Services	ASO704	$21,840.64	
Department of Human Services	MAS301	$23,737.23	
Department of Human Services	MAS301	$12,862.94	
Department of Human Services	MAS301	$7,859.49	
Department of Human Services	MAS301		$25,021.96
Department of Human Services	MAS301		$23,906.02
Department of Human Services	MAS301		$9,968.14
Department of Human Services	MAS301		$5,474.74
Department of Human Services	MAS301		$3,067.12
Department of Human Services	MAS301		$2,875.42
Department of Human Services	MAS301		$2,070.32
Department of Human Services	MAS301		$1,667.76
Department of Human Services	MAS301		$766.77

Department/Agency	Classification	Attraction Allowance	Retention Allowance
Department of Human Services	MAS301		$575.07
Department of Human Services	OPS403	$3,548.98	
Department of Human Services	OPS403	$3,494.05	
SA Housing Authority	ASO5	$13,484.55	
SA Housing Authority	ASO5	$13,484.55	
SA Housing Authority	ASO5	$13,484.55	
SA Housing Authority	ASO6	$14,721.45	
SA Housing Authority	ASO7		$19,268.72
SA Housing Authority	ASO7		$18,953.72
SA Housing Authority	ASO7	$22,021.40	
SA Housing Authority	ASO7	$22,021.40	
SA Housing Authority	ASO7	$22,021.40	
SA Housing Authority	ASO7	$11,010.70	
SA Housing Authority	ASO7	$11,010.70	
SA Housing Authority	ASO7	$11,010.70	
SA Housing Authority	ASO7	$22,021.40	
SA Housing Authority	ASO7	$22,021.40	
SA Housing Authority	ASO8	$23,682.60	
SA Housing Authority	ASO8		$23,682.60
SA Housing Authority	ASO8		$23,682.60
SA Housing Authority	ASO8	$11,841.30	
SA Housing Authority	ASO8	$11,841.30	
SA Housing Authority	ASO8	$23,322.60	
SA Housing Authority	MAS3	$24,093.40	
SA Housing Authority	MAS3	$14,512.00	
SA Housing Authority	OPS4	$11,289.30	
SA Housing Authority	OPS5		$12,132.60

DHS and SA Housing Authority is not aware of any non-salary benefits being paid to public servants and contracts between 1 July 2019 and 30 June 2020 outside of regular salary sacrificing arrangements.

MINISTERIAL STAFF

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised the following in relation to staff employed within my office:

Details regarding ministerial staff employed as at 17 July were published in the *Government Gazette* on 23 July 2020.

The following table lists public sector staff employed as at 30 June 2020

Title	Classification
Office Manager	ASO704
MLO—Housing	ASO704
MLO—Disabilities	ASO704
MLO—Human Services	ASO603
Executive Assistant to Minister	ASO603
Senior Correspondence Officer	ASO404
Receptionist/ Administration Officer	ASO203

No staff were seconded from the department to my office as at 30 June 2020.

TERMINATION PAYOUTS

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised the following:

From 1 July 2019 to 26 November 2020, the following executive terminations occurred within the Department of Human Services:

POSITION TITLE	LEVEL
Chief Executive	EXEC0E
Executive Director, Youth Justice	SAES2
Chief Information Officer	SAES1
Director, Communications and Engagement	SAES1
Director, NDIS Reform	SAES1

POSITION TITLE	LEVEL
Director, Quality Risk and Business Improvement	SAES1
Director, Strategic Finance	SAES1

The total of executive termination payments made was $1,085,928 (excluding on-costs).

No executive terminations occurred during the same reporting period, within the SA Housing Authority.

Individual executive total remuneration package values as detailed in schedule 2 of an executive employee's contract will not be disclosed as it is deemed to be unreasonable disclosure of personal affairs.

EXECUTIVE APPOINTMENTS

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised the following:

From 1 July 2019 to 26 November 2020, the following new executive appointments were made:

Department of Human Services	Level
Director, Business Commercialisation	SAES1
Director, Business Improvement and Technology	SAES1
Director, Communications and Engagement	SAES1
Director, Disability Access and Inclusion	SAES1
Director, Infrastructure	SAES1
Director, Office of the Chief Executive	SAES1
Director, Procurement	SAES1
Director, Safer Family Services	SAES1
Executive Director, Performance and People	SAES2
SA Housing Authority	
Head of Homelessness Sector Integration	SAES1
Executive Director, Property Development and Maintenance	SAES2
Director, Business & Partnerships	SAES1
Executive Director, Strategy & Governance	SAES1
Executive Director, Customers & Services	SAES2

Individual executive total remuneration package values as detailed in schedule 2 of an executive employee's contract will not be disclosed as it is deemed to be unreasonable disclosure of personal affairs.

The above table excludes executive positions transferred to the department (i.e. through machinery of government changes) and short-term appointments.

GRANT PROGRAMS

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): In response to questions 14 and 15, I have been advised the following:

Grant programs for each agency during 2019-20, 2020-21, 2021-22,2022-23 and 2023-24 are listed below:

Department of Human Services (DHS)

TABLE A—The following table provides the allocation of grant program/funds for 2019-20 and across the forward estimates for DHS—Controlled:

Programs / sub programs	Purpose or grant program/fund	2019-20 Actual(1)	2020-21 Budget(1)	2021-22 Estimate	2022-23 Estimate	2023-24 Estimate
		$'000	$'000	$'000	$'000	$'000
Communities						
Community and Family Services	Program that supports policy development, funding and partnerships which build opportunities and inclusion for all South Australians, including Aboriginal people and communities, carers, low-income households, young people, cultural diverse communities and LGBTIQ people.	68,261	63,764	61,631	61,180	62,372

Programs / sub programs	Purpose or grant program/fund	2019-20 Actual(1)	2020-21 Budget(1)	2021-22 Estimate	2022-23 Estimate	2023-24 Estimate
		$'000	$'000	$'000	$'000	$'000
Community Support Services	Program promotes opportunity and affordability for vulnerable and disadvantaged South Australians through a range of state government concessions.	1,649	1,931	1,978	2,021	2,071
Status of Women(2)	Supports the full and equal participation of women in the social, political and economic life of the state. Includes addressing violence against women, equality for women in every aspect of life, and women's economic empowerment.	4,960	10,241	2,947	2,587	2,651
Youth Justice	Provided Statutory services to children and young people in the justice system which aim to reduce re-offending and acknowledge the victims of crime.	345	459	467	468	479
Disability						
Disability Inclusion	Provides case management, allied health and therapy, and specialist early intervention services for adults and children with disability.	5,905	2,724	-	-	-
State Recovery Office(3)	Provides a range of grants to help families, community and environment groups, business with recovery from 2019-20 bushfires.	91	-	-	-	-

Note (1) Refer to DHS 2020-21 Agency Statements.

(2) Additional Commonwealth funding provided for COVID-19 Domestic Violence support in 2019-20 and 2020-21.

(3) Machinery of Government change to transfer SRO from DHS to DPC from 1 July 2020.

TABLE B—The following table provides the allocation of grant program/funds for 2019-20 and across the forward estimates for DHS—Administered Items:

Programs	Purpose or grant program / fund	2019-20 Actual(1) $'000	2020-21 Budget $'000	2021-22 Estimate $'000	2022-23 Estimate $'000	2023-24 Estimate $'000
Charitable and Social Welfare Fund	Established to provide small one-off grants to a wide range of community organisations and service providers	3,943	4,463	3,800	3,800	3,800
Community Service Obligations	Water and sewerage rate concessions for exempt properties	19,660	17,674	18,281	18,910	19,568
Consumer Advocacy and Research Fund	South Australian Council of Social Services Research and Advocacy Project	322	413	248	253	261
Gamblers Rehabilitation Fund	Services and projects to minimise or address problem gambling	6,203	7,710	7,591	7,417	7,433

Note (1) Please refer to Table E: DHS Administered Items—Payments in 2019-20.

The following tables details grants\funding payments for DHS—Controlled in 2019-20:

TABLE C: DHS Controlled Items—Payments to Non-Government Organisations (NGO's) in 2019-20

TABLE C: DHS Controlled Items—Payments to Non-Government Organisations (NGO's) in 2019-20			
Grant program/fund name	Beneficiary/recipient	Purpose	Value $
Community and Family Services—Adults with Chronic Conditions	Royal District Nursing Service	Refer to Table A—Community and Family Services	5,577,840.00
Community and Family Services—Home and Community Care	Adelaide Day Centre for Homeless Persons Inc	Refer to Table A—Community and Family Services	123,386.33
Community and Family Services—Home and Community Care	Aged & Community Services SA & NT Inc	Refer to Table A—Community and Family Services	66,923.25
Community and Family Services—Home and Community Care	Aged Care & Housing Group Inc	Refer to Table A—Community and Family Services	354,288.00
Community and Family Services—Home and Community Care	Australian Red Cross Society	Refer to Table A—Community and Family Services	1,352,050.03
Community and Family Services—Home and Community Care	Baptist Care (SA) Inc	Refer to Table A—Community and Family Services	472,994.03
Community and Family Services—Home and Community Care	Calvary Community Care	Refer to Table A—Community and Family Services	106,429.00
Community and Family Services—Home and Community Care	Carer Support & Respite Centre Inc	Refer to Table A—Community and Family Services	815,491.08
Community and Family Services—Home and Community Care	Carers Association of SA Inc	Refer to Table A—Community and Family Services	716,178.60
Community and Family Services—Home and Community Care	Carers Link Barossa	Refer to Table A—Community and Family Services	422,948.07
Community and Family Services—Home and Community Care	Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation	Refer to Table A—Community and Family Services	50,136.00
Community and Family Services—Home and Community Care	Country Home Advocacy	Refer to Table A—Community and Family Services	87,999.68
Community and Family Services—Home and Community Care	Country North Community Services Inc	Refer to Table A—Community and Family Services	277,728.13
Community and Family Services—Home and Community Care	Dementia Australia Ltd	Refer to Table A—Community and Family Services	176,159.00
Community and Family Services—Home and Community Care	Elderly Citizens Homes Inc	Refer to Table A—Community and Family Services	138,933.00
Community and Family Services—Home and Community Care	Greek Orthodox Archdiocese of Australia Consolidated Trust	Refer to Table A—Community and Family Services	100,490.83
Community and Family Services—Home and Community Care	Helping Hand Aged Care	Refer to Table A—Community and Family Services	450,000.00
Community and Family Services—Home and Community Care	Hutt St Centre Ltd	Refer to Table A—Community and Family Services	422,919.40
Community and Family Services—Home and Community Care	Italian Home Delivered Meals and Services Inc	Refer to Table A—Community and Family Services	60,543.71
Community and Family Services—Home and Community Care	Kura Yerlo Incorporated	Refer to Table A—Community and Family Services	68,164.23
Community and Family Services—Home and Community Care	Meals on Wheels (SA) Inc	Refer to Table A—Community and Family Services	208,298.00
Community and Family Services—Home and Community Care	Mental Illness Fellowship of SA Inc	Refer to Table A—Community and Family Services	105,395.07

