LEGISLATIVE COUNCIL

Wednesday 24 October 1984

The PRESIDENT (Hon. A.M. Whyte) took the Chair at 2.15 p.m. and read prayers.

QUESTIONS

SPEED LIMITS

The Hon. M.B. CAMERON: I seek leave to make a short explanation before asking the Minister of Agriculture, representing the Minister of Transport, a question about speed limits.

Leave granted.

The Hon. M.B. CAMERON: About six weeks ago I asked the Government to provide evidence (which the Minister of Transport said he had) to prove that a reduction in the speed limit on the open road from 110 km/h to 100 km/h would reduce the road toll. I also asked the Government to provide details of the basis on which it had made its decision. The Government made a specific announcement before the introduction of the Budget and said that it was expending additional funds on road safety, and also gave details of the areas where it would raise the funds. One of the key elements of the programme was a cut in country road speed limits from 110 km/h to 100 km/h.

That was to be accompanied by a major promotion and enforcement campaign aimed at reducing speed on our roads. Since then I understand that there have been some changes of attitude by the Government. In fact, I was somewhat startled to learn that there are to be graduated speed limits on certain roads. Frankly, I do not understand what that means and I do not think that anyone in the community understands what it means. It appears that the Government is changing its mind. On what basis was the decision made to reduce the speed limit on the open road from 110 km/h to 100 km/h, and could that information be made available to the Council?

What evidence does the Government have to prove that the reduction will decrease the road toll? Has there been a change of attitude by the Government towards this speed limit reduction and, if so, on what basis was the attitude change taken, and when will the Government introduce the legislation that will bring about the reduction in the speed limit, if that is still its attitude?

The Hon. FRANK BLEVINS: The honourable member suggests that nobody in South Australia understands what the Government is doing in this area. It is all perfectly understandable, and I will refer the question to the Minister of Transport to bring back a reply that explains it all to the Hon. Mr Cameron.

NATURAL GAS PRICES

The Hon. K.L. MILNE: I seek leave to make a brief explanation before asking the Minister of Agriculture, representing the Minister of Mines and Energy, a question about natural gas prices and the increase in electricity prices.

Leave granted.

The Hon. K.L. MILNE: The colossal price increases in natural gas which were agreed by the Tonkin Government and which are reflected in electricity tariffs are rapidly causing economic stagnation in South Australia. In fact, that has been obvious for some time. In 1983, the gas price was fixed at $1.01 per gigajoule, which is the basic unit for expressing energy value. It was further agreed by the Tonkin Government that the price in 1984 would be $1.33 per gigajoule and, for 1985, $1.62 per gigajoule for a commodity which has now become essentially a by-product from the Cooper Basin. In other words, the situation was bad enough at the time, but has changed drastically since the liquids pipeline was put through to Port Bonython with the enormous volume of oil and other liquid exports. That is why I refer to the natural gas now as a by-product, which it is.

The Hon. K.T. Griffin: You should talk to scientists about that.

The Hon. K.L. MILNE: I have, as a matter of fact. These extreme prices and price changes were not accepted by the Australian Gas Light Company in New South Wales for their natural gas from the Cooper Basin, supplied from the same source. The result is that in 1985 South Australia will be paying 60 per cent more than New South Wales pays for the same gas.

The Hon. K.T. Griffin: It goes back to the mid-1960s, when Dunstan negotiated with the Australian—

The PRESIDENT: Order!

The Hon. K.L. MILNE: South Australia will also pay about 60 per cent more than Victoria pays for Bass Strait gas, the price of which is about $1 per gigajoule and roughly the same as New South Wales pays. The Victorian contract with Esso-BHP is valid until about the year 2005. The survival of the Victorian Gas and Fuel Corporation contract with Esso-BHP contrasts conspicuously with the agreements between the Cooper Basin producers and South Australia on the one hand and New South Wales on the other, both of which have resulted in costly arbitration proceedings annually in South Australia and three times a year in New South Wales.

The Hon. M.B. Cameron interjecting:

The Hon. K.L. MILNE: We will see.

The PRESIDENT: Order! I ask the Hon. Mr Milne to make only those statements that are relevant to explaining his question.

The Hon. K.L. MILNE: There appears to be justifiable cause for the South Australian Government, and possibly the New South Wales Government, to intervene in the interests of the community, both in South Australia and New South Wales, for a more sensible and equitable pricing formula that will overcome the uncertainties now crippling the economy of the State. It is predominantly the increase in gas prices which is increasing electricity tariffs beyond reasonable inflationary levels and not so much the expenses caused by the bush fires. My questions are:

1. Before any further price decisions are made and negotiations concluded with the Cooper Basin producers, will the Government place the full problem of future natural gas pricing before the Parliament for debate and advice?

2. In view of the unfortunate experience of the Tonkin Government and the then Minister of Mines and Energy negotiating natural gas prices with the producers, who are expert in high level price negotiations, will the Minister undertake not to finalise any further arrangements until the matter has been referred to Parliament and to experts in the Department of Mines and Energy?

The Hon. FRANK BLEVINS: I will refer the honourable member's question to my colleague in another place and bring back a reply.

BRAIN INJURY

The Hon. J.C. BURDETT: I seek leave to make a brief explanation before asking the Minister of Health a question about booklets on the problems of brain injury.

Leave granted.

The Hon. J.C. BURDETT: A Mrs Dorothy Saunders about eight years ago suffered a whiplash injury in an accident, resulting in a variety of debilitations and distressing mental and physical conditions. Her response was to begin to try to understand the difficulties that she was facing and the alterations to her physical, mental and psychological ability to face everyday life. She has compiled four booklets on the problems of brain injury from four different perspectives: from the point of view of the brain injured person; from the point of view of the spouse or carer; a general guide to people in the community who may be dealing with people who are brain injured; and a guide to help parents of brain injured children.

Mrs Saunders submitted the four booklets to the Minister of Health through the office of the Attorney-General requesting that the Minister of Health have the booklets evaluated. The booklets were forwarded, with a covering minute, from the office of the Attorney-General to the office of the Minister of Health on 20 December 1983. In the meantime several requests have been made, but as yet no evaluation has been received. A letter was sent, signed by the Minister of Health, but from the copy I have I cannot decipher the date, as the stamp is very faint. Will the Minister say when he thinks it is likely that the evaluation of these four booklets can be forwarded to Mrs Saunders?

The Hon. J.R. CORNWALL: It is my recollection, although I could not vouch for it completely, that an assessment has been completed. Basically, the Health Commission stated that, first, although the booklets provide a useful personal account, they tend to be deficient in a number of important areas, for example, regarding the impact on the family in rehabilitation. Secondly, discussions with the neurosurgery department at the Royal Adelaide Hospital in particular indicated that another publication—and from recollection I cannot recall whether it was an interstate or an overseas publication—was preferred and, again to my recollection, was being used. I could not give absolute assurances on any of those recollections. I would be pleased to take further advice on these questions and bring back further information in due course.

The Hon. J.C. BURDETT: I wish to ask a supplementary question. While appreciating what the Minister has said, as Mrs Saunders saw me quite recently, in addition to what the Minister has already undertaken will he ascertain whether or not this assessment has been sent to Mrs Saunders?

The Hon. J.R. CORNWALL: I shall be pleased to do that. I must say that I have not seen Mrs Saunders: all the dealings have been by correspondence, through my office, through the Health Commission and I believe from time to time with the Executive Assistants of the Attorney-General. Let me make it crystal clear that I will be pleased if Mrs Saunders makes an appointment to come and see me, and further pleased if the shadow Minister comes with her.

RETIREMENT HOMES

The Hon. K.T. GRIFFIN: I seek leave to make a brief explanation prior to asking the Attorney-General a question about retirement homes.

Leave granted.

The Hon. K.T. GRIFFIN: The Voluntary Care Association of South Australia Inc., a body representing a number of charitable, religious, public benevolent and non-profit providers of residential accommodation for older people, has drawn to my attention, and I suspect the attention of a number of other members, a draft Companies Act Amendment Bill and a National Companies and Securities Commission policy statement in relation to added constraints upon these bodies in offering retirement homes to the public. The object of the draft Bill is stated to be to 'ensure that all publicly offered interests in retirement villages involving a substantial capital outlay by retirees are regulated under the prescribed interests provisions of the Companies and Securities legislation'.

The Voluntary Care Association is concerned that its members will be required to appoint a trustee, most likely a registered trustee company, establish a trust deed, prepare a prospectus for each retirement village and establish a marketing company for admissions. The Association says that each of the conditions will have a financial impact which will cost up to $20 000 and, with recurrent costs of management, maybe up to $100 000 per annum. This will mean that many smaller organisations will not be able to continue to provide this sort of accommodation without added costs to the older people benefiting from this sort of home.

The Voluntary Care Association's members have been involved in establishing and managing aged care centres in South Australia for more than 100 years. They currently operate more than 100 locations in South Australia providing accommodation for in excess of 10 000 people with a capital commitment of at least $200 million. In the submission forwarded to me the Association states:

> The motivation for involvement in this activity has been concern for the needs of aged persons. In most cases the initiators have been a small group of people in a local community who saw and responded to the needs of the aged persons in their area and who, with assistance from established churches, charities and service clubs, established an aged care centre. They and the persons who have followed them have provided largely voluntary service which has been critical to the establishment and continuing operation of the aged care centres and the welfare of those who have resided and been cared for there. The Board of Management of each aged care centre is a voluntary body handling planning, development, promotion, employment of staff (if any) etc.

The submission continues later:

> Furthermore, the code and regulations require strict adherence and provide for legal sanctions against those who do not comply. Consider the case of a local Board of Management of a small aged care centre in a country town which wished to advertise a vacancy. The administrative procedures and work involved in complying would be daunting. Yet, if the Board simply went ahead and placed an advertisement in the local paper, or even in the local church newsheet, potentially prosecution could result . . .
>
> The end result may be that our members (and other religious, community and charitable bodies) may withdraw from the field of resident funded retirement housing because commercial bodies will be able to provide housing for the wealthy, aged and the churches and other such bodies will not be able to foresee that the goal of ultimately providing accommodation for the more needy aged will by achievable.

Obviously, that Association, which has a broad membership, and other similar organisations providing retirement homes have a considerable concern about this example of growing governmental control where no case has been established for that control, at least in the charitable, voluntary, or public benevolent or religious area. The Attorney-General is a member of the Ministerial Council on companies and securities which, presumably, has endorsed the policy of the Commission and the draft Bill. In the light of that matter, and the concern expressed, my questions to the Attorney-General area:

1. Did he support the additional substantial controls on retirement homes?

2. In the light of substantial criticisms, will he support exclusion of retirement homes run by charitable, religious, voluntary and public benevolent institutions from this new and costly constraint?

The Hon. C.J. SUMNER: The honourable member has tended to dramatise the situation, as is his usual style. The fact is that the NCSC and the Ministerial Council have, as their concern, the protection of people who invest in retirement homes. That is the basis of the Ministerial Council

and the NCSC trying to clarify the situation, first, as to whether an interest in retirement villages is a prescribed interest within the companies legislation and, therefore, requires the promoters of retirement homes to go through certain procedures in respect of a prospectus, trustees and the like. That is not done just for the fun of it. The basic reason for that is to protect people who invest in retirement villages. This is a matter of considerable expansion at the moment in the commercial area—

The Hon. K.T. Griffin: We are not talking about the commercial area.

The Hon. C.J. SUMNER: I am explaining to the honourable member and the Council the reasons behind the policy, which are not a matter of governmental control for the sake of it; they are controls designed to protect in accordance with the companies legislation, which the honourable member supported nationally and through this Parliament and which included the requirements for investing in prescribed interests.

That is what the argument is all about. There are procedures for the exemption of certain classes of retirement homes from the provisions of the legislation and my recollection is that that is in fact provided for in the NCSC statement of policy. I supported the general thrust of the Ministerial Council's and the NCSC's wishes in this matter, mainly to try to clarify the situation in relation to retirement villages and the interests that people purchase in them, and to ensure that, if people promote retirement villages, they do so in a way that ensures that the potential customers (the people who invest in them) are fully informed of what they are getting for their money; I am sure the honourable member would agree that that is a desirable situation.

So, that was the rationale behind the Ministerial Council's and the NCSC's consideration of this matter. I believe that the honourable member is referring to the same letter that I have received in correspondence from this organisation, and I have responded to it. The honourable member has now raised the matter in Parliament and I will further inquire into what the exemption policy will be for retirement homes and retirement villages promoted by voluntary or religious organisations. It is not true to say without qualification that, merely because a retirement village scheme is promoted by a voluntary or religious organisation, it is thereby automatically precluded from any fraudulent practice.

I think that that needs to be considered. In summary, the legislation and the NCSC policy statement were brought in for very good reasons, and I am sure they are reasons that would be supported by the honourable member and by all members of Parliament. I will, however, look more closely at the exemption policy that is likely to be implemented involving the matters that the honourable member has raised.

The Hon. K.T. GRIFFIN: I desire to ask a supplementary question. In light of the Attorney-General's response and the indication that he will bring back a more detailed response, will the Attorney also bring to Parliament a report about the evidence upon which he relied, or the Ministerial Council relied, in proposing these sorts of controls in regard to charitable, religious, voluntary and public benevolent institutions?

The Hon. C.J. SUMNER: The honourable member needs to ascertain just what the controls are in relation to those organisations before he goes off in his characteristic dramatic style in this area.

Members interjecting:

The PRESIDENT: Order!

The Hon. C.J. SUMNER: The policy can be further considered at Ministerial Council. I believe that in the policy statement, as I said before, put out by the NCSC there are provisions for exemptions in this area. That is what I undertook to further look at in the light of the honourable member's question. It may well be that in any event the question was whether the current legislation relating to prescribed interest did in fact cover retirement villages.

The Hon. K.T. Griffin: The amendments you are proposing are putting that completely beyond doubt.

The Hon. C.J. SUMNER: I am sure that the honourable member would not have wished the situation to remain in doubt. I am sure that the honourable member would know (perhaps not so much in South Australia, where the retirement villages that have been promoted so far have been on a fairly small scale) that some of the retirement villages proposed on a commercial basis interstate are enormous and involve a substantial investment of moneys by individuals who invest in them and overall are quite substantial undertakings. I would have thought that the honourable member would support—

The Hon. K.T. Griffin interjecting:

The Hon. C.J. SUMNER: I am advising the honourable member of the genesis of the consideration of this matter. I am happy to bring to the honourable member (inasmuch as it is not of a confidential nature) the basis of the material which was put to the Ministerial Council on this topic and which led to the decisions that have been taken to date and further, as I said previously, to look at the exemption policy that will be applied by the NCSC.

TANKS AND DAMS

The Hon. PETER DUNN: Has the Minister of Agriculture a reply from the Minister of Water Resources to my question of 28 August about tanks and dams in remote areas?

The Hon. FRANK BLEVINS: From the explanation that preceded the honourable member's question, it is evident that the honourable member is referring to water conservation reserves in the County Buxton area. There are 16 major water conservation reserves in County Buxton. Six of these are no longer of use to the Engineering and Water Supply Department and it is proposed that they be resumed by the Department of Lands, which will determine their future. One reserve is to be rededicated as a waterworks reserve and maintained by the Engineering and Water Supply Department. It is proposed to lease the remaining nine reserves to 'water trusts' made up of interested parties in the vicinity of respective reserves.

Leases will be at a nominal rental yet to be determined. Leases will be for seven years with right of renewal, subject to the lessees fulfilling their lease agreements. The water trusts will be required to control reserves and maintain them in a satisfactory condition. Conditions controlling the use of water will be the responsibility of individual trusts; however, as a condition of a lease a trust must sell water to the public if requested.

Details of a pricing structure that a trust may use have not yet been finalised. As a result of the proposed leasing arrangements, Engineering and Water Supply Department employees will be free to give more attention to maintenance work on other departmental assets in the area.

The Hon. PETER DUNN: I desire to ask a supplementary question. Will the pipelines be maintained to these areas, as is the case at the moment?

The Hon. FRANK BLEVINS: I will refer that question to my colleague in another place and bring down a reply.

CHILD SEXUAL ABUSE

The Hon. ANNE LEVY: I seek leave to make a brief explanation before asking the Minister of Health a question about child sexual abuse.

Leave granted.

The Hon. ANNE LEVY: Last week the Minister issued a report resulting from a survey on child sexual abuse. I was fortunate enough to receive a copy of the report and I understand that many more are now available. A perusal of the report really makes for horrifying reading. The survey showed a high incidence of child sexual abuse, mainly of young girls, with the crucial ages for the initiation of their sexual abuse being about five, seven or nine years of age—in other words, primary school children rather than secondary school children.

The survey also shows that the sexual abuse of these young girls occurs mainly at the hands of male relatives. In fact, 97 per cent of the abusers are men, and about 70 per cent of them are the fathers of the children involved. This is so contrary to the 'stranger danger' campaigns, which are normally conducted to warn children of the possibilities of sexual abuse, that it seems that a complete rethink is required in our society on how to protect young girls from sexual abuse, most of which is occurring at the hands of their fathers. The report makes a number of suggestions: for example, that campaigns regarding these dangers should be aimed at primary school children rather than secondary school children, because for the majority sexual abuse has been established while they are at primary school.

Suggestions are made regarding primary school curricula containing adequate warnings for young children and, of course, this would probably require special training for teachers on how to handle such a delicate matter in the classroom. Another suggestion is that warnings of potential dangers to young girls could perhaps be given through CAFHS, particularly to young mothers, through the section which used to be known as Mothers and Babies. Can the Minister indicate what follow-up action is occurring in relation to this horrifying report and whether the suggestions I have mentioned, and others contained in the report, will be given due consideration and perhaps action taken on them?

The Hon. J.R. CORNWALL: Like my colleague the Hon. Ms Levy I, too, read the report. Indeed, I had the rather onerous task of reading the first draft report produced following the assessment of the phone-in on incest and child sexual abuse. I had the draft report referred to an editorial committee to make sure that we got it right and in credible form. I was then presented with the final report which, in turn, was forwarded to the Institute of Family Studies in Victoria for assessment, to make sure that what we eventually produced was the most credible document available.

The report is easily the most extensive work of its kind, including the literature review, that has ever been done in this country. It is very disturbing. I do not know how many members have had a chance to read the report, but I suspect not too many, because the initial copies were made available for public release only late last week. The final print run of 1 200 copies will not be available until, I think, either tomorrow or Friday of this week. It is certainly something that I think every member of Parliament has a duty to read. As I said, it is very disturbing, very distasteful and very difficult to read. However, we have taken a significant step, in conjunction with the Adelaide Rape Crisis Centre, in trying to remove the traditional taboo which has existed for hundreds of years around the matter of incest in particular and child sexual abuse within families and within family circles in general.

As the Hon. Ms Levy said, it is quite right that there is a far greater likelihood of a child being abused within the family or within the family circle of friends rather than by the archetypal 'dirty old man'—the 'stranger danger' to which the Hon. Ms Levy referred. I point out that the Institute of Family Studies commented on the fact that the report was written with a clear feminist bias. However, the Institute believed that that did not detract from the report; it simply noted that fact. The Institute made the further point that the incidence of paedophilia may be understated as a result of both the way the phone-in was structured and with some underlying bias in the report. Nevertheless, the overwhelming evidence is that the great majority of abusers are men, and the great majority of those men are actually fathers abusing young daughters.

As to what follow-up is occurring, we have established a task force to be chaired by the Women's Adviser on Health, Ms Elizabeth Furler. That in turn will be served by three committees: one on the legal and penal aspects of incest and child sexual abuse, to be chaired by Mr David Meldrum of the Department of Community Welfare; one on the education aspects—the various aspects to which the Hon. Ms Levy referred—to be chaired by Ms Sally McGregor of the Childrens Information Bureau; and the third committee will specifically address the health and welfare aspects of child sexual abuse, to be chaired by Ms Furler.

As I said, every member of Parliament has a duty to read this report; I certainly commend it. I am sure that every member of Parliament will find it as disturbing as I do. I hope that they, like a lot of other people and groups in the community, will be involved in widespread community discussions and that, as a result of those discussions, many constructive submissions will be made to the task force.

The task force has been charged with reporting to the Human Services Subcommittee of Cabinet every three months, that is, on a regular quarterly basis, and it has been made clear that the final report should be in my hands as Minister of Health within 18 months, so that time constraints have been put on it. We need a very clear blueprint and a major programme to help us not just remove the taboo but also to the greatest extent possible within our society remove the awful scourge of child sexual abuse.

It is clear that it is widespread. It is impossible to say just how widespread and common. It is impossible to put a percentage on it or to quantify it, but, based on the overwhelming response to that phone-in and from the evidence that is available interstate and around the world, it is clear that, regrettably, child sexual abuse in general, and incest in particular, can certainly not be considered isolated or uncommon.

IN VITRO FERTILISATION

The Hon. R.I. LUCAS: I seek leave to make a brief explanation before asking the Minister of Health a question about *in vitro* fertilisation programmes in South Australia.

Leave granted.

The Hon. R.I. LUCAS: One of the recent developments in the IVF programme has been the approval of freezing of embryos at Queen Elizabeth Hospital in South Australia. Whilst this has allowed major improvements in the operation of the IVF programme, it has also raised a significant number of moral and ethical questions, such as the destruction of embryos. In part, this led to the establishment of a Select Committee only last week on the whole question of IVF. In my view, many of these moral and ethical questions would be resolved if an effective method of freezing eggs could be found. Two of the foremost experts in the IVF area in Australia believe that with adequate staffing and funding—

The Hon. J.R. Cornwall: Who are they?

The Hon. R.I. LUCAS: I will be happy to give the names to the Minister afterwards.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: I am sure that even the Minister would agree if I give them to him privately afterwards that

they are at the forefront of research in Australia in the IVF programme.

The Hon. J.R. Cornwall: Why don't you name them?

The Hon. R.I. LUCAS: I have not got their permission to name them. The experts to whom I have referred believe that, with adequate staffing and funding, such a technique could be found in about two years. At the moment virtually no research at all is being done in South Australia on the freezing of eggs because of lack of staff and funding. It seems a perfect opportunity for this State to take the lead and build on our international reputation in the area of IVF. I have been given two broad-based estimates of the cost involved by two people who are actively involved in IVF research in South Australia: one was for $25 000 to $30 000 per annum and the other was for $30 000 to $50 000 per annum.

The Hon. J.R. Cornwall: I was given some pretty funny figures on liver transplant costs, too.

The Hon. R.I. LUCAS: Yes, but I was not gullible enough just to assume that these were correct, as the Minister might have been, perhaps, with liver transplants.

The Hon. J.R. Cornwall: Don't be half smart.

The Hon. R.I. LUCAS: I am seeking information from the Minister. It does not seem an excessive amount of money to take the lead in such an important area of research. My questions are:

1. Does the Minister support a South Australian IVF team becoming active in research on the freezing of egg technology?

2. Will the Minister obtain a report on the estimated costs of South Australia's becoming involved in this research area? I do not accept necessarily the estimates that have been given to me; they are just broad-based estimates given by two people. Will the Minister get his experts to bring back a more definitive cost?

3. Is the Minister able to assist in the funding of such research in South Australia?

The Hon. J.R. CORNWALL: First, I believe that these matters are clearly addressed by the terms of reference of the Select Committee. I have never been one who believes in being too clever by half, setting up a Select Committee and then pre-empting what its findings might be. Of course, I support ovum freezing. There is clear evidence that that would resolve very many of the legal, moral and ethical dilemmas that currently confront us because of the difficulties and the dilemmas that arise following the fertilisation. Once we have a fertilised ovum we have an embryo: there then comes a great diversity of opinion as to whether that is human life, at what point human life begins, and so on. There are almost as many opinions as there are bodies to express them. So, clearly, in relation to the freezing of unfertilised ova (I had better watch myself here; I think that there is no such thing as a fertilised ovum, technically; it then becomes an early embryo), if we were able to freeze eggs and then fertilise them as an elective procedure we would overcome many of the problems because, among other things, we could also withdraw the extraordinary means of support.

That is an expression I use rather than 'destroy', which is not only technically wrong but dreadfully emotive. 'Destroy' is a word used by the Hon. Mr Lucas, among others, but never by me. We could withdraw the extraordinary means of support of deep freezing, without any of the ethical or moral questions as to whether or not that involved a very early human life. With regard to the anonymous researchers, it seems a pity that if they are able to approach the Hon. Mr Lucas he is not able to give us their names.

The Hon. R.I. Lucas: I did not say that they approached me; I approached them.

The Hon. J.R. CORNWALL: He approached them. The honourable member also got a very rubbery little figure of $25 000 to $30 000, which he worked out in his own mind, apparently, on his own admission. I have been approached as Minister of Health by the Flinders Medical Centre team and have been specifically asked to consider funding an ovum freezing programme. That is currently being assessed—quite properly, as it should be—by the South Australian Health Commission. It is possible that it may become eligible for a grant under section 16 of the Health Commission Act, but that is not for me to say at this time. It is a matter on which people far more learned in matters of medical research than I am will make recommendations.

So the question as to whether I as Minister or the Government might assist, or whether this programme would be appropriate for a section 16 or any other research grant is a matter on which I will take the advice of the Commission in the near future and on which I will then make a considered decision.

However, I conclude as I started by saying that it would be far more appropriate for the Select Committee to consider many of the matters raised. It is terribly important that we do not allow them to become matters of political controversy or matters on which politicians for their own dubious ends might try to score political points.

HAWKER

The Hon. L.H. DAVIS: I seek leave to make a brief explanation before asking the Leader of the Government and the Minister of Health questions about Hawker water supply and roads.

Leave granted.

The Hon. L.H. DAVIS: The township of Hawker, which is situated 400 kilometres by road from Adelaide, was settled in 1880. In earlier days Hawker was a graingrowing centre and played host to the historic Ghan train to Alice Springs. In 1984, Hawker with a town population of about 350 people is enjoying a resurgence of activity. Some 250 000 tourists pass through Hawker annually and a Flinders Ranges visitor survey in 1983 showed that 63.3 per cent of all visitors to the Flinders Ranges spend at least one hour in Hawker.

Members interjecting:

The PRESIDENT: Order!

The Hon. L.H. DAVIS: In fact, of all towns in the region from Port Augusta northwards, Hawker ranked only second to Wilpena Pound in the number of visitor stopovers. Hawker is geographically situated as a stopover point for people travelling into the region from Adelaide or the Eastern States.

Members interjecting:

The Hon. L.H. DAVIS: I wonder whether members will still be laughing when I have asked the questions. Sadly, Hawker is hampered by its undrinkable water and an often undrivable road connecting it with Orroroo.

Members interjecting:

The Hon. L.H. DAVIS: If the Labor Party is indifferent to problems in the rural area, I can assure members opposite that the Liberal Party is not. I recently drove the Hawker to Orroroo road and stayed overnight at Hawker, so I can report at first hand on the dual difficulties facing residents of and visitors to Hawker. The town water supply is from two E & WS bores. Salt content in one has been confirmed at 2 300 parts per million. The other has a salt content ranging from 2 600 to 3 000 parts per million. The World Health Organisation upper limit for potable water is 1 500 parts per million.

Members interjecting:

The PRESIDENT: Order! Honourable members must cease interjecting; they have had a pretty fair go. I hope that the Hon. Mr Davis gets to the point of the question.

The Hon. L.H. DAVIS: I understand this is also the criterion adopted in South Australia. Concern has been expressed about salinity of the Murray River water, but the maximum salinity of that water is only 738 parts per million and averages only 300 parts per million. The Department of Agriculture apparently reckons that chooks stop laying at 2 200 ppm. It would be interesting to speculate on what impact the water has on the biological function of human beings who are resident in Hawker. Rather incredibly, the Hawker chooks do lay eggs, but the locals jokingly say they do not need to put salt on them.

In Hawker a conventional electric jug will not boil because the salt is so conductive: it just blows the fuse and often wrecks the element. The salt eats out hot water systems, taps and pipes. A local motel operator believes it costs him at least $1 500 per annum for plumbing and materials to maintain the motel's bathroom and toilet. Any tourist optimistic enough to expect to lather up while using Hawker water is in for a shock—it forms a scum instead of a lather. Special soap at twice the normal price gives the hint of a lather. Not surprisingly Hawker people think that Adelaide water is heaven.

Although the operators of caravan parks, hotels and motels in Hawker warn visitors against drinking the water, the message does not always get through. The water is so hard that it has been known to cause rashes and aggravate skin complaints. *Overlander* magazine in its December 1983 issue had this to say:

> And then it was back to Hawker, where the water's so hard that, if they wanted to market mineral water, they'd have to sell it in ingots. If you wash your hair in Hawker, it not only has a will of its own, but in the will, it's stated that your hair will perpetually stand on end. What a town!

It is not as if the people of Hawker have been impatient about this matter. They have been complaining about the quality of water since 1896. Their most recent complaint was to the Minister of Water Resources, Mr Jack Slater, in a letter dated 17 May 1984—some five months ago. He has not had the courtesy to respond to their suggestion of a desalination plant.

In addition, the Department of Mines, in an official publication on the suitability of underground water for agricultural purposes in South Australia, says that vegetables, such as celery, peas, grapes, tomatoes and potatoes, are medium salt tolerant plants, that is, they can be grown if the salinity level is under 1 500 ppm. Low salt tolerant plants, such as flowers, beans and stone fruits, will grow where salinity is under 750 ppm. Hawker has 3 000 ppm! Therefore, all gardens have to rely on rainwater—tanks are a growth industry in Hawker.

The 85 kilometres of unsealed road between Hawker and Orroroo is a dust bowl in the summer and a gluepot with more than 40 points of rain. It carries an estimated 200 vehicles a day, or about 75 000 vehicles per annum. Increasingly, the road is used by heavy transports *en route* to Moomba oil and gasfields and the tourist and mining centres north of Hawker. The operators of the Moomba oil and gasfields are known to be concerned at the quality of the road. In fact, this 85 kilometres of road is the only part of some 2 858 kilometres of primary rural arterial roads remaining unsealed in South Australia. The Hawker and Carrieton councils do an excellent job in maintaining the road on the small amount of money provided, but the Hawker council in fact receives in real terms—

The PRESIDENT: Order! I must ask whether the honourable member intends to ask a question.

The Hon. L.H. DAVIS: Yes, Mr President. The Hawker council in fact receives in real terms 30 per cent less than it received 12 years ago. It is a positive deterrent to visitors travelling through from Adelaide, New South Wales or Victoria. To reach Wilpena Pound using sealed roads, Eastern States visitors will have to travel at least an additional 120 kilometres.

My questions are as follows, first to the Minister of Health: Is the quality of Hawker's town water supply above the World Health Organisation permissible level for potable water, and is it in fact in breach of the standards for potable water contained in the food and drugs regulations or any other water standard guideline? My question to the Minister of Water Resources—

The PRESIDENT: Order! How many Ministers are involved? The honourable member can ask questions of only one Minister at a time.

The Hon. L.H. DAVIS: Further, I ask the Minister of Health to obtain a reply to the following question from the Minister of Water Resources: why has the Minister of Water Resources not had the courtesy to answer the district council's letter of 17 May regarding the possibility of establishing a small-scale desalination plant at Hawker?

Will the Minister ascertain whether the Minister of Transport will review the priority currently accorded to plans to seal the unsealed section of the Hawker to Orroroo Road? Will the Minister ask the Minister of Tourism to use his best endeavours to improve the quality of Hawker's water supply and have the unsealed section of the Hawker to Orroroo road properly sealed?

The PRESIDENT: Next time I will be aware of what the honourable member is up to.

The Hon. J.R. CORNWALL: The Hon. Lance Milne said yesterday that we are approaching Armageddon and the end of civilisation as we know it. I am aware that Hawker is the gateway to the Flinders Ranges and a very important township in the South Australian context. I am also aware that the Hon. Mr Davis has preselection battles coming up soon, but there is only one delegate from Hawker and he really did not have to take up 13 minutes of the Council's time.

The honourable member asked whether the quality of Hawker water complies with World Health Organisation standards and various public health standards in South Australia. I guess that the short answer, if we were to believe everything he told the Council, would almost certainly have to be 'No'. I would like to refer those questions to all the various people—the diverse sources—in the public health area who would be able to provide answers almost as comprehensive as the preamble to the questions. Therefore, I will take those questions on notice. I also take on notice the sundry questions addressed to various other Ministers almost too numerous to recall.

CHURCH OF SCIENTOLOGY

Adjourned debate on motion of Hon. J.C. Burdett:

1. That a Select Committee of the Legislative Council be established to inquire into and report upon the activities of the Church of Scientology Incorporated and in particular the method of recruiting used by the Church and methods of obtaining payment for the services provided by the Church.

2. That the committee consist of six members and that the quorum of members necessary to be present at all meetings of the committee be fixed at four members, and that Standing Order No. 389 be so far suspended as to enable the Chairman of the committee to have a deliberative vote only.

(Continued from 17 October. Page 1149.)

The Hon. R.C. DeGARIS: I support the motion. In 1963 the Victorian Parliament appointed a board of inquiry

chaired by Mr Kevin Anderson QC into the activities of scientology. Mr Anderson's report was tabled in September 1965. The activities of scientology were causing grave concern in several parts of Australia and the Anderson Report became the source that influenced three State Parliaments of Australia to take action to protect people in those States from the cult of scientology. Anderson's conclusions can be summed up in his own words, which appear at page 1 of his report, as follows:

Scientology is evil—its techniques evil; its practice is a serious threat to the community medically, morally and socially and its adherents sadly deluded and often mentally ill.

The Anderson Report is available in the Parliamentary Library and any member who wishes more information can read that 200-page report.

In 1967 a document 'Kangaroo Court: An Investigation into the Board of Inquiry into Scientology', was published by the Hubbard College of Scientology and represents the scientologists' view of Mr Anderson's conduct of that inquiry. That information is also available and I commend honourable members to read that document as well. Scientology and dianetics are the brainchild of Lafayette Ronald Hubbard, an American who exercises an extraordinary degree of control over that organisation. Following the Anderson Report, the Health Ministers Conferences of 1967 and 1968 both expressed their concern about the activities of Scientology and, in concert with the action taken in Victoria, Western Australia and South Australia acted to prohibit the activities of that organisation.

I do not wish to go through my experiences with that organisation during the passage of that legislation, but, following the passage of the prohibition Bill and the destruction of the records of the organisation, that organisation formed itself into the Church of Scientology. The Anderson Report recommendations were based on two fronts: to establish a council to control the activities of qualified psychologists; and to proscribe the improper and unskilled psychological practices of scientologists.

When the Victorian legislation passed many of the activities of scientology were transferred to South Australia and Western Australia. In 1969 the Government considered whether or not it should adopt the same approach as that taken in Victoria, or a different one. The Government at that time took the view that the first step should be to outlaw the damaging practices of scientology, but that the registration of psychologists and psychological practices should not be associated with the suppression of scientology. The Scientology Prohibition Bill passed and remained in force for five years. It was not repealed until the Psychological Practices Act was passed by this Parliament.

It was assumed that the Psychological Practices Act would be able to control the unsavoury aspects of scientology. I still find it difficult to use that Act for that purpose. There were two ways to approach this question at that stage: one was to use the simple process we adopted here in this State, or to have a Psychological Practices Act whereby a great deal of work is done with regard to the registration and control of psychological practices. I feel that a problem still exists with regard to the Psychological Practices Act.

Following the passage of the Prohibition Bill (and the scientology cult deciding to form a church), for some years no complaints came to me from people using the practices of the Church of Scientology. During the past 12 months complaints have started again, and if those complaints are accurate I believe that Parliament needs to investigate those allegations. During the previous controversy I found that a number of intelligent people who complained to me, as Health Minister, and presented to me information that would trouble any dedicated Health Minister, were too frightened to give public evidence. The influence exerted by the scientology organisation in those days, 15 years ago, was, first, the use of lie detectors with hypnotically influenced confessions.

Consistent pressure was maintained to ensure that people purchasing scientology procedures, at huge cost to them, would reach the position known as being 'clear'—they could reach that stage—after a considerable amount of what they called 'auditing'. One could then go on to higher levels one being that of an operating thetan, a level I know of no-one achieving. A characteristic of an operating thetan was his total control over matter, energy, space, time, life and form.

The Hon. Anne Levy: It sounds like Nirvana to the Buddhist.

The Hon. R.C. DeGARIS: Almost, yes. It was alleged that an operating thetan could knock hats off at 50 yards. Once a person was involved in the auditing programmes, the use of lie detecting equipment (known as the E meter—a simple galvanometer), the hypnotic influences and stored tape recorded confessions, it became extremely difficult to break away from those influences. If a person wanted to move away from scientology a co-ordinated campaign of poison pen letters and telephone calls, against what the cult would describe as 'a suppressive person', placed extraordinary distress on those who decided to leave the cult. Hubbard wrote of this question in his official journal entitled 'Communication Volume 9 No. 3':

Now get this as a technical fact, not a hopeful idea. Every time we have investigated the background of a critic of scientology we have found crimes for which that person or group could be imprisoned under existing law. We do not find critics of scientology who do not have criminal pasts. Over and over we prove this.

The Hon. R.I. Lucas: They found that proved.

The Hon. R.C. DeGARIS: Yes.

The Hon. R.I. Lucas: They found a criminal past?

The Hon. R.C. DeGARIS: Yes, every person has a criminal past, irrespective of who they are.

The Hon. R.I. Lucas: That includes you?

The Hon. R.C. DeGARIS: Yes.

The Hon. R.I. Lucas interjecting:

The PRESIDENT: Order!

The Hon. R.C. DeGARIS: Hubbard goes further and says:

We are slowly and carefully teaching the unholy a lesson, it is as follows: we are not a law enforcement agency but we will become interested in the crimes of people who seek to stop us. If you oppose scientology we will probably look you up, and will find and expose your crimes. If you leave us alone we will leave you alone.

I would like the Council to understand the frightening implications for a person who, by auditing processes with hypnotic techniques, E meter usage and tape recordings of the innermost secrets and thoughts, decides to oppose the doctrines of the cult of scientology or leave them. These are some of the reasons why the Parliament took the action it did in 1969.

In 1974 a Bill was passed repealing the Scientology (Prohibition) Act, and the Psychological Practices Bill was passed by Parliament. Several amendments were moved by me and, I think, by the Hon. John Burdett to that Bill. One of the amendments I moved concerned the section on hypnosis, a subject on which I have a little knowledge and experience, and another dealing with the use of prescribed instruments. My amendment to section 32 was as follows:

After the expiration of the third month following the commencement of this Act a person other than a registered psychologist shall not, without the consent in writing of the Minister (proof of which consent shall lie upon that person), use or have in his possession any prescribed instrument or prescribed device.

