LEGISLATIVE COUNCIL

Thursday 22 October 1987

The PRESIDENT (Hon. Anne Levy) took the Chair at 2.15 p.m.

The Clerk (Mr C.H. Mertin) read prayers.

PAPERS TABLED

The following papers were laid on the table:

By the Minister of Health (Hon. J.R. Cornwall):

Pursuant to Statute—

The Dental Board of South Australia—Report, 1986-87.

South Australian Psychological Board—Report, 1986-87.

By the Minister of Local Government (Hon. Barbara Wiese):

Pursuant to Statute—

West Beach Trust—Report, 1986-87.

QUESTIONS

LEAD LEVELS

The Hon. M.B. CAMERON: I seek leave to make a short statement before asking the Minister of Health a question about excessive lead levels in rainwater at Underdale.

Leave granted.

The Hon. M.B. CAMERON: I refer to a news item on channel 10 last night in which it was claimed that abnormally high levels of lead had been found in a rainwater sample taken from a home at Ashley Street, Underdale. Apparently, the sample was taken to the E&WS Department for testing by a resident following concern about emissions coming from a chrome plating and powder coating factory opposite his home.

The news report said that the factory had experienced a problem with one of its ventilation stacks two months ago. While no representative of the company was prepared to be interviewed on camera by the reporter, it was confirmed that a pollution leak had occurred. Department of Environment and Planning air pollution control officers also confirmed that an abnormal amount of an unspecified white powder was released into the atmosphere at the time of the factory leak. Since that time residents have noticed that a coating of greyish powder has been deposited under the eaves of their homes. One of the residents had water from his rainwater tank sampled by the E&WS Department's State Water Laboratory. A letter to the resident from the laboratory, dated 16 September said, in part:

> The presence of some metallic impurities, particularly zinc, is not uncommon in rainwater . . . however, the lead concentration of .73 mg/L in the sample submitted is approximately 15 times the value recommended by the World Health Organisation guidelines for drinking water quality, 1984 . . . The concentrations of aluminium, chromium, iron and nickel are also unusually high for rainwater samples and may affect the taste and appearance of the water.

It makes one wonder about the long-term effects on the health of a person who has drunk rainwater which has 15 times the recommended level of the WHO guidelines for lead, 11 times the level recommended for iron content, and more than six times the level for aluminium.

Is the Minister aware of residents' concern about lead pollution in their water supply, and what investigations are under way to identify the source of the pollution? What steps will be taken to clean up the lead and other metal pollution which has been deposited on homes in the area (or so it is claimed)? Finally, what steps will be taken to ensure that the company responsible for causing the contamination of local rainwater supplies—if it is that company—does not repeat the pollution?

The Hon. J.R. CORNWALL: I am very interested to see the Hon. Mr Cameron taking an interest in lead. I wonder where he and his colleagues were when I was fighting the lonely fight in Port Pirie for the children of that city. It got very lonely at one stage and I did not see too many of them at my left or right shoulder backing me up; in fact, they were prepared to stand on the side lines and jeer.

The Hon. C.M. Hill: You didn't have the Mayor alongside you, either.

The Hon. J.R. CORNWALL: No, but I do now. He is a convert, of course. He is an intelligent fellow, Bill Jones.

An honourable member: You didn't say that last year.

The Hon. J.R. CORNWALL: I have never said otherwise. Let me make it crystal clear—

Members interjecting:

The Hon. J.R. CORNWALL: I have a very good memory. They call me 'the computer kid', I can tell you. I have an excellent memory.

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: Let me put it on the record: I do not wish to canvass other qualities that Bill Jones might have, but there are two things that I must say. No-one would deny that he is an intelligent man and, at this stage, I think everyone knows that he and I enjoy the most cordial of relations. Indeed, on my last visit to the city of Port Pirie, which occurred only a few days after our stunning victory in 1985, His Worship the Mayor of Port Pirie, Mr Jones, accorded me a civic reception. I am in exceptional standing in Port Pirie.

Members interjecting:

The PRESIDENT: Order!

The Hon. L.H. Davis: We all have had one of those.

The Hon. C.M. Hill: They are three a week up there.

The PRESIDENT: Order! I have called for order.

The Hon. L.H. Davis interjecting:

The PRESIDENT: Order, Mr Davis!

The Hon. J.R. CORNWALL: I am not going to be baited into commenting further on my splendid relationship with the Mayor of Port Pirie. Suffice to say, that when I was battling alone in relation to the question of blood lead levels in Port Pirie children and the subtle but measurable deficits which they caused in IQ, I had little support in the early stages. Of course, we know that I was absolutely right, and a paper—

An honourable member interjecting:

The Hon. J.R. CORNWALL: Most of the time. Details were released recently on the ongoing work on the 10 year study by Professor McMichael and Dr Graham Vimpani and their team. It is the biggest study in the world on the effect of lead on the central nervous system, and it produced the most conclusive evidence to date that long-term exposure to so-called low levels of lead in the range of 20 to 40 micrograms, in particular, does cause immeasurable deficit in IQ.

In fact, contemporary world thinking is continually moving towards a situation where, rather setting a so-called level of concern—and that has come down now of course from 30 micrograms per decilitre to 25 micrograms per decilitre—it is considered that there is no such thing as a safe level of lead. So, we work consistently to ensure that the level is as low as is reasonably achievable. That has been a long-standing crusade of mine, in fact, in Opposition and in Government.

As to the particular matter in Ashley Street, Underdale, that has been raised by the Hon. Mr Cameron, obviously the complaints are being investigated. When a report is available the appropriate strategy will be put in place. At this stage, I will not comment on what specific steps may or may not be taken to clean it up, but lead is a matter of concern. Of course, I do not know either what the blood lead levels of people in the immediate area that has been allegedly polluted have been.

It may well be that the public health authorities will want to look at the present blood lead levels at least to see whether they are at a level that would cause concern. When I have that report and an appropriate response from the Department of Environment and Planning and the Public Health Division of the Health Commission, I shall certainly be happy to provide details to the Council. If that becomes available next week when Parliament is not sitting, I am happy to make the details public.

MINISTERIAL DUTIES

The Hon. L.H. DAVIS: I direct my question to the Minister of Tourism in her capacity as Minister Assisting the Miniser for the Arts. First, will the Minister explain her role of Minister assisting the Minister for the Arts? Secondly, what are the responsibilities or job specifications of that role? Thirdly, what functions has the Minister recently attended in that capacity?

The Hon. BARBARA WIESE: My role as Minister Assisting the Minister for the Arts primarily is to do whatever the Minister for the Arts would like me to do to assist him in his tasks as Minister. I have responded to many requests that he has made of me since my appointment as Minister assisting. I have seen delegations of people in art circles when he has not been available; attended meetings on his behalf; attended arts performances; performed opening ceremonies at various functions; addressed meetings on his behalf; visited various art organisations to familiarise myself with the work that they do; and I also deal with some of the paperwork associated with ministerial responsibility. This includes approval of grants to arts organisations, and the writing of letters relating to arts matters. They are the functions that I perform, but I am available to do whatever the Minister for the Arts would like me to do in respect to arts matters.

BAIL

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

Leave granted.

The Hon. K.T. GRIFFIN: One Brian James Parker, the so-called phantom rapist, who was released on parole in August 1986 after serving eight years of a 16 year sentence for a number of rapes, yesterday pleaded guilty to charges of larceny and house breaking. He was granted bail, and remanded to 27 November 1987 to appear in court for sentence. If he is given a prison sentence, that will automatically revive the unexpired portion of the sentence for rape.

Concern has been expressed to me that, having pleaded guilty to serious criminal charges and having a serious criminal history which involves breaking and entering offences in conjunction with the rapes for which he was convicted about nine years ago, he has been granted bail. Will the Attorney-General take any action to have the bail or the case reviewed and, if so, what action does he propose?

The Hon. C.J. SUMNER: I understand this person has been before the courts on more than one occasion in relation to these charges, has been granted bail, and on each occasion has met the conditions of the bail and attended at court when required. The question of bail is one for the courts. In this case the court has decided that bail should be granted pending the final hearing of the matter.

In light of previous grants of bail honoured by this person, the prosecution does not see any case for bail to be reviewed by a higher court. The ultimate fate of this individual depends on the sentencing court when the matter comes before it, and on the parole board.

CHILD ABUSE

The Hon. DIANA LAIDLAW: I seek leave to make a brief explanation before asking the Attorney-General a question about child abuse.

Leave granted.

The Hon. DIANA LAIDLAW: In the first week of this session the Attorney-General gave notice of a Bill to amend the Justices Act, the Community Welfare Act and the Evidence Act, and to address concerns relating to child sexual abuse arising from the report of the Child Sexual Abuse Task Force. On 19 August he decided to proceed with one part of that trilogy, a Bill to amend the Justices Act, which this Parliament has since passed.

On 19 August the Attorney-General advised the Council that legislative amendments arising from the report were being finalised, and soon would be introduced into Parliament—that was some eight weeks ago. The Attorney-General knows that there are only four sitting weeks before Parliament rises for the Christmas break, which leaves little time for introduction and debate of this matter because of the other matters scheduled for consideration. I have been contacted by several individuals who have cases pending or before the courts, and from womens shelters, in relation to this matter, indicating concern that the whole subject should be addressed, including the matters reported on by the Child Sexual Abuse Task Force about which the Attorney will shortly be introducing legislation. When does the Attorney-General envisage these important amendments to the Community Welfare Act and the Evidence Act being introduced?

The Hon. C.J. SUMNER: Shortly. It is a matter of semantics as to whether eight weeks constitutes a short period—it depends on one's perception of time. The Government intends to introduce legislation dealing with matters raised by the Child Sexual Abuse Task Force, and the inquiry on the Children in Need of Care provisions of the Children's Protection and Young Offenders Act carried out by Mr Bidmead, as these matters are interrelated.

The Hon. Diana Laidlaw interjecting:

The Hon. C.J. SUMNER: That is still to be determined. At this stage, the Government intends to introduce a package dealing with both those reports, whose recommendations are being considered by the Government, but not all of which will be accepted. However, Bills will be introduced dealing with the Bidmead Report and the Child Sexual Abuse Task Force Report. Although there is still drafting to be done, I expect that they will be introduced before the Parliament rises for Christmas.

UNION BANS

The Hon. M.B. CAMERON: I seek leave to make a short statement before asking the Minister of Health a question about union bans in public hospitals.

Leave granted.

The Hon. M.B. CAMERON: Members of the Council will be aware of the escalating industrial action now likely because of a breakdown in talks between the State Government and staff employed in public hospitals. The staff, members of the Royal Australian Nursing Federation and cleaners, caterers, porters and medical orderlies who are members of the Federated Miscellaneous Workers Union, have been pressing for some time for a 4 per cent second-tier wage increase. Only last Monday FMWU members' bans threatened to stop elective surgery at the Flinders Medical Centre. In fact, from what I can gather there were cancellations for at least one day for elective surgery. The union placed a number of bans on work at public hospitals including a ban on handling surgical gowns used in operating theatres. The Flinders Medical Centre administration responded by saying that it would cancel all surgical procedures, except emergency cases. Later on Monday morning the union lifted its ban on handling surgical gowns to allow talks to take place with the Minister of Labour and the Minister of Health.

However, those talks broke down, the reason being (according to one press report) the Government's insistence that there has to be a reduction of more than 200 hospital jobs before the second-tier wage increase will be allowed. Since then nursing staff, who already are over-stressed, have continued to be burdened with the additional duties such as general cleaning and delivering meals to patients. Because of what appears to be an impasse in talks between the Government and the FMWU, and the rising annoyance by nurses at their failure to obtain second-tier wage increases and I suppose also the extra work that they are being required to do—

The Hon. C.J. Sumner interjecting:

The Hon. M.B. CAMERON: Just relax—it will be a long day, anyway. Just relax and settle down. There is a real danger of a total shutdown of services in South Australia's public hospitals.

The Hon. J.R. Cornwall interjecting:

The Hon. M.B. CAMERON: You will tell us that. In the event of this occurring, will the Minister set up or ask hospitals to set up registries of people who are prepared to provide voluntary services in public hospitals (and I am aware that some good voluntary services already exist in public hospitals) in the event of extended or escalated work bans by hospital staff to ensure that the public hospital system does not run into difficulties, which would be a rather disastrous situation?

The Hon. J.R. CORNWALL: I thank the Hon. Mr Cameron for raising this matter in this forum because it gives me an opportunity to provide an updated report. First, the industrial negotiations are being conducted by the Department of Personnel and Industrial Relations in conjunction with the Health Commission; and the Minister directly responsible for industrial relations is my colleague and friend the member for Whyalla (Hon. Frank Blevins). He will continue to work with the central agency, the Department of Personnel and Industrial Relations because these matters affect the entire public sector in South Australia.

At this stage, I think everyone knows that the national decision handed down by the Commonwealth Arbitration Commission talked about a 4 per cent award on the second tier subject to demonstration of productivity increases. The South Australian Government's position is clear. The Government abides by the rules. That decision—and you can argue all day whether it was a good or bad decision—was made by the Commonwealth Arbitration Commission. We have made clear to the unions that, as they come forward from each public sector industry and put their 4 per cent offer on the table, they will receive their 4 per cent rise. That is not a simple process in some areas, and I concede that in the health industry—one of the biggest employers in the public sector—it is relatively difficult to achieve. However, in the areas in which we are currently negotiating there is no doubt that savings can be effected. We are negotiating with the FMWU with regard to its employees, principally in the areas of cleaning and catering and in relation to porters and orderlies. There is room for offsets, and I will give one example.

We have put on the table a stipulation that we would like them to meet a minimum cleaning rate of 1 000 square feet per 1.2 hours. That has already been achieved in a number of our hospitals, but at the Children's Hospital, for example, the rate is 1.6 hours per 1 000 square feet. At the Royal Adelaide it is of the order of (and I am not sure of the exact figure) 1.4 hours per 1 000 square feet. In the private hospital sector, where the work is done by members of the same union, the cleaning rate is .8 of an hour per 1 000 square feet. So there is room there, quite specifically, for a significant productivity increase. We can certainly continue to negotiate on that basis and I see no reason why those negotiations cannot, and will not, eventually be satisfactorily concluded.

With regard to porters and orderlies, we have put an offer on the table that concerns work practices. I will not go into the specifics of that but, again, it concerns work practices. With regard to catering, again, the Minister of Labour and I, on behalf of the Government, have put an offer on the table which concerns work practices. I am confident that with goodwill the discussions on work practices can bring us to an agreement on that 4 per cent. When that happens the membership will go to the Industrial Commission and the 4 per cent will be granted.

Let us look at the consequences of doing other than taking the course we are currently taking. The blue collar areas alone in the public health system—the cleaners, caterers, porters and orderlies cost us $100 million in the 1987-88 budget. The 4 per cent, of course, represents $4 million. Over the entire health budget the 4 per cent amounts to more than $36 million. One does not have to be very smart to work out that, over the entire public sector, taking the gross budget figures, if we were to simply open the gate and say we will not take any notice of the Arbitration Commission judgment, then potentially the Government would be looking at a bill for (and I am estimating here) about $150 million. We cannot go against the national wage judgment; that option is not open to us. We certainly cannot negotiate on the basis that we will automatically hand on the 4 per cent. That was not the judgment made.

I repeat that I am confident that we will reach an amicable agreement through negotiation. If we do not, then we will go back to the umpire; we will go back to the commission. I have no doubt that the Minister of Labour, who has great skills in these matters, will handle that very effectively. I repeat that to achieve those sorts of savings, from a cleaning rate of 1.6 hours per 1 000 square feet to 1.2 or less, quite obviously over a period there will be some marginal attrition. It is pretty obvious if you work on 1.2 hours per 1 000 square feet, instead of 1.4 or 1.6, then you will require fewer cleaners in the work force. It is pretty obvious that there would therefore be fewer cleaners at the end of a period. It

would be done gently, by attrition. That is the offer that is on the table. As to what might happen, I do not want to speculate at this stage. I certainly do not want to do anything that would be other than conciliatory.

Let me give this undertaking (and it is a firm undertaking from the Minister of Health on behalf of the Government). We have already discussed contingencies with the major hospitals. In the event that the dispute should escalate, the hospitals have contingency plans that would reduce their services to emergencies only. I am informed that they could operate those emergency services with an occupancy as low as 30 per cent. In other words, obviously there would be no elective surgery, and all other elective procedures would be cancelled. That can be done. We would certainly not stand by and see those emergency patients disadvantaged.

I discussed this matter with the Minister of Labour late this morning, and I can also inform the Council that in the event that sick patients were being disadvantaged we would have no hesitation in calling for volunteers and using voluntary organisations. So, let there be no doubt that we are fair dinkum about this: there will be no patient disadvantaged in this State while ever I can help it. We are not pussyfooting about.

By the same token, the 4 per cent is there for the taking, provided that people continue to talk and negotiate about the formula which has been put on the table with some marginal modifications, if that is what emerges during discussions and negotiations.

HOSPITAL CLEANING

The Hon. M.B. CAMERON: I seek leave to make a further statement before asking the Minister of Health a question about the cleaning of public hospitals.

Leave granted.

The Hon. M.B. CAMERON: I am sure that members will have been as startled as I was with the Minister's disclosure of figures relating to cleaning at private hospitals, the rates being .8 hours per 1 000 square feet compared with 1.6 hours per 1 000 square feet.

The Hon. J.R. Cornwall: That is the Children's; they are the worst.

The Hon. M.B. CAMERON: You said that the Royal Adelaide was 1.4.

The Hon. J.R. Cornwall: Approximately.

The Hon. M.B. CAMERON: Approximately. To me, and I am sure to all members, it was somewhat startling to hear that the figure is double from one hospital to the next. Having been in all those institutions at some stage, I am sure that none vary in cleanliness. If there was any variation, I am sure that the Minister or the Health Commission would be the first to jump in. In view of that, will the Minister make an immediate inquiry with a view to instituting, in all major public hospitals, a public tendering system for the cleaning thereof?

The Hon. J.R. CORNWALL: No, I shall not. What the Hon. Mr Cameron is trying to do is inflame the dispute. He would have me go on the record saying that we will look at using contractors in order to notch the dispute up about another five notches. Nothing could please Mr Cameron more than to see the public hospital system gravely embarrassed. He has had a singular dedication to destroying the good name and the good conduct—

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: —of the public hospital system ever since he has been the shadow Minister. He has behaved quite disgracefully.

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: He has behaved in a recklessly irresponsible manner with regard to our public hospital system ever since he has been the shadow Minister. We are not going to listen to the nonsense from Mr Cameron and these unfortunate people on the other side. Quite frankly, Mr Cameron, with regard to the health system, is, I believe, a wart on the nose of humanity. We are certainly not going to pay any attention to the nonsense with which he carries on.

The situation is that, with regard to cleaning, the optimum in the private sector is .8 hours per 1 000 square feet and upwards. The position on which we are negotiating is 1.2 as the maximum, working down. In a number of our major public hospitals the hourly rate per 1 000 square feet is substantially less than 1.2. I nominated the two major hospitals, particularly the RAH, that are significantly above that to indicate that the 4 per cent can be achieved. However, we have a very well managed public hospital system. We have been within standstill budgets, and in the last two years budgets that have had marginal reductions have managed to achieve ever increasing productivity.

If one looks at the figures for occupied bed days, for percentage occupancy, for average length of stay—all the indicators—one sees that we manage the public hospital system very well. Three of the areas in which we have looked for additional productivity over the last four budgets are cleaning, catering and portering. So, we are well aware of the system and where particular savings can be made.

However, let me concede that the public hospital system is pretty tightly screwed down. It is not a walk-up start to find 4 per cent. It cannot be done overnight. It will need to be a matter for careful ongoing and constructive negotiations. Nothing will be achieved by an escalation of the ban, just as nothing will be achieved by Mr Cameron's carrying on in his own reckless and irresponsible manner in this Chamber or outside.

I would have thought, in the interests of South Australians, that in this matter we ought to have a bipartisan approach. I make it quite clear that the question of the use of contractors for cleaning was looked at some years ago. It was rejected—and rejected again quite recently—on the basis that we are well able to manage the system as well as private enterprise. Do not let us have this mythology perpetrated that because something is in the public sector it is inefficient. What about the Central Linen Service? I happen to run the most effective and efficient linen service in the country. Indeed, the most effective and efficient linen service of its type in Australia is the Central Linen Service.

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: What did I inherit? It was the most run down, disgraceful service in the State. The Liberal Party in that sad little interregnum between 1979 and 1982 quite deliberately—

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: —allowed the Central Linen Service to run down and were about to flog it off at bargain basement rates. The productivity of the Central Linen Service has been increased over recent years by something in excess of 40 per cent. It has been completely re-equipped. There is no reason why we cannot compete with the private sector. We compete with the private sector and we are as efficient as the private sector in the health industry. Let me make that clear. There is no way that I will listen to the ranting of Martin Cameron or any of his mates across the

way. I do not need their help at all. Stop helping me at once. We are doing quite nicely, thank you.

The Hon. M.B. CAMERON: I have a supplementary question. Is it a fact that, despite hospital workers virtually being on strike through work bans, the South Australian Health Commission has agreed that they should be paid for working on the Labor Day holiday on Monday 12 October, even though there were work bans in the week prior to that?

The Hon. J.R. CORNWALL: He really is a sad case, Ms President. He does not know the difference—

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: He does not know the difference—

The Hon. M.B. Cameron: I know the difference. They weren't doing anything.

The Hon. J.R. CORNWALL: He does not know the difference between—

The Hon. M.B. Cameron: I know the difference all right. They were sitting in there.

The PRESIDENT: Order! I said 'Order!' Interjections will cease.

The Hon. J.R. CORNWALL: He does not know the difference between strike action and work bans. He needs help. I have Gordon Bruce, Terry Roberts, comrade Crothers and George Weatherill, all of whom I am sure would be pleased to take him through the basic elements of industrial relations. When we have a shadow spokesman in the area of health, which accounts for about 25 per cent of the State's gross budget, who does not know the difference between a work ban and a strike, I realise that you are an even sadder lot than I thought.

CITY KIDS

The Hon. M.J. ELLIOTT: I seek leave to make a brief explanation before asking the Minister of Health a question about city kids.

Leave granted.

The Hon. M.J. ELLIOTT: 'City kids' is a term that the Minister has used to describe street kids. On 25 August I asked a question about two reports, one by the Executive Officer of the Children's Interest Bureau, and the second by the Assistant Commissioner of Police. Two days later the Minister brought forward the report from the Children's Interest Bureau, but the second report in relation to the police he was going to refer to the Minister of Emergency Services. That was about two months ago. What is happening with that report? Is it to be brought into Parliament?

The Hon. J.R. CORNWALL: No, it is not, Ms President. It would be a very foolish and dangerous precedent if we were to start tabling police reports in this Parliament. I have taken advice on the matter, and my informed decision is that I will not table the police report. Obviously, some matters were extremely sensitive—

An honourable member interjecting:

The Hon. J.R. CORNWALL: Do you seriously suggest that we ought to table every policy inquiry that you call for in this place? That is the height of absurdity. What strange people you are. I must say, Ms President, that increasingly I find it difficult to treat them seriously. I really find it a hardship to come in here each day and have to look at them across the Chamber. They act so foolishly; they are so ignorant; they are demanding. What you are saying is that we ought to table any old police inquiry that you ask for. That is patently absurd.

With regard to the matter of inner city kids (and that is a term that I used quite deliberately because, as I have explained, we do not have a significant number of street kids in the way that the term is generally understood in Adelaide), there have been some police inquiries of a very sensitive nature and, having taken advice, I am not prepared to table those police reports in this place.

STATUTORY AUTHORITIES

The Hon. L.H. DAVIS: I seek leave to make a brief explanation before asking the Minister of Ethnic Affairs a question about trade union attendance records at meetings of statutory authorities.

Leave granted.

The Hon. L.H. DAVIS: Madam President, the South Australian Labor Government has a policy of including a trade union representative on many of the new statutory authorities and committees that are established by the Government. The South Australian Ethnic Affairs Commission was created by the Tonkin Liberal Government, as I think the Minister would accept. It was an initiative of my colleague the Hon. Murray Hill which has been widely acclaimed by the ethnic community.

The Bannon Labor Government, on coming to office, amended the South Australian Ethnic Affairs Commission Act to provide for a trade union representative on the commission. The answer to a question asked in the Budget Estimates Committee has just come to hand and reveals that the trade union representative on the commission, Mr J.K. Lesses, attended only 14 of 24 commission meetings in the period 1 July 1985 to 30 June 1987 and that leave was granted for his absence on only one occasion in that two-year period. His attendance record paled beside the attendance record of other members of the commission. Representatives from the ethnic community have expressed concern to me that the union representative attendance record—

The Hon. C.J. Sumner: You made it up.

The Hon. L.H. DAVIS: I have not made it up. The question was asked at my instigation in the Budget Estimates Committee. I did not make it up. That question was asked on my behalf by one of my colleagues from another place.

Members interjecting:

The PRESIDENT: Order!

The Hon. L.H. DAVIS: For the Minister to hide behind that is quite outrageous.

The Hon. C.J. Sumner interjecting:

The PRESIDENT: Order!

The Hon. L.H. DAVIS: Madam President, protect me from this man.

The PRESIDENT: Order! I call the Council to order.

The Hon. L.H. DAVIS: I get no protection at all.

The PRESIDENT: Order! When I call the Council to order, that means everyone stops talking, including the Hon. Mr Davis, who keeps calling for protection but somehow feels that my chairing does not refer to him. The Council will come to order. The Hon. Mr Davis has leave to explain his question, and I hope that he can complete his explanation soon and ask his question so that we can then have the reply.

The Hon. L.H. DAVIS: Madam President, I am having difficulty delivering the explanation because the Minister is repeatedly interjecting and making it difficult for me to concentrate on my explanation. As I was saying, Madam

President, before I was so rudely interrupted, representatives from the ethnic community have expresed concern—

The PRESIDENT: Order! An interjection is not an interruption. An interjection is something of which the speaker can take no notice and can continue over the top. There is no need to take any note of interjections if you do not wish to.

The Hon. L.H. DAVIS: Madam President, I appreciate that advice. As I was pointing out previously, before you interrupted me, I was having difficulty overcoming the Hon. Mr Sumner's interruptions. Anyway, I will proceed. Representatives from the ethnic community have expressed concern that the union representative's attendance record has been so poor.

The Hon. C.J. Sumner: You know that is rubbish as well as I do.

The Hon. L.H. DAVIS: It is absolutely true. My first question is—

The Hon. C.M. Hill: I think you've touched a sensitive nerve.

The Hon. L.H. DAVIS: I think we're on a winner here, Murray. First, does the Attorney-General share this concern? Secondly, will the Attorney obtain details of the attendance record of the trade union representatives on State Government statutory authorities in the two-year period from 1 July 1985 to 30 June 1987?

The Hon. C.J. SUMNER: Madam President—

Members interjecting:

The PRESIDENT: Order!

The Hon. C.J. SUMNER: —the answers to the questions are 'No' and 'No'. The questions should be treated with the contempt that they deserve.

The Hon. L.H. Davis: Are you refusing—

The Hon. C.J. SUMNER: You can ask the Ministers—I will not get the information for you. If you want to try to make this—

The Hon. L.H. Davis interjecting:

The PRESIDENT: Order! You have asked—

The Hon. C.J. SUMNER: You can—

Members interjecting:

The Hon. C.J. SUMNER: I will not do it. You—

The PRESIDENT: Order!

Members interjecting:

The PRESIDENT: Order! Mr Davis, I warn you. I will not call you to order again. You will be named next time.

Members interjecting:

The Hon. C.J. SUMNER: I am not concerned about Mr Lesses' contribution to the Ethnic Affairs Commission. He happens to be Secretary of the Trades and Labor Council. He is very highly regarded in the community in general, and is particularly well regarded in the Greek community and, indeed, he participates in a number of their activities. Mr Lesses is highly regarded by the Chairman of the Ethnic Affairs Commission—

The Hon. C.M. Hill interjecting:

The Hon. C.J. SUMNER: Just a minute—and by his fellow commissioners. He participates in committees, subcommittees and other discussions on the commission in a very constructive way, I am informed, and obviously, as a busy official and busy person with interstate and sometimes overseas obligations—

Members interjecting:

The Hon. C.J. SUMNER: Just a minute. He may not have been able to attend meetings as regularly as some other members, but that has not detracted from his contribution to the commission, and I know he is highly regarded by the members of the commission and, in particular, by the Chairman of the Ethnic Affairs Commission. The fact is that the honourable member's question is contemptible and should be treated with the seriousness it deserves, which is virtually nil.

As to the honourable member's second question, if he wants to attempt to elicit that information from individual Ministers then he can do so. I think a significant amount of administrative work would be required that would hardly justify the results obtained. However, if he wants to ask the question that is his business.

I have the highest regard for Mr Lesses; members of the Ethnic Affairs Commission have the highest regard for him, as does, I believe, the staff of the commission. I know he is very well regarded in the community generally, and does his job on the commission exceptionally well.

TAFE REGULATIONS

The Hon. R.I. LUCAS: I seek leave to make a brief explanation before asking the Minister of Tourism, representing the Minister of Employment and Further Education, about ministerial competence and TAFE regulations.

Leave granted.

The Hon. R.I. LUCAS: Members are aware that on Wednesday 7 October, a bit over two weeks ago, through the democratic process in this Chamber the Australian Democrats and the Liberal Party combined to disallow the TAFE regulations which had been the subject of dispute between TAFE staff and the Bannon Government; and in particular, the Minister of Employment and Further Education, the Hon. Lynn Arnold. On the following day, 8 October, the Governor in Executive Council proclaimed a new set of regulations seeking to revoke the existing regulations; the disputed TAFE regulations. On 14 October, the following Wednesday, the Minister in this Chamber, the Minister of Tourism, and the Minister in another place tabled those regulations, which sought to revoke the existing regulations.

The Hon. C.M. Hill: They had already been disallowed.

The Hon. R.I. LUCAS: They had already been disallowed a week ago. Yesterday, two weeks after the regulations had been disallowed, the matter was still being discussed in the Subordinate Legislation Committee of Parliament. My simple question to the Minister of Tourism, which is to be referred to the Minister of Employment and Further Education, is: why are two Ministers of the Bannon Government seeking to revoke regulations which have already been disallowed some two weeks after that occurrence in this Chamber?

The Hon. C.J. Sumner interjecting:

The Hon. BARBARA WIESE: I agree with my colleague, the Attorney-General, that it is a ridiculous question.

Members interjecting:

The PRESIDENT: Order! The Hon. Mr Lucas, you have asked your question and I have called you to order. You will cease interjecting as from this minute.

The Hon. BARBARA WIESE: I shall refer the honourable member's question to my colleague in another place and bring back a reply.

FEMALE APPOINTMENTS

The Hon. DIANA LAIDLAW: I seek to make a brief explanation before asking the Attorney-General a question about the appointment of women to Government boards.

Leave granted.

The Hon. DIANA LAIDLAW: This is a very important question as I am sure you agree, Ms President. A document introduced by the Government that accompanied the 1987-88 budget is entitled 'The budget and its impact on women'. On page 7 under the heading 'Membership of Government boards and committees' it states:

> As part of the overall goal of equal representation of women at all levels of Government, Government policy emphasises the participation of women on boards, committees, selection panels, working parties, and the like.

On page 8 it states that in 1986 the number of boards and committees, etc., in South Australia numbered 328. In 1987 there was an increase by eight to 336. Over the same period, however, total female membership fell by one from 468 to 467, and females as a percentage of total membership remained at 17.5 per cent. The report also notes that the number of boards and committees containing no female representation increased by two from 143 in 1986 to 145 in 1987. I ask the Attorney-General in his capacity as Minister of Public and Consumer Affairs, who is responsible for the office of the Commissioner for Equal Opportunity:

1. When did the Government introduce the policy of equal representation of women at all levels of Government on boards and committees?

2. Does he agree that the Government has been less than successful in pursuing this policy, considering the fall in the past year in the number of women appointed to boards and committees, and the increase in the number of boards and committees that contain no female representation?