TABLE C: DHS Controlled Items—Payments to Non-Government Organisations (NGO's) in 2019-20			
Grant program/fund name	Beneficiary/recipient	Purpose	Value $
Community and Family Services—Home and Community Care	Northern Carer's Network Inc	Refer to Table A—Community and Family Services	1,136,121.80
Community and Family Services—Home and Community Care	Pika Wiya Health Service Aboriginal Corporation	Refer to Table A—Community and Family Services	141,044.01
Community and Family Services—Home and Community Care	Royal District Nursing Service	Refer to Table A—Community and Family Services	3,010,404.00
Community and Family Services—Home and Community Care	St John Ambulance Australia SA Inc	Refer to Table A—Community and Family Services	134,177.00
Community and Family Services—Home and Community Care	Tailem Bend Community Centre	Refer to Table A—Community and Family Services	184,271.05
Community and Family Services—Home and Community Care	Umoona Aged Care Aboriginal Corporation	Refer to Table A—Community and Family Services	195,965.00
Community and Family Services—Home and Community Care	Uniting Communities Inc	Refer to Table A—Community and Family Services	568,756.57
Community and Family Services—Home and Community Care	West Coast Community Services Inc	Refer to Table A—Community and Family Services	78,200.00
Community and Family Services—Home and Community Care	YMCA of South Australia	Refer to Table A—Community and Family Services	75,614.75
Community and Family Services—Home and Community Care	Yorke Peninsula Community Transport Inc	Refer to Table A—Community and Family Services	345,681.27
Community and Family Services—Home and Community Care	Young Men's Christian Association	Refer to Table A—Community and Family Services	226,844.02
Community and Family Services—Aboriginal Community Benefit Grants	Aboriginal Family Support Services	Refer to Table A—Community and Family Services	80,000.00
Community and Family Services—Aboriginal Community Benefit Grants	Anglican Community Care Inc	Refer to Table A—Community and Family Services	160,000.00
Community and Family Services—Aboriginal Community Benefit Grants	Ceduna Aboriginal Corporation	Refer to Table A—Community and Family Services	80,000.00
Community and Family Services—Aboriginal Community Benefit Grants	Koonibba Aboriginal Community Council	Refer to Table A—Community and Family Services	73,722.00
Community and Family Services—Aboriginal Community Benefit Grants	Money Mob Talkabout Ltd	Refer to Table A—Community and Family Services	99,973.00
Community and Family Services—Aboriginal Community Benefit Grants	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council	Refer to Table A—Community and Family Services	1,343,677.00
Community and Family Services—Aboriginal Community Benefit Grants	Plaza Youth Centre Inc	Refer to Table A—Community and Family Services	80,000.00
Community and Family Services—Aboriginal Community Benefit Grants	Raukkan Community Council Inc	Refer to Table A—Community and Family Services	80,000.00
Community and Family Services—Aboriginal Community Benefit Grants	The Trustee for the Salvation Army (SA) Property Trust	Refer to Table A—Community and Family Services	80,000.00
Community and Family Services—Aboriginal Community Benefit Grants	UnitingCare Wesley Country SA	Refer to Table A—Community and Family Services	80,000.00
Community and Family Services—Aboriginal Community Benefit Grants	West Coast Youth and Community Support	Refer to Table A—Community and Family Services	80,000.00

TABLE C: DHS Controlled Items—Payments to Non-Government Organisations (NGO's) in 2019-20			
Grant program/fund name	Beneficiary/recipient	Purpose	Value $
Community and Family Services—Aboriginal Community Benefit Grants	Yalata Community Inc	Refer to Table A—Community and Family Services	50,000.00
Community and Family Services—Family and Community Development	Anglican Community Care Inc	Refer to Table A—Community and Family Services	923,178.00
Community and Family Services—Family and Community Development	Anglicare SA Ltd	Refer to Table A—Community and Family Services	858,994.00
Community and Family Services—Family and Community Development	Australian Refugee Association	Refer to Table A—Community and Family Services	102,801.00
Community and Family Services—Family and Community Development	Carers Association of SA Inc	Refer to Table A—Community and Family Services	116,390.00
Community and Family Services—Family and Community Development	Catholic Family Services	Refer to Table A—Community and Family Services	280,515.00
Community and Family Services—Family and Community Development	Centacare Catholic Country SA	Refer to Table A—Community and Family Services	224,733.00
Community and Family Services—Family and Community Development	Centacare Catholic Family Services	Refer to Table A—Community and Family Services	157,375.00
Community and Family Services—Family and Community Development	Child and Family Welfare Association	Refer to Table A—Community and Family Services	138,397.00
Community and Family Services—Family and Community Development	Community Centres SA Inc	Refer to Table A—Community and Family Services	198,590.00
Community and Family Services—Family and Community Development	Community House Port Lincoln	Refer to Table A—Community and Family Services	88,327.00
Community and Family Services—Family and Community Development	Eastwood Community Centre Inc	Refer to Table A—Community and Family Services	85,234.00
Community and Family Services—Family and Community Development	Grandparents for Grandchildren SA Inc	Refer to Table A—Community and Family Services	123,000.00
Community and Family Services—Family and Community Development	Junction Australia Ltd	Refer to Table A—Community and Family Services	140,135.00
Community and Family Services—Family and Community Development	Junction Community Centre Inc	Refer to Table A—Community and Family Services	140,392.00
Community and Family Services—Family and Community Development	Lifeline South East (SA) Inc	Refer to Table A—Community and Family Services	126,695.00
Community and Family Services—Family and Community Development	Lutheran Community Care	Refer to Table A—Community and Family Services	216,767.00
Community and Family Services—Family and Community Development	Marra Murrangga Kumangka Inc	Refer to Table A—Community and Family Services	95,180.00
Community and Family Services—Family and Community Development	Midway Road Community House	Refer to Table A—Community and Family Services	77,609.00
Community and Family Services—Family and Community Development	Milang & District Community Association	Refer to Table A—Community and Family Services	91,256.00
Community and Family Services—Family and Community Development	Multicultural Youth South Australia Inc	Refer to Table A—Community and Family Services	477,316.00
Community and Family Services—Family and Community Development	North East Community House Inc	Refer to Table A—Community and Family Services	121,835.00

TABLE C: DHS Controlled Items—Payments to Non-Government Organisations (NGO's) in 2019-20			
Grant program/fund name	Beneficiary/recipient	Purpose	Value $
Community and Family Services—Family and Community Development	Northern Area Community & Youth Services Inc	Refer to Table A—Community and Family Services	562,539.00
Community and Family Services—Family and Community Development	Plaza Youth Centre Inc	Refer to Table A—Community and Family Services	223,445.00
Community and Family Services—Family and Community Development	Port Augusta Youth Centre Inc	Refer to Table A—Community and Family Services	112,941.00
Community and Family Services—Family and Community Development	SA Council of Social Service	Refer to Table A—Community and Family Services	457,719.00
Community and Family Services—Family and Community Development	Survivors of Torture Trauma Assistance & Rehabilitation	Refer to Table A—Community and Family Services	81,505.00
Community and Family Services—Family and Community Development	The Food Centre Inc	Refer to Table A—Community and Family Services	125,415.00
Community and Family Services—Family and Community Development	The Hut Community Centre Inc	Refer to Table A—Community and Family Services	231,625.00
Community and Family Services—Family and Community Development	The South Australian Financial Counsellors Association Inc	Refer to Table A—Community and Family Services	140,890.00
Community and Family Services—Family and Community Development	UnitingCare Wesley Port Adelaide	Refer to Table A—Community and Family Services	1,244,529.00
Community and Family Services—Family and Community Development	Uniting Communities Inc	Refer to Table A—Community and Family Services	627,270.00
Community and Family Services—Family and Community Development	UnitingCare Wesley Bowden Inc	Refer to Table A—Community and Family Services	925,378.00
Community and Family Services—Family and Community Development	UnitingCare Wesley Country SA	Refer to Table A—Community and Family Services	1,194,935.00
Community and Family Services—Family and Community Development	Vietnamese Community in Australia / SA Chapter Inc	Refer to Table A—Community and Family Services	108,440.00
Community and Family Services—Family and Community Development	West Coast Youth and Community Support	Refer to Table A—Community and Family Services	111,788.00
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	Anglican Community Care Inc	Refer to Table A—Community and Family Services	190,267.00
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	Anglicare SA Ltd	Refer to Table A—Community and Family Services	307,224.00
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	Centacare Catholic Country SA	Refer to Table A—Community and Family Services	300,378.00
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	Foodbank of SA Inc	Refer to Table A—Community and Family Services	220,000.00
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	Good Shepherd Microfinance	Refer to Table A—Community and Family Services	368,000.00

TABLE C: DHS Controlled Items—Payments to Non-Government Organisations (NGO's) in 2019-20			
Grant program/fund name	Beneficiary/recipient	Purpose	Value $
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	Lifeline South East (SA) Inc	Refer to Table A—Community and Family Services	95,684.00
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	Lutheran Community Care	Refer to Table A—Community and Family Services	666,807.00
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	Money Mob Talkabout Ltd	Refer to Table A—Community and Family Services	89,450.00
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	The Trustee for the Salvation Army (SA) Property Trust	Refer to Table A—Community and Family Services	253,777.00
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	Uniting Communities Inc	Refer to Table A—Community and Family Services	909,167.00
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	UnitingCare Wesley Bowden Inc	Refer to Table A—Community and Family Services	1,159,440.00
Community and Family Services—Financial Hardship Programs (formerly Affordable Living Programs)	UnitingCare Wesley Country SA	Refer to Table A—Community and Family Services	176,715.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Aboriginal Family Support Services	Refer to Table A—Community and Family Services	2,164,991.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Anglican Community Care Inc	Refer to Table A—Community and Family Services	478,454.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Anglicare SA Ltd	Refer to Table A—Community and Family Services	2,130,107.36
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	The Australian Centre for Social Innovation Inc	Refer to Table A—Community and Family Services	1,786,418.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Catholic Church Endowment Society Inc	Refer to Table A—Community and Family Services	4,134,858.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Centacare Catholic Family Services	Refer to Table A—Community and Family Services	1,782,038.00

TABLE C: DHS Controlled Items—Payments to Non-Government Organisations (NGO's) in 2019-20			
Grant program/fund name	Beneficiary/recipient	Purpose	Value $
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Centre for Evidence and Implementation	Refer to Table A—Community and Family Services	330,000.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Community Centres SA Inc	Refer to Table A—Community and Family Services	100,000.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Foodbank of SA Inc	Refer to Table A—Community and Family Services	200,000.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Junction Australia Ltd	Refer to Table A—Community and Family Services	50,603.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Kornar Winmil Yunti Aboriginal Corporation	Refer to Table A—Community and Family Services	800,000.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Lutheran Community Care	Refer to Table A—Community and Family Services	76,777.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Meals on Wheels (SA) Inc	Refer to Table A—Community and Family Services	100,000.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Playgroup SA Inc	Refer to Table A—Community and Family Services	125,900.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Relationships Australia SA Ltd	Refer to Table A—Community and Family Services	499,174.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	SA Council of Social Service	Refer to Table A—Community and Family Services	156,777.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	South Australian Rainbow Advocacy Alliance	Refer to Table A—Community and Family Services	70,000.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	SecondBite	Refer to Table A—Community and Family Services	100,000.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Telethon Kids Institute	Refer to Table A—Community and Family Services	261,252.00

TABLE C: DHS Controlled Items—Payments to Non-Government Organisations (NGO's) in 2019-20			
Grant program/fund name	Beneficiary/recipient	Purpose	Value $
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	The Food Centre Inc	Refer to Table A—Community and Family Services	55,000.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	The Trustee for Kick Start for Kids	Refer to Table A—Community and Family Services	80,000.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	The Trustee for the Salvation Army (SA) Property Trust	Refer to Table A—Community and Family Services	195,000.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	Uniting Communities Inc	Refer to Table A—Community and Family Services	66,174.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	UnitingCare Wesley Bowden Inc	Refer to Table A—Community and Family Services	152,369.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	UnitingCare Wesley Country SA	Refer to Table A—Community and Family Services	1,584,949.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	West Coast Youth and Community Support	Refer to Table A—Community and Family Services	167,000.00
Community and Family Services—Youth Portfolio	Australian Red Cross Society	Refer to Table A—Community and Family Services	400,000.00
Community and Family Services—Youth Portfolio	Port Augusta Youth Centre Inc	Refer to Table A—Community and Family Services	120,000.00
Community and Family Services—Youth Portfolio	The Trustee for the Salvation Army (SA) Property Trust	Refer to Table A—Community and Family Services	145,964.00
Community and Family Services—Youth Portfolio	YMCA of South Australia	Refer to Table A—Community and Family Services	55,000.00
Community and Family Services—Youth Portfolio	Youth Affairs Council of SA	Refer to Table A—Community and Family Services	397,979.00
Community and Family Services—Volunteers Portfolio	Junction Australia Ltd	Refer to Table A—Community and Family Services	50,000.00
Community and Family Services—Volunteers Portfolio	Seniors Information Service Inc	Refer to Table A—Community and Family Services	62,413.00
Community and Family Services—Volunteers Portfolio	Volunteering SA&NT Inc	Refer to Table A—Community and Family Services	485,617.00
Community and Family Services—Other	Australian Migrant Resource Centre	Refer to Table A—Community and Family Services	100,000.00
Community and Family Services—Other	Australian Refugee Association	Refer to Table A—Community and Family Services	200,000.00