Unfortunately, under this section, no instruments or devices have been so prescribed. I do not know the practices and use of instruments and devices in the present scientology techniques but, on the information that is coming to members of Parliament, it is necessary that those practices deserve

another investigation. In the 1960s the techniques used by the scientology organisation presented a serious problem to those responsible for health administration. I believe that the action taken in 1969 was justified.

Following that action the complaints declined to almost nothing, but since the repeal of that legislation in 1974 complaints are beginning to surface again. The Minister of Health and the Health Commission must be aware of the position and I suggest that a further inquiry, whether of a Select Committee or public inquiry, would be appreciated by those associated with health administration in South Australia. I have pointed out—

The PRESIDENT: Is the conversation between the Attorney-General and the Hon. Mr Burdett going to last much longer? If so, I ask them to sit down and quieten down.

The Hon. R.C. DeGARIS: I support the move by the Hon. Mr Burdett, but if the Minister decides that an inquiry of a different sort is required I would support that view in lieu of the suggestion by the Hon. Mr Burdett. I know that there are a number of difficulties. I have already referred to one—the great difficulty of imposing restrictions on psychological practices by means of the processes in the Psychological Practices Act. It is an extremely difficult and large operation to control the small section of the community that needs some control.

In 1969 I was concerned when the Australian Labor Party opposed the Scientology (Prohibition) Bill, particularly because the ALP Minister was at a previous Ministers of Health meeting. I know that this was a political decision more so than a practical one as privately many ALP members supported the direction the Government took at that time. I hope that the Minister of Health takes a more pragmatic view in 1984 and agrees that an investigation into the Church of Scientology's activities should be undertaken, following the information at present coming to the media and to members of Parliament on the methods being used by the Church of Scientology. There is a thread that seems to connect the past activities with the present; if so, that deserves inquiry and report by this Parliament. I support the motion.

The Hon. R.I. LUCAS: I had not intended speaking in this debate until I received some correspondence yesterday, as I think all members in this Chamber did, under the letterhead of the Church of Scientology Inc., Adelaide, dated 23 October. The two page statement is headed 'MLC hints at religious licensing'. I understand that this statement was distributed to most members on both sides of the Chamber. It looks as though it is a press release. It may well have been distributed even more widely than to members of Parliament, although I am not aware of that. It comes under the name of Mr Stewart Payne, Public Affairs Director.

I am not an expert in scientology and it has not been an abiding interest of mine. I have listened with interest to the contributions and questions of various members and have viewed with some concern some of the allegations that have been made. I have already indicated in two previous debates the views I have with respect to the lobbying of members in this Chamber by various groups. On two previous occasions I have taken extreme exception to various attempts at lobbying by two particular groups. One was the Festival of Light in relation to the Casino Bill. At that stage it was indicated that the person who introduced the Bill, and others who supported it were, in effect, representatives of crime interests in South Australia. I think that that was a direct allegation against the Hon. Frank Blevins and others, and I thought that that was disgraceful and said so.

The second occasion was in relation to the tobacco advertising bans legislation of the Hon. Mr Milne. I received some correspondence then from two groups which made improper suggestions with respect to the reasons why members on this side of the Chamber took a particular view—in effect, that we were in the pay of tobacco interests. I add this letter to those two earlier letters. I believe it is a disgraceful letter and is the reason why I have been prompted to make some brief—

The Hon. J.C. Burdett interjecting:

The Hon. R.I. LUCAS: That is right. It is a disgraceful letter and that is the reason why I am making some brief comments on this Bill. Mr David Griffiths has contacted me, as he has probably done with other members in this Chamber, and asked to see me. I willingly agreed to meet him to hear his views. In fact, I have an appointment to meet him at 10 o'clock on Friday. I received this letter yesterday and I was very disturbed. Page 2 of the letter states:

> Mr Burdett in dealing with a specific matter has shown scant regard for fundamental human rights and an inability to conceive broader issues. He has allowed personal hatred incited by unidentifiable sources to sway his reason on a matter of considerable public importance; that of free exercise of religion and the expression of ideas.
>
> Mr Burdett was supported in his attack against democratic rights by Dr Ritson, the psychiatrists' representative in Parliament.

That, I think, is a disgraceful allegation—that the Hon. Dr Ritson is here at the behest of psychiatrists in South Australia. Equally, the allegation in respect to the Hon. Mr Burdett's being guided by personal hatred incited by unidentifiable sources is a disgraceful allegation. There is a further bit about the Hon. Dr Ritson, and then it goes on:

> Dr Ritson believes people should be protected from themselves. Like psychiatrists he shares a contempt for an individual's general human intelligence and sees the need for an authority to designate what is good and bad for people despite their own wishes. He has failed to show concern for the physical damage caused people by shock treatment and experimental and unknown drugs which are used on a wide scale.

That is a scurrilous accusation from the Church of Scientology about an honourable member of this Council following genuinely held views on this matter. The letter continues:

> Dr Ritson himself holds extreme views on the subject of religion and has a considerable paranoia about organisations. Like Mr Burdett, Dr Ritson accepts allegation as fact and is prepared to make general unsubstantiated comments in the belief that continued repetition of such statements creates their reality.

Again, that is a disgraceful allegation about a member of this Council. The letter goes on:

> His apparent benevolence disguises a totalitarian attitude at odds with his own Party's ideals.

The letter concludes:

> These two politicians [Hon. Mr Burdett and Hon. Dr Ritson] have shown a disgraceful disregard for human rights in Australia, no doubt motivated by desire for political advantage. They have abused their positions and should resign from Parliament.

Taken in total, in part or in the sections I have read out—and there are other sections—that is an absolutely scurrilous and disgraceful series of allegations made by an organisation about members of Parliament who hold genuine views about a matter and who are seeking to pursue them in the proper forum, publicly and in Parliament. There are right and wrong ways to go about lobbying members of Parliament and, as I have indicated, I am always willing (as I am sure most members are) to meet with various interest groups, especially if they believe that an attitude that is being put in Parliament is detrimental to the views that they hold. These groups and the Church of Scientology have a right to be heard by members of Parliament and this Council. As I said, I was and I still am more than willing to meet with Mr David Griffiths or anyone else from the Church of Scientology to hear any facts or views that they may have with regard to the operations of the Church of Scientology in South Australia.

I understand that the debate on this matter is to be adjourned by the Government after I have spoken. I had not intended speaking at all and certainly, if I had, it would have been on the very death knock of the vote on this matter after I had a chance to speak to Mr Griffiths. All I can say to Mr Griffiths and anyone else who seeks to put a particular view to honourable members in this Chamber—and I can certainly speak on my behalf—and to me is that this is no way at all to convince members of Parliament about the rightness and correctness of their view.

As someone who freely admits that he knows not too much about the whole subject of the Church of Scientology, when I receive a letter like this from an organisation such as the Church of Scientology—a scurrilous and outrageous letter, as I have indicated—I just wonder what that organisation has to hide. I wonder why it has to stoop to such depths and slander or defame two honourable members in this Council to all members of Parliament and possibly to others (I do not know how widely this scurrilous document has been distributed). If the church has to stoop to those depths to get a point of view across, I wonder what it has to hide. To me, it would add a further substantial weight to the motion before the Council today for the establishment of a Select Committee. I indicate now that I will be supporting the motion primarily because of this outrageous and scurrilous document that the Church of Scientology has distributed to other honourable members and me.

The Hon. B.A. CHATTERTON secured the adjournment of the debate.

TOBACCO SALES TO CHILDREN (PROHIBITION) BILL

Adjourned debate on second reading.
(Continued from 17 October. Page 1151.)

The Hon. J.C. BURDETT: I support the second reading of the Bill, which is a sensible move to increase the penalties in regard to the sale of tobacco products to children from the present level of $50 to $500. I am also pleased—

Members interjecting:

The PRESIDENT: Order! I ask honourable members to desist. I do not know whether it is an argument or praise that is involved, but it is fairly disrupting.

The Hon. J.C. BURDETT: I am also pleased that the matter of tobacco sales to children is to be removed from the Community Welfare Act and placed in a separate Act. The problem at present is that, when complaints are made about the sale of tobacco to children, the police generally decline to prosecute (and I have had several people who have contacted me on this score) because the Community Welfare Act is not in their administration.

The background of this is that, when I introduced the substantial amendment to the Community Welfare Act some years ago, I consulted with my colleague the then Minister of Health (Hon. Jennifer Adamson) and left out all mention of tobacco sales to children because she was contemplating introducing that into the area of the Controlled Substances Bill that she then had in the pipeline. In the event, an amendment was moved to the Community Welfare Act Amendment Bill by the Hon. Barbara Wiese that continued the prohibition with a $50 fine on tobacco sales to children in the Community Welfare Act.

When the present Government introduced its Controlled Substances Bill there was no reference or anything to cover this area. I do not blame the present Government for that at all. Its plan was not to bring tobacco sales to children within the Controlled Substances Act. That was its plan and that is fine. I am not criticising the Government. Just to give the background, I point out that the matter of tobacco sales to children has always been of concern to the Liberal Party and we did have a plan about it. After we lost Government—as with most of our other plans—that plan went awry—but I support this Bill which was introduced by the Hon. Lance Milne and which does two important things, and those two things were what we were going to do in the Controlled Substances Bill. First, it upgrades the penalty to make it realistic and, secondly, it removes the provision from the Community Welfare Act where, in my view, it never should have been. For those reasons I support the Bill.

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

EVIDENCE ACT AMENDMENT BILL (No. 4)

Adjourned debate on second reading.
(Continued from 17 October. Page 1152.)

The Hon. DIANA LAIDLAW: I support the second reading. This private member's Bill introduced by the Hon. Mr Griffin seeks to abolish the right of an accused person to make an unsworn statement during a trial. In supporting the Bill I acknowledge that I am disappointed that the Hon. Anne Levy and the Government have been unwilling to do likewise. Certainly, I know that many people in the community at large will share my regret. I am disappointed essentially on two grounds, because there is undoubtedly wide community support, as the Hon. Anne Levy would know, for the abolition of the unsworn statement. This is particularly so amongst many women's groups, but support is not isolated to those groups by any means. I am disappointed that the Government does not support the Bill, despite the fact that to date during this session it has demonstrated, through the introduction of recent Bills, that it, too, is concerned about unwarranted duress caused as a result of court procedures—and I refer to the duress that can be inflicted on an alleged rape victim during a trial.

Every member of the Chamber would agree essentially that in cases of sexual assault there is room for legislative change and improvement. The aim in all instances is to help to reduce the long and short-term trauma for alleged rape victims and also to encourage more alleged victims to come forward and to be willing to report the crime. During her contribution to the debate, the Hon. Anne Levy spent some time outlining the Government's measures in two Bills to address parts of problems in respect of court procedures that have been identified over several years in several reports—problems that have been highlighted as needing legislative change. The Hon. Anne Levy also concentrated her attention on the outcome of rape trials in relation to whether an accused gave sworn evidence or an unsworn statement. She provided many statistics in relation to this matter.

When she was going through the statistics at some length, I was prompted to recall a note of caution that was delivered by Dr Adam Sutton, the Director of the Office of Crown Statistics in the Attorney-General's Department, in a report that his office prepared entitled 'Sexual Assault in South Australia'. It was the first research report prepared by the office, and on page 9 Dr Sutton cautions:

> In reviewing data on sexual assault, it is important to avoid being self-congratulatory. Sexual assault is a massive social problem. There is still a great deal to be done.

I refer to that comment because I believe that the Hon. Anne Levy, in her remarks, was being self-congratulatory

in respect of the moves made by the Government to amend the Evidence Act. I believe that she has become caught up in the enthusiasm for those moves and in so doing is not seeing the merit of the case presented by the Hon. Trevor Griffin for the abolition of the unsworn statement.

The approach that we should be adopting is one in which we all endeavour to ensure that attention is properly focused on the actions of the alleged offender rather than the alleged victim. Government moves to redress this imbalance have been introduced, as I have indicated. However, in both practical and legal terms, and in terms of community perceptions, the imbalance will not be redressed until the right of an accused person to make an unsworn statement is abolished.

The Hon. Trevor Griffin described the unsworn statement as an anachronistic hangover from earlier centuries. I certainly endorse that comment. The unsworn statement, as I understand it, does not exist in Western Australia or Queensland, and it was abolished in New Zealand in 1966. Nor does it exist in the United States, Canada and Scotland, and I understand that about a year ago there was a recommendation to abolish it in the United Kingdom (although I am not sure what has happened with that recommendation since that time).

Certainly the Mitchell Committee in South Australia recommended about a decade ago that the unsworn statement should be abolished. The victims of crime organisation in this State would see the abolition of the unsworn statement as a priority, as has the office of the Women's Adviser to the Premier in the past. The Rape Crisis Centre is another organisation which has continually lobbied for the abolition of the unsworn statement. The Association of Women's Shelters is another body which supports that move. I was interested to hear Dawn Rowen, at a domestic violence seminar in August, indicate that the abolition of the unsworn statement was a priority in this whole area of reform in relation to rape legislation. The Naffin Report at recommendation No. 4 certainly indicates that this is an option. I think that her recommendation No. 3 also recommends abolition of the unsworn statement. Those have been the two recommendations that have received the greatest support in the community to date.

In addition to this general community support for the abolition of the unsworn statement, I found it interesting to note in a recent article in the Women's Electoral Lobby's newsletter, which outlined the proceedings of a public meeting on Ms Ngaire Naffin's report on rape laws in South Australia, that the main focus of discussion at that meeting was the unsworn statement. That meeting was organised by the member for Mawson. The newsletter to which I referred contains a precis of the conduct of that meeting, as follows:

> A rape victim said that without the abolition of the unsworn statement in rape trials the victim would be the person who remained on trial. She was strongly supported later by another rape victim. Neither was prepared to support a reform which did not include the abolition of the unsworn statement.

The Hon. Anne Levy, earlier in this debate, laboured the question of statistics and convictions, endeavouring to indicate that these were the central areas that proved that the use of the unsworn statement was not a particular advantage to the accused. I argue in relation to those figures that she used that she is really missing the essential point of this whole debate: the argument is not about conviction rates nor about statistics, but is essentially about truth, fairness and equity.

Truth essentially is what should be sought at a trial. Society should demand it from our legal system. There is no doubt that it is more likely that truth will be drawn from an accused if sworn evidence is given because that can be cross-examined, as opposed to an unsworn statement, which is not subject to that cross-examination.

The other thing that we should seek from our legal system is the provision of equity and fairness. This is particularly important in rape trials because the arguments are focused on consent and the basis of determining consent makes a rape trial unique. The present arrangements allow for an alleged victim to be put through trauma over many days of cross-examination by counsel for the accused, while the accused passes off the alleged offence with an unsworn statement, which, I have indicated several times, is not subject to cross-examination.

I ask in that instance: where is justice? Where is equity and fairness? In fact, where is any indication that we are actually seeking truth in this case? These questions were certainly not addressed by the Hon. Anne Levy, nor by the Government, in response to this Bill from the Hon. Trevor Griffin. I find the omission on all of those counts absolutely amazing.

I quote from an article in the *Legal Service Bulletin*, Volume 9, No. 4, of a couple of months ago by Suzanne Callinan, who was a juror during a rape trial in 1983. She says:

> ... the mere use of the unsworn statement tended to add to the prosecution's burden of proving the case 'beyond reasonable doubt'. Conscious of the fact that a hesitant or 'don't know' response by a juror should translate into an acquittal decision, jurors hesitated at the prospect of convicting a person whom they felt they had not properly 'heard'. Remarks were made by various jurors like, 'How can we possibly make a decision unless we hear both sides,' 'I wish we had heard from him' and, repeatedly from the foreman, 'This makes it pretty impossible to reach any decision.'
>
> It is salutary to be reminded of the confusion which the law can create for lay people by the intricacies of its rules. One is also left reflecting about simple human weaknesses like limited concentration spans and the verbosity of some judges and courtroom language style. Although the judge had carefully explained the right of an accused person to make an unsworn statement, there was quite a lot of confusion when we first retired to the jury room, at the end of the case. Some jurors had not realised that the courtroom proceedings had come to an end and that the unsworn statement allowed the accused to avoid cross-examination. They asked, 'When are we going to hear from him?' It is clear that a lack of cross-examination of the accused is something quite foreign to the average jury member, who, perhaps in a spirit of basic fair play, expects equal attention and similar rules to apply to both sides.
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> ... when the suggestion was made that the contents of the statement should be viewed with some suspicion, the reprimand came that 'The judge said we shouldn't draw any adverse conclusions from his unsworn statement.' Indeed one juror said that the discrepancies between the unsworn statement and the police record of interview ... were quite explainable in the light of a young man's natural fear at a rape charge. It would be quite 'natural' for him to lie. This did not necessarily point to any guilt. There was general sympathy for the view. Clearly the credibility of the accused in no way suffered from his adoption of the unsworn statement.
>
> The absence of a cross-examination also put an unrealistic burden on the jury. It required the jury to have the skills of a shrewd prosecutor in asking penetrating questions of the accused's account of the events; and even if questions were formulated by the jury, there was no provision for adequate answers to be given.
>
> The cross-examination is the most active and real part of the proceedings for the jury, and the part which is most firmly fixed in everybody's mind. If a rape trial may be viewed as a competition between two persons' credibility, the lack of cross-examination of the accused puts the prosecutrix at a double disadvantage.

The argument that was used by the Hon. Anne Levy for the retention of the right of an accused to make an unsworn statement rested on the basis that its use helps to ensure that illiterate people, certain Aboriginal defendants, people with language difficulties and those with social problems receive justice. Nobody in this Chamber would want any member of our community to receive other than justice.

For this reason of justice alone the community spends millions of dollars a year on legal aid, ensures that the accused has legal representation, and is prepared to allocate

the South Australian Ethnic Affairs Commission over $115 000, I understand, this financial year for contract and legal interpreters. In addition to the 149 contract staff who can be used in court work, the South Australian Ethnic Affairs Commission provides a further four full-time legal service officers.

I cannot support the argument that the abolition of the unsworn statement would deny justice to those groups to which the Hon. Anne Levy has referred on this and other occasions when the abolition of the unsworn statement has been discussed in this place. There are many safeguards for those people. Because they are provided with those safeguards and therefore can be assured that they will receive justice in the system, I see no reason why the unsworn statement should be retained on their account. As long as it is retained in South Australia we can be assured that when it is used the alleged victim in a rape or any other case is not receiving their fair share of equity and justice simply because that statement cannot be cross-examined. I support the second reading.

The Hon. G.L. BRUCE secured the adjournment of the debate.

CANNED FRUITS MARKETING ACT AMENDMENT BILL

The Hon. C.J.Sumner, for the **Hon. FRANK BLEVINS (Minister of Agriculture),** obtained leave and introduced a Bill for an Act to amend the Canned Fruits Marketing Act, 1980. Read a first time.

The Hon. C.J. Sumner, for the **Hon. FRANK BLEVINS:** I move:

That this Bill be now read a second time.

The purpose of this Bill is to extend the operation of the Canned Fruits Marketing Act, 1980, which is due to expire on 31 December 1984, for a further period of three years ending 31 December 1987 and to complement measures considered by the Commonwealth Government to be appropriate for greater flexibility of operations by the Australian Canned Fruits Corporation. A Bill to amend the Commonwealth legislation was introduced in Federal Parliament during September 1984 and, while that Bill covered matters unnecessary for the purposes of the South Australian legislation, honourable members nevertheless will appreciate the principles behind the complementary Commonwealth/State scheme. In particular, it will be known that the canned fruits industry is of much social and economic importance to the Riverland of South Australia, the Goulburn Valley in Victoria and the Murrumbidgee irrigation area of New South Wales.

Basically, since 1 January 1980 the marketing of canned deciduous fruit produced mainly in South Australia, New South Wales and Victoria has been controlled through the Australian Canned Fruits Corporation under the terms of agreements between canners and within the legislative framework provided by the Commonwealth Canned Fruits Marketing Act, 1979, and complementary legislation in this State and the other States concerned. Under these arrangements, the Corporation acquires and arranges the marketing of canned deciduous fruit, sets minimum selling prices, equalises returns to canners from domestic market sales and sales to certain export markets, and arranges for the provision of seasonal finance to canners.

In addition to the extension of existing arrangements there are a number of planned changes to aspects of the Australian Canned Fruits Corporation which are designed to improve its operation performance and to enhance its commercial flexibility. Although the South Australian legislation (and that of the other participating States) does not deal with certain matters dealt with in the Commonwealth legislation (for example, the establishment, powers and functions of the Australian Canned Fruits Corporation), some of the amendments made to the Commonwealth legislation in those areas will be of interest to honourable members.

First, the Commonwealth Bill provides for the appointment to the Australian Canned Fruits Corporation of two more members who by virtue of their professional qualifications and business expertise will make a positive contribution to the broad workings of the corporation. Secondly, the overall performance of the Corporation and its ability to aid the industry in adjusting to changing market circumstances will be enhanced by a requirement that it develop a corporate plan setting out its objectives, including marketing strategy, for the three years ending 1987 and for this to be supplemented by annual operational plans. These plans or significant variations from them are to be approved by the Commonwealth Minister. These plans will enable the Corporation to address the strategy, structure and programmes for the marketing of canned fruit appropriate for the market circumstances that are likely to develop over the next few years.

The Commonwealth proposals provide expanded borrowing powers to the Corporation, enabling it to raise finance by more contemporary methods, such as the discounting of commercial bills, the issue of promissory notes, or hedging operations or foreign exchange and financial futures markets. Such operations will be subject to approval by the Commonwealth Minister. Both the Commonwealth and State measures contain provisions intended to introduce an element of flexibility in relation to the extent of insurance cover to be taken by the Australian Canned Fruits Corporation over canned fruit. The Commonwealth Minister may set guidelines in this respect and, moreover, the Corporation will be required to establish an insurance account that makes adequate provision in respect of risks to the extent that they are not covered by insurance. It is understood that the changes to the insurance provisions could reduce significantly the costs to the Corporation and the industry of protection against risks of loss or damage of the canned fruits.

The Bills prescribe in detail measures empowering the Corporation to allow canners and marketing agents to retain premiums obtained from the sale of canned fruit. As a general principle it is considered appropriate that premiums realised above the Corporation's minimum prices be retained by the canners and marketing agents who earn them. The statutory arrangements have worked well to date and a greater measure of stability in marketing has returned to the industry compared with the late 1970s. The industry has met a particularly difficult period of adjustment with a substantial cut in production, but forecasts are for a continuing decline in sales to overseas markets. This indicates pressure will be maintained on the industry to adjust progressively the amount and composition of its production to meet the changing market requirements.

Thus there is a need for continued recognition of those adjustment pressures and for on-going stability in marketing to allow this adjustment to occur in an orderly manner. Following its review of the Industries Assistance Commission report on the industry, the Commonwealth decided that the statutory marketing arrangements required a three year extention to December 1987, by which time it is judged that industry should be in a position to manage its own marketing without the benefit of statutory arrangements. The extension of the statutory arrangements and improvements to certain functions of the Australian Canned Fruits Corporation are supported by local industry.

It is of interest to note that the Commonwealth has taken this opportunity to specify that, in terms of the Australian Canned Fruits Industry Advisory Committee, the representative of growers of canning apricots, peaches and pears be appointed from among persons nominated by the Australian Canning Fruitgrowers Association. Finally, it will be noted that increased penalties are proposed for contraventions of the Act. The legislation has no financial implications for the States or the Commonwealth.

The corporation's marketing and related costs are met from the proceeds of sales of canned fruit while its administrative and promotional costs are met by a levy on canned fruit production. This complementary Bill is of significance to the industry concerned and I commend it to the attention of honourable members and thank the Minister of Agriculture for providing me with an opportunity to learn something. I seek leave to have the detailed explanation of the clauses inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Clause 1 is formal. Clause 2 provides that the measure commences on 1 January 1985. Clause 3 makes amendments to section 4 of the principal Act, which deals with interpretation of expressions used in the principal Act. Most of the amendments are consequential upon other amendments contained in the Bill. Of significance is the amendment of the definition of 'season' presently defined as the period of 12 months commencing on 1 January 1980 and the next four succeeding 12 months. The last of those next succeeding periods of 12 months ends on 31 December 1984, and the effect of the amendment is to extend the application of the principal Act to the period of 12 months commencing on 1 January 1985, and the next two succeeding periods of 12 months.

Clause 4 amends section 6 of the principal Act. That sections sets out the powers of the Australian Canned Fruits Corporation. New subsection (1a) provides that, so far as is practicable, the Corporation that endeavours to exercise its powers under the principal Act with a view to giving effect to the corporate plan determined under the Commonwealth Act and the annual operational plan determined under the Commonwealth Act. Subsection (3) is struck out. Clause 5 inserts new section 7a in the principal Act. Under subsection (1) 'relevant risk' is defined as the risk of loss, deterioration or damage to canned fruits acquired by the Corporation. Under subsection (2) the Corporation is empowered to insure against relevant risks. Under subsection (3) the cost of such insurance shall be met out of the proceeds of the disposal of the canned fruits covered by the insurance and, for that purpose, the Corporation shall fix an insurance reimbursement rate.

Subsection (4) provides that during any time when the Corporation does not have full insurance cover against all relevant risks the Corporation must maintain an account (the 'insurance account') for the purposes of making provision against such risks as are not covered by insurance. Under subsection (5) the Corporation shall pay into the insurance account sufficient amounts to provide adequate cover against relevant risks not covered by insurance. Under subsection (6) payments by the Corporation into the insurance account shall be paid out of the proceeds of the disposal of canned fruits being canned fruits against relevant risks in respect of which the Corporation was not fully insured—for that purpose the Corporation may fix an insurance account reimbursement rate.

Under subsection (7), money in the insurance account may be applied only in payment of loss by reason of a relevant risk, not fully covered by insurance and such amounts as are appropriate to make provision for expenses incurred in maintaining the insurance account. Under subsection (8), the Commonwealth Minister may, by determination in writing, set guidelines for the Corporation to follow in exercising its powers under this section and revoke or vary such guidelines. Under subsection (9), the Corporation must exercise its powers in accordance with such guidelines. Clauses 6 to 8 amend sections 9, 10 and 11 by increasing the penalties provided in those sections. Clause 9 provides for the repeal of section 12 of the principal Act. Clause 10 inserts new section 13a into the principal Act.

Under the new section, where the Corporation has determined a minimum price for which particular canned fruits are to be disposed of and those canned fruits are disposed of by a marketing agent at a price that is higher than the price so determined, then unless the Corporation otherwise directs, the amount of the difference between the amount actually obtained and the amount that would have been obtained if they had been disposed of at the price determined by the Corporation, shall be disposed of in accordance with arrangement between the marketing agent and the person to whom the amount payable by the Corporation under section 13 or 14 in respect of those canned fruits is to be paid in accordance with section 15 and for the purposes of section 4 (3), shall not be taken to be part of the proceeds of the disposal of those canned fruits. Clauses 11 to 13 amend sections 18, 22 and 23 of the principal Act by increasing the penalties provided in those sections. Clause 14 amends section 25 of the principal Act, the regulation making power. Penalties that may be prescribed for breaches of the regulations are lifted from $200 to $500.

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

TOBACCO SALES TO CHILDREN (PROHIBITION) BILL

Adjourned debate on second reading (resumed on motion).

(Continued from page 1408.)

The Hon. K.L. MILNE: I do not wish to reply at length, but simply thank the Minister of Health (Hon. Dr Cornwall) and the Government for their co-operation in this matter. Dr Cornwall has tried to help in the anti-smoking campaign, which was very much appreciated by many people in the community. I thank the Hon. John Burdett and the Opposition for their positive support in this matter and trust they will be satisfied with the result. This is a big step forward in the anti-smoking campaign, small though it is on world standards.

If this Bill passes it will encourage people in other places to keep the pressure on in relation to this matter, because there can be no doubt whatever that smoking causes ill health and that the sale of cigarettes, particularly to children, is an anti-social and selfish act which, from now on, will be regarded more as a crime in this State. I sincerely hope that the Bill has a fair and rapid passage through another place under the guidance of the Government, because the Government has had the courtesy to give an undertaking to take this Bill up as a Government Bill. I hope that the Bill will receive the same treatment in another place as it received in this Council. I appreciate the Government's attitude to this matter as will thousands of parents and hundreds of teachers in South Australia. I hope the Bill passes with unanimous support.

Bill read a second time and taken through its remaining stages.

NATIONAL CRIME AUTHORITY (STATE PROVISIONS) BILL

Adjourned debate on second reading.

(Continued from 17 October. Page 1170.)

The Hon. K.T. GRIFFIN: The Federal National Crime Authority is a revision of the Federal Liberal Government's National Crime Commission. The legislation before us at present is complementary to the Federal legislation and is necessary to allow a South Australian Minister to participate in the deliberations of the inter-governmental committee, which is to have the oversight of the operation of the National Crime Authority. The State Bill is also necessary to allow the National Crime Authority to investigate breaches of South Australian law.

There is no doubt about the need for somebody with a close relationship with law enforcement agencies and with the power of the National Crime Authority, or the Federal Liberal Government's proposed National Crime Commission, to investigate organised crime.

We have seen in this country, since the mid 1960s, a series of Royal Commissions, other inquiries and joint task forces of law enforcement agencies investigating the issue of drugs and organised crime. There has been: the Williams Royal Commission; Moffat Royal Commission; Stuart Royal Commission; Woodward Commission; and now the Costigan Royal Commission. All have presented extensive reports as to the complex areas of crime that they have been established to investigate. All clearly demonstrate the need for a body such as the National Crime Authority to investigate organised crime. The Costigan Commission has identified some of the current problems in leaving the task of investigating organised crime to established law enforcement agencies. In an edited version of chapter 10 of his interim report No. 4 he states:

> 10.24 There are difficulties in the path of law enforcement agencies in the suppression of organised crime. I will not attempt to detail all of them. A few will be sufficient.
>
> *(a)* They do not have sufficient personnel of the appropriate intellectual capability and training to undertake that difficult analysis of facts which is necessary to identify major criminal organisations. In part I believe this is attributable to a reluctance by police forces to recruit graduates from universities directly into their criminal investigation branches. The reluctance springs out of fierce opposition to recruitment at officer level. The opposition is difficult to justify, particularly when one takes into account that it has been the practice in the military forces for a very long time. The opposition will have to be defeated if police forces are to have available to them in sufficient numbers men of the appropriate intellectual calibre to match those who are in the criminal organisation. Criminal organisations do not suffer from the same disadvantage.

In the South Australian Police Force we have seen the lead being shown in the recruitment of highly trained personnel and the emphasis on the upgrading of qualifications of police officers in a variety of disciplines comprised in the Police Force. In this State I think that we can be very proud of the way in which the South Australian Police Force has developed its expertise in dealing with a wide range of criminal activity. It also should be put on record that in relation to a National Crime Commission or National Crime Authority (whatever it is called) the South Australian Police Force has been in the forefront of discussions to establish the structure. Mr Costigan continues:

> *(b)* The second difficulty is more easily rectified, though it may be expensive. The police forces are not properly equipped. Indeed, the standards of administrative support in the criminal investigation branches is disgraceful. It still reflects nineteenth century attitudes. The detectives are not adequately supported by secretaries. They are not supplied with stenorettes. They are required to type their own reports. They do not have the clerks necessary to handle the mass of data that has to be examined in order to identify the activities of organised crime. Their offices are bereft of word processors. More recently computers have made their appearance, but in grossly inadequate quantities and with lamentably inadequate programmes (at least in the area of investigating corporate fraud and organised crime). Some steps are being taken in some forces to correct these matters but not enough.

Some of those steps have been taken in the South Australian Police Force. To some extent there are difficulties, not only with financial resources but also in the way in which the law keeps pace with the needs of efficiency in the taking of statements and the use of statements in evidence, particularly in relation to the presentation of those statements in courts. There have been lots of challenges to the use of tape recorded statements because of the capacity for tampering with those machines. So, it cannot be guaranteed that the statements that are recorded on the tapes are, in fact, the complete statements. I have recently become aware that the 3M Company has developed what it claims to be a tamperproof recording system which it is promoting and which, to an untrained person such as myself, seems to have made significant progress in meeting some of the criticisms of the courts in producing tamperproof tape systems. Certainly, the law needs to catch up with and to reflect efficiency without compromising the important principle of integrity and accuracy. Mr Costigan continues:

> *(c)* The third defect springs out of a lack of power. The investigation into organised crime cannot be by traditional methods. No person is likely to come forward and confess, or to inform, and so expose the organisation. It may happen but it will be rare. The only way that it can be detected is by the seizure of records, including bank accounts, and by compulsory powers to search and to demand answers to questions. The police forces are denied these powers and without them investigations will be prolonged and unlikely to succeed.

The *News* in May 1983 focused on the same sort of criticism in an article by Geoff de Luca in which he states:

> The tentacles of organised crime have gradually, but firmly, taken hold in South Australia. Its infiltration appears to have outstripped the ability of police to keep any marked check on its penetration. Some of the organised crime has links with interstate syndicates, and some thrives alone in Adelaide. But, whether it is multi-State or localised, one thing is certain—millions of dollars are being made every year by highly-organised groups.

On that occasion the Assistant Commissioner of Police (Crime), Mr Kevin Harvey, is reported to have said:

> From my point of view, I would like to see the exercise of such powers available to police under strict judicial oversight . . .

That referred particularly to the following two areas:

> The legal constraint of the availability of access to financial records in financial institutions or trust accounts of people and businesses which are reasonably suspected of either conducting or being associated with organised crime.
>
> The legal constraint of being unable to undertake telephone interception.

So, that problem has again been identified by the South Australian police in relation to organised crime. The extent to which a National Crimes Commission should exercise wider powers than are presently available to the police and what protections should be embodied in such legislation, in so far as the rights of the citizens have to be maintained, was one of the issues being considered when the Liberal Government was in office in Canberra and South Australia.

The feeling at that time (and I think this is reflected in the comments that have been made by Mr Costigan) was that the police were unlikely to be able to, so-called, get away with the exercise of these much wider powers and that some body such as a crime commission, with more specific responsibilities and subject to some public scrutiny independent of law enforcement agencies, was more likely to be

able to exercise those wide powers in the interests of the administration of justice and the pursuit of those behind organised crime while still retaining a measure of protection for individual rights.

There is no doubt that South Australia is involved in the organised crime arena. There are a number of newspaper reports to which one can refer. I suppose that the most recent was in April this year when, in the *Advertiser*, there was a reference to a Mr William Nash, who was alleged by the police prosecutor on that occasion to be the king pin in organised crime in Adelaide.

I know of other instances. I have referred particularly to Mr Conley, who was finally gaoled for 15 years for being one of the ringleaders in a drug promotion organisation, as being one of the Mr Bigs of organised crime in Adelaide—and there are many others. Yesterday in asking a question of the Attorney about the tabling of the Costigan Report I referred to several references, particularly in the edited chapter 10 of Mr Costigan's Fourth Report, where it makes some reference to South Australia. In paragraph 10.02 he says:

> At this stage of the investigation I am satisfied that the union—

the Ship Painters and Dockers Union—

> at least in Victoria, Newcastle, Queensland and South Australia if not in Sydney as well, is an organised criminal group following criminal pursuits. At least in Victoria those in charge of the union recruit exclusively those who have serious criminal convictions. The union gives active assistance to those criminals be it in the selection of criminal activity, or in harbouring and protecting the criminals from the consequences of their crimes. The defence advanced by the union, and some other persons interested in industrial affairs, that the union is rehabilitating criminals is, in the case of members of the union who advance it, humbug; and in the case of the others, an assertion born out of an inadequate grasp of the true state of affairs within the union.

In paragraph 10.03 he says:

> It would not be expected, and it is not the fact, that the criminal activities of the members of the union are restricted to any particular sphere of crime. In this report I have referred to crimes of violence, theft, extortion, intimidation, fraud, illegal gambling and trafficking in drugs. I have not dealt with some other major areas of activity. There is before me evidence of wide scale racketeering, loan sharking and active participation in organised prostitution. I doubt whether there are any forms of criminal activity in which there are not some active participation.

Later in that report, paragraph says:

> I am satisfied that the criminal organisation which is described in this report is flourishing in Australia. Some of the component parts are constantly at work. It does have the appearance of being an organisation which finds its roots in Sydney and one may easily conclude that geographically it is centred in that city. However, it is plain that it regards the whole of Australia as its playground, and does not regard it as necessary to confine any part of its activities to the State of New South Wales. It would, I believe, be a mistake to regard Sydney as being a greater den of iniquity than other places in Australia. There is a large population in Sydney and it centainly has its fair share of villains. However, whilst it has spawned such villains, so too have other cities in Australia, and all such villains regard themselves as free to execute their criminal designs in all parts of Australia, and do so.

In chapter 10.15 he says:

> I should not be regarded as having identified the only criminal organisation that is operating in Australia. I would not be confident that such a conclusion was correct. The organisation I have identified is large, and certainly includes most of those who have been identified as major criminals in Australia. It includes people with criminal associations in Sydney, Melbourne and Queensland. I could mention others in Tasmania, South Australia and Western Australia, all of whom can be shown at some time to have participated in the organisation or to have derived profit from it.

It can be seen from the observations of Mr Costigan that clearly South Australia does not escape the organised crime net cast around Australia. I would be surprised—in fact, incredulous—if in the final report Mr Costigan did not include references to criminal activity in South Australia as part of a comprehensive organised crime network throughout Australia.

Mr Costigan did come to South Australia on two occasions to take evidence, once in October 1983 and then in March 1984. In October 1983 he investigated particularly the activities of the Ship Painters and Dockers Union at Port Adelaide and obtained some rather hair-raising evidence about the way in which the union was able to blackmail shipping agents and owners and the masters of vessels berthing in Adelaide for quite outrageous payments in return for either limited work or peace on the waterfront. He referred particularly to a ship cleaning contractor, Mr G. Rickard, who told the Royal Commission:

> Mobil Oil Australia had agreed to pay painters and dockers 38 hours work a man for every ship, regardless of the time it spent in port. This covered the men being on standby for work which would not be charged. In the case of the oil tanker *Maaskroon* in December 1979, 15 painters and dockers had worked for five hours and had received an average pay of $473.20. On a bill to the ship owner the men also had been listed as having eaten 98 meals during the time given for cleaning the ship.

