



Parliamentary Debates

(HANSARD)

FORTY-FIRST PARLIAMENT
FIRST SESSION
2023

LEGISLATIVE COUNCIL

Thursday, 14 September 2023

Legislative Council

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THE PRESIDENT (Hon Alanna Clohesy) took the chair at 10.00 am, read prayers and acknowledged country.

BIRTHDAY WISHES

Statement by President

THE PRESIDENT (Hon Alanna Clohesy) [10.01 am]: Good morning, members. I understand there are a few celebrations in the chamber this morning. To Hon Jackie Jarvis and Hon Sophia Moermond, happy birthday from all of us.

Members: Hear, hear!

PAPERS TABLED

Papers were tabled and ordered to lie upon the table of the house.

STANDING COMMITTEE ON ENVIRONMENT AND PUBLIC AFFAIRS

Sixty-fourth Report — Overview of Petitions 1 January–30 June 2023 — Tabling

HON PETER FOSTER (Mining and Pastoral) [10.02 am]: I am directed to report the sixty-fourth report of the Standing Committee on Environment and Public Affairs titled *Overview of petitions 1 January–30 June 2023*.

[See paper [2504](#).]

Hon PETER FOSTER: The report that I have just tabled advises the house of the petitions that were finalised by the Standing Committee on Environment and Public Affairs in the first half of 2023. During this period, the committee concluded its inquiries into 21 petitions. This is the fourth such report that I have had the pleasure of tabling in the house.

Part 1 of the report outlines the petitions process. Once tabled by a member, petitions are referred to the committee under standing orders. The committee will carry out inquiries, and then decide how to proceed. Often, the petition will be finalised at that stage, for one of a number of reasons set out in the report.

Sometimes, the inquiries will be extended through further correspondence with ministers or by the taking of oral evidence, following which a standalone report will be tabled in the house. That is what occurred in the case of petition 29, which led to the tabling of the sixty-second report, *Petition No. 029—Request for an independent review of the Department of Biodiversity, Conservation and Attractions prescribed burning practices*, on 22 June this year. On the tabling of that report, the petition was closed.

Occasionally, a petition will lead to the initiation of a full-scale own-motion inquiry under standing order 179. Petition 70 requested that the Legislative Council conduct a parliamentary inquiry to investigate the systematic and systemic removal of newborns from their mothers' care via past adoptive policies and practices. The committee resolved to carry out such an inquiry, and its terms of reference were provided to the house in its sixty-first report on 22 February 2023. That inquiry is ongoing, with over 140 submissions having been received to date. The petition was closed on 15 March 2023, as it had achieved its aim.

Other petitions finalised in the first half of the year covered a wide range of subject matters. Some issues had already been the subject of widespread consultation, and government decisions had already been made and put into effect that could not be influenced by the committee. Examples include a petition requesting a review of the proposed ban on west coast demersal fishing and another seeking a review of aspects of the government decision to close the sustainable native forest timber industry. Some of the issues raised were in the midst of government processes, and decisions were yet to be made. By way of example, a petition regarding abortion rights was tabled whilst the government was in the process of considering the results of a consultation process before finalising draft legislation. A petition regarding a planning application concerning Mt Claremont playing fields was received before the Minister for Planning had reached a final decision. Another petition raised aspects of the forthcoming draft bill resulting from the Law Reform Commission's Review of the Equal Opportunity Act 1984, which will in due course be debated by members of this house.

The committee was able to finalise a petition regarding the lack of sewerage affecting some 100 residents close to Kenwick train station when, following a good deal of correspondence with ministers, the Water Corporation and the City of Gosnells, the Minister for Water confirmed that the affected petitioners would be included in a \$55 million investment in wastewater infrastructure, announced in May 2023.

At the end of this reporting period, the committee was continuing its inquiries into 16 open petitions, which are listed in part 3 of the report.

The committee takes this opportunity again to thank all tabling members, and to encourage them to provide a written submission to the committee after a petition has been tabled.

The committee notes the ongoing trial of the e-petition system, which having been extended, now runs until 31 October 2024. The committee continues to regard this trial as a success so far. Fourteen of the 16 petitions under investigation at the end of the reporting period originated as e-petitions.

I commend the report to the house.

ACCOUNTABILITY FOR POLITICAL PARTIES AMENDMENT BILL 2023

Notice of Motion to Introduce

Notice of motion given by **Hon Ben Dawkins**.

ELECTORAL AMENDMENT BILL 2023

Second Reading

Resumed from 15 June.

HON BEN DAWKINS (South West) [10.08 am]: I am using non-government business to revisit what was originally a Labor bill, the Electoral Amendment Bill 2023. It was introduced recently by Hon Dr Brad Pettitt. I do not propose to say too much about this bill other than that I said on my website and in my parliamentary profile that I am interested in bipartisanship. Since I have already referenced the Greens and obviously the Labor government in relation to this bill—it was originally a Labor bill—I see it as a good use of my time today to revisit it, especially given that by its very nature I also have support from the Greens given that they reintroduced it.

I do not propose to say too much. I will say that I respectfully listen, as anyone would in a new job, to the more experienced people around me, and, for example, yesterday I respectfully listened to the Leader of the House. The Leader of the House mentioned that politics is about the art of the possible. I thought that was probably a good slogan to go with today because this bill could do a lot more. It is probably a waste of time for us to talk about what else is possible. In an ideal world, we could talk about what Hon Dr Brad Pettitt talked about when he introduced the bill. We could talk about essentially disqualifying classes of donors from making donations to political parties. We could disqualify property developers, as occurs in New South Wales. Hon Dr Brad Pettitt referred to other classes of political donors. That would probably occur in an ideal world. We could also talk about other things. Effectively, I say that perfection is the enemy of the good: if we strive for perfection, we will be here all week whereas if we can move forward with something that we all agree on, we will probably discharge our duty to our electors and use our time most efficiently.

This bill is a good bill. It seeks to reduce the spending cap on disclosable donations to \$1 000. It will also put a cap on election spending. I commend the Labor government for drafting it and Hon Dr Brad Pettitt for reintroducing it. It is time for us to move on these issues. Kate Chaney, the federal member for Curtin, recently introduced into federal Parliament the Electoral Legislation Amendment (Restoring Trust) Bill 2023, and I appeal to members to recognise that the community is demanding higher standards from us and we should do things such as disclosing donations above \$1 000, which is one of the things this bill seeks to do.