3. If the Government is committed to a policy of equal representation, as is stated in this document 'The budget and its impact on women', will his Government copy the step announced by the Prime Minister earlier this month to require all Ministers to put forward equal numbers of men and women for consideration for appointment to boards, commissions, and statutory authorities?

The Hon. C.J. SUMNER: A significantly improved position generally in this respect occurred under the Labor Government; that is the situation.

Members interjecting:

The Hon. C.J. SUMNER: How many women have you got in Parliament?

The PRESIDENT: Order!

The Hon. C.J. SUMNER: They cannot get preselected in the Liberal Party.

The PRESIDENT: Order!

The Hon. C.J. SUMNER: I understand that in the Liberal Party they are always having their preselection threatened. Poor old Di cannot give any attention to her parliamentary duties; she is always running around trying to shore up her preselection. All the troglodytes in the Liberal Party are trying to get rid of her.

The Government obviously wishes to increase the number of women on Government boards and committees, and has taken an active approach to accomplish this with respect to committees and appointments generally in the Public Service. Under this Government the first female permanent head of a Government department was appointed and that was followed by the appointment of another woman as a permanent head of a Government department, which was followed by yet another, which I think the Hon. Ms Laidlaw should be applauding rather than being critical of the Government.

The Hon. C.M. Hill: She lost her other job.

The Hon. C.J. SUMNER: That does not detract from the fact that three women are now permanent heads of Government departments in South Australia. This is significantly better than it was four years ago. The Government has a positive policy in this regard, and will continue to give consideration and to attempt positively to increase representation of women on Government boards and committees.

APPROPRIATION BILL

Adjourned debate on second reading.

(Continued from 20 October. Page 1292.)

The Hon. K.T. GRIFFIN: I support the second reading, and take this opportunity to make observations about specific aspects of the budget. In general terms, comparison of the budgets presented during the years that the Bannon Labor Government has been in Government with the three years of the Tonkin Liberal Government makes it quite clear that the Bannon Government has been a high taxing and high spending Government when compared to the Liberal Administration of 1979-82. The Bannon Government's outlays have increased by an average of 4 per cent in real terms every year since it came to office in 1982—the Liberal Government's outlays increased over its three-year period by an average of only 1 per cent each year.

Taxes levied by the Bannon Labor Government have increased by an average of 9 per cent in each of its four years to 30 June 1987, whereas the three years of the Liberal Administration saw a decrease in taxes each year. The Premier has been able to increase spending since 1984 because of significant increases in revenue generated by taxation, some paper profits from the South Australian Financing Authority, the State Bank, and increases in royalties and dividends.

Increased grants from the Commonwealth were received in 1984 and 1985, although they have very much contracted in the past two years—in fact, deficits have increased because of a decrease in Commonwealth grants. The real deficit for the year ended 30 June 1987 was estimated by the Australian Bureau of Statistics to be about $496 million. As a result of these deficits there has been an increase in the net debt of the State and the high interest bill: for instance, last year it was almost $700 million, or 16 per cent of total expenditure.

As I have indicated previously, a major source of extra revenue has been taxes, fees, and fines—there has been a 27 per cent growth over the four years ended 30 June 1987. I have already referred to the fact that 16 per cent of State expenditure this year will be used to service debt. That means that those funds collected from taxpayers cannot be used to fund the needs of education, health, and other vital services. This should be contrasted with the year ended 30 June 1983, when interest made up only 12 per cent of total expenditure.

It is clear from the creative accounting and paper money shuffling in which this Government has engaged as a result of its involvement in SAFA and the South Australian Finance Trust Limited; its overseas borrowings; and use of the northern power station and Torrens Island power station to increase borrowings, that the Government has embarked upon a high spending, high taxing era, something that future generations will have to meet. That is typical of Labor Administrations—borrow now, pay later, and leave other Governments to worry about meeting commitments incurred to meet short-term spending.

In this context I draw attention to three areas of responsibility of the Attorney-General, and will make comparisons between the year ended 30 June 1982—the last full year of

the Liberal Administration—and the year ended 30 June 1987. Expenditure in the Court Services Department for the year ended 30 June 1982 was $12.112 million, and for the year ended 30 June 1987 it was $25 453 455, an increase over those five years of 110 per cent—income for the two periods did not change markedly.

Consumer affairs expenditure for the year ended 30 June 1982 was $8 184 800, and for the year ended 30 June 1987 leapt to $21.037 million, an increase of about 157 per cent. That should be contrasted with the revenue side: for the year ended 30 June 1982 revenue for the Department of Public and Consumer Affairs was $3 888 560, but for the year ended 30 June 1987 there was a dramatic increase of 464 per cent to $21 924 100, so there has been about a 100 per cent increase in each of the five years since 30 June 1982. In the Corporate Affairs Commission for the year ended 30 June 1982 expenditure was $3 822 970. Despite a significant increase in revenue from the corporate affairs area, expenditure for the year ended 30 June 1987 was $4 529 429, a mere 18.5 per cent increase. That must be contrasted with the dramatic increase in revenue. Revenue of the Corporate Affairs Commission for the year ended 30 June 1982 was $1.892 million, but in the year ended 30 June 1987 had leapt to $10 324 890, a massive 446 per cent increase.

In answers to questions during Estimates Committees this year and last year the Attorney-General said, in relation to the quite significant profit being made by the Government from the corporate affairs area, 'Well, there has always been that sort of profit from the area of regulation of companies,' so it was not something that had to be regarded with any degree of concern, or even be regarded as being taken out of context. But when one sees that there has been something like a 446 per cent increase over the past five years and that the State Government puts away to general revenue about $6.5 million clear profit from the corporate affairs area, one can appreciate the concern which some sections of the business community expresses from time to time about the level of fees being charged for the regulation of companies and the administration of the securities area compared with the service given. Admittedly, the major area of concern with service in the Uniform Companies and Securities Scheme occurs in New South Wales, which is seeking to hand over its corporate affairs and securities industry regulations to the Commonwealth. No other State is seeking to do that.

I have no doubt that in Victoria there is a concern about the revenue impact of handing the scheme over to the Commonwealth. I suppose that there is a measure of that concern in South Australia, but I do not suggest that that is the principal reason why South Australians are resisting the Commonwealth's proposed takeover of the National Companies and Securities Scheme. However, I think the expenditure in the corporate affairs area in providing service to the commercial community must be looked at in the light of the substantial revenue advantage gained by the State from the administration of companies and securities and other corporate areas in this State. So the substantial profit is not something which has occurred in earlier years, particularly during the years of the Liberal Administration. Of course, there was a modest profit but in proportion the amount of revenue received was largely spent on the provision of service to the commercial and business community. I will deal further with the cooperative scheme in a few moments.

In the area of court services, a week or two ago I drew attention to a proposal from the Court Services Department for some massive increases in court fees to be charged to litigants. The response by the Attorney-General and the Premier was that no final decision had been taken on that issue, notwithstanding that there was a Cabinet submission dated September 1987 proposing increases, some of which were of 9 per cent overall, to match CPI increases for the year ended 30 June 1987, and other increases related to other additional or new fees. For example, there was a proposal for a levy to be added to court fees to cover a computerisation program. The proposed increase in the small claims jurisdiction was $5; in all other jurisdictions—limited and full jurisdictions of the Local and District Courts, the Supreme Court and in the Appeals Tribunal—the increase was $10; and in all courts of summary jurisdiction the additional fee proposed was $5. So everyone prosecuted for a road traffic offence after not paying the expiation fee (and for many other statutory and other offences) would find that, if the proposal were endorsed by the Government and implemented from 30 November, as proposed in the submission, an extra $5 in costs would be added to fines for all those convicted of charges under various complaints.

At the time I interjected to the effect that I was under the impression that any computerisation program was meant to save costs and not cost money, and that the proposal before the Government would seek in effect to collect some $970 000 in a full year. The increase of 9 per cent in court fees to match the CPI would have raised about $350 000 in a full year. I have made the point on many occasions that I believe that Governments live beyond the means of the taxpayer when they seek to increase in line with the CPI—9 per cent in this case. No other member of the community in terms of their own income from salary and wages gains the benefit of an increase to match the CPI increase. The standards of living are diminishing.

Wage increases are always much less than the increase in the CPI. So I have a strong view that Governments should also be subject to those sorts of constraints and should increase fees only to the extent (if at all) that ordinary members of the community experience and receive from their own salaries and wages and other income. Of course, it is much more difficult for people on fixed incomes, such as superannuants and pensioners.

The proposal for an increase in fees in the courts areas included a substantial increase in the probate fee from about $119 up to $150, an increase of about 26 per cent; and for commencing an action in the Supreme Court, even if it required very little work at all but might be regarded as a formality, the increase was $120 to $150, which is a quite massive increase of 25 per cent, even when one takes into account the Government's own policy of increasing fees according to the preceding year's CPI increase.

The increase in the summons fees in the Supreme Court would have resulted in an increase in revenue of about $30 000 in a full year; and the net increase for probate fees was about $145 000. That makes a total increase in the courts area of $1.515 million. When I questioned the Attorney-General about this, he said no decision had been taken on it. I certainly urge the Government not to seek to make money out of litigants, as is proposed.

Another interesting issue raised during the Estimates Committees was a proposal being considered by the Government to place a levy on all legal practitioners regardless of where they live and work and regardless of whether they use the Supreme Court Library or have their own extensive and expensive library. It was to be a levy on practicing fees for the purpose of maintaining the Supreme Court Library, which is used mostly by judges and by some barristers and some lawyers.

The Hon. C.J. Sumner: It is used very much by the profession.

The Hon. K.T. GRIFFIN: It is used by the profession, but not all the profession.

The Hon. C.J. Sumner interjecting:

The Hon. K.T. GRIFFIN: Many lawyers have their own extensive libraries and contribute to the Computerised Legal Information Retrieval Service (CLIRS). There is great concern among the legal profession about this proposed increase which will ultimately flow through to litigants because it is a cost on practising as a legal practitioner.

I mentioned earlier the Uniform Cooperative Companies and Securities Scheme. Both the Attorney and I are of one mind: that the Commonwealth should not take over responsibility for the regulation of companies and securities. It is interesting to note that in South Australia the whole of the business and professional community has come together to oppose the legislation proposed by the Commonwealth Attorney-General. That also occurred in Western Australia. All other States, except New South Wales, are similarly beginning to take an active interest in what is happening to the regulations on companies and securities. It is interesting to note that only two or three weeks ago the Victorian Attorney-General indicated that his Government had formally decided that it would oppose the Federal Government takeover of this area of law. Thus, only one State Government is now prepared to cooperate with the Commonwealth and, as the debate develops on this issue, fewer business groups will be supporting the control of this very important area of law by Canberra.

The Confederation of Australian Industry has indicated its support for the proposed Commonwealth takeover but, of course, most of those people are based in Melbourne and Sydney where the bulk of electoral power resides. It is because of that factor that I suspect they are very much in favour of the Commonwealth taking over this area and also, because they will then have to deal with only one Government. They will not then have to worry about dealing with the various State Ministers and State administrations. The basis on which the CAI wants the Commonwealth to take over the Federal scheme is one of cost, of service and also of so-called confusion—

The Hon. C.J. Sumner interjecting:

The Hon. K.T. GRIFFIN: The Attorney-General says there is nothing wrong with the service in South Australia. I agree. The South Australian Corporate Affairs Commission has had a long record of providing good service to the business community, notwithstanding the financial constraints which are placed on it and to which I earlier drew attention.

The Hon. C.J. Sumner: By you.

The Hon. K.T. GRIFFIN: By me.

The Hon. C.J. Sumner interjecting:

The Hon. K.T. GRIFFIN: No, I have drawn attention to them. The figures I gave a few minutes ago indicated quite clearly that the margin between revenue and expenditure on the wider range of services which now have to be provided and investigation undertaken has dramatically increased. The margin has widened between revenue and expenditure over the level in the last year of the Liberal Administration, 30 June 1982.

However, I believe it is very important, not just in respect of the South Australian business community, that we retain the cooperative scheme, which is not cumbersome. It allows input by States, by the business community and the professional community, directly into the policy decisions affecting the scheme and administration of that scheme rather than having to go through a bureaucracy based in Canberra, or a Minister who is more likely to be accessible to Eastern Staters than to those who come from the less populous States.

The answer to the New South Wales problem is for that Government to put back some of the resources it takes from the business community by providing an upgraded service to the business and professional community. While there may be a capacity for a different emphasis on policy matters between States, I would suggest that is not a marked difference and that there is no prospect of any better service, or any better policy response from Canberra, than there is at present from the Ministerial Council.

I have on occasions, when I have raised the matter, urged the Attorney-General to be tough, to act tough and to talk tough in dealings with the Commonwealth, to threaten to join other States in proceedings before the High Court and, even though the form of any legislation is not known, I believe that the Commonwealth Government needs to get a clear message that the States will not tolerate the takeover of this area of the law and will fight it in the High Court of Australia.

Of course, the difficulty that the Commonwealth and, more particularly, the business community will face is that if there is a High Court challenge it will drag on for some time. Then, two sets of laws will be operating, and I think that it will be particularly difficult for the business community to decide whether they should deal with those in State Administrations or whether they will have to comply with the Commonwealth legislation under challenge. It may be that, if there is a High Court challenge, that part of the Commonwealth legislation will be upheld but other parts will not. So, there will be a most confusing position akin to that which, to a lesser extent, operates under the family law jurisdiction, and that will not be in any person's interest.

I suggest that the message from that is that the Commonwealth ought very seriously to rethink its position and comply with the cooperative scheme, which has really only been in operation for the past six or seven years, although the agreement has been around for something like 10 years, and make it work, rather than endeavouring to gain control over a very important policy area that can affect the face of commerce and industry across the nation well into the future.

I will now briefly refer to the residential tenancies legislation. I raise with the Attorney-General the matter of the Residential Tenancies Fund. I put some questions on notice on this issue, and the Attorney-General answered them earlier this week.

The Hon. C.J. Sumner: Promptly.

The Hon. K.T. GRIFFIN: Well, they were put on notice on 25 August and I received replies on 20 October—that is, two months. I do not regard that as being particularly prompt. However, I appreciated the information that was provided by way of answer, and it is very illuminating to see that the investments of the Residential Tenancies Fund at 30 June 1987 in short-term deposits with various maturity dates were with the Co-op Building Society, the REI Building Society and the National Australia Bank. The longer-term investments with various maturing dates are with the Electricity Trust ($250 000), the South Australian Financing Authority (something like $1.5 million) and the South Australian Gas Company ($1.5 million).

I would like to gain from the Attorney-General (but not necessarily in response today, because it may take some time) information as to why SAFA appears to be paying a lesser interest rate on the longer-term investment than is Sagasco; and why ETSA is paying the smallest rate of interest of the three. ETSA is paying 12.8 per cent; SAFA is

paying 13.9 per cent on $500 000 and 13 per cent on $1 million; whereas Sagasco is paying 15 per cent on $1 million and 14.8 per cent on $500 000.

The other matter that exercises my mind relates to the charge that the Government makes to the fund for administrative costs. For the year ended 30 June 1986 the administrative cost that was charged by the Government to the fund was $1 084 181. In the year ended 30 June 1987 it had leaped to $1 627 336. Essentially, the fund is paid by tenants by way of security bonds and is earning income all the time.

The Minister of Housing and Construction raised a proposal in January this year to spend $1.4 million of the income on projects for the International Year of Shelter for the Homeless. In fact, he had not talked to the Attorney-General about it, even though the Attorney-General has the responsibility for the administration of the Act. As recently as about three or four weeks ago, applications were still pending before the Residential Tenancies Tribunal with respect to some projects, and no moneys at that stage had been approved by the tribunal for payment out.

I would like the Attorney-General to give me some up-to-date information on what applications have been made (he did promise in answer to the question to get that information for me, but I have not got it yet), for what purpose they were made, and the current status of those applications. However, with respect to the administration charge (to which I referred earlier), section 86 of the Residential Tenancies Act provides as follows:

> Any income derived from the investment of the fund under this Act may be applied—
> *(c)* towards the cost of administering the fund.

I find it very difficult to believe that the administration costs of this fund which increased by about $1.25 million in 1987 over the previous year should have escalated by well over $500 000.

I would like to know from the Attorney-General how the administrative costs are calculated and whether he is able to give me some breakdown of the costs that are associated with the administration of the fund—not the administration of the Act—and how such an increase of over $500 000 can be justified.

The only other matter to which I want to direct several observations relates to a matter I raise on many occasions, that is, the Law Reform Committee. I have raised questions about it. We have got answers from the Attorney-General that nothing will be done until next year, and then the future of law reform will be considered. I find that very disturbing. There are law reform committees or commissions in every other State and at the Commonwealth level and, while it is appropriate for us to draw on the experience and work of those committees, I believe that it is important to have some continuing work undertaken on law reform in South Australia other than reform that is under the direct control, direction and supervision of the Government of the day.

The Law Reform Committee that we had was relatively inexpensive. A lot of free time was made available by those who were not necessarily in the Government service or in the service of the Crown, and they did a considerable amount of very good work. It is true to say that the work that they did has to be looked at carefully before the Government decides whether or not legislation will be introduced to amend the law.

One of these older reports, a contribution between joint tortfeasors is particularly difficult. It was around when I was Attorney-General, and I gave instructions to draft some legislation, but I suspect that it is still languishing there in the somewhat too hard basket. So, there is work to be done. What concerns me is that, with the shelving of that committee, the momentum of law reform work, which has a measure of independence about it, is lost and our status is affected in terms of our relationships with other law reform agencies around Australia and overseas.

I do not think that that is good for the status of South Australia in the area of law reform. In many respects we have been a leader in the reform of the law, and we have gained a measure of respect overseas—in Canada and the United Kingdom—from some of the work that has been undertaken here. I can indicate, from my own personal knowledge, that that is the position in both the United Kingdom and Canada. I would be very disappointed to see that sort of relationship and respect dissipate as a result of the Law Reform Committee in effect being put on ice for the next 12 months.

I suspect that the Treasurer got to the Attorney-General and put some pressure on him to cut his budget expenditure and to take the course that was less likely to be controversial publicly, and the Law Reform Committee was one of those that got the axe. I am disappointed by it, and I hope that the Attorney will be able to take some earlier action than he proposed during the course of questioning in the Estimates Committee to remedy that position.

A number of other matters arise from the program paper, and my better course is, I think, to put a number of questions on notice; that will then give the Attorney-General an opportunity to have the answers considered and, provided that they come back within a reasonable time, that will satisfy my requirements about getting information from the Attorney-General about areas of his administration and the budgetary impact on that administration. I support the second reading.

The Hon. R.I. LUCAS: In supporting the second reading of the Bill, I wish to canvass only two broad areas, and the first one only briefly. On a number of occasions over my four or five years in Parliament I have talked about or discussed the question of the committee system of the Legislative Council, and I wish to do so again. In doing so, I indicate my disappointment again, as another budget winds past, at the lack of progress by the Bannon Government and, in particular, by the Attorney-General in relation to instituting worthwhile reforms to the standing committee system of the Legislative Council.

I do not intend to traverse again the promises that the Attorney has made over the years in speeches and at elections in relation to what he was going to do about standing committees of the Legislative Council. As I have said, I have done that previously and it would serve no useful purpose to do so again, because the Attorney appears impervious to being reminded of past promises about this matter.

My views on it remain the same. I support strongly reform in relation to the standing committees of this Council. I have argued before, and I do so again, for a couple of standing committees at least, one on constitutional and legal affairs, which would cover that whole gamut of matters, perhaps some of which the Hon. Trevor Griffin talked about in his contribution, and other matters such as electoral matters and constitutional matters. They could all be referred to such a standing committee.

The other one that I have talked of previously is a finance and Government operations committee, and I would see its major purpose being the oversight of the operations of statutory authorities in South Australia. Of course, as was shown with the Rae committee in the Senate, it was not limited to the operations of statutory authorities but was able to look at a whole range of other financial matters and matters relating to Government administration. I will not

say more on that topic at this time, other than to repeat that my views remain the same, especially my disappointment that the Attorney is not prepared to back up previous statements, and is not willing to work hard and lobby within the Bannon Cabinet to try to get at least some small movement towards a standing committee system of the Legislative Council.

Whenever we have asked questions during the past three years, we have heard the same excuse: that we will have to wait until the budget to see whether the Government has the funds to finance a committee of the Legislative Council. As to a Legislative Council finance and Government operations committee, the record of the Senate committee and the Public Bodies Review Committee in Victoria under the chairmanship in the early 1980s of Kevin Foley and other Chairmen since then has already demonstrated that on a cost benefit basis Governments and taxpayers actually save money through the operations of such committees. So, it is spurious to argue that a few thousand dollars outlay to establish those committees is not worthwhile expenditure when many hundreds of thousands and, in some cases, millions of dollars can be saved by the activities of those bodies.

The second area to which I want to refer is education spending. In part, it is in response to the contribution of the Hon. Terry Roberts yesterday, although not completely. Amongst a number of points, he said that all he ever hears from the Opposition, in effect, is criticism, and that an alternative view is never put about priorities in Government spending. The honourable member also said that there is criticism of programs being cut, but that no-one ever points out where savings can be made.

I will not take up too much time of the Council. Although I could take up many hours, I will take only a few minutes to highlight a couple of areas where money is not being spent by the Government where it is sorely needed. More importantly, I want to point out half a dozen areas where the Opposition has outlined specifically and clearly, with the support of independent bodies such as the Auditor-General (and I suspect Treasury officers as well) where expenditure can be saved in the big spending areas. I am referring to education, but I am sure that it can occur in other areas. As the first part of my responsibilities as shadow Minister of Education in the early part of last year, I looked closely at the reorganisation of the Education Department.

When that reorganisation was approved, Cabinet documents indicated that it was approved on the basis that there would be net salary savings of $1.5 million. Nobody within education in South Australia, other than possibly the Minister of Education, the Hon. Greg Crafter, and maybe the Director-General, Mr John Steinle, who believes that the reorganisation of the Education Department met that criterion in the Cabinet document of approval, that is, a saving of $1.5 million. No-one is prepared to argue that particular case except perhaps those two people.

The only argument at present is how much that particular reorganisation blew out. What we had, in effect, was an argument that $1.5 million would be saved by replacing a central bureaucracy in Flinders Street with five bureaucracies spread throughout South Australia: three in the metropolitan area and two in the country—one in Whyalla and one in Murray Bridge. The only argument is how much the blowout has been.

There have been varying estimates, a minimum of $4 million, if one goes through the information from the Auditor-General's Reports, although the Auditor-General makes the very powerful point (and it is not just a criticism of this reorganisation) if you are going to have a reorganisation and if you say that you will make savings, the only way that you can measure those savings is if you are prepared and if you are in a position to establish the before and after. There is not much use in having a look at a post-implementation review if your baseline has not been established in the first place.

The extent of the financial management and management controls within the Education Department in 1982 and 1983, and subsequently, was that the Education Department and the Minister went ahead with a reorganisation of the Education Department, promising savings of $1.5 million, without having established a baseline. That is a good way of going about it, if you do not wish to see whether you have actually achieved what you set out to achieve. If a baseline is not established, how can anyone say after the implementation of a reorganisation whether or not any savings have been made. If a major reorganisation is to be undertaken, the simple principles of public and Government administration in any State or Government indicate (and the Auditor-General accepts this) that a baseline must be established and the situation measured after the reorganisation, and then it can be indicated whether or not what was set out to be achieved was achieved.

In a number of his reports the Auditor-General has indicated his criticism of the Education Department. He says on many occasions—and this is but one—that the Education Department has not established the baseline, and therefore there has been no way of effectively measuring whether or not supposed salary savings have been achieved. If one looks at the Auditor-General's figures, it is quite clear that rather than a minimum saving of $1.5 million being achieved, there were, in effect, increased costs of about $1 million to $1.5 million in salaries. The Auditor-General has not estimated the increased costs in travel expenses, relocation expenses, and a whole range of additional costs incurred by the South Australian Teacher Housing Authority at the time in moving officers from one area to another.

Information from within the Education Department indicates that if one adds those figures to the minimum figures of the Auditor-General, a blowout is indicated of between $5 million and $8 million. A number of people have reported that the Premier, during the time of the last State election, indicated knowledge of a blowout in the reorganisation of some $5 million to $8 million. Equally, senior officers in the Education Department have conceded a blowout of $5 million to $8 million at public and private meetings, and the Minister of Education has been quoted at meetings indicating that he was aware of a blowout. He has subsequently denied that, but I know who I choose to believe. That is one general criticism, not just in the area of reorganisation but the whole area of the methodology in establishing change and measuring whether or not anything at all has been achieved by that change.

The second area I want to touch upon is the question of cleaning of schools. Earlier this afternoon we had a debate in this Council about cleaning hospitals. If one looks at the cost of cleaning schools in South Australia, one is looking at an industry of some $20 million. The figures released by the Auditor-General indicate that, if Government schools are cleaned by industrial contractors, the cost of cleaning is some 40 per cent less than cleaning provided by weekly paid employees. Schools can also be cleaned at significant percentage reductions on the cost incurred by petty contractors in schools in South Australia.

Despite the enormity of those savings which have been identified not just by me but by the independent auditing umpire—the Auditor-General—the Government only uses industrial contractors in fewer than four schools out of 10

in South Australia. This is a matter of some concern to all people who are concerned about waste in education; it is a matter of concern to the Auditor-General, and I would be very surprised if it was not a matter of some concern to Treasury officers who have responsibility for overseeing Government waste in spending in South Australia. What response have we seen from this Minister of Education in the past two years to this particular circumstance, that is, less than 40 per cent of schools are being cleaned by the cheapest method.

The union involved—which is probably the Miscellaneous Workers Union—has placed pressure on the Minister of Education to reduce the percentage of work done by industrial contractors and to increase the percentage of work done by weekly paid employees, that is, employees who charge 40 per cent more than industrial contractors to clean schools. The response of the Minister of Education in his typically indecisive way has been to issue a directive to the Education Department requiring it to place a moratorium on all tenders for industrial contractors. That means that when a contract comes up for renewal, rather than going out to tender to get the cheapest possible price for the cleaning of a school, the department has issued short-term contracts—generally month by month—to the nearest available industrial contractor.

So, we do not have an open competitive market, even between industrial contractors, to bid the price down and save the taxpayers' money within schools. We do not have the opportunity to obtain long-term contracts with the possibility of reduced costs of cleaning per square metre, because all that is given is short-term month by month contracts for cleaning of schools in South Australia.

It is extraordinary that a Minister who has led the charge in slashing education expenditure by $10 million a year for each of his two years in office, has been unprepared to fight for education spending in State Cabinet. As I said, he has led the charge to slash critical programs in spending in schools in South Australia. At the same time this Minister is unprepared to take on the unions and unprepared to ensure that the cheapest form of cleaning is used in schools, which would save about $2 million a year—those estimates are not mine, they are the estimates of the Auditor-General. About $2 million a year could be saved if the Minister was prepared to bite the bullet, take on the unions, and save money in the cleaning of South Australian schools.

If members think that the wastage and poor priorities in education spending end there, they do not. The matter of school buses has been an issue of concern to the Auditor-General, and I hope also to Treasury officers, over the years. There has been report after report into Education Department interschool bus transport. A School Transport Policy Review Steering Committee was established in May 1983 to undertake a major review of school transport policies, submitting a report to the Minister of Education in April 1985.

In July 1986 the Minister approved the establishment of a working group consisting of five departmental officers to prepare a policy and procedures statement taking into account recommendations of the steering committee and existing policies. A draft policy statement was completed by that body in June 1987, and is now being considered by the department. The School Transport Policy Review working party estimated that maximum annual savings identified by the working party amounted to $3.8 million a year in 1985 prices. That excluded savings from the increased use of subcontractors.

The Government has rejected one of the recommendations of that review committee that would have resulted in savings of $1 million to $1.5 million on equity grounds. I have no major criticism of the rejection of that recommendation. However, even if one excludes that decision of the Minister of Education and the Government and takes into account the possibility of increased savings from greater use of private subcontractors in school buses, one sees available to the Minister of Education and the Bannon Government an estimated saving of $3 million a year for school bus transport.

What was the response of the indecisive Minister of Education? In the past four years there has been a steering committee, which reported, and then a working party to consider the findings of the steering committee. One would think that the Minister and the Government could then make a decision, given that the Auditor-General in his reports confirmed the extent of possible savings was at least $4 million a year in 1985 prices—if that recommendation is updated to 1987 prices that is still a saving of $3 million a year, and the Auditor-General has confirmed that possible saving.

What was the response of the Minister of Education? He appointed a further consultancy! The Government had received two reports over four years, and recommendations, they had been confirmed by the Auditor-General, and the Minister said, 'I cannot make a decision. This is too tough for me—I might upset somebody. I would much rather splash programs across the board and let kids miss out at school—that is the easy way to do it. I am not standing up for what I ought to be standing up for and making decisions in these tough areas. I will not look at savings of $3 million a year. I will appoint a further consultancy and have the consultant report in six or 12 months.' What expectation can we have that the Minister of Education will make a decision then? He will probably no longer be in charge of that portfolio by then, and there will be a new Minister trying to come to grips with this difficult area.

So, we see $2 million a year lost in school cleaning and $3 million a year in school bus transport. There are also small areas such as the appointment of a public relations officer for the department at $30 000 to $40 000 a year, while at the same time the Government was disestablishing the chief speech pathologist in the Education Department. What are the priorities of this Government and this Minister that instead of having a speech pathologist—a position established in Flinders Street—the Minister wants a press relations officer because he is getting bad press as a result of his appalling handling of education in South Australia.

At the same time, he got rid of the Chief Social Worker in the Education Department to help fund the position of public relations officer in that department. What about financial management? Teachers are being overpaid at the rate of $31 000 a fortnight: about $800 000 a year is being overpaid because of poor financial management control in the Education Department. What happens? Staff have to be hired in an attempt to get the money back for the department. At the end of last year there was still $300 000 or $400 000 outstanding in overpayments to teachers and staff in the department.

Computer systems and programs have been available for years for payroll and long service leave calculations, yet the Minister and the department still had people doing things in long hand and making appalling errors in overpayments to teaching staff—so, there is another $300 000 to $400 000 outstanding in overpayments.

Earlier this year the matter was raised of a school that had overstated its enrolments by 70 students, and by so doing had pulled in increased funding. We criticised the auditing function of the Education Department and asked,

'What on earth is going on in the Education Department that a school could for a couple of years say that it had 70 students more than it had and the Education Department did not pick it up until a couple of years later?' At the beginning of this year there were significant problems with financial controls in the Education Department and that that was not the only school where that was occurring. We were attacked about that by the department and the Minister, who said that it was an isolated circumstance and was being handled.

The Auditor-General's Report reveals that a survey was conducted on 168 schools in South Australia, 41 of which—nearly 25 per cent—had overstated enrolments. As a result, many of those schools were receiving increased funding. Those are just five or six areas where Education Department money—scarce funds—is being wasted by the Bannon Government and, in particular, by the Minister of Education, at a time when kids in the southern suburbs have to travel for an hour and a half on the bus from the southern suburbs to Regency Park school for the handicapped and then back again on the busy South Road at night—a total travelling time of three hours a day. These are disabled children, many of them epileptics who suffer fits and seizures during that three hours of travel.

What has the Bannon Government and the Minister of Education done—refused to fund an aide to assist the children travelling on that bus. It was only through publicly raising the issue and embarrassing the Minister that we got pay for half an aide to travel on that bus. What was the response of parents? They said that this was an appalling situation—that their children were suffering fits and seizures while on the bus and there was no first aid person on it. The response from the Education Department was, 'Don't worry about it, they are strapped into their seats—we will fix them up when they get to school.' They could have a fit or a seizure but because they were strapped into their seats and would not come to too much damage they would be fixed up when they got to school or when they got home.

Mr Acting President, as a family man, I know what your response would have been to that—and the response of those parents is exactly the same. They said that they were appalled, that they would not accept it and would withdraw their children. They set about and found a nurse who was prepared to do it for a minimum charge of 50c a child per trip. The parents were prepared to pay that sum, so they went to the Education Department and asked whether it would pay the workers compensation premium which may have amounted to $200 or $300 but no more than $500. The Education Department said that it would not pay that premium: 'No, we are not prepared to do that; no, we are not prepared to upset the unions because you are not paying award wages.' Not paying award wages! The department was not prepared to pay for an aid on the bus for those children.