TABLE C: DHS Controlled Items—Payments to Non-Government Organisations (NGO's) in 2019-20			
Grant program/fund name	Beneficiary/recipient	Purpose	Value $
Community and Family Services—Other	Australian Red Cross Society	Refer to Table A—Community and Family Services	64,363.00
Community and Family Services—Other	Multicultural Youth South Australia Inc	Refer to Table A—Community and Family Services	59,214.00
Community and Family Services—Other	South Australian Special Operations Group (SA Special Ops)	Refer to Table A—Community and Family Services	333,000.00
Community and Family Services—Other	Welcoming Australia Ltd	Refer to Table A—Community and Family Services	50,000.00
Status of Women—Covid-19 Domestic Violence Support	Catholic Family Services	Refer to Table A—Status of Women	140,000.00
Status of Women—Covid-19 Domestic Violence Support	Centacare Catholic Country SA	Refer to Table A—Status of Women	70,000.00
Status of Women—Covid-19 Domestic Violence Support	Community Transitions	Refer to Table A—Status of Women	660,000.00
Status of Women—Covid-19 Domestic Violence Support	Kornar Winmil Yunti Aboriginal Corporation	Refer to Table A—Status of Women	150,000.00
Status of Women—Covid-19 Domestic Violence Support	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council	Refer to Table A—Status of Women	50,000.00
Status of Women—Covid-19 Domestic Violence Support	No to Violence	Refer to Table A—Status of Women	110,000.00
Status of Women—Covid-19 Domestic Violence Support	Nunga Mi:Minar Women's Shelter	Refer to Table A—Status of Women	60,000.00
Status of Women—Covid-19 Domestic Violence Support	UnitingCare Wesley Country SA	Refer to Table A—Status of Women	100,000.00
Status of Women—Covid-19 Domestic Violence Support	Women's Safety Services SA Inc	Refer to Table A—Status of Women	500,000.00
Status of Women—Office for Women grants	Women's Safety Services SA Inc	Refer to Table A—Status of Women	465,424.00
Status of Women—Office for Women grants	Victim Support Service Inc	Refer to Table A—Status of Women	191,071.72
Status of Women—Office for Women grants	Kornar Winmil Yunti Aboriginal Corporation	Refer to Table A—Status of Women	108,380.00
Status of Women—Office for Women grants	Women's Safety Services SA Inc	Refer to Table A—Status of Women	176,000.00
Status of Women—Office for Women grants	Women's Emergency Services	Refer to Table A—Status of Women	148,200.00
Status of Women—Office for Women grants	Women's Safety Services SA Inc	Refer to Table A—Status of Women	495,990.01
Status of Women—Office for Women grants	Working Women's Centre SA Inc	Refer to Table A—Status of Women	464,000.00
Disability Inclusion—Disability Grants	Anglicare SA Ltd	Refer to Table A—Disability Inclusion	319,152.67
Disability Inclusion—Disability Grants	Autism Association of SA Inc	Refer to Table A—Disability Inclusion	376,976.88
Disability Inclusion—Disability Grants	Community Business Bureau Inc	Refer to Table A—Disability Inclusion	252,314.68
Disability Inclusion—Disability Grants	InComPro Aboriginal Association Inc	Refer to Table A—Disability Inclusion	58,247.34
Disability Inclusion—Disability Grants	Minda Incorporated	Refer to Table A—Disability Inclusion	410,364.31
Disability Inclusion—Disability Grants	National Disability Services Ltd	Refer to Table A—Disability Inclusion	225,393.08
Disability Inclusion—Disability Grants	Spastic Centre's of South Australia (SCOSA)	Refer to Table A—Disability Inclusion	185,035.00

TABLE C: DHS Controlled Items—Payments to Non-Government Organisations (NGO's) in 2019-20			
Grant program/fund name	Beneficiary/recipient	Purpose	Value $
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Community Business Bureau Inc	Refer to Table A—Disability Inclusion	377,457.25
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Autism Association of SA Inc	Refer to Table A—Disability Inclusion	73,000.00
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Carers Association of SA Inc	Refer to Table A—Disability Inclusion	685,300.00
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Dementia Australia Ltd	Refer to Table A—Disability Inclusion	105,000.00
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Guide Dogs Assoc. of SA & NT Inc	Refer to Table A—Disability Inclusion	89,000.00
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Hutt St Centre Ltd	Refer to Table A—Disability Inclusion	86,000.00
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Local Government Association	Refer to Table A—Disability Inclusion	715,000.00
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Mental Health Coalition	Refer to Table A—Disability Inclusion	109,000.00
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Royal SA Deaf Society Inc	Refer to Table A—Disability Inclusion	248,000.00
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Tauondi Aboriginal Corporation	Refer to Table A—Disability Inclusion	55,000.00
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Umoona Aged Care Aboriginal Corporation	Refer to Table A—Disability Inclusion	80,000.00
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	UnitingCare Wesley Port Adelaide	Refer to Table A—Disability Inclusion	63,000.00
Disability Inclusion—Information, Linkages and Capacity Building Grants from NDIS	Young Men's Christian Association of SA	Refer to Table A—Disability Inclusion	230,000.00
Disability Inclusion—Supported Residential Facility	Lambert Living Joint Venture	Refer to Table A—Disability Inclusion	87,452.48
Disability Inclusion—Supported Residential Facility	The Trustee for EGOC Trust	Refer to Table A—Disability Inclusion	81,508.52
Payments < $50,000 and Recoveries			2,207,840.08

TABLE D: DHS Controlled Items—Payments to other organisation types (non-NGO's) in 2019-20

TABLE D: DHS Controlled Items—Payments to other organisation types (non-NGO's) in 2019-20			
Grant program/fund name	Beneficiary/Recipient	Purpose	Value $
Community and Family Services—Home and Community Care	Alexandrina Council	Refer to Table A—Community and Family Services	70,002.00
Community and Family Services—Home and Community Care	Barossa Hills Fleurieu Local Health Network	Refer to Table A—Community and Family Services	3,512,703.00
Community and Family Services—Home and Community Care	City of Burnside	Refer to Table A—Community and Family Services	59,162.00
Community and Family Services—Home and Community Care	City of Charles Sturt	Refer to Table A—Community and Family Services	85,955.00
Community and Family Services—Home and Community Care	City of Holdfast Bay	Refer to Table A—Community and Family Services	250,000.00
Community and Family Services—Home and Community Care	City of Marion	Refer to Table A—Community and Family Services	372,602.47
Community and Family Services—Home and Community Care	City of Mitcham	Refer to Table A—Community and Family Services	58,000.00
Community and Family Services—Home and Community Care	City of Onkaparinga	Refer to Table A—Community and Family Services	617,097.04
Community and Family Services—Home and Community Care	City of Playford	Refer to Table A—Community and Family Services	483,060.19
Community and Family Services—Home and Community Care	City of Port Adelaide/Enfield	Refer to Table A—Community and Family Services	184,000.00
Community and Family Services—Home and Community Care	City of Salisbury	Refer to Table A—Community and Family Services	156,899.00
Community and Family Services—Home and Community Care	City of Tea Tree Gully	Refer to Table A—Community and Family Services	73,000.00
Community and Family Services—Home and Community Care	City of Victor Harbor	Refer to Table A—Community and Family Services	220,077.07
Community and Family Services—Home and Community Care	Clare & Gilbert Valleys Council	Refer to Table A—Community and Family Services	163,343.51
Community and Family Services—Home and Community Care	District Council of Mount Barker	Refer to Table A—Community and Family Services	351,422.66
Community and Family Services—Home and Community Care	District Council of Mount Remarkable	Refer to Table A—Community and Family Services	205,416.42
Community and Family Services—Home and Community Care	District Council of Yorke Peninsula	Refer to Table A—Community and Family Services	97,332.00
Community and Family Services—Home and Community Care	SA Health (Central Office)	Refer to Table A—Community and Family Services	922,500.00
Community and Family Services—Home and Community Care	The Barossa Council	Refer to Table A—Community and Family Services	274,795.59
Community and Family Services—Family and Community Development	City of Marion	Refer to Table A—Community and Family Services	260,565.00
Community and Family Services—Family and Community Development	City of Onkaparinga	Refer to Table A—Community and Family Services	601,132.00
Community and Family Services—Family and Community Development	City of Salisbury	Refer to Table A—Community and Family Services	230,645.00

TABLE D: DHS Controlled Items—Payments to other organisation types (non-NGO's) in 2019-20			
Grant program/fund name	Beneficiary/Recipient	Purpose	Value $
Community and Family Services—Family and Community Development	City of Tea Tree Gully	Refer to Table A—Community and Family Services	200,356.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	The Flinders University of SA	Refer to Table A—Community and Family Services	306,180.00
Community and Family Services—Targeted Intervention and Family Preservation and Child and Family Support Grants	University of SA: Revenue Office	Refer to Table A—Community and Family Services	150,000.00
Community and Family Services—Other	Southern Adelaide Local Health Network	Refer to Table A—Community and Family Services	250,000.00
Community and Family Services—Other	City of Salisbury	Refer to Table A—Community and Family Services	137,053.65
Community and Family Services—Other	Department of the Premier and Cabinet	Refer to Table A—Community and Family Services	65,000.00
Community and Family Services—Youth Portfolio	District Council of Peterborough	Refer to Table A—Community and Family Services	50,000.00
Community and Family Services—Youth Portfolio	The Flinders University of SA	Refer to Table A—Community and Family Services	59,645.00
Community and Family Services—Youth Portfolio	University of SA: Revenue Office	Refer to Table A—Community and Family Services	60,697.00
Community Support Services—GlassesSA	OPSM	Refer to Table A—Community Support Services	203,043.19
Status of Women—Office for Women	Department of Social Services	Refer to Table A—Status of Women	927,730.00
Youth Justice—Youth	Department for Education	Refer to Table A—Youth Justice	369,000.00
Disability Inclusion—Disability Grants	Country Health SA	Refer to Table A—Disability Inclusion	1,053,864.00
Payments < $50,000			738,792.97

TABLE E: DHS Administered items—Payments in 2019-20

TABLE E: DHS Administered items—Payments in 2019-20			
Grant program / fund name	Beneficiary / Recipient	Purpose	Value $
Charitable Social Welfare Fund	Australian Red Cross Society	Refer to Table B—Charitable Social Welfare Fund	154,123.00
Charitable Social Welfare Fund	Australian Refugee Association Inc	Refer to Table B—Charitable Social Welfare Fund	88,485.00
Charitable Social Welfare Fund	Bungala Aboriginal Corporation	Refer to Table B—Charitable Social Welfare Fund	70,721.00
Charitable Social Welfare Fund	Catherine House Inc	Refer to Table B—Charitable Social Welfare Fund	94,250.00
Charitable Social Welfare Fund	Community Centres SA Incorporated	Refer to Table B—Charitable Social Welfare Fund	140,120.00
Charitable Social Welfare Fund	Flinders Foundation	Refer to Table B—Charitable Social Welfare Fund	79,862.00
Charitable Social Welfare Fund	Good Shepherd Microfinance	Refer to Table B—Charitable Social Welfare Fund	905,000.00
Charitable Social Welfare Fund	Heart & Soul Community Group Incorporated	Refer to Table B—Charitable Social Welfare Fund	71,600.00
Charitable Social Welfare Fund	Julia Farr Association Inc	Refer to Table B—Charitable Social Welfare Fund	86,249.00
Charitable Social Welfare Fund	Kornar Winmil Yunti Aboriginal Corporation	Refer to Table B—Charitable Social Welfare Fund	80,000.00