Obviously, I do not control the government agenda; I can only try to work within the parameters of the cards that I have been dealt as an Independent on the crossbench. It may or may not be the case that the Labor government has other electoral reforms that it would like to achieve and that this bill may be left on the shelf. However, that is not how the Parliament should work. We should work with what is in front of us. It could take a lot of time to achieve these reforms by the time the government gets around to do whatever it intends to do next. Let us bite off small pieces—bite off what we can chew—and not take on too much. If we can strive for bipartisanship and be more accountable as a Parliament to our people by being more transparent, maybe we can restore faith in politics to a degree. That would be good. I try to refer to myself as a parliamentarian but unfortunately I think politicians are somewhere near lawyers and used car salesmen in how they are perceived in the community. Hopefully, we can change that.

Hon Darren West: What about journalists?

Hon BEN DAWKINS: Probably.

Hon Martin Pritchard: Will you take an interjection?

Hon BEN DAWKINS: Sure.

The PRESIDENT: Order! Hon Ben Dawkins has the call.

Hon BEN DAWKINS: This bill could go a lot further. I could have talked about the incorporation of political parties, which relates to the notice of motion I gave earlier to introduce a bill. I was encouraged last time. I think we are getting closer to bipartisanship because, thankfully, the Nationals WA and the Liberal Party are already incorporated in this state. Hon Pierre Yang is obviously aware of the issue I was talking about relating to incorporating political parties. That in itself makes parties more transparent.

Hon Pierre Yang: What about “The Clan”?

Hon BEN DAWKINS: The thing is that the rules of the party can be enforced through the courts if a party is incorporated. I commend the Nationals, the Liberals and the Greens (WA) for being incorporated. That exposes them to the courts and makes their internal disputes justiciable. That is not the case for the Labor Party.

Hon Kate Doust: Is that for the parties' membership finances as you force them into courts on crazy issues sometimes?

Hon BEN DAWKINS: We do not need to pre-empt anything. The point about incorporation is that —

Hon Kate Doust: That is what it is about, isn't it—where you tie up political parties in the court processes and utilise all their resources inappropriately in the process?

Hon BEN DAWKINS: I would not agree with Hon Kate Doust on that point. Bowling clubs are incorporated and they can contest internal processes. That is how it should be. Why give \$70 million to the two major federal parties? I believe the Liberal Party is not incorporated federally.

Hon Pierre Yang interjected.

Hon BEN DAWKINS: Hang on.

To give \$70 million of taxpayers' money to unincorporated associations beggars belief. In my short time of using my electorate allowance, when I make a donation to organisations around Bunbury and so on, part of my due diligence is to see whether they are incorporated. If they are not incorporated, how can I really account to Parliament why I gave them money because I would effectively be giving it to an individual, and it is unregulated? It is about the probity of taxpayers' money.

Hon Kate Doust: So for every child seeking support to go over east for a sports competition, you don't give them a dollar because they are not incorporated associations—is that what you are saying? So every kid in your electorate misses out.

The PRESIDENT: Order!

Hon BEN DAWKINS: So far I have given children money to attend things, but I have given the money via Good Sammy, I think, because it was managing the funds. I am happy to be corrected. If other people do it that way, I will do it. My point, Hon Kate Doust, is that it is very hard to hold people and organisations accountable for public funds, especially when we are talking about \$30 million federally to the Labor Party, when it will not incorporate. That is getting off track.

Hon Kate Doust: Member, they are held accountable because they have to provide a disclosure to the Electoral Commission, be it state or federal. Those disclosures are gone through like a dose of salts by the commission. If there are any discrepancies, they are raised and the parties have to respond appropriately and provide proof.

Hon BEN DAWKINS: But they do not have to follow their constitution or their rules because the courts have decided that because they unincorporated, their internal disputes are not justiciable.

Hon Kyle McGinn: So it's not about money; it's about internal disputes.

Hon BEN DAWKINS: It is about organisations being democratic internally, Hon Kyle McGinn. I suppose the union you come from is incorporated, and therefore has to run free and fair democratic internal processes. But when we get up to the party level, that all falls away and it is Rafferty's rules, basically.

Several members interjected.

Hon BEN DAWKINS: I do not need to talk further about incorporation because that is the subject of another bill. As I was saying, there are perfectly good reasons to extend what we are doing here today. If Hon Kate Doust is talking about being accountable for donations, for example, and declaring them, that is what this bill will do—forgetting about the incorporation bill.

Hon Kate Doust: We already do that.

Hon BEN DAWKINS: But this bill seeks to lower the threshold to \$1 000, which is what the member's party has recommended. I am hoping to get Hon Kate Doust's support for that through the reintroduction of this bill today.

Hon Matthew Swinbourn: The bill has already been re-introduced.

Several members interjected.

The PRESIDENT: Order!

Hon BEN DAWKINS: Okay. Yes. I am re-introducing —

The PRESIDENT: Order, honourable member. Hon Ben Dawkins has the call and I encourage him to remain focused on the question before the house: that the bill be read a second time.

Hon BEN DAWKINS: I am sorry to Hon Matthew Swinbourn if my terminology is incorrect. It is Brad Pettitt's bill.

Hon Jackie Jarvis: Honourable.

Hon BEN DAWKINS: Hon Dr Brad Pettitt. It is his bill I am talking about today. That is all I want to say on that.

Hon Matthew Swinbourn: You are giving your second reading speech. That is what you are doing. You are giving your second reading speech in support of —

The PRESIDENT: Order! I encourage the member to stay focused on the content of the bill and ignore interjections that might appear to be helpful.

Hon BEN DAWKINS: No, I am taking them on board. They are quite enlightening.

Discharge of Order and Referral to Standing Committee on Legislation — Motion

HON BEN DAWKINS (South West) [10.20 am] — without notice: I move —

That the Electoral Amendment Bill 2023 be discharged and referred to the Standing Committee on Legislation for consideration and report not later than 20 February 2024.

HON DR STEVE THOMAS (South West — Leader of the Opposition) [10.21 am]: I might take a little bit of time while everybody gets used to this new event and understands what is going on, to discuss the history of this bill. My good friend Hon Dr Sally Talbot is well aware of this particular bill and the proceeds of it. New members might want to have a look at the previous Parliament in 2020, when Hon Dr Sally Talbot was Chair of the Standing Committee on Legislation, at a time when the committee actually examined legislation, dare I say. History has changed a little bit in the interim.