Fifteen painters working for five hours and eating 98 meals—

The Hon. R.C. DeGaris: How did they have time for the meals?

The Hon. K.T. GRIFFIN: A good question. The point was made in the report in that part of Mr Costigan's inquiry that for the ship owners and agents to do otherwise would have involved a cost of up to $15 000 a day for the ship lying idle in the port. Also, in October and consistently with its attitude in hearings in other parts of Australia, members of the Ship Painters and Dockers Union refused to answer questions when called to give evidence before the Royal Commission.

Again in March 1984 the Costigan Royal Commission sat in Adelaide and again members of that union refused to answer evidence. It was quite clear on that occasion that there had been significant complaints by the Sydney based Executive Director of the Australian Chamber of Shipping to the Federal Government in June 1980 complaining about the lawlessness and blackmail by this union at Port Adelaide. South Australia is within the network of organised crime and the conferring of authority upon the National Crime Authority to investigate breaches of South Australian law in South Australia is appropriate and I support the Bill in that context.

There are two matters specifically to which I want to refer. The first is in the context of the Chairman of the new commission. We all know of the controversy in respect of Mr Justice Stewart, who did conduct a Royal Commission into drugs and who was Chairman of that Royal Commission while still being a member of the Supreme Court of New South Wales. We know of the controversy that recently occurred when he was translated from the Supreme Court of New South Wales. He held the status of a judge of the Federal Court of Australia, although that was a matter of convenience and was not for the purpose of sitting in that court. He may have been a member of the Supreme Court of the ACT. In any event, he was translated from the New South Wales Supreme Court to either the Federal Court or the Supreme Court of the ACT.

Mr Costigan made some comments about that. In his interim report of September 1982, at paragraph 10.35, he made a comment about the structure of a permanent commission, as follows:

> In this regard, I do not believe that Government should be looking to members of the Judiciary for leadership or membership of such a team. It is not always perceived by the lay person how significant a change it is to move from active practice as a barrister to the bench. The experience of judges, after they have been called to the bench, is in judging the facts that are presented to them. That does involve some analysis, but in that they are assisted by the presentation of the facts by counsel on both sides and an isolation of the issues to be resolved. That is not the skill that is required on a Commission.

At paragraph 10.36 he says:

There are other more fundamental reasons why in my opinion judges should not be involved in this exercise. It has always been my view that the consistent attitude of the Victorian Supreme Court that the role of judges is to judge issues between citizens and between citizens and Government is correct as a matter of high principle.

Later, in paragraph 10.37, he says:

I think that if a member of the Judiciary was seen by the public to be associated on the investigative side of the war that might induce a belief that the reported events of the Commission reflect a judicial determination that they have occurred, and that those involved are guilty of the crimes alleged. This would confuse the role of such a Commission with the proper and vitally important role of the courts. That is one of the reasons why a court like the Victorian Supreme Court is held in such high regard and trust.

There has been a general reluctance in recent years for judges of the South Australian Supreme Court to be made available for Royal Commissions and other inquiries or even to undertake tasks outside the traditional responsibility of judges of the Supreme Court. I think that that is a correct course to follow.

In the past six or seven years there have been some occasions of controversy involving South Australian Supreme Court judges taking on controversial tasks, and I think that has reflected on not only the individual judge involved but also on the court as a whole. To that extent, I think the decision by judges of the Supreme Court to decline to sit on controversial commissions or inquiries, or otherwise to be involved in controversial issues other than within the Supreme Court, is a proper course to follow. Consistent with that, and while I have the highest regard for Mr Justice Stewart, I think that the manoeuvring by the Federal Government to appoint Mr Justice Stewart as Chairman and to translate him from New South Wales to the Australian Capital Territory, whilst retaining judicial status, did not reflect kindly on the Federal Government or on the Judiciary at large.

The potential danger is that Mr Justice Stewart as a judge will be seen to be acting judicially when in fact the National Crime Authority is more inclined to be something akin to a Federal Grand Jury, as in the United States of America, and having inquisitorial powers rather than being a judicial body judging the issues. After all, the charter of the National Crime Authority is to investigate, summon witnesses, seize documents and papers, and to make reports, many of which will not be publicly available because they will be the basis on which prosecutions are to be launched. It is in that context that I think the blurring of the responsibilities, at least in the public mind by the appointment of a judge as Chairman, is unfortunate. I recognise that through the appointment of a judge the Federal Government may have sought at least to give the appearance of the Authority being under judicial supervision. I think the longer term implications of the appointment are much more serious than the short term perceptions.

I turn now to one other matter of considerable significance. The Federal National Crime Authority Act, 1984, gives the National Crime Authority jurisdiction in relation to particular offences which are of a Federal character. Our Bill seeks to confer on it authority in respect of State matters. In the Federal Act 'relevant offence' is defined, as follows:

(a) that involves two or more offenders and substantial planning and organisation;

(b) that involves, or is of a kind that ordinarily involves, the use of sophisticated methods and techniques;

(c) that is committed, or is of a kind that is ordinarily committed, in conjunction with other offences of a like kind; and

(d) that involves theft, fraud, tax evasion, currency violations, illegal drug dealings, illegal gambling, obtaining financial benefit by vice engaged in by others, extortion, violence, bribery or corruption of, or by, an officer of the Commonwealth, an officer of a State or an officer of a Territory, bankruptcy and company violations, harbouring of criminals, forging of passports, armament dealings or illegal importation or exportation of fauna into or out of Australia, or that involves matters of the same general nature as one or more of the foregoing, or that is of any other prescribed kind,

but—

(e) does not include an offence committed in the course of a genuine dispute as to matters pertaining to the relations of employees and employers by a party to the dispute, unless the offence is committed in connection with, or as part of, a course of activity involving the commission of a relevant offence other than an offence so committed;

(f) does not include an offence the time for the commencement of a prosecution for which has expired; and

(g) does not include an offence that is not punishable by imprisonment or is punishable by imprisonment for a period of less than three years;

The State Bill before us picks up that definition. I am concerned about paragraph *(e)*, because it excludes from the jurisdiction of the National Crime Authority offences 'committed in the course of a genuine dispute as to matters pertaining to the relations of employees and employers by a party to the dispute, unless the offence is committed in connection with or as part of a course of activity involving the commission of a relevant offence other than an offence so committed'.

In the Federal arena the Federal Government seeks to exclude section 45D of the Trade Practices Act, which relates to secondary boycotts by unions, on the basis that industrial disputes should be treated as only industrial disputes regardless of the civil consequences. In this State we have amendments which were supported by the Australian Democrats but not by the Liberal Party to the Industrial Conciliation and Arbitration Act and which quite dramatically limit the rights of a citizen to take action in the civil courts for orders in relation to injury, loss or damage caused as a result of an industrial dispute. We have State and Federal Labor Governments which are seeking to put the unions outside the civil law and relate only issues arising out of an industrial dispute, whatever the consequences, to the industrial courts or commissions.

There is no justification at all for the National Crime Authority being excluded from dealing with offences committed in the course of a genuine industrial dispute, regardless of the consequences. The way in which the exception is drafted in the Federal Act suggests that it may be possible for a member of a union, or a union itself, in the course of an industrial dispute and without being part of a programme of activity to be outside the investigation of the National Crime Authority where it commits, say, an act of violence or what may be regarded as extortion—I have given the Council instances of that by the ship painters and dockers in Port Adelaide—or the harbouring of criminals or some other illegal activity.

There is no reason at all why the behaviour of unions should be outside the scope of the National Crime Authority. I wonder whether the Government in South Australia has addressed its mind to this or merely picked up the Federal Act and mirrored its provisions without considering this issue. For that reason I will move an amendment to exclude that part of the Federal Act that seeks to exempt certain offences from scrutiny by the National Crime Authority. That will not affect the Authority; it will mean that in South Australia the Authority will have wider jurisdiction in relation to State offences than it has in relation to Federal offences. That will not in any way prejudice the operation of the Authority; it will, in fact, enhance that position.

Mr Costigan has clearly identified that, in relation to the Ship Painters and Dockers Union, offences occur that ought to be the subject of investigation because of their nature but, obviously, if they arise in the course of an industrial

dispute this Bill will exclude them where they are offences against South Australian law. I do not believe that that or any other union ought to be placed above the law in that or any other context.

We have also the Builders Labourers Federation, which is presently the subject of legislation in New South Wales for deregistration because of its standover tactics and lawlessness. It is possible that that sort of behaviour, which ought to be investigated in a much broader context by a National Crime Authority, would be excluded from investigation by reference to the definition of 'relevant offence' in the National Crime Authority Act.

There may well be other areas of activity by unions that, by the very nature of this exclusion, would be beyond investigation by the National Crime Authority. I object most strenuously to that. I do not believe that any person, body, agency, union, employer group or otherwise ought to be exempt from the scrutiny of the National Crime Authority where there is an otherwise relevant offence defined in the Federal legislation. So I will most strenuously move for an amendment to deal with that point of view.

Subject to those observations, I will support the second reading of this Bill. We will facilitate its progress through the Parliament because the Liberal Party believes that the establishment of the National Crime Authority, working in conjunction with State and Federal law enforcement agencies, is a valuable addition to crime fighting within South Australia and Australia. Provided it has adequate funds and works in conjunction with those agencies that have the front line responsibility for fighting crime, I can see only good coming from the operation of the National Crime Authority.

I notice that the Act has a sunset clause; in fact, it will expire in 1989, which gives the National Crime Authority the opportunity to prove itself in that five-year period. I support that in the hope that if it establishes a valuable place within the law enforcement structure in fighting organised crime its life will be extended. On that basis, therefore, I support the second reading, without looking in greater detail at some of the more controversial aspects of the National Crime Authority that have been adequately focused on at the Federal level.

The Hon. C.J. SUMNER (Attorney-General): I thank the honourable member for his contribution; it was marred by only one lapse, which I will deal with in a minute. I am pleased to see that the Bill will be supported through the Parliament. I am also pleased to see that the honourable member has supported the National Crime Authority in its co-operative form: it is a Commonwealth authority with some participation in what it does by State Governments through participating Ministers.

That was the distinguishing feature between the National Crime Authority established under the Labor Government, which was a co-operative enterprise involving the States, and the National Crime Commission as proposed by the Fraser Government, which positively was not—

The Hon. K.T. Griffin: It was proposed to be co-operative ultimately.

The Hon. C.J. SUMNER: No, it was not. The honourable member was very disappointed—I have something here if he wants to go into it—with Mr Fraser's National Crimes Commission because it did not sufficiently involve the States as a co-operative venture, but this one does. That is a distinction. It is, curiously enough, a distinction that has been criticised by Liberal politicians in Canberra, although it is interesting to note that conservative States such as Queensland very strongly argued for a co-operative approach to the National Crime Authority. That was a view also taken by the Hon. Mr Griffin when he was Attorney-General in charge of this project.

So, I am pleased to see that he is satisfied that the view that he took earlier that the Authority should be based on a State-Federal co-operative approach has come about. I will not comment on his discourse on the advisability or otherwise of having a judge chair the Authority. The views that he has put forward are quite respectable, but in this case were disagreed to by the Commonwealth Government. I do not wish to enter into that argument at this stage.

The other matter that marred the honourable member's otherwise impeccable performance was his reference to the definition of 'relevant offence' and his discourse on what he alleged was the setting of the unions above the law and the exclusion of matters dealing with genuine disputes.

Suffice to say at this stage that I will strongly oppose the amendment proposed by the honourable member. I do not think it has any validity, but I will refer to that matter in Committee. From what the honourable member has said, I believe that he has given insufficient emphasis to the rider to the exemption, which provides that the exemption does not apply where the offence arising out of a genuine industrial dispute is committed in connection with or as part of a course of activity involving the commission of a relevant offence. I believe that the rider to the exemption, in fact, qualifies the exemption to the extent that it should not give honourable members any cause for concern.

While what the honourable member says is correct (that deletion of that part of the definition of 'relevant offence' would not render the National Crime Authority inoperative or powerless, or destroy completely the uniform scheme), I suggest that particularly on a matter as central to the operation of the Authority (namely, the definition of 'relevant offence'—that is, the offence that the Authority can investigate, whether it is a Commonwealth or State offence) it is important that in that area there be uniformity so that, when the Inter-Governmental Committee is determining what references should be given to the Authority, there is no question of the State and Commonwealth representatives having to argue as to what offences might be included in the reference that is given to the Authority. I believe that, apart from the fact that I do not accept the concerns that the honourable member has outlined, that would create an unnecessary capacity for confusion in the operations of the Authority in its seeking references. I will oppose that amendment. However, I appreciate the honourable member's support for the Bill.

Bill read a second time.

In Committee.

Clauses 1 and 2 passed.

Clause 3—'Interpretation.'

The Hon. K.T. GRIFFIN: I move:

Page 1, after line 34—Insert subclause as follows:

'(2a) For the purposes of this Act, the definition of "relevant offence" in section 4 (1) of the Commonwealth Act shall be taken as not excluding an offence of the kind referred to in paragraph *(e)* of that definition.'

I have already commented on this amendment. This is the only amendment that I propose, and it amends the definition of 'relevant offence' that the National Crime Authority may be able to investigate upon an appropriate reference from the State through the Inter-Governmental Committee. I have indicated that the definition of 'relevant offence' excludes an offence committed in the course of a genuine dispute as to matters pertaining to the relations of employees and employers by a party to the dispute unless the offence is committed in connection with or as part of a course of activity involving the commission of a relevant offence other than an offence so committed.

I do not believe that in the context of organised crime and the powers of the National Crime Authority any person, body, organisation or union ought to be in any way exempt

from the power of investigation of the Authority. It does not matter whether it is in the course of an industrial dispute or any other activity that the offence occurred. The fact is that the National Crime Authority ought to be able to investigate the matter if it regards the offence as relevant to a particular reference for investigation purposes.

The Attorney-General has said that I have not placed sufficient emphasis on the proviso to paragraph *(e)* of the definition of 'relevant offence'. I disagree with him on that, because the exception refers to the commission of the offence in connection with or as part of a course of activity involving the commission of a relevant offence other than an offence so committed. So there must be a course of activity, and the fact that a particular offence in the course of an industrial dispute may be committed technically in isolation from a course of action but nevertheless be a relevant matter for investigation in the wider context of organised crime seems to me not to be the basis upon which the National Crime Authority should be prevented from investigating it.

I drew attention particularly to some of the instances that were reported in October 1983 in respect of the Federated Ship Painters and Dockers Union, in regard to which it may be said that a particular offence could have been committed in the course of an industrial dispute but nevertheless was of a criminal nature and was relevant in looking at the way in which that union operated across Australia, not just in Port Adelaide. It seems to me that this definition, which I am seeking to amend, could arguably be used to exclude those instances of extortion which were referred to in evidence in October 1983 and which nevertheless in the context of organised crime will be relevant to the consideration of that broader subject and the range of illegal activities conducted by a union.

I referred also to the Builders Labourers Federation, and I suppose that, if one wanted to take it further, one could include a number of other unions. However, I am concerned that this puts unions and employees above the law in the context of a genuine dispute and excludes what might be otherwise relevant information from investigation by the National Crime Authority. For that reason I want to amend the definition in the Federal Act. It will not prejudice or complicate the operation of the National Crime Authority: it will merely give it that much more power in South Australia in relation to breaches of South Australian law. I certainly argue very strongly that that is a proper course to follow.

The Hon. C.J. SUMNER: I oppose the amendment. I emphasise again that I do not believe that the honourable member has given sufficient emphasis to the second part of paragraph *(e)*, that is, the proviso to the exemption—honourable members should read this. It lists the offences covered under 'relevant offence' and it is interesting to note that it includes an offence that involves extortion. The honourable member has mentioned extortion, and that is specifically referred to in the definition of 'relevant offence'. Further, it states that 'relevant offence' does not include an offence committed in the course of a genuine dispute as to matters pertaining to the relations of employees and employers by a party to the dispute. It is interesting to note that it refers to both employees and employers, so it does not argue that unions are being placed beyond the law. The important part of that exemption is the proviso in it, as follows:

The important part of that exemption is the proviso in it, as follows:

> Unless the offence is committed in connection with, or is part of, a course of activity involving the commission of a relevant offence other than an offence so committed.

What this clause does is take away with one hand and provide an exemption to the definition of 'relevant offence' and give back with the other. All it is designed to do is ensure that, in the case of a genuine industrial situation, the National Crime Authority does not have any jurisdiction. It seems to me that that is not an unreasonable position to take. If what occurs in an industrial dispute is related to a course of conduct involving a relevant offence which includes, as I have said before, 'extortion', then, of course, it can be investigated. But it is really, I imagine, put in there in an abundance of caution to ensure that the Authority does not move into areas that are of a genuinely industrial nature.

As I have said before, the proviso in subclause *(e)* ought to be interpreted so as to overcome the difficulty that the honourable member has. 'Relevant offence' is defined and there are matters excluded, in any event, from the jurisdiction of the National Crime Authority. For instance, it does not include an offence that is not punishable by imprisonment, or is punishable by imprisonment for a period of less than three years. That is not included in the definition of 'relevant offence'. It has to be an offence involving two or more offenders and substantial planning and organisation. In other words, the basis of the jurisdiction of the National Crime Authority is to ensure that it concentrates its activities on what is known as 'organised crime'—the sophisticated techniques and planning used by organised criminals. For the reasons I have outlined, I do not believe that there is any cause for concern in the definition, which I emphasise again is being picked up from the Commonwealth Act.

I emphasise that the National Crime Authority was established by an Act of the Federal Parliament. What we are doing here is passing complementary legislation: so the Federal Parliament has passed the National Crime Authority Act with this definition in it of the matters that can be investigated by that Authority. It has been passed by the House of Representatives and the Senate, presumably with the support of at least the Labor Party and the Australian Democrats. It may well have been with the support of the whole Senate, but at least it has been passed by the Senate and the House of Representatives. I do not think that we should now tamper with that definition when all we are doing is passing complementary legislation.

The Hon. K.T. Griffin interjecting:

The Hon. C.J. SUMNER: I am not saying that if the amendment is passed it will destroy the efficacy of our legislation: all I am saying is that that definition of 'offence' has been accepted by the National Parliament, which has established the National Crime Authority, the Authority established by National legislation. We are merely ensuring that the Authority can act in South Australia. I believe that (particularly on such an important aspect of the Bill, that is, the definition of those offences that can be investigated by the National Crime Authority), there should be consistency between the national Act and the State Act. There will be some complications if this amendment is passed, both in the operation of the Inter-Governmental Committee and in the operation of the National Crime Authority.

The Hon. K.T. Griffin interjecting:

The Hon. C.J. SUMNER: The fact is that when dealing with a potential reference request from the National Crime Authority the inter-governmental committee will have to consider, for the purpose of the Commonwealth reference, different criteria from those that would be considered for the State reference: that is the problem we have. I do not want to emphasise that, and say that if the amendment is passed it will render nugatory the complementary legislation. All I am saying is that, first, I do not believe the fears are justified: secondly, I am saying that this legislation has been passed by the National Parliament and it is the National Parliament that has established the National Crime Authority; thirdly, that we are only passing complementary legis-

lation; and fourthly, that if there is a difference and a distinction between the definition of 'relevant offence' between the Commonwealth and the State, that will, to some extent, add to confusion in the inter-governmental committee and the National Crime Authority. I do not want to over-emphasise that, but it will, in deciding the question of references, add a further complication that I do not believe is necessary, given the way that that exemption is outlined.

The Hon. I. GILFILLAN: We have confronted this amendment with some indecision, possibly sharing with some other members a lack of political and legal knowledge necessary to make an astute judgment. We have leant on advice from people I regard as experts in the field, the Attorney-General and the shadow Attorney-General. On the face of it, it seems to me that the amendment has some positive advantages. I find it hard to be persuaded that there should be any area where the National Crime Authority should not have the option to operate and investigate. I had not realised in the earlier part of my consideration that the relevant clause, as explained by the Attorney, would result in far less of a restriction than appeared to me in my first understanding; that where there is any connection with a wider area of bad practice the Authority can investigate the situation—it is only where it appears to be an isolated activity in one industrial dispute. That does not do more than explain somewhat inaccurately and perhaps in rather ill-defined terms how we are going to react to the amendment.

It appears as if there is no reason, in principle, why the Authority should not have the right to operate in that area. However, it seems a relatively insignificant restriction on the Authority. I was persuaded during a private conversation, as well as by what I have heard, that the Government regards it as quite important that this amendment is not successful. I say quite unashamedly that that is a factor in the way I react to the amendment. However, if at a future time this matter comes forward again I will view it with sympathy because I cannot see specifically any real reason why the Authority should not be able to investigate areas where it suspects malpractice, wherever it occurs. On the basis of the facts I have just put forward, and the influences I have been subjected to, it is my intention to vote against the amendment.

The Hon. K.T. GRIFFIN: I am surprised to hear that both the Attorney-General and the Hon. Mr Gilfillan are not prepared to support my amendment. The Attorney-General, according to the Hon. Mr Gilfillan, regards the defeat of the amendment as an important point. I am not sure of the basis for that strong belief.

The Hon. C.J. Sumner: Apart from anything else, consistency with what has been passed by the Commonwealth Parliament in what is an important area for consistency to exist.

The Hon. K.T. GRIFFIN: I do not believe that it is necessary to have consistency in this area. Consistency for the sake of consistency is not, in my view, a significant or substantive reason for arguing against my proposed amendment. The Attorney-General has said that it will not prejudice the effectiveness of the National Crime Authority if my amendment is carried, by that it may create some difficulties. I suggest that there will not be any, but he says that there may be some difficulties in considering a reference to the National Crime Authority. One has to get that in context, that this is a reference of a matter involving State law in South Australia to the National Crime Authority for investigation. I would have thought that it would have created more difficulty for the National Crime Authority to have to determine whether a particular offence that it wanted to investigate was something that was caught by the exception, or whether it was able to do it.

Looking at the definition of 'relevant offence' and paragraph *(e)* in particular, the National Crime Authority is not to deal with, for example, theft, obtaining financial benefit by vice engaged in by others, extortion, violence, where it occurs in the course of a genuine dispute as to matters pertaining to the relations of employees and employers by a party to the dispute unless the offence, that is, the theft, the obtaining of financial benefit by vice engaged in by others, the extortion or violence, occurs as a part of or in connection with a course of activity involving the commission of a relevant offence.

It is quite conceivable that in the course of an industrial dispute there will be a bit of violence and extortion, or even some theft. But, it may not be established that it is part of a course of activity linked obviously one with the other. In fact, it may be relevant for the National Crime Authority to investigate it as part of obtaining a wider picture and a more comprehensive picture of the sorts of illegal activities it has perhaps entered into in isolation on occasions, but together reflecting a general attitude and a behavioural pattern of illegality.

I suggest that having to determine whether that offence is an isolated offence in the course of an industrial dispute or is part of a course of activity to determine whether or not the Authority has jurisdiction will be a much more difficult task than merely the inter-governmental committee deciding that it will refer this offence or that offence to the Authority. I strongly suggest that the passing of my amendment will facilitate the work of the Authority and will remove impediments that are presently there. It is for that reason that I think it is important to pass this amendment.

The Attorney-General has said that he wants to achieve consistency: it is in the Federal Act and this is merely complementary. Well, yes, it is in the Federal Act; yes, this Bill is complementary: but, it is complementary in a substantial way—it grants jurisdiction for the commission to investigate breaches of South Australian law. It is hardly consequential: it is a matter of substance. The fact that it is in the Commonwealth Act should not be the predominant basis for us determining whether or not in South Australia we want to refer particular jurisdiction to the National Crime Authority.

I believe that the Federal Government has included this exemption only because of pressure from the unions, and that is the reason why it is to be excluded in the complementary legislation, although I hope that I can persuade a majority of members to support my amendment. It is correct that the clause extends to disputes between employees and employers, but I claim that it is largely the employees who commit the offences, and not employers. I would have thought that employers particularly would have no concern about being investigated by the National Crime Authority in relation to any offence that may occur in the course of an industrial dispute. I can see that employees and unions (such as the Builders Labourers, the Ship Painters and Dockers, and others) would have some basic objection to their dispute and offences being looked at in the context of a broad overview of organised crime in Australia. It is for those very strong reasons that I urge honourable members to support my amendment.

The Committee divided on the amendment:

Ayes(8)—The Hons J.C. Burdett, M.B. Cameron, R.C. DeGaris, Peter Dunn, K.T. Griffin (teller), Diana Laidlaw, R.I. Lucas, and R.J. Ritson.

Noes(9)—The Hons Frank Blevins, G.L. Bruce, J.R. Cornwall, M.S. Feleppa, I. Gilfillan, Anne Levy, K.L. Milne, C.J. Sumner (teller), and Barbara Wiese.

Pairs—Ayes—The Hons L.H. Davis and C.M. Hill. Noes—The Hons B.A. Chatterton and C.W. Creedon.

Majority of 1 for the Noes

Amendment thus negatived; clause passed.

Clause 4 passed.

Clause 5—'Functions under laws of the State.'

The Hon. K.T. GRIFFIN: This clause deals with the Inter-Governmental Committee. Can the Attorney indicate who is to be the Minister on the Inter-Governmental Committee from South Australia?

The Hon. C.J. SUMNER: I am to be the Minister and I have even attended one meeting.

The Hon. K.T. GRIFFIN: Did the Minister need authority to attend? What is the prospective schedule of meetings of the committee? Where is it likely to meet? What sort of back-up support is the Attorney to have when exercising his responsibilities as a member of that committee?

The Hon. C.J. SUMNER: This Bill did not have to be passed to enable me to attend the Inter-Governmental Committee. I was nominated by the South Australian Government to that committee pursuant to the Federal Act, which is already passed. The first committee meeting was held last Friday. Most States are represented by Ministers responsible for police, except in the case of Queensland, where the Attorney-General is the Minister nominated to the Inter-Governmental Committee and South Australia, where I have been nominated. In the discussions leading up to the establishment of the committee it was considered that there was some merit in having a mix of police Ministers and Attorneys. The Chairman is the Federal Special Minister of State. As I said, the committee had its first meeting last Friday and has another meeting scheduled for 12 December, should that be necessary.

It was agreed that the committee should meet at least once a year following the preparation—that was in July or August—of the report of the National Crime Authority so that the committee could consider the report, and would meet on other occasions from time to time as necessary. It was considered that it would be necessary, obviously, to meet when the National Crime Authority made a request to the Inter-Governmental Committee for a reference. At the meeting last Friday references were sought by the National Crime Authority and those requests were agreed to by the committee. The December meeting obviously will have before it any further recommendations of the National Crime Authority following the publication of the Costigan Report.

The Hon. K.T. Griffin: What about back-up support?

The Hon. C.J. SUMNER: I do not intend to have the same back-up as the Queensland Minister, who arrived at the meeting with five advisers. I was somewhat more modest and went with one. The Commissioner of Police was going to attend with me but he fell ill and his place was taken by Mr Harvey, Assistant Commissioner, Crime. The back-up at officer level for me in this area will be the Commissioner of Police and anyone else he wishes to designate to assist.

Clause passed.

Clauses 6 and 7 passed.

Clause 8—'Limitation on challenges to validity of references.'

The Hon. K.T. GRIFFIN: This clause limits the challenge to the validity of any reference to the Authority and seems to impinge significantly on the rights of citizens to make a challenge. The matter referred is beyond the jurisdiction of the Inter-Governmental Committee. Is the Attorney happy with that very severe restriction on the rights of citizens to make challenges as to the validity of references?

The Hon. C.J. SUMNER: It is not that broad a restriction on rights because it says that except in a proceeding instituted by the Attorney-General of the Commonwealth or the Attorney-General of a State any act done by the Authority in pursuance of the reference shall not be challenged, etc., on the ground that any necessary approval of the Inter-Governmental Committee or consent of the Commonwealth Minister has not been obtained or was not lawfully given. In other words, as I understand it, it is designed to challenge, on what might be technicalities, the validity of references. In that context I think it is not unreasonable. One of the concerns in the area when discussions were proceeding on the nature of the National Crime Authority was in relation to people taking actions in the courts as delaying tactics and the like. This removes one area where such actions might be taken; that is, areas which dealt with and which then would inevitably be based on technicalities, areas challenging whether the consent of the Commonwealth Minister or the approval of the Inter-Governmental Committee had been properly obtained.

Clause passed.

Clauses 9 to 11 passed.

Clause 12—'Search warrants.'

The Hon. K.T. GRIFFIN: This clause deals with the issue of search warrants. A member of the Authority may apply to a judge of a prescribed court for the issue of the warrant in certain circumstances and subclause (11) says that a prescribed court shall be construed as a reference to a judge of the Federal court or a judge of a court of the State. I have not been able to discern what is to be within the definition of 'a judge of the court of the State'. Does that extend from the Supreme Court to the District Court to a judge of, say, the Children's Court or the Industrial Court? If it extends so widely, I have some concern about extending it to judges of the Industrial Court. Can the Attorney clarify which courts are to be included?

The Hon. C.J. SUMNER: As I understood it, the prescribed court was to be the Federal Court.

The Hon. K.T. Griffin: Not on every occasion. I will ask a question about that later, as to why it is only the Federal Court in some instances and why it is not the Federal Court and the Supreme Court. In this context under subclause (11) I am worried that it is a judge of the Federal Court or a judge of a court of the State.

The Hon. C.J. SUMNER: As I understand it, there will still need to be a prescription of the court to determine which court is referred to within the State.

The Hon. K.T. GRIFFIN: I would like the Attorney to give this matter further consideration. It does not seem to me that the court is to be prescribed by regulation. If it is, I would oppose that and would want to have it included in the Bill. If it is not in the Bill—and I cannot find it—I would want to see that the court is either the Supreme Court or the Local and District Criminal Court. Can the Attorney pursue this matter, while postponing consideration of this clause until he can clarify the matter?

The Hon. C.J. SUMNER: It is possible that the honourable member is correct in that subclause (11) prescribes the court, in which case, as there is no other definition, it would be a judge of a court. The person would have to be a judge and there would need to be a court. Presumably, that would cover the Supreme Court and the District Court. However, I am not sure that it would cover the Industrial Court, because I am not sure that members of the bench of the Industrial Court are designated as judges under legislation. The President of the Industrial Court is referred to as 'Mr Justice' Stanley and the Deputy Presidents are referred to as judges. However, I do not know whether there is a statutory warrant for that. I think the statutory reference is to the President and Deputy Presidents of the Industrial Court and the Industrial Commission. Rather than delaying the matter, I would prefer to see the clause pass. I do not know what the honourable member's concerns are. I would imagine that any judge of a court of the State would be competent to deal with applications relating to search warrants.

The Hon. K.T. GRIFFIN: My concern is that the Industrial Court deals with industrial matters. It does not deal with the sorts of matters that may be the subject of search warrants or the sorts of inquiries which the National Crime Authority will undertake. As a result of my previous amendment being defeated, the National Crime Authority will not have any jurisdiction in relation to industrial disputations. It seems to me that it is proper to limit the authority for the issue of warrants to the Supreme Court and the Local and District Criminal Court, as those courts exercise criminal jurisdiction in South Australia.

Essentially, the National Crime Authority is concerned with investigating organised crime. I want to ensure that the Bill which we pass is relevant to the jurisdiction of the National Crime Authority and that the courts to which reference is to be made are limited to those two courts which exercise criminal jurisdiction. There are other parts of the Bill which refer to the courts of a State, as does clause 30, which refers to the appointment of 'the holder of a judicial office as a member'. There are other clauses which refer to the jursidiction of judges: clause 14 provides that 'a judge of a court of the State may perform functions conferred on the judge by section 22 or 23 of the Commonwealth Act'. There may be one or two other references to such judges or courts of the State. I want to ensure that it is specific and that we do not have an argument later in the day when the legislation is being administered as to what is the relevant court in South Australia.

The Hon. C.J. SUMNER: If the honourable member is this concerned about it, I would have thought that he would place an amendment on file. As the honourable member does not have an amendment on file, I would prefer to see the clause passed for the moment and we may be able to consider it again after I have clarified the position. I must confess that I think the position is as I have outlined it. If I clarify the position and the honourable member is still not satisfied, we can recommit the clause before the Bill goes to the third reading.

The Hon. K.T. GRIFFIN: I am happy for it to go through on that basis. I have raised a query, and provided that I have an opportunity to recommit the clause when the Attorney-General has further considered it and sought advice, I am happy with that.

Clause passed.

Clause 13 passed.

Clause 14—'Judges to perform functions under Commonwealth Act.'

The Hon. K.T. GRIFFIN: I make the same comment I made in relation to clause 12: I am happy for it to pass with the reservation that it may be necessary for it to be recommitted.

Clause passed.

Clauses 15 to 18 passed.

Clause 19—'Failure of witnesses to attend and answer questions.'

The Hon. K.T. GRIFFIN: I am sure that the word 'our' in line 46 on page 14 is a typographical error and should be 'out'.

The CHAIRMAN: That is a clerical correction that can be made.

Clause passed.

Clause 20 passed.

Clause 21—'Applications to Federal Court of Australia.'

The Hon. K. T. GRIFFIN: This is relevant in relation to several other clauses, too. An exclusive jurisdiction is given to the Federal Court of Australia. Where a person claims to be entitled to refuse to produce a document or to refuse to answer a question, the Authority has to make a decision on it. If the person is dissatisfied that person may apply to the Federal Court for an order of review. I can understand in respect of Federal offences the desire of the Commonwealth to allow an appeal only to the Federal Court, but I would have thought that at the very least the State Supreme Court ought to have a concurrent jurisdiction with that of the Federal Court. I know that the Commonwealth is very possessive about the Federal Court, but can the Attorney-General indicate why the power conferred by clause 21 is limited only to the Federal Court?

The Hon. C.J. SUMNER: Probably in terms of consistency of administration. This is a question that has been raised by some other States; I will not insult the honourable member's intelligence by naming the State that has raised this question. The Federal Government's view was that the Bill should pass in its current form, and it has given an undertaking to look at this question of the role of the Federal Court in relation to the responsibilities under the Bill and to ascertain whether or not more jurisdiction can be given to the Supreme Court of the State.

The Hon. K.T. GRIFFIN: I am pleased that someone else has raised it and that the Commonwealth has undertaken to investigate it. I express very grave concern about the continuing expansion of the jurisdiction of the Federal Court to the detriment of the jurisdiction of the State Supreme Courts. If this is to be a co-operative scheme—and I believe that it should be—the State Supreme Courts ought to have concurrent jurisdiction with that of the Federal Court, except perhaps in limited circumstances where, for example, the matter being investigated by the National Crime Authority is one solely of Federal jurisdiction. Where there is an overlapping of jurisdiction the State Supreme Courts ought to have that jurisdiction. Can I have an undertaking from the Attorney-General that he will keep this matter before him and press it at the inter-governmental committee to ensure that it is not pushed to one side once the State complementary legislation has been passed?

The Hon. C.J. SUMNER: I will let the honourable member know, as I have undertaken with a previous clause, the situation in relation to the Federal Court.

Clause passed.

Clauses 22 to 27 passed.

Clause 28—'Administrative arrangements with Commonwealth.'

The Hon. K.T. GRIFFIN: Under this clause the Minister may make an arrangement with the Commonwealth Minister. I presume that that Minister is the Attorney-General, although he may like to clarify whether or not he is the Minister to whom the responsibility for the Act is to be committed under the Acts Administration Act. The first question is: Is he the Minister who is to have the responsibility for the administration of the Act, or is he merely to be a member of the inter-governmental committee?

Secondly, he may make an arrangement with the Commonwealth Minister to make available a person who is the holder of a judicial or other office to hold office as a member or members of the Authority. Is it envisaged that judicial office in that context will open the way for, say, magistrates to be seconded to be members of the Authority, or is it intended that the level of judicial office will be limited to, say, the State Supreme Court and/or the Local and District Criminal Court?

The Hon. C.J. SUMNER: The Minister referred to is the Minister of the Crown of the State administering the Act. The Act, as I am Minister on the Inter-Governmental Committee, will be committed to me. Although I am not sure that that formal decision has been made by Cabinet yet, I feel confident that reason will prevail and that, as I am the Minister nominated to the inter-governmental committee, it is only sensible that the administration of the Act be committed to me or my successor.

The Hon. R.J. Ritson: Not the Minister of Sport and Recreation?

The Hon. C.J. SUMNER: No, it is not the Minister of Sport and Recreation. The clause enables the State Minister to make an arrangement with the Commonwealth Minister to make available a person who is the holder of a judicial or other office to hold office as a member or members. That obviously could include a magistrate or anyone holding judicial or other office. It could include anyone in the service of the State but, as I understand it, it would enable the State to release a person in the State's employ, whether that person be a judge or otherwise, to serve on the National Crime Authority. That could mean a magistrate, a judge of the Supreme Court or a judge of the District Court, subject presumably to their agreeing or to the Chief Justice's agreeing, because I imagine that if the Chief Justice's views are as expressed in relation to Mr Justice Stewart's taking the chairmanship of the National Crime Authority he would object to any arrangement that would involve judicial officers serving on the National Crime Authority.

Presumably, if judicial officers did not want to serve, that would be the end of the matter. Obviously, if a judicial officer wished to serve and if the Chief Justice objected, I suppose that that would have to be resolved at the time. I do not see that as being an immediate practical problem. I believe that Mr Justice Stewart was appointed for five years, Mr Max Bingham (a former Liberal Attorney-General for Tasmania) has been appointed for four years, and Mr Dwyer has been appointed for two years. It is not likely to be a problem in the immediate future, but what the honourable member says is correct—it could apply to any judicial officer.

Clause passed.

Clause 29 passed.

Clause 30—'Appointment of judge as member not to affect tenure, etc.'

The Hon. K.T. GRIFFIN: This clause may have to be recommitted, depending on the Attorney's response to the questions I asked about the court of the State to which the matter is referred.

Clause passed.

Clause 31—'Secrecy.'

The Hon. K.T. GRIFFIN: Was any consideration given to secrecy provisions extending both to members of the Inter-Governmental Committee and to those within the State sphere who may have communications with the Authority on a reciprocal basis, such as police officers, corporate affairs officers, and so on?

The Hon. C.J. SUMNER: I would have thought that police officers were covered by the oaths and undertakings they give when they become police officers. No provision has been made for secrecy beyond that provided under clause 31. The Inter-Governmental Committee agreed last Friday that certain arrangements should be made by Ministers to ensure secrecy of communications, and that can be carried out administratively.

Clause passed.