TABLE E: DHS Administered items—Payments in 2019-20			
Grant program / fund name	Beneficiary / Recipient	Purpose	Value $
Charitable Social Welfare Fund	Lutheran Church of Australia (SA & NT District) Inc	Refer to Table B—Charitable Social Welfare Fund	74,030.00
Charitable Social Welfare Fund	Minlaton & District Progress Association Inc	Refer to Table B—Charitable Social Welfare Fund	62,165.00
Charitable Social Welfare Fund	Money Mob Talkabout Limited	Refer to Table B—Charitable Social Welfare Fund	89,815.00
Charitable Social Welfare Fund	Multicultural Youth South Australia Inc	Refer to Table B—Charitable Social Welfare Fund	195,608.00
Charitable Social Welfare Fund	Narungga Aboriginal Progress Association Inc	Refer to Table B—Charitable Social Welfare Fund	88,109.00
Charitable Social Welfare Fund	National Disability Services Limited	Refer to Table B—Charitable Social Welfare Fund	99,718.00
Charitable Social Welfare Fund	Northern Community Legal Service Inc	Refer to Table B—Charitable Social Welfare Fund	75,041.00
Charitable Social Welfare Fund	Playgroup SA Incorporated	Refer to Table B—Charitable Social Welfare Fund	55,858.00
Charitable Social Welfare Fund	Reclink Australia	Refer to Table B—Charitable Social Welfare Fund	92,127.00
Charitable Social Welfare Fund	Second Chances SA Incorporated	Refer to Table B—Charitable Social Welfare Fund	172,500.00
Charitable Social Welfare Fund	South Australian Council on Intellectual Disability Inc	Refer to Table B—Charitable Social Welfare Fund	77,480.00
Charitable Social Welfare Fund	The Adelaide Day Centre For Homeless Persons Incorporated	Refer to Table B—Charitable Social Welfare Fund	53,063.00
Charitable Social Welfare Fund	Treasure Boxes Incorporated	Refer to Table B—Charitable Social Welfare Fund	59,753.00
Charitable Social Welfare Fund	Uniting Communities Inc	Refer to Table B—Charitable Social Welfare Fund	80,320.00
Charitable Social Welfare Fund	UnitingCare Wesley Bowden Inc	Refer to Table B—Charitable Social Welfare Fund	94,938.00
Community Services Obligations	SA Water Corporation (Adelaide)	Refer to Table B—Community Services Obligations	19,660,000.00
Consumer Advocacy & Research	South Australian Council of Social Service Inc	Refer to Table B—Consumer Advocacy and Research	228,549.00
Gamblers Rehabilitation	Aboriginal Family Support Services	Refer to Table B—Gamblers Rehabilitation	440,057.00
Gamblers Rehabilitation	Eastern Health	Refer to Table B—Gamblers Rehabilitation	224,909.09
Gamblers Rehabilitation	Lifeline South East (SA) Inc	Refer to Table B—Gamblers Rehabilitation	196,939.00
Gamblers Rehabilitation	Offenders Aid & Rehabilitation Services of SA	Refer to Table B—Gamblers Rehabilitation	219,184.00
Gamblers Rehabilitation	Overseas Chinese Association	Refer to Table B—Gamblers Rehabilitation	147,034.00
Gamblers Rehabilitation	Relationships Australia SA	Refer to Table B—Gamblers Rehabilitation	2,496,484.00
Gamblers Rehabilitation	Psychmed Pty Ltd	Refer to Table B—Gamblers Rehabilitation	979,357.00
Gamblers Rehabilitation	Southern Adelaide Local Health Network	Refer to Table B—Gamblers Rehabilitation	437,750.00
Gamblers Rehabilitation	The Flinders University of SA	Refer to Table B—Gamblers Rehabilitation	237,625.00
Gamblers Rehabilitation	Uniting Country SA Inc	Refer to Table B—Gamblers Rehabilitation	290,817.00
Gamblers Rehabilitation	Uniting Wesley SA Inc	Refer to Table B—Gamblers Rehabilitation	260,000.00
Gamblers Rehabilitation	Vietnamese Community in Australia / SA Chapter Inc	Refer to Table B—Gamblers Rehabilitation	157,535.00
Gamblers Rehabilitation	Yadu Health Aboriginal Corporation	Refer to Table B—Gamblers Rehabilitation	110,112.00
Payments < $50,000			899,786.00

TABLE F: DHS Grant Carryovers from 2019-20(1)

DHS—Controlled	2020-21 $'000	2021-22 $'000
Operating		
National Partnership on COVID-19 Domestic and Family Violence Responses	97	-
Information, Linkages and Capacity Building (ILCB)	173	-
Changing Places—Construction of facilities and Marveloos	263	-
Western Pilot Program for Aboriginal Families	-	250
Disaster Relief—2019-20 SA Bushfires(2)	78	-
DHS—Administered	2020-21 $'000	2021-22 $'000
Operating		
Gambler's Rehabilitation Fund	250	187
Charitable & Social Welfare Fund (Community Benefit SA)	247	-
Consumer Advocacy & Research Fund (CARF)	90	-

(1) Based on the grant component of the DTF approved carryovers at year end from 2019-20.

(2) This carryover is in relation to the State Recovery Office which has been transferred to DPC as part of the Machinery of Government changes from 2020-21.

Payments less than $50,000 are summarised at the bottom of each table. This may include payments to entities who have also received payments over $50,000 and grant recoveries.

Variances may occur depending on the source used.

SA Housing Authority

Program	Purpose	2019-20 Actual(1)	2020-21 Budget	2021-22 Est.	2022-23 Est.	2023-24 Est.
		($'000)	($'000)	($'000)	($'000)	($'000)
National Housing & Homelessness Agreement—Specialist Homelessness Services	To provide grant funding to Specialist Homelessness Service Providers.	68,490	70,682	71,309	70,972	71,322
Private Rental Assistance Program	To provide financial assistance to households experiencing difficulty establishing a tenancy in the private rental market.	10,217	14,650	15,175	15,555	15,944
National Rental Affordability Scheme	To provide an annual financial incentive to housing providers for up to ten years if eligibility requirements continue to be met.	7,761	7,499	6,818	5,886	3,828
Emergency Accommodation Assistance	To provide financial assistance into budget hotels or motels for people who need emergency accommodation, often as a result of domestic abuse.	6,793	3,826	3,861	4,356	4,465
COVID-19 Response—Rough Sleepers	Payments to provide homelessness support during the pandemic.	2,551	2,994	0	0	0
Homelessness Prevention Fund	Piloting homelessness prevention initiatives and new innovative housing models.	0	2,000	2,000	2,000	2,000

Program	Purpose	2019-20 Actual(1)	2020-21 Budget	2021-22 Est.	2022-23 Est.	2023-24 Est.
		($'000)	($'000)	($'000)	($'000)	($'000)
Emergency Assistance Grants	Payments to individuals and families to provide assistance in response to natural disasters.	2,075	1,045	0	0	0
Holbrooks Independent Living Crisis Units—operating costs	To fund operating costs, onsite and outreach support at the Holbrooks public housing estate.	0	850	850	0	0
Aboriginal Elder Village	A one-off capital grant to Community Housing Limited, to fund additional housing for Aboriginal Elders at risk of homelessness.	0	4,000	0	0	0
CHP MATCH Grants	Funding to CHPs to undertake small scale development. CHPs are required to invest an equivalent (or greater) contribution to the project themselves.	830	670	0	0	0
National Partnership on Remote Housing	To contribute to addressing housing need, building more sustainable remote housing management systems; increasing Indigenous employment, workforce participation and education opportunities, housing options and home ownership; and supporting the outcomes of the National Housing and Homelessness Agreement and National Indigenous Reform Agreement.	228	564	0	0	4,424
Other Grants & Subsidies	Minor grant payments.	88	408	69	71	730
Administered Items						
CSO Subsidy—HomeStart Finance	Payment of government subsidy to HomeStart Finance.	7,256	0	0	0	0
Social Impact Bond (Aspire Adelaide)	Payment of financial return provided by government on social impact bond with Aspire Adelaide.	1,200	1,573	7,579	6,568	480

(1) 2019-20 Actual includes accrual of expenses incurred but not paid as at 30 June 2020.

SA Housing Authority carryovers from 2019-20 are listed below:

Program	2020-21 ($'000)	2021-22 ($'000)	2022-23 ($'000)	2023-24 ('000)
National Partnership on Remote Housing	564			4,424
COVID-19 Response—Rough Sleepers	-76(1)			
Emergency Assistance Grants	1,045			
CHP MATCH Grants	670			

(1) Brought forward

SA Housing Authority commitments:

Program	Beneficiary	2020-21(1)	2021-22	2022-23	2023-24
National Housing & Homelessness Agreement—Specialist Homelessness Services	Aboriginal Family Support Services Inc	1,221,500	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Aboriginal Sobriety Group Incorp	704,400	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Anglican Community Care Inc	2,476,600	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Anglicare SA Housing Ltd	2,222,700	2,271,700	2,303,200	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Anglicare SA Ltd	3,029,900	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Australian Housing and Urban Research Institute	128,692	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Australian Institute of Health and Welfare	317,400	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Baptist Care (SA) Inc	2,204,600	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Catherine House Inc	1,056,100	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Catholic Family Services	6,540,500	114,000	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Centacare Catholic Country SA Limited	45,600	19,000	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Centacare Catholic Country SA Limited	1,610,100	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Community Housing Council of SA	576,700	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Community Transitions	228,330	114,165	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Department for Correctional Services	100,000	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Housing Choices South Australia Limited	705,200	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Hutt Street Centre	1,247,700	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Junction Australia Ltd	2,044,600	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Life Without Barriers	367,400	0	0	0
National Housing & Homelessness Agreement (NHHA)—Specialist Homelessness Services	Lutheran Community Care	1,433,800	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Neami Limited	2,055,800	0	0	0

Program	Beneficiary	2020-21(1)	2021-22	2022-23	2023-24
National Housing & Homelessness Agreement—Specialist Homelessness Services	NPY Women's Council	551,700	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Nunga Mi:Minar Inc	838,400	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Offenders Aid and Rehabilitation Services of SA Inc	2,274,600	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Relationships Australia SA Health Promotion Services	1,378,600	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Shelter SA Inc	103,200	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	St John's Youth Services Inc	700,300	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	St Vincent De Paul Society (SA) Inc	1,182,000	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	SYC Ltd	1,957,000	1,083,400	1,091,100	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	The Corporation of the City of Adelaide	41,900	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	The Salvation Army (SA) Property Trust	3,596,200	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Uniting Communities	1,149,500	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Uniting Communities Incorporated	6,341,300	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Uniting Country SA Inc	3,271,800	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Uniting Country SA Ltd	863,900	875,300	881,500	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Uniting Care Wesley Bowden Inc	1,321,000	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Uniting Care Wesley Port Adelaide Inc	3,202,000	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Unity Housing Company Limited	142,700	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Unity Housing Company Ltd	308,400	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Victim Support Service Inc.	698,800	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Victim Support Service Incorporated	443,288	465,300	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	West Coast Youth Service Inc	774,200	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Women's Safety Services SA Incorporated	8,554,000	149,158	0	0