The parents then mobilised themselves to help the children but the only response from the Education Department, from the Government represented by the Attorney-General, was: 'They are strapped into their seats. They can have their fits and seizures and you can fix them up when you get home, or we will fix them up when they get to school.' They were on a bus for three hours. We embarrassed the Minister publicly and yet the only response is: 'We will give you a half-time aid; you will have to look after the other half yourself.'

I have responded to the sorts of speeches we get in this Council from the Attorney-General, Terry Roberts, and from members in another place to the effect that the Opposition is always criticising and complaining about cuts. Too right—I will complain about cuts in the education area and I will give examples such as the one I just gave. By the same token, the press releases are available. The work has been done and we have indicated where savings can be made in education—not amounting to just a pittance but millions of dollars a year—if the Minister of Education is prepared to stop being indecisive and instead bite the bullet rather than taking the easy road by cutting $10 million across the board.

The special needs staffing goes and negotiable staffing levels are cut back and the department is told to fight and cope as best it can. The Minister will not look at specifics, and he will not look at the difficult areas. The Minister appoints committees and consultancies, but he will never make a decision. It is an appalling situation in education, and I am sure that other shadow Ministers will refer to similar examples in other areas. The Opposition has the runs on the board: it has shown where savings can be made and where a redirection of spending is required from areas of low priority to areas of high priority. I support the second reading.

The Hon. PETER DUNN: In supporting this Bill this afternoon I will highlight one small area, that is, what is happening to rural arterial roads in South Australia. The Bannon budget this year has again been able to blow out in real terms by 4 per cent, as has been the case over the past three years, and I suppose with the Government's mentality that will continue. The Government's emphasis seems to suggest that this money should all filter back to the city. That worries me enormously, particularly if we are to recover from the current recession which is growing by the day (and that is particularly evident if you watch the Stock Exchange). The rural areas have experienced an unusual season which has brought a great amount of heartache to those people who try to eke out a living by selling their goods overseas and must then pay the enormous prices that the fiscal policies of the State and Federal Governments impose on them.

If there is to be a revival and if the standard of living of us all is to be raised, it will be led by a rural recovery. We have seen for a long time that industry does not seem to be able to assist, and the mining industry is having a great deal of difficulty in lifting itself into world markets, purely as a result of wages and on-costs. So it appears to me that our recovery will have to be rural led. If that is the case, rural areas need a good system by which goods and services can be transported around. The rural areas need to have facilities that will encourage people to stay in the country, and facilities that will ease the cost of living in the country. So I think that instead of money coming back into the city to do up roads, consideration should also be given to the country. Of course, the city is entitled to its share—but no more. Unfortunately, the Government is not adhering to that at the moment.

To demonstrate that fact I refer to page 364 of the yellow book for 1987-88 and the subprogram for development of roads. In particular, I refer to urban arterial roads and rural arterial roads. In 1986-87, $25.205 million was spent on urban arterial roads—roads just for this city which would cover a radius of about 15 miles but no more than 20 miles. The proposed expenditure for this year is an extra $700 000. Expenditure for rural arterial roads (which is the vast majority of roads in this State involving great distances) in 1986-87 was $19.361 million. The proposed expenditure for rural arterial roads in 1987-88 has been reduced to $18.618 million. That indicates to me that the Government is reducing the emphasis on country and rural roads and moving it to

the city. Perhaps the population is growing in the city, but road funding should not be as great as the emphasis being placed on it by the Government in relation to the development of city roads.

I complained and made some public statements about this and was berated by the Minister (Hon. G.F. Keneally). I refer to an article in the *Tribune*, an Eyre Peninsula newspaper, and an article headed 'Sealing ban—Minister hits back'. The article states:

Minister of Transport, Mr Gavin Keneally, has claimed Eyre Peninsula councils were fully aware that there will be no more sealing of the Lock-Elliston and Kimba-Cleve roads, as reported in last week's *Tribune*.

I happened to tell the *Tribune* that I thought the Minister was doing something about which he had not warned the councils, that is, the cutting back of the sealing of those roads—which he had promised to do. In doing that I referred to a document called the 'Strategy for improvement of unsealed rural arterial roads'. I will continue to quote from the *Tribune* article because it demonstrates what the Government does and how it goes about its work. The article continues:

Mr Keneally said the strategy Mr Dunn mentioned was titled, 'Strategy for improvement of unsealed rural arterial roads', and that the document had been discussed with the Local Government Association. A check with this region's district council's chief executive officers reveals councils were not told of the decision to discontinue sealing works.

'That's not what we were told,' Cleve's chief executive officer, Mr Matt East, said. 'Council's last discussions with the Highways Department's regional engineer gave us the impression the department will take the emphasis off the sealing from each end so that it could iron out problems including wash-a-ways and culverts for the benefit of the sealed road, when it got there.'

He goes on to say that the strategy for sealing roads had changed but that did not mean that the sealing of roads would be stopped. The Minister quite clearly states that the councils were fully aware that there would be no more sealing of those two roads. I cannot understand that decision, because the document put out by his department clearly states that there will be continued sealing of those roads. I will quote a small section of the introduction of the document:

In 1985-86 the responsibilities and road classifications were reviewed with the result that the State Government, through the Highways Department, is now responsible for both the maintenance and improvement works on all rural arterial roads.

I clearly remember the Minister coming to Eyre Peninsula and saying that. We believed that it was a good idea—that has taken some of the burden from local government; the State will pick that up and maintain the roads because there is high density traffic, relatively, on roads in that area. They were the dearest roads to maintain. However, I thought at that time that there was some reason for it, and there was a hidden agenda. The document states:

In the past grants to local government generally have been allocated for the purposes of construction and sealing, with priority favouring road sections with the highest traffic volume.

However, these priorities were often subject to annual modifications and review based on a variety of factors such as continuity of funding to particular councils and equitable distribution of funds to different regions of the State.

The document then criticises what happened. There were changed strategies; there was a change of emphasis as to what roads were to be sealed. That is quite understandable; every area wants its own roads sealed. However, the Mid North, the Far West, the South-East, and the Murray-Mallee area all have their own associations which form their priorities. Those priorities were clear and distinct. I can demonstrate that with facts from another document, produced by the Eyre Peninsula association, in particular the Cleve council, and pointing out why the roads that we are talking about now should have been sealed. Those areas did have emphasis and for the Minister to say in this document that those emphases had changed, is wrong. I do not believe that the Minister should be allowed to get away with it.

He states further that these emphases on sealing work may have failed to allocate due weight to the relative conditions of these roads in regard to flood immunity, road alignment, safety and maintenance costs. The Minister took those roads over with the intention of correcting the situation. He has not corrected it; he is withdrawing from the sealing of the roads. He states that in the article I quoted earlier.

The number of rural arterial roads left to be sealed in South Australia amounts to about 900 kilometres, or 10.1 per cent of the roads. There are 8 000 kilometres sealed, most of which is in the Mid North and South-East, the South-East particularly, and I understand that situation because it is a very difficult and wet area. It is therefore essential that those roads are sealed. However, Eyre Peninsula has missed out all along, purely because it was the latest area to be developed and we ran along as tail end Charley. When money ran out that was the first area to be cut. That situation seems to have continued.

I will now cite information from a document entitled 'Strategy for the Improvement of Unsealed Rural Arterial Roads'. Table 1 indicates that the unsealed rural arterial roads in the incorporated areas account for only approximately 6 per cent of the total length and less than 1 per cent of the total travel, as the sealing of these remaining unsealed rural arterial roads is not expected to significantly increase present traffic volumes. Major improvements to these roads will produce only limited economic benefits to the travelling public as a whole. Although that is a bizarre statement, it is correct. Although the sealing of these roads will not improve conditions for those who use them only infrequently, it will certainly improve the economic benefits for the people who live adjacent to those roads and who use them on a regular basis.

I refer particularly to the road between Cleve and Kimba, towns of 1 000 people each. Those towns trade, and school buses travel between them. In the country vehicles are one's only means of transport, unlike in the city, where one can catch a taxi or get an STA train or bus and hurtle off into the day. Distances are too great for this to be provided and bus services are not regular. Therefore, country people have to buy, run and service their own vehicles and run them on these dirt roads.

As I have said previously in this place, and I repeat, vehicles run on dirt roads as opposed to sealed roads cost more than twice as much to run. Having lived adjacent to a dirt road for 15 years, and now having lived on a sealed road for approximately 10 years, I can indicate from first hand experience that there is an enormous difference in these costs. So, more emphasis must be placed on the sealing of roads. It is fine for the Minister to say that it only has limited economic benefits to the travelling public if he thinks that the travelling public are only tourists or people who travel from one area to another. But, what about the people who live in the area? If it is good enough to have sealed roads for people living in the metropolitan area, why is it not good enough to have sealed roads between major towns in country areas?

I am at a loss to understand these sorts of statements. I can understand why the Minister says this: it is because people living in these areas cannot put pressure on him to change it. After all, this Minister lives a fair way away from the city in the rather large township of Port Augusta. He has a lovely highway to travel on from Port Augusta to Adelaide, and I cannot understand his thinking. I used to

think that Minister Keneally had an empathy with those rural people and, when he took on his portfolio, I hoped that that empathy would bleed off to those country people; but it appears not. This document indicates that they will not bother about country people or put any more money into the area. In the long run, the Minister will get the message from these country people.

The document from both the town councils that the road serves (one on either end) refers to road usage. Under the heading 'The Vital Community Need', it talks of medical services and the fact that there are hospitals in each of the townships and that, on odd occasions, it is necessary for doctors to travel quickly that 70 kilometre distance from one town to the other. Roads can become impassable at some times of the year because of, say, washaways and drift, although there are many other reasons. Also, as this road has reserves on each side of it, at night wildlife, such as kangaroos, can be found on the roads, making travelling rather hazardous. If one is travelling at high speed on a dirt road and a kangaroo appears, one has little chance of avoiding it. If the road was sealed there would be a far better opportunity of avoiding that animal.

The document also indicates that ambulance services regularly travel and transmit patients between those towns. If one is in pain, it is not desirable to travel in the back of an ambulance on an unsealed road. Surely the safety of the ambulance driver and a desire to help patients highlight the need for the sealing of the road. I refer also to hospital services and exchanges of patients and others between the hospitals. A dentist in one town regularly travels to the other. He is sometimes called away urgently. Why should he have to put himself at risk?

Other than five kilometres, the whole length of the 70 kilometres of the Cleve to Kimba road is travelled by various school buses. The document indicates that those buses travel in excess of 200 kilometres each day on that road. This must be an enormous cost to the Education Department. The buses must wear out on this road at a much greater rate than they would on a sealed road. The fact that there has been a withdrawal of the sealing of that road makes these vital services more important.

I now turn to the interesting pamphlet entitled 'A Quick Guide to Eyre Peninsula' put out by the Australian Bureau of Statistics. This area is not insignificant and deserves to have money put back into it, as do other country areas. In fact, the Mid North probably has more unsealed arterial roads than anywhere else in the State. Eyre Peninsula has some 25 per cent of unsealed arterial roads, but I believe that the Mid North has 32 per cent of the State's unsealed roads. What I emphasise in relation to these statistics also applies to the Mid North.

The latest figures I can get are for 1985-86, and they indicate that the total income from Eyre Peninsula amounted to $231 million. The vast majority of that money finishes up very rapidly in the city. Very little is left in the rural community. Most goes towards paying for services, vehicles and essentials, and a lot goes to service money that is borrowed. In 1984-85 that figure was $256 million. These figures do not include the fishing industry, which is very significant in this area. These figures relate only to agricultural productions on Eyre Peninsula. Well over $100 million comes from wheat, $46 million from wool, $44 million from barley, and so on. It is important that we keep this area going. However, country people are sick of having to put up with dirt roads. If one asks them what they would like, the most common response is a sealed road. Not many years ago they did not have reticulated electricity, and only a few years ago they received television programs. In fact, a number of people living from central Eyre Peninsula to the west still have no television.

By spending about $3 000 many people are obtaining reception through satellite communication. However, that is a cost that city people do not have to bear. One can then add the problem of very bad roads, particularly the Lock to Elliston Road, which is an arterial road and which is about 60 miles long. Coupled with the problem of no television, no reticulated power for many of the places along the road, I think that they are living in the backwoods, and, in today's modern society, that need not be the case.

The emphasis that has been placed recently on the sealing or construction of roads in urban Adelaide and the lack of road construction in rural areas, particularly on Eyre Peninsula and in the Mid North, is sad indeed, and I hope that the Minister will change that emphasis at some stage. I can well understand that the Federal Government has cut back road funding and that the Minister cannot avoid that. However, with the moneys that he has, he could rearrange the emphasis.

I cite particularly the reconstruction of the Gawler by-pass: to construct a four lane highway around Gawler for $10 million is luxury in the extreme. There has been criticism of the present by-pass because of the number of accidents on it, and I agree. But, surely, we do not need to by-pass Gawler at a 110km/h; we could cut back on that speed. If there was a cutback to 80km/h, with some small changes to some of the intersecting roads, I am sure there would not be as many accidents.

Certainly, to spend $10 million to by-pass a town when it already has a by-pass seems to me to be bizarre, especially as that road is funded not federally but by the State. They are the changes in emphasis that I would like to see. So, Madam President, I am quite convinced that those emphases are wrong and I would like to see the Government reappraise what it is doing with road funding in this State. I believe it should look carefully at what are essential requirements. My constituents are not looking for luxuries or four-lane highways—they just want a sealed road on which they can travel to and from their everyday business. I support the Bill.

The Hon. C.J. SUMNER (Attorney-General): I thank honourable members for their support of the Bill. I will attempt to respond to some of the major issues raised by earier speakers. I may have to take some of the questions on notice in order to produce a considered reply. The Hon. Mr Cameron incorporated certain figures in *Hansard* in support of his argument that South Australia is a high tax State. How those figures were compiled, I do not know, and neither do my advisers. There is available to the Opposition a series of reputable taxation comparisons prepared by the Australian Bureau of Statistics. Great pains are taken to try to ensure that these comparisons are comprehensive and accurate and, for that reason, the Government is happy to respond to questions on these figures. However, there is no point in trying to respond to figures that are not comprehensive or accurate.

The taxation figure for South Australia quoted by the Hon. Mr Cameron is reasonably close to the mark, principally because we in this State present the greater part of our operations to Parliament for scrutiny. For the other States, his figures represent about 81 per cent of the New South Wales collections, 85 per cent of Victorian collections, 69 per cent of Queensland collections and 76 per cent of Western Australian collections. Comparisons of these figures cannot, therefore, lead to sensible conclusions.

The Hon. Mr Cameron also quoted what appears to be the statistic of the month for the Opposition. I think that

the figures that ought to be put into *Hansard* and recorded by the Opposition relating to the comparison of the figures that I mentioned, namely, the Australian Bureau of Statistics estimates of per capita levels of taxation, fees and fines demonstrate the relatively low level of taxation in South Australia compared to New South Wales, Victoria and Western Australia.

Members interjecting:

The Hon. C.J. SUMNER: The figures are from the Australian Bureau of Statistics. It really is disappointing to have the Hon. Mr Cameron come into Parliament with his own calculated figures, apparently, which are not comparable. The Australian Bureau of Statistics estimates of per capita levels of taxation, fees and fines for 1986-87 are New South Wales $921, Victoria $926, Queensland $600, Western Australia $752, South Australia $685, and Tasmania $603.

This places South Australia fourth in the level of per capita taxation in Australia and, in my recollection in 12 years in Parliament, that is about where South Australia has been for the whole of those 12 years, including the period of the Tonkin Government. There may have been some slight movement, but they are the figures that the Hon. Mr Cameron should note, and not the figures which he has introduced and which are not comparable.

The Hon. Mr Cameron also quoted what appears to be statistic of the month with the Opposition, namely, that over 50 per cent of the State's taxation revenues will be required to pay interest on borrowings. While this may be interesting in itself it is of very little practical significance. It could be halved overnight by, for example, the State resuming certain taxing powers in exchange for Commonwealth grants.

What is of potential concern is the fact that interest as a percentage of total revenues has continued to increase as existing debt is rolled over at higher interest rates. The Government is well aware of this and has exercised great restraint in the use of its borrowing powers. South Australia is one of the few States to produce comprehensive data on indebtedness. Updated figures on net indebtedness are shown at page 62 of the Treasurer's financial statement. As clearly shown there, the level of net indebtedness in real terms has remained steady throughout the period of this Government. Indeed, net indebtedness as a proportion of State gross domestic product has declined in every year of the Bannon Government's term of office. This is the measure most commonly used by economists to gauge borrowing activity and it shows the South Australian Government in a particularly favourable light.

The Hon. Mr Gilfillan took up a number of issues raised by the Auditor-General in his recent report. In doing so, he asked what action the Government had taken to respond to the Auditor-General's comments. First, no-one would be more surprised if the Government had resolved all the questions raised in the report. Clearly, the Government has addressed the issues to which the Hon. Mr Gilfillan referred.

With respect to the matter of rostering at the Institute of Medical and Veterinary Science the Hon. Mr Gilfillan has apparently read only some of the Auditor-General's comments. The action taken by the Health Commission in response to those comments is outlined in the paragraph which follows immediately upon the extract quoted by the honourable member. A review of on-call rostering systems for medical officers is already under way and a wider review of metropolitan laboratory services is planned. The Government would expect that rostering practices elsewhere in the Public Service would be kept under constant review as a normal part of effective management.

The Hon. Mr Gilfillan also refers to proposals made last year by the Auditor-General for improvements in the operations of the Housing Trust and suggests that because those proposals are raised again this year there has been some dereliction of duty. I quote the Auditor-General on that, as follows:

> . . . it is pleasing to note the prompt action initiated by the trust to have an extensive review of its operations undertaken. The review has now identified cost reduction opportunities which should lead to substantial savings. These savings should start to flow in 1987-88.

Once again this comment appears immediately below the remarks which were referred to by the honourable member but to which he has conveniently failed to refer.

Reference was also made to the Auditor-General's comments concerning the Emergency Housing Office. It must be understood that the Emergency Housing Office does exist not just to hand out money but to provide counselling and advice to people in locating and negotiating tenancies. The high level of so-called administration expenses is a reflection of the deliberate effort by the Government to make the counselling and advisory services of the office more widely available. There has been a significant increase in the staff and other resources devoted to this function.

The problems within the office to which the Auditor-General refers can be traced largely to the high level of stress under which the officers are required to operate. Many of their clients are in crisis and need immediate help. This places great pressure on staff working in the office and has led to less than satisfactory administrative procedures.

The trust recognises these problems and is working in consultation with the Public Service Association to alleviate them. However, the environment in which the office operates is not always conducive to smooth and orderly procedures.

The Government would also like to see a higher rate of bond recoveries, however, two points must be made: first, the clients of that office are frequently people with very limited means; and secondly, every staff member devoted to recovery work is one less officer available to provide assistance to these people, many of whom, as I pointed out, are in crisis.

The Hon. Mr Gilfillan raised the matter of the level of expenditure by the Department of Personnel and Industrial Relations and allocated two programs. Once again, had he conducted his investigation of the Auditor-General's Report by reading the rest of the page he would have discovered most of the explanation. Much of this expenditure is attributed to the fact that the department meets the cost of all unattached or redeployed persons who are awaiting reassignment within the public sector.

Apart from this factor, the expenditures debited to this item include all departmental accommodation expenses, all executive staff and all costs associated with running certain central information systems for the Public Service such as the payroll system Austpay. The Auditor-General has drawn attention to the possibility that savings might be made by agencies paying closer attention to the eligibility of persons applying for Government concessions. He has also pointed out that verification checks are already under way in those agencies. Any action by Ministers to direct their departments on this matter, as suggested by the Hon. Mr Gilfillan, would seem to be superfluous.

The honourable member has asked whether the Government intends to use the Government Office Accommodation Unit to meet its accommodation requirements more efficiently. That was, of course, the reason the unit was established, and we hope that the savings foreshadowed by the Auditor-General will be achieved.

The Hon. Mr Gilfillan has drawn attention to the Auditor-General's concerns regarding the lack of a formal agreement between the Commonwealth and the State with respect to future liability for the cost of superannuation and long service leave at the South Australian College of Advanced Education, the Institute of Technology and Roseworthy Agricultural College. There has been correspondence recently between the Prime Minister and the Premier on this matter and negotiations to resolve the issue are expected to commence shortly.

The Auditor-General has stressed the importance of the internal audit function and has expressed his belief that upgrading the role of internal audit could provide significant benefits. The Hon. Mr Gilfillan has echoed those sentiments and has urged the Government to give greater emphasis to internal audit, even at the expense of the provision of services to the public.

The Government is not prepared to go this far. The resources available to agencies to carry out their responsibilities are coming under increasing strain. Under these circumstances, a Chief Executive Officer may make the judgment that resources should be redirected from internal audit to some other area of high priority. Although such a decision would leave the Chief Executive Officer exposed to justifiable criticism if inefficiencies resulted, the internal audit function must be subject to review in the same way as other functions or agencies.

The Hon. Mr Gilfillan has referred to the Auditor-General's comments on the need for asset registers. Now that the Treasury accounting system is in place, Treasury intends to devote more resources to accounting policy issues and in particular to working with agencies to improve their financial information systems. One of the first areas to be addressed will be asset management systems, of which asset registers are a part. However, these developments must take place in a coordinated way in order to ensure that the new systems are compatible with each other and with existing financial and other information systems.

The honourable member also referred to accrual accounting. I take it that he is in favour of the concept, although his remarks do not make that clear. The Government has taken careful note of the Auditor-General's remarks on this subject. I believe that the Auditor-General, as a former experienced Treasury officer, does not accept uncritically the proposition that, because accrual accounting is used in the private sector, it must automatically be appropriate for the public sector. Instead, he suggests that its relevance be examined and the costs and benefits carefully assessed, since the costs will be significant.

The Government finds itself entirely in agreement with the Auditor-General's proposals and intends to follow his suggested course of action, namely, that the relevance of accrual accounting be examined and the cost and benefits accurately assessed.

The Hon. Mr Davis raised the question of overseas borrowings by SAFA on-lent to SGIC. I do not wish to go into that in any great detail, except to indicate that Loan Council approval was obtained for the overseas borrowings involved in advance of each operation. Loan Council global limit rules explicitly exempt financial intermediaries from the limits. The funds raised by SAFA for on-lending to SGIC, which is recognised as a financial intermediary, are exempt. It is relevant to compare the arrangements in this State with those in New South Wales, where the SGIO has borrowed directly in its own name in the Euro markets outside Loan Council limits. We are doing substantially the same thing, but in a more coordinated and, we believe, efficient way. It is notable that, as a result of our procedure, the Loan Council was informed in advance and with that the loan subject to the Loan Council queuing arrangements.

The Government recently arranged a full-scale briefing for the Leader of the Opposition and his advisers with SAFA management. During the recent Estimates Committees meetings the Leader of the Opposition recorded his appreciation of that briefing. Should the Opposition in this place find it helpful, I have no objection to arranging a further briefing to explain these transactions.

The Hon. Mr Burdett raised the question of certain fees that are now being charged for proceedings started in the Commercial Tribunal and, I believe, exaggerated the situation by saying that this is the first time that consumers have been charged in the consumer affairs area. He stated that the whole point about tribunals is that they are not courts. That is not entirely accurate.

An honourable member interjecting:

The Hon. C.J. SUMNER: Well, it is not. In the sense that the procedure does not need to be as formal as in the ordinary courts, this is true, but we should not forget that the Commercial Tribunal is a court—a small 'c' court at least—established by statute, and the status of the Commercial Tribunal is higher than that of the old boards if through nothing else than the Chairman is a District Court judge. More importantly, however, to answer the honourable member's question, the nature of the Acts under the jurisdiction of the Commercial Tribunal has changed. For example, the Builders Licensing Tribunal Act now encompasses dispute resolution, that is, in terms of disputes between builders and consumers, and the capacity to get damages, which was not available under the old builders' licensing regime.

The Government has had to decide how to recoup the costs of applications involving dispute resolutions without preventing the consumer seeking redress. It has done so in these instances by charging a fee, generally of $15, which is in line with the cost of a summons in the small claims jurisdiction of the Local Court. So, that is substantially the reason—and I will not go into all the details—for the introduction of a fee, because essentially the Commercial Tribunal in certain areas is dealing with aspects of the resolution of disputes on small claims. There are some other fees but, as I say, they deal essentially with access by consumers to the procedures of the Commercial Tribunal, principally because of the broader scope that the Commercial Tribunal has in the settling of disputes.

The Hon. Mr Griffin raised a number of issues. My particular concern about his quoting the increases in governmental expenditure with respect to the departments for which I am responsible is that his comparisons run up against the same problems as those given by the Hon. Mr Cameron with respect to State taxation.

It can be, and has been in this case, misleading to compare the 1981-82 budget and 1987-88 budget and the respective expenditures in each of those years and then pick a figure as to the increase in those expenditures. It is disappointing that the Hon. Mr Griffin and the Hon Mr Cameron engaged in that tactic. What the Hon. Mr Griffin should have done in respect to the Department of Public and Consumer Affairs, the Court Services Department and the Corporate Affairs Commission was try to make a proper comparison taking into account a number of factors.

First, he obviously has not adjusted his figures for inflation or additional functions that the departments may have taken on. For instance, since 1981-82 Ethnic Affairs Commission staff have counted as staff of the Department of Public and Consumer Affairs Department and the salaries of those people are included in the program budget for that

department; likewise, the Equal Opportunities Department now has the casino and the deregulation adviser is now in the Department of Public and Consumer Affairs, so there have been staff increases attributable to those causes.

There was a staff increase of seven in the residential tenancies area, but that was self-funding, so it did not impact on the budget. There was an increase of seven staff in the Public Trustee, which again did not impact on the budget because it was self-funding. So, the Hon. Mr Griffin was not comparing like with like and had not adjusted his figures for inflation. I can assure the honourable member that the courts are basically carrying out the same functions as they were carrying out when he was Attorney-General. The increase in expenditure resulted from a need to ensure that a service is provided to the public. The honourable member is the first to criticise the fact that court lists are too long, yet the only way one can reduce those lists—apart from law reform or procedural changes, which we are also examining—is either by increasing productivity or resources to the Courts Department. I will give a quick list of matters that led to increases in expenditure in the Court Services Department which will indicate that once again his baldly stated proposition is misleading.

There have been award wage increases; inflation; increases in jury and witness fees; an increase in rent for the Sir Samuel Way Building, which is the honourable member's particular baby and which has a substantial rental cost; introduction of cross-charging for the forensic science centre; cross-charging to the Department for Housing and Construction; an increase in workers' compensation premiums; additional judicial and support staff; introduction of a civilian court orderly scheme, which increased budget expenditure by the Court Services Department, but provided savings for the Police Department; increased payments for bailiff fees; security of the Sir Samuel Way Building; and computerisation. These were all essential expenditures to ensure that the courts maintained a satisfactory level of service.

The other matter raised was the cooperative scheme for companies and securities. I have already indicated the Government's position in relation to that matter—we support the cooperative scheme and are awaiting details of the Federal Government's intentions. I will attempt to get an answer to his questions relating to the residential tenancies fund, but advise him that the figures that he mentioned as related to increases were not for the administration of the fund but were a debit to the fund for a payment to Treasury for the administration of the Residential Tenancies Tribunal. I suggest that any other questions that honourable members want answered should be placed on notice or, if they have already been raised in speeches and have not been answered, I will attempt to get replies for them.

Bill read a second time.

In Committee.

Clauses 1 to 7 passed.

First schedule.

The Hon. M.B. CAMERON: I have a number of questions for the Minister which relate to a number of areas, the first relating to an issue that arose this afternoon about cleaning staff and about which I seek clarification. Can the Minister indicate the total cost of cleaning the Royal Adelaide Hospital, Adelaide Children's Hospital, Queen Elizabeth Hospital, Flinders Medical Centre, Lyell McEwin Hospital, Modbury Hospital and the Queen Victoria Hospital? I would like these costs hospital by hospital—however, the total would be interesting. Also, what is the total number of hours spent cleaning each hospital? The Minister may not have this information, although I gather from an answer he gave this afternoon that careful consideration has been given to this matter. I give the Minister credit for tackling this issue in the way in which he has, although I will have something further to say about the difference between the area cleaned in the private sector as opposed to that cleaned in the public sector.

The Hon. J.R. CORNWALL: We have most of those details but they are not immediately available. I shall be pleased to take those questions on notice and make sure that a reply is made available.

The Hon. M.B. Cameron: Next week?

The Hon. J.R. CORNWALL: Within two weeks.

The Hon. M.B. CAMERON: I do not wish to get into a hassle with the Minister but will he explain whether he will move towards a situation where cleaners in public hospitals have the same output as cleaners that he has described in private hospitals, that is, .8 hours per 1 000 square feet? If so, how long will he give the cleaning staff to reach that point so that they are equal with their fellow unionists in the private system?

The Hon. J.R. CORNWALL: The question of cleaning in the hospital system has been under the microscope, one way or another, since late 1978, early 1979. I am sure that members will remember that I have said in this place before that as part of that 1979 agreement negotiated by the then Government (when Don Banfield was the Minister of Health and Bob Morely was the then Secretary of the AGWA) the number of cleaners at the Royal Adelaide Hospital, for example, was reduced by 12.5 per cent by agreement. In a sense, that was the beginning. There has been good cooperation from the FMWU and the AGWA (as it was) over a period.

There has been consistent improvement throughout the public hospital system over the past five years in particular. I have a table which lists the Royal Adelaide Hospital, the Queen Elizabeth Hospital, the Flinders Medical Centre, Modbury, the Lyell McEwin Hospital, the Adelaide Children's Hospital, the Queen Victoria Hospital, the Julia Farr Centre, Glenside, and Hillcrest. The table then gives the areas of those hospitals in square feet, the full-time equivalent staff as at March 1987, the hours per 1 000 square feet, the staff at 1.5 hours per 1 000 square feet and the staff saving at 1.5 hours per 1 000 square feet. The table shows a full list of the number of staff. The hours per 1 000 per square feet is the interesting statistic. I mentioned earlier the standard that we were looking for in these negotiations as being a maximum of 1.2 hours, but a number of hospitals are below that. For example, it is 1.13 at the Flinders Medical Centre and at Modbury it is 1.13.

The Hon. M.B. Cameron: You're not going to let that go up to 1.2?

The Hon. J.R. CORNWALL: No, that is the maximum that we are talking about in the negotiations—I have made that clear about four times, and I do it again. At the Queen Victoria Hospital it is 1.19 and at the Julia Farr Centre it is 1.13. At the Royal Adelaide Hospital it is 1.50, and members will recall that I said that I could not remember the exact figure and I said from memory that it was 1.4. At the Adelaide Children's Hospital it is 1.65. So some hospitals are meeting standards that we find acceptable; and some hospitals are meeting standards where there is clearly room for productivity increases.

As to .8 versus 1.2, .8 is the absolute minimum standard that is applied in the private sector. I think it is fair to say that we have somewhat more stringent standards of quality assurance with regard to cleaning practices, but we believe that it is entirely possible—in fact, it has been demonstrated at the Flinders Medical Centre, Modbury and at the Queen Victoria Hospital—that you can come below 1.2 without

any compromise to cleaning standards. So that is a significant area. As I said in my reply earlier today, some time ago as part of looking right across the board as to where savings could be effected which do not impact on patient care, we looked at such things as catering, cafeterias, porters, orderlies and cleaning. As part of that exercise individual hospitals looked at contract cleaning and the Health Commission, in consultation with those hospitals, looked at contract cleaning.

On balance it was decided that we would be able to achieve the same cost control by better management of cleaning (as currently delivered) as we would be able to do through contracting. Cleaning in particular, in management terms, has really been a Cinderella area and the management of cleaning services has always been left to someone who is pretty low in the pecking order. We are now ensuring that there is a level of management available in the cleaning area commensurate with the necessity to reach optimum standards. At this stage we do not think that there is any value or virtue in going to contract cleaners and I repeat that there is no proposal that we should use contractors. I seek leave to insert in *Hansard* a purely statistical table.