Clauses 32 to 34 passed.

Progress reported; Committee to sit again.

[*Sitting suspended from 6.10 to 7.45 p.m.*]

APPROPRIATION BILL (No. 2)

In Committee.

(Continued from 23 October. Page 1344.)

The CHAIRMAN: When the Committee reported progress we had passed clause 1. I know that a number of members wish to ask questions about this Bill. I think when we come to clause 4, which deals with the issue, payment and appropriation of money, that will be an appropriate time to ask those questions. I see no reason why those who wish to refer to the schedule at that time should not do so. However, it would then be appropriate that when the schedule is reached we do not deal with it line by line.

Clauses 2 and 3 passed.

Clause 4—'Issue, payment and appropriation of money.'

The Hon. J.C. BURDETT: Page 6 of the yellow book states:

> The South Australian Health Commission's 1984-85 allocation does not allow for any expansion in services.
>
> Provision has been made for:
>
> increased prices and the carryover effects of salary and wage increases and initiatives undertaken in 1983-84;
>
> some increased utilisation of services associated with the introduction of Medicare; and
>
> the establishment of the North-West Nurse Education Centre and the change to a 1200 hours curriculum.

Prior to the last election the health policy of the Labor Party contained quite a lot of expansionist ideas which were put forward and which it was promised would be taken into account and dealt with during the term of this Government. Having regard to the statement in the yellow book that the allocation does not allow for any expansion to services, will the Minister say how the Government will implement its health policy?

The Hon. J.R. CORNWALL: The Government has already implemented a great deal of its health policy. I would not want to quantify that in percentage terms, but certainly as we approach the end of the two-year mark of my first term as Minister of Health it is fair to say that we have probably implemented three-quarters of it. During the financial year 1984-85 I propose that there will be further initiatives implemented as we are able to identify additional moneys that are made available under the Medicare agreement.

The Hon. J.C. BURDETT: Can the Minister say whether any services have been reduced to provide funds for new services?

The Hon. J.R. CORNWALL: Not that I can recall. There are a number of areas in which we have already met, and indeed, done more than meet, the undertakings given prior to the November 1982 election. For example, as I told the Estimates Committee, and as the honourable member would see had he read the *Hansard* record, we have already allocated an additional $7.4 million to the metropolitan hospital system. That is new money. I anticipate that there will be more money as additional funding under the Medicare agreement as needs are identified, clearly marked and validated. To the best of my recollection, although I cannot vouch for every nook and cranny, there have been no reductions in services.

The Hon. J.C. BURDETT: Page 12 of the yellow book under the subheading 'Significant Initiatives—Improvements—Achievements' states:

> Two hospitals (Kingston and South Coast) and the Independent Living Centre were incorporated under the Health Commission Act. The Office of the Women's Adviser was established within the Chairman's office to advise the Minister of Health and the Commission on new and existing health policies and practices affecting the health of women both in the community and the health system.
>
> Advisory mechanisms were established on Yorke Peninsula and Eyre Peninsula.
>
> The South Australian Health Commission Act, 1975, was amended to allow for the licensing of private hospitals by the Health Commission on grounds that include having regard to: 'the requirements of economy and efficiency in the provision of health services within the State' (Section 57d (1)). Private hospitals were previously licensed by local boards of health.

Having regard to the heading of that programme 'Health system co-ordination', the 'Policy Area' is 'Health' and the

'Programme Sector' is 'Co-ordination and Planning for Health Services', can the Minister say how the achievements mentioned in the yellow book on this page will improve the programme for making or keeping people healthy? How do these things really help in this area? Are they not fairly minor sorts of achievements, mainly organisational or mainly questions of incorporation, and so on? How do the factors mentioned there match up with the programme heading? How do they make or keep people healthy?

The Hon. J.R. CORNWALL: To mention but one thing that the Hon. Mr Burdett describes as a minor achievement: we appointed the first women's health adviser in this country. The Hon. Mr Burdett may regard that as a minor achievement but I do not think the women of South Australia do.

The Women's Health Adviser, of course, has already developed a major policy which we released some weeks ago on Women and Health which, in terms of the health services for women, is designed in very much a preventive framework. In regard to women in the health work force, of course, again we are now moving to an active equal opportunity policy. So, the women's health programmes generally and the establishment of women's health centres, which has occurred at a very rapid rate, are all designed within a preventive framework. I would have thought that that would be self evident.

The Hon. J.C. BURDETT: Page 12 of the yellow book under '1984-85 Specific Targets/Objectives: (Significant Initiatives/Improvements/Results Sought)' states:

> Additional health units are to be incorporated under the South Australian Health Commission Act, 1975. The section of the South Australian Health Commission Act, 1975, relating to private hospitals will be proclaimed and appropriate regulations and information for applicants prepared. The Office of the Women's Adviser will be involved in the release and implementation of a policy statement on Women and Health in South Australia. This will involve a consultative committee and a series of workshops, in metropolitan and country areas, to discuss the policy and its implications for women working in the health system and women who use the health services.

While these matters are important, under the heading there is nothing about service delivery targets or objectives. This is a terrible indictment of this Budget. What are the specific service delivery targets and objectives that the Minister has in mind?

The Hon. J.R. CORNWALL: The heading is 'Co-ordination and Planning for Health Services' and I have some difficulty in following the question. Will the honourable member be more specific?

The Hon. J.C. BURDETT: I can be quite specific. Page 12 of the yellow book, on the bottom right side has the exact heading I read out previously, '1984-85 Specific Targets/Objectives: (Significant Initiatives/Improvements/Results Sought)'. That is what I am asking about.

The Hon. J.R. CORNWALL: I am endeavouring to keep my answers as short as possible. If I were to give a full list of all the targets and initiatives then I would take up a great deal of the time of this Council, to which the Opposition seemed to object quite violently when we tried to give them very detailed replies during the Budget Estimates Committee. I will give three examples. The Intellectually Disabled Services Council will be funded with an additional $400 000 in 1984-85. That will come from identified savings under that Medicare agreement to which I referred earlier, as it is identified and validated. The North-West Nurse Centre, which is in many ways unique in Australia in concept and operation, will be open in Whyalla in the 1985 calendar year. The School Dental Service will extend its operations and make its services available to all schoolchildren in South Australia in year 8 for the calendar year 1985. They are three examples, but I really do not know how much more detail the honourable member requires.

The Hon. J.C. BURDETT: I would have thought that it would be better to have specified those in the yellow book under that heading, but I thank the Minister for his reply. The same page of the yellow book under the heading 'Major Resource Variations—1984-85—1983-84' states:

> The proposed increase of $148 100 in recurrent programme expenditure in 1984-85 represents a 12.1 per cent increase. The main components of this variation are the full year effects of the establishment of the Office of the Women's Adviser; the establishment of the Patient Advice Office; and salaries, wages and price increases.

Once again, I make the same comment: this is a terrible indictment on this Budget, that when one is talking about the question of resource variations between 1984-85 and 1983-84, they are the only matters mentioned and there is no suggestion that anything has been done to achieve better service delivery targets or objectives. Again, I ask the Minister what has been done as against 1983-84 to achieve better service delivery targets in this area?

The Hon. J.R. CORNWALL: I think the honourable member is having difficulty following the book. If he wants to talk about service delivery he should really go to about page 23. I can only repeat what is there in black and white. We have established the Office of the Women's Adviser. There is 2.6 full-time equivalents in that office, which includes the Women's Adviser herself. In addition, there is a person currently on secondment. We have established in the 1984-85 year the Patient Information and Advice Office. Currently there is a person full time in that office and an officer in the AO range who is available for follow up in the hospitals or health units where that is appropriate or necessary. They are the initiatives that are specifically described with a specific amount of money—$148 100. Frankly, I do not really know what the honourable member is talking about. As far as an indictment of this terrible Budget, or whatever the phrase he is using, I do not think that he has tomorrow's front page news.

The Hon. J.C. BURDETT: I doubt whether the matters just raised by the Minister have much to do with service delivery. Page 10 of the yellow book under 'Expenditure and Receipts Summary' indicates that services mainly for Aboriginals in 1983-84 had a proposed expenditure of $2.389 million, that the outcome for the year 1983-84 was $2.1927 million and the proposed 1984-85 figure is $1.915 million. In view of the desperate position of Aboriginal health frequently referred to quite rightly by the Minister, why was the 1983-84 allocation not spent and why has there been a reduction in real terms this year?

The Hon. J.R. CORNWALL: There has not of course been a reduction: there has been a substantial increase. In 1983-84 there was a full year cost of $300 000 for the Ngnampa Health Service, which is the biggest community controlled Aboriginal health service in Australia. I will come back to this with more specific detail if the honourable member wishes me to confer with my officers, but during the course of this financial year we are establishing a community controlled health service, Pika Wiya Health Service in Port Augusta and Davenport, and negotiations are well advanced to establish an Aboriginal community controlled health service on the West Coast. Again, as those additional moneys are identified (I go back to that Medicare agreement and also additional Federal funding, which will be available to us under the Aboriginal community health programme of the Federal Government), the net result at the end of the year will be a very substantial increase in the funding of community controlled Aboriginal health services in this State by a matter of many hundreds of thousands of dollars.

The Hon. J.C. BURDETT: I am pleased to hear that there will be an increased sum spent on Aboriginal health services, but I cannot quite relate what the Minister has

said to what is in the yellow book. The Minister suggested that a larger amount of money has been spent than is set out. On page 10, for 1983-84, $2 389 000 is proposed, the outcome for that year was $2 192 700, and, in 1984-85, $1 915 000 is proposed. There is no doubt that the 1983-84 allocation was not spent, as set out there, and it is clear that the 1984-85 proposed sum is a reduction in absolute money terms and in real terms against 1983-84. So, if as I am pleased to hear greater sums of money are proposed to be or have been spent, where are they accounted for in the yellow book?

The Hon. J.R. CORNWALL: It is all very simple, and I will explain it for the honourable member and all of his colleagues. The funding for the South Australian Aboriginal Health Organisation has come through us over recent years but from the Federal Department of Aboriginal Affairs. That is in addition to the money that we spend as a State. The Federal Government, like the State Government, has a policy of direct funding to community controlled Aboriginal health services and, in fact, $300 000 of that—the full year funding effect for Ngnampa for this year will be, as I understand it, funded directly from Canberra. It is a question of a book entry.

Over and above that (and I am afraid you will have to be a little patient until we identify some of these Medicare benefits) I anticipate that between my Federal colleague (Dr Blewett) and me and between the Federal Government and the State Government we will expend about $750 000 which is not identified here at the moment and which cannot be identified here until such time as we identify the full year effect of the payments under the Medicare agreement.

The Hon. J.C. BURDETT: I appreciate the complexities of the matter, but will the Minister agree that on the figures set out in the yellow book, which supports the Budget and which comes before Parliament, we have for 1983-84 an outcome lower than that proposed and that the 1984-85 sum is lower in cash and in real terms than the amount that applied in 1983-84?

The Hon. J.R. CORNWALL: This Government has done more for Aboriginal health in South Australia than any Government since the history of colonisation. I certainly do not agree with the proposition. I have already made clear that there has been no reduction in funding to Aboriginal health services and that during the course of this year as additional moneys are identified under the Medicare agreement about $750 000 additional full year funding will be made available for community controlled Aboriginal health services. That is a massive increase in funding. It is not just fiddling around the edges: it is a large increase by anyone's standards. It would be quite irresponsible to have done what the previous Government did, of course, and play with rubbery figures to project incomes when it did not know what they might be.

The honourable member will recall that in the last year of the Tonkin interregnum the projected income from patients in the public hospital system was put down at $125 million. That was wildly inaccurate. In fact, the real amount in my recollection was flat out approaching $100 million. So, the deficit—the major problems that I inherited in that year—were due to irresponsible projections. That is not the way we do business, and therefore those amounts will be neither shown nor announced until they can be validated.

We must remember of course that we are in a period of considerable change. It has been my pleasant but onerous duty to preside over the introduction of Medicare in South Australia from 1 February this year. Under the Medicare agreement, we saw the end of the Commonwealth-State cost sharing arrangements. However, because of the favourable position we were able to negotiate for South Australia, several million dollars will be validated in the first year of operation of that scheme, that is additional funding, not savings. As that additional funding is identified, it will be validated between myself and the Treasurer and the initiatives that have been prioritised will be put in place once the money is quite clearly identified. It would have been very foolish of us to project incomes before we validated them (and we refused to do that), just as it would be very foolish to announce policies in specific terms before they are on the ground. During the course of 1984-85, if the Opposition can just be a little patient it will see a further series of significant initiatives in the health field.

The Hon. J.C. BURDETT: Certainly, the Opposition will be patient and will be pleased to see those new initiatives in the health field, particularly for Aborigines in 1984-85. I want to get this straight: does the Minister acknowledge that at page 10 of the yellow book on the left-hand side under 'Recurrent Expenditure' in thousands of dollars in the third line we find that the sum proposed for 1984-85 is a reduction in cash terms and real terms from either the sum proposed or the outcome in 1983-84?

The Hon. J.R. CORNWALL: The honourable member really is bordering on the mischievous. Apparently he wants me to say 'Yes' in splendid isolation. He can then pluck out his question—

The Hon. J.C. Burdett: Not at all.

The Hon. J.R. CORNWALL: The honourable member might get up to the same sort of caper as the member for Morphett in another place. His behaviour in misrepresenting what was actually said in the context of what was said was quite disgraceful. Fortunately, he has no credibility and not one line of it has been run publicly anywhere. Yes, the bald figures would suggest that less money has been allocated in this Budget for Aboriginal health than in the last Budget. I have explained carefully to the honourable member and his colleagues that that is a bookkeeping illusion in that the additional $300 000 will go directly from the Federal Government to Ngnampa, whereas in the previous year it came through the Health Commission and the Aboriginal Health Organisation and, in addition, with Federal moneys and with additional funds validated through Medicare I would expect that upwards of $750 000 (new dollars) will be made available for Aboriginal health in 1984-85.

The Hon. J.C. BURDETT: It appears that we are dealing in some sort of bookkeeping legerdemain. I remind the Minister that the only thing that members of Parliament can have regard to are the figures placed before them. That is what I have done: I have referred to the figures. I am glad that I have eventually received the admission that those figures show a decrease. I am pleased to hear the Minister say that there will be an increase. Certainly, I will be asking the Minister questions at a later date to find out how that increased payment has come about. I refer to page 17 of the yellow book and 'Policy Development and Service Planning'. The actual expenditure on computing systems in 1983-84 amounted to $139 700, while $460 000 is proposed in 1984-85. How was the 1983-84 allocation spent, and how will the 1984-85 allocation be spent?

The Hon. J.R. CORNWALL: Obviously, I do not carry those details in my head. Obviously, I will have to take that question on notice. I will be pleased to give a detailed reply, as I did for the honourable—or perhaps not so honourable—member for Morphett. He received a nine page reply recently setting out a whole series of computer purchases and programmes in very fine detail. I am happy to do the same for the Hon. Mr Burdett.

The Hon. M.B. CAMERON: Before the Hon. Mr Burdett proceeds, I indicate to the Minister that we will get on a lot better tonight if he does not reduce himself to his normal petulant level in answering questions. Remarks such as the

'not so honourable member for Morphett' do not help at all.

The Hon. J.R. Cornwall: He is not entitled to the title 'honourable'—I made a mistake.

The Hon. M.B. CAMERON: If the Minister is not being petulant, I withdraw my remark. The Minister has already had one little go. However, I suggest for a change that the Minister should control his normal behaviour, answer the questions and this matter will be finished very quickly.

The Hon. J.C. BURDETT: I refer to 'Services mainly for aged and physically disabled' at page 23 of the yellow book, as follows:

> Over the next decade, the percentage of South Australians aged 65 years and over will increase from 10.1 per cent to 11.5 per cent, while those aged 75 years and over will increase from 3.5 per cent to 4.3 per cent. The incidence of dementia increases with age from 1:20 at 65 years to 1:5 at 75 years. The precise number of aged people with various functional and organic psychiatric disorders is unknown. The number of young disabled people being cared for is increasing sharply as a result of motor vehicle accidents, especially those resulting in permanent brain damage, paraplegia and quadraplegia.

How many additional people or people who are being cared for at home (home based) can be cared for in a community setting as a result of this target? The target is very good in relation to aiming to care for people at home or in a community setting. How many more people can be cared for in this way as opposed to institutional care?

The Hon. J.R. CORNWALL: Again, I cannot give a precise figure. I am not sure that even my most competent officers in this area could do that. However, we are certainly taking account of the fact that more and more resources need to go into home and community care. As I have said in this Chamber on many occasions, it is far better and probably significantly cheaper to maintain the frail aged in their own homes, in their own environments, in their own family circles, where that is practical, and certainly within their own neighbourhoods where they can contribute to the socialisation and wisdom of the community for as long as it is reasonably possible to do so in the best interests of the frail aged persons concerned. It should not be at any price. For that reason, the Federal Government is developing an active policy of widespread assessment, not just assessment at the nursing home door, as has tended to be the case in the past. The assessment procedures are being upgraded.

The number of people involved in that programme is being expanded significantly. For example, in one recent initiative we met a specific pre-election undertaking to expand acute geriatric care and assessment units in our major public hospitals by appointing Dr Lou Mykyta to the Queen Elizabeth Hospital. That hospital has now joined the Royal Adelaide Hospital and the Flinders Medical Centre in having a major acute geriatric assessment and rehabilitation unit. That will continue to be expanded both as part of our programme and as part of the Hawke Government's programme.

In the Federal Budget introduced in August the Hawke Government announced the development and funding for the development, in conjunction with the States, of a major home and community care project. In fact, $10 million has been made available for 1984-85, with projected full year funding of $25 million. Of course, that is for the whole of Australia. We anticipate receiving a share on a pro rata basis—marginally more or marginally less. I anticipate that we will receive in the vicinity of $900 000 or $1 million this financial year, climbing rapidly in 1985-86 to more like $2.5 million. That is a significant amount of money to expand on home and community care programmes, not only for the frail aged but also for the intellectually disabled, to name but two groups.

The Hon. J.C. BURDETT: I thank the Minister for his answer. I was aware of the $10 million across Australia allocated in the Federal Budget and the fact that it will be increased. I accept the Minister's figure of $1 million for South Australia. I suppose it is significant, but it does not seem to me to be a great amount to cope with the needs. I certainly agree with what the Minister has said that, if we can keep people in their homes or in the community, it is a very much better way of looking after them, if that is practical.

I was sorry that the Minister was unable to quantify the number of additional people who, as a result of this Budget, which I was talking about, are able to be cared for in their own homes or in the community.

The Hon. J.R. Cornwall: There is an actual increase of 9.2 per cent in the State allocation.

The Hon. J.C. BURDETT: I am not talking in terms of money but in terms of people.

The Hon. J.R. Cornwall: That is a silly question.

The Hon. J.C. BURDETT: It is not a silly question; it was a reasonable question to ask.

The Hon. L.H. Davis: It was a reasonable question. What was wrong with that?

The Hon. J.R. Cornwall: The number of people in precise terms: that is a puerile question.

The CHAIRMAN: Order! Up until now we have had one of the best question and answer sessions that we have had for a long time. I hope that it does not deteriorate.

The Hon. J.R. Cornwall: Well, if they don't play ball—

The CHAIRMAN: Never mind what happens. I just hope that it can be conducted in that way.

The Hon. J.C. BURDETT: I was not playing politics, and I was not asking for precise terms. I was hoping that there could be some quantification because that is what it is all about: the additional number of people who could be cared for in their own homes or in the community as a result of this programme. I am sorry that because of the apparent complexities this cannot be done. My next question relates to the same page (page 23) under 'Broad objective(s)/goal(s)', which states:

> To provide inpatient care, outpatient care, day care centres, and community-based services, for the aged and physically disabled. There is growing urgency to provide a range of accommodation options in addition to current numbers of institutional beds. These options will require expanded support from community services, including greater emphasis on community psychiatric nursing, conjoint geriatric-psychiatric assessment teams, psychiatric crisis care teams and application of the principles of normalisation.

Then follows the section on delivery mechanism, which I will not read and which relates to the same matter. Again, I ask whether the Minister is able to say—not in precise terms but in any sort of broad or general terms—how many additional people as a result of these broad objectives and goals will be able to be cared for at home or in a community setting as a result of this target.

The Hon. J.R. CORNWALL: A lot.

The Hon. J.C. BURDETT: I do not regard that as being a satisfactory answer. Either the Minister can give some sort of idea or he cannot. 'A lot' is not an answer. Is the Minister able to make that just a little more specific?

The Hon. J.R. CORNWALL: It is such a silly question.

The Hon. J.C. Burdett: It is not a silly question: it is reasonable to ask how many people.

The Hon. J.R. CORNWALL: How many additional people will be catered for? One might as well ask, 'How many people will you care for in the South Australian hospital system in 1984-85?'

The Hon. J.C. Burdett: You would be able to give me some sort of answer.

The Hon. J.R. CORNWALL: Goodness gracious me. That is really a silly question.

The Hon. J.C. Burdett: It's not.

The Hon. J.R. CORNWALL: If the honourable member wants me to get precise figures on how many people—

The Hon. J.C. Burdett: I did not say 'precise'.

The Hon. J.R. CORNWALL: I am quite prepared to get precise figures on how many people were assisted by a whole range of programmes. Intellectually disabled services, for example, are delivered not only by the IDSC but by generic services generally. So we have to go to the Department for Social Security, the Department for Community Welfare and our own domiciliary care programmes, to name but three, and I could go on and on. Then, for the frail aged we could get the figures with some difficulty, collate them, put them all together and at least give an estimate of how many people were cared for through domiciliary care, domestic support and the whole range of very good services that exist in the State. The domiciliary care programme is a very good one and one of the few areas where there was increased funding in real terms during the Tonkin interregnum.

I can get those figures for 1983-84, look at the 9.2 per cent increase and take away the 5.3 per cent or 5.7 per cent (whatever the actual figure was) inflation rate and bring an estimate back to the Council. It will tie a lot of people up for a long time to produce figures that I cannot vouch for because I am not responsible for the Department for Social Security, for example, which funds a lot of these programmes.

I cannot vouch for the fact that I can get all the precise figures delivered by all of the generic services, including the plethora of very good voluntary agencies which are funded from a multiplicity of sources in this State, which do an excellent job and without which we cannot manage. We can go through that entire exercise if that is what the honourable member wants.

Suffice it to say that within the modest increase in this Budget—and in real terms it is of the order of about 3.5 per cent—it is a growth area. When we put that together with the home and community care programme—an additional $900 000, $1 million or thereabouts this year and $2.5 million or thereabouts in 1985-86—I would not say that it is not many people at all, particularly when one puts it together with the additional $2.4 million in real money that we have provided to the Intellectually Disabled Services Council over and above its existing budget when we came into Government in November 1982.

It is very much a growth area, of which the Government is entitled to be very proud if it were that sort of Government; but this is a very caring Government and we do not boast about the multi million dollar additions that have been made in these areas because there is very much an identified need. It is an area to which we give a high priority and to which any decent caring Government in a civilised society would give a very high priority.

If the honourable member wants me to go away and tie up a number of my senior Health Commission officers, doing a round-up of the Federal agencies and all of the State agencies that are involved, all of our own units or agencies that are involved under the umbrella of the Health Commission, and all of the voluntary agencies as well, to get an estimate for 1983-84, and then to put some sort of estimate on top of that to bring back a figure, imprecise though it may be, for 1984-85, I am prepared to do it. He would have to indicate that that is what he wants me to do, and I indicate that that would, as I said, tie up a number of very senior officers for a long time and would cost the taxpayers of this State quite a lot of money.

The Hon. J.C. BURDETT: I am happy to agree with the Minister that there are good services, particularly domiciliary care and other services to aged and disadvantaged people in South Australia—probably better than in most other States. I agree with him about that. I have not asked for precise figures, but it is not unreasonable to ask for some sort of quantification as to how many additional people are likely to be able to be cared for in a home-based or community setting as a result of the targets that I have mentioned.

The same applies to the next matter that I raise on page 23 under 'Issues or Trends'. It refers to the frail aged, the main option for treating aged people, increasing emphasis being placed on a professional assessment by a multi-disciplinary team, expansion of home-delivered and community-based services. In regard to this and to the other matters, I do not think that it is unreasonable, and I cannot really believe that it will involve a lot of senior people in a lot of time and expense to give some sort of quantification.

I do not want the Minister to say that it will involve one person or 50 people: I would accept any kind of quantification except 'a lot' or 'not many people at all', both of which terms were used by the Minister in his reply. It should be possible to give some sort of quantification without too much trouble. There is no point in making statements of this kind unless we can get some idea of what the Minister is talking about. If the Minister makes that kind of comment, he should be prepared to back it up and put his money where his mouth is. The yellow book (page 23) under 'Major resource variations—1984-85—1983-84' states:

> The proposed increase of $6 643 800 in recurrent programme expenditure in 1984-85 represents a 9.2 per cent increase. The main components of this variation are the full year effects of salaries, wages and price increases; increased superannuation costs at Julia Farr Centre and the Royal District Nursing Society; increased workers compensation premiums; and funding for the Independent Living Centre.

This appears to be an admission that inflation and staff benefits are soaking up virtually all the increases in this area. We refer to the proposed increase of $6 643 800: but will the Minister agree with what appears to be the comment in the yellow book that this increase has been absorbed in inflation and staff benefits?

The Hon. J.R. CORNWALL: No; I will give the honourable member details of the subprogramme. The actual inflation rate for the financial year 1983-84 was 7 per cent. The overall increase is 9.2 per cent; therefore, there has been an increase in real terms of 2.2 per cent, and the breakdown is as follows. First, for services mainly for the aged suffering from mental and behavioural disorders, in 1983-84, we spent $13 896 300 and in 1984-85, $14 879 000. The variation is $982 700, an increase of 7.1 per cent, very marginally above inflation but of course, as I pointed out, the home and community care programme will be available for a range of people in the disabled and aged category. Regarding services mainly for the aged receiving institutional care, in 1983-84 we spent $40 288 700 and in 1984-85, $43 674 000, an increase of $3 385 300, or 8.4 per cent. That is an increase in real terms of 1.4 per cent.

In regard to services mainly for the physicaly disabled receiving institutional care, in 1983-84, $2 201 900 was spent and in 1984-85, $2 336 000 was spent, an increase of $134 100 or 6.1 per cent, which is a marginal decrease on the 7 per cent. For services mainly for the aged and physically disabled living at home (in other words, the institutional care allocation was reduced marginally—and this indicates the Government's priorities), in 1983-84 we spent $15 569 300, and in 1984-85, $17 711 000, an increase of $2 141 700, or 13.8 per cent. That is an increase in real dollars in the major area of spending of 6.8 per cent—almost 7 per cent—for services mainly for the aged and physically disabled living at home. I will not go through all the figures, but one notes that the percentage variation overall is 9.2 per cent, which in real terms—real cash, real dollars, real initiatives money—is 2.2 per cent for the 1984-85 Budget. I seek leave to have the table inserted in *Hansard* without my reading it.

Leave granted.

Programme services mainly for aged and physically disabled

Subprogramme	1983-84	1984-85	Variation $	Variation per cent
1. Services mainly for the aged suffering from mental and behavioural disorders	13 896.3	14 879.0	982.7	7.1
2. Services mainly for the aged receiving institutional care	40 288.7	43 674.0	3 385.3	8.4
3. Services mainly for the physically disabled receiving institutional care	2 201.9	2 336.0	134.1	6.1
4. Services mainly for the aged and physically disabled living at home	15 569.3	17 711.0	2 141.7	13.8
	71 956.2	78 600.0	6 643.8	9.2

The Hon. J.C. BURDETT: I thank the Minister for that detail: that is what I was seeking. The yellow book (page 23) under '1983-84 Specific targets/objectives (significant initiatives/improvements/achievements)' states:

The Julia Farr Centre, in conjunction with the South Australian Health Commission, completed a review of the use of the west wing (102 beds) and the nurses home.

What was the outcome of the review?

The Hon. J.R. CORNWALL: I am pleased that the honourable member mentioned the Julia Farr Centre—he got around to that. This is one of the real jewels in the crown. The position is now 100 per cent better than it was three years ago, I am happy to say. There has been a general review of rehabilitation facilities and services throughout the State, and within that review there was a particular survey of the needs of the young brain injured. The rehabilitation programmes have been reviewed and the needs are currently being assessed. That programme has been continuing since December 1982—it is quite a major programme. I expect a report on my desk from the Chairman of the Health Commission who, of course, has particular expertise in this field, by or about Christmas.

Specifically with regard to the west block of the Julia Farr Centre as the honourable member knows (and I am sure everyone else knows) it is chock a block full of asbestos. By and large, on all the information I have been given, it is in pretty good condition, however. Indeed, the last advice I received from a senior officer in the Department of Labour, which is responsible for these things, was that it was not friable, and it was his stated opinion that overall the west block could probably be occupied with safety. However, as again I am sure the shadow Minister knows because he is very sensitively in touch with his shadow portfolio from time to time, the unions have placed a ban on the west block and those matters will clearly have to be resolved before we can undertake to accommodate patients in that building. It is a pretty good building—not the best in town, but probably it will have a replacement value in 1984-85 money of about $10 million or $12 million.

The estimated cost of total asbestos removal is in excess of $1.2 million, so ultimately it may pay us to get into total asbestos removal. Clearly, I would prefer that there be some sort of staged programme for that. Until decisions are taken on the west block and until agreement is reached with the joint union council at Julia Farr, I do not intend that we should develop firm plans to occupy it.

The Hon. J.C. BURDETT: My next question relates to page 24 of the yellow book under the heading 'Services Mainly for Aged and Physically Disabled' and the subprogramme heading 'Services mainly for the aged suffering from mental and behavioural disorders' where the outcome for 1983-84 is $527 000. Are there any additional staff contemplated apart from those for the Royal District Nursing Society?

The Hon. J.R. CORNWALL: The simple answer to that question would be 'Yes'. I am afraid I will have to take the question on notice so that I can give a detailed reply, and I am happy to do so.

The Hon. J.C. BURDETT: I accept that and look forward to receiving detail of the additional staff in due course. My next question relates to page 25 of the yellow book and the heading 'Services mainly for the aged receiving institutional care' where it shows a proposed figure for 1983-84 of $200 000 and an outcome figure for 1983-84 of $358 900. What are the components of the capital expenditure there?

The Hon. J.R. CORNWALL: I am happy to take that question on notice, too.

The Hon. J.C. BURDETT: My next question relates to page 26 of the book and the subheading 'Services mainly for the physically disabled receiving institutional care' where it shows under the outcome figure for 1983-84 an amount of $19 600. What was that money spent on?

The Hon. J.R. CORNWALL: I do not have that fine detail at my fingertips, but am happy to take the question on notice.

The Hon. J.C. BURDETT: My next question also relates to page 26 and the sub-heading 'Services mainly for the aged and physically disabled living at home' under which it shows an outcome figure for 1983-84 of $93 900 and a proposed figure for 1984-85 of $266 000. That is quite a large increase. The question, which once again I am happy to put on notice if details are not available, is what will the $266 000, which represents a considerable increase, be spent on?

The Hon. J.R. CORNWALL: I will take the question on notice.

The Hon. J.C. BURDETT: My next question relates to page 28 of the yellow book where under 'Employment Levels', it shows an outcome figure for 1983-84 of $2 291 400. If one refers to page 23 of the yellow book, it appears that inflation and staff benefits are sucking up virtually all the increase in this area. The Minister denies that. My question relates to employment levels: will the same number of staff be caring for an increased number of people in the current year?

The Hon. J.R. CORNWALL: No.

The Hon. J.C. BURDETT: My next question relates to page 29 and the heading 'Services mainly for the Intellectually Disabled' and the sub-heading 'Delivery Mechanism', where it states:

Services funded by the South Australian Health Commission are provided by institutions such as Strathmont Centre (548 beds), Ru Rua Nursing Home (100 beds) and Minda Home (600 beds).

This is followed by the issues and trends and the significant targets. Is the Minister able to say how many beds are available in the centres mentioned on page 29 of the yellow book, the number of beds being used at present, the rate of transfer from institutions to community living and the waiting list for each institution? I would be amazed if the Minister was able to answer this question off the cuff and would be happy for him to put it on notice. However, I think this question is an important one. This is important, because I believe that where residents of institutions are able to be transferred from those institutions to community living that is a step forward. Can the Minister comment on this matter straight away and will he try to give some indication of these numbers in due course?

The Hon. J.R. CORNWALL: I can comment on one or two aspects of the question and tell the honourable member that at the moment about 400 intellectually disabled people over the age of 30 are living with their aged or ageing parents in the community, people for whom we will have

to provide some sort of accommodation fairly quickly. This problem has built up for more than a decade. It went on under successive Governments of both political persuasions. The simple fact is that the intellectually disabled are not only living longer but in many cases, as I am sure the Hon. Dr Ritson would agree, have a normal life expectancy, so in fact, while the increase in intellectual disability has not shown any statistical or significant increase, we will have more intellectually disabled people living to middle age or old age.

Therefore, we have identified about 400 of those people living with their parents in the community. What happens currently is that, by and large, some sort of misfortune befalls a parent or the parents, whether it be death, sickness, a stroke or the sorts of things that tend to happen in advanced years, and the plight of the son or daughter, who may well be 30 or 40 years old, is suddenly brought to the attention of the agencies, particularly the IDSC, because of that misfortune. We are developing, in conjunction with Minda and our own resources, programmes that will enable us to start to cope with what is emerging as a large problem. We are also actively continuing to support the voluntary agencies in continuing a policy of normalisation, so more and more people are being taken out of institutions and placed in community housing and group living situations.

The difficulty with a programme of normalisation, as I am sure the Hon. Mr Burdett would know, is that in the transition years it requires virtually double funding. This was clearly shown with the policies of the Department for Community Welfare for a decade. It moved from the beginning of the 1970s through to the beginning of the 1980s from having something in excess of 800 children in adolescence in this State in institutions in one form or another to a situation where currently it has reduced that to something like 130 children. Now we are at the beginning of that sort of programme, and those sorts of policies, which were developed, I might say, by the Intellectually Retarded Peoples Project (and with the advice and consent of the Parent Consultative Committee which, of course, has been retained and I am happy to say is functioning effectively and formally) were initiatives that were undertaken during the time that the Hon. Trevor Griffin was in charge of the disabled policy under the Tonkin Government.

Those policies are all being expanded and developed. Additional funding to the tune of $2.4 million has been made available since we came to office. I would have to say at this stage that the indications are that it is not yet enough. So, we will continue to give that a high priority. I personally give it a very high priority in my scheme of things. As to the exact number of beds in institutions, waiting lists, beds in community housing and in group housing, of course, I am not able to give precise figures and I will be happy to take that on notice and get an answer from the Director of the Intellectually Disabled Services Council and make it available to honourable members in due course.

The Hon. R.J. RITSON: Before proceeding with some questions that I hope to have the opportunity to ask tonight, I would like to carry on with a question on the subject that the Minister just referred to. I seem to recall that in the 1940s and 1950s the perceived wisdom of those decades was that parents of Downs syndrome children were very positively and heavily counselled to institutionalise them. As the Minister states, they had a significantly reduced life span due to certain other conditions linked with the genetic problem they suffered. These children lived all their life in institutions and institutions became used to handling this type of patient.

In those days it was said that the argument for institutionalising them early was that if they were not so institutionalised and outlived their parents, then it was extremely difficult to institutionalise them at a later age. I am not sure whether or not that is true, but the wisdom of the days of my own graduate training is a long distance from today's modern knowledge. Has consideration been given to this problem in terms not only of the quantity of places that may need to be provided for such people, but to the difference in quality of the problem of establishing those people in institutions compared with treating people who are already institutionalised?

The Hon. J.R. CORNWALL: Through no fault of my own I am pretty well informed in this area. There is an organisation called Downs Children Incorporated. The President of that organisation is a Mrs Penny Robertson, who is a quite remarkable lady. They are a very active group and I was present at, I think, their annual general meeting at Sturt CAE quite recently.

In fact, I was there specifically to assist with the launching of a kit for the medical and allied health professions. Without in any way wanting to be critical and in the most constructive sense, it is fair to say that there are many GPs in the same position as the Hon. Dr Ritson, who have perhaps not kept up with the current thinking only in this specific area. The conventional wisdom of the 1940s and 1950s and beyond (and regrettably, on some of the evidence that is available to DCI, even now) is that 'You would be better my dear to have the little baby put in an institution right from birth'.

Of course that is not the thinking in 1984 at all. Downs children are able to lead normal lives in many ways and parents are counselled these days from the earliest stage. Early intervention is very important. In fact, Downs Children Incorporated has an important role in this counselling—preferably in the hospital before the mother takes the child home—as soon at it is possible to diagnose the Downs syndrome. Usually, under the normalisation policies, Downs children are supported in the home throughout their childhood and into their teenage years. Of course, under any policy of normalisation, the ultimate goal is to allow that child to leave home just as he or she would if the child had an intelligence within the normal range, and for that reason the general policy would be to try to prepare them, through training and a variety of ways, to take the option to live in a community housing situation, just like any other normal adult, when they reach adulthood.

The Hon. R.J. RITSON: There is the problem of a moment arriving when a generation of parents pass on and a middle-aged group of people is left. Perhaps some achieve independent living but the proportion that does not then has to be taken on board all at once. I was wondering whether the matter had been considered in regard to quality rather than quantity.

I want to ask some questions about waiting lists at the Royal Adelaide Hospital, but before I do I make clear to the Minister that I want to do so in a constructive way and that I am not attempting to lay all of the causation at his feet from one Budget or over one year under his administration or the like. I would like to look at it in terms of its impact on future Budgets but, to begin with, so that we have a common starting point for this dialogue, is the Minister satisfied with the present waiting lists at the RAH in general?

The Hon. J.R. CORNWALL: More specifically, I am far from satisfied with the way that they have been traditionally compiled and kept. The fabled waiting list can mean almost anything. If, for example, the patient is diagnosed as having cataracts by an ophthalmologist at the RAH out-patients clinic, logically the patient would be told, 'You have early cataracts, when they are ripe—when they mature—there is now surgery available. Do not be too distressed. I would estimate that we should operate on those in 12 to 18 months.'

Technically, I am no expert in the field, but the Hon. Dr Ritson would know that cataracts are normally diagnosed relatively early, but are not operable until such time as they have hardened up within the capsule. Those people may well finish up on a waiting list. That does not mean anything: what does mean something in their case is a booking list.