Program	Beneficiary	2020-21(1)	2021-22	2022-23	2023-24
National Housing & Homelessness Agreement—Specialist Homelessness Services	Yarredi Services Inc.	627,100	0	0	0
National Housing & Homelessness Agreement—Specialist Homelessness Services	Yarredi Services Incorporated	68,400	28,500	0	0
COVID-19 Response—Rough Sleepers	Baptist Care (SA) Inc	534,000	0	0	0
COVID-19 Response—Rough Sleepers	Hutt St Centre Ltd	534,000	0	0	0
COVID-19 Response—Rough Sleepers	Neami Ltd	1,242,500	0	0	0
COVID-19 Response—Rough Sleepers	Uniting Communities Inc	253,329	0	0	0
National Partnership on Remote Housing	Uniting SA Ltd	90,909	0	0	0
Private Rental Assistance Program	Various individuals	2,221,155	0	0	0
Private Rental Assistance Program	Residential Tenancies (OCBA)	206,758	0	0	0
Emergency Accommodation Assistance	Various individuals	3,491,762	0	0	0
COVID-19 Homelessness Response	Various individuals	1,052,529	0	0	0
Emergency Management Grants	Various individuals	3,036	0	0	0
National Rental Affordability Scheme	James Brown Memorial Trust	120,917	0	0	0
National Rental Affordability Scheme	Community Housing Ltd	70,301	0	0	0
National Rental Affordability Scheme	Questus Funds Management Ltd	78,299	0	0	0
National Rental Affordability Scheme	Unity Housing Co Ltd	353	0	0	0
National Rental Affordability Scheme	Adelaide Workers Homes Inc	302,200	0	0	0
National Rental Affordability Scheme	Adelaide Benevolent & Strangers	115,055	0	0	0
National Rental Affordability Scheme	Affordable Management Corp	182,781	0	0	0
National Rental Affordability Scheme	Affordable Housing Consulting	3,864,169	0	0	0
National Rental Affordability Scheme	Corp Of the City Of Adelaide	110,437	0	0	0
National Rental Affordability Scheme	Australian Affordable Housing	1,023,575	0	0	0
National Rental Affordability Scheme	SYC Ltd	29,749	0	0	0
National Rental Affordability Scheme	Affordable Housing Consulting	30,932	0	0	0
National Rental Affordability Scheme	Housing Choices SA	94,879	0	0	0
National Rental Affordability Scheme	Corp of the City of Adelaide	2,044	0	0	0
National Rental Affordability Scheme	Minda Incorporated	109,669	0	0	0
Program	Beneficiary	2020-21(1)	2021-22	2022-23	2023-24
Administered Item—Social Impact Bond	Aspire Adelaide	888,795	0	0	0

(1) Includes actual expenditure to 30 November 2020 where applicable.

GRANT PROGRAMS

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised the following:

The government has provided a complete list of grants paid during 2019-20 in omnibus question 14.

GOVERNMENT DEPARTMENTS

In reply to **Ms COOK (Hurtle Vale)** (26 November 2020). (Estimates Committee B)

The Hon. J.M.A. LENSINK (Minister for Human Services): I have been advised the following:

Since 1 July 2019, the following new sections have been established within the Department of Human Services (DHS):

- Following machinery of government changes, the Community and Family Services Division was established in July 2019 to consolidate direct service delivery and commissioning of non-government child abuse and neglect, early intervention, and prevention services that were previously spread across DHS, the Department for Education and the Department for Child Protection.
- The Strategic Reform Programs directorate was established in November 2019 to provide high level governance and project management capability to support the department's strategic projects to deliver on its strategic plan.

Since 1 July 2019, one new section has been established within SA Housing Authority, the Office for Homelessness Sector Integration.

The purpose of the Office for Homelessness Sector Integration is to partner across government and work with service providers, stakeholders and communities to prevent and reduce homelessness, through targeted and tailored responses.

SMITH, MS A.M.

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

On 7 April 2020, Department for Health and Wellbeing (DHW) Safety and Quality Unit became aware of Ms Smith's death after a Coroner's notice was logged into the Safety Learning System by Royal Adelaide Hospital staff.

The South Australian Ambulance (SAAS) had already notified South Australian Police and the Health and Community Services Complaints Commissioner.

The matter was then included in a report to the SA Health chief executive's weekly executive meeting.

Safety and Quality Unit DHW, notified Wellbeing SA and legal advice was sought regarding information sharing with NDIA and NDIS Quality and Safeguards Commission (the NDIS Commission).

The Safety and Quality Unit DHW notified the NDIS Commission. The NDIS Commission then wrote to the Safety and Quality Unit DHW requesting health records of Ms Smith to be released to them to assist in their investigation.

The Adult Safeguarding Unit, within Office for Ageing Well, became aware of Ms Smiths' death on 25 May 2020, when it was reported in the media.

The Adult Safeguarding Unit works with adults at risk of abuse to develop a safeguarding plan in accordance with a person's wishes and unique circumstances.

Given it's legislative remit, there was no role for the Adult Safeguarding Unit subsequent to Ms Smith's death.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. All referrals are assessed by trained and experienced clinicians. Urgent referrals and concerns are actioned within hours or days if clinically required. The average time from referral to offer of appointment for non-urgent booked referrals is approximately 2-3 weeks which is comparable with other CAMHS tertiary mental health services thoughout Australia.

2. The CAMHS community based services do not have a waiting list.

3. There have been 52 incidents of seclusion and 2 incidents of separate restraint without the need for seclusion reported to the Safety Learning System during July to November 2020. Notably, 27 of these incidents related to one client with protracted acute drug -induced psychosis, who was later transferred to an adult mental health facility.

4. Reporting and monitoring of restrictive practice occurs monthly through the Strategic Mental Health Quality Improvement Committee. There is no record of concerns raised within the minutes for 2020.

5. CAMHS are currently providing clinical services via a fly-in-fly-out model for regional and remote communities such as Whyalla and Ceduna due to recruitment challenges. Staff within country sites are also providing extensive drive-in-drive-out services to a number of regional communities such as Balaklava, Clare, Peterborough and Roxby Downs.

CAMHS has worked with the University of Adelaide to offer placements in country areas.

Recruitment challenges also continues to be on the agenda for the SA Health Statewide Psychology Advisory Group.

6. A final business case is expected in the first half of 2021.

HEALTH HEROES HOTEL

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

During the first wave SA Health had several hotel options available where staff could and did stay.

Hotel for heroes options are being developed to link with the establishment of a COVID-19 positive dedicated facility. A suitable hotel for staff working at the COVID-19 positive facility has been selected and contract negotiations are continuing.

COVID-19 HOTEL QUARANTINE

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

As at 18 January 2021, swabbing of the environment is not a nationally recommended practice. SA Health continues to follow advice from the National Infection Control Expert group (ICEG) and Australian Health Protection Principal Committee (AHPPC).

COVID-19 HOTEL QUARANTINE

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. As at 15 January 2021, MSS subcontract to Lima One, GMS and KM.

2. The Minister delegated the approval to the Department for Health and Wellbeing. The delegate provided written approval for MSS Security to subcontract as required to fill roles within the medi-hotels.

3. MSS subcontracted since the commencement of medi-hotel operations, which was 29 March 2020.

4. As at 15 January 2021, there are three sub-contractors.

5. MSS is required to seek approval for any subcontracting element through the SA Health Agency Security Adviser.

6. MSS Security subcontract for hospital services as well as hotel quarantine services.

MEDI-HOTELS

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. An attachment to the contract details a range of matters that providers [hotels] must comply with including infection control and required training of staff.

2. Hotel staff attend training sessions provided by the Infection Control Service and are expected to complete pre-request online infection control pre-learning. This is then followed by a face to face training session which includes PPE donning and doffing and COVID-19 infection control training.

3. As at 31 October 2020, a direction was issued to all medi-hotel workers preventing them to work across multiple medi-hotel sites, or other high risk areas, such as aged care facilities and metro/regional hospital sites.

4. Infection control procedures have been drafted by SA Health.

5. Shared hotel facilities are subject to regular cleaning. 'High touch points', such as microwave ovens, are subject to more frequent cleaning. Individual staff are also encouraged to clean shared areas after use and to bring their own utensils or use disposable utensils.

MENTAL HEALTH CARE CENTRE

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

Neami are in the process of recruitment. The workforce composition and profile will be confirmed once this process has been finalised.

GOODS AND SERVICES

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

As at the 2020-21 state budget, the budgeted expenditure on supplies and services for 2020-21 and across the forward estimates for each department and agency reporting to the Minister for Health and Wellbeing is provided in the table below:

Supplies and Services Budget as at the 2020-21 State Budget	2020-21 $'000s	2021-22 $'000s	2022-23 $'000s	2023-24 $'000s	2024-25 $'000s
SA Health—Total Supplies and Services Expenditure	2,271,138	2,103,415	2,059,185	2,117,749	2,182,297
Attached Agencies					
Wellbeing SA	52,087	52,512	53,770	54,964	55,489
Commission on Excellence and Innovation in Health	1,213	1,157	1,224	1,294	1,276
Department for Health and Wellbeing Portfolio—Total Supplies and Services Expenditure	2,324,438	2,157,084	2,114,179	2,174,007	2,239,062

The top ten companies spend and their broad category. It should be noted that the contract with Celsus is a 30-year public-private partnership agreement that incorporates design and construction of the facility as well as the provision of services.

SA Health—Total Supplies and Services Expenditure		
Supplier name	Spend Fin year 2019-20	Category
CELSUS	$274,874,482	Design and construction of the RAH; maintenance and site services
ISS HEALTH SERVICES PTY LIMITED	$53,475,647	Site Services
DXC TECHNOLOGY AUSTRALIA PTY LTD	$40,241,012	ICT Services
ZEN ENERGY RETAIL PTY LTD	$34,099,173	Utilities
MSS SECURITY PTY LTD	$32,492,929	Security Service
MEDTRONIC AUSTRALASIA PTY LTD	$26,036,063	Medical Consumables and Equipment
HCA—HEALTHCARE AUSTRALIA	$23,136,370	Clinical Services
SPOTLESS FACILITY SERVICES PTY LTD	$22,860,269	Site Services
ADELAIDE COMMUNITY HEALTHCARE ALLIANCE	$22,324,991	Clinical Services
ROYAL FLYING DOCTOR SERVICE OF AUSTRALIA CENTRAL OPERATIONS	$18,580,585	Transportation and Patient treatment

Attached Agencies—Wellbeing SA		
Supplier name	Spend Fin year 2019-20	Category
WAVEMAKER AUSTRALIA PTY LTD	$433,299	Communication Services
SHOWPONY ADVERTISING	$159,035	Communication Services
WDN DESIGN AND ADVERTISING PTY LTD	$124,120	Communication Services
NATIONAL HEART FOUNDATION OF AUSTRALIA	$57,000	Non Government Organisation (NGO)
BOWDEN PRINTING PTY LTD	$55,430	Communication Services
BDO ADVISORY	$39,294	Professional Services
SIMPLE INTEGRATED MARKETING PTY LTD	$38,960	Communication Services
COMPUTERS NOW LTD	$27,902	ICT Services
SAMANTHA BATTAMS	$20,000	Professional Services
LIVED EXPERIENCE LEADERSHIP AND ADVOCACY NETWORK	$20,000	Professional Services

Attached Agencies—Commission on Execellence and Innovation in Health		
Supplier name	Spend Fin year 2019-20	Category
STILLWELL MANAGEMENT CONSULTANTS	$48,488	Professional Services
LIVED EXPERIENCE LEADERSHIP AND ADVOCACY NETWORK INC.	15,000	Professional Services
CONNECTED CONSULTANCY	$14,102	Professional Services
STUDIO C	$12,998	Commmunications Services
TARA WORMALD	$6,780	Professional Services
DANIELLE POST	$4,972	Professional Services
MONROE PROPERTY GROUP	$4,042	Site Services
ISS FACILITY SERVICES AUSTRALIA LTD	$3,816	Site Services
ANDRIS BANDERS	$1,791	Professional Services
WORKSPACE COMMERCIAL FURNITURE PTY LIMITED	$1,664	Facilities

The value of the goods and services that was supplied to the agency by South Australian suppliers is $1,044,949,752.00 (noting that the PPP agreement includes the design and construction of the RAH as well as the operating term service provision).