Leave granted.

CLEANING SERVICES

Hospital	Area in Sq. Feet	FTE[1] Present Staff (March 87)	Hours Per 1 000² Feet	Staff at 1.5 Hours Per 1 000² Feet	Staff Saving at 1.5 Hours per 1 000² Feet
Royal Adelaide Hospital	1 022 208	202	1.50	—	—
The Queen Elizabeth Hospital	813 145	142.12[2]	1.33	—	—
Flinders Medical Centre	883 061	131.8	1.13	—	—
Modbury Hospital	354 085	52.5	1.13	—	—
Lyell McEwin Health Services	234 575	43	1.39	—	—
Adelaide Children's Hospital	517 576	113	1.65	103	10
Queen Victoria Hospital	109 790	17.19	1.19	—	—
Julia Farr Centre	550 000	82.0	1.13	—	—
Glenside Hospital	360 000	69	1.46	—	—
Hillcrest Hospital	309 427	64	1.57	61.0	3.0

Source of Data—Individual Hospitals (except Adelaide Children's Hospital)
Note: [1] Does not include Managers and Supervisors
[2] Figure includes 10 long term vacancies in department

The Hon. M.B. CAMERON: Madam Chair, I request that the Minister indicate whether or not the table illustrates the total cleaning cost for the major institutions.

The Hon. J.R. CORNWALL: No. That will be available within two weeks.

The Hon. M.B. CAMERON: I would now like to turn to the subject of Kalyra, which has been the subject of some heated debate in this Chamber. However, there is still some information that is not yet available and I believe it should be. Can the Minister provide detailed information, or any documents that contain the information which led the Health Commission to arrive at the $1 million saving by shifting hospice care from Kalyra? I do not mean the last document but the figures that were used to arrive at the original decision to shift hospice and rehabilitation care to Windana and Julia Farr.

The Hon. J.R. CORNWALL: The question of relocation of rehabilitation and hospice services is one that had been considered within the commission for quite a long time. The future of Kalyra had been considered in the commission for a long time. Various sums have been done, and I have before me at this very moment a chart which shows one of the original sums which was done of Kalyra versus Julia Farr and Windana. I would be perfectly prepared to have that incorporated in *Hansard* when I am finished with it.

The Hon. M.B. Cameron: Is that the one that was used—

The Hon. J.R. CORNWALL: It is one of the early estimates. This chart illustrates one of the estimates that was used in the early budgeting exercises. In other words, when the commission was doing its sums—

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: No, let us go back a step. The position was that all Cabinet Ministers were asked, in anticipation of the worst possible scenario that might emerge from the May economic statement, to look at the consequences of a cut in recurrent funding of 1 per cent, 2 per cent and 3 per cent. All Cabinet Ministers went through this exercise with some diligence. At least in the Health Commission we did 1 per cent and 2 per cent. By the time we started to look at 3 per cent, and my officers were telling me that we would have to close 200 beds at the Royal Adelaide Hospital and 150 beds at the Queen Elizabeth Hospital and that was the sort of scenario that started to emerge at 3 per cent, I then said that I thought we ought to hold at 2 per cent. I had the Deputy Chairman eat his copy and I had mine shredded, I think, from memory. Only about three copies of the initial work done at 3 per cent were ever in existence and if they had ever come into the public domain there could have been a revolution.

However, we did do a very serious exercise at 1 per cent and 2 per cent and, in the 1 per cent exercise, which turned out at .75 per cent across the board, plus some additional specific savings less some initiative funds—and I think the initiatives were about $2.3 million—the savings offered up were $9.1 million. In doing the negotiations, in the lead-up to the budget, I actually went to the Treasurer with an exercise which, from memory, could have saved between $13 million and $14 million. I then worked down from the top, as it were, looking at unacceptable closures and unacceptable terminations of services, but in the $9 million savings Kalyra loomed large.

The simple fact is that Kalyra was providing, and continues to provide at this stage, rehabilitation and convalescent services for about 43 patients, and hospice beds for, from memory, 13 or it may be 16 patients. Whether one is talking Julia Farr, Windana or the Repatriation General Hospital, the simple situation is that there is already an infrastructure in place. Therefore, there are significant savings in terms of administration and senior personnel if you relocate into existing institutions.

The sums were done very carefully on that basis. We are talking about recurrent savings. I do not want to get sidetracked at this stage unless the Hon. Mr Cameron wishes to pursue it later, in which case I will be perfectly happy. Let us confine the discussion for this moment to recurrent savings. Those savings of $1 million, using Julia Farr for rehabilitation/convalescence and Windana for hospice, are clearly spelled out in that table, which I seek leave to incorporate in *Hansard.*

Leave granted.

KALYRA HOSPITAL SERVICES RELOCATION

	$	$		$
SOURCE OF FUNDS				
Kalyra—				
1987-88 Estimated Initial Allocation	3 299 500		Includes: Career Structure Estimate	187 000
			Insurance General	23 800
			Excludes: Workers Compensation	112 300
			Superannuation	40 800
Less: Estimated Revenue	177 000			
Net Operating Cost		3 122 500		
APPLICATION OF FUNDS				
Julia Farr (Rehabilitation/Convalescence)				
Daily Average 43	1 839 000		Includes: Career Structure	
			General Insurance	
			Excludes: Workers Compensation	
			Superannuation	
Less: Estimated Revenue	170 000			
		1 669 000		
Windana (Hospice)—				
Daily Average 13—Gross Cost	615 000		Includes: Career Structure	
Medical Staff Costs	51 500		Insurance	
	666 500		Excludes: Workers Compensation	
Less: Estimated Revenue	213 000		(Assumes no Patient Contribution)	
		$453 500		
Total Application of Funds		$2 122 500		
Total Source of Funds		3 122 500		
Savings		$1 000 000		

The Hon. J.R. CORNWALL: That is the basis on which the sums were done. That was that background. I had to go to these pre-budget negotiations with the Treasurer and the Under Treasurer, take my officers and work out, in those difficult times and in the light of the May economic statement, what was possible, probable, and feasible. That was part of the negotiations. Kalyra was put on the table because we had identified $1 million.

It then became necessary to look at what one could call the various combinations: the hospice people, and Southern Hospice—and I am thinking particularly of, and do not see any difficulty in naming, the two principal players in this because they are well respected and I have nothing but very good things to say about them. The two principal players were Dr Ian Maddox at the Flinders Medical Centre and Mrs Helen Watts who, I suppose, could be best described as the coordinator of volunteers as well as being the chief volunteer. She has been associated with the southern hospice movement virtually from the outset. Her husband, Jim Watts, was formerly Professor of Surgery at Flinders and is still a visiting specialist at Flinders.

They discussed matters with me and several people looked at Windana and decided, for a variety of reasons, that it was physically unacceptable. It was certainly physically unacceptable unless a lot of capital money was spent on it, and notwithstanding that, in terms of outlook, and so forth, it certainly was not as pleasant as the suggested alternative of Daw House and that involved negotiations with the rehabilitation unit. We started, then, to have to talk with the university. We had to talk with Professor Smith and the rehabilitation people.

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: No, this is well down the track. Negotiations have proceeded pretty amicably and constructively. Daw House had a number of advantages. First, the whole setting of the Daws Road Hospital is unique in the 1980s. It is a single storey construction and the outlook is on to a very pleasant campus. The ambience of Daw House itself is pleasant. It is able to be converted to standards that are adequate and appropriate for inpatient hospice care at a capital cost that is within reasonable bounds.

The other important thing is that it starts to bind the ties between Flinders and the Repatriation General Hospital. Many people at both hospitals, certainly people in the commission and people in the Department of Veterans' Affairs, acknowledge—and of course it has been formally acknowledged by the Federal Government—that an amalgamation of Flinders and the Repatriation General Hospital ultimately is a desirable objective. The only point in contention there is the time frame. I happen to be one of those who believe that the sooner it occurs the better—and I am talking about complete amalgamation. Others talk more in terms of a 10-year time frame. There are so many advantages that, provided we are able to give a cast-iron guarantee to the veterans that they will maintain absolute preference, as they currently do, I do not see, as the South Australian Minister of Health, any good reason why we should not proceed at a significantly faster rate than some people are proposing.

In that sense the idea arose of the hospice accommodation at Daw House, at the Repatriation General Hospital, where there already was an administrative infrastructure and senior medical staff on site and so forth, and for the same

financial reasons as at Julia Farr, with $1 million worth of savings identified. Post the Windana exercise, a number of people were burning the midnight oil, literally, to do the sums to ensure that the $1 million was still there. However, I am assured and reassured that there is $1 million a year full year's savings, and that is not just one-off or one year, that is in 1987 dollars in perpetuity. It is, as I said, what managing the system is about.

The Hon. M.B. CAMERON: I appreciate the document provided by the Minister but he indicated that it was one step back from the actual decision when the decision was made to defund Kalyra and to shift to Windana. Will he provide the next step that occurred which was, as he said, one step further towards that decision?

The Hon. J.R. CORNWALL: My adviser, the Executive Director of the corporate sector of the commission, tells me that if for 'Windana' you substitute the words 'Daw House' then the document would be virtually updated to this day, remembering that we are talking about full year funding.

The Hon. M.B. CAMERON: What the Minister is saying is that exactly the same savings in recurrent expenditure can now be attributed to the shift to Daw House?

The Hon. J.R. Cornwall: Yes.

The Hon. M.B. CAMERON: In relation to the second point raised by the Minister, that is, the question of upgrading Kalyra, will the Minister provide the architectural advice from the senior Government architect which first led to the Premier indicating the rebuilding of Kalyra at, I think, an amount of $12 million? Could I have that advice either tabled or inserted in *Hansard*?

The Hon. J.R. CORNWALL: The $12 million that has been written into the folklore to some extent was the estimate for replacement cost. The estimated cost of refurbishment at standards acceptable to the commission was $3 million. The estimate provided by the James Brown Trust, in what they perceive to be an on going debate, although it is a unilateral debate as far as I am concerned, of $175 000 is patently ridiculous. You could not rewire the place for that much.

The Hon. M.B. CAMERON: I am not going to get into an argument with the Minister about the James Brown Trust estimate, which was based on architectural advice provided to them, and I guess that they have faith in their architect, as they are entitled to have. The advice by the Government architect was for total replacement, involving razing Kalyra as it stands and a total rebuild of Kalyra as a new hospital. The Government was using a figure that involved total replacement. The second figure that came up last week was $3 million, which is the first time that that had been indicated publicly, and certainly to me. Will the Minister table the advice from the Government architect that led to the sum being arrived at?

The Hon. J.R. CORNWALL: If it is merely to be a revisit of the 'please table the Kalyra file,' the answer is 'No'. The Senior Architect of the South Australian Health Commission, Mr John Milliken, made an estimate of the refurbishment cost of that part of the building that is currently used for hospital accommodation. From memory, it is a 60 bed hospital. We refurbish to a standard, and we are able to make these estimates pretty accurately because we have done a lot of them.

I commend to the Hon. Mr Cameron a visit to Kapunda hospital, a magnificent old bluestone building. I guess that that is the Rolls Royce level, and perhaps in the future we will not see its like again. As I have said in this place before, I am only sorry that it has the former Minister, Jenny Adamson's, plaque on it rather than mine. It has been magnificently done. The external parts of the building have been restored faithfully, and the inside is a modern hospital. I am not suggesting that that necessarily would be the standard to be applied at Kalyra, but right around the State we are involved on an ongoing basis in turning over our stock. For example, I am sure that everyone is aware that the Public Accounts Committee recently looked at the total stock within the public health system in South Australia and, from memory, valued it at something more than $2 000 million.

It conservatively estimated that in the course of the next decade we would need to spend more than $500 million on the existing stock. Queen Elizabeth Hospital produced a figure for recycling its buildings, which were completed in the late 1950s, and most of them had not had much done to them since. The original estimate was $49 million for one hospital alone, and I might say that we have wound that back substantially in recent negotiations. However, tens of millions of dollars will have to be spent on the Royal Adelaide Hospital in the next five years and beyond. The Commission, under my stewardship, has for the first time put a team together to look at the recycling of the entire fabric of the hospital and health services buildings around the State.

For the first time ever, we have a master plan that looks at a minimum expenditure of $250 million over the current five-year period and something more than $500 million over the next decade. So, when we have our Senior Architect give an assessment of what the refurbishment of Kalyra will cost, one obviously puts significant weight on it. The only other thing I would say is that when we do refurbish, the policy is not simply to—

Members interjecting:

The Hon. J.R. CORNWALL: When we refurbish we do it on a 25 year basis. The figure that John Milliken gave me was an estimate for Kalyra. I cannot recall whether it was on a piece of paper that came across my desk or in an official file. However, I am prepared to go back and look at how the figure was arrived at and talk to Mr Milliken about it. He is very experienced and, like myself, is entering the warm winter of life; he has been around for a year or two. I have no reason to doubt that his estimate would be pretty close to the mark. The $175 000 would be a lick and a paint job—literally. It would not be what we would accept as a standard in either the public or the private hospital sector.

The Hon. M.J. ELLIOTT: I refer to the table that the Minister has provided concerning Kalyra, because one cannot help but notice the figure of $1 million, which is extremely tidy after all the additions and subtractions that have occurred. On what basis were the estimated costs arrived at, particularly for Julia Farr and Windana? I presume that the figure for Kalyra is similar to what was allocated in the previous year.

The Hon. J.R. CORNWALL: The day bed costs and marginal costs are provided by Julia Farr. It is a well run institution with many hundreds of beds. It is well managed and it is able to provide us with accurate figures on day bed and marginal costs. It is arrived at as a pretty accurate estimate within the health sector. In the commission we work on these sorts of estimates regularly. One thing that never fails to amaze me is that the commission comes in on or about budget every year. That is an extraordinary performance when one considers that the gross budget in recurrent terms of the year that I became Minister was about $500 million. The gross budget, remembering that we have to take into account inflation in the meantime, and so forth, this year is about $918 million. Last year, as in

previous years, they came within cooee of being spot on budget.

The Hon. M.J. ELLIOTT: We have talked about estimates for upgrading Kalyra and there have been some differences, which I will not pursue. Are the people who are being shifted to Julia Farr or Windana (or should I say Daw House) going into facilities that are vacant at present, or will cost be involved in upgrading and making alterations to what is already there? If so, what costs will be involved?

The Hon. J.R. CORNWALL: The accommodation at Julia Farr Centre is presently unoccupied. The capital cost of refurbishment to bring it up to the required standard for the 43 patients will be $130 000. The accommodation at Daw House is currently occupied, as I said earlier, by the rehabilitation unit. That will be relocated. The capital cost to bring Daw Park to the very high standard that is required for hospice accommodation—that is the capital or one-off cost—will be $420 000.

The Hon. M.J. ELLIOTT: Taking that a step further, what is the cost of moving the rehabilitation unit? Is that included in the cost? If those people are going into an area currently used for rehabilitation, then there must be a cost to relocate the rehabilitation unit.

The Hon. J.R. CORNWALL: The current rehabilitation unit will move to the Julia Farr Centre at no cost. Julia Farr currently has a lot of vacant beds for a number of reasons, one of which is the success of the Home and Community Care program.

The Hon. M.B. CAMERON: The next subject that I want to raise was raised in relation to the Estimates in another place and I refer to the balance sheets and the letters that were sent to the various institutions under the Minister's control to indicate their budget allocations for the year and the reasons behind them. I realise that in all cases a lot of material contained in those letters is exactly the same, but there are variations from unit to unit depending on whether they overspent their budgets or what had occurred within their budgets. More importantly, it provides Parliament and the Council with balance sheet information which I believe is important in any study of the health system.

I know that the Minister indicated that he was happy to provide the Opposition with the addresses of the various institutions to enable members to write and ask for that material, but I point out to the Minister that we are not over-supplied with staff in this place and I have no doubt that the Minister, or the Health Commission, has a central file on all these letters. I ask the Minister whether he is prepared to provide the material that was asked for in the other place, because it will save a lot of hassle for people as they check with the Minister as to whether or not they are allowed to send the material to Parliament, to me or to whoever asks for it. It means that I will not have to distribute it to the Hon. Mr Elliott or other people; it will be done automatically through the Minister's office. I believe that would be a sensible way to go about it, so I ask the Minister whether he is prepared to do that.

The Hon. J.R. CORNWALL: No, Madam President, for the same reason as advanced during the budget Estimates Committees: we have already made available typical samples—the RAH, Berri and one other hospital. Mr Cameron has enough staff to enable him to write to every doctor at the Royal Adelaide Hospital asking them to leak information. He did that a few short months ago. Mr Elliott apparently has enough staff to write to everyone in the system asking them to feed him information. So let him ask a few of his friends to work a little harder.

I say that every hospital is at liberty to disclose those letters. Every hospital produces an annual report, which is a public document. This is a carry-on about nothing. I will not tie up highly paid staff, who are very effective operators in the system, to copy letters for Mr Cameron or anyone else. I have made it clear that as far as I am concerned each of those letters which went to every health unit in the system is a public document and they are at liberty to have them.

The Hon. M.B. CAMERON: That is amazing. If we had freedom of information legislation in this place that information would automatically be available. We would send in a request and it would be sent to us. That clearly demonstrates the need for that—

The Hon. J.R. Cornwall: At a cost.

The Hon. M.B. CAMERON: I find that sort of argument amazing.

The Hon. J.R. Cornwall: May I make an offer. I am prepared to make every one of those letters available to the Hon. Mr Cameron on a user pays basis. I will send them with a bill and if he is prepared to accept the bill then he can have every one of them. Is he prepared to pay the bill, because we will send the bill and if he does not pay it we will prosecute for recovery?

The Hon. M.B. CAMERON: What nonsense. This is an amazing situation. I trust the press picked that up. To get information from the Minister's office as shadow Minister of Health I am now going to get a bill. I used to get it—

Members interjecting:

The Hon. M.B. CAMERON: I will make an offer to the Minister: if he sends those documents to me I will photocopy them in my office and send them back to him immediately. I will not charge him for what I do to save his staff. I am quite happy to do that—send the documents down, send an officer down, deliver them, and my staff will photocopy them and we will get them straight back to him on the same day. There will be no problem associated with that and it will save the Minister tying up his staff.

I am perfectly willing to do that and it will save people all over this countryside running around worrying about whether or not they should provide me with the information. That is a fair offer and I will provide coffee for the person who comes down. It will be done as quickly as possible. We will even provide lunch for them if that is what he wants. I think that is a fair offer. I am not trying to tie up the Minister's staff if his staff is overworked.

The Hon. R.I. Lucas: What say you, John Cornwall?

The Hon. J.R. CORNWALL: I am busy. I do not deal with stupid questions or clowns who ask them on that basis.

[*Sitting suspended from 5.59 to 7.45 p.m.*]

The Hon. M.B. CAMERON: Before the dinner adjournment the Minister and I were discussing a financial problem regarding information. I have given the matter careful consideration and have rung my bank manager, who has approved my entering into an arrangement with the Minister, provided the cost is not too high. I would like an indication of the per page cost of this information. I do not require standard information. I accept the Minister's offer in relation to the purchase of this information on balance sheets and the letters that went to each of the recognised hospitals, teaching hospitals, non-teaching country hospitals, mental health hospitals, Intellectually Disabled Services, State nursing homes and the community health services. If the Minister is willing to do this, I am happy to cooperate.

The Hon. J.R. CORNWALL: I indicate, to clarify the situation, that we have only an estimation at this stage of the commercial rate—and we are heavily into commercialisation—and that the rock bottom price for photocopying is 20c a sheet plus delivery.

The Hon. M.B. Cameron: We will pick it up.

The Hon. J.R. CORNWALL: That is fair enough. However, I must have on the record that the estimated cost is 20c a page, which is a bargain basement price.

The Hon. M.B. CAMERON: This is an unusual situation—many things happen in this place that are new, and this is one of them.

The Hon. J.R. Cornwall: It is innovative and radical.

The Hon. M.B. CAMERON: That is correct. I will not try to bargain, but what I have said is reasonable—as elected representatives we should not be made to pay for such information. I have indicated to the Minister that I would like to have discussions with his officer as to what are the requirements in relation to each of these matters.

There is no point my getting the same information on the subject 10 times over. I am happy to receive the pages that are relevant. I refer to page 1 and another which indicates the balance sheets and certain other information which is the same for every hospital. I am sure the Minister's staff would go bonkers if they had to photocopy the same thing over and over. I do not want the addenda added showing how they have to draw up the monthly accounts for every hospital. If I got 300 of them at 20c, I would be very cross. I am sure the Minister's officer will understand my requirements and I will appreciate receiving it as soon as possible. I will pay cash on delivery.

The Hon. J.R. Cornwall: We are happy to accept a cheque or extend 30 days credit.

The Hon. M.B. CAMERON: Do not be rash. If we can get the same agreement from the Attorney-General in relation to freedom of information, we will be delighted. The community would be prepared to accept freedom of information on a 'user pays' system, and hopefully we will get a Government that believes in it. I am sorry that the Minister is not the Leader, as I am sure he would introduce that system straight away, unlike the Attorney-General, who does not seem to believe in it. The Minister has shown a sensible attitude towards the democratic system.

The Hon. J.R. Cornwall: And a commercial one. I am a hard nosed socialist.

The ACTING CHAIRMAN (Hon. G.L. Bruce): Order!

The Hon. J.R. CORNWALL: It is a fixed price contract as far as I am concerned. It is 20c per relevant page and I am happy to have one of my senior officers negotiate with the Hon. Mr Cameron the pages he thinks are relevant. I am a hard nosed socialist.

The Hon. M.B. CAMERON: I understand that perfectly. It is a fixed price contract. There will be no increase for inflation or any rise and fall clause. It will be the first time that a deal like this has been done in any Parliament in the world, but that is democracy in the new world.

The next issue on which I would like to obtain information is one which the Minister and I have discussed publicly from time to time. All of us need basic information to ensure that we know where the waiting list problem is going. When this matter first came up the Minister indicated that there were 6 286 people on elective surgery waiting lists in the metropolitan area. Will the Minister indicate the waiting list in each major hospital and in each area of the waiting list the numbers as at 14 August 1986, when he indicated that there were 6 286 people on elective surgery waiting lists?

The Hon. J.R. CORNWALL: We would not have had a figure as at 14 August. We are collecting the figures six monthly and the last manual collection (it is the last one, as we are now computerised) was reported on 20 July 1987. Those figures submitted were as at 20 July 1987, but that is the date at which they would have been reported to the commission. They were close to what was happening at midnight on 30 June 1987.

The Hon. M.B. CAMERON: When the Minister talks about the latest figures—which add up to just over 6 000—were they supplied to the Estimates Committee? I think it would be useful to the Committee to have the figures incorporated in *Hansard* so that we know exactly to which hospital and department the figures refer.

The Hon. J.R. CORNWALL: I do not have the figures by department.

The Hon. M.B. Cameron: Can you obtain that information?

The Hon. J.R. CORNWALL: I have a list that I am happy to incorporate which shows the actual numbers—6 068 at 20 July 1987 plus 703 at the Flinders Medical Centre. I seek leave to incorporate that table in *Hansard* without my reading it.

Leave granted.

NUMBER OF PERSONS ON BOOKING LISTS IN MAJOR METROPOLITAN RECOGNISED HOSPITALS

Hospital	16 December 1984	16 December 1985	16 January 1986	16 July 1986	16 January 1987	20 July 1987	Per Cent Change
Teaching Hospitals							
Flinders Medical Centre	977	1 558	1 706	1 491	1 489	1 347	9.5% ↓
Royal Adelaide Hospital	1 703	2 133	2 216	2 073	2 049	2 195	7.1% ↑
The Queen Elizabeth Hospital	1 147	1 430	1 559	1 332	1 473	1 416	3.9% ↓
Sub-Total	3 987	5 180	5 481	4 896	5 011	4 958	
Other Hospitals							
Lyell McEwin	na	668	690	812	627	720	14.8% ↑
Modbury	na	323	296	347	422	390	7.6% ↓
Sub-Total	na	1 230	986	1 159	1 049	1 110	
Total	na	6 350	6 467	6 055	6 060	6 068	
*Adelaide Children's Hospital	na	na	na	na	718	703	
**Flinders Medical Centre			76	104	91	124	

* Prior to January 1987 booking list figures for Adelaide Children's Hospital covered only a limited number of specialties. Therefore, there are no previous figures to compare with the 1987 booking lists.

** 124 records at July 1987 from a source not previously accessed.

The Hon. J.R. CORNWALL: As to the details by procedure, rather than by department, for general surgery, ophthalmology and neurosurgery—

The Hon. M.B. Cameron: ENT?

The Hon. J.R. CORNWALL: Yes. I have a table with the figures from January to July 1986 and January to July 1987, and I seek leave to have it incorporated in *Hansard.*

Leave granted.

Booking Lists in Major Metropolitan Recognised Hospitals
by Speciality: January/July 1986 and 1987

Designated Area	FMC				RAH				TQEH				LMC				MOD				TOTAL				ACH	
	1986		1987		1986		1987		1986		1987		1986		1987		1986		1987		1986		1987		1987	
	Jan	Jul	Jan	Jul	Jan	Jul	Jan	Jul	Jan	Jul	Jan	Jul	Jan	Jul	Jan	Jul	Jan	Jul	Jan	Jul	Jan	Jul	Jan	Jul	Jan	Jul
General Surgery	242	229	209	217	421	188	245	250	182	91	85	115	99	93	60	102	79	125	149	121	1023	726	748	805	84	137
Ophthalmology	103	96	104	78	395	417	427	411	75	102	122	65	6	4	—	—	—	—	—	—	579	619	653	554	68	35
Neurosurgery	20	18	3	7	9	17	17	13	10	5	4	6	—	—	—	—	—	—	—	—	39	40	24	20	5	4
Orthopaedic	166	146	131	239*	360	476	474	555	347	302	250	334	50	99	89	72	87	72	100	99	1010	1095	1044	1299	67	68
ENT	455	342	305	219	386	383	365	322	338	323	379	305	408	437	268	249	—	1	—	—	1587	1486	1337	1095	377	321
Urology	183	93	227	222	110	59	78	121	449	336	460	384	19	49	16	58	66	77	93	65	827	714	874	850	—	19
Gynaecology	176	176	195	176	72	26	22	33	55	32	49	41	108	130	194	239	55	65	66	84	465	429	525	573	—	—
Vascular	62	77	82	95	73	74	54	109	33	50	35	46	—	—	—	—	—	—	—	—	168	201	171	250	—	—
Plastic	249	209	229	221	238	269	243	280	70	88	89	117	—	—	—	—	9	7	14	19	566	573	575	637	52	77
Thoracic	2	5	2	3	142	158	112	92	—	3	—	3	—	—	—	—	—	—	—	1	144	165	114	99	—	—
Craniofacial	—	—	2	—	10	6	12	9	—	—	—	—	—	—	—	—	—	—	—	—	10	5	14	9	60**	42
Other/Not known	48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	48	—	—	1	5	—
TOTAL	1706	1491	1489	1471*	2216	2073	2049	2195	1559	1332	1473	1416	690	812	627	720	296	347	422	390	6467	6055	6060	6192	718	703

* Includes 124 records at July 1987 from a source not previously accessed.
** Some on this booking list are overseas patients awaiting admission.

The Hon. M.B. CAMERON: In August 1986 we had the first indication of people on elective surgery waiting lists, and the figure was 6 286. I guess at that stage the collection of figures was done manually in a similar fashion to the way shown in those tables the Minister has incorporated. Is that figure shown in the table in question?

The Hon. J.R. CORNWALL: That figure of 6 286 does not quite line up with my table which shows a total of 6 055—the figure for the Adelaide Children's Hospital is not available and 104 at the Flinders Medical Centre from a source not previously accessed. I do not know whether those figures add up to that given by the honourable member.

The Hon. M.B. CAMERON: In *Hansard* of 14 August 1986, when the Minister made the first announcement about waiting lists during an Address in Reply speech, the figure given was 6 286. I would like that figure broken down once again into hospitals and procedures.

The Hon. J.R. CORNWALL: To the extent possible, it is already broken down by procedure; but I do not know whether it can be broken down per hospital. The table shows the procedures by hospitals for the periods January to July 1986 and January to July 1987. Prior to that the figures were never collected. There were no waiting lists before counting began. The information was written on the back of an envelope and carried in the coat pocket of the individual surgeons.

The Hon. M.B. Cameron: It fell off the back of a truck.

The Hon. J.R. CORNWALL: No, there were no lists. Let us not make out that there was some secret about so-called waiting or booking lists. The information was never centrally collated prior to when I started having it collected by the commission and the hospitals during, I think, 1985. The first of those reliable figures became available through manual collection in January 1986. They were never collected and collated before then in the history of South Australia. We now have a situation where from this six-month period they will be computerised and it is hoped that we will be able to press some buttons and produce the figures every six months.

I have already given a public undertaking on a number of occasions that as they become available Mr Cameron will not have to wait for his envelopes from his surgeon mate at the RAH—they will be released publicly every six months. One source of great distress to me during the current dispute is that, just as we have started to literally reduce the numbers, it is possible that the dispute might seriously disrupt elective surgery.

Last year the overall number of procedures would indicate that we did have what I think one could literally describe as a burgeoning demand and, because of the specific strategy that was introduced for the first time, we achieved approximately 2 000 additional elective procedures, but that was only enough to get a cap on the list. In fact, it was held at about a constant level.

I make it very clear that the ultimate goal with the present South Australian population is about 4 000 to 4 500 people on the elective surgery booking lists at any given time in our major metropolitan public hospitals. If the number goes below those figures, we are in danger of not managing the system very well. I am sure that members would have seen the letter from a surgeon that appeared in the *Advertiser* the other day in which the complaint was made that, on a fairly regular basis, patients in the public system who are booked in for elective surgery do not present themselves for that surgery, and this can make a real mess of the morning or afternoon list.

The targets for 1987-88 were spelt out by Dr McCoy in the Estimates Committee. The objectives for the current program for 1987-88 state:

- remove all cases waiting longer than 12 months;
- reduce the number of cases waiting six to 12 months by at least 50 per cent; and
- reduce the number of people waiting in hospitals with long booking lists, waiting less than six months, especially in problem areas such as orthopaedics, ENT, urology and general surgery. Increased day surgery will be an integral part of the overall strategy.

That is a firm policy commitment and I am prepared to be examined and measured against those goals when budget time again comes around next year. As I said, in the interim, now that we can do it by computer, we will make available publicly the updated elective surgery booking lists in each of the major hospitals on a six-monthly basis.

The Hon. M.B. CAMERON: As a result of the statement made by the Minister, I have a sense of *deja vu*, because I have in front of me an announcement made by the Minister on 4 June 1986 when he stated that he would reduce public hospital waiting lists by 3 000 in 12 months.

The Hon. J.R. Cornwall: No.

The Hon. M.B. CAMERON: That is what it says. It states:

> Dr Cornwall predicted the plan would mean the present public hospital waiting list of 6 500 people would drop by 3 000 in 12 months.

The Hon. J.R. Cornwall: Where was this?

The Hon. M.B. CAMERON: The *Advertiser* of 4 June 1986.

The Hon. J.R. Cornwall: We have always been told that 4 000 to 4 500 was the optimum number.

The Hon. M.B. CAMERON: I have one quote on that basis and that may well be right.

The Hon. J.R. Cornwall: That is the very latest rolled gold pure information.

The Hon. M.B. CAMERON: Well, that may be.

The Hon. J.R. Cornwall: A well managed system.

The Hon. M.B. CAMERON: Yes. In order that we may see that the Minister has achieved his goal in 12 months time (which is important), I would like information as to the length of time that people have waited for various procedures in the various hospitals. I think that is important. So that we can then examine the Minister and the system next time, we need to know, when patients are booked on the waiting list, how long they are told they will be on that list.