Hon Martin Aldridge: The second-last report.

Hon Dr STEVE THOMAS: The second-last report. Thank you. The second-last report was produced by the legislation committee in 2020, some three and a half years ago, but never mind. Far be it from me to be critical of the work of the legislation committee. I am sure it is still a very valuable committee, despite the fact the government does not seem to need to refer legislation to it anymore. However, there is actually a report on this particular bill, as originally promoted by the Labor Party.

Hon Matthew Swinbourn: I've got a copy of it.

Hon Kyle McGinn: I have a copy here.

Hon Dr STEVE THOMAS: I do not need another copy. It is a very good copy, I suppose, and I will come to the work of the committee in a little bit. As I understand it —

Hon Matthew Swinbourn: Are you supporting the referral motion?

Hon Martin Aldridge: Give him a chance to speak and you might find out.

The PRESIDENT: Order! The Leader of the Opposition has the call on the question that the motion be agreed.

Hon Dr STEVE THOMAS: Thank you, President. The parliamentary secretary is a bit fired up this morning, but it is okay. We will let him go.

Hon Kyle McGinn interjected.

Hon Matthew Swinbourn: I'm just curious—and impatient.

The PRESIDENT: Order! I would like a clear contribution to the debate, rather than cross-chamber chatter.

Hon Dr STEVE THOMAS: Thank you, President. I will try to ignore the gallery on the other side as much as I can. Several members interjected.

Hon Dr STEVE THOMAS: They are trying to get me into trouble, President! I know it is a Thursday morning. Just be calm; it is a Thursday. Everybody relax.

I am trying to get our heads around the history here. Effectively what happened is that Hon Dr Brad Pettitt has brought in a second bill, which is exactly the same as the previous one, as he said in his second reading speech of that bill.

Hon Kate Doust: Part of what we would call a stunt.

Hon Dr STEVE THOMAS: I am not necessarily opposed to a stunt in Parliament. I have, on very rare occasions, perhaps done the same thing myself—not that I would ever say so. I am only saying so under parliamentary privilege, so I cannot be held to account for it.

Hon Dr Sally Talbot interjected.

Hon Dr STEVE THOMAS: Hon Dr Sally Talbot is very kind. I am not necessarily opposed to a stunt, if that is what it is. We are going back a fair bit now, but as I recall, a bill was presented in 2020, based on a 2017 election commitment. It was much to the chagrin, I must admit, of Hon Simon O'Brien and those members who were present and remember it. I will do my very best to channel my inner Hon Simon O'Brien in my contribution today. I will try to muster up some of the outrage of Hon Simon O'Brien.

Hon Matthew Swinbourn: You need to lower your voice a couple of octaves.

Hon Dr STEVE THOMAS: Yes.

A bill from the Labor Party was effectively reintroduced by Hon Dr Brad Pettitt from the Greens, and we are now using non-government members' business time for Hon Ben Dawkins to debate that. After a few minutes of debate, he has moved a motion to send it to the legislation committee. We are moving a motion to send the same bill from 2020 to the same committee in 2023. This might be the easiest job my good friend Hon Dr Sally Talbot has ever had. All she has to do is get the staff to change the dates and the names on the committee. Potentially, it is a very easy cut-and-paste, I suspect.

Hon Darren West: It will be a different report number, too.

Hon Dr STEVE THOMAS: Sorry, it will be a different report number. When we get back to committee reports, we can discuss this as we go through the bill.

Hon Matthew Swinbourn: It justifies it, doesn't it?

Hon Dr STEVE THOMAS: That is right. They do receive a slight additional salary for the work they do on the legislation committee.

Just to summarise, before I deal with some of the details, the standard that we have come to in the Legislative Council is that we are currently debating a motion to move the same bill as the 2020 bill, to the same committee, with the expectation that perhaps we might get a different outcome. I believe it was Einstein who said that the definition of insanity is doing the same thing repeatedly and expecting a different outcome. Einstein had some very good quotes, actually. Apparently, he was a very bright man—never met him myself. Insanity is doing the same thing but expecting a different outcome. We are now going to refer the same bill —

Hon Matthew Swinbourn: It's all relative.

Hon Dr STEVE THOMAS: That is not bad. I will pay that one.

We are going to refer the same bill to the same committee and presumably get the same report, although we might be crazy enough to think that we might get a different report.

Hon Ben Dawkins' contribution suggested that people hold Parliament and parliamentarians in poor repute. The suggestion was that people do not hold us in high esteem. Can I say, the process we have just witnessed is evidence of that, because this process is entirely repetitive. President, from the outset, in case there is any doubt, I do not support the bill. However, process is process, and away we go through it. I am happy to explain in a little bit. The reality is that we are now going through this process, which I think makes us look ridiculous.

I had a look at Hon Ben Dawkins's social media, which I have to say I thought was a bit derogatory of members of Parliament generally. Not every member of Parliament is held in high esteem by me either, but I would never denigrate us all. All the members in the chamber at the moment are above par and par excellence. However, it is not necessarily universal across all the Parliaments of Australia, state and federal, that I probably hold every person in high respect. When we denigrate ourselves, we denigrate the institution of Parliament. Although no-one is perfect—well, most of the rest of the members here are not—denigrating us is not of any value. If Hon Ben Dawkins wants to see our reputation in the toilet, the best thing he can do is talk us all down. Being a member of Parliament is a pretty damn hard job, and Hon Ben Dawkins is probably finding that out. It is not easy. It is harder for Independents, because opposition members are at least part of a team.

Hon Pierre Yang: Where is your team?

Hon Dr STEVE THOMAS: My team is represented by a couple of top-quality members at the moment!

Hon Martin Aldridge: They are preparing for private members' business.

Hon Dr STEVE THOMAS: They are looking forward to future debates on issues of substance. Private members' business today looks like it is on a bit of an issue of substance, not that we necessarily agree with the self-congratulatory aspect of it. As I have said, I am not necessarily opposed to a stunt myself, but the reality is that the motion on the health of, and support given to, young persons and children is a matter of some substance.