PUBLIC SERVICE EMPLOYEES

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

Between 1 July 2019 and 30 June 2020, there were 19 executive roles abolished

They were:

BHFLHN	FINANCE DIRECTOR	SAES1
CALHN	TEMPORARY ROLE OF ADDITIONAL COO	SAES2
CALHN	NURSING CO-DIRECTOR, MEDICAL SERVICES	SAES1
CALHN	NURSING CO-DIRECTOR, SURGERY	SAES1
CALHN	NURSING CO-DIRECTOR, MEDICINE; DIRECTOR OF NURSING TQEH	SAES1
CALHN	NURSING CO-DIRECTOR, SERVICE IMPROVEMENT	SAES1
CALHN	NURSING CO-DIRECTOR, MENTAL HEALTH OPERATIONS	SAES1
CALHN	NURSING CO-DIRECTOR, CRITICAL CARE	SAES1
CHSALHN	INTERIM CHIEF EXECUTIVE OFFICER	EXD
CHSALHN	INTERIM CHIEF OPERATING OFFICER	EXC
CHSALHN	EXECUTIVE DIRECTOR, CORPORATE SERVICES	SAES1
NALHN	DIRECTOR OF NURSING AND MIDWIFERY (MODBURY)	SAES1
NALHN	DIRECTOR, MENTAL HEALTH STRATEGIC OPERATIONS	SAES1
SALHN	DIRECTOR, MENTAL HEALTH STRATEGIC OPERATIONS	SAES1
WCHN	EXECUTIVE DIRECTOR, ACUTE SERVICES	SAES1
DHW	DIRECTOR, FINANCIAL ACCOUNTING	SAES1
DHW	DIRECTOR, OFFICE OF THE CHIEF EXECUTIVE	SAES1
DHW	DIRECTOR, GOVERNANCE REFORM PROJECT	SAES1
WSA	DIRECTOR, COMMUNITY SYSTEMS	SAES1

The total employment cost for the 19 executive roles was $4,091,644 per annum (excluding on-costs).

Between 1 July 2019 and 30 June 2020 there were 30 executive roles created.

They were:

BHFLHN	EXECUTIVE DIRECTOR FINANCE SERVICES	SAES1
CALHN	EXECUTIVE DIRECTOR, CORPORATE AFFAIRS	SAES1
CALHN	MANAGER, CLINICAL PROGRAM DELIVERY—CANCER	SAES1
CALHN	MANAGER, CLINICAL PROGRAM DELIVERY—SPECIALTY MEDICINE	SAES1
CALHN	MANAGER, CLINICAL PROGRAM DELIVERY—SURGERY	SAES1
CALHN	MANAGER, CLINICAL PROGRAM DELIVERY—ACUTE & URGENT CARE	SAES1
CALHN	MANAGER, CLINICAL PROGRAM DELIVERY—NEUROSCIENCE, REHABILITATION & SPECIALTY MEDICINE II	SAES1
CALHN	MANAGER, CLINICAL PROGRAM DELIVERY—HEART AND LUNG	SAES1
CALHN	MANAGER, CLINICAL PROGRAM DELIVERY—CRITICAL CARE & PERIOPERATIVE SERVICES	SAES1
CALHN	MANAGER, CLINICAL PROGRAM DELIVERY—MENTAL HEALTH	SAES2
CALHN	DIRECTOR, BUSINESS SUPPORT AND IMPROVEMENT	SAES1
CALHN	EXECUTIVE DIRECTOR, MENTAL HEALTH	SAES1

BHFLHN	EXECUTIVE DIRECTOR FINANCE SERVICES	SAES1
CALHN (SCSS)	PROGRAM DIRECTOR, BREASTSCREEN SA	SAES1
NALHN	EXECUTIVE DIRECTOR, STRATEGY AND INNOVATION	SAES1
NALHN	CHIEF DIGITAL INFORMATION OFFICER	SAES1
SALHN	EXECUTIVE DIRECTOR GOVERNANCE AND RISK	SAES1
SALHN	EXECUTIVE DIRECTOR, ALLIED HEALTH, INTERMEDIATE CARE AND ABORIGINAL HEALTH	SAES1
DHW	DIRECTOR HEALTH ECONOMICS AND ANALYTICS	SAES1
DHW	DIRECTOR, HEALTH STRATEGY	SAES1
DHW	DIRECTOR, COMMISSIONING (Direct appointment)	SAES1
DHW	DIRECTOR, PROPERTY AND STRATEGIC PROJECTS	SAES1
DHW	CHIEF CLINICAL INFORMATION OFFICER	SAES1
DHW	DEPUTY CHIEF PUBLIC HEALTH OFFICER	SAES2
CEIH	EXECUTIVE DIRECTOR CLINICAL INFORMATICS	SAES1
CEIH	EXECUTIVE DIRECTOR, CLINICAL PARTNERSHIPS	SAES1
CEIH	EXECUTIVE DIRECTOR, CLINICAL IMPROVEMENT AND INNOVATION	SAES1
CEIH	EXECUTIVE DIRECTOR, HUMAN CENTRED DESIGN	SAES1
WSA	EXECUTIVE DIRECTOR, INTEGRATED CARE SYSTEMS	SAES1
WSA	EXECUTIVE DIRECTOR, MENTAL HEALTH AND WELLBEING	SAES1
WSA	DIRECTOR, STATEWIDE WELLBEING STRATEGY	SAES1

The total employment cost for the 30 executive roles was $6,482,816 per annum (excluding on-costs).

PUBLIC SERVICE EMPLOYEES

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

A total of 63 employees across SA Health were in receipt of an attraction and retention allowance in the 2019-20 financial year, as approved by the Chief Executive, Department for Health and Wellbeing. This represents 0.14 per cent of the total SA Health workforce.

The breakdown of the attraction and retention allowances for the 2019-20 period was as follows:

	2019-20 Employees	2019-20 Total Value
CALHN	18	$473,397
NALHN	2	$20,000
SAAS	1	$24,093
SALHN (incl DASSA)	6	$120,835
WCHN	3	$146,251
BHFLHN	3	$73,740
DHW	30	$640,535
TOTAL	63	$1,498,851

MINISTERIAL OFFICE STAFF

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised the following in relation to staff employed within my office:

Ministerial staff employed as at 17 July was published in the *Government Gazette* on 23 July 2020.

The following table lists public sector staff employed as at 30 June 2020

Title	ASO Classification	Non-salary benefits
Office Manager	ASO8	N/A
Executive Assistant to the Minister	ASO6	Reimbursement of business calls on personal mobile phone
Personal Assistant / Liaison Officer (0.2 FTE)	ASO5	N/A
Senior Ministerial Liaison Officer	ASO6	N/A
Senior Ministerial Liaison / Parliamentary Officer	ASO6	N/A
Senior Ministerial Liaison /Cabinet Officer	ASO6	N/A
Ministerial Liaison Officer	ASO5	N/A
Ministerial Liaison Officer	ASO5	N/A
Executive Services & Quality Control Officer	ASO4	N/A
Senior Business Support Officer	ASO3	N/A

Title	ASO Classification	Non-salary benefits
Senior Business Support Officer	ASO3	N/A
Business Support Officer	ASO2	N/A

TERMINATION PAYOUTS

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

Between 1 July 2019 and 30 June 2020, six executive level employees were terminated.

Details of the separation payments of the former executive employees will not be released as it is considered an unreasonable disclosure of personal affairs.

EXECUTIVE APPOINTMENTS

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

Between 1 July 2019 and 30 June 2020, the following new executive appointments were made within the Department for Health and Wellbeing.

They were:

Name	Position title	New or existing position	SAES Level
Helen Chalmers	Executive Director, Health Services Programs & Funding	Existing	SAES1
Mark Filipowicz	Director, Property and Strategic Projects	New	SAES1
Melisa Kaharevic	Director, Workforce Services	Existing	SAES1
Kenneth Lang	Director, Commissioning	New	SAES1
Christopher Lease	Executive Director, Health Protection and Licensing Services	Existing	SAES1
Alastair McDonald	Director, Strategy and Architecture	Existing	SAES1
John Slater	Director, Health Economics and Analytics	New	SAES1
Nicola Spurrier	Chief Public Health Officer	Existing	SAES2
Anna Strek	Project Director, Windows 10 Upgrade project	Existing	SAES1
Penelope Thyer	Director, Health Services Programs	Existing	SAES1

Between 1 July 2019 and 30 June 2020, the following new executive appointments were made within Wellbeing SA.

They were:

Name	Position title	New or existing position	SAES Level
Kelly Barns	Director, Statewide Wellbeing Strategy	New	SAES1
Amelia Traino	Executive Director, Mental Health and Wellbeing	New	SAES1
Jeanette Walters	Executive Director, Integrated Care Systems	New	SAES1

Between 1 July 2019 and 30 June 2020, the following new executive appointments were made within the Commission on Excellence and Innovation in Health.

They were:

Name	Position title	New or existing position	SAES Level
Katie Billing	Executive Director, Clinical Partnerships	New	SAES1
Tina Hardin	Executive Director, Clinical Informatics	New	SAES1
Robert Kluttz	Executive Director, Clinical Improvement and Innovation	New	SAES1
Jarrard O'Brien	Executive Director, Human Centred Design	New	SAES1

Between 1 July 2019 and 30 June 2020, the following new executive appointments were made within the Local Health Networks and SA Ambulance Service.

They were:

Name	Position title	New or existing position	SAES Level
Lisette Wilson	Executive Director, Finance Services, BHFLHN	New	SAES1
Rebecca Badcock	Executive Director, Nursing & Patient Experience, CALHN	Existing	SAES1
Jani Baker	Executive Director, Corporate Affairs, CALHN	New	SAES1
Anna Baggoley	Manager, Clinical Program Delivery—Mental Health, CALHN	New	SAES1
Scott Bennett	Manager, Clinical Program Delivery—Acute & Urgent Care, CALHN	New	SAES1
Nik Fokas	Manager, Clinical Program Delivery—Critical & Perioperative Services, CALHN	New	SAES1
Joanne Glover	Manager, Clinical Program Delivery—Cancer, CALHN	New	SAES1
Nicole Jones	Manager, Clinical Program Delivery—Heart and Lung, CALHN	New	SAES1
Arish Naresh	Manager, Clinical Program Delivery—Specialty Medicine, CALHN	New	SAES1
David Naughton	Manager, Clinical Program Delivery—Neuroscience & Rehab/Specialty Medicine II, CALHN	New	SAES1
Brett Paradine	Manager, Clinical Program Delivery—Surgery, CALHN	New	SAES1
Sophie Gibbons	Administrator, CALHN	Existing	SAES2
John Mendoza	Executive Director, Mental Health, CALHN	New	SAES2
Rebecca Murdoch	Director, Business Support and Improvement, CALHN	New	SAES1
Thomas Pamminger	Director, Finance and Business Advisory Services, CALHN	Existing	SAES1
Gabriella Ramsay	Executive Director, Workforce Management and Reform, CALHN	Existing	SAES1
Gary Seach	Executive Director, Finance and Business Services, CALHN	Existing	SAES2
Anna McClure	Executive Director, SA Pharmacy, SCSS, CALHN	Existing	SAES1
Mark McNamara	Executive Director, Pathology, SCSS, CALHN	Existing	SAES1
Catherine Hilliard	Chief Digital Information Officer, NALHN	New	SAES1
Natalia Hubczenko	Chief Finance Officer, NALHN	Existing	SAES1
Sinead O'Brien	Executive Director, Strategy and Innovation, NALHN	New	SAES1
Karen Puvogel	Chief Operating Officer, NALHN	Existing	SAES1
Julie Bowman	Executive Director, Governance and Risk, SALHN	New	SAES1
Annette Cieslak	Co-Director, Operations, Medicine, SALHN	Existing	SAES1
Sarah Woon	Executive Director, Allied Health, Intermediate Care and Aboriginal Health, SALHN	New	SAES1
Diane Skene	Director, Mental Health Strategic Operations, WCHN	Existing	SAES1
Yvonne Warncken	Chief Finance and Commercial Officer, WCHN	Existing	SAES1
Robert Elliott	Executive Director, Metropolitan Operations, SAAS	Existing	SAES1

The total employment cost for these new executive appointments is $9,998,303 per annum (excluding on-costs).

Individual executive total remuneration package values as detailed in schedule 2 of an executive employee's contract will not be disclosed as it is deemed to be unreasonable disclosure of personal affairs.