I read in the press where at Flinders University, in demonstrating the problem that they face with the union bans, the hospital has indicated that people are waiting up to two years for hip replacements. That is the sort of thing that I think should be subject to standards—

The Hon. J.R. Cornwall: There was a bit of hyperbole in that.

The CHAIRPERSON: Order!

The Hon. M.B.CAMERON: The Minister is not upsetting me at all, Madam Chair, so don't worry about that. I know for a fact—

The CHAIRPERSON: Members will show decorum in the House and Standing Orders will be followed.

The Hon. M.B. CAMERON: The Minister and I are very decorous.

The CHAIRPERSON: We are debating in Committee. We will not have conversation across the Chamber.

The Hon. M.B. CAMERON: I am doing it all through you, Madam Chair, I could not help but do that. I know for a fact that at the Royal Adelaide, in orthopaedic surgery, in particular, with respect to replacements, there is a considerable length of waiting time. I believe the figure is 18 months, and I have information that at the Queen Elizabeth, in the area of E&T, tonsilectomies, there is considerable length—

The Hon. J.R. Cornwall: For adults.

The Hon. M.B.CAMERON: Yes, for adults.

The Hon. J.R. Cornwall: Not the silly nonsense peddled in the Estimates Committees.

The Hon. M.B. CAMERON: I want to know so that we know the standards and so I can test it with many of my surgeon mates. I can assure the Minister that I do not have just one mate. In the case of the last document that came to me from the Royal Adelaide, I received four copies, all in separate envelopes. I was very grateful to the people concerned. They made certain I had one. I do not know yet which one of my surgeon mates, as the Minister calls them, sent them to me.

The Hon. C.J. Sumner: Penfriends.

The Hon. M.B. CAMERON: Yes.

The Hon. J.R. Cornwall: You have some family connections at the RAH too, haven't you?

The Hon. M.B. CAMERON: I can assure the Minister that that side of the organisation is absolutely no help to me as I am sure the Minister knows from his family. The situation is that I think we ought to lay down those standards so that we know exactly where we are. I am certain that the very competent officers the Minister has in this area will be able to provide that information so that we know exactly where we are in future.

The Hon. J.R. CORNWALL: That will not be any significant problem at all, Madam Chair. I think that it might help Mr Cameron, and some of his colleagues, if I briefly explained the background to this. It has to be on the record. It is not a simple area like the law or consumer affairs.

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: He and your little mate go on for hours at a time. What we need to understand is that at the moment we have reached something of a watershed in the balance between the public and the private sector. We have in Adelaide at this moment a little less than 3 000 beds in our public hospital system and a little less than 2 000 beds in the private hospital system and, at any given time, about 20 per cent to 24 per cent of the beds in public hospitals are occupied by private patients. Therefore, there is a balance of about 55 per cent public to 45 per cent private patients overall. That is give or take a per cent but that is pretty close to the balance. A significant number of patients have dropped out of private insurance in the past 18 months in particular.

By and large, it is a very good public system, notwithstanding that there are some unacceptably long waiting times in some elective procedures. Overall the public hospital system in this State is the best in the country. That creates a very real dilemma, because the more efficient and effective it becomes the more people might tend to continue to drop out of private insurance. We do not know at what point that will bottom out, but quite obviously the more people who drop out of private insurance the greater the pressures will be on the public system. At the end of the day, whether money is spent through the private health insurance system with procedures done in a private hospital or whether a person has elected to be a Medicare patient—as is the right of us all—in the public hospital system, we are still spending a constant amount of our gross domestic product on health care. That amount has been remarkably constant at about 7.5 per cent of this country's GDP, over a period beginning during the latter half of the Fraser Government through almost the entire period of the Hawke Government. So, regardless of the fourth and fifth Fraser schemes and Medicare, the country is spending about 7.5 per cent of its GDP on public and private health care. That is the total cost.

At that figure we are in the lower third of the list as related to Western democracies. The British are spending about 6.4 per cent or 6.5 per cent of its GDP, which puts Britain at the low end of the scale; the Americans are spending close to 11 per cent of their total GDP on total health care, public and private across the spectrum; the Swedes are spending about 9.6 per cent; and the Canadians about 8.4 per cent. So, two things are involved: first, getting that balance right between the public and private sectors, and the retention in some form of a fee for service tradition in medical care in this country is something that we must confront.

On the other hand, at the macro level the taxpayers of the nation must decide whether 7.5 per cent of GDP is a reasonable figure or whether in fact it ought to be 8 per cent, 8.2 per cent, 8.4 per cent, or whatever. We are well equipped to handle the system one way or the other but, as I have said, we are at something of a watershed in our history in having a very well developed system but at this moment looking at the national and State levels to find a balance between public and private medical and hospital care.

The Hon. M.B. CAMERON: I thank the Minister for that. In relation to the various procedures conducted at the hospitals, are people given an indication of the waiting times that are involved? My information is that when people front up for an examination they are told that they will be given an indication of the waiting time, but that it will be six, 12 or 18 months, or whatever the case might be. I would like some indication of what the situation is. The Minister said

that eventually he wants to reduce all waiting times of more than 12 months back to six months. That is a very worthy goal, but what we want is some test that we can use in 12 months time.

The Hon. J.R. CORNWALL: There are two very important points. The Opposition places this enormous emphasis on waiting times for people for elective surgery. One of the points that the Opposition members miss, which I think is more significant, concerns the waiting time applicable between referral and actually seeing a consultant. If there is an area that I regard as being a significant problem in the system, in some respects this is perhaps the matter that we ought to be concerned about. People on the waiting list do not die, and in relation to, say, cardiothoracic surgery there is virtually no waiting list and the time is two to three weeks from being assessed as a candidate for bypass surgery to actually having the surgery done. So, one can say with very substantial confidence that, with quite rare exceptions, people on waiting lists do not die.

It is entirely possible, however, in both the public and the private system, that people die while waiting for an appointment with their specialist. Do not let us confine this to the public area. Busy consultants have waiting times and full books, and it is quite possible to be referred from a GP to a consultant, whether it is in the public hospital system or in private practice, and to find that there is a waiting time about which some of them should be more concerned than they are.

The Hon. C.J. Sumner interjecting:

The Hon. J.R. CORNWALL: Yes, it is the price of success in a way. If you are being referred to a busy, successful consultant then, logically, they have got a lot of people—

The Hon. C.J. Sumner interjecting:

The Hon. J.R. CORNWALL: —and a full book. Exactly. It was ever so. That is one point. The other related to what they are told. That depends on how frank their surgeon is. A lot of surgeons play politics, as Mr Cameron knows. He does not get all those strange documents from the RAH delivered in a plain van under plain wrap, in the back laneway behind the Gateway Hotel or wherever. That does not come to him by accident; it comes because people in the system at the RAH—and his information comes almost exclusively from the RAH, members might have noticed, those members who are leak watchers—

The Hon. M.B. Cameron: You are wrong.

The Hon. J.R. CORNWALL: No, I am a very ardent leak watcher.

The Hon. M.B. Cameron: I get some very good ones from the QEH. I just don't use them.

The Hon. J.R. CORNWALL: Not too many these days. Things have settled down pretty well at the QEH. You have a few mates at the RAH who leak on a regular basis.

The Hon. M.B. Cameron: I have a good one at Flinders, too—no, three.

The Hon. J.R. CORNWALL: There are not too many worries at Flinders. The pattern is very clear. We know where you are getting most of your information from—the RAH. In fact, a couple of them are up for reappointment as visiting surgeons, and I think that the board should have a good look at them.

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: I am serious about this. They are grossly disloyal to their hospital. It is not a question of my worrying about it one way or the other. Nothing you come up with worries me. I am totally in command of my portfolio. I have been there for five years. I am very confident. However, you and some of your mates, a small number—a very small number fortunately—deliberately set out to destroy the system. They are guilty of matricide. They are attempting to kill the hospitals that are responsible for their success. That is gross disloyalty. There is, I think, nowhere else in the world where it would be tolerated.

Let me tell you the story of being in Boston only a few short weeks ago. I had lunch with the Director of Administration and Finance from the Massachusetts General Hospital—one of the great teaching hospitals in the world—and I said to her, 'What do you do with members of your medical staff or any other senior members of your staff who make public comments that are detrimental to your institution?', and she said, 'That rarely happens and, if it did, they would be dealt with by their peers.' I do not think that it is very clever to see this in terms of straight ALP or Liberal politics. I think that people who are grossly disloyal to their hospitals ought to be dealt with by their peers. In fact, I would make that as a very serious appeal. I think that the good record and the good name of fine institutions like the Royal Adelaide Hospital, the Children's Hospital, the Flinders Medical Centre and the Queen Victoria Hospital are far more important than petty politicians like Cameron or Cornwall, and they will be there a long time after Cameron and Cornwall have gone to their eternal reward or punishment.

I would like that to be on the record, and I would like the honourable member to tell his mates that I hold them in complete contempt for conspiring with him to attempt to destroy the good name and reputation of their institutions.

The Hon. M.B. CAMERON: That was an amazing outburst from the Minister. It is like being called guilty whether or not you have been proven to be guilty.

The Hon. Diana Laidlaw interjecting:

The Hon. M.B. CAMERON: I would love the Minister to name these people. I think that he would find that he is wrong. That is his business. What he is saying is that senior people, as he has called them, at the Royal Adelaide Hospital—

The Hon. J.R. Cornwall: No, I didn't say senior people at all.

The Hon. M.B. CAMERON: Didn't you?

The Hon. J.R. Cornwall: No.

The Hon. M.B. CAMERON: Right. People who devote their lives to curing the sick who happen to want to draw attention to what they regard as faults in the system will be destroyed by him. This is not the first time that I have heard this sort of threat from the Minister. One of the worst things that can happen to a Government, although it would never happen to the Attorney-General, because he is a real man, is that when arrogance overcomes the good sense of a Minister and a Government through the Minister, the Government is on the skids. If the Minister takes action against any individual or if he, through the threats that he has issued tonight, tries to persuade others to take issue and action against any person, I hope that something will be done about the Minister by the Government. It would be absolutely scandalous for the Minister, through his officers or others, to take action against a person whom they decided had dared to provide the Opposition with information on waiting lists or other issues. What a terrible sin it would be for a person at a hospital to provide real, true information to the Opposition. I hope that the Attorney is listening—

The Hon. Diana Laidlaw: Facts.

The Hon. M.B. CAMERON: Yes. I hope that the Attorney-General is listening to this when he fails to provide freedom of information to the community, because a threat has been issued to very decent people who have helped

many others to cure the sick and who have a real conscience. That is enough of that, but I must say that I am absolutely appalled by the Minister's statements. I hope that we do not deteriorate to that level.

I have a simple question of the Minister. I have given him the chance to tell me how long for each procedure at each institution the people are told they will have to wait. I guess that I could get that information by ringing the hospital and saying, 'I have a crook bladder. How long will I have to wait before I see one of the hospital's consultants about it?' I could get one of my GP mates to ring a surgeon and ask how long his waiting list was. The information should be provided officially. The Minister should indicate to us exactly what are the times so that they are on record and we do not have to go through that procedure. There is nothing wrong with that. All we are doing is setting something down, so we can test it. As the Minister said, he is happy for it to be examined in 12 months time. If the Minister can take that attitude, that is terrific. Let him put down something that can be examined. That is all I want. Can the Minister provide that information?

The Hon. J.R. CORNWALL: I correct the misrepresentation in which Mr Cameron has just indulged. I said that very fine institutions such as the Royal Adelaide, Flinders, Queen Victoria and the Adelaide Children's, to name but four, will be there long after petty politicians such as Cameron and Cornwall have gone. What I found reprehensible was that a small number of people were conspiring with Cameron to attempt to destroy the good name of our very noble institutions. I did not issue a threat to anyone. I made very clear that I felt very confident in my portfolio area, and I have full confidence that any check that could be run against the system would show that we are doing very well comparatively. I did say, however, that where people are guilty of gross disloyalty to their institution, no matter which Government might be in power at State level, the Board of Directors of that hospital should have a close look when they come up for reaccreditation.

I say that without fear or favour, regardless of who is the Minister of the day or who is in Government. We need to get away from this culture which has developed in this city over the last decade or so and which sees people playing destructive politics. It is one thing for people to be involved in medical politics—they have always been with us and they will remain a fact of life. One gets them in every teaching hospital in every city in the world. However, it is quite different when they stoop to play Party politics using whoever they might as their agent, as it were, because that tends to destroy the good name of the hospital.

That was the point that I made and I feel passionately about it. It has nothing to do with Cameron, Cornwall, Olsen, Bannon or anyone else in State politics in that sense. I make the point that those very fine institutions have been around for a long time. The Royal Adelaide Hospital will be celebrating its centenary in 1990. It is a hospital with a very find tradition and record, and anyone who conspires to destroy that good name and record for Party political purposes is acting despicably. That was the point I made. I am not threatening anyone: they have to sleep at night and live with their consciences, not me.

That is squarely on the record and I will see that that view is circulated widely because, as I said, I have a passionate belief that the institutions are, and must be, way above ordinary mortals passing through this mickey mouse Chamber like Cameron and Cornwall. As to the actual waiting times for individuals, I would repeat that they are usually given an indication by the surgeon at the time of assessment. They do not go to the desk and see a junior clerk who says, 'Yes, Mrs so and so, you are now booked in for such and such a procedure; your waiting time will be nine months, two weeks and three days.'

The average waiting times by category at each of the hospitals have been clearly documented. They were put on the record during the budget estimates debate, and we have supplied quite comprehensive figures again in the Committee stage of this debate. I cannot say what Mrs Smith might be told when she presents at Flinders tomorrow and is assessed as needing a particular procedure, or what Mr Brown might be told at the Royal Adelaide Hospital.

I can tell the Committee that, if it happens to be an ophthalmology procedure in Professor Doug Costa's unit at the Flinders Medical Centre, they will be told that there is no waiting list at all. Professor Costa, now that he has that remarkable day surgery facility for cataracts and other eye surgery procedures, literally does not have a waiting list.

The Hon. M.B. CAMERON: I do not want to prolong the debate on this issue. Might I say that the word 'conspiracy' being used by the Minister is absolutely ridiculous. The only surgeon from the Royal Adelaide Hospital whom I have met in the last six months is a personal friend, of whom the Minister would be fully aware, and I hope that he is not referring to that person. I know him extremely well and he is a supporter of the Minister, and I must say that I do not get very far with him at any stage in any way whatsoever.

To infer that there is some sort of conspiracy is absolute nonsense and to indicate that I in some way am attempting to set out to destroy the Royal Adelaide Hospital is also nonsense. I assure the Minister that day by day I could do the hospital an incredible amount of harm with the horror stories that come in, as the Minister had when he was shadow Minister, which he used without any worry at all. I have made a point in the majority of occasions of referring those matters—

The Hon. Diana Laidlaw interjecting:

The Hon. M.B. CAMERON: Yes—to the administrator concerned. In fact, just lately there was a very serious one that would have caused great difficulty for the hospital. I suggest that the Minister contact the Administrator of the Royal Adelaide Hospital. I must say, I do not contact him very often—I usually write to him, but in this case I did contact him. It was a very serious matter and I am sure he was grateful that I raised it privately rather than publicly.

Perhaps the Minister might take the trouble to search that through. He will find in fact that I act very responsibly in relation to hospitals. Anyway, the Minister is saying that he does not have that information, so I will set out through my general practitioner friends to ring the various surgeons in a devious way, which is the only way we will get the information, and we will find out just exactly what are the waiting times at each hospital so that I, at least, have an unofficial indication of the length of the waiting time.

Having failed to get an answer to that question, my next question relates to endoscopic procedures. I do not want the Minister to go off on a tangent again as I have a couple of very clear questions. How many people are awaiting an endoscopic procedure of any type at each of the major teaching hospitals? Of those people awaiting endoscopic procedures, how many are awaiting a diagnostic procedure as distinct from a routine review progress? I understand that people awaiting routine reviews are not waiting in the normal sense, but they are given a routine review at a particular time. What is the waiting list at each hospital for any such diagnostic procedure?

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

The Hon. M.B. CAMERON: The next subject I would like to raise is the Medicare arrangements for country hospitals. I have received information that in the region of Port Pirie it has been indicated that, after 31 October, local practitioners intend to withdraw their services because of the argument over after hours rebates and the composite fee for obstetric services. I have read that the Minister has approached his Federal colleague in this matter. I ask the Minister whether he has any update on this matter and any indication of what is likely to occur at Port Pirie and other country hospitals if, in fact, there are no changes in the attitude of the Federal Government?

The Hon. J.R. CORNWALL: I met with the AMA again yesterday morning and negotiations are proceeding.

The Hon. M.B. CAMERON: It is good to hear that the Minister has met with the AMA, but has he had any indication at all from his Federal colleague as to whether there will be any change of heart in this matter? It concerns country practitioners that they are required, when signing on at these country hospitals, to provide an emergency service, but they find they will be seriously financially disadvantaged compared with their metropolitan counterparts at the major hospitals where people who work after hours are, in fact, paid.

The Hon. J.R. CORNWALL: The allegation has been made that they will be worse off under the new Commonwealth medical benefits schedule. We did a one month survey through the month of August based on the post 1 August schedule. We could do this only as it related to the practice they were conducting in our hospitals, and there are some difficulties in getting figures with full integrity for a number of reasons. Quite obviously, most of the patients are billed on a private and direct basis for those outpatient attendances at the provincial hospitals. As near as we could tell, there was very little, if any, difference under the new schedule versus the old.

In fact, the overall rise was 6.1 per cent. I think that the estimate on the figures for that month was 5.6 per cent. Dr John Emery, in Loxton, did a computer run using a significantly different methodology and came up with figures which were at substantial variance with that.

I have agreed, among other things, to continue that survey for the months from November to February and have asked the commission and the AMA to cooperate in it. The tradition has always been that after hours and other services were provided by general practitioners and by visiting specialists—who go to the hospitals. In this State, unlike most other States, there has never been a system of medical superintendent, resident medical officers and salaried doctors in our provincial hospitals. I have asked that the situation should be monitored so that if we need to make some arrangement—and I am not conceding at this point that we will need to make significant changes in remuneration—or if we need to pay something like an on-call fee, or to make some other arrangement because there is a demonstrated loss of income under the new Commonwealth medical benefits schedule as it applies in our hospital situation, then that four month survey will be completed in time for me to take it on board in the context of the 1988-89 budget.

The other point that must be taken on board in the longer term is that in the renegotiation of the Medicare agreement—which I anticipate will be finalised around mid-1989—we may well have to look at the way in which we remunerate doctors in provincial hospitals in South Australia. Within the spirit of the Medicare agreement, we may also need to look at the way in which we organise medical services and their delivery in provincial hospitals in South Australia.

So there are three matters; the short term answer is that we are not offering any change; the medium term answer is that over the next four months we will monitor further to see whether there is a demonstrable change over that extended period and, if so, we will take that on board in negoiating an arrangement in the context of the 1988-89 budget; and the longer term answer is that when we are renegotiating the Medicare agreement we will look specifically, among other things, at the remuneration of doctors in our provincial hospitals and at the organisation of medical services in those hospitals.

The Hon. M.B. CAMERON: Has the Minister received any indication from country medical practitioners, particularly those in Port Pirie (because that is the area where the threat of withdrawal of services has come from, as reported in the press) that those people are prepared to continue their services pending the review that the Minister has been talking about?

The Hon. J.R. CORNWALL: I have received no direct indication from individual areas—I have been negotiating directly with the President, Vice-President, and more recently the past President, of the AMA. My most recent information is that we were not approaching a bushfire disputation sort of situation and that we probably would be able to continue to talk and negotiate in a constructive and amicable way. All of this should be seen in the context of a major inquiry into, or review of, general practice in South Australia which I have successfully negotiated with the AMA and the Royal Australian College of General Practitioners. That is about to start.

My major concern at the moment—on anecdotal evidence—is probably for suburban general practice. Some very real changes have occurred over the last 15 years or so, and patterns of practice and patterns of remuneration have changed in some ways quite dramatically. To give an example, a particular community hospital with which I am very familiar in my area in the early 1970s had something like 400 deliveries a year, with about eight being done by specialist obstetricians. The other 390 were done by local general practitioners. In the last year for which statistics are available the number of deliveries has fallen quite substantially, for a number of reasons, but the percentage of deliveries by obstetricians *versus* GPs has turned around almost completely, so that only about 3 to 4 per cent of deliveries are now being done by general practitioners, with the overwhelming majority being done by specialist obstetricians. That is one area in which traditional family practice, traditional general practice, has seen quite a revolution.

The GP inquiry will address a wide range of areas, but it is very timely and has to be seen in the context of where we are likely to go with medical services in general, and general practice in particular, in this State in the next 20 to 30 years.

The Hon. M.J. ELLIOTT: I have a couple of questions on Aboriginal health matters. What was the total cost to the commission and to anybody else who contributed funds to the Birthday Creek program?

The Hon. J.R. CORNWALL: From memory (and this is close, but not to the nearest dollar), the total cost of the program was $29 000.

The Hon. M.J. ELLIOTT: I have an itemisation showing $29 206.33, but that itemisation at $29 000 does not include any sort of labour expenses, travel or plane flights backwards and forwards, and other such things which I feel would have been very much part of setting up and checking on how the program was running. I would have expected other human resource expenses. All expenses shown here are for satellite communication at $7 400 and the supply

beds and stretchers, and various other things. What about the human costs, movement of people, wages and so on? There must have been some such costs.

The Hon. J.R. CORNWALL: The Hon. Mr Elliott seems to suggest or infer that Birthday Creek should never have happened. It is about as logical as saying that we should not have had any crisis intervention in the lands at that time; should not have evacuated 23 adolescents and young adults to the Alice Springs hospital to save their lives; should not have had 14 or 15 adolescent Aborigines from the North-West taken to Tungkillo camp; should not have intervened, under the legislation committed to me as Minister of Community Welfare, to use the Intensive Neighbourhood Care scheme to find foster parents for young Aboriginal kids in Port Lincoln or Ceduna; and should not have had a combined health and welfare team, with local Aboriginal people participating, go through the lands on three occasions between December-January and May-June of this year. All of these things in various forms (Birthday Creek was one of them) were a series of crisis interventions devised by people acting in good faith in the face of what was a significant crisis in the petrol sniffing epidemic on the lands.

In the event, only the Ernabella community ultimately supported the Birthday Creek program, and there were a number of reasons best known to the local Aboriginal community as to why Birthday Creek did not continue. I am not about to apologise for Birthday Creek or for any of those crisis interventions which cost hundreds of thousands of dollars in total, because there is not the slightest doubt that they saved the lives of some young Aboriginal people. Notwithstanding that, I must inform the Committee that, regrettably, there have been at least four deaths on the lands in the past four months from petrol sniffing.

At this stage I am heartened by the work being done by the HALT team. I had the good fortune as recently as last week to have breakfast with Andrew Japaljari and his wife Bertha, together with Christine Franks and Hinton Lowe, who were in town for several days. They have been successful in working with the Walpiri people in the Northern Territory in settlements such as Yuendumu. They have been invited by the community to go to Ernabella in the first instance, and they are there on contract with the Federal Department for Aboriginal Affairs with our full and enthusiastic support. The early and perhaps fragile evidence is that they are starting to obtain demonstrable results using their unique approach. It is anticipated that their program will spread throughout the lands, as they are invited by the communities to extend this program. Without going into the detail of the program (and I have a video and some notes, if Mr Elliott is interested at some stage), it is about getting people functioning again as tribal units and as communities in the traditional way; and it is about extended families and extended family supports.

I do not pretend that I have a deep understanding of the methods of the HALT team, but it is based very much on traditional Aboriginal ways. I am optimistic that, if we are to find a way at all to overcome the petrol sniffing problem and more significantly the very real problems underlying the petrol sniffing epidemic, I think this is the way to go. Contrary to the impression that might be conveyed by Mr Cameron—that petrol sniffing has been controlled by police aides or by anyone else on the lands—the sad fact is that at this time petrol sniffing remains very much an endemic problem in the Pitjantjatjara lands.

The other sad fact is that petrol sniffing is not a passing phenomenon: that the adolescents who were sniffing petrol eight and 10 years ago are still sniffing petrol as young adults. It is a problem of enormous proportions which was not overcome by a whole range of crisis intervention programs. It will ultimately be overcome—as will substance abuse and illicit drug abuse in the European community—only when the real underlying causes of community breakdown are overcome. Again, like other Aboriginal health problems, it is something to which we must take a social approach. Unless you take a social view of health for the Pitjantjatjara people, and unless you make their communities really work again (and I do not mean their settlements but their communities as they traditionally existed in the Pitjantjatjara way), we will not overcome this serious problem.

The Hon. M.J. ELLIOTT: I share the concerns that I think everybody in this Council has about the effects of petrol sniffing, and what the HALT team is doing looks very promising. I believe that it has been active in the Northern Territory for some time. Although it is new to South Australia, it is not a new phenomenon. It has been suggested to me that the sort of approach that it uses is not particularly unusual. It is used a great deal overseas. While Australia has a lot of people working overseas in areas with similar sorts of approaches and they work in communities addressing not only alcohol but general problems, the method has been very slow in coming to South Australia, because we have tended to take the bureaucratic approach.

The Minister did not answer my question. I think that its cost should be placed on record. After all, other Aboriginal bodies have been accused of wasting money when they have tried to make an honest attempt to solve their problems. When I asked how much the Government wasted in this case, I did not get an answer. It is a matter of honesty. Other people are being condemned for making mistakes and we cannot get this mistake admitted, or at least the size of it. Well, it is not going to be answered.

The Hon. J.R. Cornwall: I answered it. I told you—$29 000.

The Hon. M.J. ELLIOTT: Come on! Nganampa has been in the news a little lately. I have been supplied with some information that I used in my speech yesterday. I would like the Minister to confirm or deny some of the information that I used. In particular, Nganampa made a claim that it reduced the number of people being transferred from the Pitjantjatjara lands to the Alice Springs Hospital by something like 23 per cent. It suggested that that is a reduction from 1 300 to 1 000 people. That would have been a saving to the Alice Springs Hospital (which I know is outside South Australia) of something like $300 000. Can the Minister confirm whether or not Nganampa has improved to that degree?

The Hon. J.R. CORNWALL: By and large Nganampa would have to be classified as a significant failure. In Australia there are 55 Aboriginal community controlled health services that spend about $36 million to $38 million. Nganampa Health Service has a budget of $2.7 million. In terms of the population that it services, it is not only the biggest, but also the most generously and, in some ways, luxuriously funded Aboriginal health service in the country. For example, at one stage there was a doctor, a clinic sister and two Aboriginal health workers for Pipalatjara Kalka, with a population of 90 people. Until very recently when there were two resignations at Amata, which has an Aboriginal population of between 220 and 240 people, there were 12 health professionals, which included a doctor and a number of clinic nurses. About 60 health professionals are on the lands for a population of about 1 800 people. It is an extraordinary rate.

Unfortunately, a number of things are fundamentally wrong with the Nganampa Health Service. The first is that the Aboriginal health workers are poorly trained. There are serious doubts that, at least in some cases, they are either literate or numerate. That makes it very difficult for them to do simple procedures like taking blood pressure and performing urinanalysis and blood glucose estimations.

I think I told the Council of the recent visit by a medical professional who was looking at trachoma. It was a rapid survey, admittedly, but the worst case of trachoma that he saw on the lands was in the family of an Aboriginal health worker. This is not to blame the Aboriginal health workers at all, it is simply to point out—

The Hon. Diana Laidlaw: They haven't been properly trained.

The Hon. J.R. CORNWALL: That is right, and their training was organised by the Aboriginal Health Organisation. So, not only has Nganampa Health been a sad failure, but, to a significant extent, so has the Aboriginal Health Organisation. Nganampa Health has a budget of $2.7 million (Federal and State) and the AHO has a budget of $1.6 million (Federal and State). We have reached a pretty sorry state. There is also pretty clear evidence that some of the Aboriginal health workers attend only intermittently at the clinics. There is certainly very substantial evidence that the Aborigines are bypassing the Aboriginal health workers and going to the clinic sisters and doctors.

What has been put in is a system which is, by and large, significantly over-doctored and which has very poorly trained Aboriginal health workers. That is a real tragedy because they are the real hope of the side. It is a treatment model; they are providing treatment services on the basis that you get sick, go to the doctor, get medicine and get well again. That will not result in any significant improvement in Aboriginal health on the lands at all unless they get much more rapidly to allocating significantly more of that budget to preventive services and reorganising the services—

The Hon. Diana Laidlaw: Are they dependent on western medicines?

The Hon. J.R. CORNWALL: Yes, very much so, and that is a real tragedy. As against that—Pika Wiya has worked—there are measurable reductions. The simple fact is that after nearly four years of operations—in fact Nganampa Health started in early 1984—there are virtually no births occurring on the land. They are evacuating the vast majority of Aboriginal women to have their babies among the stainless steel and chrome of the Alice Springs Base Hospital.

I know there is one particular doctor at Fregon at this time, who is encouraging births on the land, and I am very encouraged by that. However, one has to say, sadly, that the preventive programs are almost non-existent on some of the settlements. There is an extraordinary performance with the American Randall Schraeder. He documents the enormous problems that are still there after almost four years of operation and then uses those statistics, which are a damning indictment of the failure of the Nganampa health service, to descend in a southwards direction and demand money with menaces. I really find that an extraordinary performance.

Mr Elliott shows an extraordinary ignorance when he says that these sorts of programs are being put in place by Australians in other parts of the world but not in Australia. There are not too many tribal Aborigines working in overseas aid programs. Andrew Japaljari is a fully initiated tribal man. When I had that breakfast with him, I inquired about environmental health. We are about to get an environmental health survey. I have seen a draft of the report and it is almost suggesting, to exaggerate, that we need triple fronted brick veneer homes with wide verandahs.

I said, 'Is it not possible to have good health and still live in a wiltcha? What are the priorities of the Aborigines on the lands?' His reply was very simple, and I thought very much to the point: he said, 'They want healthy kids,' and at the moment they do not have them.

The Hon. M.J. ELLIOTT: Has the Nganampa health organisation been successful in reducing the number of people who have been removed from their lands and taken to Alice Springs? It has been suggested to me that it has reduced the number of people taken to Alice Springs Hospital or Adelaide from 1 300 in 1986 to 1 000 in 1986-87.

The Hon. J.R. CORNWALL: I cannot actually vouch for those figures off the top of my head. I am happy to have this matter checked. There are 1 800 people on the lands, five doctors and 70 health professionals employed by Nganampa health organisation and there are still 1 000 evacuations to the Alice Springs Hospital—I rest my case.

The Hon. M.J. ELLIOTT: I am asking simple questions and I point out that much of the other comments that the Minister is making are common knowledge. Is it correct that Nganampa took over the Pitjanjatjara home lands last year and that it had an operating budget of $347 000 that was not made up when Nganampa took it over.

The Hon. J.R. CORNWALL: I do not have those exact figures with me. I thought that I had those figures prepared for me but I do not have them in my bag. What happened (and this is a myth that is being perpetrated by Glendle and his mates, again) is that the service at Pipalatjara Kalka was independently funded by DAA from Nganampa Health, and there was also a health service in Western Australia. At the time that Pipalatjara Kalka transferred to the Nganampa Health Service some of the budget was transferred to Nganampa Health and some of it was transferred to the Western Australian service. But it is complete mythology to suggest that there has been a reduction in funding to Nganampa Health. There have been consistent increases in funding in real terms, ever since it was established in 1983-84.

The Hon. DIANA LAIDLAW: I want to ask a question in relation to petrol sniffing; I suspect that this matter may relate more to the Department for Community Welfare, but as we are on the subject I thought that I might raise this matter. A concern has been raised with me in respect of the Aboriginal Child Care Agency and its liaison with the Pitjantjatjara land areas and the practice of bringing down petrol sniffers and housing them at a youth hostel for Aborigines, which is located at Glandore. That hostel is licensed to cater for Aboriginal kids, but the workers have never been trained to deal with petrol sniffers. I have a copy of the licence here, and it specifically indicates that petrol sniffers should not be housed at that hostel. The advice to Brian Butler, of the Aboriginal Child Care Agency, indicates specifically that the hostel will be for youth support accommodation for local use and that it is not to be used as a drying out hostel for petrol sniffers.