I listened carefully to the member, and what we are looking at today is effectively, in my view, the denigration of parliamentarians. It is easier to call us pollied or politicians because those terms are more derogatory. We are members of Parliament. It is easier to sneer and smirk at us when we are called pollied or politicians, rather than members of Parliament. I take the view that almost all members of Parliament come into this place with good intentions—almost all. I am not choosing sides as to whether it is all those on the left or the right; almost all people come into Parliament with good intentions. To some degree, most have some of that beaten out of them over the time they are in Parliament, because it is not easy. It is actually very difficult to deliver great outcomes even for individuals, let alone wide sections of the community. It is tough. It is a tough and hard job. It is a very important job, but it is not simple. I say to people who want to be elected to the Parliament that the small wins are the ones that they will be most likely to get. Very few members of Parliament get to change society on a wide basis—the occasional Premier and the occasional minister, and half of those changes are not for the better anyway. Very few of us get to make

massive change to the structure of society. For the most part, we get to help people. I have spent my entire career in opposition. My biggest success stories have been in getting a set of traffic lights or a lollipop person on a dangerous road. We used to call them lollipop ladies, but as many men as women do it now. I give a shout-out to Bobby Castle in Margaret River, my favourite lollipop man; I always stop and have a chat with him. Our individual successes are important, but we are not very good at talking them up.

Hon Darren West: They are the most important things.

Hon Dr STEVE THOMAS: They are. Because we are in an oppositional process, my job, to some degree, is to stand up and give the people on the other side of the chamber a hard time. Their job is to try to give it back. The fact that they are not very successful at it at the moment just means that practice is required! That is part of the job. It is part of my job to hold the government to account.

Hon Kyle McGinn: You are not very good at that either, to be honest.

Hon Dr STEVE THOMAS: I could do half an hour on Griffin Coal, but we have to get to the points on this bill.

Hon Kyle McGinn: I thought it was PFAS!

Hon Dr STEVE THOMAS: I will come back to PFAS as well, my friend. Here is a bit of advice for those new to the chamber: the best issues they will have are the ones that continue for a long time and have the potential for disaster at the end of them. When the entire collapse of Griffin Coal happens and the energy system in this state is a disaster, I will have had two or three years of saying that it was coming.

Hon Kyle McGinn: It is sound policy.

Hon Dr STEVE THOMAS: The disaster that is energy policy in this state will be a gift that keeps on giving.

Hon Kate Doust: Is that like the energy policy your party put forward that was a bit like Mr Squiggle on the board—the one that you, personally, did not support?

Hon Dr STEVE THOMAS: I think Hon Kate Doust answered her own question. My comments on the previous energy policy are well known and highly public. Any attempt to embarrass me about that will fall on deaf ears.

Another piece of advice that I always give is to say what you believe and believe what you say. Even in Parliament, it is very easy to fall into the political trap of telling people what one thinks they want to hear or to fall behind the party line on occasion. People should stand for what they believe in. If Hon Ben Dawkins believes in the bill moved by Hon Dr Brad Pettitt, by all means he should support it today, but the way it is being done does not reflect well on any of us or the Parliament. My advice to Hon Ben Dawkins is that he needs better advice. I am happy to give him some. He and I have talked about some of these things, but I think he needs better advice on the process to get this sort of stuff right. I suspect that we are going to debate the process rather than the function of electoral donations and electoral reform, because the process is not good. It really has made us all look a bit stupid. The world will do that for us often enough without us doing it to ourselves. My first point to everybody is that we should try to raise that level. When I talk down the policies of the government, I never talk down members opposite. Most of them are very nice people; they just happen to have a poor choice of political affiliation and are not necessarily the wisest when it comes to policy. At heart, they are genuinely good people. Denigrating them is of no value to anyone.

I have worked in both the federal and state spheres. I have been a member of the other house that shall not be named—the Voldemort of the Parliament. The general standard of the Legislative Council is a cut above the rest that I have seen. We have very good debates that are generally very respectful, even the quite tense debates. If we think back to the debates between the hardworking Parliamentary Secretary to the Attorney General—I think he is hardworking, but there was some dissent on that this week—and my good friend Hon Nick Goiran, some were incredibly intense, incredibly long and incredibly hard work. The Minister for Emergency Services has been in the same boat. Those debates were very tough, but they were pretty much always respectful and well done. The ministers and parliamentary secretaries in this house generally try to get answers for us. Like members on this side, they are somewhat stymied by the performance of their ministers in the other place, but I realise that they cannot impact and change that. The standard of debate here is very good. Let us start by not denigrating the political process. To be honest, when we start talking ourselves down, why would everybody else not do the same?

Hon Ben Dawkins: Why won't the Liberals support reducing the threshold for disclosures to \$1 000?

Hon Dr STEVE THOMAS: I will come to that.

Hon Ben Dawkins: I mean, are you hiding something?

Hon Dr STEVE THOMAS: I will come to that. Actually, we can deal with it now. I will come straight to the question, although I am not going to speak on behalf of the entire Liberal Party at the moment. When this bill was first presented in 2020, we opposed what the government was trying to do because it takes a significant amount of money, fundraising and incredibly hard work to win enough seats to form government and govern for the benefit of the people of Western Australia. That is in the prayers that the President presents. I am waxing lyrical; sorry, President.

The PRESIDENT: I am just encouraging you to come back to the question before the house.

Hon Dr STEVE THOMAS: The President is quite right. I was trying to answer the question that had been asked by way of interjection. Perhaps I should not. The reality is that fundraising is critically important. I read the 2020 report of the Standing Committee on Legislation on exactly the same legislation. It did not go into the detail that was required of why fundraising becomes critically important to political parties. I understand that Independents and minor parties have a problem. It is very easy for them to make promises that they cannot keep and to have portfolios and agendas that they quietly push to one side that will never be delivered. The federal Greens are the best example of that. The Greens would bankrupt the country overnight with their policies, but they know they will never have to deliver them. They know they will never have to instigate things like death duties. They know they will never have to deliver. They do not need to govern but they do need to win some seats. Obviously, that has some support from members of the crossbench and Independents because they are also not in a position to ever govern for the benefit of the people of Western Australia. I understand why they would want to limit the capacity of the major political parties to exercise fundraising in the organisation required to deliver government. They have a vested interest in making sure that everybody else is more limited and I understand that. The greatest interest is always self-interest, and I absolutely get that. That drives this part of the process.