In other words, from the day that the surgeon actually says, 'Yes, they are now operable; we will put you down for surgery,' whether it is three months, six months or whatever, that is the period that counts—not the period two years ago when the cataract was first diagnosed, but of course was inoperable at that time because it was not ripe or mature.

So, what we really need, rather than waiting lists in that sense, is booking lists: how long does a patient wait for elective surgery of any classification from the date that the surgeon says, 'Go'. The only way at the moment that we can really estimate that is to do a patient survey. We intend with this committee that has been set up under the chairmanship of Mr John Cooper (Deputy Chairman of the Health Commission) and the administrators or chief executive officers of the three large teaching hospitals to do a retrospective survey, to place the patients into categories according to the operative procedure and the name of the surgeon. Then, by interview or simple inquiry, one should find out what was the actual date the surgeon said a patient should have a hip replacement, a lens removal, or whatever procedure. We will know the actual date of admission. We will then get retrospectively a far more accurate idea than is presently available.

The Hon. Dr Ritson would know that for 100 years, I suppose, at the Royal Adelaide Hospital and for a significantly long time at the other hospitals, individual surgeons have kept their own lists which have, of course, usually been separate from public and private patients, and from individual surgeons, clinics and operative procedures.

The Hon. R.J. Ritson: You have to make 300 phone calls around the city to find the answer to a single question in each of 300 instances if you are starting to investigate. Tedious, isn't it!

The Hon. J.R. CORNWALL: It is tedious, but it ought to be done. Arising from that information we will change the system, which is quite unsatisifactory in 1984. It is my view that we should be able to press a button and find out precisely how many people are waiting for a hip replacement at the Royal Adelaide, Flinders, and Queen Elizabeth Hospitals, and how many are public and private patients. It could be rationalised, and if the waiting time is much shorter at Queen Elizabeth, could we not offer those people waiting longer times at Flinders the option of the procedure at the Queen Elizabeth?

The Hon. R.J. Ritson: You're saying that there must be something better than a biro to do this.

The Hon. J.R. CORNWALL: There must be something better than a biro, indeed. The other thing we must remember (and I am sure that the Hon. Dr Ritson more than anybody else in this Parliament would be actually aware of this) is that the present system encourages surgeons to have long waiting lists. Individual surgeons look to maximising the allocation of resources to their particular unit. That is human nature.

It is logical for me as a surgeon at the Royal Adelaide or anywhere else to want to have access to a maximum number of beds; so if my list appears to be longer than Dr Ritson's list, of course I am likely to be allocated more beds and more resources—not me personally, honourable members understand. I have no personal ambition to have a waiting list at the Royal Adelaide, or to be on one. However, that is the position: Dr Smith versus Dr Brown, and there is a vested interest in building up that waiting list in many cases.

There has got to be a better way. I am very pleased that the Hon. Dr Ritson was responsible for first raising the matter in this Chamber. I am pleased to inform him that, at a conservative estimate, we will be able to obtain all the data and do our forward planning within six months. Within six months I believe we will be in a position to report accurately on the real state of the waiting and booking lists for individual surgeons, individual hospitals, public patients, private hospitals and for the system generally. It will also be possible to devise a system which is far more rational, far more co-ordinated and far more equitable without prejudicing a patient's right to choose.

The Hon. R.J. RITSON: I wanted to establish whether the Minister was satisfied with the present situation so that we could then begin to deal sequentially with a number of things that he has described at large. In fact, the Minister has given me an information overload, so I hope he forgives me if I work sequentially through several questions. For the reasons stated by the Minister, in particular because no systematic analysis of this problem has been done in the past, and because it took him two months to answer one quarter of my question on notice—and that is no criticism, because I understand exactly why that happened—it is quite clear that no-one in the past has been able to do this, or has attempted to do it. Therefore, we cannot know where we stand by comparison. However, when very major fluctuations occur practising doctors notice it. In the late 1960s and early 1970s waiting times for elective surgery were very short and almost non-existent.

I have some views on the effect on Medibank Mark I, which was minimal, and I do have some views on the effect of Medicare. I do not propose to debate that philosophy in this context. However, I may pursue that area tomorrow when we note the Budget papers. It is difficult to compare retrospectively, but there is strong evidence in relation to booking lists. Earlier when I referred to waiting times I did mean booking lists, which is the time between a decision to operate and the availability of theatre time to do so. I have been told by a number of people, by phoning surgeon friends of mine and discussing the matter with medical people at social events, that surgeons are adding more names to their booking lists each week than are being removed from lists by virtue of the fact that patients are operated on. At present, there appears to be an increasing booking list.

I admit that using the simple method I used of making a dozen telephone calls and talking to a dozen people is nothing like a complete survey of the situation, and that in my small sample I could have missed clinics that have reduced waiting times. However, is the Minister aware that at present in a number of very significant clinics, booking lists are increasing?

The Hon. J.R. CORNWALL: The reason we took so long to get the information relating to the Hon. Dr Ritson's Question on Notice was not that anyone wanted to be dubious or devious: the simple fact was that the search highlighted the fact that we did not know, and that was unacceptable to me. I thought that that was quite extraordinary in this day and age of computers. I thought that we could press a button at the Royal Adelaide Hospital and up it would come with this information in tremendous detail: name of surgeon; classification of operative procedure; number of patients booked; waiting time; average waiting times; maximum waiting time; minimum waiting time; private patients; public patients; and the whole thing. However, that is what the Hon. Dr Ritson will get before the end of next year.

However, the reality is that the system has not changed, not only since the days of John Gorton's heart transplant

for $5, back in the halcyon days of Dr Ritson saving lives in the central northern metropolitan area—

The Hon. L.H. Davis: And he saved lives very well.

The Hon. J.R. CORNWALL: I can speak very well of Dr Ritson as a general practitioner.

The Hon. Frank Blevins interjecting:

The Hon. J.R. CORNWALL: Yes. Perhaps there is no degree of life saving: it is fairly absolute, as I understand it. The simple fact was that one could ask the same question of six hospitals and one would get it interpreted in six different ways. Therefore, the figures having been refined and bounced about—and Mr Allan Bansemer was actually responsible for trying to collate them all and make sense of them—they are still wildly all about the place. To give but one example, I think that the maximum waiting time for cosmetic surgery was given in one reply as 390 weeks—almost eight years.

The reality was that that particular patient was a 'tats' man—multiple tattoos—and experience has shown that, as techniques in tattoo removal have improved and are done by cosmetic surgeons under the right conditions, it is now a reasonably satisfactory, albeit difficult and not very pleasant, process. However, some of these characters, if one made the service available, would change the name of the tattoo every time they changed their girlfriend, and that has literally happened once or twice, so they tend to be on the longest possible list. There is no danger to life or limb by leaving them and very often their attitudes towards tattoos and the wearing of them tend to change over that seven or eight-year period.

The Hon. R.J. Ritson: They affect other attitudes, too—the attitude of some of those people affects the surgeons' enthusiasm.

The Hon. J.R. CORNWALL: I believe that that is true. However, when one first sees that starkly on a table which simply states 'cosmetic surgery' and which can relate to something necessary for the social wellbeing of a patient who has some sort of deformity, or something needing genuine cosmetic surgery to enable them to function in society, it looks pretty dreadful. When it is actually explained it makes a little more sense. With regard to whether or not waiting lists have blown out in the last 12 months or since the advent of Medicare on 1 February, there is no more than anecdotal evidence available about that matter at this time.

If I had accurate figures and they had blown out, I would certainly place them before the Council without hesitation. I would immediately go to my Federal colleague and say, 'This is what has happened under Medicare. Clearly, within the spirit and intent of the Medicare agreement we need additional funding for our private hospitals.' But the evidence at this stage cannot be documented until we have done the surgery exercise, and it is purely anecdotal. What I can give the Council at this moment are the very latest figures available. They will need to be validated and therefore must be treated with a little caution. They were not available during the Budget Estimates Committees. These are the figures for the metropolitan public hospitals. They show an increase in admissions for August 1984 *vis-a-vis* August 1983.

The Hon. L.H. Davis: Just one month?

The Hon. J.R. CORNWALL: Yes, and therefore they have to be treated with great caution because there was a kick and a bump in July and again down in August.

The Hon. L.H. Davis: You wouldn't hang your hat on it?

The Hon. J.R. CORNWALL: No; do not take them as being other than indicative. The figures suggest overall that admissions increased by 5 per cent in August 1984 *vis-a-vis* August 1983, but that the number of occupied bed days is down by 1 per cent. So, we are seeing 5 per cent more patients overall, as an average figure, and the overall length of stay has clearly gone down significantly, to give a net effect of −1 per cent. They are the most accurate and up to date figures that I have at the moment.

As I said, I am afraid that in this matter members will all have to bear with me. I hope that we have a comprehensive report within six months and that action following that report will mean that at this time next year I will be able to give far more accurate figures. Information in this business is what it is all about. If one does not have adequate information services as a tool for management one cannot hope to get the sort of efficiency that we are looking for in the hospital system generally.

The Hon. R.J. RITSON: I thank the Minister for those statements. I now will make some comments to him about possible interpretations of those figures and ask him to do something. I suggest that the sort of thing that he has to think about is that a 5 per cent increase in numbers of patients treated at a hospital, coupled with a lower bed utilisation, may reflect a larger number of people who now rely solely on Medicare and therefore go to the public hospitals for all their treatment. This may mean a larger number of minor and less serious cases presenting to the hospital: laparoscopic sterilisations and procedures like that. It may not have anything to do with waiting lists or booking lists.

I suggest to the Minister that in a matter that is particularly of concern to me, namely, hip replacement, a booking list might be a bit like long hair: when it gets long enough it stops by itself because the crumbling at the ends equals the growth rate. So, one may think that the problem is not increasing when, in fact, an increasing number of people are being denied service but are dying instead of getting to the operating table. With great respect to the Minister, there is enough evidence to indicate that the waiting times or booking times for hip replacement are unacceptable in many clinics. It is a very major operation that is done only for extreme pain or major cripplement.

Once the decision to operate has been made, it is a shame if anyone has to wait in pain for even a few months. I suggest to the Minister that a problem exists there, and perhaps it can be measured not in the public hospitals but, like the ends of the hair that drop off by themselves, some of these people are dropping into private hospitals as uninsured patients—some of them of very limited means—and putting their life savings together to pay for that operation to get rid of the pain or to walk again, because of some of the waiting lists they have encountered. One private hospital today told me that in the past six months the number of uninsured private patients who have paid cash for a hip replacement, rather than rely on the public system, has increased by 100 per cent. Admittedly, it was a very small sample size—it went from seven to 14 in the comparable period of the previous year.

I ask the Minister whether he would consider that one of the things the task force ought to do when assessing this complex problem is look at some of the non-public hospitals and count the cash-paying people who have gone there for hip and other joint replacements because of the waiting lists or booking times at public hospitals. This is not a stunt or criticism—we accepted that premise at the start of this discussion. I will not quote names, but I had an example of a pensioner on a full pension who had scraped together his life savings for a hip replacement because he could not wait. Will the Minister, as part of the task force investigation, assess that side of it? It may be that some sort of contracting out, with financial controls, to give Medicare to that patient instead of his paying cash at a private hospital would solve that problem. I think that the private hospitals ought to be examined for the time of the waiting lists.

The Hon. J.R. CORNWALL: I will be glad to refer that to the waiting list working party as a term of reference. I do not think there is any real indication at the moment that we should remotely consider contracting out. There are still a number of things we can do to increase the turnover of surgical patients. I do not want to steal my own thunder on this story, because I want to do it with a slight fanfare of trumpets, but I will give a sneak preview. In the near future, when we have validated those savings under the Medicare arrangements about which I was talking, I intend to commission the remaining 16 surgical beds at Flinders. I also intend to give Flinders additional initiatives money to open the Aitken Theatre, which will relieve some of the pressure on what is clearly the busiest hospital in metropolitan Adelaide in terms of pressure. Obviously, it is not as big a hospital as the Royal Adelaide Hospital or the Queen Elizabeth Hospital, but Flinders is the busiest and has the highest bed occupancy. Commissioning 16 more beds and the eighth operating theatre will help to some extent. We are increasingly doing day surgery, which is an effective way of approaching things for a range of surgical conditions.

The Hon. R.J. Ritson: But not hip replacement.

The Hon. J.R. CORNWALL: Hang on! Day surgery clearly takes pressure off the beds. Patients are not coming in the night before, occupying a bed at an expense of $250 a day to the taxpayer. We could put them up at the Hilton and have anaesthetists do the rounds on the floor of the hotel.

The Hon. L.H. Davis: They could even have a sauna to soften them up.

The Hon. J.R. CORNWALL: They could, indeed. That raises the other point, whether a person will have a hip replacement, an arthroscopy or any other surgical procedure that involves a stay in hospital for two days or two weeks. Increasingly, the sensible thing to do would be for an adult to be admitted to hospital early in the morning so that, instead of going to hospital at 4 p.m. as is traditional for the convenience of the anaesthetist, assessments and examinations could be conducted outside the hospital situation or in an outpatient situation.

That one night saved might not mean much taken in isolation, but extended across the whole population, in the case of, say, the RAH, such a procedure could save 15 000 occupied bed days. That is a guesstimate—it is not an accurate figure, but it is something of that magnitude. Just as my giving up salt probably will not do anything for me personally, if the entire population gave up eating salt I am sure that it would work wonders for hypertension problems. One person going into hospital in the morning in isolation will not mean much, but taken overall it might free up perhaps 60 000 bed days. They are the sorts of things we are considering. If it becomes obvious from the survey that waiting lists are unacceptably long—

The Hon. R.J. Ritson: In some disciplines.

The Hon. J.R. CORNWALL: Yes, and the honourable member referred to hip replacements specifically. Several options would be available, one being to rationalise and coordinate the services between hospitals to give patients the option of moving from hospital A to hospital B because they could be admitted in four weeks instead of 14 weeks, or whatever it might be. There is also the possibility of rationalising the public versus private lists and individual doctor and clinic lists.

Having done all that, if there is still evidence that, in regard to certain surgical procedures or disciplines, we are unable to provide a reasonable sort of service, I would examine contracting out. Might I say, however (and I must be very careful how I phrase this, because I most certainly do not want it to be misinterpreted), in certain operative procedures and disciplines, as the Hon. Dr Ritson would well know, a modest waiting list can be a tool in reducing elective overservicing or discretionary overservicing.

The Hon. R.J. Ritson: The theory of the queue.

The Hon. J.R. CORNWALL: No, the honourable member should not start that British National Health Service theory of the queue nonsense. I said that I was putting it very carefully, and I knew that the honourable member was too much of a gentleman to misinterpret my comments for base political reasons. I will cite the classical case in point, which is obviously tonsillectomy, and I do not believe that any medical practitioner could argue about that.

The Hon. R.J. Ritson: That is where the indications are a bit subjective. They are not measurable.

The Hon. J.R. CORNWALL: The honourable member is quite right. If the waiting list at the Adelaide Children's Hospital extends by a week or two weeks, and if the course of penicillin or whatever is extended over part of that period, experience progressively is in 1984 that a number of people elect not to go on with that tonsillectomy. I would not accept the position held politically and traditionally in this country—nor would anyone else—that waiting lists are extended to a point where patients are literally dying before operative procedure can be carried out. I want to make that very clear. I am not advocating the use of the queue as a cost control mechanism.

I am well aware that politically and practically that is unacceptable in this country. However, I think we have to approach the matter rationally. We will be living in an era of rationed resources from this moment on. The Hon. Dr Ritson referred earlier to his period of practice in the 1960s when it seemed that growth would never end. In those days, Australia was spending about 4.1 per cent of its very considerable gross national product on the total spectrum of health care, including hospitals. That doubled in this country before the end of the 1970s. From the early 1970s to the end of the 1970s it went over 8 per cent, and, in fact, reached close to about 8.2 per cent, as it did in every advanced country in the Western world during that period. The computer arrived and there was an explosion of medical technology.

The Hon. R.J. Ritson: With respect, you have answered the question satisfactorily. I would like to proceed to another question.

The Hon. J.R. CORNWALL: Someone said that we have to put a cap on it. However, it is most important. The honourable member and I are able to have a very intelligent discussion on these matters, unlike some of our colleagues. We have to put a cap on it here and elsewhere and that means that we now live in a different world in 1984 from what we did in 1974 or 1964.

The Hon. R.J. RITSON: I accept the Minister's assurances of concern on issues such as hip replacement and the more important aspects of surgery. If by the use of day surgery minor cases are shifted out and major cases are shifted in, certainly that will go some way towards alleviating the problem, but there will be budgetary consequences because the surgeon in that operating theatre is just the top of the pyramid. The Minister knows this better than I do: there is nursing staff, physiotherapists; those major cases require much more support, so it will cost.

One of the difficulties in the past that I have raised in this Chamber a couple of times has been a budgetary constraint which has operated through the question of nursing staff overtime. I could describe to the Minister instances of quite serious injuries being admitted to that hospital on a Friday or Saturday, the case being serious and important, but the hospital declining to open up another operating theatre (the emergency theatre already being in use) and arguing that the case could keep until Monday. The case is put on a list for Monday, and that requires displacing a

Monday patient to the Friday list. Because of the 5 p.m. curfew there, it would mean a Friday patient was sent home. One of the consequences of not doing that but allowing greater utilisation of operating theatres will be increased cost for nursing overtime and that will be compounded in its budgetary impact by the present Government's policy of, if I understand the Hon. Mr Wright correctly, encouraging the 38 hour week.

The Hon. J.R. Cornwall: We are not encouraging that; that is a misnomer.

The Hon. R.J. RITSON: I am not attributing that policy to you, Mr Minister.

The Hon. J.R. Cornwall interjecting:

The Hon. R.J. RITSON: I accept the Minister's concern. I accept his indicating to us the sorts of things he may do to alleviate the matter once it is scientifically quantified, but there will be those budgetary allocations. The Minister has produced a standstill Budget, having regard to inflation. If appropriate evidence comes to hand, will the Minister supplement those hospitals to the extent necessary to meet the extra costs involved? Secondly, in regard to the idea of titrating patients between different clinics and hospitals I would say that, yes, that is a very good idea provided that it is done at the initial referral stage. However, once a case has been worked up pre-operatively there may be either duplication or surgeons operating on patients that they have not seen before, like the English system. But certainly if referring doctors can be encouraged to spread the work more evenly, and the admitting clerks should assist with that spread, I commend the Minister on that move. I would like to be assured that supplementary funding will be available if any plan to erode the waiting list in a meaningful way was put into action.

The Hon. J.R. CORNWALL: I thank the honourable member for that most useful comment. While we are exchanging intelligent comments across the Chamber, might I also say that in the case of private patients in public hospitals in particular I am aware that many of them are prepared to wait for their surgeon because of the old business of having faith and confidence in him and of knowing his good reputation. Of course one hopes that that will go on long after both Dr Ritson and I have been interred either physically or politically. In regard to supplements to meet costs, let me say two things. First, it is a fact of life that at the Royal Adelaide Hospital we train many of the senior nursing sisters for theatre duties. The training that those theatre sisters receive at the RAH is second to none. However, we then lose them to the peripheral hospitals for one very good reason—there is a hell of a problem with car parking. That is a fact. At this very moment we are negotiating to try to obtain additional car parking spaces, I think behind Ayers House.

The Hon. R.J. Ritson: Perhaps a multi-storey long-term investment for the future.

The Hon. J.R. CORNWALL: There is certainly a school of thought that maintains that we need a multi-storey car park on the campus of the RAH: I have taken that matter, like so many other questions tonight, on notice. I am not about to canvass that matter one way or the other. In regard to the matter of supplementing hospitals to meet costs and whether we should make overtime available in the theatres in order to reduce waiting lists and so on, as I recall that was the practice engaged in prior to about 1981. When the hospitals were being clamped fairly severely (which occurred over successive State Budgets beginning in the late 1970s, when the screws went in or when the shoes were starting to pinch, if I can mix my metaphors) that practice was universally discontinued. However, I make it very clear that those sorts of decisions are decisions to be made by individual hospitals within their global budgets. If that is one of the ways that they opt to live within their means, and they take every other step to do that but within that global budget cannot allocate additional resources for such a purpose (and I had better be very careful because there is a senior Treasury officer in the gallery)—

The Hon. R.J. Ritson: But it is a decision that you might have to make.

The Hon. J.R. CORNWALL: Steady, Dr Ritson—do not be impatient. If those individual hospitals can come to the Commission and can validate a claim that their waiting lists are growing to the extent that patients are obviously disadvantaged, such hospitals would have a legitimate case for budget supplementation for the specific purpose of alleviating such a problem, and both the Commission and the Government would give such a request due and positive consideration.

The Hon. L.H. DAVIS: There are a large number of consultants employed by the Health Commission in the areas of marketing, computers and, of course quite recently, health promotion. While I do not expect the Minister to have answers at his fingertips, I would be interested to establish in time the number and names of consultants, the details and value of consultancies and whether in all cases they have been established under proper authority. I would appreciate it if the Minister will comment on the role of consultants generally in the operation of the Health Commission. The Minister can take the details on notice—

The Hon. J.R. CORNWALL: I think you said that you wished me to comment. I was one of the people in Opposition who was very critical of what I then believed to be the apparent overuse of consultants by the then Tonkin Government.

The Hon. L.H. Davis: That is why I am asking the question.

The Hon. J.R. CORNWALL: Yes. They have a legitimate role in areas like the health industry. One has to be very careful, of course. For example, it obviously saves money if one gets a consultant in to do a job for which we do not have the expertise and for which it would not pay us to develop the expertise. But, there is no point in having a Health Commission charged with being the overall administrator/supervisor of a health system and not having within that Commission a very substantial degree of expertise, which we do have when we know that expertise will be used on a continuing and regular basis and, in fact, person to person. I do not think that there is any question that we have the best health administrators and professionals in this country currently employed in the Health Commission.

I hasten to add that the great majority of them were there even before I became Minister. I say that with the humility for which the Hon. Mr Davis knows I am becoming legendary. We have to be careful, in a city like Adelaide, where there is a relatively small number of consultancy firms and a relatively small number of individuals in those firms, of two things that can happen. One is that the buddy system, if you like, that can tend to operate if there is not a series of checks and balances. I discussed this with one of my very senior officers quite recently and assured myself that it was not happening. One has to do that on a regular basis.

The other thing is that one has to be careful that one does not get a consultant who simply picks the brains of the best six people in one's organisation and presents a bill for $50 000 for doing it. I have continually endeavoured to assure myself that that is not happening, and at this moment I believe that to be the case. They are the two pitfalls. If one can be sure to the extent possible that that is not going on, I think consultants have a very legitimate role. We will certainly continue to use them. Concerning the details of consultants, consultancies and amounts of contracts, I will be pleased to obtain those figures preferably for the financial

year 1983-84 (1 July to 30 June) if that will satisfy the honourable member.

The Hon. L.H. DAVIS: Yes. In looking at the health budget in aggregate, obviously some 70 per cent or more is directed towards covering salaries and wages. Therefore, any adjustment to rates of pay and/or working conditions outside Budget Estimates could well have a significant effect on the ultimate Budget result.

There have been, for example, pressures to introduce a 38 hour week in lieu of a 40 hour week, and my colleague the Hon. Dr Ritson has already alluded to that point. This could lead to an increase in salaries and wages in real terms in the sense that a greater number of staff would have to be employed. Could the Minister advise whether there is any likelihood of the introduction of the 38 hour week in 1984-85? For example, in the metropolitan public hospitals, the introduction of a 38 hour week would undoubtedly have a significant impact. Could he say whether any account is taken of the likelihood of the introduction of a 38 hour week in the budgeted figures for 1984-85 and what that impact would be in money terms?

The Hon. J.R. CORNWALL: Any of those sorts of variations which arise in any given Budget year are funded by Treasury from the round sum allowances. We do our budgeting at a State level rather differently to that at the Federal level. We do not telegraph our hand by saying that we expect that the rise in wages and salaries in a certain year will cost us an extra 5.3 per cent, because that tends to be a self-fulfilling prophecy, so the round sum allowances are set aside for the inevitable increases that will occur in a whole range of areas. We would therefore expect any increase in those areas within the health industry to be funded from the round sum allowances by Treasury. As such, that is not something that impacts on the health budget, but most certainly it impacts on the State Budget overall.

The Hon. L.H. DAVIS: Could you specifically answer the question whether or not in your 1984-85 Budget figures you have taken into account the likelihood of the introduction of a 38 hour week?

The Hon. J.R. CORNWALL: The simple answer to that is, for the maintenance staff, yes, and for the nursing staff, no.

The Hon. L.H. DAVIS: I will develop the final point that was made by the Minister. He said that the introduction of the 38 hour week had been taken into account in certain sectors of the health industry but that no provision had been made for nursing staff. I think that is what he said. Does the Minister believe that there is a likelihood that a 38 hour week for nursing staff will be introduced in 1984-85?

The Hon. J.R. CORNWALL: As you know, Mr Acting Chairman, negotiations are proceeding at this moment and it is a very poor negotiator who shows his hand, just as it is a very poor card player who does likewise. The claim for a 38 hour week based on a 19 day month has been current virtually since we came back into Government in November 1982. The 19 day month is now the rule rather than the exception in areas of public employment. We have resisted it in the health area generally, both in the non-nursing and the nursing areas.

By and large, the public sector unions involved have been very co-operative. As long ago as, speaking from memory, August 1983 an oversights committee was established under the aegis of the United Trades and Labor Council at the instigation of the Minister of Labour. That committee comprised representatives of the South Australian Health Commission, the Public Service Board, the Department of Labor and the unions concerned, which included the Royal Australian Nursing Federation (now affiliated with the Trades and Labour Council), the Public Service Association, and the Australian Government Workers Association.

We had said originally that we would not grant a 19 day month in the health area in South Australia until there was substantial movement in other States. Victoria had granted the 19 day month to honour an undertaking that had been given by the Hamer Government. I imagine that it was done with much more piety than forethought. It was introduced on an accrual basis. That was the only way in which it could be done: they simply did not have the nurses to put in the wards to organise monthly rosters on a 19 day month basis. The Australian Capital Territory, the Northern Territory and the Veteran Affairs Department hospitals have had it for some time now, and the other States are teetering on the brink.

In Western Australia, the non-nursing areas now have the 19 day month, but not the nursing areas. We conceded it here eventually in the non-nursing areas, effective in the practical sense from 1 October 1984. However, it has not yet been conceded in the nursing areas, although negotiations are proceeding on certain items such as the policy on accruals, and on substantial offsets, which are not easy to obtain or attain in the nursing areas. Nevertheless, several have been negotiated and others are being actively negotiated. These sorts of things are still matters for negotiation.

The Hon. L.H. Davis: But you accept the inevitability of the 38 hour week?

The Hon. J.R. CORNWALL: Once substantial agreement has been arrived at, or there is emerging evidence that we are going towards substantial agreement—

The Hon. L.H. Davis: In this financial year?

The Hon. J.R. CORNWALL: Just a moment—then I think that the date of introduction is the thing that remains to be negotiated.

The Hon. L.H. Davis: When would you expect that to be?

The Hon. J.R. CORNWALL: I will not put a precise date on it. As I said earlier, a good poker player never shows his opponent his hand. However, on the balance of probabilities, we could expect to see a 19 day month before the expiry of the 1984-85 financial year. As to what month that might be, I cannot comment at this stage.

The Hon. L.H. DAVIS: I accept the Minister's understandable reluctance to be tied down to a precise time regarding the introduction of a 38 hour week for nursing staff. However, as this Budget was framed with a 38 hour week for other sectors of the health area, it seems surprising, as well as remiss of the Government, that it has budgeted without taking into account the real likelihood that a 38 hour week would become a *fait accompli* for nursing staff in metropolitan public hospitals during the 1984-85 financial year.

As I said, I accept that the Minister has to be understandably coy in not putting a time frame on the introduction of a 38 hour week, but I judge from his very coyness that it is going to be closer to this date than 30 June 1985. Given the significant percentage of salaries and wages taken up by the nursing sector in metropolitan public hospitals, what will be the total salaries and wages bill for nursing staff in metropolitan public hospitals in round terms? It is reasonable to suggest that the Minister must have some assessment of what the impact of the introduction of a 38 hour week for nursing staff will be on the budgets of metropolitan public hospitals and certainly the Government, although it has not budgeted for it, presumably will find the money for it.

The Hon. J.R. CORNWALL: I would make three points very briefly, as is my wont. First, the question of wages and salaries in the public sector generally and the likely movements in wages and salaries in any financial year is a matter taken into account by the Treasury and the Treasurer in

framing the State Budget, and that prudent allocation is held within the round sum allowances. They do not allocate dribs and drabs. That is a matter for the Treasurer and Treasury. That is how it operates.

In regard to the 19 day month and the 38 hour week itself, I have said often that that, combined with the movement to tertiary based nurse education, are easily the biggest problems facing me in practical terms as Minister of Health in my first term. The simple fact is that to implement it fully in the public hospital system in this State would require, on our estimate, about an additional 450 nurses, and a further 150 nurses in the private sector, which provides about 25 per cent of the hospital beds in this State. Finding an additional 450 or 600 nurses is very difficult. We will have to do a number of things. We will have to provide hospital-based childminding facilities; we will have to very actively recruit those 9 500 registered nurses who are out there somewhere outside the nursing work force, with or without young children. There are a variety of reasons why they are out of the nursing work force, but how the heck we can get 400 to 600 of them back in is something that at the moment I cannot say with any great accuracy.

We are negotiating on the ratio of enrolled nurses to registered nurses because, of course, we can train an enrolled nurse within 12 months. All those things are considerations. Accruals are very important, because it is obvious in the first six months that we simply will not have the nursing staff to put in the wards. All those things are matters not only for negotiating with the RANF now but also for practical consideration by administrators, directors of nursing and all those other people involved in organising rosters in individual hospitals.

We have done a lot of homework as to the actual costs, and, as I said, there have been on-going negotiations to try to maximise the offset. One of the positions put to the RANF this morning when the Minister of Labour and I met with its representatives was a continuing push involving their co-operation in maximising offsets.

The best figures I could put on it at this moment (in round terms) in the nursing area in public recognised hospitals throughout South Australia is between $4 million and $6 million additional full year costs for a 38 hour week, based on a 19 day working month.

The Hon. L.H. Davis: For nursing staff?

The Hon. J.R. CORNWALL: Yes, I said that.

The Hon. L.H. DAVIS: I thank the Minister for that information. A reduction in hours worked by nurses from 40 to 38 per week would, as the Minister observed, mean recruitment of many additional nurses. He has sought to quantify that in dollar terms, for which I thank him. Of course, it will mean many more competent nurses. Does he believe that those nurses exist in the South Australian system?

The Hon. J.R. CORNWALL: I think that the simple answer to that is that neither I as Minister of Health nor anybody else in the State knows at this time. We know that they exist, but we do not know why each of them is not in the nursing work force and we are not too sure whether we can get 400 to 600 of them back into it.

The Hon. L.H. Davis: That is the figure, is it, 400 to 600?

The Hon. J.R. CORNWALL: In the public recognised hospital system throughout the State the estimated number is upwards of 450. Of course, there must be ratification by the Industrial Commission within the guidelines and so on and I suspect that the private sector will oppose it before the Commission, but in the event that it is granted they too will be looking for an extra 150 or so nurses. We need to put upwards of 600 additional nurses in the wards to organise the rosters on a fully satisfactory basis, eventually.

One must view that against the introduction of a 1 200 hour curriculum for hospital based nurse training. It is going from 1 000 hours to 1 200 hours, which will take some students out of wards at block training and other times. One must view that against the firm decision of the Federal Government to move towards tertiary based nurse education fully by 1993 and the fact that from next year there will be a progressive expansion of tertiary based nurse education. When one considers all these things together, one realises that most of my insomnia comes because I wake up in the middle of the night wondering how I can cope with the multi-faceted nursing problem that will be with us from this moment possibly, or indeed certainly until the end of the 1980s.

The Hon. L.H. DAVIS: Much has been said about beneficial effects of the salaries and wages pause initiated by the Fraser Government and sustained by the Hawke Government. It is particularly important, of course, in the case of the health budget that salaries and wages increases do not break away from the budgeted figure. What is the projected percentage increase in salaries and wages that has been used in calculating the salaries and wages component of the health budget?

The Hon. J.R. CORNWALL: I make two comments: that is not the way the State Budget works, as I explained earlier. An inflation rate has to be projected for the coming financial year in the Federal Budget . We do not do that and have never worked that way in South Australia. However, there is an amount set aside in a round sum allowance so that a projected increase, whether it be 2 per cent or 6 per cent, does not become a self-fulfilling prophecy so that that amount is not quantified. It is not a figure made available department by department so that each category of employee and each department, or areas within the Health Commission or health sphere, can say, 'We know we can go for a 6 per cent rise this year because the Government has budgeted for it.'

It is just not done that way. The other thing that I hasten to point out is that the guidelines still operate: they are still quite firm and they are part of the accord. None of these matters can or would in our wildest moments be negotiated and arrived at by some sort of sweetheart agreement. Clearly, at the end of tough negotiations, regardless of what is arrived at and what either side might consider to be a fair deal, the matter still has to be ratified in the Industrial Commission. I assure the honourable member that taxpayers' dollars are being carefully shepherded in the health industry. I share the members concern that the last thing that we would want during this period of sustained, albeit fragile, recovery is some sort of wages explosion, whether in the public sector as a pace setter, in the private sector or anywhere else.

The Hon. L.H. DAVIS: The Minister would accept that from time to time there has been inevitable criticism of the bureaucracy, whether departments, statutory authorities or, in his case, the Health Commission. Have any special instructions been given by the Premier's Department, the Health Commission or by the Minister himself as regards the level of employment numbers within the Health Commission and the level of senior positions, for example, EO and AO levels, within the Health Commission? Has any specific direction been given either externally or internally with respect to the number of senior positions in the Health Commission?

The Hon. J.R. CORNWALL: The overall policy remains as it was when we came into Government, that is, to restore employment in the public area to 30 June 1982 levels. From memory, that was attained within the first 12 months of our coming to Government. It has been held at about that ceiling ever since. It also meant that that was an overall figure. It is possible that there are 200 or 250 more people employed in the health area now, whereas to return it to a particular figure might have required only 150 people. In other words, if we now have a surplus of 100 people,

someone else has 100 less, or vice versa. It is an across-the-board figure.

In relation to the administrative officer and executive officer levels, there is a firm instruction from the Premier (wearing his hats as both Premier and Treasurer), which has been adopted by Cabinet, that all departments and statutory authorities are to actively review the numbers of persons employed in AO and EO classifications. The target in the 1984-85 financial year is a reduction of 5 per cent in AO and EO classifications to stop what is termed the 'classification creep', which results in less clerical officers grades I and II and more movement into the administrative and executive officer levels. To stop classification creep the direction is that overall there is to be a target of a 5 per cent reduction in those classifications in 1984-85, and that that reduction is to be repeated in the two successive years. I will not comment on how achievable that is overall for two reasons: first, it would be quite foolish of me to try and speak for departments outside my portfolio area; and, secondly, I make the point that for those of us in the Commission it probably presents particular difficulties as we tighten the administration.

The Commission is a body of about 300 people. It is responsible for the management, supervision, direction and control of health units that employ about 22 000 people. It does that within 1.7 per cent of the total health budget, so more and more we hope to make it a tight and cohesive centre containing lots of expertise. To do that, I do not mind if the numbers come down: they have tended to come down over some years. The more they come down the better, provided levels of expertise go up, so I believe that we have a particular difficulty in meeting that 5 per cent reduction figure; nevertheless, we shall certainly be trying.

The Hon. L.H. DAVIS: The impact of Medicare is obviously important when seeking to establish the pressures and likely areas of cost overruns in the Budget. Yesterday, in response to a question, the Minister conceded that during the first three months of fiscal 1985, to 30 September 1984, there was an increase of 1 per cent to 2 per cent in activity levels in public metropolitan hospitals. I am sure that he will recollect that figure, and by that I take it that he means an increase in occupied bed days. I think that that is probably what he means when he talks about an increase in activity levels.

I know that there are many ways of discussing this problem and I accept his earlier argument that admissions are not the way, of course, of making judgments on movements in or pressures on metropolitan public hospitals. Yet, on the same day the Federal Minister for Health, Dr Blewett, said categorically on an Adelaide ABC talk-back radio programme— and I have heard a tape of this statement—that the introduction of Medicare had had no impact at all on activity levels in public hospitals. The Minister has claimed that he is a close friend of Dr Blewett and obviously one would presume that, as Ministers of Health who are both devoted and committed to Medicare, they would be monitoring the impact of Medicare very closely.

I find it inconceivable that there has been a disagreement of such a fundamental nature with respect to the impact of Medicare, so I would like the Minister to outline to the Council which Minister is right—whether his Federal colleague or he, as State Minister of Health, is correct in this judgment of what the impact of Medicare has been on activity levels in public hospitals.

The Hon. J.R. CORNWALL: It is perfectly true that I count Dr Blewett among my friends and I am very happy and proud to do so. He is one very outstanding Minister in the Hawke Government—perhaps one of many outstanding Ministers in the Hawke Government, but even more outstanding than some of the outstanding ones. Of course, he is a statesman, by and large. I classify myself more as a humble provincial politician, and when he speaks about—

The Hon. R.I. Lucas interjecting:

The Hon. J.R. CORNWALL: No, I was just thinking that the Hon. Mr Davis was getting into the hyperbole while asking questions—

The Hon. L.H. Davis: I have been a good listener to your answers, Mr Minister.

The CHAIRMAN: Order!

The Hon. J.R. CORNWALL: Perhaps, Mr Chairman, he drank too much of that Hawker water to which he referred earlier today.

The Hon. L.H. Davis: I wouldn't even start.

The Hon. J.R. CORNWALL: It is not inconceivable that Dr Blewett should say that, overall, the evidence suggests that there has been very little change in activity in the public hospital system because he is speaking from his national perspective.

The Hon. L.H. Davis: No, he didn't say that.

The Hon. J.R. CORNWALL: I did not hear the interview. I do not know what he said, but there is a clear difference between—

The Hon. L.H. Davis: I'm telling you the truth. He said that any increase that occurred was due to industrial dispute. I'll give you the tape afterwards if you would like to hear it.

The Hon. J.R. CORNWALL: I really do not know what the honourable member is carrying on about. I am sorry that this fragile accord is showing signs of breaking down.