It has been brought to my attention that on a regular basis children who are petrol sniffers and in need of special attention are being brought to this hostel. It is absolutely inappropriate for them. The workers are not trained specifically to deal with the convulsions, fits and other problems that these children have. I raise this matter not in an alarmist fashion but just to ask the Minister whether he will look into it. It seems to me that, when trying to deal with the problem of petrol sniffing by young Aborigines on tribal lands, it is inappropriate to bring them from such an environment into the foreign environment of Adelaide, and particularly into an environment such as this hostel, where

they are away from their family network and are not with trained people. This is against the licence of this hostel. Will the Minister look into this matter?

The Hon. J.R. CORNWALL: I do not know that I need to look into it. I agree with virtually everything that the Hon. Miss Laidlaw has said. As I said, we have used a variety of methods. We have brought children down to the Tungkillo camp; we have brought them to hostels in Adelaide; and we have used the Intensive Neighbourhood Care Scheme to place them with Aboriginal foster parents in places like Port Lincoln and Ceduna—to name just a few strategies—and they have all failed.

They have been 'rehabilitated' over a period of weeks or months and returned to the tribal lands generally—not necessarily to just the Pitjantjatjara lands in the north-west—when their physical condition was good and their levels of nutrition were first class, and within weeks of being returned to their communities a large percentage of them have started sniffing again. In future—and this is part of the very deliberate policy of the HALT team—children will be removed from the land only when they are in serious—and that is life threatening—situations. Even then, they will only be removed after close consultation with and on the concurrent advice of the HALT team. It is quite counterproductive in the vast majority of cases to remove these children from the lands.

The Hon. Diana Laidlaw: I agree. Do you confirm that the policy has stopped?

The Hon. J.R. CORNWALL: Yes.

The Hon. J.C. IRWIN: How many hospitals have now complied with the Act in respect of fire protection, and how many hospitals have yet to comply with the Act?

The Hon. J.R. CORNWALL: I will not speak for the private sector without taking formal advice, but all our recognised hospitals—and I think we have 81 of them ranging from the Royal Adelaide to some of our smaller country hospitals—have all now achieved phase 1 protection, that is, the removal of life threatening hazards. We are now proceeding through phase 2, which is the property protection phase. That is advancing at a reasonable rate. However, there are still many millions of dollars to be spent in the system before all of phase 2 will be achieved, and that will take quite a number of years.

The Hon. J.C. IRWIN: Are the costs part of the figure that you gave earlier in the Committee on hospital maintenance and upgrading work?

The Hon. J.R. CORNWALL: That is a capital amount that is always identified specifically in the budget. I do not have those figures immediately to hand, but I can provide the amount that is being spent on fire protection in 1987-88 and would be happy for the purpose of comparison to provide them for the previous three financial years if I can take that question on notice.

The Hon. J.C. IRWIN: What is the time frame within which those stages will be completed to enable them to comply fully with the Act?

The Hon. J.R. CORNWALL: To complete all the hospitals under the phase 2 or 3 plan could take another eight to 10 years.

The Hon. J.C. IRWIN: The Minister knows of my involvement with the Keith and District Hospital. In fact, the other day he alluded to it in an interjection. I have without question argued twice at public meetings that the hospital should stay community private. That needs to be illuminated slightly because by 'private' I do not mean (nor does anyone in the community) that it is a private hospital for individual profit. It is a community based hospital. Since the mid 1970s, the hospital has made deputations to Ministers of Health on at least three occasions asking to be allowed to be part of the public hospital system.

In 1984 I prepared a submission to the Minister and the Health Commission, which was handled by Mr Ray Sayers. It asked for the Minister to consider some public funding to address the needs of some people in the Keith/Tintinara area who could be described by well known and obvious means as disadvantaged. The hospital's application for assistance with public funding began in September 1978, when the board wrote to Mr Banfield and requested eight section 34L beds. No final answer was received on that request. In April 1979, a meeting was requested with the then Federal Minister of Health (Ralph Hunt), who said:

> If the South Australian Government is prepared to cost share operating costs of beds in your hospital, I would be prepared to give sympathetic consideration to matching the State contribution on a dollar for dollar basis under the cost sharing agreement. Discussion about the removal of section 34 from the Act has been going on for some time with the South Australian Government.

In November 1979 a letter was written to the then State Minister of Health (Hon. Jennifer Cashmore) requesting subsidy for four public beds, the reason being as follows:

> We are unable to look after some of our elderly or pensioner patients and remain financially viable.

In January 1980, the board received a letter from the Hon. Ms Cashmore saying that she had been advised that the implications of our request went far beyond the hospital in relation to the cost sharing agreement, the expressed wish of the Commonwealth to terminate the present section 34 arrangements, and proposals by the Commonwealth to change the arrangements for the payment and charges to long-stay patients in country hospitals. In February 1980, another letter was received from Ms Cashmore, as follows:

> The technical position is therefore that, short of obtaining approval as a recognised hospital, there is no way within the existing arrangements for the State and Commonwealth to meet the objectives set out in your letter of 19 November 1984.

In 1983, the hospital received a letter signed by Mr Sayers saying in part that:

> Section 34 of the Act no longer exists but you may have in mind the proposal made by the present State Government to sponsor community hospital beds as a new initiative. It is proposed that the scheme will commence in the forthcoming financial year.

At a public meeting at Keith on 24 August 1984, a motion was passed asking the board to pursue some public funded beds. I have already referred to the submission that resulted. Another public meeting at Keith on 23 October 1985 supported the hospital's going public. Since then, the board has pursued public status and, only recently, public funding of some beds.

The argument of public funding in 1985 was based on two factors. First, the Minister had just announced and had trumpeted the vision of joint ownership and the running of a proposed Noarlunga hospital, a dream that I understand is not yet a reality and still looking for a workable partnership. The other factor is contained in the discussion paper presented to the hospital board by the Health Commission in 1984. I refer to the following two paragraphs of that:

> The principles of universality and equity which are the primary bases of Medicare also incorporate the principle of accessibility. It is not possible to establish and maintain a system of health care coverage which is universal and equitable if some health care services are not accessible . . .
>
> This is the problem which is currently confronting the community of Keith. Because of the geographic location of the town and its commitment to the provision of hospital services on a private, profit-making basis—

which, as I have outlined before, is not an individual private profit-making basis, it is a community basis—

some people (primarily the disadvantaged groups, but it does include all those who opt out of private hospital insurance) are excluded from accessing the hospital services that are provided locally. In this circumstance hospital services must be sought elsewhere and this is inequitable.

Understandably, there are many matters on both sides of the argument with which I will not take up the time of the Council tonight. I have certainly not tried to address all of them. The high principles on which Medicare is founded—universality, equity and accessibility—are fine principles indeed.

Does the Minister believe that these principles still apply? If so, why does he deny them to the disadvantaged in the Keith/Tintinara area when the least being sought is some public funded beds and, in fact, you have been offered the whole hospital? I should add that in my knowledge it has been the public policy of the hospital not to turn away sick or injured persons.

The Hon. J.R. CORNWALL: Sometimes when things are the same they are quite different. Let me tell the saga of the Keith private hospital. Like many country hospitals in South Australia, it was offered recognised status in the period when Medibank was first introduced, in what now seem those days long past. In 1975, like every other hospital in rural South Australia, it was offered the opportunity to become a recognised hospital, in other words, in practice a public hospital. Only five hospitals of about 75 in this State held out: Hamley Bridge, Mallala, Moonta, Kadina and Keith. The reason they held out at Keith was at the urging of the then local doctors and people like Mr Irwin and his colleagues—

The Hon. J.C. Irwin interjecting:

The Hon. J.R. CORNWALL: Come on Jamie, stick with the facts. Not at that time, but you put on a great performance at a public meeting some years later. It was refused because it was seen as a socialist plot—they were going to hold out and do their independent thing. On the other hand, the Bordertown Hospital readily accepted the offer and became a recognised hospital. As a result of that, Bordertown has thrived in the decade and more since that time. It is a very good hospital, one of our better country hospitals or, may I say, one of the best country hospitals of that size that we have. On the other hand, because of the actions of a few right wing people, Keith refused to become a recognised hospital: it held out, it was going to do it the free enterprise way. That was the beginning of that saga, and of course there was the point at which section 34 beds were offered by the Fraser Government—that is the next part of the saga. So-called section 34 beds were offered for needy patients, for pensioner patients in the private system.

The Keith Hospital was never allocated any section 34 beds. In fact the overwhelming majority of section 34 beds that were allocated in this State on my recollection were allocated to private non-profit hospitals in the metropolitan area. They disappeared, of course, with the advent of Medicare. Likewise, in the leadup to the 1982 election, I gave an undertaking, because we were still, at that time, groaning under the fifth Fraser scheme, that a State Labor Government would investigate the possibility of financing public beds in some private hospitals.

The reason for our doing that at the time was that under the fifth Fraser scheme, something like 10 per cent of South Australians were not insured. They got caught in that limbo land where they did not qualify under the stringent means test on the one hand, but they were the working poor and could not afford to insure privately on the other hand. I am sure that those of us who have followed these events would remember with great clarity that one of the major issues in the leadup to the 1983 Federal election, which resulted, of course, in Bob Hawke becoming Prime Minister, was the whole question of Medicare and a universal health insurance scheme because of that 8 per cent to 10 per cent. I will not go into great detail, but, because Medicare was introduced and because it became possible for every citizen and the children of every citizen in this country to have access to a public hospital bed free of direct charge, it was no longer necessary for us to pursue the idea of funding beds for public or pensioner patients in private hospitals. So, the co-called section 34 beds disappeared.

In the meantime, there were still a number of public meetings and a lot of discussion and some controversy at Keith, but people at Keith steadfastly resisted until eventually we came to 1985 and they discovered first that they were awarded, I think, a category three hospital, and as such attracted the minimum day bed subsidy. Ultimately, there was a significant change and a step in the right direction when the decision was taken to categorise by patient rather than by hospital status. In a sense, that was the last straw in terms of the viability of this private hospital at Keith which had so steadfastly resisted the socialist octopus, as Mr Hill would style a modest Government of the social democratic persuasion.

The Hon. C.J. Sumner: He is on the extreme left in the Liberal Party.

The Hon. J.R. CORNWALL: Yes, but he still talks about the socialist octopus on occasions. The fact is that eventually Keith saw the error of its ways, but it was about 12 years too late. For Keith now to become a recognised hospital would cost the taxpayers of South Australia something significantly in excess of $1 million. I am not in a position to be able to fund that.

The Hon. M.B. Cameron: How much?

The Hon. J.R. CORNWALL: Well in excess of $1 million a year. That is because they missed out when the offer was going.

The Hon. J.C. Irwin interjecting:

The Hon. J.R. CORNWALL: No, there will not be any public funding at this time. I do not have any money. You missed the bus. You were made an offer you couldn't refuse, and you knocked it back; you persistently knocked it back. One of Mr Irwin's great claims to fame in public life is that he stormed up and down the aisles of a public meeting at Keith a few years ago berating and beseeching the locals not to vote to have Keith Hospital become a public hospital.

He carried the day—that was his contribution to public life in the Tatiara. A very reliable source gave me a vivid description of Mr Irwin's performance at that public meeting. I can say two things that I would like the honourable member to take back to the Tatiara. The first is that, in the foreseeable future, there cannot be any public funding of private beds in the Keith Hospital, or any other non-metropolitan private hospital. In the meantime, under the Medicare arrangements anybody who lives in the Tatiara can seek and gain admission to the Bordertown Hospital as a public patient.

As a matter of policy, they will be asked about their insurance status, because the doctors insist that we do that. If they are insured privately, then they will be classified as privately insured patients. If they are pensioners or uninsured, and people who are satisfied with the Medicare arrangements, then they will be admitted to the Bordertown Hospital as Medicare patients free of direct charge—so Bordertown Hospital is available.

I know that there will be some inconvenience to about a third of the population in the Keith district, because they

will have to go to a hospital about 50 to 60 km away. It is most regrettable that the Keith Hospital did not join with the overwhelming majority of South Australian country hospitals when it had the opportunity to do so over a decade ago. So, Bordertown, regrettably, is the interim arrangement.

I am aware of the situation regarding the number of people in the Keith district who would under normal circumstances be admitted to the Keith Hospital as public patients if it were a recognised hospital. I give an undertaking—and am happy for it to be on the record—that in renegotiating the Medicare agreement through 1988 and into 1989 I will specifically ask my officers to pursue the possibility of the Keith Hospital becoming a recognised hospital under the renegotiated agreement.

The Hon. K.T. GRIFFIN: I have some questions about the Central Linen Service. I accept that some of them may require research, and I will be happy for those that the Minister is unable to answer off the cuff to be taken on notice. The Auditor-General's report shows that the Central Linen Service acquired a private company's linen and laundry operation during 1986-87, resulting in expanded sales of $1.3 million. Total revenue from sales increased by $2.2 million during the year but was offset by $2.2 million in increased operating costs. Goodwill from the purchase, which was $200 000, I understand, is not being brought to account in 1986-87 but will be amortised over three years from 1 July 1987. Can the Minister say whether the company whose operation was acquired by the Central Linen Service was International Linen Service Pty Limited and, if not, who was it? Will the Minister indicate how much was paid for the linen taken over, whether there are matters presently in dispute between the Government and the company, and, if so, what are those areas of dispute?

The Hon. J.R. CORNWALL: It was Mr Nemer's International Linen Service, and the hospital and institutional part of that service was purchased. However, the Central Linen Service is constrained, for the time being at least, in not being able to get into the hospitality industry. That part of the service which was providing institutional services was purchased. I do not have detail of the exact amount paid for the linen and the goodwill. I know it was subject to some very careful scrutiny at the time and we thought, by and large on the independent advice that was offered, that we got a pretty good deal.

In terms of any disputation, I have a recollection of being informed quite recently that Mr Nemer had breached one of the clauses of the agreement under which we bought his laundry and goodwill with respect to one of the institutions. Because he broke that contract we were no longer constrained to the extent that we were by the original contract. I am happy to inform the Council that, as a result of that, we have taken over the contract of Australian National. We are quite entrepreneurial in the Central Linen Service and are doing very well indeed. As to the detail of the amount paid, I will take that on notice.

The Hon. K.T. GRIFFIN: Will the Minister also either answer now or take on notice the question of why the amortisation does not commence in 1986-87—the year of purchase—but rather, according to the Auditor-General's Report, is being amortised over three years from 1 July 1987? My understanding of normal accounting practice is that, if there is an amount, such as the amount for goodwill, the amortisation commences in the year in which it was incurred.

The Hon. J.R. CORNWALL: My advice is that there is nothing unusual about that arrangement but, so that I can cross every 't' and dot every 'i', I will take the question on notice and provide a written and formal response.

The Hon. K.T. GRIFFIN: During the course of an earlier answer the Minister did, probably by way of an aside, say that the Central Linen Service is presently constrained from getting into the hospitality industry. Will he indicate whether it is the intention of the Government to allow the Central Linen Service to expand into other areas and, if so, what vehicle will be used to enable that expansion to occur?

The Hon. J.R. CORNWALL: There is no proposition before me presently to expand the ambit of the service. If that were ever to occur it would have to be very much on the basis of a fully commercial and commercialised operation. We would have to ensure that it did not compete in any way that was unfair to the private sector. At this stage there is no intention of doing that. That has to be seen against a background where, about 15 months ago, I decided that we should try to apply the same very successful commercial principles to the State Clothing Corporation in Whyalla. It is a corporation under its own statute and had limped along losing taxpayers' money for about a decade. One of my concerns (and I had two principal ones) was that there was a possibility for the Central Linen Service.

In order to maintain employment of about 40 people at the State Clothing Corporation factory in Whyalla it was necessary for the Central Linen Service to buy many of its supplies at prices which were significantly higher than could have been obtained by going to tender in the private sector. That arrangement was accepted as being virtually a job creation scheme for the State Clothing Corporation in Whyalla. I did not find that acceptable in a commercial sense because we had commercialised the Central Linen Service and put it on a sound commercial footing.

It seemed crazy to me that we should be penalised, however, and in such a way that we could not even identify the penalty. In producing a balance sheet for the Central Linen Service (one of the many jewels in my studded crown) we were unable to identify this cost penalty. I therefore suggested in consultation with a couple of my colleagues that the ministerial responsibility for that operation should be transferred to me because of the close association through the CLS. As a result of restructuring and significant upgrading of management practices and an aggressive drive nationally looking for new markets, we have turned the State Clothing Corporation right around, and in 1987-88 we anticipate that it will run into profitability for the first time.

The average prices for the linen being supplied to the CLS will be reduced in this financial year by 14 per cent. We have a number of national contracts which have been attracted from interstate without taking work away from local private enterprise operators, and in the near future there will be significant expansion in employment at Whyalla. Obviously in the near future I will make a modest public announcement about the details of our success at the State Clothing Corporation. Once that is firmly in place and operating, the next question to arise will be whether the CLS and the State Clothing Corporation should be amalgamated as a single statutory corporation.

My advice at this time—and it is commercial advice from private enterprise people who have been involved as an interim management liaison committee between the Central Linen Service and the State Clothing Corporation—is that certainly for the time being at least they should continue to operate as two separate 'companies'. So at the moment I do not have a formal proposal to amalgamate them. That

means that there will be no change in the charter of the CLS in the foreseeable future.

The Hon. K.T. GRIFFIN: I will digress a little from the CLS, now that the Minister has mentioned the State Clothing Corporation, to clarify one matter. When the Minister mentioned that there would be a modest profit, will that be on the basis that the State Clothing Corporation is competing on all fours with other private sector entities much as the State Bank is structured and competes in every way and bears the same costs, charges and amounts equivalent to company tax, and so on, or is there some basis upon which the State Clothing Corporation is not yet competing on all fours as though it was a commercial entity?

The Hon. J.R. CORNWALL: At this stage in that evolution I could not say that it is competing on precisely a comparable private enterprise basis. I made the point that it has not been seeking work in South Australia: it has been seeking work from national private enterprise organisations. The honourable member will have to wait a little to obtain the details: first, because I cannot recall the precise details; and, secondly, because I want to make a significant public announcement about it.

The Hon. K.T. Griffin: It was going to be a modest statement a few minutes ago.

The Hon. J.R. CORNWALL: It will be a modest but significant media statement. Under the restructuring, we will invite a well-known institution not to lend us money but, rather, to invest equity capital in the expansion of the State Clothing Company.

The Hon. M.B. Cameron: Privatisation.

The Hon. J.R. CORNWALL: No, commercialisation. That organisation expects to do far better than the 13.5 per cent applying currently: in fact, it is looking at about a 20 per cent return on its capital.

The Hon. K.T. GRIFFIN: In part of an answer that the Minister gave a few minutes ago, and in talking about the Central Linen Service, he indicated that perhaps at some time in the future it would extend its activities and compete in every way as though it were a commercial entity. Can it be taken from what the Minister said that it does not presently compete in the area in which it provides a service?

The Hon. J.R. CORNWALL: Not only does it compete, but also it kills the opposition stone dead. That is why Les Nemer came to us with his hands up. He said, 'I can't compete: please make me an offer.' It operates on the commercial basis in the sphere in which it operates. It is a large specialist laundry in the hospital area. It has just been fully re-equipped and it is operating very effectively but, in its sphere of activity, we ask of it full commercial principles.

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: No, we won back by tender a number of clients that were lost in those sad 1970s and early 1980s. We won back by tender a number of our own institutions that were lost during that period, and the Queen Victoria Hospital is a classic case in point. We did it on the basis of price and quality. We won—

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: No, we didn't win Calvary. Calvary came to us when we purchased the Nemer interest. It is required to operate on a commercial basis. I repeat that at this stage it is not intended that the Central Linen Service should move into the wider laundry area. That does not mean that at some point in the future that is not a possibility. Under the very strict commercial principles upon which we now operate (and we even get into user pays when we provide photocopying services)—

The Hon. M.B. Cameron: Information to the Opposition.

The Hon. J.R. CORNWALL: No, unnecessary photocopying services. If that were ever to come about, as I understand it, it would require a change in the constitution and probably separate legislation, so it would come under the scrutiny of Parliament. There would be a number of checks and balances.

The Hon. K.T. GRIFFIN: Taking the question of commercial competition a little further and looking at it from another perspective, I ask the Minister whether hospitals in the Government sector are permitted to call tenders for the provision of linen services against which the private sector and the Central Linen Service may compete.

The Hon. J.R. CORNWALL: Yes, certainly.

The Hon. K.T. GRIFFIN: In 1985-86 the loans from the South Australian Financing Authority to the Central Linen Service amounted to $7.4 million. In 1986-87 they amounted to $13 million, which is an additional $5.6 million. During that past year interest of $1.488 million is brought to account but $432 000 has been capitalised. Can the Minister indicate what interest rate applies to the loans, and why was the $432 000 capitalised?

The Hon. J.R CORNWALL: I would have to take the latter question on notice. As a matter of interest, the Central Linen Service, following the Touche Ross report (which was initiated, incidentally, during the latter stages of the Tonkin Government), involved itself in a very major re-equipment program. The very latest state of the art equipment is now fully installed and operational at the Central Linen Service. We got caught by devaluation (like private enterprise and like everybody else) and the eventual cost in Australian dollars was significantly more than the original budget, but we are now fully operational. I do not know why the $400 000-odd was capitalised. I will seek a reply.

The Hon. K.T. Griffin: And will you take the interest rate question on notice?

The Hon. J.R. CORNWALL: Yes, surely. I prefer to get accurate figures.

The Hon. K.T. GRIFFIN: While the Minister is taking those questions on notice he might also take on notice a question about an apparent discrepancy which appears in respect of the interest which has been capitalised. On page 346 of the Auditor-General's report in note 5, it states that $432 000 has been capitalised, yet on page 348, in the paragraph prior to the statistics at the bottom of the page, it states that $453 000 has been capitalised.

I will now address the question of the re-equipment program because the 1987 Auditor-General's report shows that the program in 1985-86 was estimated to cost $5.5 million, but now it is to cost $8.2 million. The increase comprises currency fluctuations of $1.4 million, project variations of $880 000 and duty, customs and freight of $420 000. Apparently they were excluded from the original cost estimates. Two questions arise from that information: first, does the Central Linen Service have any further exposure to adverse currency fluctuations and, secondly, why was the duty, customs and freight cost excluded from the original estimate in 1985-86?

The Hon. J.R. CORNWALL: As I understand it the capital re-equipment program is now complete, but I do not know the answer to the second question. I will take that on notice and provide a written reply.

The Hon. K.T. GRIFFIN: Will the Minister take on notice, if necessary, a question about the current productivity level per operator hour?

The Hon. J.R. CORNWALL: Twice as good as it was. They provided us with the productivity offsets of 22 per cent for the 38-hour week. The productivity increase has been amazing. We have every statistic in the world on this

page except that particular statistic. However, I will take that question on notice too. The more statistics we have on the record concerning the Central Linen Service, the better I like it.

The Hon. K.T. GRIFFIN: Note 1.6 on page 346 of the Auditor-General's Report refers to workers compensation and to an alteration by the Central Linen Service in its accounting treatment for workers compensation. Note 6 on page 347 refers to liability for workers compensation for 1984-85 and 1985-86 outstanding as at 30 June 1987 in the sum of $1.141 million. Note 13 on page 348 shows that the South Australian Health Commission accepted a liability of $910 000 as at 30 June 1983, for which no provision has been made to the Central Linen Service. First, if the Central Linen Service pays a premium in 1986-87 of $1.442 million, why should there be any provision for workers compensation? Is that provision for an uninsured liability and, if it is, is the Minister able to indicate why it is uninsured?

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

The Hon. K.T. GRIFFIN: The next question, which also relates to workers compensation, is: why should the South Australian Health Commission accept liability for $910 000? Is this, in fact, tantamount to an injection of capital, or is there some other explanation for it?

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

The Hon. K.T. GRIFFIN: As I said at the beginning, I appreciate that some of these questions may have to be taken on notice. Note 6 on page 347 of the Auditor-General's Report shows a profit on the sale of fixed assets of $278 000: will the Minister indicate what assets were sold, the book value of those assets, and their respective sale prices? Further, what assets are proposed to be sold in 1987-88, and what amount is it estimated will be realised?

The Hon. J.R. CORNWALL: I cannot answer those questions, but I indicate to the honourable member that I am prepared to obtain written replies.

The Hon. K.T. GRIFFIN: Note 1.5 on page 345 of the Auditor General's Report for 1986-87 refers to a change in the provisions for linen replacement, from 18 per cent of total sales value of linen to 14 per cent of total sales value of linen from Dudley Park; 12.75 per cent of total sales value of linen from Port Pirie; and 20c per kylie pad sale. The effect is to reduce operating costs for the year by $382 000, thus enhancing the profit of the Central Linen Service. The report also suggests a change in the life of the linen by 22 per cent. Will the Minister indicate how the change in the rate can be justified in the light of the fact that I understand that the linen purchased from the International Linen Service was old and worn? Further, will that reduction in the rate be reflected in a 22 per cent reduction in stock investment for 1987-88?

The Hon. J.R. CORNWALL: I reject the nonsense that the linen from the International Linen Service was old and worn. We were at great pains to assess the quality of the linen in arriving at a fair negotiated price. I might say, incidentally, that had we chosen to be tougher (perhaps that is what the Hon. Mr Griffin is suggesting) we could have let Mr Nemer's operation go to the wall and then take it over once we had pushed him out of business. We did not elect to do it that way. We did it in a fair way. We got a fair deal and Mr Nemer got a fair deal. As to the specific questions, I will be happy to take them on notice and bring back written replies.

The Hon. K.T. GRIFFIN: In the light of the Minister's answer and of his undertaking to get answers, and if he does reject the premise for my question, 'How can the change in the rate be justified in the light of the quality of the linen purchased from International Linen?', will he nevertheless indicate, when he does bring back the reply, how the change in the rate in any event is justified? The budget papers do not provide any budget for the Central Linen Service for 1987-88 that I am able to discern. Will the Minister provide the budgeted figures for every aspect of the Central Linen Service's revenue and expenditure for 1987-88? Will he also say what borrowings are envisaged for 1987-88 (if necessary by taking this question on notice) and what plant and linen acquisitions are budgeted for in 1987-88?

The Hon. J.R. CORNWALL: No, I will not be in a position to reveal most of that information. I have been at pains throughout this questioning about the Central Linen Service to indicate that we operate on a commercial basis. We will not be making that information available any more than our private enterprise friends will be. We are perfectly happy to provide figures regarding capitalisation and profitability, and all the matters that have been raised by the Hon. Mr Griffin, in very considerable detail, and to go through the audit report. However, we will not provide information of a commercially confidential nature because, as I said, this is, these days, a commercial operation.

The Hon. K.T. GRIFFIN: I take it that the Minister's response really relates to my first question, that is, the budgeted figures for every aspect of the Central Linen Service's revenue and expenditure.

The Hon. J.R. Cornwall: Yes.

The Hon. K.T. GRIFFIN: I do not necessarily accept the reason for it. Statutory corporations which, of course, this has not been, would ordinarily file profit and loss and balance sheets which give detail—

The Hon. J.R. Cornwall: Retrospectively. You want prospective information. I am not prepared to give you that.

The Hon. K.T. GRIFFIN: I accept the point that I was looking for it prospectively. I presume that the Minister is not averse to providing some indication of what borrowings are envisaged for 1987-88, or what plant and linen acquisitions might be envisaged for 1987-88 as that would not, I suggest, disclose any commercially confidential information.

The Hon. J.R. CORNWALL: I think that those questions are probably reasonable, and I do not immediately see any impediment in providing that information. However, I would want to take advice on it from the Central Linen Service's accountant before giving an undertaking as to the particularity or the detail of the answers. My initial response is that I do not see any impediment.

The Hon. K.T. GRIFFIN: Does the Central Linen Service presently have any excess capacity?

The Hon. J.R. CORNWALL: Yes, I believe that, with the re-equipment, there is probably marginal excess capacity, and we are still looking for work. We would be pleased if the honourable member could help us find any additional contracts. The service is very commercially oriented.

The Hon. K.T. GRIFFIN: Can the Minister indicate what rates the Central Linen Service charges its clients?

The Hon. J.R. CORNWALL: Yes, I can. Before doing so, I will make two or three points to assist the Committee. Because they are important, they should go on the record. Financial operations are conducted on a commercial basis. The CLS was incorporated under the South Australian Health Commission Act on 24 August 1987. In 1986-87, linen processed and sold increased by 13.6 per cent from 10 548 tonnes in 1986 to 11 985 tonnes in 1987. Prices in 1987-88 have been increased from 1 July 1987 by 8.6 per cent. In 1986-87, the price increase was 9.8 per cent. The prices for CLS items are—

Standard	$1.07
Theatre	$1.50
Specials	$1.50
Personal	$1.92
Dry Clean	$2.40

The Hon. K.T. Griffin: That is per kilo?

The Hon. J.R. CORNWALL: Yes. For country hospitals, standard linen is charged at the rate of $1.11½ c per kilogram and theatre linen $1.52½c per kilogram. This reflects the cost of operation of the Port Pirie depot and increased transportation costs. Revenue increased by $2.2 million to $10.9 million in 1986-87. This reflects the growth in sales as a result of the acquisition of the International Linen Service clients from September 1986 and the increase in selling prices. The operation surplus for 1986-87 was $397 000, an increase of $40 000.

The Hon. DIANA LAIDLAW: During my contribution to the second reading of the Appropriation Bill, I raised a number of questions that had been posed to me about the amalgamation of the Department for Community Welfare and the Health Commission. I had hoped that they would be answered when the Attorney-General replied, but that was not the case, so I take this opportunity to pose those questions again. If the Minister cannot provide the material at this time, will he inform the Parliament later if it is not provided comprehensively in the proposed green papers?

The Hon. J.R. Cornwall: Were these a series of questions?

The Hon. DIANA LAIDLAW: Yes.

The Hon. J.R. Cornwall: I do not have specific responses to them.

The Hon. DIANA LAIDLAW: There were five questions relating to the rationale for amalgamation, six specific questions about costs, six questions with respect to consumer effect, and three specific questions about community participation and local accountability and service relevance.

The Hon. J.R. CORNWALL: As I said at the Noarlunga Health Village today on the occasion of its second birthday when I was there to cut the cake—I love visiting the jewels in my many studded crown—

The Hon. M.B. Cameron: That is the $50 a head place.

The Hon. J.R. CORNWALL: No, it is a very fine health service that is extremely well accepted by the people in the south.

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: I challenge Mr Cameron, as the Opposition health spokesman, to say that he would close down the Noarlunga Health Village if he were elected. I would be delighted if he put that on the record.

The Hon. M.B. Cameron: We are waiting for you to open the hospital.

The Hon. J.R. CORNWALL: Yes, a twin hospital complex. That will be another modest but stunning announcement by Christmas.

The Hon. M.B. Cameron interjecting:

The Hon. J.R. CORNWALL: We might let the honourable member put some equity capital into it. With regard to amalgamation, the specific queries will really have to wait until we produce the white paper later this year. Suffice to say, as I said today, it will proceed at the pace that can be comfortably absorbed by the field. The other point that I would make at this stage is that we have identified very major savings by the collocation and subsequent amalgamation of the two central offices. I think that people in community welfare ought to be aware that, if they are to have significant growth in the next five years, it will come from amalgamation.

The preliminary figures that I have suggest that, as amalgamation proceeds, there is potentially $500 000 a year, every year, for five years to provide services in the area of social welfare. That is a very significant growth, given the economic circumstances of our time, and given that the department has had a $3 million increase in its recurrent budget in successive budgets, which represents a growth of about 5 per cent at a time when every other Government agency has been asked to find productivity savings. Then the department, realistically, if it wants to see that sort of expansion, if it wants to continue the community support and community development roles which are canvassed in the green paper, and if it really wants the very exciting prospects in the green paper to not only become a white paper endorsed by Government but become a reality in practice, then realistically one of the ways, and perhaps the only practical way in the financial sense, for that to be achieved is through the process of amalgamation.