Some years ago, when I was in the other chamber, there was a debate about electoral funding. I remember this because Hon Jim McGinty was electoral affairs minister and he and I clashed regularly, and if we saw each other now, we probably still would. The debate came up of whether electoral funding would be provided. I gave a speech and said that one of the issues was not to denigrate the work of parliamentarians but accept that elections have to occur; that is the role of democracy, and it costs money to do so and do it well. Electoral funding is dedicated to delivering a better standard of Parliament, policy and politics. Therefore, I supported that bill, and electoral funding is now a part of the infrastructure of elections in Western Australia. I think that was back in the mid-2000s, so 20 years ago I was talking about raising the standard of debate, the standards we have and accepting that that costs money. But I understand that it is not part of the minor parties' processes. They do not like the fact that major parties do significant fundraising because it gives them an electoral advantage, but there is no choice.

Hon Ben Dawkins: Is robodebt part of the Liberal Party platform?

Dr STEVE THOMAS: Is robodebt part of it? I am not sure what it has to do with anything. Hon Ben Dawkins can try to score all the cheap points he wants, but the reality is we are debating what the electoral reform process looks like in Western Australia. I get Hon Ben Dawkins' anger, particularly at the Labor Party, for the position he finds himself in, but the reality is even that is not doing him any benefit.

Hon Ben Dawkins: Raise the standard.

Hon Dr STEVE THOMAS: The standard is actually pretty high, and every time we talk it down, we make it worse.

The question is: why would we refer this document back to the Standing Committee on Legislation when it has already looked at it? It would be different if I thought the committee would look at it and come up with significantly different recommendations. They were quite functional recommendations. They asked that the Minister for Electoral Affairs comment on some of the issues in the bill and review the whole process. The recommendations that came from the Standing Committee on Legislation were incredibly functional, and it was a good report. It probably did not deal with the philosophical issues of what went on—why things are necessary or why these caps are in place. We have to bear in mind that even at that point the Standing Committee on Legislation was a Labor-dominated committee.

Hon Matthew Swinbourn: No, it was not.

Hon Dr STEVE THOMAS: It was not, okay. Was Hon Matthew Swinbourn on it?

Hon Matthew Swinbourn: No.

Hon Pierre Yang: I was.

Hon Dr STEVE THOMAS: Hon Pierre Yang was, okay.

Hon Matthew Swinbourn: The members were Hon Dr Sally Talbot, Hon Pierre Yang, Hon Colin de Grussa, Hon Simon O'Brien and Hon Nick Goiran.

Hon Dr STEVE THOMAS: Okay, Hon Nick Goiran was on the committee as well.

I cannot see the committee coming up with different recommendations. I cannot see it looking at the current bill in terms of the functions of the previous bill and finding something different.

It was weird when the previous referral motion was debated because, members will remember, this was a commitment of the Labor Party in opposition leading into the 2017 election.

Hon Kate Doust: It was an excellent policy!

Hon Dr STEVE THOMAS: I suspect Hon Kate Doust might have had a fair bit to do with writing it! Far be it from me to disagree and get into a stoush with Hon Kate Doust, but I suggest that it is the sort of policy that looks

very good in opposition and horrendous in government. At the time, I wondered whether Hon Kate Doust was perhaps of the view that the 2017 election might not have gone the way it went, and she thought she might be in opposition. I remember the previous Premier made public comment suggesting his party would be in government for 20 years or something. Maybe Hon Kate Doust believed the rhetoric.

Let us be brutally honest, because the fun in the upper house is that we can be brutally honest. Even when this policy was developed in 2016–17, I suspect the Labor Party was probably getting more in donations from the business community than the Liberal Party.

Hon Kate Doust: No, I actually read your donation list during that period. You were getting very interesting donations from all sorts of interesting places, hence some of our comments about foreign donations in that document.

Hon Dr STEVE THOMAS: I have to admit that the part in that document about foreign donations is probably the one bit that has some value. I thought it was very soft on the donations of the union movement. This is part of the problem. For those who do not understand, the union movement donates millions of dollars to the Labor Party, and of course it is completely open for it to do so. If the Liberal Party forms government, it does not change the relationship with the unions, so the unions can be completely open. How many millions of dollars do the unions put into the Labor Party campaigns?

Hon Darren West: Probably less than the 500 Club.

Hon Dr STEVE THOMAS: That is almost the most ridiculous statement I have heard today.

Hon Kate Doust: It might be today but it was not 10 years ago.

Hon Dr STEVE THOMAS: Even then. The union movement puts millions of dollars into the Labor Party. It is not even close; it is not even a battle. The difference is that businesses are absolutely publicly exposed in donating to other parties and they run a risk that the union movement never has. The union movement has never had to justify its links to the Labor Party, so for the most part it is happy to throw millions of dollars at the Labor Party. There is no risk to the union movement in that. There is a risk to businesses who donate. If members go through the list of donors in the disclosure as it currently exists, as Hon Kate Doust has obviously done, they will see a number of donors, the smart ones, who donate to both sides of politics.

Hon Kate Doust: Just at varying levels.

Hon Dr STEVE THOMAS: There was a particular donor whom I will not do the disservice of naming. In the 2008 election, thanks to the Labor Party, my seat of Capel was abolished, which I took quite personally at the time. My seat evaporated and I had to contest the seat of Collie–Preston. The donor put a significant amount of money—exactly the same amount—to the Labor incumbent in Collie–Preston and me as the Liberal incumbent in Capel. I thought that the rest of it was a dastardly act, and naming the electorate Collie–Preston and removing the name of Capel was an act of corruption by the Electoral Commission in my view, but that is a whole other component.

The PRESIDENT: You might want to bring your comments back to the motion before the house, which is the referral to the committee, honourable member.

Hon Dr STEVE THOMAS: Yes.

The union movement has no issue. I think that the business community started to put big dollars into the Labor Party, which is interesting. Around the time that that legislation was being developed I suspect that the wise heads in the Labor Party suddenly realised they were getting a lot of money and if that required public exposure to the level being proposed, it would cause problems. Therefore, the bill was not one of the priority bills we debated in 2020. It was shuffled off to the end of the list where we would not have to deal with it. I think the Labor Party realised the error of its ways.

On the other hand, the Liberal Party has always recognised the risks inherent in this. We were always quite astounded. I think leaving the unions out was potentially a cheap shot, giving them a free shot, but we were always quite astounded that the Labor Party would go down this path. I think the election commitment in 2017 was very much about foreign donations. We would have had some sympathy for that. Some discussions between the two parties about foreign donations might have seen a completely different outcome, and maybe the bill would have progressed to full debate.