The Hon. L.H. Davis: You're talking about the Federal Government accord?

The CHAIRMAN: Order!

The Hon. J.R. CORNWALL: He is an awful fellow, Mr Chairman. Whether he is talking about occupied bed days or admissions, for example, I made the point earlier that admissions are up marginally and that occupied bed days overall are down marginally. If one puts the two together one can come up with an equation that says that there is not much difference. In round terms, without my trying to pluck out the August figures to prove a point and the honourable member trying to take the July figures when there was perhaps some more influenza about—

The Hon. L.H. Davis: You took three months and—

The Hon. J.R CORNWALL: No, I did not.

The Hon. L.H. Davis: Yes, you did, in the answer to my question yesterday.

The Hon. J.R. CORNWALL: I know what I did; I gave the honourable member a specific month—August 1983 and August 1984.

The Hon. L.H. Davis: I'm talking about the answer to my question yesterday, which was over three months.

The Hon. J.R. CORNWALL: Hang on. Earlier tonight, I said that I have available at this moment the latest figures. They are here written in biro on a piece of paper. That is how recent they are.

The Hon. L.H. Davis: That's terribly convincing.

The CHAIRMAN: The Hon. Mr Davis keeps going on and on. I ask him to please listen to the answer, and he will have the rest of the night to keep asking his questions. He should not keep on asking them while the Minister is trying to reply.

The Hon. J.R. Cornwall: I am finished. I do not intend to reply if I am interrupted.

The Hon. L.H. DAVIS: I am glad that the Minister has conceded my point. The Hon. Dr Ritson earlier made observations about waiting lists in metropolitan public hospitals, and the Minister—quite coprrectly—said that if one really likes to look at it in a broad sense the waiting list can mean almost anything. Given that the Opposition questioned the Minister extensively ahead of the introduction of Medicare

about the likely impact of and pressures on the public hospital system following the introduction of Medicare, it is somewhat surprising that the Minister did not seek to ensure that some system was established so that the Health Commission could monitor with reasonable accuracy the waiting time for public and private patients following the introduction of Medicare.

The Minister himself said in answer to those question in the period preceding 1 February that he anticipated that Medicare would have some impact on the public hospital system. I was pleased to see that he has taken the initiative to establish a committee to set up guidelines to more properly monitor waiting lists in metropolitan public hospitals. Will the Minister undertake to release on a quarterly basis information regarding admission levels, occupied bed days and other statistical information relevant to the metropolitan public hospitals? I believe that that would be in the public interest, and it would be of benefit to the Parliament and the community. As he said in answer to an earlier question, information in this business is what it is all about.

The Hon. J.R. CORNWALL: I will take that question on notice.

The Hon. L.H. DAVIS: Has the Minister had any representation from his discussions with private hospitals with regard to the impact of Medicare? Has any concern been expressed about the level of profitability in private hospitals following the introduction of Medicare?

The Hon. J.R. CORNWALL: The short answer to the first question is 'No' as it relates specifically to the introduction of Medicare. No hospital representatives have come to me and said that they do not like it, they love it or that they have a problem. The representations that have been made to me concern categorisation, which is an essential part of the Medicare package but which has little to do with Medicare as a universal health insurance system. I repeat, as I have done many times, that Medicare basically is about universal health insurance—it is not a health scheme. Categorisation was part of the package.

We have three categories of hospitals—1, 2 and 3. By and large in this State a category 1 hospital is, at this time at least, more or less a licence to print money; category 1 hospitals are doing very well. Category 2 hospitals have two complaints: first, they see it as a status matter which, basically, it is not of course. The criteria for the categorisation include, amongst other things, bed numbers, activity statistics, percentages of surgical cases, and so on. Inevitably if the classification is 2 it is not as good as being *numero uno.* They believe that their surgeons see it as a status thing, and that worries the hospitals. Also, they receive $130 a day *vis-a-vis* $160 a day and, in some cases, see themselves as providing indentical services for $30 per bed per day less. Of course, they would rather be category 1. Category 3 hospitals get $100 a day all up—$80 plus $20 subsidy—and some of them see themselves as being quite severely disadvantaged. We have had the on-going story of the private psychiatric hospitals in Adelaide which the Hon. John Burdett, among others, has brought up from time to time.

Under the legislation a right of appeal exists, and proprietors of the hospitals or the boards (or whatever the responsible body in the case of community, church or charitable hospitals may be) can appeal to the Federal Minister. They can also appeal via the State Minister, who makes recommendations to his Federal counterpart who, in turn, then takes account of what the State Minister has to say. From my recollection the Federal Minister is not obliged to do so. It became obvious that a large number of appeals would be lodged with the Federal Minister and representations made to me as State Minister when categorisation was first introduced. For that reason, I set up a Chairman's Categorisation Review Committee, chaired by the Chairman of the Health Commission, Professor Andrews, and comprising a number of senior officers within the Commission, all of whom were expert in the various parameters to be examined.

I tried, to the extent possible, to keep that at arms length from my office so that there could not be any allegations of unfair advantage or of my favouring a particular organisation or individual over another organisation or individual. In fact, in the case that the Hon. Mr Burdett has mentioned a time or two in this place, the Fullarton Private Hospital, which is run by the Hospital Corporation of Australia (a fully-owned subsidiary of the Hospital Corporation of America), the actual recommendations and recategorisation there were done whilst I was fortuitously, among other things, in the United States of America. It was done on an assessment of senior Health Commission personnel working to their counterparts in the Commonwealth Department of Health. I have tried to keep it out of my office to the extent possible because I do not like having my sleeves pulled if I can help it.

The Hon. L.H. DAVIS: Quite clearly, if budget targets are to be met in the health sector, there must be efficient and effective management. The Minister claimed that the administration of the Queen Elizabeth Hospital for 1983-84 was incompetent and conniving, but given that the management is unchanged, as far as I know, does the Minister stand by his previous statement? Is he confident that the Queen Elizabeth Hospital in 1984-85 will come in on budget? Is the hospital running to budget for the first three months of fiscal 1985?

The Hon. J.R. CORNWALL: The short answer to the first question is 'Yes'. I stand by my original statement. In answer to the second question (am I confident that the hospital will come in on budget for 1984-85?), not at this time, but the Health Commission and I will take whatever action is necessary to ensure that it does. It is over budget to this point in 1984-85.

The Hon. L.H. Davis: But not badly, because you said—

The CHAIRMAN: Order!

The Hon. J.R. CORNWALL: This afternoon I signed an approval authorising management consultants to go into the Queen Elizabeth Hospital to completely review the financial management procedures. Very recently Planning Workshop Proprietary Limited, I think, was given the job as the major consultant to the role and function study that is now proceeding. Lots of constructive and important things are happening at the Queen Elizabeth Hospital at this time. I might also say that I met with the joint union council of the Queen Elizabeth Hospital and SASMOA (South Australian Salaried Medical Officers Association). From memory, I have met with them on two occasions.

I have initiated a full industrial democracy programme, and they are now receiving the sort of information that they have never had before. They are being told what is happening in the hospital and about budget allocations, and they will be told where excess costs are generated when we are able to identify them. It is fair to say that at this time within individual units and departments we cannot identify the cost generators with the accuracy that we would like.

The Hon. L.H. DAVIS: I find it somewhat incongruous that, having damned the administration of the Queen Elizabeth Hospital in no uncertain terms—and publicly at that—the Minister has seen fit to select the Administrator of the Queen Elizabeth Hospital as a member of a very key committee establishing a procedure for waiting lists, which of course will be for the benefit of the Minister. That seems to be sharply at odds with the Minister's extradordinary outburst a few weeks ago concerning the Queen Elizabeth Hospital.

I refer now to comments made in the Estimates Committee and reflected, in fact, in the Budget documents. Following

the introduction of Medicare there has been some compensation to the State for the loss of revenue from hospital income as a consequence of the change in charges and for cost increases relating to the introduction of the ISIS information system.

So, according to the Minister, there has been no net loss to the State in the financial adjustments *vis-a-vis* the Commonwealth and the State regarding Medicare. In fact, the Minister has gone on the public record as saying that we have done quite nicely out of the financial deal that has been arranged with the Commonwealth. About $6.3 million has accrued to the State Government specifically as a result of these adjustments for Medicare compensation. Could the Minister advise the Council as to what he means when he says, 'We have done quite nicely'? Is he suggesting that we have outfoxed the Commonwealth Government and that $6.3 million is in fact a net gain on what we really should have got for the items that I mentioned?

The Hon. J.R. CORNWALL: It is not a question of what we really should have got: it is a question of how well we were able to conduct ourselves in negotiations. I do not describe Dr Blewett as a friend and colleague for nothing. I am not about to tell the honourable member overall how well we did. I referred to those amounts earlier in general terms that had to be validated as Medicare operates and it is only with the passing of each month that we are able to quantify precisely those amounts. The sort of figure that the honourable member was talking about is not far away from the mark.

The Hon. L.H. DAVIS: The Minister has already tabled financial information relating to financial supplementation for metropolitan public hospitals over the past two years. In the Estimates Committee in another place the Minister will recollect that he gave specific information about that supplementation. He will further recollect that the Queen Elizabeth Hospital was not a beneficiary of that supplementation in 1982-83, unlike all other hospitals, I think from memory, with the exception of the Queen Victoria Hospital. Yet, in 1983-84, when its budget was supplemented to the extent of $1.3 million, it received substantial criticism at the hands of the Minister. I do not want to develop that point any further because we have had a fair tussle about that in the Council in recent weeks. The Minister might prefer to take this question on notice, but could he advise the Council in time as to what made up the supplementation that was granted to these other hospitals in 1982-83 and 1983-84? Did the Government regard those supplementations as legitimate? In other words, did they get a rap over the knuckles as did the Queen Elizabeth Hospital for those overruns? Have any guidelines been laid down for metropolitan public hospitals in respect of the 1984-85 year, in the event of any budget overruns?

The Hon. J.R. CORNWALL: First, let me say that there are very simple guidelines for all the hospitals, metropolitan or otherwise, for 1984-85, that is, that they are to come in on budget, and the sector directors and their officers monitor those budgets month by month. Our financial people now produce very much upgraded and up-to-date monthly reports, so that we know from month to month which hospitals are operating within budget and which hospitals are starting to show the early danger signs that they might blow their budgets.

By and large, the hospital budgets in 1982-83 were supplemented as a matter of quite deliberate Government policy. Some $4 million or thereabouts was made available within weeks of the Labor Government's coming into office to satisfy the clear undertaking that had been given that the Government would stop the shoe from pinching, and in 1982-83 the RAH, for example, was supplemented by an agreed negotiated amount of $1.7 million. The Children's Hospital was supplemented by an agreed amount of $250 000 and Flinders Medical Centre was supplemented by $1 million. They were the hospitals under the most severe pressure.

In 1983-84 an additional supplementation of $3.75 million was provided. In the case of the Children's Hospital the supplementation was made specifically at my direction, when the Government identified problems, particularly in the intensive care area, which had not been adequately drawn to the Commission's attention, or to the attention of the Central Sector, or to my attention until October of last year, following the highlighting of the problems by an anaesthetist by the name of Dr Geoffrey Dutton. Following that, that hospital budget was deliberately supplemented by an agreed amount. There were other cases where lesser amounts have been grudgingly, if you like, ceded.

But there has not been a hospital to match the Queen Elizabeth in that sense. That hospital used to pride itself on coming in on budget: it did it year after year. One can argue all day about whether that was sensible or responsible or whether, as the hospital now argues, it behaved itself too well. The fact is that any number of studies have shown that funding for the hospitals is on as comparable a basis as one could possibly get. When a hospital is provided with an agreed supplementation of $500 000 and then blows its budget by $1.3 million on top of that, that is totally unacceptable. That would mean the end of financial accountability in the public sector as we know it.

The Hon. R.I. Lucas interjecting:

The Hon. J.R. CORNWALL: John Blandford would blanch if he heard someone suggest that he had allowed the Flinders Medical Centre to lurch out of control. You should be really ashamed of yourself, my son, for making such a suggestion. I will get John Chalmers on to you! No hospital has lurched out like that. Although we were relatively generous in supplementing funds by an agreed $700 000 over the initial $500 000, there was $600 000 or thereabouts that the Commission did not believe it could in any good conscience further accept. To do so would have set a most horrendous precedent for the hospital system generally.

If the hospital could be seen to overspend by well in excess of 2 per cent and simply have it agreed as a supplementation by the Health Commission, then the dominoes would have started to fall. What would we have said to the RAH if it had blown its budget by $2.5 million or Flinders had gone over by $2 million, and so on? We had to say, 'Hold. Enough. That is it,' not just for the sake of the QEH, but to show that we are first-class money managers. As an indication of that let me tell members that although I inherited a very difficult situation in 1982-83, when the estimated income under the old Fraser Mark V scheme had been overstated by something like $25 million (in fact, we had some difficulties with our Budget in that year), in 1983-84 in a Budget in excess of $550 million in the health area I am very pleased to be able to tell the Committee—and I boast about it publicly and privately—that we came in within $200 000 of the estimated Budget.

To come in on a $500 million Budget within $200 000 is, I think, a splendid effort, and is one of the principal reasons why our relationships with the central agencies, particularly Treasury and the Public Service Board, have been returned from a most unfortunate state of cold war when I become Minister in November 1982 to one which I think is now very productive and (not wanting to overstate the case, I do not suppose there are extremely warm personal relations) they certainly now have a degree of confidence in the Health Commission and relations are very much better than they were two years ago.

The Hon. L.H. DAVIS: I accept with some reluctance the answer of the Minister with respect to supplementation that was granted all other public metropolitan hospitals in

1982-83, with the exception of the Queen Victoria Hospital and the Queen Elizabeth Hospital. I ask the Minister to take on notice the question as to whether he could provide details of the time at which that supplementation was agreed to an the basis for the supplementation that was granted to those hospitals. I continue to believe that the Queen Elizabeth Hospital has been unfairly picked on.

However, I now turn to the very important subject of community, child and adolescent health. In recent weeks I have asked questions about the Child, Adolescent and Family Health Service, which is better known by the acronym CAFHS. As the Minister knows, I was alarmed to have received information from a very reliable source that the clinics in the metropolitan area, which were manned in each case by a triple certificated nurse—

The Hon. Anne Levy: I think they are staffed.

The Hon. L.H. DAVIS: I concede the point that the Hon. Anne Levy has made; they were staffed by a triple certificated nurse. These clinics fulfilled the functions formerly performed by the Mothers and Babies Health Association, namely, to provide advice to mothers who had children under four years of age. More particularly, they provided non threatening advice and assistance to mothers with very young children in their very early weeks and months of life, generally up to the age of two years.

I was somewhat alarmed to hear, as the Minister knows, that several of those clinics in each week in Adelaide were closed during the cold winter months of 1984 because of staff shortages occasioned by a difficulty with funds. The service provided by those clinics is just one arm of the community health services that receives funding from the South Australian Government and, of course, in some cases assistance from the Federal Government. I hope that this South Australian Government has the same commitment to community health services as the previous Government had.

Given that 75 per cent of the health budget component is made up of salaries and wages, the shift from institutional health care to community health care may not be rapid as the Health Commission and/or the Minister would like. What initiatives has the Minister taken in the community health area to accelerate the necessary increase in community health services in South Australia? For example, is the Health Commission engaged in a programme of relocating into community health areas health workers who may be in institutions and surplus to the needs of those institutions?

The Hon. J.R. CORNWALL: I will not take up the time of the Committee by giving all the details on that question because we would be here for three days. Specifically, we have received $1.6 million additional funding from my friend and colleague, Dr Blewett.

The Hon. L.H. Davis: Do you ever disagree?

The Hon. J.R. CORNWALL: No, never; he is a very intelligent fellow. I feel humble in his presence, I must admit. The sum of $1.6 million for full year additional funding for new or expanded community health projects was a firm undertaking of the Hawke Government, which undertook to return community health spending in the first instance to 1975 levels. It has been spent on a very wide range of projects, approved as submitted by the three sectors. For example, the Noarlunga Women's Health Centre is specifically being funded as a community health initiative from that $1.6 million. Other women's health centres are being funded out of the sector Budget allocation. So, it is not just the $1.6 million that is being used for community health initiatives: a substantial amount of the State Budget is going to community health initiatives as well.

We have not been in a position to do that by reallocating funds out of the hospital system. As I said earlier, the shoe was pinching fairly severely in the hospital system when we came back into government, so we have supplemented metropolitan public hospitals by $7.4 million in the first two years. I anticipate that in the coming year we will supplement them further. Obviously, I refer to commissioning beds at Flinders Medical Centre and commissioning the eighth operating theatre. There are one or two other major initiatives in the hospitals are that will be funded as the Medicare money is identified in 1984-85.

It has not been possible to redirect it out of the system. There has been no fat in the hospital system, and hospitals still take 74 per cent of our health budget. People still expect that when they are sick first class hospital services will be readily available, so we have to meet those priority areas first.

At the same time we have directed some additional funding into a whole range of community health areas, as well as the $1.6 million. Incidentally, we now have some of the joint ventures that local government is managing: the drop-in shop front adolescent centre at Salisbury; the Munno Para Community Health Centre; a further proposal which I have just approved at Tea Tree Gully; and a number of others in the melting pot.

At the moment, $220 000 additional funding has been set aside for joint ventures with local government, so there is virtually an open invitation to local councils to talk to us about progressive and sensible community health initiatives, which we are very pleased to take on board.

The Hon. R. I. LUCAS: Could the Minister spend a little time with a simple member of the Opposition? I really did not understand his explanation on supplementation. I refer to the Minister's answers in the Estimates Committee earlier this month. At page 93 of the *Hansard* report, the Minister states:

> For the Royal Adelaide Hospital in 1982-83, in fact very early after we came back into Government in November 1982, the amount of $1.7 million was provided.

Was that $1.7 million supplementation as a result of budget overruns or was it supplementation for new initiatives—commissioning new beds or new activities.

The Hon. J.R. CORNWALL: It was a recognition that the budgets forced upon the hospitals by the Tonkin Administration had been unrealistic, as had the estimates of income. I said earlier this evening that the projected income was $125 million. Everybody knew that that was unrealistic. In fact, I think that the amount turned out to be in the order of $103 million or $104 million; it was more than $20 million out.

By the same token, the sectors had been screwed into a position where they had to negotiate down with the hospitals. Clearly, in several instances—most notably the Royal Adelaide Hospital and Flinders Medical Centre—their budgets were unrealistic. It was clear that they would be unable to meet them without sacking staff, and we supplemented them accordingly as a matter of deliberate policy.

The Hon. R.I. LUCAS: I thank the Minister for confirming that it was, in effect, a supplementation for overruns and not funding new initiatives at all. I take it that the funding of $1 000 000 for the 1982-83 financial year for Flinders Medical Centre to which the Minister referred would bring a similar response about supplementation.

The Hon. J.R. Cornwall: That is 1982-83 only?

The Hon. R.I. LUCAS: That is right. So, of the 1982-83 figures in the Minister's response, it is Flinders $1 million, Lyell McEwin $300 000, I think $250 000 for the Children's Hospital, $400 000 for Modbury, and so on. Is the explanation that the Minister has given with respect to the Royal Adelaide Hospital equally applicable to all the other hospitals to which he referred in his response to the Estimates Committee?

The Hon. J.R. CORNWALL: That is true. For 1982-83 the budgets that had been negotiated with the hospitals were not only unrealistic but, as I said, they had been predicated on their shedding staff. We reversed that policy. We were not in the business of running down the hospitals further. They had been gutted over three successive years, and we most certainly were not in the business of sacking staff within the hospitals. That is the only way that they could have come in on budget in 1982-83.

The Hon. R.I. LUCAS: Am I correct in recalling that soon after the Minister came to office he indicated either in the press or in Parliament that there may well have been an element of thinking in the hospitals that, upon the election of a Labor Government with him as Health Minister and, in the months leading up to the change in Government and soon after, there was an expectation of supplementation and that that may well have been part of the reason for the need of supplementation during that Budget financial year?

The Hon. J.R. CORNWALL: It is perfectly true that there may have been a misapprehension and misunderstanding in the hospitals that the Labor Government might be a soft touch and that Cornwall in particular may have been a soft touch. The boards and chairmen of the hospital boards waited upon me very rapidly. I made very clear that they were not playing with kids, that they would be supplemented responsibly, that they would have to negotiate the supplementation, it would be agreed and it would be met. I disabused them very quickly of the idea that the halcyon days had returned. I informed them that the days of former glory in the 1974-75 period were not with us and that they would continue to show total financial responsibility. I must say, and I am pleased to say, that they did that, with the one exception which has been the subject of quite some debate in this Parliament in recent weeks.

The Hon. R.I. LUCAS: The Minister has conceded that an element of the $3.6 million supplementation in 1982-83 may well have been due to hospital administrations—

The Hon. J.R. Cornwall: No, not at all. I just said quite the reverse.

The Hon. R.I. LUCAS: I understood the Minister to say that they came along to him as a group asking for supplementation, they thought he was a soft touch, but he was not, and he gave them only $3.6 million in supplementation. Did the Minister not concede that there may well have been an element in their thinking as administrators that they need not be as stringent in their financial controls and, when the money was given, did the Minister not institute in effect a quid pro quo to the administrators that in future the Government would not bail them out or assist with supplementation but that strict guidelines would have to be followed with respect to financial controls?

The Hon. J.R. CORNWALL: I am not quite sure what point the young Mr Lucas is trying to develop. At all stages it was made very clear to the hospitals that strict financial control had to be maintained. If one could give an example, there is a game that is sometimes played by administrators with regard to unfilled vacancies. They can run as high as 5 per cent, and usually do, or they can be as low as 1 per cent (in other words, 99 per cent of the vacancies are filled, if one is a really smart operator operating on the edges). In those circumstances, it is necessary to keep very tight financial controls on individual health units. However, it is also possible without undue stress for a smart administration, if it sees itself in some difficulties in the last quarter of a financial year, to leave some unfilled vacancies without prejudice to patient care or administration or the good order of the hospital in the relatively short term.

They can bring that budget in line pretty closely. Where there is good financial administration with budgets of the size we are talking about, I guess that it is fair to say—and I will stand with my shins kicked if I am wrong—that there is certainly room to manoeuvre $500 000 or $750 000 in that last quarter by the simple management device of unfilled vacancies.

The Hon. R.I. Lucas: That is overall? You're not talking about one particular hospital.

The Hon. J.R. CORNWALL: No, it is one particular hospital. I said that, with budgets the size of our major teaching hospitals, certainly by using that device—and it works both ways—and leaving an optimum number of unfilled vacancies can save about $500 000 or $750 000 without prejudice to the good conduct of the hospital in that relatively short term and certainly without prejudice to the quality of care to the patients; so that a good administration with hands on has the ability to bring a hospital reasonably close to budget. It is quite inexcusable for a hospital to exceed a budget by more than 2 per cent. Indeed, in Canada, just to give one example (I was there quite recently, as the honourable member knows), hospital boards and their administrators are automatically dismissed if they exceed a budget by more than 2 per cent.

The Hon. R.I. Lucas: Do you propose implementing that?

The Hon. J.R. CORNWALL: Not at this time.

The Hon. R.I. Lucas: Thank you for that explanation with respect to supplementation in 1982-83. The Minister then referred to the Queen Elizabeth Hospital and a figure of $1.3 million for 1983-84. The Minister has conceded that some $700 000, I think, of that $1.3 million was—and I have forgotten the exact words used in the letter to Bill Layther—accepted by the Health Commission, or some phrase like that. Can the Minister explain in broad detail what 'accepted by the Health Commission' means, the inference being that it is a justifiable increase above and beyond the ability of the administration of the Queen Elizabeth Hospital to handle?

The Hon. J.R. CORNWALL: I suppose that it means two things. It was meant for last year and it was accepted to be built into the budget base for 1984-85.

The Hon. R.I. Lucas: What sort of costs are included in that? Are they CPI increases or something of that nature? What is it?

The Hon. J.R. CORNWALL: It could be goods and services, material, salary costs, staffing costs—the whole range. What we are not in a position to do at this time (and I referred to this much earlier in the evening) is to identify cost centres accurately enough to be able to find out who are the real cost generators. I understand that a 19 point plan has been prepared by the Queen Elizabeth Hospital Board that does a number of things. It considers portion control and cutting down any previous wastage that may have been occurring in the food area, how to cut back marginally on cleaning costs—how to cut back marginally here there and everywhere.

The point made to me by the joint union council when it came to see me was that the wrong people were being 'penalised', that we had not been able to identify the cost generators who had blown out that budget, and tell them they had not acted responsibly and would be watched carefully. Rather, the burden tended to fall back to the nursing staff, and particularly on the blue collar areas.

Ultimately, we must have far more information to use as a management tool within the hospitals. It is improving all the time. Part of the consultancy that Touche Ross is providing in this financial management study at Queen Elizabeth Hospital will assist us in those areas. It is true that at the moment (and we are not unique in this—it is a national and world situation) we do not have access to adequate information within individual units or even within areas of cost allocation, to be terribly precise, but I guarantee that we will have within three years.

The Hon. R.I. LUCAS: If the Health Commission cannot identify cost centres—and I accept that within, say, Queen Elizabeth Hospital—how do Health Commission financial officers come up with a calculation that $700 000 of the $1.3 million is accepted by the Health Commission as being fair and reasonable?

The Hon. J.R. CORNWALL: Initially, when cost controls started—when the plug was put on the bottle, or the cap was put on the well—in the late 1970s and into the 1980s, they were pretty crude. The persons imposing the controls simply went to hospital administrations and boards individually and said, 'Take thy pen; sit down quickly and write off 6 per cent.' It was of that order of magnitude. They said, 'You, as a hospital board and an administration, do the best that you can with that; you ought to know where you can make the savings. Sorry, old chap, your budget is cut by 6 per cent for next year.' Then, the following year, it was 2 per cent, and so on. That was a pretty crude way of doing it.

We could identify areas of waste, extravagance and fat in the system that had burgeoned and been pork barrelled for a number of years through the middle 1970s, but we certainly did not have cost allocation studies that enabled us to identify, say, 200 cost centres. It is not true, as the honourable member said, that we have not got identified and identifiable cost allocation centres within hospitals now. We have that, but we do not yet have information that is sophisticated enough for us to be able to identify Dr Smith as a particular cost generator.

Basically, that is what a utilisation review is about and that was one of the reasons for my trip to North America three or four months ago. That is the ultimate tool. When we get to that point we really will be in a sophisticated position and will be able to fine tune and control budgets in individual hospitals more effectively and efficiently than we do currently. However, I make the point again that we are in far better shape in those areas than we were three or four years ago because cost allocation and utilisation review studies are the sorts of things that are being developed continuously.

The Hon. R.I. LUCAS: Having listened to that twice now, I still cannot see the answer to my question as to how Health Commission financial officers actually calculate that figure of $700 000. Do they say that a 10 per cent or a 2 per cent increase is fair and above board, and that that accounts for $700 000, but that the extra $600 000 is not? It would appear that I will not get an answer to that question. I still cannot see how the Health Commission says that $700 000 is an acceptable amount but the extra amount is not.

Nevertheless, the letter that was sent from the Western Health Sector Director to the Administrator at the Queen Elizabeth Hospital talked in terms of a penalty of $620 000. The Minister has indicated that the Queen Elizabeth Hospital board has come up with a 19 point plan: I will refer to some portions of that in a moment. Has the Minister accepted that 19 point plan as being a viable and acceptable proposal to reduce the expenditures in the Queen Elizabeth Hospital by the amount required by the Western Sector Director?

The Hon. J.R. CORNWALL: That question shows a fundamental ignorance of the way the system works. It is not up to me to accept the 19 point plan. The Board produces something in conjunction, presumably, with the administrator. It is presented to the Western Sector through the Executive Director of the Western Sector, David Coombe, and it would be very largely within his discretion as to whether or not it is accepted. In most circumstances that sort of thing would not even be brought to my attention. That is the way the system works, is why we have a Commission, and is why individual hospitals talk about independance.

The Hon. R.I. Lucas interjecting:

The Hon. J.R. CORNWALL: Wait a minute! When herself was the Minister of Health and members opposite were in Government, during that unfortunate Tonkin interregnum, they preached autonomy.

The Hon. R.I. Lucas interjecting:

The CHAIRMAN: Order!

The Hon. J.R. CORNWALL: The shadow Minister still stalks the country pretending that public hospitals are completely autonomous. She does this despite the fact that the Health Commission funds the public recognised hospitals 100 per cent, is responsible overall for their good conduct, and can impose subsidy conditions on them whether or not they are incorporated. That was the doctrine preached by Mrs Adamson as Minister of Health. Autonomy was being taken literally when I became Minister of Health. On the other hand, the proposition is now put, because it happens to suit members opposite, that I, as Minister of Health, should interfere in the day-to-day running of individual hospitals.

The Hon. R.I. Lucas: That's nonsense.

The Hon. J.R. CORNWALL: The honourable member suggested it, it is clearly in *Hansard,* it is a preposterous suggestion and is absurd. The official opposition, during the Budget Estimates Committee, was urging upon me (and the Leader of the Opposition, Mr Olsen, was on the front bench clapping) to use my general ministerial discretion under the Health Commission Act to intervene and instruct the Commission to go down to the Queen Elizabeth Hospital and write an open cheque immediately. So, on the one hand we have the charade of autonomy and, on the other hand, the suggestion that I should intervene and interfere at a level where a board, in its wisdom, is conducting negotiations with a sector director. Members cannot have it both ways. I am not involved with the 19 point plan and hope that I do not become involved with it.

I repeat what I said during the Budget Estimates Committee—I have responsibility for the politics of the health area. Also, I have a clear responsibility for the policies in the health area. However, I most certainly do not, and will not, involve myself in decisions that are taken by the Commission or the Commissioners with respect to individual hospitals and health units, provided always that they are acting within the policies of the Governemnt at that time. It would be an absurd notion for me to rush around the countryside intervening in the affairs and normal day-to-day administration of the Commission, or in the administration of hospitals or health units, provided always that they are acting within Government policy. I will take the rest of the question on notice.

The Hon. M.B. CAMERON: I ask the Attorney-General to report progress while the Minister of Health has a cup of tea.

The CHAIRMAN: The question is whether clause 4 be passed and the moment members stop talking to that clause I will put the question.

Members interjecting:

The CHAIRMAN: Order!

The Hon. R.C. DeGARIS: In the second reading stage I referred to the expenditure of capital in the last four weeks of 1983-84. I pointed out that at the end of May the Government had expended about $278 million of capital funds, and in the last four weeks of the financial year the expenditure increased to more than $317 million, so that more than $100 million was spent in that time. Was that sum expended on capital works or was it transferred to some other account?

The Hon. C.J. SUMNER: I seek leave to have the response, which is of a statistical nature, inserted in *Hansard* without my reading it.

Leave granted.

CAPITAL EXPENDITURE

Payments of a capital nature from Consolidated Account during June 1984 were as follows:

Departments	$'000
Education—Purchase of school buses	890
Engineering & Water Supply—Waterworks sewers and irrigation	7 656
Environment and Planning—Conservation, open space and recreation purposes	1 692
Highways—	
Stormwater drainage	594
Roads and bridges	5 500
Lands—Capital purposes generally	1 084
Local Government—Effluent drainage	1 163
Marine and Harbors—Harbor facilities and services	467
Police—Communications equipment	564
Public Buildings—	
Primary and secondary schools	1 893
Technical and further education	2 942
Other Government buildings	5 655
Recreation and Sport—Advances for capital purposes	1 984
Services and Supply—	
Capital purposes generally	1 239
Purchase of motor vehicles for government departments	1 917
Treasury—	
Discounts and expensess of floating public loans	4 234
Advances for housing	43 900
Other	1 030
Statutory authorities and other bodies	
Local Government Finance Authority of South Australia	10 000
South Australian Health Commission	5 690
South Australian Teacher Housing Authority	1 600
State Bank of South Australia	499
State Transport Authority	7 700
Total	109 843

The Hon. C.J. SUMNER: Of the $43.9 million paid into the advances for Housing Account, $35.8 million was paid to the South Australian Housing Trust, leaving a balance of $8.1 million in a trust account to be used for housing during 1984-85.

The Hon. L.H. DAVIS: In the second reading stage I referred to the impact of Medicare on moneys received by the State Government from the Federal Government. As the Attorney-General would recall, I developed the proposition that, because Medicare artificially reduced the take from the Federal Government, the State Government was about $25 million shy for the 1984-85 financial year on what it otherwise would have received without the impact of Medicare. Most certainly there are offsets in the sense that one would hope that salaries and wages in 1984-85 will not run up by as much because indexation is used as the basis for salary and wage adjustments. Will the $25 million given up by the State Government from Federal Government grant moneys for 1984-85 be fully offset by savings in salaries and wages?

The Hon. C.J. SUMNER: The increase in the grant of $47.4 million seems to have been derived by the honourable member's taking the difference between the estimates for 1984-85 and 1983-84. In fact, the difference between the 1984-85 estimates and actual receipts for 1983-84 is a lower figure. The honourable member must understand that the tax sharing grants are based to some extent on—

The Hon. L.H. Davis: The figure of 4.5 per cent is based on the actual sum for 1983-84.

The Hon. C.J. SUMNER: Treasury officers believe that the honourable member has made a mistake. The fact is that that is not the point. Whatever the precise amount, the reduction reflects the improved CPI—that is one of the bases used for the payment. So, if there is a reduction in the CPI, then there is a reduction in the amount of the grant. There are offsets in expenditure. One does not have to pay as much in wages, salaries and price increases. There is a reduction which flows through, with the Medicare effect as well, in to wage and price increases. It is a reduction in wage and price increases; therefore, there is an offset to the reduction in the grant from the Commonwealth.

The Hon. L.H. DAVIS: I understand the economics of it. Does Treasury believe that that money given up as a result of the artificial reduction in the CPI is fully compensated for by the savings on the side of salaries, wages and so on? The Minister may prefer to take that question on notice.

The Hon. C.J. SUMNER: I do not think that it is possible to arrive at a realistic estimate. In the reduction in the amount of the grant, because of the improved CPI figures, there are offsets and clearly they will be quite substantial.

The Hon. L.H. DAVIS: In drawing up the 1984-85 Budget, the Treasury no doubt made some judgment as to the expected increase in salaries and wages in the public sector for that period. Will the Attorney-General say what basis was used for making an assessment on salaries and wages for that period?

The Hon. C.J. SUMNER: As the honourable member would know, it is not possible to be precise about how a round sum allowance is calculated. The Treasury takes into account the prospective national wage increase based on the CPI and its estimate of what that CPI will be, as well as any other known factors likely to occur that would affect the wages bill during the ensuing year—industrial claims, whether they be for a 38 hour week, or any other claims that are in the pipeline, with the adjustment of anomalies and the like which one can get under the existing wage indexation system. However, it is not possible to go beyond that, to say that a round sum allowance is put in the Budget to account for those factors.

The Hon. L.H. DAVIS: In my second reading speech I set out a table which had been prepared with some assistance from the Australian Bureau of Statistics and which sought to establish the number of persons employed in the public sector in South Australia. The Minister showed an interest in it last night when he asked for a copy of this table immediately on my seeking its incorporation in *Hansard*. There appears to be a significant gap between the public sector figures incorporated in the Budget documents and the figures which appear in the table that I have presented.

Most certainly an adjustment was made in this series by the Australian Bureau of Statistics from June 1983; that not only delayed the presentation of statistical information relating to Commonwealth, State and local government employment in South Australia but also meant an adjustment of the bases of calculation of details in relation to persons employed in the public sector. In fact, as the Attorney would no doubt remember, for June 1983 although the old series suggested that 100 500 people were employed in departments and statutory authorities in South Australia, the new series adjusted that figure upward by some 2 000, making a total of 102 500. Even so, on a rough calculation it appears that a movement of arguably perhaps as many as 3 000 additional employees in departments and statutory authorities since the present Government came to office nearly two years ago.

The Hon. C.J. Sumner: This does not have to be all repeated.

The Hon. L.H. DAVIS: I am not repeating these comments; I am just getting them on the record. During the Attorney-General's time in Opposition he was very fastidious about ensuring that the Council knew precisely the points that he was making. We are asking these questions in good faith and in the interests of open government. I just want to make the point that this apparent blow-out in public sector employment is in sharp contrast to the reduction of some 3 500 people in public sector employment that was achieved during the three year term of the Tonkin Government. I invite the Attorney to respond to that observation.

The Hon. C.J. SUMNER: I think we have been through this argument on a previous occasion. However, we can go through it again if need be.

The Hon. L.H. Davis: I have not had the benefit of your answer before.

The Hon. C.J. SUMNER: This matter has been raised in the Council; I believe it was raised during a previous Budget debate, and explanations were provided.

The Hon. L.H. Davis: We are now 12 months on.

The CHAIRMAN: Order! Whether or not the honourable member agrees with the reply, he should listen.

The Hon. C.J. SUMNER: The ABS figures are based on (in terms of its own statement) estimates derived from a monthly population survey. So, the ABS figures come from a survey. The survey includes all persons who work for one hour or more during the week and includes persons on leave without pay for less than four weeks. The basis of this collection of figures is explained in the introduction of the labour force bulletin. The difference of 2 000 in relation to State Government employees for June 1983 as indicated in the two ABS series indicates the large differences in figures obtained by using different survey methods or different definitions of employment.

With respect to the State collection, which I understand are the State figures that are in the Budget, those Budget figures were obtained from detailed returns provided by departments and statutory authorities. Those figures exclude persons on leave without pay, emphasise full-time equivalent employment to offset variations in part-time and casual employment, are based on actual employment in all departments and statutory authorities not on survey, and exclude CEP employment. Therefore, the figures used in the Budget papers are part of an ongoing series produced by the State Government, and they should be used in preference to ABS figures, given the break in the series, as the honourable member has already explained. Further, I am advised that because of significant seasonal variations in employment it is not viable to compare employment in March with employment in June without some adjustments being made.

I know that the honourable member would readily concede that. From June 1982 to June 1984 there was an increase of approximately 1 000 full-time equivalents in the State public sector, which includes public servants, teachers, nurses, police and some statutory authorities. The figure includes increases in the numbers of teachers, which was an electoral commitment of the Government, and a number of other initiatives in correctional services, which members Opposite are always talking about, and the arts and State development.