GRANT PROGRAMS

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

2019-20 grant expenditure incurred (based on audited data) and the grant program/funds budget is summarised below for SA Health and its attached offices:

Grant program / fund name	Purpose of grant program / fund	2019-20 Actuals $000	2020-21 Budget $000	2021-22 Estimate $000	2022-23 Estimate $000	2023-24 Estimate $000
Budget unallocated until agreement approved	Various	38,257	49,578	34,737	35,066	35,823

The following table details grant expenditure incurred in 2019-20 (based on audited data):

Grant program name—Department for Health and Wellbeing	Purpose of grant program/fund	2019-20 Actual $000
South Australian Health and Medical Research Institute (SAHMRI) Operational Grant	South Australian Health and Medical Research Institute (SAHMRI)—operational grant 2016-2020	5,884
Australian Digital Health Agency and delivery of the National Digital Health Work Programme	South Australian contribution to support the Australian Digital Health Agency and delivery of the National Digital Health Work Programme	2,283
Nationally Funded Centres (NFC) program	South Australia's contribution to the Nationally Funded Centres (NFC) program	1,720
Healthdirect Australia operations and Nurse Triage Service	South Australia's contribution to Healthdirect Australia operations and Nurse Triage Service	1,619
Peak Body for Aboriginal Community Controlled Health Service Organisations	Support Aboriginal Community Controlled Health Service organisation members to maintain their capability and optimise governance	1,099
Exceptional Needs Unit (ENU) program	Contribution to Ventilators	700
Priority Care	Support of the expansion activities for priority care centres (PCC) initiatives to build capacity and to support existing General Practices to deliver community based care	632
Suicide prevention strategies	Provide services that support people to protect their mental health due to the impact of depression, anxiety and suicide and smaller projects to improve suicide prevention	599
Australian Commission on Safety and Quality Health Care program	South Australia's contribution to the Australian Commission on Safety and Quality Health Care program	562
Mental Health Promotion	Mental health promotion, coordination and lived experience program	530
Community Visitor Scheme—Department of Human Services	Mental health stream of the Community Visitor Scheme	499
South Australian Audit of Peri-Operative Mortality (SAAPM)	Conduct of the South Australian Audit of Peri-Operative Mortality (SAAPM)	416
APY Lands Aboriginal Environmental Health Worker Program 19-20	Provide environmental health support and on-ground activities across the APY Lands through the employment of Aboriginal environmental health workers	386
Closing the Gap in Aboriginal Health Outcomes	Establish and operate the South Australian Aboriginal Chronic Disease Consortium	372
Aboriginal Health Council of South Australia Funding	Provide services that promote and advance social, physical and mental health for Aboriginal people of South Australia	366
Obstetric Shared Care	Provide clients with inpatient and some outpatient obstetric care between GPs and Public Maternity units	364
SA COVID-19 Mental Health Support Line	Provide support for the SA COVID-19 Mental Health Support Line programs	354
Blood Organ & Tissue grants	South Australia's contribution to the National Cord Blood Collection Network (NCBCN)	339
Mental health programs	Funding for various organisations to support the provision of mental health services for individuals aimed at reducing social isolation, increase independence and enhance ability and opportunities for individuals with a mental illness	333
Positive Ageing Fellowship	Various small grants to positively engage with ageing South Australians	330
South Australian Virtual Support Network	Provide virtual support services in response to COVID-19	345
COTA SA Ageing Well Peak Body Funding 2019-22	State-wide Ageing Well Program to strengthen the rights and improve the lives of older South Australians.	264
Australian Health Ministers' Advisory Council (AHMAC)	South Australia's contribution to the Australian Health Ministers' Advisory Council (AHMAC) Secretariat	250
Palliative Support Services	Services to support people who are experiencing a life limiting illness	248
Homeless Support	Services and programs to support homeless, isolated and disadvantaged people	243
SA Healthy Towns Challenge	Increase awareness, knowledge and access to community based physical activity opportunities and improve the health and wellbeing of community residents	242

Grant program name— Department for Health and Wellbeing	Purpose of grant program/fund	2019-20 Actual $000
Palliative Care Program	Development of Palliative Care Programs to facilitate the diversity of communities	223
Brian Burdekin Clinic Health and Welfare Services 2019-2021	Provide a range of onsite and outreach health and welfare services to homeless and disadvantaged people in the Adelaide City Council area	215
Ageing Well in CALD Communities Grant 2019-2020	Ageing Well in CALD Communities Grant to support opportunities for aging well and the delivery of education and awareness raising activities	210
Homeless Nursing Services 19-20	Nurse led clinical support services for homeless individuals	210
Age Friendly South Australia	Multiple grants to support and engage with older South Australians	200
BRACE clinical trial	Financial support for the COVID-19 related BRACE clinical trial targeted at front-line health workers	200
SA NT DataLink Consortium contribution	Supports important population based data linkage research to inform many areas of policy and service development within South Australia and the Northern Territory and nationwide.	170
Long Stay Patient Transition to Discharge Project	Undertake the RN delegation of care service to achieve the training and competency assessment services for disability support workers employed in the disability sector	160
Statewide General Practitioner Palliative Shared Care Program	Provide clients the opportunity to obtain palliative care from General Practitioners who are accredited to provide their care.	158
CRC Programme	Contribution to join the Core Participating Agreement for CRC Programme	150
Grants for Seniors	Contribute to South Australians living a good life in their later years, in communities that value older people and the opportunities of an ageing population	150
Aboriginal Scholarships	Scholarships to support Aboriginal Students undertaking tertiary courses	143
Drug and alcohol services	Provision of leadership and co-ordination to the non-government sector and partnership between government and non-government drug and alcohol services	142
Retirement Village Residents Advocacy Program 2019-20	Retirement Village Residents Advocacy Service	141
Strength for life	Strength for Life—strength and balance exercise program for South Australian residents aged 50 years and over and Aboriginal people aged 40 years and over	137
Allied in Health	Support the state-wide development, training and translation of evidence-informed practice and research into SA Health allied health clinical practice	136
Thirrili Component of the South Australian COVID19 Mental Health VSN	Delivery of ongoing mental health first aid and counselling support to aboriginal communities	120
ARAS Safeguards for Ageing Well Program 2019-20	ARAS statewide safeguards for the Ageing Well Program to raise community awareness for positive living and to building ageing well capacity and engagement of Aboriginal communities	100
SA Translation Centre contribution 2019-20	Contribution to SA Translation Centre to support rapid transformational research that will provide solutions to healthcare issues	100
Healthy Workers Across Industry Approach—Business SA	Across industry approach pilot project to develop or enhance mechanisms that advocate the importance of worker health and wellbeing	79
Australia and New Zealand Intensive Care Society (ANZICS) CORE Intensive Care Registries	Review of processes and delivery of quality assurance programs detailing benchmarking of intensive care outcomes	77
South Australia's jurisdictional contribution to the Australasian Health Infrastructure Alliance (AHIA)	South Australia's jurisdictional contribution to the Australasian Health Infrastructure Alliance (AHIA) that supports industry organisations and member jurisdictions to better plan, procure and manage their health capital assets	75
Ventilator support program	Ventilator Support Program for Mr Rocco Pelliconi 2018/19	74

Grant program name—Department for Health and Wellbeing	Purpose of grant program/fund	2019-20 Actual $000
Farming occupations project	Collaborative research—tailoring suicide prevention strategies to men in farming occupations project	72
Childhood Immunisation	Funding to local governments for the Australian Immunisation Register (AIR)—Childhood Immunisation	72
Better Services Intelligence Senior Management Council Initiative	Better Services Intelligence Senior Management Council Initiative	53
Veterans Support	Funding to employ an Executive Officer to co-ordinate comprehensive support functions and project work for the Veterans' Health Advisory Council (VHAC)	53
National Mental Health & Consumer Forum (NMHCCF) 2019-20	Supports the NMHCCF to effectively engage in national reform activities linked to mental health	52
Country heart attack prevention project	NHMRC partnership grant for the country heart attack prevention project	50
A Date with State—State Theatre Company South Australia 2019/20	Contribute to South Australians living a good life in their later years, in communities that value older people and the opportunities of an ageing population	50
Partnership Centre On Systems Perspectives On Preventing Lifestyle-Related Chronic Health Problems (Tappc)—Sax Institute	Funding for the Partnership Centre of Systems Perspectives on Preventing Lifestyle-Related Chronic Health Problems	50
Plan for Ageing Well: Evaluation Framework 2020-2025	Develop an evaluation framework that facilitates an enhanced understanding of the impact of key activities of Office for Ageing Well under the Plan for Ageing Well: 2020-2025	50
University of South Australia Citizen Science, Health and Wellbeing Project 2019-20	Investigating the health and wellbeing benefits of citizen science participation for people over 50	50
Health translation SA for driving clinical research governance reform	Health translation SA for driving clinical research governance reform	45
Australian Rehabilitation Outcomes Centre (AROC)—National Benchmarking System to improve clinical rehabilitation outcomes	Support a national benchmarking system to improve clinical rehabilitation outcomes	42
Mindset for Life	Mindset for Life project to give people the opportunity and tools to navigate their retirement transition and create a positive and rewarding version of their life moving forward	40
SA Community Foodies	SA Community Foodies nutrition program to build the capacity of communities to make healthier food choices by training and supporting local volunteer community members (Foodies) to act as agents for change	38
Palliative Care Pharmacist in Aged Care	Articulate a model of embedded Palliative Care Pharmacist in regional Residential Aged Care facilities (RACF)	38
In Home Hospice Care Mount Gambier	Establish a Not for Profit 'In Home Hospice Care' in Mount Gambier that provides the option of compassionate, person and family centred care to enable terminally ill people to remain in their own home during their end of life	37
Motor Neurone Disease Palliative Care Referral Pathways and Partnerships	Building the capacity of disability, primary health, community care and Aboriginal health workers	35
Mosquito management subsidy	Mosquito management subsidy	32
Citizen Science for Co-designing Age Friendly Cities	Contribute to South Australians living a good life in their later years, in communities that value older people and the opportunities of an ageing population	30
Media Resource Centre Inc Seniors on Screen 2020 Silver Screen Program	Affordable and accessible weekly arts program for older South Australians	30
Pets and Older People: Co-designing to bridge the 'pet—no pet' (Petness) divide Project 2019-20	Pets and Older People: Co-designing to bridge the 'pet—no pet' (Petness) divide Project 2019-20	30

Grant program name—Department for Health and Wellbeing	Purpose of grant program/fund	2019-20 Actual $000
Postcards from behind the COVID-19 curtain	Contribute to recording/sharing history, reactivate communication with a personal contact and reflection on personal reserves, the capacity to cope and the ability to pivot	30
The Statewide Consumer Feedback and Complaints Management Strategic Framework	Development of SA Health statewide consumer feedback and complaints Strategic Framework Project	28
Palliative Care Medication Management Masterclass	Delivery a series of collaborative health practitioner workshops	26
Supporting the Grief, Loss and Bereavement needs of families of people living in residential aged care	Supporting the grief, loss and bereavement needs of families of people living in residential aged care	26
Artificial Intelligence (AI) and Machine Learning in Health	Financial support for the development of a SA business case for funding from the Commonwealth for AI and Machine Learning in Health	25
The Australian and New Zealand Hip Fracture Registry (ANZHFR)	Web-based audit of hip fracture care and secondary fracture prevention in South Australian public hospitals	25
2019 Special Training Program Private Infrastructure & Clinical Supervision (PICS) Program	Specialist Training Program and Private Infrastructure and Clinical Supervision Program	25
Advanced Care Planning	Support activities aimed at participation of SA hospitals in the National Cardiac Registry.	21
Creating Community Spaces 2018-19	Deliver the Mobile Café—creating community spaces to support neighbourliness project	20
VIBE (Valuing Individuals Background and Experience) Volunteering Project	Deliver a project allowing volunteer organisations to utilise skills and talents of local older people	20
Other grants	All other contributions (less than $20k each)	179
	Sub Total	25,723