Previously, the bill was referred to the Standing Committee on Legislation, which reported in late 2020. Of course, the election was March 2021, so it was not a priority bill. There was no rush to get it through. That process started in 2017. It is now six years later, and that is why Hon Dr Brad Pettitt has jumped on it and said, “I can throw your own bill up against you.” It is one of those things that perhaps government members should think about. In opposition, it is easy to throw rocks and come up with ideas that sound really good because it embarrasses the government, but at some point, the Labor Party will be back in government again and at some point the Liberal Party will be back in government again, and these things will have to be dealt with.

The reality is that there is an issue around how we fund elections. I absolutely understand the push by crossbench members to advantage themselves as a part of this, but when they do so, can they please not use it to denigrate the

political process in the Parliament, because I think that is what has been happening. I think that most of the members here are trying very hard to do the right thing, and that is quite reasonable. But I find the motion to refer the same bill to the same committee in the hope that it will produce a different outcome, strange. I really do. It would have been better if somebody had referred us to the existing report. I suspect that when I sit down in a few minutes, someone in the government may well stand up and do precisely that and read out sections of it, but it does not help the argument. A sensible debate around electoral disclosures is fairly useful, but I cannot see that happening under the current circumstances. I cannot see how we are doing anything but promoting self-interest, and that applies to probably all of us, not just the crossbench. Obviously I am looking at this on behalf of the Liberal Party and members opposite are looking at this on behalf of the Labor Party, and obviously self-interest will be paramount—it generally is—but I think the current debate has been taken to the point at which we are all worse off. We are all demeaned when we start talking about the—I forget the member’s exact words in social media off the top of my head.

Hon Ben Dawkins interjected.

Hon Dr STEVE THOMAS: I forget the member’s exact words, but they were demeaning. We have too many pollies; we have to get rid of some of them. Interestingly, is he one of the members he is going to get rid of?

Hon Ben Dawkins: Your seat has already been abolished a couple of times.

Hon Dr STEVE THOMAS: I have already been through the process once, but I am interested to know whether the member is included in the politicians that wants to get rid of.

Hon Ben Dawkins: If it is, so be it.

Hon Dr STEVE THOMAS: Is it that he thinks he should stay and others should go?

Hon Ben Dawkins: It’s about the taxpayer, mate.

Hon Dr STEVE THOMAS: Okay.

The PRESIDENT: Order! Can we focus on the motion before the house, please?

Hon Dr STEVE THOMAS: I fail to see how going over old ground helps anybody in the chamber. I fail to see how it enhances the reputation of members of Parliament across the board, including Hon Dr Brad Pettitt. I see nothing wrong with him reintroducing the bill, but I kind of agree that it is a stunt. The standard of the debate that denigrates us all is a terrible position to take in the Legislative Council.

Hon Ben Dawkins: Identify the problem.

Hon Dr STEVE THOMAS: No, the member has not—sorry, with one exception, the member has not identified the problem. The reality is that this is an incredibly destructive debate. I want everybody in the chamber to lift and to actually talk us up and the work that we do, and looking after the —

Hon Ben Dawkins: Self-promotion.

Hon Dr STEVE THOMAS: My goodness! It is not often that I am lost for words but in this particular circumstance—holy mackerel! I do not necessarily think that there is a way to do this that is not ridiculous, but I hope that with my brief comments today, I have tried to lift the standard to a point at which the role that we all play is given the credit and significance that it deserves, but I remain doubtful that that is going to be the position from here.

The PRESIDENT: Hon Ben Dawkins has moved that the order of the day for the Electoral Amendment Bill 2023 be discharged and the bill be referred to the Standing Committee on Legislation for consideration and report not later than 20 February 2024, and the question is that the motion be agreed.

HON DR BRAD PETTITT (South Metropolitan) [10.55 am]: I rise to speak to this motion that I think has some merit, and it will be useful to explain why. We have been assured by government members that Minister Quigley will be introducing an updated and improved version of the Electoral Amendment Bill 2023 that is before us today, which is good news. We do not know when that will happen, but it would be fair to say that when a bill of this nature is reintroduced, we can rationally expect a couple of things. First, it will not be hugely dissimilar to the 2020 bill or the bill before us today, given that it was originally a Labor bill. I suspect it will be updated with some changes.

Hon Dr Steve Thomas: Can I interject? Are you going to introduce a different bill to update this bill?

Hon Dr BRAD PETTITT: No. The government previously said in debate that its reason for not supporting this bill, which is its own bill, is that it will be introducing an improved version of this bill and that is why this bill should not be passed. I am taking the government at its word, but it is rational to expect that the next bill will not be hugely dissimilar.

Hon Kyle McGinn: Did the recommendations from the last report get put into your bill when you introduced it?

Hon Dr BRAD PETTITT: That is interesting. As the member knows, the recommendations in that last report were made by a committee that was dominated not by Labor Party members, but by others. As I indicated last time, I would make a series of amendments to the bill that is before us. I flagged what those amendments would be in my contribution to the second reading debate.

I come back to the motion before us today. Referring this bill to the Standing Committee on Legislation is worthwhile because, quite rationally, the government will want the updated bill to go through the Parliament relatively quickly. It would be extremely embarrassing again if a bill of this nature were not passed for a second time due to the proroguing of Parliament. The government would not want to risk that happening, so the chances of the government referring the new bill to the legislation committee is close to zero. But we still have a really good opportunity to go back and have a fresh look at this legislation.

Although I agree with some of what Hon Dr Steve Thomas said, there are good reasons for the legislation committee to have a fresh look at this bill. First, the government now has the numbers on that committee, and I do not think that this government would agree with a bunch of recommendations in that report, such as removing clause 15. Government members voted against a bunch of stuff contained in that report. In light of what we have learnt in the two years since the bill was last referred, having a fresh look at the bill would actually help. It would still be useful for the committee to reflect and advise on the new and updated bill. Of course, it would be a great opportunity for the legislation committee to finally meet, which is really important. I take on board Hon Dr Steve Thomas's comments around making sure that the quality of this debate is respectable.