There is a good deal in it for the DCW, there really is. However, it is important as I keep stressing, that it occur at a rate that the system can stand. It is important also that there is no perception of winners and losers. Regrettably, we have gone from a position (and the Hon. Ms Laidlaw would be almost as well informed in this area as I am) where initially there was a fear in the DCW of the monolith the Health Commission taking over this relatively small department and then the department, with significant coaxing, got its act together and got quite bullish, and started to—

The Hon. Diana Laidlaw: Significant coaxing from whom? From you?

The Hon. J.R. CORNWALL: Among others.

The Hon. Diana Laidlaw: Who else? Who has been coaxing them to believe that this is in their best interests?

The Hon. J.R. CORNWALL: People who are doing the sums, basically.

The Hon. Diana Laidlaw: The planning team?

The Hon. J.R. CORNWALL: Among others, yes.

The Hon. Diana Laidlaw: Are you prepared to identify—

The Hon. J.R. CORNWALL: Hang on, one question at a time. We went from a position where they were afraid to a position where they—at least some of the senior personnel—started to see the significant advantages that would be available—financial, organisational and, most importantly, in terms of services to their clients—and they developed an enthusiasm. About that time the community health people started to have some concern so, as in any amalgamation, you have competing interests and people who fear change. It is part of the human condition for the majority of people to have some reluctance and some natural fear about change. So we will have to do it in a very consultative way. The other thing that I said at Noarlunga today—and I will repeat it as often as I have to—is that we have a very good helth system.

We now have, by and large, because of the directions in which we have been able to move and because of the additional funding over the past two budgets, what I think I could claim to be a good, if not very good, Department for Community Welfare which is improving all the time. It is getting on top of that child protection problem, the child abuse and child sexual abuse thing, which was tending to engulf it and overwhelm it a couple of years ago. There is no point in moving into an amalgamation process unless it is going to make both the services better, unless at the end of the day, its clients, the people of South Australia, will get a better health service and a better social welfare service.

I just give this undertaking wherever I go. At the end of the day, after all the consultation process, after the green paper discussion, after consultation with the field and with the population at large, and the demonstrated benefits, if

the majority believe that they are illusory, then we simply will not proceed with it. It is a process called democracy. I also say that I believe passionately that there are some very significant and exciting prospects in amalgamation.

The Hon. DIANA LAIDLAW: The Minister has not answered all the specific questions that I asked. Would he be prepared to answer them in detail? I do not want to be tedious in this respect, but if I put them all on notice, his attention would not be given to them until we resume.

The CHAIRPERSON: If you put questions on notice at the moment, they will not be printed until the Notice Paper for Wednesday 4 November is produced.

The Hon. DIANA LAIDLAW: My concern is that if I do take the Minister's guidance in that respect, there will be even more delay.

The Hon. J.R. Cornwall: Just say, 'Would the Minister undertake to answer the specific questions which were raised in my second reading speech in the Appropriation Bill debate?' and I will say 'Yes'.

The Hon. DIANA LAIDLAW: I welcome the Minister's putting all those words into my mouth and I ask that question. I am very relieved that he has said 'Yes'. Before developing this matter further this evening, could the Minister confirm whether it is the intention that one model only will be canvassed in what I thought was to be a green paper but I now understand is to be a white paper to be released in several weeks, or that equal weight will be given to the four models of amalgamation which I understand are feasible, those models being full or partial integration of central office and/or field services?

The Hon. J.R. CORNWALL: Basically it will be a model which uses a health and social welfare commission or a community services commission as the legislative vehicle. The basic proposition will be to improve service delivery—it will be a service delivery model. The general scheme as to how that might be achieved will not canvass the idea of having a health and welfare department or radically different models. It will be based on the commission model which provides much more flexibility, and I am very much attracted to it. Within that commission model emphasis will be on service delivery. As to whether that should be done in phases (e.g. collocation and amalgamation of the central office and a series of phased introductions culminating in a legislative formality), or whether we would propose to amend the legislation to create this commission in the early days and develop through phases are matters which I cannot reliably comment on at this stage, as I have not seen a draft of the green paper, and do not anticipate seeing it for perhaps two weeks.

The Hon. DIANA LAIDLAW: In those circumstances, can the Minister confirm that the paper prepared by the planning team and looked at by the Minister and the joint executive on 9 October—and that model was for a fully integrated central office system and integrated field service—was not approved at that meeting for development in the green paper as the only option to be considered for amalgamation?

The Hon. J.R. CORNWALL: It only had the status of a discussion paper for the joint executive meeting. In fact, I did not see it until late on the Thursday night. From recollection, the meeting was on a Friday. I had a number of fairly strong criticisms of some aspects of that paper.

The Hon. DIANA LAIDLAW: Was the paper rejected by that meeting?

The Hon. J.R. CORNWALL: Not rejected outright—that is, taken away and pulped. It formed the basis of what I thought was a very constructive discussion, but what is likely to emerge from that will be significantly different in several respects. On a number of occasions I have given an undertaking—and I gave it again today at Noarlunga—that there will not be a universal proposal to deincorporate health units, for example (I had never heard that word until I think John Burdett used it in this place earlier this week). I think that it is an awful word. There are two words that I cannot stand—one is 'deincorporate' and the other is 'autonomy'. Neither should be in the vocabulary.

The Hon. R.I. Lucas: What about defunded?

The Hon. J.R. CORNWALL: There is nothing wrong with that, if people misbehave.

The Hon. DIANA LAIDLAW: I am not surprised that the Hon. Ms Pickles looks pained about this exercise. Had these questions been answered in the Minister's summing up of this debate it would not be necessary now.

The Hon. J.C. Burdett: Or in the Estimates Committee.

The Hon. DIANA LAIDLAW: In all fairness, I must say that my questions do not arise from the Estimates Committee but from this debate. Unfortunately, they were not addressed when the Minister summed up the debate, so I am asking them now. I pay my respects to the Minister in terms of the Estimates debate.

Members interjecting:

The Hon. DIANA LAIDLAW: It may be that he is on the funeral pyre in relation to other matters, but I was most satisfied with the Minister's responses in the Estimates Committee on 23 September to questions asked by members of the Liberal Party. I thank the Minister for that. Finally, in relation to alternatives to the proposal put forward by the planning team in relation to options for amalgamation, has the Minister seen the discussion paper which he acknowledged was looked at in the meeting on 9 October and which was prepared by Mr Michael Forwood, Director of Resources and Planning, Metropolitan Health Services.

Has the Minister seen that paper and considered the options? If he has not seen it, is he prepared to look at the arguments presented in it and at some stage respond to his concerns? They were presented by me in the Parliament and I would be interested to know why the Minister would be rejecting the matters raised by Mr Forwood.

The Hon. J.R. CORNWALL: I have never read the Michael Forwood paper. I must be one of the few people associated with the department, the commission head office or with this place who has not had access to it. It had absolutely no status as far as I was concerned. It was written in a way which was extraordinarily frank and which was unaccepetable to quite a lot of people. To be just as frank as Mr Forwood apparently was in that paper, that he probably got a swimming lesson out of—

The Hon. Diana Laidlaw: What does a swimming lesson mean?

The Hon. J.R. CORNWALL: You get thrown in at the deep end and you have to learn fairly quickly.

The Hon. Diana Laidlaw: So, he was reprimanded for being frank?

The Hon. J.R. CORNWALL: No, he was never reprimanded—heavens above!

The Hon. Diana Laidlaw: He was nearly drowned?

The Hon. J.R. CORNWALL: I do not call in people at Michael Forwood's level and put them on the carpet. That is just stupid. The honourable member does not know how the system works. Having said that, may I say that I have great respect for Mr Forwood's ability overall, and that he is a member of the current planning team. He is one of the people in the joint community welfare health team, specifically charged now with developing the green paper.

The Hon. DIANA LAIDLAW: Is the Minister aware that when that discussion paper prepared by Mr Forwood, as a

member of that planning team, was to be presented to the joint executive at the meeting on the 9th, a most senior officer in DCW indicated that DCW representatives would not attend that meeting if that paper was presented or Mr Forwood was to speak to the paper? As it was, one paper only was presented to that meeting and the other paper, raising some doubts about the planning team's proposals, was not presented for discussion. The other paper, for full integration, was looked at in isolation.

The Hon. J.R. CORNWALL: I have only just learnt that apparently that information is reasonably accurate—they do not tell me everything. I am not the aggressive colossus who knocks about, punching up people in the department or the commission. I am very well informed by and large, but was not aware until I consulted my officer a moment ago that there was deeply felt concern in DCW that was never drawn to my attention. I have never seen the Forwood comments. They have to be seen in that context.

The other important point is that at that stage Mr Forwood was not a member of the joint planning team but he now is. I suppose the old saying is, 'If you can't beat them, join them.' Inevitable stresses arise in the system. There are not going to be winners or losers. I will not proceed with it—I do not need to. It is a luxury that I can do without as I have a good department and a good Health Commission and will therefore not proceed unless the perceived advantages (and I can see many) for South Australians can be demonstrated to be realities. It is as simple as that. There is obviously some stress, particularly in the central office, perhaps more than in the field. None of it has reached the point where it is in any way affecting the efficiency or service delivery of either organisation.

The Hon. M.B. CAMERON: The Minister would be fully aware of the situation at Ru Rua and of its somewhat limited future. In visiting there with the parents organisation it was obvious to me that Ru Rua is in a fairly drastic condition in terms of accommodation and the state of the buildings. The indication given to me was that they were really scraping the bottom of the barrel to try and meet their client requirements.

Was the Ru Rua budget reduced by 0.75 per cent in real terms this year along with all the other institutions? The Minister has already announced that he has allocated $160 000 to Ru Rua in this coming financial year to be used for devolution of inmates to the four homes that are already owned by Ru Rua. I understand that eventually between 20 and 25 homes will be needed and, as I have said, there are four homes already.

Has the recurrent budget been reduced because, if it has, I think it will be difficult for the institution to meet its commitments? How much money will be allocated out of capital works for the purchase of further homes this year? At the moment there are four homes but more will be required to meet the Minister's indicated devolution. How much will be allocated out of capital works for the purchase of further homes this year and in each succeeding year to ensure that devolution is completed in the time frame which has been outlined by the Minister (and which I believe is absolutely essential)? If it is done at the rate of four homes a year (and only four are available this year), it will take five years unless there is greater commitment to the purchase of homes and in relation to funding to get those homes under way.

The Hon. J.R. CORNWALL: It may be that I will get the James Brown Trust to look at Ru Rua: it may be able to give it a lick and a promise for $175 000, as it can Kalyra. It will need some sort of minimum maintenance in the period of devolution, which will occur over three years. In each of the three years $160 000 has been allocated specifically for that process. The commissioning will be as follows: in 1987-88 there will be five houses; four of which have already been purchased; in 1988-89, nine houses, and in 1989-90, 11 houses. Virtually all the additional capital funding required will be achieved through our property rationalisation or so-called mansions program. Estcourt House, as I have said before in this place, will be available for sale at the end of devolution.

The Hon. M.B. CAMERON: I gather that the Minister is saying that he will use funds other than those that will eventually be available from the sale of Estcourt House and that the funding will come from other properties that will be put up for sale.

The Hon. J.R. CORNWALL: Yes, and most of them are within the IDSC property folio. There is a separate proposition that I will be taking forward in the near future concerning a multi million dollar property rationalisation program. The so called mansions program is now nearing fruition.

In addition, there is also an active property rationalisation program within the property folio of the IDSC and it should be able to finance virtually all of this program from within its own property rationalisation.

The Hon. M.B. CAMERON: I am quite certain that the parents of children at Ru Rua will be very pleased to hear that the program will be speeded up to that level. In relation to the Health Commission staffing, can the Minister indicate how many employees have been redeployed to the Health Commission from the redeployment list or on the unattached list? If any were redeployed, when did that occur? I do not want to know the names, because I do not think that that is appropriate but, if there were any cases, I would like the numbers and the period for which these people are to be attached. Perhaps the Minister could give the classifications. How long are they to be attached to the commission, what work are they doing and what is the cost to the Health Commission?

The Hon. J.R. CORNWALL: Do you want to know how many redeployees have come into the commission?

The Hon. M.B. CAMERON: Into or out—both.

The Hon. J.R. CORNWALL: In the period from June 1986 to June 1987 there has been a staff reduction of 30 out of the commission and that is a total of 318.2 full-time equivalents reduced to a total of 287.8 full-time equivalents. In the financial year 1987-88 we will look for a further reduction of 20. If colocation and amalgamation proceeds with the central office, we will look for further reductions. We are not asking people in the health units to do things that we are not doing. During 1986-87 there was a 10 per cent reduction, and during 1987-88 we will look for a further 7 per cent reduction, or of that order.

The Hon. M.B. CAMERON: I am pleased to hear that the Minister is reducing central office because, if he looks back to when he started, he will see that at that stage it was probably at the level that he will finally end up with. The increase has occurred under his stewardship. In relation to hospital beds, could the Minister provide answers to the following questions: first, what was the total number of beds available at each of the major metropolitan hospitals for each of the respective years from 30 June 1982 to 30 June 1987? Secondly, what are the projected figures for the total number of beds for each of the institutions as at 30 June 1988? I include in the Royal Adelaide Hospital's figures the Hampstead Centre's figures.

The Hon. J.R. CORNWALL: I cannot quite recall all those figures. I thought that I had them in my head for the

five year period, but to be absolutely accurate, perhaps I should take that question on notice.

The Hon. M.B. CAMERON: What was the total number of doctors available at each of the major metropolitan hospitals for each of the respective years from 30 June 1982 to 30 June 1987? What are the projected figures for 30 June 1988? I am sure that the Minister will take these questions on notice so I ask, further, what is the total number of consultants as opposed to the doctors on a full-time equivalent basis at each of the major metropolitan hospitals for each of the—

The Hon. J.R. Cornwall interjecting:

The Hon. M.B. CAMERON: That's right—respective years from 30 June 1982 to 30 June 1987? What are the projected figures for 30 June 1988? Further, what was the total number of registrars at the major metropolitan hospitals for those same years?

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

The Hon. M.B. CAMERON: I thought you might. Transport from hospitals has always been a problem area and I know that hospitals find it difficult. What assistance is now being provided to hospital patients, particularly the frail aged, enabling them to return home to near country towns following surgery? I have had a number of complaints over quite a period of time from people who have been refused assistance. This seems to be a particular problem in the Gawler area. I have had a complaint from a woman who was refused assistance to go back to a nursing home unless she was prepared to pay $200. She was a member of the St Johns Ambulance. The matron of the establishment to which she wanted to return is concerned that the frail aged may have to forgo treatment because they simply cannot afford the money to go home again.

The Hon. J.R. CORNWALL: The Hon. Mr Cameron will be aware that I announced in this place only a few short weeks ago that a senior working party on patient transport had been established.

The Hon. M.B. Cameron: How long is it going to take?

The Hon. J.R. CORNWALL: I cannot remember the reporting date but we are working with St John and the major hospitals. There is a problem in this area. It is a question of being damned if you do and damned if you don't. There is an expectation abroad amongst some people that their subscription to the St. John service requires them to use that service virtually as a taxi. That is simply not on; it is far too expensive.

The question of transport to and from hospitals of outpatients, in particular, and the question of inter-hospital transfers is quite vexed. It is very expensive. A circular was issued in 1981 I think, or about that time, which has not been revised. I would be the first to admit that the system is not working terribly well. I get a substantial number of complaints about it. On the one hand people say that the system is being abused, because you can too easily get a clinic car or an ambulance. On the other hand there have been some extreme cases where frail aged patients have been refused inter-hospital ambulance transport or transport from hospital to nursing home. I think on all of the objective evidence—retrospective though it may be—they should have been provided with ambulance transport. However, all of that is being addressed at this very moment by the working party on patient transport.

The Hon. M.B. CAMERON: In relation to the Noarlunga Health Village, I believe that a Dr Douglas conducted a study and came up with some figures that must have caused some concern about the cost of services at that village. I do not suppose that it is a matter that is entirely related to the Noarlunga Health Village because the information I have received suggests that the provision of services at the major hospitals at outpatients is very expensive. Have the figures given by Dr Douglas in relation to per patient cost been updated? If so, what are they, and what is the cost per service provided at the Noarlunga Health Village at this stage?

The Hon. J.R. CORNWALL: I do not have the exact figures immediately to hand. May I say, however, that the methodology used by Dr Douglas was queried by some of his peers. That is not a reflection on Dr Douglas, who is a very senior and respected person in the field of community medicine. What I can tell the honourable member is that the service is hugely popular. The number of patients attending on a daily basis, over 24 hours, is 68, and that occurs seven days a week, so almost 500 people per week present themselves at the 24-hour medical drop-in centre. I can refer to two other things that are happening. I was pleased to learn today from the doctor whom we recruited originally from the West Coast, who was an experienced GP, that the St John Ambulance officers are doing what appears to be a very good job in triage and that patients who need ambulance transport but who are considered not likely to be candidates for hospital admission are being brought on the short run to the Noarlunga medical drop-in centre, where they are treated, and the ambulance is then freed up to go about its business. So, in that sense, it is quite useful.

The other thing is that the centre is developing a close working liaison with Flinders and the family medicine program. The bulk of the medical staff at the medical drop-in centre now comprises RMOs on rotation from Flinders, so they are getting some very good experience in a genuine 24-hour general practice type setting. So, a number of quite significant and important things are happening. It is also very user friendly—people love it.

The Hon. M.B. CAMERON: Can the Minister, on notice, provide that information requested; it could simply be obtained by dividing the total cost of the clinic by the figure of the total number of people who attend the clinic? I hope that it is a good unit, because very shortly a member of my family who is about to graduate will be working as an RMO down there.

The Hon. PETER DUNN: At a western region hospital meeting held a couple of months ago, the Chairman of the Health Commission indicated that a review of the number of hospitals in that area would be undertaken as to their use and their role and that some changes might be made. He said privately afterwards, in response to a question from a person from the Cowell and Cleve Hospitals, that there would certainly be some rationalisation and change of use of hospitals, particularly those hospitals that are relatively close together. Is there a plan and will a report be provided as to any such rationalisation of those hospitals? As an aside to the question, I point out that I have investigated the matter of the cost of running the hospitals in the western area and I was certainly astounded at the cost of running them. The cost of medicine in the country is now bizarre; the cost of running a hospital with less than 20 beds in it is now in excess of $0.75 million. That does seem very high, and I guess that is the situation in relation to other hospitals in South Australia. I do not know how these country hospitals compare to city hospitals, mainly because the city ones are much larger. However, the escalation in costs seems to be out of all proportion, and country people have said to me that the administration of those hospitals seems to be top heavy.

The Hon. J.R. Cornwall: Which hospital?

The Hon. PETER DUNN: Country hospitals in general. I have spoken to a number of people: for example, a few years ago the clerk of one of the councils used to be the secretary of a hospital and he acted as overseer during holiday times. I know that those times have passed, and I do not wish to bring them back but, on this point, does the Minister intend to rationalise the administration of these hospitals? We have a Director of Nursing and all these things now. I was not sure after looking at my own hospital; it had a bed occupancy of about six but now has about 18 or 19. An amount of $750 000 seems to be a lot of money.

The Hon. J.R. CORNWALL: We have no disagreement with that at all. It is a good point. The overhead costs of some smaller hospitals are far too high, and that is a fact of life. With regard to the cost of running some of the other hospitals, it can be quite misleading if one looks at the raw figure for the day bed cost. We have had this experience with hospitals like Burra. As I visited each of the country hospitals when I first became Minister, I was provided with a set of basic statistics—who the Chief Executive Officer was; who the Director of Nursing was; who this was; who that was; what the average occupancy was; and how many long stay patients were there. It always included the day bed cost for each hospital, and the variations were remarkable.

That depends on a couple of things. First, if a hospital is not providing any specialist services at all then obviously it is not as expensive. One can hardly compare the hospital at Cowell with the Royal Adelaide Hospital. If one has a teaching hospital with all that that entails, obviously one's day bed cost is very much higher. One also must ensure that, when looking at that figure, it is not artificial because the hospital is living off artificial depreciation.

I am sure that as a farmer of very considerable experience and competence Mr Dunn would know all about the way that some of his neighbours live off artificial depreciation. One can let one's fences go, forget about the maintenance on one's plant or even omit to paint one's house for some length of time and look as though one is making a profit, but in fact one is living off artificial depreciation. That is a trap into which some of the smaller country hospitals can fall.

With regard to the larger issue of rural health services, first, despite some misrepresentation, there has been a very extensive review of obstetric services throughout rural South Australia. I thank all the people who participated in that and who made so many positive contributions. That has gone back for very extensive consultation. It is now at a point where, fairly shortly I believe, it will be available to take to Cabinet for formal endorsement by the Government. Instead of using the raw figures—and I suppose that they could best be described as the raw or crude figures—and saying that you must do 50 births per year or you cannot be accredited (or whatever the magical figure might have been), they have instead very carefully gone through and set a whole series of criteria that will enable us to further improve the quality assurance in our country hospitals generally.

That is a very positive report that I believe has been very well received, and I do not anticipate any difficulty, first, in having it adopted formally by Government and, secondly, in having it enthusiastically received by the overwhelming majority of country doctors and their patients. Rural health services generally are about to be reviewed. The Chairman of the Health Commission had quite a deal to say about this during the Estimates Committee debate in the Lower House. This is not being done with a view to conducting cost cutting exercises, but it takes account of the fact that in the foreseeable future we will probably be dealing in a standstill situation, or even marginally perhaps with some further cuts in funding. We must look at how we can optimise our services under those conditions. One of the things that we need to do is make it more attractive for more specialists to visit country hospitals. We also have to look at establishing more primary health care services—more community health type services—in country areas. Those are the sort of enhancements that we wish to do.

In order to achieve that, there may have to be some changes in current arrangements. I am not sure (and I will be totally honest about this), but there is no intention at this time to close any particular country hospital.

If we are to enhance services and get more visiting specialists to go to hospitals such as Clare, on which the Government recently spent $2 million in upgrading, and if we are to establish primary health care services and enhance those services and generally improve the range and quality of service to people in country areas, I do not believe that keeping hospitals such as Blyth open can be justified. Blyth is 12 minutes by road from the Clare hospital.

If the Government were to say that it wished to close Blyth or any one of half a dozen small country hospitals that are literally adjacent to larger subregional hospitals purely to save money, which will be transferred to metropolitan services, there should quite rightly be revolution in the countryside. That is not and will not be the proposition. However, an extensive review of rural health services will be undertaken. Following consultation with rural communities, the canvassing of options and the development of plans, I am certainly not in a position to say that at no stage in the next five years there will not be any closures of some of the smaller country hospitals adjacent to larger subregional hospitals.

If people are genuinely interested in this, I commend to them that they go to the Riverina. My sister and brother-in-law live in a little place called Berrigan. In fact, Deniliquin, Berrigan, Finley, Tocumwal and Jerilderie have been used as something of a model for rural areas. The long stay patients were kept in the Berrigan hospital but the acute care service was transferred to Finley hospital, which is only 20 kilometres away. With the savings that resulted in that transfer, a dental clinic was established to which a visiting dentist comes one day a week, and treats public patients in the morning.

It is a community dental service for pension health card holders, which is paid for by the rental charge that he pays for the use of the clinic in the afternoon when he treats private patients on a full fee paying service. The towns also have a visiting chiropodist. There is quite a comprehensive range of services between those five towns because they have approached the issue in a rational way. They still have the same amount of money in the pot, but they have an enhanced hospital service in Finley; more specialists come to Finley from Albury; and the services generally have been enhanced. The people are very happy with that enhancement.

The last thing we want to do is talk baldly about whether we are to close one hospital or another. There must be a rational plan, and there must be something in it for everybody. There must also be community consultation. It will not be easy but, at some stage in the next year or two, we will have to grasp the nettle in some of our rural areas.

First schedule passed.

Second schedule and title passed.

Bill read a third time and passed.

The Hon. J.R. CORNWALL: Madam President, I draw your attention to the state of the Council.

A quorum having been formed:

RACING ACT AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 20 October. Page 1308.)

The Hon. J.C. IRWIN: The Opposition supports this Bill and the measures contained in it. The arguments put by the industry to the Minister are, we believe, logical and supportable, and we are indeed pleased to see that the Minister has consulted widely with the industry—or with most parts of the industry—on this measure. Over the last 12 months we have seen a decline in the number of dollars available to racing, and we could speculate all night about why this has come about.

Although I understand that the total gambling dollar has not declined according to the budget papers, Government receipts from gambling have increased from $56 million in 1985-86 to $71 million in 1986-87. That transposes to a considerable increase in gross turnover. As we know, that is not all going to the racing codes through the TAB. It is reasonable to speculate that TAB gambling will increase over the next few years for a number of reasons. The measures and calculations contained in the Bill will not immediately increase revenue to the Government but, as I have just said, if general TAB activity increases, so too the percentage going to the Government will increase.

We are not objecting to the eventual Government increase through TAB turnover; rather we are making a note that it will happen and we hope that it will happen. We note that this Bill will mean an increase of approximately $1.8 million going to the three codes of racing. To do this, the Bill principally proposes an increase from 18 per cent to 20 per cent of the percentage taken from multiple bets. The industry becomes a major benefactor from this increase, and the punter contributes because of this 2 percentage point increase. The racing industry will, I believe, use the extra funds to increase stake money, raise racecourse development, and carry out more improvements in the racecourse area. If this is done with perceptive and innovative planning by all three racing codes, we should see even more improved punter participation, and in a sense, any improvement by the codes can become self-perpetuating, with racing and the Government gaining.

A report issued by the South Australian Jockey Club reveals the results of a survey by Mr Mats Kurki in March 1987. He showed that about 11 390 people are employed in the racing industry. This means that the racing industry is either the third or fourth largest employer of labour in South Australia. A breakdown of that total shows that the racing clubs between them employ 1 898; the breeding sector of the industry, 1 691; the performing side of racing, 4 928; and the feeding and service sector, 783; giving a total of 9 300 people employed by all three codes—quite a considerable employer within South Australia. So, the employment factor in the racing industry is vital to South Australia.

Employment on the betting side of the racing industry comprises the following: TAB (Totalizator Agency Board), 549; licensed bookmakers and their clerks, 1 243; oncourse totalisators, 274; and Betting Control Board, 24. That means 2 090 people are employed in the betting side of the racing industry. When we consider that 11,390 people are employed in the racing industry, we must realise that it is, as I have already said, a significant industry. The capital investment in the racing industry, including the clubs, breeding, performing, and the service and betting side, is over $352 million. These statistics were, as I said, originally produced in a survey conducted by the South Australian Jockey Club.

Even more staggering are the details of the source of turnover from betting, racing and breeding. A total of $639 million is turned over in the industry in all these sections. It is interesting that the industry is a significant generator of dollars for the Government. Last year, $12.339 million went to the Government through the TAB; $2.244 million from the oncourse totalisator; $2.053 million from oncourse bookmakers; $205 000 from the premises bookmakers who operate in Port Pirie; and a further $250 000 from betting service fees, so $17.29 million went from racing operations into Government revenue. That is a significant factor in the ability of the Government to collect and redistribute those important dollars. So, we have the racing industry which employes over 11 000 and which is an important generator of income for the Government.

Further, the racing industry is a significant investor in the community to the extent of over $600 million, so we are considering an important industry when talking about the racing industry which includes the three different codes. The question of sponsorship was canvassed by the shadow Minister in the other House when addressing this Bill. I will not take the time of this Council in any sort of detailed discussion on this controversial topic tonight, even though the Minister of Health is present and he may well touch on the subject when he responds.

The question of tobacco company sponsorship will form a major part of any discussion in relation to future finances of the three racing codes. In any case, we will be discussing the whole matter of tobacco sponsorship of sport, including racing, when the Minister, on behalf of the Government, later introduces specific measures. Although racing will play an important part in the consideration of sponsorship, the debate will range far and wide.

I have on file an amendment identical to that moved in the other House. I believe it was untrue for the Minister of Recreation and Sport to imply that there has been no consultation with the racing industry by the shadow Minister concerning telephone betting on-course with bookmakers. I understand that the South Australian Jockey Club, the Trotting Control Board and the Greyhound Control Board support this move. It is obviously supported by the Bookmakers Association.

The Opposition cannot understand why the Minister would not take the amendment on board in the other House, as there is no date attached for its introduction. The Minister, when addressing the decline in bookmaker turnover, said in the Assembly:

> I am not escaping from the point that has been raised. The matter will be addressed, I can assure the House of that fact, but I want to do it over time and by means of a very organised process, which will involve consultation with the industry.

At the moment bookmakers are disadvantaged because they do not have an opportunity to take telephone bets oncourse. Why is that allowed to be so? To me, it is illogical that punters have every opportunity to punt by telephone with a TAB agency but cannot do the same thing with oncourse bookmakers. There is no doubt that bookmakers support this move. The Minister said in the Assembly:

> Quite obviously the TAB is strongly opposed to the proposal.

The TAB obviously is protecting its empire. As I said earlier, competition, innovation and planning are just as important to the racing codes in order to lift their revenue raising ability as it is important for the various betting facilities, the TAB and bookmakers to do the same thing for their benefit and the benefit of the whole industry. It is all very

well for the TAB to hide behind its advantage while bookmakers suffer a 14.85 per cent drop in turnover—about $13.9 million in the last year. I suppose that we can all guess who has benefited from the on-course bookmakers' decline in turnover. Some of that money may have gone to the casino and some to the TAB—we may never know exactly where that part of the gambling dollar has gone.

The Hon. C.M. Hill: Some might have gone to the SP area, too.

The Hon. J.C. IRWIN: I will come to that in a moment. This facet of the racing industry needs a fillip; there is no doubt about that. I am glad that the Minister of Recreation and Sport has indicated that there will be a review, and I have quoted from his words on this matter in the other House. There is indication of change, and this, of course, is healthy. For instance, in recent times we have seen the introduction of Sky Channel television to hotels, clubs, etc.

Nothing has been said yet about SP book betting, a form of betting which is undoubtedly popular, which is a reality and which is unlikely to go away. However, there should be no let-up in attempts to find a way to harness—which is a good racing term—the money which goes untaxed and which contributes little to the racing industry it thrives off. I suppose that it is a classic example of the theory of unionism that one section, the SP bookmaker, contributes very little and yet has quite a considerable turnover.

The Hon. T. Crothers interjecting:

The Hon. J.C. IRWIN: We are trying to help do that, and to move betting away from the SP bookmaker to the on-course bookmaker. According to the Minister of Recreation and Sport's rough calculations, which were taken from the Costigan report, about $200 million is estimated as being involved in the SP bookmaking area. That is a not insignificant amount. If Sky Channel and future innovations in the racing area become more and more popular in hotels and clubs it is inevitable that patrons will congregate in those places.

If they can bet SP, walk across to the TAB or ring the TAB direct from the pub, why should the TAB have this advantage or why should SP bookmakers be given an advantage over licensed bookmakers? I will move that amendment when the time comes and probably will not speak to it further when we arrive at that point. However, I urge the Council to carefully consider my amendments.

I notice that the Democrats are not here. I do not think that they are terribly interested, but it is a pity they are not listening in the Chamber to my explanation as to why, if a certain amount of money is going into the SP bookmaking area, we cannot try to get it away by some firm and fair means into the legal area of betting, where at least it can be taxed, so that money will go back into the industry and the Government will certainly get something out of it. The Opposition supports the Bill.

The Hon. J.R. CORNWALL (Minister of Health): I will not have very much to say. As the Hon. Mr Irwin has canvassed his amendment on file, I might use my brief second reading speech to speak in general terms about the spirit of the Bill and about what Mr Irwin is trying to achieve with his amendment. That will save me speaking again when the amendment is moved. The arguments against the amendment are simple. I do not think I need to talk about the spirit and intent of the Bill, as it is clear. It is from 18 to 20 per cent. It has been widely applauded by the industry, which has enthusiastically received it. It is our belief, based on experience (of Western Australia in particular) that it will give a significant fillip to the industry. As soon as we get the Bill through, unscathed, get it proclaimed, and get on with the business—

The Hon. C.M. Hill: With the amendment.