The Hon. L.H. DAVIS: Again I refer to my second reading contribution to the Appropriation Bill and invite the Attorney-General to elaborate on the point that that very significant increase in State taxation receipts of some $36.7 million over budget was, to a large extent, offset by what I described as a puzzling shortfall of $20 million in the recovery of debt services, including interest on investments through statutory authorities. I know that this has been touched on briefly in another place during the Estimates Committees but I would like to develop this point a little further, given the buoyant conditions that existed in South Australia. Will the Attorney-General elaborate on that point?

The Hon. C.J. SUMNER: The elaboration is contained in Table 1 (page 18) of the Financial Statement of the Premier and Treasurer—'1983-84 Receipts—Variations from Budget'. The $20.194 million shortfall in recoveries of debt services is outlined as a shortfall of interest on investments of minus $6.185 million, a shortfall in the sinking fund of minus $4.611 million, and a shortfall in 'other' of minus $9.398 million. With respect to the interest on investments, the level of funds available for investment and interest rates were both lower than originally expected. With respect to the sinking fund, it reflects the decision to call repayments from ETSA to the capital budget. With respect to 'other', it reflects the decision to show guarantee fees under 'Other Departmental Fees and Recoveries—Treasurer—Miscellaneous' and the revision of debt servicing arrangements with the introduction of SAFA.

The Hon. L.H. DAVIS: As the Attorney-General explained, there was a shortfall of some $6.1 million interest on investments, which in round terms could be said to be, say, $50 million at 12 per cent. Why was there a shortfall of interest on investments? Were there any specific reasons that the Treasurer could advance?

The Hon. C.J. SUMNER: We can attempt to obtain that information.

The Hon. L.H. DAVIS: The Government has a commitment to the Enterprise Fund which will involve the cost of establishing the fund and on-going costs associated with interest payments. Will the Attorney-General give the Council an example of a company or individual who may be assisted by the Enterprise Fund that could not obtain assistance from traditional commercial sources?

The Hon. C.J. SUMNER: It would be quite inappropriate for me to name companies that might seek funds from the Enterprise Fund, particularly if I were to name a company without its knowledge. That would be quite inappropriate, and I certainly do not intend to do it. The honourable member has seen the statements about the Enterprise Fund. Enterprise Investments, I understand, is about to be launched by the Premier in the near future.

I guess that the honourable member, like the rest of us, will have to wait to see what niche the Enterprise Fund is able to find in the financial markets of South Australia and, indeed, the sorts of companies that it might wish to invest in. I know the honourable member has quoted a spokesman for the Enterprise Fund, but I do not know who that was.

The Hon. L.H. Davis: I just quoted from the magazine *Business Review Weekly,* and it said a 'spokesman said'.

The Hon. C.J. SUMNER: That is a journalist whom the honourable member is quoting, an unnamed spokesman who apparently dropped this pearl of wisdom to *Business Review Weekly.* I am not sure that that is an authoritative statement of the policy of the Enterprise Fund. I understand that the Fund will seek to have a mix of investments. There will be some that may well be, as the spokesman said, picking winners. Of course, picking winners does not necessarily mean that at the time the decisions are made to invest that they look at winners. Like all investment decisions, they may be taken on the basis of what people responsible for the investment decisions see as a good prospect for the future. There may be differences of opinion on that. There may be companies in South Australia who cannot for one reason or another get funds from the private sector, and it might be in those circumstances that that is where the Enterprise Fund will come in. It is a matter of feeling its way to some extent in the market place. It has been established as a commercial enterprise to operate in the market place.

One would hope that it has a policy of picking winners. I suppose one could also see that it may pick companies that are not obviously winners at the time when decisions are made, but that of course is what investment decisions are all about. As I say, it is a fund backed by the Government in the market place. I believe it will be able to find a niche, which is not just propping up ailing industries, although it may be that the Enterprise Fund will invest in an industry which may have a strong future and which is going through a temporary period of difficulty. That might be possible. One certainly does not expect the Enterprise Fund to place all its eggs in that sort of basket. As I understand it, there will be a range of investments but that, too, will be a matter for the Enterprise Fund Board and its Manager, for whom the honourable member apparently has some time. As I say, it is just not possible to outline here the specific names of companies in which the Enterprise Fund may invest.

The Hon. R.I. LUCAS: My question concerns an equity leasing arrangement that the South Australian Government Financing Authority (SAFA) entered into in 1983-84. It is outlined in little detail at page 11 of the SAFA Annual Report, and I will just quote it briefly, as follows:

> During 1983-84, the Authority entered into one significant equity leasing arrangement with respect to public sector assets valued at just over $50 million and was planning to enter into another equity lease for around $70 million.

The second plan had to be abandoned. The lease transaction completed by the Authority involved a range of public sector assets, including school buses and heavy equipment of the Departments of Woods and Forests, Highways and Marine and Harbors. It was arranged with Allco Leasing, with AGC Ltd. and CCF Australia Limited as the lessors.

My understanding of the equity leasing arrangement (and let us take the school buses and heavy equipment of those other departments) is that the Government and Government departments own those assets. In effect, they sell them for $50 million, so that from those companies the Government receives $50 million.

From my reading of the SAFA balance sheets, SAFA itself has taken over the annual lease liability payment. My question to the Attorney is: where did the $50 million go? Is it deposited in SAFA or was it returned proportionately to each of the originating departments or the departments that owned the original public sector assets? For example, with the school buses did the money go back to the Education Department or did the $50 million stop with the South Australian Government Financing Authority?

The Hon. C.J. SUMNER: Not even Mr Forman knows the answer to that, without notice. So, we will take it on notice and provide the honourable member with a reply.

The Hon. R.I. LUCAS: If the question is being taken on notice, I would like to explain the sort of detail I want. Can the Treasurer provide details as to whether it is correct that SAFA has taken over the annual lease payments to lessors? I have already asked a question with respect to the $50 million and whether it went to SAFA or to the Education Department. If it went to the South Australian Government Financing Authority is there any special account within SAFA that is used, or would it just go into the general pool of capital that SAFA uses for its general activities?

During my second reading contribution I directed a number of questions to the Attorney-General on the subject of the 1982-83 report of the Ombudsman, in which the Ombudsman took upon himself the authority to become a self-imposed decision maker as to the continued existence or otherwise of QUANGOS in South Australia. I think that the Attorney is aware of those questions that I directed to him. Is he prepared to provide a response?

The Hon. C.J. SUMNER: The honourable member raises a very interesting point. I have had a quick look at the Ombudsman Act and, while I have not prepared a formal opinion on the topic or referred the matter to the Crown Solicitor for a formal opinion, and while I would not do that without discussing the matter with the Ombudsman, there would be some doubts as to whether the Ombudsman Act gives the Ombudsman the authority to do what he indicates.

The Hon. K.T. Griffin interjecting:

The Hon. C.J. SUMNER: The Hon. Mr Griffin is being forthright. He is being aggressively open in his view that it is 'clearly beyond the Ombudsman's authority.' I, as honourable members know, am always somewhat more diplomatic than is the Hon. Mr Griffin. Therefore, I have couched my reply in more discreet language. Nevertheless, I have perused the Ombudsman Act and I think there must be some doubts as to whether it gives the Ombudsman the power to proceed in the manner that he has outlined in his 1982-83 annual report.

The Ombudsman has the role of investigating administrative acts. The Ombudsman does not and should not encroach on policy matters. It may well be that the existence or otherwise of a particular QUANGO is a policy matter. As I say, without having written or obtained a formal opinion or without having discussed the matter with the Ombudsman—and I would not of course purport to come down with a firm view without having discussed the matter with the Ombudsman—I think that there are some doubts as to whether the Ombudsman Act extends to the role that he apparently claimed in the 1982-83 report, which has been drawn to the attention of the House by the honourable member.

The Hon. R.I. LUCAS: I thank the Attorney for his guarded comments. I certainly agree with him and will go much further, as I did in my second reading speech. Given that the Attorney has made those guarded comments, will he take up the matter with the Premier with a view to having discussions with the Ombudsman as soon as possible with respect to the possible over reaching of the Ombudsman's responsibilities, as indicated by the Attorney?

The Hon. C.J. SUMNER: I will refer the honourable member's concerns to the Premier, who is the Minister responsible for the Ombudsman's Act.

The Hon. R.I. LUCAS: When I last questioned the Minister of Health I was about to make the point that the Minister had completely misunderstood and then misrepresented the question that I put to him. I was not urging the Minister to run down, as he suggested, to health sector directors or whatever and immediately reverse their decisions. However, the point that the Minister misses is that he is responsible to this Parliament to answer questions on behalf of the Health Commission overall and the individual sectors. It is quite appropriate for members to put questions to the Health Minister about what is going on in the respective sectors, and that is what I was seeking to do.

I refer to the 19 point plan which has been drawn up by the Queen Elizabeth Hospital Board and to which the Minister has already referred in some detail (he referred to a number of sections of that plan, so clearly he has either seen it or has had discussions with someone about it). Does the Minister believe that the implementation of that 19 point plan will result in the Queen Elizabeth Hospital meeting the requirement of the respective Health Commission sector to reduce its expenditure by, I think, $600 000 or $620 000?

The Hon. J.R. CORNWALL: No, of course, I will not. It is not within my competence to do so. The 19 point plan is known to me only in an informal sense. It was brought to my attention by members of the Joint Union Council when I met with them, and I think it is fair to say that it

was a rather garbled version of the so called 19 point plan, anyway.

To go back a step, I refer to the action taken with respect to the budget of the Queen Elizabeth Hospital. It was recommended by the Western Sector; it was endorsed by the full Commission. All the Commissioners—the Chairman, the Deputy Chairman, and the three part-time Commissioners, Dr Brendan Kearney, Mr Rick Allert and Commissioner Mary Beasley—endorsed the actions to be taken, and that was entirely appropriate. In the same way, the actions that have been devised or suggested by the Board of the Queen Elizabeth Hospital will be assessed by the Western Sector. The decision as to whether they should be accepted, rejected, modified or whatever other appropriate action should be taken will be made ultimately by Mr David Coombe, the Executive Director of the Western Sector, and he will then make recommendations to the Commission and the Commission will decide.

At this stage it is very much an administrative matter, as was the question of budget supplementation and actions that ought to be taken in view of the additional budget overrun. That is precisely the way that it ought to go. If it were drawn to my attention that the Board of the Queen Elizabeth Hospital, the administration, the senior officers of the Commission or the Commissioners themselves were taking actions that were quite clearly at odds with the general policies of the Government, of course that would be an entirely different matter and I would not hesitate in those circumstances to use my Ministerial powers under the Health Commission Act.

The Health Commission is subject to the general direction and control of the Minister and, if decisions are taken that are outside the policy guidelines, it is an entirely different matter. However, while the Commission is acting very responsibly (as it is) and while the Western Sector of the Commission and the officers thereof are acting very competently (and they are), I have absolutely no intention of intervening one way or the other.

The Hon. R.I. LUCAS: The Minister goes off at a tangent again. Once again, no-one is asking him to intervene at all. That is not the question.

The Hon. J.R. Cornwall: Well, Mrs Adamson—

The Hon. R.I. LUCAS: The Minister can talk about Mrs Adamson if he likes: I am not talking about Mrs Adamson at all here. I am putting a question to the Minister responsible for the Health Commission in South Australia and asking him what is going on. The Minister says that he does not bother himself with things, but that, if they are outside Government policy, he will, with the full force of the Minister, correct them. How on earth can he act with the full force of the Minister if he does not know what is going on? It is a pretty simple question, but, clearly, it goes right above the Minister's head.

I refer to the implementation of this 19 point plan. From what the Minister indicates it would appear that it has not been approved by the Western Sector Director yet because, as the Minister said, 'it will go to the Western Sector Director and then it will go on to the Health Commissioners'.

Therefore, I take it from what the Minister has said that it has not been approved yet by even the Western Sector Director. However, my understanding was that the 19 point plan was already being implemented and, for example, things like smaller portions of food being fed to the patients are already being implemented, although clearly the Minister is not concerned about that. Already various journals that have been provided to the trained staff at the Queen Elizabeth Hospital have been cut back and the various staff there, having applied for journals, have been told that, because of the 19 point plan, they cannot purchase those journals. Members of that staff have been told that, for example, trips that are normally taken each year to present second sessions of papers interstate are not available because of the 19 point plan.

The Hon. J.R. Cornwall: One is part of the private practice fund and the other is part of award conditions. It is a 19 point plan—

The Hon. R.I. LUCAS: There is a 19 point plan about which the Minister knows nothing, he is telling us. You are saying to us that you do not know anything about the 19 point plan.

The Hon. J.R. Cornwall: You are a stupid boy.

The Hon. R.I. LUCAS: However, if it is something that is contrary to the Minister's policy, all of a sudden he will be acting with the full authority of the Minister.

The Hon. J.R. Cornwall: That is an outrageous allegation. You are a stupid little boy and you ought to grow up.

The Hon. R.I. LUCAS: It has not taken long for the Minister to slip into personal abuse again. We are on our feet for 10 minutes. He has had 20 minutes having a cup of coffee and we have all been in here. It has not taken very long at all for him to slip into personal abuse. The blood pressure is going through the roof again because he will not respond to questions that are put to him and when he does respond he gives nonsensical answers.

The Hon. J.R. Cornwall: Sit down and I'll respond.

The Hon. R.I. LUCAS: There is not much point in sitting down.

The Hon. J.R. CORNWALL: Mr Acting Chairman, under Standing Orders do I have to sit here and be personally abused? I would like your ruling on it. He does not know how to behave; he behaves in a most disgraceful way.

The ACTING CHAIRMAN (Hon. C.W. Creedon): If you are both quiet, perhaps I could suggest to the Hon. Mr Lucas that he could go and have a cup of coffee. We will have a little more decorum. The Hon. Mr Lucas stands on his feet and gives his opinion, but he does not want to listen to anybody else. He should listen to what the Minister has to say. That is the way it should be. If we are going to sit here half the night we should get it over and done with.

The Hon. R.I. LUCAS: I thank the Acting Chairman for those comments; they are most illuminating.

The ACTING CHAIRMAN: I did suggest that you go and have a cup of coffee.

The Hon. R.I. LUCAS: I thank the Acting Chairman for his suggestion. As I indicated before the Minister descended into personal abuse again—and I certainly do not want to descend to those depths with the Minister—the Minister has not responded to the questions that I put to him. When we ask genuine questions with respect to what is going on at the Queen Elizabeth Hospital, the Minister immediately extrapolates from that that we are asking him to intervene in the autonomy of either the Western Sector or the Queen Elizabeth Hospital. That is nonsense, and the Minister knows that it is, but he continues to perpetrate this nonsense to this Committee.

With regard to the 1984-85 supplementation, if any, for the Queen Elizabeth Hospital, has the Minister in any of his discussions with the administration or the joint union council with the Queen Elizabeth Hospital been given any indication that there may be any supplementation for 1984-85?

The Hon. J.R. CORNWALL: First, let me put the little chap's mind to rest on the question of overseas trips. We will show just how ill informed the young fellow is.

The Hon. R.I. Lucas: Overseas trips? I said 'interstate'.

The Hon. J.R. CORNWALL: The honourable member mentioned that these trips had been cut out. The fact is that they are not funded out of the hospital budget; they are not funded by the Health Commission.

The Hon. R.I. Lucas: No-one said overseas.

The Hon. J.R. CORNWALL: Interstate or overseas, there is no difference. They are not funded by the hospital, out of the Budget, by the Health Commission, by the Government or by the taxpayer. The fact is that those trips are funded out of the private practice fund, and part of the trips is part of the award of the salaried medical officers. So, it is not within the discretion of the hospital board or the Health Commission or anybody else to interfere in those rights as some sort of cost saving manoeuvre.

As to the question of whether there has been discussion, I have had no discussion with the administration of the Queen Elizabeth Hospital in recent months. I have had some discussions with the joint union council. The question of supplementation for 1984-85 has not been raised with me by anybody.

The Hon. R.I. LUCAS: With regard to the 1983-84 supplementation for Flinders Medical Centre of $700 000, was that due to overspending or does it include an element of new initiatives?

The Hon. J.R. CORNWALL: I will take that question on notice and bring back a reply.

The Hon. R.I. LUCAS: The Minister may well have to take a series of other similar questions on notice, so I will reel them off. With regard to the following supplementations for 1983-84: $600 000 for Lyell McEwen Hospital; $1 million for the Adelaide Children's Hospital; $100 000 for the Modbury Hospital; and $50 000 for the Queen Victoria Hospital for 1983-84—were they for overspending or supplementation in part for new initiatives?

The Hon. J.R. CORNWALL: A proportion in all cases was for new initiatives.

The Hon. R.I. LUCAS: The Minister indicated that he would bring back a reply on Flinders Medical Centre. Will he undertake to bring back a reply with respect to other hospitals?

The Hon. J.R. CORNWALL: No, I have already given a reply.

The Hon. R.I. LUCAS: Will the Minister indicate what proportion of those hospital supplementations was for new initiatives and what proportion was due to overspending?

The Hon. J.R. CORNWALL: I am not able to do that at this time as I do not carry those figures in my head.

The Hon. R.I. LUCAS: I appreciate that the Minister does not carry these figures in his head, but will he undertake to bring back a reply that will show what proportion of the supplementation for 1983-84 for the hospitals I mentioned was due to new initiatives and what proportion was due to overspending?

The Hon. J.R. CORNWALL: The young fellow shows his gross ignorance as well as his crass lack of manners again. Supplementation, by its very definition, cannot and does not apply to overspending, full stop. That is a simple lesson that the honourable member should learn. He is an eager beaver and almost devoid of personality.

The Hon. R.I. LUCAS: You've put your foot in it now.

The CHAIRMAN: Order!

The Hon. J.R. CORNWALL: Why don't you pull him up, Mr Chairman—he is an offensive worm at times.

The Hon. R.I. LUCAS: On a point of order, Mr Chairman, I find it grossly offensive to be called 'an offensive worm' and ask the Minister to withdraw and apologise immediately.

The CHAIRMAN: The honourable member has asked the Minister to apologise. I am not sure of the wording.

The Hon. J.R. CORNWALL: This charade has gone on long enough. I am happy to withdraw and apologise. Members opposite are keeping me out of bed; I only got five hours sleep last night. They are interfering with my digestive system and upsetting my colon. Supplementation, by definition, cannot and does not apply to overspending. If, in fact, that is accepted then it is no longer classified as overspending. With regard to the specific portions of that supplementation—not overspending but supplementation—that applies to new initiatives and that portion of supplementation that was granted because of costs necessarily incurred, I will take that question on notice and bring back a reply at my leisure.

The Hon. R.I. LUCAS: The Minister said that supplementation, by its very definition, is not overspending. I refer the Minister to his comments in the Estimates Committees. He said:

> The Queen Elizabeth Hospital received $1.3 million as a budget supplement for the financial year 1983-84.

They are the Minister's own words, and he cannot have it both ways. The Minister said tonight that, by its very definition, supplementation is not overspending, yet in another place the Minister indicated that the $1.3 million for the Queen Elizabeth Hospital was a budget supplementation. The Minister uses a figure of $7.4 million as the supplementation that his Government had allowed in two years. The $1.3 million is the same $1.3 million referred to in a letter from the Western Sector Director, David Coombe, to the Administrator of the Queen Elizabeth Hospital, Bill Layther, with respect to overspending, so the Western Sector Director talks about the $1.3 million being, in effect, overspending, and the Minister has said that again tonight. How does the Minister rationalise what he said some five minutes ago with what he is on record as saying in the Estimates Committee?

The Hon. J.R. CORNWALL: There is no conflict whatsoever. The fact is that—

The Hon. R.I. Lucas: You put your foot in it.

The Hon. J.R. CORNWALL: Do not try my patience. The fact is that each of the hospitals negotiates with the appropriate sector of the Health Commission and agrees on a budget. Thus the budget is agreed in the first instance by negotiation, and by this time of the year most of the negotiations have either been concluded or are pretty close to conclusion. The health unit, whether it is the South Australian Dental Service, the Intellectually Disabled Services Council, CAFS, a State service, a hospital or a community health centre, is quite clearly expected to live within the budget that has been agreed by negotiation.

If it becomes obvious that a hospital is overspending, that it is not meeting its agreed budget, the Commission asks why. If the hospital or the health unit can show to the satisfaction of the sector, or if necessary the whole Commission, why that has occurred, an agreement will be reached regarding supplementation. I will go through the Queen Elizabeth Hospital situation again for young Mr Lucas, and I hope that he listens carefully and diligently as he usually does.

The fact is that before Christmas 1983 it was drawn to my attention by the Chairman of the Health Commission that a small number of hospitals, but most notably the Queen Elizabeth Hospital, were blowing their budgets: they were overspending. I wrote to those hospitals at the suggestion and indeed at the urging of the Chairman, pointing out that the Chairman and the Commission had drawn to my attention that at the time the budget was overspent. The Chairman of the Health Commission and I urged those hospitals to take whatever reasonable action was necessary to rein back their budgets. To have done anything less than that or to have done other than that would have been an abdication of Ministerial responsibility. I was perfectly happy, at the suggestion of the Chairman and the Health Commission, in the most formal and proper way to write to the chairmen of the boards of the hospitals concerned, the Queen Elizabeth Hospital in particular, drawing the matter to their attention and asking them to take whatever reasonable action they could take to rein in the overspending.

As I have said before in this place, subsequently, it was again drawn to the attention of the hospital in February that the overspending was continuing and, from memory, I believe that the Chairman of the Commission received an undertaking in writing from the hospital that appropriate action was being taken and that the hospital's spending would be brought on line with the original agreed budget for 1983-84.

All the monthly reports showed that the hospital had continued to overspend. Notwithstanding that, one has to presume that the Board was given certain assurances because the Commission received repeated assurances from the Board that the hospital would come in on budget. Ultimately, it became obvious that that would not happen. At that point negotiations were begun to see what percentage of that overspending could be validated and, therefore, regarded as supplementation. It would not then be regarded as overspending but rather as supplementation and would be built into the hospital's budget for 1984-85.

In the first instance, $500 000 was validated for supplementation. In the second instance, of the remaining $1.3 million, $700 000 was validated for supplementation. There was a further, (from recollection), $620 000 which the Commission could not and would not accept for supplementation. So, it was regarded as overspending: it was not built into the 1984-85 budget. It was set as a first charge against the agreed budget and, lest we forget, the budget has been agreed with the Commission at $69.6 million for 1984-85.

The Hon. R.I. LUCAS: I thank the Minister for agreeing in his tortured way that he made an error earlier with respect to overspending not being a part of supplementation. What he just conceded is that overspending is a part of supplementation as he indicated earlier in the Estimates Committee and also earlier this evening.

Concerning advertising agencies for the Health Commission, earlier this year I put a series of questions to the Minister with respect to a change in the Health Commission's advertising agency. I received a series of answers or partial answers from the Minister, some of which are unsatisfactory, as to the reasons for the change and the mechanics, in effect, of that change.

One question to which the Minister did not respond related to whether there was any discussion between officers of the Health Commission and Mr Ralph, who is the unaccredited agent who was given the new account, about changing the Health Commission's advertising arrangements before Mr Ralph resigned from the advertising agency he was an employee of which was also the Health Commission's former advertising agency.

Can the Minister say whether there was any discussion between officers of the Health Commission and Mr Ralph prior to his resigning from the advertising agency? The Minister, having given some answer to other aspects of the change of accounts, must have had some discussion with the appropriate people in the Health Commission. Will the Minister respond to that question this evening?

The Hon. J.R. CORNWALL: It is my recollection that I responded to that question as part of a multiple question on notice some time ago.

The Hon. R.I. Lucas: No.

The Hon. J.R. CORNWALL: The honourable member should know that quite recently I announced that I had been successful in getting Professor Kerr White, a very distinguished Professor (now retired) of Community and Preventive Medicine in the United States, to come to South Australia to review the operation of the health promotion unit in particular and our medical and preventive health strategies in general. That review will be conducted by Professor Kerr White and Mr Ron Hicks, one of Australia's best known and most competent journalists, who among other things has had very considerable experience in health promotion.

The unit has now been operating for almost four years, and its estimated budget for the coming year is slightly in excess of $1.6 million. So, in line with the external audit of performance that we have done in all areas for hospitals, though to mental health, school dentistry and Aboriginal health, we are now conducting that exercise in regard to the preventive health programme generally and the health promotion services in particular. In addition, I point out that for some time following a Government initiative regular internal audits are conducted within the units and divisions of the Health Commission, including the health promotion unit. I can say no more than that at present. I cannot respond specifically to the question whether discussions were held between Mr X and Mr Y before certain events occurred. I think it might be best at this stage if I take that question on notice and, to the extent that it is possible, bring back a reply.

The Hon. R.I. LUCAS: The Minister may well care to take on notice a number of other questions: for instance, why was the Health Commission advertising account awarded to an unaccredited advertising agency?

The Hon. J.R. Cornwall: I have answered that. The honourable member has put that question on notice before.

The Hon. R.I. LUCAS: That was a question that I directed to the Minister in the Council, but it was not answered and a reply was not forwarded later. I asked five questions in the Council and placed nine questions on notice. The Minister brought back replies to the nine questions on notice but not to the five I asked in the Council. Therefore, I now ask the Minister to provide replies to the following questions: why was the Health Commission's advertising account awarded to an unaccredited agent rather than to a fully accredited advertising agency? The Minister answered in the Council the second question that I asked, and he has undertaken to provide a response to the third question I asked about discussions between the Health Commission officers and Mr Ralph. The fourth question that I again put on notice is: what financial arrangements have been made for providing Health Commission funds to Mr Ralph that will allow him to book advertising space and time on the Health Commission's behalf; and, in particular, what credit arrangements has the Health Commission made with Mr Ralph with respect to payments of accounts, and are they different in any respect to the credit arrangements that were made with the former accredited advertising agency that conducted the Health Commission's advertising?

In addition, I asked: what is the estimated advertising budget for the Health Promotion Services for the current financial year? In response to the question 'At the time the decision was taken to appoint Mr Ralph, what amount of the Health Commission advertising budget was unexpended? The Minister said, '$306 000'. I then asked the Minister: what happened to the unexpended portion of that budget (the $306 000)? The Minister's response was: 'Expended on approved programmes.' I put on notice the questions to the Minister: Can the Minister indicate the month by month payments for the second six months of that financial year with respect to the unexpended portion to the advertising budget (the $306 000)? : that is, what amounts were spent in each particular month for those last six months of that financial year? When asked what works Mr Ralph had undertaken, the Minister gave five specific advertising programmes.

I put questions on notice asking the Minister to indicate for each of those five programmes (the State Stop Smoking Campaign, the Statewide Drink Driving Campaign, the Statewide Breast Self-Examination Campaign, the Statewide Immunisation Campaign and information for consumers'

Healthy State Shop) the duration of individual campaigns, the time involved for Mr Ralph in each particular campaign and, in more specific detail, the amount of work that Mr Ralph undertook on behalf of the Health Commission for each of those particular campaigns.

Concerning *in vitro* fertilisation, the Minister indicated in answer to an earlier question today that there was a proposal from the Flinders Medical Centre for a special section 16 grant under the Health Commission Act for funding for ovumfreezing in South Australia. Can the Minister indicate the amount of funding that is being sought by the Flinders Medical Centre? Can he also indicate whether he has received any application from the other centre of IVF research in South Australia, the Queen Elizabeth Hospital, for funding for ovumfreezing?

The Hon. J.R. CORNWALL: The answers are 'No' and 'No'.

The Hon. R.I. LUCAS: I thank the Minister for his brevity. Does the Minister believe that ovumfreezing should be located in only one of the two centres for IVF research in South Australia? Should that decision be taken solely on the basis of which particular institution may have applied for a grant first?

The Hon. J.R. CORNWALL: I have no opinion on the matter one way or the other.

The Hon. R.I. LUCAS: We are obviously entering the stage where the Minister is going to become petulant; he is not going to provide any information at all. There is no doubt that those questions are important, and the Minister should respond to them. Obviously, he is going to be petulant, bury his head in the newspaper and not worry about providing any answers. There is not much we can do about it other than keep him here a bit longer. The Flinders Medical Centre is not currently involved in the technology of freezing embryos.

Has there been any application made by Flinders Medical Centre for funding for freezing of embryo technology to be introduced? Does the Minister believe that Flinders Medical Centre ought to be involved in the freezing of embryo technology or can it co-ordinate its activities for freezing with Queen Elizabeth Hospital?

The Hon. J.R. CORNWALL: It is not a question of what I believe. My beliefs are going to have little or no effect on the future directions of the IVF and ET and AID programmes in this State. I have made that clear. This is a profound social issue on which Parliament will have to make up its collective mind. Indeed, it is for that reason that I personally and the Government in general have supported the establishment of a Select Committee with the widest possible terms of reference. I will be Chairman of that Select Committee. It would be quite inappropriate for me to express personal opinions in these circumstances. Indeed, it would be irresponsible for me to express my personal view in any circumstances. Certainly, it would be inappropriate for me to canvass particular views as Minister of Health in view of the fact (accepted by this Council, the Government and Parliament) that these vexed social matters are most appropriately addressed by the Select Committee. As I cannot remember the first part of the question, perhaps the honourable member will run it past me again.

The Hon. R.I. Lucas: Have you had any applications from Flinders for funding of freezing technology facilities?

The Hon. J.R. CORNWALL: I have received a letter from Flinders Medical Centre, but I would not call it an application in the formal sense. It suggested that it would like some money—I get many letters from Flinders suggesting that it would like some money. I referred it, as I normally do, to the Chairman of the Health Commission for assessment by the professional officers of the Commission who are far better informed and far more learned in these sorts of matters than I am. When it has been assessed and they have provided me with a response, I will take whatever action is then appropriate at that time.

The Hon. R.I. LUCAS: With respect to counselling for participants in the IVF programme, there is a view amongst people with knowledge of the programme that counselling services are urgently required. Has the Minister any knowledge of any proposals by Flinders Medical Centre or Queen Elizabeth Hospital to introduce better counselling for participants in those programmes?

The Hon. J.R. CORNWALL: I have no immediate personal knowledge of specific proposals to expand counselling programmes. However, I must say that I heartily endorse the worth of such programmes. Going into an IVF programme, I am told by members of the Oasis Circle who have been there—and many of whom have been there unsuccessfully—is quite a traumatic thing. It has some quite profound psychological effects and counselling before, during and after the programme, I believe on the expert advice that I am given and from personal discussions, is essential. Certainly, I would be sympathetic towards any constructive and commonsense programme or suggestion for expansion of programmes in those areas that might be put. At this moment I have no specific proposals before me.

The Hon. R.I. LUCAS: I would like to put on notice a question to which I do not expect an answer straight away. It relates to the document 'Metropolitan Hospital Planning Framework Proposals'. At page 28 of this document it states that the current level of provision of acute hospital beds in Adelaide is very high, in fact, 5.5 beds per 1 000 population in Adelaide. It then goes on to quote figures for the United States where they have a rate of five beds per 1 000 population. Then, at page 30 it says that the provision of up to 2 950 beds in the seven major hospitals is a conservative target and that with population growth it will lead to a combined public and private supply of 4.5 acute beds per 1 000 population between 1986 and 1991. This rate will exceed the legislated standards set in the United States of America.

Will the Minister bring back a reply as to how those two statements are to be interpreted? In addition, the document gives the beds per 1 000 figure for Victoria. Can the Minister obtain for me relevant figures for New South Wales, Queensland, Western Australia and Tasmania? Can the Minister make some general comments about the proposals for worker health centres in the 1984-85 Budget?

The Hon. J.R. CORNWALL: Yes, I can: if the member asks me questions I will answer them.

The Hon. R.I. LUCAS: What provision has been made in 1984-85 for worker health centres? The Minister made an announcement a little time ago in relation to this matter. What provision is there in the health budget in 1984-85 for worker health centres and is there a long-term plan for subsequent financial years that the Minister or the Health Commission has approved in relation to worker health centres?

The Hon. J.R. CORNWALL: There is no specific provision for them in the 1984-85 Budget, but there will be provision for a long-term plan.

The Hon. R.I. LUCAS: I have some further questions, which I put on notice and which I do not expect the Minister to answer now. The Minister indicated in May that an independent office responsible for investigating public complaints against South Australian hospitals would begin operating in May and would be called the 'Patient Advice Office'. What was the number of complaints received in each of the months since May, and in May, by that Patient Advice Office? Has the Minister or any of his officers provided an assessment as to how that Office is operating?

The Hon. J.R. Cornwall: Very well.

The Hon. R.I. LUCAS: He is getting no inquiries. Is the Minister able to say at this stage whether there has been any interim assessment of the worth of the Patient Advice Office, and is he still committed to the appointment of a health ombudsman in South Australia.

The Hon. J.R. CORNWALL: It is late at night and I am approaching incipient middle age, but I have no recollection of ever making a commitment to a health ombudsman, either in the fighting platform or in any speech I have made in the past two years, and there have been many of them. The Hon. Mr Lucas is a great one for grabbing what journalists might report. Tell me what it says.

The Hon. R.I. LUCAS: I have said that it states that it may be the forerunner of a special health ombudsman's office.

The Hon. J.R. Cornwall: You quote me the article, smarty pants, and I will respond.

The CHAIRMAN: Order!

The Hon. R.I. LUCAS: Mr Chairman, I take some offence at being called 'smarty pants'.

Members interjecting:

The CHAIRMAN: Order!

The Hon. R.I. LUCAS: On a previous occasion the Minister said he knew me when I had the seat out of my pants. My mother took great exception to that. She said it was never the case that I went to school with the seat out of my pants, and she said it was outrageous for the Minister to say that I was a traitor to my own class.

The CHAIRMAN: Order! The Hon. Mr Lucas will ask a question.

The Hon. R.I. LUCAS: Thank you for protecting me, Mr Chairman, from abuse from the Minister.

The Hon. J.R. Cornwall: You're a pain in the perineum.

The Hon. R.I. LUCAS: Mr Chairman, on a point of order, I take exception to being called 'a pain in the perineum'. I ask the Minister to withdraw and apologise.

The Hon. J.R. Cornwall: It is not unparliamentary, Mr Chairman.

The CHAIRMAN: Order! It is unparliamentary. The Minister has been asked to withdraw.

An honourable member: With grace!

The Hon. J.R. CORNWALL: It is easy to be magnanimous in victory, but far more difficult to be gracious in defeat. I sit on the front bench in Government so I have no difficulty withdrawing—none at all.

The Hon. R.I. LUCAS: I thank the Minister for withdrawing, for the second time, from personal abuse. The Minister asked me to read—

The Hon. J.R. CORNWALL: Mr Chairman, I am dead sick of his carrying on like this. On a point of order, Mr Chairman, the Hon. Mr Lucas rants on about my personal abuse. He has abused me all night. I want your ruling on this, Sir, because it is going into *Hansard*. The Hon. Mr Lucas continually accuses me of personal abuse and sits there smirking like the little boy that he is.

The CHAIRMAN: What is the point of order?

The Hon. J.R. CORNWALL: My point of order is that the Hon. Mr Lucas's behaviour is consistently unparliamentary, and I believe that something should be done about it.

The CHAIRMAN: The Minister will have to specify the point of order a good deal closer than that and tell me what was unparliamentary.

The Hon. J.R. Cornwall: His behaviour.

The CHAIRMAN: Order! It may be tedious, but I cannot rule that it is unparliamentary.

The Hon. R.I. LUCAS: Thank you for that ruling, Mr Chairman. The Minister asked me to read the article and I will do so briefly. It is headed 'Hospital complaints office opens', and states:

> An independent office responsible for investigating public complaints against SA hospitals will begin operating tomorrow. The year-long experiment may be the forerunner of a special health ombudsman's office.

The article was written by Randall Ashbourne. I ask the Minister whether he is still considering a health ombudsman's office in South Australia.

The Hon. J.R. CORNWALL: I would have to know whether the words in the article are attributed to me in quotes or whether the article states 'the Minister said' or 'Dr Cornwall said'. I believe that the words in the article are attributable to the journalist who wrote it—are they not?

The Hon. R.I. LUCAS: Yes, they are as I read them. Obviously the Minister is trying to wriggle out of it, so let me quote from further on in the article—

The CHAIRMAN: Order! I ask the honourable member to quote the article so that we can judge.

The Hon. R.I. LUCAS: Later the article, referring to the Hon. Dr Cornwall, states:

> He said the work of the office would be assessed in 12 months to see whether the Government should consider appointing a medical ombudsman.

'He' refers to Dr Cornwall. Perhaps the Minister of Health does not remember everything he tells journalists around South Australia, but it appears quite clear that the Minister said to Randall Ashbourne that he was considering a medical ombudsman or a health ombudsman. My question some 10 minutes ago was a simple one: was he still considering a health ombudsman, a medical ombudsman or whatever one wants to call it, system in South Australia?

The Hon. J.R. CORNWALL: I do not want to mess about. My time is more valuable than that. The fact is that I said that the operation of the office would be assessed at the end of 12 months and that decisions would be taken at that time as to whether it would be appropriate or otherwise to appoint a medical or health ombudsman: no more, no less. I have never said (and this is not being pedantic) and I have never given a commitment that we as a Government or I as a Minister of Health would recommend to the Government that we appoint specifically a health ombudsman.

The Hon. R.I. Lucas: I never said you did.

The Hon. J.R. CORNWALL: Yes, you did. Do I still intend to appoint—

The Hon. R.I. LUCAS: I did not. Mr Chairman, I rise on a point of order. I claim to have been misrepresented by the Minister.

The CHAIRMAN: The honourable member can claim that. It is hardly a point of order.

The Hon. J.R. Cornwall: He is a mug—a dead-set mug.

The CHAIRMAN: Is that the only point of order?

The Hon. R.I. LUCAS: I claim to have been misrepresented by the Minister.

The Hon. J.R. Cornwall: I called you a dead-set mug. That would be pretty accurate.

The CHAIRMAN: Order! I cannot take it as a point of order. The Minister apparently has not gauged what you said the way you wanted him to gauge it. However, it is not a point of order. Minister, do you wish to reply to that?

The Hon. J.R. CORNWALL: No.

The Hon. J.C. BURDETT: My question relates to page 29 of the yellow book, under the heading, 'Issues/Trends', which states:

> learning to deal with an increasing population of intellectually disabled people and one that is ageing.

I am asking for specifics. What is the Government doing in this area? What is it doing about dealing with the increasing population of intellectually disabled people and such a population that is ageing?

The Hon. J.R. CORNWALL: I went into that in considerable detail earlier this evening. I refer the honourable member to tomorrow's *Hansard* pulls.