At the heart of this debate—I hope we can all agree on this—is that this is very important legislation because it gives the public confidence that we as politicians and parliamentarians are showing best practice and leadership in our politics. This is an opportunity to progress this bill to a stage that I am pretty sure will not be able to happen in the 2023 version that the government will introduce. There is no downside to referring this bill to the Standing Committee on Legislation. That committee is not doing anything else. There is no downside to supporting what Hon Ben Dawkins has put forward. The upside is that we will get an updated, in-depth look at this bill, and what a best practice Electoral Amendment Bill would look like. I think that is what we all want. It is certainly something I would like to see, because when Hon Minister Quigley introduces the bill into the lower house and it ultimately comes up here, we will be able to deal with it quickly and efficiently knowing that we have all the information in front of us. That is the opportunity. For those reasons, I am very comfortable in supporting the motion to refer this bill today to the Standing Committee on Legislation.

HON MATTHEW SWINBOURN (East Metropolitan — Parliamentary Secretary) [11.00 am]: I rise to speak on behalf of the government on its position on this attempt to refer the Electoral Amendment Bill 2023 to the Standing Committee on Legislation. From the very outset, I will make the government's position very clear: we are not supporting the referral motion. I think, to a large extent, I will adopt many of the points made by Hon Dr Steve Thomas.

Hon Dr Steve Thomas: That won't do your preselection any good!

Hon MATTHEW SWINBOURN: You keep saying nice things about me, and that does not help me either, so, either way, we are a bit screwed. I am screwed; let me make it clear!

We do not support the motion. Contrary to the points made by Hon Dr Brad Pettitt, there is no merit in re-referring this bill back to the legislation committee to ask it to redo its work again. The work that was done by the previous committee stands and the report is available. I encourage Hon Ben Dawkins to read the report before he seeks to refer matters back off to the committee to ask them to redo that stuff.

Back in June, our position was made clear that we would not be supporting Hon Dr Brad Pettitt's bill. Our position has not changed. I indicated at that time on behalf of the government that we would be introducing our own legislation. We continue to have that intent and that will be happening. In those circumstances, to send this bill off to those members who form that committee to conduct that work would essentially be a complete and utter waste of time.

I pick up on the point made by Hon Dr Steve Thomas to Hon Ben Dawkins that he needs better advice. I will add my two cent's worth to that. The member does need better advice, but he also needs to listen to that better advice when it is given to him and act on it. That is what I say to him. There is no point in people giving him good advice that he does not listen to. I ask the member to please take that on board. One particularly good piece of advice is to think about the tone at which he wants to conduct himself in this chamber and with his colleagues here, because when he goes around calling us things like simpletons and idiots, that reflects more on him than on any of us.

Hon Ben Dawkins interjected.

Hon MATTHEW SWINBOURN: I am not taking an interjection. I strongly encourage him to reflect and take some advice on the way he conducts himself, because he can prosecute the substance of his arguments without the need for personal attacks on his colleagues here. That is a choice he makes. It is a considered choice, because he puts it in writing and on his social media. He could have said, "No, that's not a well-advised thing to do; I can make the substantial points I want to make about what I think would be a better system without denigrating everybody in this chamber and the other house." I encourage him to reflect on that and on the kind of member of Parliament he is trying to be, and whether that is the kind of person he wants to be remembered as. We do him the courtesy of not publicly denigrating him on an ongoing basis on his involvement in the house. It is a matter for him whether he wants to return that courtesy, but, again, he should take some advice, listen to it and perhaps act on it.

The government does not support the referral motion. We will reintroduce an updated and improved electoral amendment bill in due course; there will be plenty of time for there to be debate on that bill when it comes and for the house to consider it.

The ACTING PRESIDENT: The question is that the motion be agreed.

Hon BEN DAWKINS: Apparently I have five minutes to reply.

The ACTING PRESIDENT: Member, I am advised that you do not get a right to reply on this procedural motion. Question put and negatived.

Second Reading Resumed

Point of Order

Hon Dr STEVE THOMAS: My understanding is that Hon Ben Dawkins has not spoken on the second reading debate, and if we are on the second reading debate, he can seek the call and speak. Has he spoken?

The ACTING PRESIDENT (Hon Stephen Pratt): He has spoken; he moved the referral motion during his second reading contribution.

Hon Dr STEVE THOMAS: Sorry; you are right, so he cannot.

Debate Resumed

HON KYLE MCGINN (Mining and Pastoral — Parliamentary Secretary) [11.05 am]: There was a little confusion there, but I am glad that we are back underway and I can get up and talk on the Electoral Amendment Bill 2023 before us today. I will cover a couple of things that have come up already. I note that Hon Dr Steve Thomas said that he has never denigrated anyone in this chamber, but he has denigrated my mother; I will say that.

Hon Dr Steve Thomas: Your mother?

Hon KYLE MCGINN: He has attacked my mother on many occasions. He has even asked me to go to Leinster and get a haircut, which I thought was quite insulting, actually!

Hon Dr Steve Thomas: If you called a division on that, I would win!

Hon KYLE MCGINN: I say that the member should go and speak to my constituents in the Mining and Pastoral electorate, because they love it!

I will touch on a few things. Hon Dr Steve Thomas also touched on a very good point in regard to independent parties making policies and commitments that they know they will not have to enact due to potentially not being able to get into government. I agree with Hon Dr Steve Thomas about that. The federal Australian Greens is a very good example of that; we often see some very outrageous policies come out in an attempt to garner support, but we cannot quite understand how they are going to implement them.

Hon Dr Brad Pettitt: This is your bill!

Hon KYLE MCGINN: The honourable member should listen to what I am saying; I am talking about the federal party at this point in time. Let us be honest: some of the outrageous stuff they have come out with makes me laugh about how serious they are about ever actually governing this country. I remember in the last term of this Parliament, we had a few more Greens in this chamber, and one of them, who had just finished working in the oil and gas industry, wanted to strike the oil and gas industry out completely without any transition. I could not believe it! He had just spent time on the Gorgon field himself, and then he got up and moved a motion to shut down the oil and gas industry. He profited from it and then wanted to shut it. I could not believe it!