The Hon. J.R. CORNWALL: No, without the amendment. There are several arguments against the amendment. The racing industry was clearly divided on the issue. The Opposition, despite what the Hon. Mr Irwin said, had not sought thorough consultation, other than with bookmakers. The current committee of inquiry into the need for a racing commission is understood to have considered the matter in detail and will report to the Minister later this month. It is better to wait for that report. No reason exists why there cannot be a further amendment in the Autumn session of Parliament.

The Hon. C.M. Hill: You want to bring it in yourself.

The Hon. J.R. CORNWALL: I do not want to bring anything in. I gave up going to the races a long time ago. I was a punter of some renown, but I retired hurt. The matter is scheduled for discussion at the Racing Ministers conference next May. The TAB is currently collating statistics on win and place investments in order to assist analyses of the likely effects of investments being transferred from higher commission sources, that is, the TAB, to lower commission sources, that is, the bookmakers.

In summary, we believe it is inappropriate at this time to consider the amendment foreshadowed by the Hon. Mr Irwin. This is a very positive proposition that is before the House. It is a simple Bill and will have a significant and positive impact on what is a very big industry in this State, and I urge all members of the Council to get on with the business of passing it as expeditiously as possible.

Bill read a second time.

The Hon. J.C. IRWIN: I move:

That it be an instruction to the Committee of the whole Council on the Bill that it have power to consider new clauses relating to oncourse telephone facilities for bookmakers.

Motion carried.

In Committee.

Clauses 1 to 5 passed.

New clause 6—'Interpretation.'

New clause 7—'Prohibition of certain information as to racing'.

The Hon. J.C. IRWIN: I move:

Page 2, after line 16—Insert new clauses as follows:

6. Section 85 of the principal Act is amended by inserting after its present contents (now to be designated as subsection (1)) the following subsection:

(2) For the purposes of this Part a bet made by telephone with a bookmaker who is within a racecourse will be taken to have been made within the racecourse.

7. Section 119 of the principal Act is amended by inserting after subsection (3) the following subsection:

(3a) Subsection (3) does not apply to a bookmaker in relation to a bet made with the bookmaker by telephone from outside the racecourse.

I have already canvassed my amendment and I think the Minister has understood and taken on board what I have had to say about it. I canvassed it fairly well during my second reading contribution, so I will not go over it again except to say that I am disappointed to hear that the Government will not support it. It is a good provision, so I cannot understand why the Minister of Recreation and Sport in the other place in his second reading contribution—

The Hon. C.M. Hill: He wants to bring it in himself later and make himself out to be a good fellow with the bookies.

The Hon. J.C. IRWIN: That may well be so. However, if the Minister does that, at least it is on the record that it was first put forward by the Opposition. The Minister in another place mentioned the inquiry into racing, but not in relation to this amendment. He said that he would conduct a review, probably so that the Minister of Health would

have something to say when responding to the amendment in this place. I hope that the Democrats consider the amendment and, if not positively, will give us at least some reason why they will not support it.

The Hon. M.J. ELLIOTT: I have no intention of touting for funds at this stage. I assure the Hon. Jamie Irwin that I was hanging on his words—not in this Chamber but over the speaker in my room—and I heard everything he said. This does not seem to be one of the most important issues to come before this Chamber and, in fact, I have not been lobbied by a single person in support of the amendment. It is not so important that we should rush into it. I do not intend to support the amendment at this stage. I think the Minister of Health's suggestion that the matter can be looked at by the review committee and addressed later is sensible.

The Hon. J.R. CORNWALL: I have said all I need to say. I have both the numbers and the logic in this case.

New clauses negatived.

Title passed.

Bill read a third time and passed.

ADOPTION BILL

Adjourned debate on second reading.

(Continued from 20 October. Page 1294.)

The Hon. CAROLYN PICKLES: This Bill has been recognised by all previous speakers on the subject as being extremely important and timely legislation on what is a sensitive subject. The Bill itself is the result of a process of consultation and discussions that have taken place over many months—discussions with professionals working in the field, associations of adopting parents and adoptees, as well as overseas adoption agencies and the Aboriginal community, the latter having had a long and traumatic association with adoption and child removals since the colonisation of this country 200 years ago.

Because of the research and careful negotiations that preceded the presentation of this Bill, the outcome should be recognised as being a most carefully worded document that seeks to achieve the best possible conditions in which adoptions can take place and maintaining, as far as practicable, the rights of all individuals involved. Therefore, I think it is unfortunate that the Hon. Mr Irwin sought to bring into the debate a number of issues that can be regarded as being certain to create controversy and delay in the proper consideration of this Bill.

I refer to the following subjects and questions raised in his speech in this place last week: questions of what constitutes marriage; what constitutes a family setting or proper environment in which to raise children; the acceptability of single parenthood; homosexuality and parenthood; and the possibility of an AIDS victim adopting a child. Perhaps with the exception of the reference to AIDS, these questions depend very much on one's personal philosophy and principles.

As members in this place would know from long debates held in the past, it is unlikely that we will reach consensus here on these topics. However, the Bill does address itself to and takes into account such issues. It defines a marriage relationship as a relationship between two persons cohabiting as husband and wife. Furthermore, such a couple would not be deemed eligible to adopt a child unless they are two persons who have cohabited in a marriage relationship for at least five years. For the purposes of this Bill, marriage would seem to be defined in a realistic light reflecting the changing society in which we live today. It does not reflect—and nor should it—a value system that does not exist in the reality of the Australia of today. Surely legislation must be responsive and relevant to the society that it seeks to serve and protect.

The concerns raised by the Hon. Mr Irwin are, in fact, dealt with by the Bill, for stringent provisions and conditions must be met before an adoption can be approved. Professionals within the field administer a system of conditions and terms which must be met by prospective clients. Under the legislation, people who are deemed unfit physically or mentally will not be permitted to adopt children, nor will people who are unable to provide for the child's physical and mental being.

Adoption, more so today than ever before—because of the shortage of children available for adoption—is a carefully measured process in which authorities are extremely selective in determining who will be a suitable parent. For this reason, I think it is rather irresponsible for the Hon. Mr Irwin to put forward what can only be described as 'sensational' scenarios, such as that of the AIDS victim adopting children. Let us resume some reasonable level of debate about this Bill and not become side-tracked on a sort of moral crusade.

There is one aspect of the Bill in particular which I think requires a special focus, and that is the importance of this issue to the Aborigines of South Australia. Adoption has personally involved one out of four Aborigines in this State. In the past, the practice of 'child removal' as part of the policy of assimilation, meant that hundreds of children were taken from their mothers and communities to be placed in institutions. This phenomena has been documented in studies of Aboriginal history and the effects of this practice are acknowledged as being devastating for Aborigines. What resulted was the dislocation of family structures and loss of identity and culture. In certain instances files and records were destroyed so that even today some individuals are unable to trace their natural parents. The removal of whole generations from Aboriginal communities was an attempt to exercise social control on a colonised people.

'Child removal' was at its height in the 1930s and 1940s; since then there followed the practice of allowing the adoption of Aboriginal babies by white couples. Often these placements were not successful due, no doubt, to the serious and problematic nature of relations between Aboriginal and white Australians. In 1985 an agreement was made between professionals to attempt to ensure that, where possible, Aboriginal children would be placed with Aboriginal families, so that their sense of identity and culture could be maintained. It is significant that, in the 1987 Adoption Bill, we finally see a recognition of this policy in clause 10 (2) *(b)*, where it states:

> The child's cultural identity with Aboriginal people will not be lost in consequence of the adoption.

This Bill, then, is an important step forward in an acknowledgement of the rights of Aboriginal people, and an attempt to come to terms with the complexity of the issues.

In summary, I believe that this Bill represents a very tolerant and fair approach to what is a sensitive issue, and one which often concerns the rights of more than one individual. In determining what constitutes a family and a marriage—a definition that is central to the debate—the Bill takes account, as it must, of the fact that Australia is a multicultural society: that is, a society in which people express various cultures, religions and beliefs. Perhaps one could say that an understanding of this fact would be of great assistance in coming to terms with the major questions

of morality and justice, which are inherent in this debate. I support this Bill.

The Hon. J.R. CORNWALL (Minister of Community Welfare): In winding up the second reading debate, Ms President, I intend to confine myself to the half a dozen or so main issues which emerged. We have had some long and extraordinarily detailed contributions from members opposite—one might say that no detail was too small to escape their notice. However, I do not intend to treat this as a Clayton's Committee stage or we will run the risk of becoming bogged down in detail and missing the importance of the fundamental issues of the reforms proposed in the legislation. There is already some evidence of misinformation and misunderstanding of the spirit and intent of the proposed legislation. We are taking the legislation from being a reflection of attitudes of some 20 or 30 years ago to legislation which reflects the contemporary situation. It is no longer appropriate to assume that marriages will last forever, or that the primary purpose of adoption is to make a 'fully rounded' marriage. That is neither to devalue the institution of marriage nor to denigrate the importance of the family—rather, it is to face up to and acknowledge reality.

The guiding principle behind the proposed legislation is that the interests of the child are paramount. That is not to say that the interests of the other parties have been overlooked or ignored—far from it. The Government is most sensitive to their needs and wishes, as I will attempt to demonstrate by example. I must, however, re-emphasise that this is not a question of completing the 'happy marriage'—it is unapologetically about the interests of the child/the adoptee being paramount.

In relation to the matter of access to information (clause 25), first and foremost I wish to address what has presented as the most controversial and what is the most fundamental issue in relation to all the proposed changes in the new legislation. This is the potential release of information that previously has not been available to anyone outside Adoption Services. I am speaking, of course, in relation to clause 25. A variety of issues have been raised in relation to this clause.

There seems to have been serious misunderstanding in relation to the very spirit and intent of the new legislation. I believe this to be based on misunderstanding and false assumption. With this in mind, I wish to describe to members, by way of examples, how the legislation as drafted will operate.

Firstly, let me talk about the adopted person who has reached 18 years of age who for the sake of this situation we will call Adrian. Adrian was given up at birth by his mother, who we shall call Fay. Let us assume on his 20th birthday Adrian decides he would like to meet his relinquishing mother and obtain a copy of his original birth certificate. He has previously been in touch with Adoption Services with the support of his adoptive parents, who we shall call Eddie and Nora. He has found out some details about his relinquishing mother in relation to her appearance, occupation and interests. However, Adrian feels he needs more than this in order to feel at ease with himself. He loves his adoptive parents dearly but has a profoundly felt need to know about his origins. Adrian has had his name on the Adopted Persons Contact Register for more than a year but Fay, his relinquishing mother, has not placed her name on the Register.

Under the proposed new legislation Adrian would contact Adoption Services and inform a counsellor that he wants a copy of his original birth certificate. He would also inform the counsellor that he wishes to make contact with his natural mother whose identity he does not yet know. Having spoken with Adrian, someone from Adoption Services would then undertake to search for Fay. On making contact with Fay she would be informed of Adrian's wish to meet her, of his wish to know her current identity and obtain a copy of his original birth certificate. Fay would then need to decide what she wanted to do. She could agree to all three of Adrian's wishes, any combination of the three, or none at all.

As an aside, in a survey done in Victoria, 358 of 422 natural families approached agreed to meet the adoptee: that is about 6 in 7. If Fay was happy with all three of Adrian's wishes then the situation would be quite straight forward. Counselling would occur, a contact would be arranged and information exchanged. If Fay was not happy for Adrian to meet her or receive any information, then an immediate veto would be invoked for six months. During this time counselling would occur for both parties. Fay would be informed that at the end of six months Adrian would receive his original birth certificate, but nothing else. He would quite clearly be told that Fay did not wish to meet him.

At the end of the six months if Fay had not changed her mind Adrian would be given his original birth certificate. It is acknowledged that in doing this Adrian would know Fay's name and address at the time she consented to his adoption. Thus, he would know something of her identity which might help him trace her and make contact should he decide to go against her wishes and still try to find her. However, Adrian would not be told her current identity or any up-to-date identifying information. I would ask members to consider, though, how many Adrians would take the risk of a second rejection by their relinquishing mother, knowing that as in this case Fay has already clearly stated that she has no interest in meeting him.

I wish to refer to literature recently received from Victoria where, since April 1985, the release of birth certificates has been automatic once a person has been counselled. I quote from this literature as follows:

> The specific provisions that provide the opportunity for reality testing (of the assumptions, the myths of adoption), are those that give all adult Victorian adoptees an entitlement to their original birth certificates and other identifying documents giving the names of the natural parent/s. This entitlement is retrospective and without veto or qualification.
>
> Ninety-seven per cent of those adoptees who received the identifying information from the AIS (Adoption Information Service) of Community Services of Victoria (CSV) and decided to seek contact with their natural families chose to use the search and intermediary services of AIS (CSV). Two per cent of all adoptees approached their natural parents directly or through an intermediary other than AIS. The high rate of acceptance of CSV (AIS) intermediary service reflects three factors:
>
> - Adoptees were alert to the acute sensitivity of the issue to the natural family, especially where the natural mother had kept her pregnancy and relinquishment a deep secret.
> - The Adoption Information Service of Community Service had access to search and tracing mechanisms often not available to the adoptees themselves, and the AIS staff developed considerable experience and skill in such work. In developing this skill, considerable assistance was received from self-help groups such as Jigsaw who had previously undertaken this role and built up a body of expertise.
>
> Only one adoptee of the 694 adult adoptees who received their information from AIS traced and approached her natural parent when she knew it was the natural parent's wish that this should not occur.

This is particularly significant information. Only one Adrian out of 700 took the risk of further rejection by his relinquishing mother by tracing her against her wishes. If we return to the situation of Adrian and his birth certificate, I

will explain briefly why this fundamental position has been taken.

In the opinion of the review committee the most vital issue in relation to the release of information to the various parties in the adoption triangle, both non-identifying and identifying was, and is, the issue of the birth certificate in relation to the adult adoptee, in this case Adrian. In its deliberations the review committee, in talking about the best interests of the child, extended its definition of 'child' to that of the adult adoptee. This definition does not appear in the Act currently before Parliament (as Ms Laidlaw rightly pointed out) since it is a philosophical issue underpinning the deliberations of the committee. The reason behind this thinking is that adoption of a child such as Adrian has an impact not only in his childhood but throughout his lifetime. Adrian was not a party to the agreement at the time of adoption and as such could be seen as an unwilling participant in the process. It is important to note that under current legislation the fact that adoptions would remain secret is an agreement, not a contract. I repeat that—the fact that adoptions would remain secret is an agreement, not a contract.

The review committee believed, and I believe, in the fundamental right of all individuals to know about their origins. The original birth certificate is an integral part of this right, and if Adrian is denied the right of this information whilst under 18 years it is only just and fair that his rights be returned on obtaining adulthood. The review committee believed that, regardless of the wishes of Adrian's parents, whether adoptive (as in the case of Eddie and Nora) or biological (as in the case of Fay), on obtaining adulthood the very least Adrian should be entitled to is the release of his original birth certificate. In our view a veto of longer than six months, in relation to the release of birth certificates to the adult adoptee, is not acceptable.

It is important to consider Adrian's adoptive parents, Eddie and Nora, in relation to the proposed changes. Once Adrian has reached the age of 18 years he is considered an adult, as is any other child. In most instances it is anticipated that Adrian will have the full support of Eddie and Nora in relation to this issue. Research in the United Kingdom has shown that the great majority of adopted persons applying for their original birth certificates displayed an astonishing degree of loyalty to their adoptive parents and regarded their adoptive parents as their true parents.

Should there be conflict in relation to this issue it is not appropriate for Eddie and Nora to have the power to stop Adrian from obtaining his original birth certificate. Experience has shown that where there is conflict the need for this information is even more vital. On attaining adulthood the decision must be Adrian's alone. Only he can know the importance of gaining this information. Is it reasonable to consider him an adult in the eyes of the law in all situations except in relation to whether or not he requests and obtains his birth certificate?

Let me return to the situation of Adrian and Fay, but in this instance Fay, as a relinquishing parent, wishes to meet with her adopted child, know his current identity and have a copy of the original birth certificate in relation to the baby she once gave birth to. I remind members that Adrian is now 20 years old. At present Fay cannot get a copy of the birth certificate, even though it tells her nothing she does not already know. Under the proposed new legislation, release of the birth certificate to Fay is straight forward. It contains no identifying information in relation to the new identity given to her relinquished child. It therefore simply needs an administrative process to occur.

Fay would contact Adoption Services and inform a worker of her requests. Arrangements would be made for her to receive a copy of the birth certificate. Fay has had her name on the contact register for some years. However, Adrian has never registered his interest in having contact with her. Having spoken with Fay, Adoption Services would initiate a search and make contact with her adopted son Adrian. Her wish to have contact with him and know his current identity would be conveyed to Adrian. If Adrian agreed, counselling would occur and a contact would be set up. If Adrian disagreed, then no identifying information would be given and no contact would occur.

The important aspects of the new legislation are that both Adrian and Fay may initiate contact with the other person to ascertain whether they may meet them and know who they are. There will be a veto in relation to release of current identifying information should either the adult adoptee, in this case Adrian, or the relinquishing parent, in this case Fay, not agree to the release.

I turn now to the guardianship option for step-parent, relative and Aboriginal adoption (Clause 10(1) and (2)). The Opposition has referred to the recommendations of the review committee in relation to a new guardianship option and suggested that neither the respective Family Law Act nor the Guardianship of Infants Act provide either court with the power to order a new guardianship option as recommended by the review committee.

During the preparation of this legislation, and as a result of consultation with various bodies, the Attorney-General, the Crown Solicitor and a staff member of the Adelaide University Law School raised concerns about the constitutional validity of the State retaining a non-welfare guardianship option following the passing of the Commonwealth Powers (Family Law) Act 1986, which refers all matters of guardianship and custody to the Family Law Court. As a result of these concerns, the review committee had an additional meeting at which it endorsed the original recommendation that all applications for adoption involving step-parents, foster parents and relatives be processed only if a court has first determined that guardianship would not be a better alternative.

The committee reconsidered the matter of the appropriate court for the guardianship option in the light of the reference of powers. Even though there will be some delay before the referred powers are implemented by the Commonwealth, the review committee considered that to make interim legislative arrangements in the Adoption Bill would be clumsy and complex. It was recommended that all reference to guardianship be excluded from the Adoption Bill and that the Bill limit adoption, except in special circumstances for children in step-parent, foster family or relative situations.

It was stated in the second reading address that until the reference of powers occurs and once this section of the Bill is passed, interim arrangements will exist where:

(a) All guardianship applications involving children of a marriage will be referred to the Family Court;

(b) All such applications involving ex-nuptial children will be heard in the Supreme Court.

During consultation Crown Law opinion was quite clear:

In its conclusion that the current jurisdiction of the Family Court over guardianship of children who are a child of a marriage cannot be usurped by the Children's Court.

Thus, once the reference of powers occurs, this would relate to all guardianship issues in relation to children who are both of a marriage and not of a marriage. It was deemed eminently sensible to refer children not of the marriage to the Supreme Court as an interim measure only.

It is accepted that there are some concerns in relation to the Guardianship of Infants Act 1940 for children not of a marriage. However, to repeal this Act in a major fashion, for what might amount to a short period, it would require a major review of the principles and procedures underlying the Act. Consultation on these issues would be important if the Act was to be repealed. This would potentially be a lengthy process. I take note of the concerns raised by the Hon. Diana Laidlaw that:

> there has been speculation that the Federal Government will not amend the Family Law Act as envisaged because of the financial obligations that it would be required to honour to effect such a transfer.

Should the reference of powers not occur then it will be ncessary to look at the guardianship provisions under the Guardianship of Infants Act 1940. In the meantime consultations will be occurring with the Commonwealth in relation to the guardianship of children and the Family Law Act. A meeting is due to occur between the department and the Family Court (Justice Murray) to discuss these very issues. It is not possible at this stage to advise about any potential amendments to the Family Law Act.

A number of issues have been raised in relation to Aboriginal adoption. There is obvious merit in considering the definition of 'Aboriginal' as set down in the Review of State and Territory Principles, Policies and Practices in Aboriginal Fostering and Adoption, as suggested by Ms Laidlaw, as this is a nationally accepted definition and provides some uniformity in practice. However, this definition would need some adjustment in order to make it directly relevant to babies and young children if it were to be used.

Advice from Parliamentary Counsel in the drafting of the legislation was to exclude a definition of 'Aboriginal'. This decision was made with the knowledge that the court would have the flexibility to determine Aboriginality and thus deal with exceptions to the norm. If no definition were placed in the legislation there would be a general understanding that 'Aboriginal' would mean a descendant of people who inhabited Australia before European colonisation.

The Opposition has asked what is involved in the concept of Aboriginal couples married according to the customs of their community and how this matter will be addressed administratively. It is recognised that marriage according to the Aboriginal tradition may vary from one Aboriginal community to another. In the event that such couples applied to adopt a child, each situation would be looked at individually. There would be an onus on the couple to satisfy the court that they were married according to the tradition of their particular community.

In relation to the Aboriginal child care agencies concern about the absence of Aboriginal placement principles in the legislation, I will make two points. Firstly, these principles are a governing influence on the placement of Aboriginal children in all departmental practice. However, advice from Parliamentary Counsel was that it was neither appropriate nor necessary to include these principles and consultative practices in the legislation. They are more appropriately contained in regulations.

The Hon. Mike Elliott has suggested that it might be appropriate to provide information to an Aboriginal child at a younger age because of the different nature of family relationships. The Government does not feel it is appropriate to single out Aborigines in relation to this issue. Either this practice is brought in for all adopted children or not at all. Any adopted person may be experiencing a vulnerable time, particularly in adolescence. Inappropriate information may lead to an adolescent becoming more vulnerable to manipulate his or her adoptive parents, which could lead to family breakdown. Unconditional access to information to any child would not be seen as in the best interests of that child given the special circumstances of adoption.

Turning to the definition of marriage to include *de facto* relationships, clause 4 (1), a number of concerns have been raised in relation to the proposed definition of marriage relationship which includes *de facto* husband and wife. It has been suggested that the reference to marriage should be confined to the definition used in the Commonwealth Marriage Act.

It is important to acknowledge that we can no longer assume that marriages will last forever or that placement of a child for adoption is aimed at creating the fully rounded family for couples without children. This is no longer the case as it was 20 or 25 years ago. There are few children available for adoption now as exampled by the fact that only 39 adoption orders were granted last year. Many of the children available for adoption now have very individual needs. It is vital that this legislation reflects the individual needs of all children available for adoption. It is for this reason there is a recommendation that *de facto* couples be eligible to adopt.

The aim of adoption services is to select the best possible applicants in relation to the placement of each child. In this process the assessment procedures in relation to selecting parents are crucial and need to take into account a number of factors such as quality of relationship, commitment to parenting, flexibility, and so on. It is not sensible to exclude potentially good applicants from making an application to adopt on the grounds that they are not married, particularly if that couple has been in a long-standing relationship.

In recommending that *de facto* couples of five years duration become eligible to adopt children, it is not intended that this change would guarantee that any adults in such a relationship would be eligible. Rather, the intention of the legislation is to broaden the range of options in relation to who becomes eligible to apply in order to maximise the possibility of finding the best parent for each child and facilitate the successful placement of all children.

Children involved in *de facto* relationships are no longer legally disadvantaged. This State introduced the Family Relationships Act of 1975 which abolished the legal consequences of being the child of a couple not married to one another. To restrict the authority of the court to grant an adoption order only to a married couple will make adoption of some children impossible. This is particularly so in relation to children with special needs. It is often the unconventional couple or individual who is prepared to care for these children. It could be shortsighted to stop *de facto* couples who may be willing to take these children from providing them with the option of living in a committed and permanent family environment.

Even if the Prospective Adopters Register was closed there will continue to be children with physical, emotional or intellectual disabilities needing to be placed. Any restrictions placed on parents who might adopt these children need careful consideration. It is important to have a balance between the range of people who may apply for adoption and the procedure in determining who may be assessed as suitable applicants.

In relation to single parent adoption, current legislation enables single people to adopt specific children in special circumstances. For example, if five year old Ruth's entire family were killed in a car accident, and the only other relative was a single aunt with whom Ruth had a very close relationship, surely no-one would deny Ruth the possibility of adoption by her aunt.

It is extremely important to retain this clause both for Ruth's situation and also particularly in relation to special

needs children who might not be placed for adoption. Single parent adoption in relation to some of these children can be as successful as two parent adoption and is far better than the option of institutional care. Recently a severely disabled baby was placed with a single woman. This baby has a shortened life expectancy but is thriving in this placement. I do not believe that the Opposition would wish to prohibit this type of adoption from occurring by removing the clause which allows single people to adopt.

Finally, in relation to limited consents (clause 14 (3) *(b)*), questions have also been raised in relation to clause 14 (3) *(b)* which allows for limited consents relating to a specific child to be signed by relinquishing parents. The intent of this clause is to broaden the range of limited consents which may be signed. Even though the aim of this legislation is to restrict adoption in relation to step families, relatives and Aboriginal children, there are a few situations where adoption will be the preferred option. Practice has shown that it is important in some circumstances to allow a guardian appointed by a court or a foster parent caring for a child under the guardianship of the Minister for Community Welfare to adopt the child they are caring for particularly if a child has been with a family for many years. In these circumstances a limited consent is all that is needed or may be all the relinquishing parent is prepared to allow. I commend the Bill.

Bill read a second time and referred to a select committee consisting of the Hons Anne Levy, G.L. Bruce, Diana Laidlaw, J.C. Burdett, M.J. Elliott, and J.R. Cornwall; the committee to have power to send for persons, papers and records, and to adjourn from place to place; the committee to report on 24 November.

AGRICULTURAL CHEMICALS ACT AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 20 October. Page 1307.)

The Hon. J.C. IRWIN: I am sorry that this is a pretty important Bill coming on at 11.55 on a Thursday night at the end of a pretty late and hard week. However, I thank the Government for allowing the Opposition some time to put down a number of points on this Bill so that, over the next week, we can get some answers to a few questions that I will put to the Government on behalf of the Opposition. Hopefully, we will be moving towards passing the Bill from 3 November onwards.

The Opposition supports most of the measures contained in the Bill. With the indulgence of the Council, I will depart from normal second reading debate practices and turn to the areas of concern held by the Opposition since the Bill came from the House of Assembly. I do this because of the number of contacts with me and other Opposition members during the week while the Bill was being debated. When the Bill was debated and the amendments were accepted in the House of Assembly I thought that there would be nothing to worry about and that we would not have to do any work on the Bill in this Council. The Bill could be debated, amendments moved, and it could be passed tonight, thus enabling the Government to have the new measures in place in time for the recall of certain chemicals containing DDT by 31 October, Sunday week, which is the end of a non-sitting week.

If all goes well, there is no reason why the Bill cannot proceed on 3 November, provided the Minister is able to give the Opposition some answers and assurances. I know that there will be questions flowing to the Minister's office, particularly from people in the horticultural area. This is an important Bill when one thinks about it, because all people are part of the food chain, from production to consumption, so it touches every one of us. Not a single person misses out on some contact with food.

The Hon. M.J. Elliott: There are greens everywhere.

The Hon. J.C. IRWIN: Whether one is eating vegetables or meat it is still food.

The Hon. M.J. Elliott: Ten years ago one was abused for talking like that.

The Hon. J.C. IRWIN: I do not know what the honourable member is talking about—food is food, whether red meat or vegetables.

The Hon. M.J. Elliott interjecting:

The Hon. J.C. IRWIN: The honourable member is talking about the chemicals in the food chain. It is important that we get this Bill right in this Council, and in this Parliament, as a contribution to some sort of uniform legislation with other States and to help meet the Australian Agricultural Council objectives. I am satisfied that the United Farmers and Stockowners Association is not concerned about this Bill as it relates to broadacre farming and grazing. However, that organisation is checking with its horticultural section to gain further advice, because it is in the horticultural area that most concern has been expressed. Concerns have been expressed by people who may or may not be members of the UF&S, and some of whom are very strong members of the Horticultural Association of South Australia. The answers to the questions I have raised with the Minister may have a bearing on the use of chemicals in broadacre farming and grazing—it is just that so far they have been raised in relation to horticulture.

I have had considerable contact with members of the executive of the South Australian Horticultural Association who collectively have considerable experience in the industry and the need for, and use of, chemicals. They have a number of areas of concern and, when they have approached the senior expert in chemicals with the Department of Agriculture, they assure me that they have not been able to gain satisfaction in relation to the many questions that they have asked about how the Bill will affect them and how it will work. Growers are left wondering whether each grower must be registered or is granted a permit under the legislation.

I am told that a senior person in the horticultural field is expressing great concern about the Bill. In fact, this person did not even know that this Bill existed. I am again left wondering about the extent of consultation prior to the legislation being introduced. I know that the Bill is necessary because of the meat contamination scare which emanated from the United States. I am left with no alternative but to have consultations during the next week, while we are not sitting, in an attempt to return to the Council with a more complete understanding of the Bill and its contents and how concerns in relation to it can be addressed, whether they are valid, and any other matters of concern that may arise in the following week.

I advised the office of the Minister of Agriculture today that the Opposition, because of what I have just said, is reluctant to give more than a partial second reading contribution. I will seek leave to conclude my remarks and complete them on 3 November. Hopefully the Bill will go through the Committee stages and pass. I advised the office of the Minister of Agriculture that I would give some indication of the matters raised with me so that some consideration could be given by the Minister's staff prior to 3 November. This should help speed up the passage of the Bill considerably.

In particular, I am looking at the registration process and how it will affect chemical use in what could be called the field trial stage. How will this be covered by the Bill, bearing in mind the enormous penalties proposed of $20 000 for an individual and $40 000 for a body corporate? How much will it cost to register a chemical for field trial use, and will this inhibit the industry in trying to develop chemicals to keep up with its needs? How expensive will those chemicals become with a lot of necessary restraints put in their way, as well as some unnecessary restraints, that could make them very costly indeed? I do not imagine that that will be passed on to the consumer, but will be absorbed by the grower, making it even harder for them to make ends meet.

How will the Minister or the Bill deal with chemicals that have a proclaimed use advertised on their label when another use is found for that chemical to be effective for another sort of application? I recently saw two containers of chemicals containing exactly the same chemical. One container had certain uses printed on it and the other identical container had other uses added to the recommendations listed on the first container. I understand that this will not be allowed under the Bill, but it raises fundamental questions of the logistics of adding new recommendations while not holding up the sale and use of chemicals.

What happens to old stock kept in store on the farmer's property? How will labels be updated? Growers are nervous about the enormous fines of $20 000 to $40 000, and the circulation of inspectors with very wide powers. To give an example, I refer to a chemical called Ridomil, which is a fungicide used to control foliar diseases. I have a list showing that chemical. It is a most effective soil drench but it is not registered for that use. Topaz is registered for treating powdery mildew on apples but is also used for black spot on brussels sprouts. Concern has been expressed about the distinct possibility of neighbours sharing chemicals and trading off each other's ideas. It is a normal practice in country, rural and horticultural areas for neighbours to experiment with each other's so-called safe chemicals and finding a use other than the use for which it is recommended. If one neighbour sees another do it, he may have a go at it.

I covered the fact earlier that some measures in the Bill will cover this aspect. I raise the questions of Ridavil and Topaz and the recommendations in place for their use. There are well known other uses for those chemicals. How will the Minister and the Bill deal with the packaging used for, for example, vegetables with the grower's name on the package and the use of secondhand containers that may have been contaminated by over-use of chemicals? Does a trace-back mechanism exist, and how will it work? In the example I gave, the original clean grower would be the one seen to be responsible for chemical contamination.

I will chase up a number of matters over the next week. I had hoped that that would not be necessary because many other pieces of legislation require my attention without my having to chase up work that should have been done in another place. A number of things have come to light, and that is due perhaps to our democratic process whereby Bills are read in both Houses, giving people an opportunity to lobby all members. However, I will learn something from the exercise. I have pointed out several things to the Minister, and perhaps he can provide further information when this Bill is debated again. I seek leave to continue my remarks later.

Leave granted; debate adjourned.

ADJOURNMENT

At 12.7 a.m. the Council adjourned until Tuesday 3 November at 2.15 p.m.