The Hon. J.C. BURDETT: I do not think that that question was actually addressed in detail, but if that is what the Minister wants to say that is fine. Page 29 of the yellow book, under the heading 'Specific targets/objectives: (significant initiatives/improvements achievements)', states:

> additional funding was provided to a wider range of non-Government agencies to assist in the establishment of two additional community homes by Alternative Accommodation for the Intellectually Disabled...

Who got funds and how much in each case?

The Hon. J.R. CORNWALL: I had better take that on notice.

The Hon. J.C. BURDETT: I note that the Minister will take that on notice. Again page 29 of the yellow book, under the heading 'Specific targets/objectives: (significant initiatives/improvements/results sought)', states:

> the provision of further services in country areas . . .

What new services will be provided and in which country areas in 1984-85?

The Hon. J.R. CORNWALL: I ask that that be taken on notice, too.

The Hon. J.C. BURDETT: I am pleased to do that. Page 29 of the yellow book, under the heading 'Major resource variations', states:

> The main components of this variation are the full year effects of: salaries, wages and price increases . . .

However, I think that that relates to the question I have already asked and I will not proceed any further with that. Figures on page 30 of the yellow book, under the heading 'Services mainly for the intellectually disabled' and dealing with services mainly for adults, indicate that $306 000 was proposed in 1983-84; in 1983-84 the outcome was $145 500; and in regard to employment levels the outcome in 1983-84 was $402 300. My questions are:

1. Why were the funds provided and not spent? That is a big gap: 1983-84 proposed, $306 000; 1983-84 outcome, $145 500.

2. Will there be any increases in staff to provide practical help for families caring for intellectually disabled children at home?

The Hon. J.R. CORNWALL: The answers are as follows:

1. Because of difficulties in the acquisition of properties.

2. Yes.

The Hon. J.C. BURDETT: The next question also relates to page 30: services mainly for school age children—1983-84 proposed, $320 000; 1983-84 outcome, $151 800; employment levels, 1983-84 outcome, 419.8. The questions are: why were the funds provided and not spent, and will there be any increases in staff to provide practical help for families caring for intellectually disabled children at home?

The Hon. J.R. CORNWALL: I ask that those questions be placed on notice.

The Hon. J.C. BURDETT: I am pleased to do that. Referring to page 35, services mainly for adults with mental and behavioural disorders: in regard to capital expenditure, the table on page 35 has absolutely nothing in it. There is nothing about the capital expenditure at all. Why is there no information in these columns? I refer also to page 36, where the same applies: capital expenditure, nothing. It may be that nothing has been spent, but I ask why this table is set out on both pages 35 and 36 and there is nothing in the tables.

The Hon. J.R. CORNWALL: I refer the honourable member to page 37, where he will find a total of all those things for pages 35 to 37.

The Hon. J.C. BURDETT: Why was nothing placed in the tables in regard to pages 35 and 36? The opportunity is set out for those matters to be stated there. Why were they not put in those places?

The Hon. J.R. CORNWALL: It is all about the one programme. The programme does not change. The pages are printed in that form, but there was no join, and it was not appropriate to put a costing on that one comprehensive programme until we arrived at page 37. It is not a centralist, socialist conspiracy, I can assure the Hon. Mr Burdett, nor even the incompetence that I used to find when I was the shadow Minister.

The Hon. J.C. BURDETT: I did not suggest that it was a centralist, socialist conspiracy. I just find it strange that if the format is not appropriate it is not changed. My next question is in regard to page 6 of the yellow book. What is the capital cost of replacement of equipment of the Central Linen Service?

The Hon. J.R. CORNWALL: Altogether, about $4 million has been spent over four years.

The Hon. J.C. BURDETT: The yellow book (page 55) under '1984-85 Specific targets/objectives' states:

> The Central Linen Service will continue with implementation of recommendations as outlined in the Touche Ross Report.

Have those recommendations been implemented? I am sure that the recommendations set out in option 1 or in any other option of the report have not been implemented and that a varied version of the report has been implemented. The amount of capital recommended under option 1 has not been put into the Central Linen Service; the figures given by the Minister do not indicate that that has happened. What variations have been made regarding the Touche Ross Report?

The Hon. J.R. CORNWALL: I believe that that question was asked in the Estimates Committee if not in this place. I am happy to talk about the Central Linen Service. If this was prime time I am sure that I could have gone on at some length. The CLS is a jewel in the crown of the health services. I recall that the Touche Ross Report recommended a replacement and upgrading of equipment which, of course, was sadly run down during the Tonkin interregnum; and the Service was literally on its knees when we came to government. There was a lengthy consultation with Treasury, particularly, about those recommendations, and they were modified to the extent that the capital programme (again to my recollection, and I would not stake my Ministerial career on it) was modified. Instead of that occurring over three years, we plan to do it over four years. The first major capital expenditure occurred in 1983-84 and that will continue this year and for two subsequent financial years.

The report also recommended that 93 jobs disappear by attrition—not by retrenchment, of course. Under the new management directions and with the new equipment that we are already starting to put in place, there has been a remarkable turn-around at the CLS. The Service has not increased its price for 12 months and I understand that it does not intend to do so for another 12 months. It is operating as a commercial enterprise, paying full Treasury rates on capital loans. So successful is the CLS that it is now regaining a great deal of the hospital business that was lost during the unhappy three years of the Tonkin Government. The CLS is also gaining contracts in new fields.

Indeed, I might say that it has been such an outstanding example of successful public enterprise that the only complaints we receive these days are from the operators of private laundries who find that, despite the fact that the CLS operates on commercial principles and pays commercial rates of interest, they are unable to compete with its prices.

The Hon. J.C. BURDETT: The yellow book at page 40 states:

> There are increasing numbers and notification of child maltreatment under the Community Welfare Act which require medical

assessment and management in consultation with health professionals and other agencies. Such assessments are mainly conducted at the Adelaide Children's Hospital and the Sexual Assault Referral Centre at the Queen Elizabeth Hospital.

I would like the details (and I expect that the Minister may place this on notice) of the number of assessments at the Adelaide Children's Hospital and the Queen Elizabeth Hospital and, if possible, some details of subsequent treatment, and the figures for the year ended 30 June 1984 compared with the figures for the year ended 30 June 1983.

The Hon. J.R. CORNWALL: I really have to make a point at this stage. It is one minute past 1 a.m. We did come down on the day of the Budget Estimates Committee on health with 15 officers from the South Australian Health Commission, all of them highly paid, competent and skilled officers, each with a particular area of expertise. If Dr McCoy was here, as he was all day and all night for that Budget Estimates Committee, he would be able to answer that question: it would not be necessary to place it on notice. The fact is that I sat in that other Chamber, with—

The Hon. J.C. Burdett: You didn't give the answers.

The Hon. J.R. CORNWALL: Shut up for a minute you silly old fellow. The fact is that we sat in that other Chamber for eight and a half long weary hours and the Opposition, or what is laughingly called the Opposition, led by the member for Coles and that nasty fellow of limited intellectual capacity, the member for Morphett—

The Hon. M.B. CAMERON: I rise on a point of order. It is clear that this session will go on for some time now because the Minister is obviously going to develop his usual standard of personal abuse. I ask the Minister to withdraw the statement that he just made about the member for Morphett being of limited mental capacity.

The Hon. J.R. Cornwall: It is a statement of fact.

The Hon. M.B. CAMERON: That is not an appropriate statement for the Minister to make.

The CHAIRMAN: Will the Minister withdraw?

The Hon. J.R. CORNWALL: Well, I do not think that I am in a position to do that, because it is a statement of fact; it is not unparliamentary.

The Hon. C.J. Sumner: He's not a member of this place.

The CHAIRMAN: That even makes it worse, when people are not here to defend themselves.

The Hon. J.R. CORNWALL: All right, I withdraw and I apologise. I made the point earlier that anyone as good at being a clown as the Leader of the Opposition is ought to turn professional. But apropos the eight and a half hours with 15 senior members of the Health Commission, 15 senior officers tied up, these sort of questions would not then have to be placed on notice. What is laughingly called the Opposition, led by the member for Coles with the member for Morphett, who had no grasp of what it was about, spent four and a half hours of that time trying to beat up a storm, most unsuccessfully I might say, about the Queen Elizabeth Hospital.

These sorts of detailed questions are not appropriate in this sort of situation, because no Minister of the Crown with a $634 million budget could possibly be expected to have that sort of detail at his fingertips—how many patients were seen in a particular unit at a particular hospital. That makes an absolute farce of what the Opposition is about. Members of the Opposition have strutted around the corridors of this Parliament for the last week telling every journalist in sight 'We are going to put Cornwall on the grill. Look out. It will go on for eight or 10 hours; what a performance it will be.'

What an unfortunate rabble the Opposition is. It is wasting the time of the Parliament, my time, the Government's time, and most importantly, by this exercise it is wasting the taxpayers' money in raising the sort of trivia brought forward by members such as the Hon. Mr Lucas.

The Hon. R.I. Lucas interjecting:

The Hon. J.R. CORNWALL: Here we go: you sit on the Opposition back benches, my son, where you are likely to stay for a long time.

The Hon. R.I. LUCAS: On a point of order, Sir. I object most strenuously to being referred to by the Minister as 'my son', and I ask the Minister to withdraw that comment. My mother would take objection to that!

Members interjecting:

The Hon. J.R. CORNWALL: I have not finished yet. Members of the Opposition have strutted around the place, poor unfortunate people that they are, telling every journalist in sight that this would be my Armageddon. The Opposition wasted 8½ hours during the Budget Estimate Committee proceedings. By and large, our time has been wasted tonight since a quarter to eight. If this is my Armageddon, then I can stand plenty of it, let me assure honourable members. Opposition members simply rant on now asking for details. However, they are not fair dinkum about it (and there is nothing fair dinkum about the Opposition). The Opposition has no competence, and in regard to collective brain power I have seen more in a tin of Heinz baby food. I want to be on the record as saying that the members of the Opposition are making an absolute farce of the Budget proceedings and are making fools of themselves, and doing the Parliament no good at all.

The Hon. M.B. CAMERON: That was a remarkable outburst from the Minister. I find it amazing that during a genuine examination of the Estimates we suddenly have this little Hitler standing up in front of us and attempting in some way to denigrate the Opposition.

The Hon. C.J. Sumner interjecting:

The CHAIRMAN: Order! The matter before the Committee is clause 4 of the Bill, and honourable members must relate their comments to that.

The Hon. M.B. CAMERON: That is all very fine but when the Minister gets on his feet and performs in the way he has done at least the Opposition should be able to say a few words in reply.

The CHAIRMAN: Order! Unless the honourable member can relate his remarks to this clause I ask him not to continue his remarks.

The Hon. M.B. CAMERON: I shall relate my remarks to the statement that the Minister has just made in reply to a question from the Hon. Mr Burdett. In asking the questions the honourable member was making a genuine attempt to obtain answers to questions that the Minister refused to give during the Estimates Committee. All honourable members were prepared to give the Minister a go had he answered the questions. He did a quite reasonable job until a few minutes ago, but suddenly he cannot control himself and so he lets forth with an outburst.

During the Estimates Committee the Minister refused to answer questions. If he had all these people down here then it would have been a good idea if he had sat down and shut up and let competent people answer, and because of that—

The CHAIRMAN: Order!

The Hon. J.R. Cornwall: You're letting him get away with murder.

The CHAIRMAN: Order! You had your say. At this stage the score is about even. If you leave it there we will call it quits. Otherwise, I will take umbrage. The Hon. Mr Burdett.

The Hon. J.C. BURDETT: The Physiotherapists Board has been requesting an update of the Act for some time. Previously I asked a question about it, and the Minister indicated that it was fairly low on his priorities. What does the Minister propose to do in this area?

The Hon. J.R. CORNWALL: To amend the Act.

The Hon. J.C. BURDETT: When?

The Hon. J.R. CORNWALL: When it is ready for me.

The Hon. J.C. BURDETT: I would like something a little more specific. Does the Minister intend to introduce the legislation in the current session of Parliament?

The Hon. J.R. CORNWALL: No firm decision has been taken on that matter.

The Hon. R.J. RITSON: Is the intention that the use of ISIS forms for private hospitals will be compulsory?

The Hon. J.R. CORNWALL: They will certainly have to provide statistical information to the Commonwealth.

The Hon. R.J. RITSON: Some hospitals have told staff that it is compulsory, and some Ministerial staff commented in the press some months ago, from memory, that it was not going to be compulsory. I realise that there are two components: State information and Federal information. I am concerned because Mr Branson in the Estimates Committee referred to $300 000 relating to this system. Will the powers given to the Minister under the Health Commission Act Amendment Bill concerning authority over the keeping of records in private hospitals be used to make this particular form compulsory in those hospitals?

The Hon. J.R. CORNWALL: I take that question on notice.

The Hon. R.J. RITSON: The question of the split information was a matter of public concern some months ago. The physics of the form comprise two sets of data: personal identification and clinical records. The Minister made a public statement on television at the time this was discussed that there was no threat to confidentiality because the forms were split. The instruction guidelines on the system (page 8, paragraph 2) state:

> Hospitals now have the option of submitting this data separately with the duplicate and triplicate of the ISIS 2 form. It would be most expedient, however, for both the hospital and the Health Commission if the two forms were submitted together.

My initial concern was that junior clerical staff, probably staff who may have worked for health insurance companies, would be opening these envelopes. I was concerned that, when the forms are split, certain information could be deduced, such as that one's neighbours were not married, but when put together the information should only come together at the highest level. Here we have the instruction, 'It would be most expedient for both the hospital and the Health Commission if the two forms were submitted together.' Will the Minister ensure that wherever this system is used, whether compulsorily or voluntarily, the two forms will be submitted separately and opened by separate staff and only synthesised by senior staff?

The Hon. J.R. CORNWALL: I will take that question on notice.

The Hon. R.J. RITSON: Will the Minister explain why $300 000 has been stated as the cost? It is a complicated form that has lots of printing over four pages, but I am sure that it is not paper cost. Is additional manpower included to handle it, or is it a computing cost? If it is, is that expenditure for the purchase of hardware, because perhaps existing systems cannot cope with it, or is it for software and programmes? Can the Minister explain why in a system that we do not know is compulsory or not, a form of four pages generates a cost of $300 000 in the Budget?

The Hon. J.R. CORNWALL: It would be primarily development costs and ongoing clerical costs. It is a fairly detailed question. I have not got the immediate details, and it might be best if the remainder of that part of the question, which is unanswered, were taken as a question on notice and it can come back with a reply to the other 133 questions that have been placed on notice already.

The Hon. R.J. RITSON: In view of the hour, and as the Minister does not have the information in any detail, it might be more suitable to pursue this matter in Question Time.

The Hon. PETER DUNN: My brief question relates to page 45 of the yellow book. Under 'Issues/Trends' is the comment that the majority of Aboriginal people in South Australia remain dispossessed and subject to a vicious cycle of poor health, poor educational attainment, and so on. The recurrent expenditure seems to fall off. Is there a specific reason for that?

The Hon. J.R. CORNWALL: I do not know where the honourable member was earlier, but we spent about 15 or 20 minutes on that in reply to a series of questions from the Hon. Mr Burdett. I refer the Hon. Mr Dunn to today's *Hansard* pulls.

Clause passed.

Remaining clauses (5 to 11), schedules and title passed.

Bill read a third time and passed.

HOUSING AGREEMENT BILL

Second reading.

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

That this Bill be now read a second time.

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

Leave granted.

Explanation of Bill

The new Commonwealth-State Housing Agreement heralds a new era in housing assistance for low-income groups in our community. It marks the beginning of a long-term commitment on the part of the Federal Labor Government and the States to attack housing related poverty. I am therefore pleased to be introducing this Bill ratifying the 1984 agreement. Although renegotiation of the Commonwealth-State Housing Agreement was Federal Labor Party policy, South Australia has played a prominent role in determining what has gone into the new agreement. The State Goverment has strongly pushed for a new far-reaching and progressive agreement. We were looking for a national agreement which included:

A new direction to attack housing-related poverty and to ensure that housing assistance is directed to those in need.

The resources to double the proportion of public housing in the national housing stock over the next 10 years, that is, at least another 350 000 homes.

A new approach to ensure that first home buyers get the best form of assistance they require in our changing social and economic times.

A vigorous new approach in the future development and management of public housing.

The recognition by the Commonwealth of its responsibility for the costs of rent rebates, since this is an income support problem.

A package of housing assistance for those in the private rental market, particularly the unemployed.

A long-term agreement to allow better planning and to achieve greater stability in the building industry; and

A three-year funding programme to provide certainty of planning.

The State Government was also concerned about the complex nature of housing policies which allowed, for instance, significant subsidies to flow to home owners and buyers while little assistance was provided to tenants renting in the costly private market.

We therefore sought an annual housing budget outlining these flows of subsidies and benefits. We sought an agreement that encapsulated a housing policy for the nation, one that provided the necessary resources and direction to fight hous-

ing-related poverty. The State Government believes that South Australia's housing policies lead the nation in terms of equity. We believe the goal of affordable housing for all people—whether that housing is rented or bought—is most likely to be attained under our policies. Consequently, we sought a transfer of our policies on a national basis, for the benefit of all Australians. We have lobbied for the national implementation of South Australian policies and programmes such as rental purchase, support for co-operatives, development of local housing projects with local government and communities, and diversification of the public housing stock.

I am pleased to say that many of South Australia's objectives have been achieved, and that we now have an agreement that can act over the next decade as a framework to provide housing services to a great many Australians who are in need. And this need is staggering. Let me just remind the Council that, in South Australia, there are over 32 000 applicants seeking public housing. This, of course, does not include those who have not bothered to list because of the waiting times. Across Australia these numbers increase dramatically with 150 000 families listed for public housing, and two to three times as many not listed because they see little chance of gaining housing by this means. It is a sad fact of life that there are many Australians who are homeless, or living in costly or appalling conditions. It is a poor reflection on a nation so wealthy and well endowed with natural resources.

Let us turn for a moment and look at what this means. It is easy to talk of 32 000 applicants within our own State wanting affordable housing. In real terms it is families, young single parents with children, aged people, either singles or couples, working families, children with unemployed parents. It is a great cross-section of our community, young and old. And, if the children in these groups are to have a chance in life of improving their situation, then before we talk of education, of diet and health, the most important thing to be addressed is shelter—decent, permanent housing, a family home. And, in Australian society, children have a right to expect this.

If we are to create opportunities for our children, then they must have affordable homes in which they have the right to security, the right to privacy, the right to proper amenities and to community facilities. These basic rights, which 70 per cent of Australians enjoy, must not be lost or reduced by poverty, and they must become the rights of us all. As Governments, we must not lose sight of people as people, as individuals with their own aspirations. We cannot allow to develop a situation where a quarter of our community does not have decent housing. And it is this concern that the State Government, in conjunction with the Federal Government, set out to address. The new agreement does address these issues. And I would like here to pay a tribute to my fellow South Australian and colleague, Chris Hurford, in his role as Federal Minister for Housing and Construction for his efforts in the renegotiation.

The renegotiation took a great deal of time and effort, and Chris Hurford has willingly contributed both, along with a far-sighted belief in the need for a more just national housing policy. His efforts in introducing the first home owners scheme and this new agreement have brought hope to many thousands of Australians, and for this he should be commended. Now I would like to talk about the substance of the new agreement.

Objectives

The objectives of the new agreement have been clearly spelled out in the schedule and reflect the concern of our respective Governments to address the two key problems in housing. The primary objectives are, first, to alleviate housing-related poverty, and secondly, to ensure that housing assistance is, as far as possible, delivered equitably to people living in different forms of housing tenure.

I referred earlier to the first objective of housing related poverty, but it is sadly true that many people, many families, simply cannot afford the costs of private rental tenancy, nor can they raise the funds to buy a home. For many people the costs of housing are so enormous that they have little left for the other necessities of life, a fact recognised as long ago as the Henderson Poverty Commission, and an issue not addressed by the previous Federal Government over the years.

The second objective has been termed 'tenure equity', and means that similar households with similar incomes should pay similar costs over time for different tenures. For example, take two young families both earning below the average wage and renting in the private sector: if one family then has access to home ownership, for instance through a deposit raised within their family circle, their housing costs will go down relative to their income over time, while the other family's rents in the private sector will rise. There is no equity in this, and it is unfortunate that some private tenants over their life pay up to 10 times the housing costs of similar families in home ownership. Unfortunately, it is often not recognised that in our community it is not the poor private tenants who gain the benefits of Government help, but rather home owners. This key issue will be addressed over the next decade by the Federal and State Labor Governments.

Duration

The new agreement will be for 10 years with a three-yearly evaluation to assess progress and determine what further programmes are necessary to achieve the agreement's objectives. Ministers will continue to meet annually and assess Australia's housing needs and the housing programme's performance, which will be published as part of an annual housing statement, including an annual housing budget, showing where the benefits of housing flow, who benefits, and what the costs are. I believe that a housing budget will be valuable in opening up public debate on housing issues. Within the first triennium, public housing rents will move to a 'cost rent' formula, home purchase assistance will be modified to direct assistance to the start of the loan, and a new local government and community housing programme will be introduced.

Resources

The agreement provides for a base level funding of $1 500 million over the next three years with additional funding at the will of the Commonwealth Government. This year the total Commonwealth allocation to the agreement and related funds is $623 million, a very valuable 25 per cent boost on the $500 million base. This is the first step in what will no doubt be a long road to doubling the proportion of public housing in the national housing stock. We need to be clear here that if we are to achieve this visionary aim—to resolve homelessness, to build homes—then it is not just the need for more resources; it may well take a national debate on our real priorities. This three-year commitment, along with the continuation of 'nominating' Loan Council funds for housing, is vital to South Australians who need housing, to the building sector and to the Government. It is a step forward which will facilitate much needed long-term planning within the building industry, allowing the Government to even out the notorious boom-bust problem.

There is also resources for other special areas, including mortgage and rent relief, Aboriginal housing, pensioner housing, the crisis accommodation programme and the local government and community housing programme. These mechanisms allow the Commonwealth Government the opportunity to co-operate more closely with State Governments. South Australia is already at the forefront in developing innovative programmes in these areas, but I believe the funding provisions here need strengthening by the introduction of explicit time-frames, and that in particular, the

mortgage and rent relief programme needs much improved resources. This year, for the first time, the State's allocation will be provided entirely as grants with an indication of at least 75 per cent grants for each year of the agreement. Any Loan funds will be at 4½ per cent interest over 53 years, as was previously the case.

South Australia received $62.3 million in 1983-84 and $73.1 million for 1984-85. This year, South Australia will again be able to nominate its total Loan Council allocation of $135.9 million for housing, thereby attracting a concessional interest rate of 4.5 per cent. South Australia's total housing allocation this year is $227.7 million. The Federal funding programme now presents South Australia with the opportunity to continue its current efforts. If nominated funding continues, South Australia will now have the opportunity to mount a vital three-year programme of around 9 000 Trust homes, 9 000 low-income loans, and housing benefits to another 40 000 households in the private rental market, requiring resources of more than $600 million.

As a consequence of the available funding and the launch of the successful Home Ownership Made Easier scheme (the HOME scheme) South Australia has, relatively speaking, mounted the largest housing programme in the Commonwealth giving a major impetus to economic recovery.

Public Housing

The nature of this national agreement has changed as a result of the careful development of the objectives I raised earlier. The agreement has clearly moved away from a concept of 'welfare housing' for some mythical 'deserving poor'. We are talking about 'public housing', housing for everyone, with rents based on costs and capacity to pay. For too long in our community we have had the stigmatising of 'welfare housing', by misguided and uninformed people.

This new agreement sets a new direction for public housing in Australia. We see a wide range of changes in the years to come as housing authorities change their operations to meet new demands. Public housing will be diverse in style, location, management forms, tenant involvement and community integration. The days of vast tracts of similar homes are over forever. Public housing will increasingly change with small-scale co-operatives running their own housing, joint ventures with other organisations such as local government, and increased use of community resources for different house design, density and amenity. These changes flow from the need to satisfy consumer interests, to develop better community awareness and acceptance of public housing and to ensure that our community and the tenants have a better place to live. These changes are foreshadowed by the very careful outline of objectives in Recital D of Schedule 1, and I commend them to members. I am proud to say South Australia is again at the forefront in recognising these needs and implementing changes.

Public housing rents will be based on the costs incurred in the provision of public housing. Cost rents will replace the current market rents policy, which has been shown to be inequitable and inefficient. This is a very valuable change which will have a significant impact on Housing Trust rents, ensuring that they rise only to cover costs, no longer will the Trust be required to relate their rents to those of private landlords, a change, I might add, that this Government has already made and implemented. Costs are to include the recovery of all operating expenses directly related to the provision of the housing and various community facilities, the interest charges on borrowed funds and a provision for depreciation. Depreciation will be based on current market values and an effective dwelling life of 40 to 75 years. Although the cost rent formula will lead to lower rents, South Australia, on a matter of principle, has expressed some minor concern with this depreciation proposal.

We suggest the principle is unfair if we expect public tenants to have their rents determined annually on the current market value of a dwelling, while the housing costs for home-owners each year are based on the historical cost of the dwelling from when it was purchased. We believe that rents ought to be sent on an 'equity' formula, tied to the actual costs incurred, but modified to represent a comparative cost to those who buy. The new cost rent formula does represent a major gain for tenants, but the Government will continue to argue for a broader, more equitable formula, during the discussions on annual achievements.

Rent Rebates

A major problem has developed in public housing over the past decade in relation to rent rebates. Originally, rent rebates were introduced to help pensioners with low incomes meet public housing vacancy rents. However, now that more than 60 per cent of tenants have such low incomes that they receive rent rebates, public housing authorities are no longer able to generate the resources to cover the rents foregone as rebates. This is basically a problem of insufficient income, not a housing problem. Accordingly, South Australia has pressed the Federal Government to accept responsibility for income support. I am pleased to say that we have taken a major step towards this, and that the Commonwealth has agreed that States will be able to allocate some of their CSHA grants to cover rent rebates, based on the supplementary rent allowance provided to private tenants.

Home Purchase Assistance

A significant restructuring of home purchase assistance has occurred, the Commonwealth has followed South Australia's lead and introduced a rental purchase programme, which pleases the Government greatly but, as we are already running a successful scheme, this provision does not affect South Australia. The use of home purchase assistance funds has been expanded to allow for a much more innovative approach to lending. We will certainly be seeking the most effective ways to help people gain access to home-ownership, whether it be by normal credit foncier loans, deferred payments loans, capital indexed loans, shared equity loans, or whatever. The new arrangements foster this approach. They also allow funds to be used for urban renewal programmes, information services, research and policy development.

South Australia's HOME programme has been well received in the community and is recognised as an extremely effective means of tailoring resources to those most in need. However, the Government will continue to pursue better ways to do this as economic circumstances change. In particular, the Government wants to ensure that in South Australia we have, through the State Bank, through HOME, an open, non-stigmatised, sensitive, widely available programme where anyone, whatever their income, can within their local community, get the information and the loan they require. We want them to have, as well, the full value of this assistance in whatever form it comes, be it loan, rental purchase or whatever, not simply as a home, but as an asset, collateral if you like, which they can use to build up their home. Under the new agreement, repayments will be a minimum of 20 per cent of gross income of applicants. South Australia's HOME scheme repayments are set at around 25 per cent of gross income although the State Bank has lent at as low as 18 percent of income.

Although this proposal reduces State flexibility in developing schemes, we see no major problems with a 20 per cent minimum, as it is aimed at maintaining an adequate pool of funds to provide access to home ownership for low income families. There is also a requirement to review the repayments schedule for borrowers on an annual basis, tied to an appropriate economic index. Within South Australia all the home purchase assistance funds have gone through the State Bank or the South Australian Housing Trust, and our arrangements are recognised as being efficient, effective and equitable. I place on record that our current process of determining annual increases is recognised by the Federal Minister and his Government as appropriate, and that the Minister has agreed that the review of gross incomes will

occur in South Australia on a five-yearly basis.

I also want to comment briefly on the management of these funds. South Australia appreciates its role in dispersing these funds and the Commonwealth's interest in the accountability of the funds. Together, our joint objective is to maximise the benefits to low-income borrowers. Accordingly, I am pleased that the Federal Minister has made it clear that the State may organise its own funds as it sees fit to achieve this objective, and I note in passing that clause 25 (1b) of Schedule 1 is intended by the Federal Minister to do just that. There is a new provision regarding home purchase assistance loans in that the agreement ensures that the home purchase loans fund is built up over time by borrowers gaining low-start loans but paying normal interest rates over the life of the loan. This provision ensures that the value of loans to low-income people is in gaining access to home-ownership, while more carefully maintaining the Government provided pool of funds to maximise the number of people who will benefit. Borrowers will get assistance where they need it most—at the beginning of their loan—and the benefits will be more widely spread.

The benefit provided over the life of the loan is to be recovered, except in 'appropriate circumstances', as defined by the State Minister. We believe in some circumstances it may not be appropriate; for instance, when there is neither income growth for the borrowers nor capital appreciation on the borrowers' home. This may occur for individuals or groups of individuals. In such cases, an exemption would be given. South Australia has expressed concern on this provision given that such a constraint is not placed on schemes involving higher income earners, such as the first home owners scheme. The Commonwealth has recognised this and has agreed to a three-year phase-in period to identify any practical problems which may arise.

Private Tenants

As I have said, the underlying objective of the new agreement is to alleviate housing-related poverty. It is one of the nation's greatest shames that so many people live in poverty, and it is unfortunately true that a great many of these people live in privately rented accommodation. The Federal and State Governments specifically sought to co-ordinate housing assistance programmes in this agreement with other housing programmes. In particular, the agreement recognises the income support nature of the assistance needed, and the interrelationship of this assistance with Commonwealth assistance to pensioners and other beneficiaries under the Social Security Act 1947. The agreement has been renegotiated in the context of the need to increase financial assistance to low-income private tenants. In the near future and certainly within the first triennium, it is anticipated that all private tenants on Commonwealth pensions and benefits will receive supplementary rent allowances. It is a clear objective to reduce the rents of these tenants to an appropriate level of income, and the Government has consistently argued that in the medium term they should not pay more than 30 per cent of income on rent. This will require increased supplementary rent allowances and increased rent relief assistance. In the longer term, private tenants should pay rents similar to the costs of other similar households in different tenures.

I am pleased to see that the Commonwealth has made a start by increasing supplementary rent allowances by 50 per cent in the Budget. However, the allowances are still not available to the unemployed, and correction of this inequity must be an urgent priority. The Government is also concerned that rent relief funding must increase. South Australia runs the only rent relief programme that gives an immediate response to people's needs without waiting times or waiting lists. However, our State meets more than three-quarters of the cost, and it is now a large, expensive programme. The issues in the private rental market are extremely complex, requiring analysis of both supply and demand factors. Issues on supply involve concerns for investment, returns, depreciation rates, taxes, rates and charges, capital gains, ease of management, etc.

The significance of the influence of these factors is not well analysed or understood. Accordingly, under the CSHA Ministers' meeting, a national working party has been established of housing officers from across Australia to review the private rental market and means to better address these issues. Much more needs to be done for private tenants, many of whom pay gigantic rents and gain very little benefit. The poor in private rental are the new dispossessed in our society, and the Government believes we must change our priorities to see that they are provided with the benefits that home-owners enjoy and the opportunity to obtain the housing situation of their choice.

Specific Housing Assistance Programmes. I would like to deal with two new programmes: Firstly, the Local Government and Community Housing Programme. This valuable programme is designed to encourage new initiatives such as housing co-operatives. The programme mirrors the pioneering work done in this State over the past several years. It provides further resources to South Australia and encourages other States to follow our example. Secondly, the Crisis Accommodation Programme. This programme is the rationalisation of several previous schemes which had become cumbersome and difficult to administer. It is now designed to provide funds for short-term accommodation and will be a useful adjunct to our emergency housing office.

I would now like to look at the future direction of housing. Members will be clear from what I have said so far that this Government believes we need a fundamental change in direction in housing policy to ensure that the total value of housing benefits provided within our nation is fairly shared, with most assistance going to those with the greatest need. This agreement is a step in that direction. This Government wants to build a fair and just community, a better society where people of all walks of life have control over their own destiny, and gain the benefits our society can offer. In housing this means that all people should have good quality affordable homes. It means the artificial barriers created by our system between home-owners and tenants must break down. It means that a new range of housing tenures will develop, perhaps part-owned, part-shared, part-rented, with greater mobility of people between housing tenures, housing styles and housing locations. It means breaking down social stigmas and discriminations about housing types and housing communities, about people and their way of life.

It means new financial arrangements, new organisations, such as co-operatives and community associations as well as the continuation of home-ownership and rental housing. It means a more diverse, more innovative, more enjoyable housing stock and the means to gaining a home. In South Australia, we will be pursuing increased innovation in home financing within our home programme and amongst lenders. For home-seekers, we will explore the issues of access to loans, the high start costs and ways to change this. We will look at capital indexing along with shared equity schemes and when and how they can be introduced. For housing finance lenders, we want a viable, competitive and open market place. We are committed to banks, building societies, credit unions and other lenders (especially South Australian-based organisations) having a future under the currently changing economic circumstances, particularly the introduction of new banks. Within the building industry, we want a continuing competitive, effective and stable level of activity, providing homes and jobs. We believe the building industry should be an underlying engine of economic activity and longer-term funding commitments will ensure this.

Public housing will become increasingly tenant responsive, with tenant involvement and tenant management. Public housing will be the means by which new innovative tenures

are developed with emphasis towards smaller scale personalised management processes, matching the changing needs of our community. It will be vigorous; it will be different, and it will be efficient. These changes come from the creative and new thinking which has developed around the renegotiation of the Commonwealth-State Housing Agreement. This agreement is an important step forward, but the work is not finished. Over the next few years, we believe the agreement will need adjusting. We need to convert the three-year funding base into a continuing rolling programme. We need to increase funding levels so that we can double the proportion of public housing stock over the next 10 years and to lock in the mechanism of nominated funds. We need to obtain explicit and increased Commonwealth funds to pay for rent rebates. We need to ensure the unemployed get supplementary rent allowances and that the level of assistance brings the housing costs of low income earners down to an equitable level. We need to increase funding for rent relief to more realistic levels as a short-term housing service.

And, most of all, we need the continuing goodwill and the hard work carried out by all those people in the housing industry, both the 'community people' like the Housing Trust's employees and the 'industry people' like the builders and financiers. These people, through this agreement, will now do so much for the many thousands of Australians waiting for a home of their choice. Mr President, I commend this Bill to you and the members of this Council.

Clause 1 is formal. Clause 2 defines the agreement as an agreement between the Commonwealth, the States and the Northern Territory in the form, or substantially in the form, of the schedule to the measure. Clause 3 authorises the execution of the agreement and requires the Treasurer to carry out its terms. It also authorises any necessary appropriation and ratifies acts that may have been done in anticipation of the agreement coming into force. Clause 4 provides, subject to the agreement, that loans or grants under the agreement are to be made by the Treasurer with the approval of the Minister. Subclause (2) provides that any body or authority to which a loan or grant is to be made under the agreement is authorised to accept the loan or grant and to apply the moneys lent or granted in accordance with the terms and conditions on which the loan or grant is made.

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

PLANNING ACT AMENDMENT BILL (No. 5)

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

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

That this Bill be now read a second time.

In April 1984 Parliament passed an amendment to the Planning Act, 1982, to suspend the operation of section 56 (1) *(a)*, the so called "existing use" provision, until 1 November 1984. This move by Parliament resulted from an attempt by the Government to repeal the subsection following a series of court judgments, which held that the Planning Act could not control the expansion of an existing land use activity where no change of land use was involved. The court judgments had the effect of allowing the erection of substantial new buildings without any form of planning approval, regardless of the impact of the building, and in the case of the State's vegetation clearance controls, would allow the clearance of native vegetation without approval on exisiting farming properties, where the clearance was for the purpose of allowing an expansion of farming activity.

In the vegetation clearance case, the South Australian Planning Commission appealed to the Supreme Court against the District Court's decision and, at the same time, the Government introduced an amendment to Parliament to repeal the subsection which formed the basis of the court judgment.

The Government was, and still is, of the view that repeal of the subsection would ensure that existing uses could only expand with the appropriate approval, without in any way affecting the right of activity to continue in its present form. The basis for this view is that the Planning Act does not control land use as such, but is only relevant where a person wishes to undertake some change to the *status quo* by the erection of new buildings, by a change in the use of the land, or for example by vegetation clearance. As the Act is only relevant to changes in the *status quo*, no "existing use" protection provision is necessary.

At the time Parliament considered the proposed repeal, considerable concern arose over the effect of repeal. Accordingly, the Government compromised on the matter and a suspension provision was passed. The Government gave an undertaking to proclaim the suspension only if the Supreme Court confirmed previous court judgments and held that section 56 (1) *(a)* allowed expansion of existing uses without approval.

In May 1984,however, the Supreme Court overturned the previous lower court judgment and confirmed the Government view that section 56 (1) *(a)* did not extend as far as allowing expansion without approval. Accordingly the suspension provision has not been proclaimed. In August 1984 the Australian High Court considered the matter on appeal from the Supreme Court. The judgment of that court is now pending. As the suspension provision is intended to ensure that the Planning Act does control expansion of existing uses, a decision to overturn the Supreme Court judgment would necessitate immediate action to maintain proper planning control. However, the suspension provision lapses on 1 November 1984.

This Bill therefore simply seeks an extension of the suspension provision until 1 May 1985 to allow immediate action should the High Court case be lost by the South Australian Planning Commission. In that event, further consideration by Parliament would be required to effect permanent repeal. As with the previous suspension provision, there would be no necessity to proclaim the suspension should the High Court confirm the view of the Supreme Court. I seek leave to have the explanation of the clauses inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Clauses 1 and 2 are formal. Clause 3 amends section 56 of the principal Act. The amendment, if it comes into operation, will suspend the operation of section 56 (1) *(a)* of the principal Act until 1 May 1985. However, as already explained, the provision will only be brought into effect if the High Court reverses the decision of the Supreme Court.

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

RACING ACT AMENDMENT BILL (No. 2)

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

CRIMINAL LAW CONSOLIDATION ACT AMENDMENT BILL (No. 2)

Returned from the House of Assembly without amendment.

JUSTICES ACT AMENDMENT BILL

Returned from the House of Assembly without amendment.

ADJOURNMENT

At 1.28 a.m. the Council adjourned until Thursday 25 October at 2.15 p.m.