Grant program name—Local Health Networks & Attached Officers	Purpose of grant program/fund	2019-20 Actual $000
The Tissue Typing and Bone Marrow Donor Centre Service	The Tissue Typing and Bone Marrow Donor Centre Service	2,654
National Health Call Centre Network Ltd	South Australia's contribution to Healthdirect Australia operations and Nurse Triage Service	1,723
Priority Care	Delivery of priority care centres (PCC) initiatives to build capacity to support existing General Practices to deliver community based care	1,539
Emergency Services Funding	Funding for the provision of Emergency Services for Public Patients, On-Call GP payments and rental for LCLHN Community Health Service	1,210
Trachoma Program	Improving Eye Health Services for Indigenous Australians for Better Education and Employment outcomes.	1,186
Aboriginal Family Birthing—Indigenous Australians Health Program	Aims to contribute to closing the gap in life expectancy within a generation and to halve the gap in mortality rates for Indigenous children under 5 within a decade	681
SAHMRI	Funding support for Health Translation SA	585
Aboriginal Health Dental Program	Various Aboriginal Health Dental Program	418
Open Your World grant	Various	303
National Health and Medical Research Council (NHMRC) Partnership Grant	The Country Heart attack prevention project (CHAP): A four step model of care and clinical pathway for the translation of cardiac rehabilitation and secondary prevention guidelines into practice for rural and remote patients.	211
Clinical Project Grant	Various treatment cardiovascular responses to type 2 diabetes	195
AR Clarskson Scholarship	Various—Affinity corticosteroid—binding globulin (CBG) in inflammation and septic shock and the development of objective functional outcome measures prior to and following critical illness	176
Dawes Scholarship	Various—Characterisation of causes and predictors of its recurrence and an assessment of novel endoscopic therapy in the management and prevention of FBO; Defining genomic mechanisms associated	136

Grant program name—Local Health Networks & Attached Officers	Purpose of grant program/fund	2019-20 Actual $000
	with tyrosine kinase inhibitor response, drug resistance, prognosis and progression in chronic myeloid leukaemia	
Adelaide100 Continuous Walking Track	Walking SA—Adelaide100 Continuous Walking Track	115
Funding support for research project	Funding support for research project at Digital Health CRC	100
Viability Project	To provide financial support to the Mount Gambier Private Hospital Inc	100
COVID-19 research program	COVID-19 vaccine research	82
Lyell McEwin Regional Volunteer Association	Grant offer for consolidation of LMVA Volunteer Service across NALHN	78
Business SA	Across industry approach pilot project develop or enhance mechanisms that advocate for the importance of worker health and wellbeing	77
Rural Junior Doctor Training Innovation Fund	Rural Junior Doctor Training Program	64
Repat Staff Specialists Special Fund research grant	Contribution towards the major medical research project conducted at Repatriation General Hospital that focuses on the health of Veterans and First Responders.	60
Sax Institute	Funding for the Partnership Centre of Systems Perspectives on Preventing Lifestyle-Related Chronic Health Problems	50
Near Miss Grant	Individualised Use of GLP-1 receptor agonists in type 2 diabetes based on glycated haemoglobin and their effect on gastric emptying	50
Rural Health Undergraduate Scholarships	Undergraduate Scholarships	48
Strength for life	Strength for Life—strength and balance exercise program for South Australian residents aged 50 years and over and Aboriginal people aged 40 years and over	46
Men's Shed	CHSP Funding contribution towards Men's Shed	44
The Food Centre Inc	Social supermarket pilot project	42
Early Career Fellowship	Understanding the function of the Rho-ROCK pathway in reprogramming fibroblasts to a tumour—promoting form during breast cancer progression	42
Uniting Care Wesley Bowden Incorporated	SA Community Foodies nutrition program to build the capacity of communities to make healthier food choices by training and supporting local volunteer community members (Foodies) to act as agents for change	38
McLaren Vale Hospital Upgrades	Part payment towards $500k Capital Works grant funding.	30
Student Scholarship	A comparison of Unlocked vs Locked Proximal femoral Nails for Neck or Femur Fractures	30
Scholarship Funding	Scholarship Funds to a PhD Student studying at the University to undertake research within the field of mental health and suicide prevention (Borderline Personality Disorder Intervention)	29
Mental Health Rural Grant Funding	Mental Health Rural Grant Funding	20
Other grants	All other contribution (less than $20k each)	372
	Sub Total	12,534
	Grand Total	38,257

The following table details commitment of grants as at 30 June 2020:

Grant program name	Beneficiary/Recipient	Purpose	2019-20 $'000
Healthdirect Australia operations and Nurse Triage Service	National Health Call Centre Network Ltd	South Australia's contribution to Healthdirect Australia operations and Nurse Triage Service	4,324
Peak Body for Aboriginal Community Controlled Health Service Organisations	Aboriginal Health Council of South Australia Ltd	Support Aboriginal Community Controlled Health Service organisation members to maintain their capability and optimise governance	2,921
Priority Care	David J. Bowler & Bryan J. Buttery & Godfrey Sibanda Medical Pty Ltd & Michael Hurn;	Support of the expansion activities for priority care centres (PCC) initiatives to build capacity and to support existing	1,679

Grant program name	Beneficiary/Recipient	Purpose	2019-20 $'000
	Idameneo (No. 123) Pty Ltd; Manor Family Care Pty Ltd	General Practices to deliver community based care	
South Australian Audit of Peri-Operative Mortality (SAAPM)	Royal Australasian College of Surgeons	Conduct of the South Australian Audit of Peri-Operative Mortality (SAAPM)	485
International Centre for Allied Health Evidence (iCAHE) translation and training funding	University of South Australia	International Centre for Allied Health Evidence (iCAHE) translation and training funding	364
Strength for life	Council on the Ageing SA Inc	Strength for Life—strength and balance exercise program for South Australian residents aged 50 years and over and Aboriginal people aged 40 years and over	280
COTA SA Ageing Well Peak Body Funding 2019-22	Council on the Ageing SA Inc	State-wide Ageing Well Program to strengthen the rights and improve the lives of older South Australians.	277
Partnership Centre On Systems Perspectives On Preventing Lifestyle-Related Chronic Health Problems (Tappc) —Sax Institute	The Sax Institute	Funding for the Partnership Centre of Systems Perspectives on Preventing Lifestyle-Related Chronic Health Problems	250
Suicide prevention strategies	Uniting Communities Incorporated	Suicide prevention —training for Lifeline volunteers	226
Aboriginal Scholarships	Various	Various Aboriginal Scholarships —Bachelor Studies.	215
Palliative Care Program	Various	Various	205
Net other grants (including Local Health Network grant programs)	Council on the Ageing SA Inc	South Australia's Ageing Plan	188
Closing the Gap in Aboriginal Health Outcomes	South Australian Health & Medical Research Institute Limited	Establish and operate the South Australian Aboriginal Chronic Disease Consortium	186
Aboriginal Scholarships	Various	Various individual Aboriginal Scholarships	171
Homeless Nursing Services 19-20	Royal District Nursing Service of SA Limited	Nurse led clinical support services for homeless individuals	107
Suicide prevention strategies	Lifeline South East SA	Training for Lifeline volunteers	100
Mental Health Promotion	Mental Health Coalition of South Australia Incorporated	Provide leadership and co-ordination to the mental health non-government sector	84
Other mental health programs —recurrent grants	University of South Australia	Funding for the Chair of Mental Health Nursing position to show leadership in research, community engagement and best practice in quality mental health	77
In Home Hospice Care Mount Gambier	Mount Gambier Private Hospital Inc	Establish a Not for Profit 'In Home Hospice Care' in Mount Gambier that provides the option of compassionate, person and family centred care to enable terminally ill people to remain in their own home during their end of life	75
Walking SA—Adelaide100 Continuous Walking Track	Walking SA	Walking SA —Adelaide100 Continuous Walking Track	56
Brian Burdekin Clinic Health and Welfare Services 2019-21	Brian Burdekin Clinic Health & Welfare Services Inc	Provide a range of onsite and outreach health and welfare services to homeless and disadvantaged people in the Adelaide City Council area	55
The Australian and New Zealand Hip Fracture Registry (ANZHFR)	Neuroscience Research Australia	Web-based audit of hip fracture care and secondary fracture prevention in South Australian public hospitals	50
Bowel Cancer Screening in Younger Aboriginal People—Towards Zero —Cancer Council NSW	The Cancer Council NSW	Undertake a cost-effectiveness analysis of extending the National Bowel Cancer Screening Program (NBCSP) for Aboriginal and Torres Strait Islander people	45

Grant program name	Beneficiary/Recipient	Purpose	2019-20 $'000
Flinders University ARC Linkage Collaboration —Promoting Engagement with Life in Older Adulthood 2018-20	The Flinders University of South Australia	Promoting engagement with life in older adulthood	45
University of South Australia Citizen Science, Health and Wellbeing Project 2019-20	University of South Australia	Investigating the health and wellbeing benefits of citizen science participation for people over 50	40
Homeless Support	Uniting Communities Incorporated	Streetlink program—health services for young people	38
Aboriginal and/or Torres Strait Islander Palliative Care Skill Set	Aboriginal Health Council of South Australia Ltd	Aboriginal and/or Torres Strait Islander Palliative Care Skill Set	38
Palliative Care Pharmacist in Aged Care	Pharmaceutical Society of Australia Limited	Articulate a model of embedded Palliative Care Pharmacist in regional Residential Aged Care facilities (RACF)	38
Motor Neurone Disease Palliative Care Referral Pathways and Partnerships	Motor Neurone Disease Assoc Of South Australia Inc	Building the capacity of disability, primary health, community care and Aboriginalhealth workers	35
Other mental health programs—recurrent grants	Catholic Family Services (Centacare)	Youth suicide intervention	33
Mental Health Promotion	Mental Health Coalition of South Australia Incorporated	Mental health lived experience workforce program	30
Staying Put: Structural Innovation in supporting consumer directed aged care at home	Council on the Ageing SA Inc	Review current structures and systems that support ageing in place and investigate innovations	27
Veterans Support	RSL Care South Australia Incorporated	Funding to employ an Executive Officer to co-ordinate comprehensive support functions and project work for the Veterans' Health Advisory Council (VHAC)	26
Age Friendly South Australia	Adelaide Hills Council	Age Friendly South Australia —community transport project	25
Drawing Connections: Art Building Cultural Responsiveness in Palliative Care Provision	Laurel Palliative Care Foundation Inc	Drawing Connections: Art Building Cultural Responsiveness in Palliative Care Provision	25
Homeless Support	Adelaide Day Centre	Health support services for homeless adults	24
Mental Health Promotion	Mental Health Coalition of South Australia Incorporated	Mental health promotion including co-ordination, organisation and implementation of Mental Health Week activities	21
Plan for Ageing Well: Evaluation Framework 2020-25	N. HALSEY & A.R HAZEBROEK & M.D. KING & G. MAIORANO & M.J. ROLFE	Develop an evaluation framework that facilitates an enhanced understanding of the impact of key activities of Office for Ageing Well under the Plan for Ageing Well: 2020-2025	20
Other	Various	All other grant commitments (less than $20k each)	103
Total			12,988

GRANT PROGRAMS

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

The government has provided a complete list of grants paid during 2019-20 in the Est-omnibus-14 Grant Programs response.

The contract execution dates can be found in the contract disclosure information on the South Australian Tender & Contracts Website https://www.tenders.sa.gov.au/.

GOVERNMENT DEPARTMENTS

In reply to **Mr PICTON (Kaurna)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

Section 4 of DPC Circular 13—Annual Reporting details the use of the annual report template. The template includes sections for an organisational structure and changes to the agency to be included by each agency.

I refer the member to the annual reports published for each of the agencies I am responsible for.

MODBURY HOSPITAL

In reply to **Ms BEDFORD (Florey)** (26 November 2020). (Estimates Committee B)

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

As at 30 November 2020, 1,336 Modbury surgical cases have been performed at:

- Lyell McEwin Hospital—626 cases
- North Eastern Community Hospital—300 cases
- Adelaide Day Surgery—250 cases
- Ashford Hospital—145 cases
- Calvary Central Districts Hospital—10 cases
- Calvary North Adelaide Hospital—4 cases
- Parkwynd Private Hospital—1 case