The bill that is before us today has allowed me to look into some other areas and how election and democratic processes work around the world. The American system is interesting, because it actually has a commission for disclosure. It has its own independent department set up and structured within the American system. It is quite an interesting thing to look into. One thing I found quite interesting about the way that it operates—I do not understand how it works, by the way, because there are over 500 members in the United States Congress of the House of Representatives and the Senate—is that it goes to an election every two years. It goes to a vote every two years, but in the year between that, it goes to a public preselection, which is called a primary. US members are campaigning every 12 months. I find that really interesting. I know that we go to election every four years here in Western Australia, and I think that is a suitable time. Federally, Australian senators go to election every six years. But when members of the US Congress are going to election every two years and publicly to a primary in that off year, I do not understand how they get anything done.

Hon Dr Steve Thomas: That is why the primary role of an American member of Congress is actually fundraising. Fundraising comes first.

Hon KYLE MCGINN: Yes. They have to constantly fundraise, because they have to run an election every 12 months for some big or small reason.

Hon Kate Doust interjected.

Hon KYLE McGINN: That is right. That system is crazy, I must say. I do not think it does any favours to the quality of policy and laws that come out of that government, because the high reliance upon having to fundraise consistently would, in turn, leave next to no time for getting their job done.

It also intrigued me that one of their Senators in California has 100 staff. They have a huge amount of resources. For example, the Mining and Pastoral Region, which is the biggest electorate in the world, has two staff.

Hon Wilson Tucker: Hear, hear!

Hon KYLE McGINN: I knew Hon Wilson Tucker would find that very interesting. I am looking forward to Hon Wilson Tucker —

Hon Wilson Tucker: A hundred would be a good number.

Hon KYLE McGINN: Yes.

Hon Darren West: You get one per 49 votes.

Several members interjected.

Hon KYLE McGINN: Hon Darren West has created an absolute zinger: one staffer for every 49 votes, Hon Wilson Tucker! That is a zinger and a half, Hon Darren West. It is not very often that you get one zinger, but that is a purler.

Hon Darren West: One a year.

Hon KYLE McGINN: One a year.

It is interesting that we just dealt with a referral motion, and I found it flabbergasting to be honest.

Hon Jackie Jarvis: Flabbergasting!

Hon KYLE McGINN: Yes, I know. It is a good word, that one!

I was already reading the report from the previous Standing Committee on Legislation in respect of the Electoral Amendment Bill 2020. I wonder whether Hon Ben Dawkins had read this before moving the motion, because I did not hear a justification for moving the motion. It was quite a bizarre situation. The motion was moved, but there was no justification for why the report was not good enough to explain the bill to the member. I also think it was a bit insulting towards committee members who were on that committee. That committee produced a really good report. I read through it and thought it was a decent report.

Hon Martin Aldridge interjected.

Hon KYLE McGINN: Since 2020, there have been two other inquiries into electoral reform, which Hon Martin Aldridge is hopefully aware of. The federal Parliament's Joint Standing Committee on Electoral Matters released a report in June 2023 with recommendations for political financial reforms. The Western Australian Electoral Commission conducted a review following the state election in 2021, with recommendations arising from that. There has been some pretty in-depth reporting since 2020. I would be interested to hear what Hon Dr Brad Pettitt—I am not sure who gets the reply.

Hon Kate Doust: There is no reply.

Hon Martin Aldridge: There is for the second reading.

Hon KYLE McGINN: I just wonder, because it was put forward by Hon Dr Brad Pettitt. I do not think Hon Ben Dawkins will have the right of reply. I ask Hon Dr Brad Pettitt whether he has read the two reports and whether there is anything within them that he wants to see placed into this bill. I have to go back to the member's second reading speech, it has been a while since we debated it, but my genuine question is around whether the honourable member had incorporated the recommendations out of that report. He is saying that there will be quite a few amendments to this bill, so it is not the same bill.

Hon Dr Brad Pettitt interjected.

Hon KYLE McGINN: It is interesting that we hear it is the same bill, yet a heap of amendments will be moved by the mover of the bill. It will actually be a completely different bill, but the Greens are really good at that one. I thought that was quite a nice move to run down that way. I am looking forward to hearing from Hon Wilson Tucker, who will probably have a few things to say around this.

The government has already moved on some electoral reform, and as the hardworking parliamentary secretary, who is currently away on urgent parliamentary business, stated, a bill is coming to modernise where we are. To say that we have not had any progress is incorrect, because, as we said, some electoral reform has already been done. That debate was very broadly canvassed and I expect Hon Wilson Tucker will have a bit to say about that as well. It is going to be very interesting.

Hon Wilson Tucker: Electoral equality or electoral reform?

Hon KYLE McGINN: I think Hon Wilson Tucker will have a say on all of it, to be honest. I think it will be interesting to see what Hon Wilson Tucker's position is on this bill. I am intrigued to see him put on the record his concern around political parties having 500 members. I think he put on the record in a previous debate that that was a concern. If I am incorrect, I will stand corrected, but I believe during the last electoral reform debate, there was an issue around a political party having to have 500 members.

The ACTING PRESIDENT (Hon Stephen Pratt): Order, members. I remind members to direct their comments through the chair.

Hon KYLE McGINN: Thanks, Acting President. It is such a broad debate in respect of trying to get answers out of it, and we only have the right of reply from Hon Dr Brad Pettitt. I ask the question to Hon Wilson Tucker and if he gets up, he will be able to answer that one.

The foreign donor aspect is problematic. It needs to be defined very clearly, because in some of the things we deal with in the electorate, it is so very hard to find out who is actually behind some of the businesses. There have been a few occasions when I have worked with an organisation that I would not expect to have investment from China or somewhere else, but I found at the back end that a foreign investor was investing in that company. It is quite difficult to decipher that. A definition would have to be very heavily worked on when defining the foreign donor clause. I also probably need to spend more time working out how a foreign donor is defined federally. There has been a lot of public debate around that over the last couple of terms in federal Parliament. I dare say, all states and the federal government will probably have to align that, have a discussion and work out what that looks like across Australia, rather than it being independent across different jurisdictions.

Hon Kate Doust: I think you will find there is a fairly generic view that donations can only be made by a person who is an Australian resident or has a business registered in Australia. It is a consistent position now.

Hon KYLE McGINN: My question is whether that business is supported, funded or co-owned by a foreign entity.

Hon Dr Steve Thomas: That becomes an issue; it can be almost impossible to tell.

Hon KYLE McGINN: That is why I wonder how we would define it, because I do not think we can get to the bottom of that. If we do, it has to be vigorous. Recently, American legislation on that was moved regarding rare earths and minerals. It looks at FPT Corporation partners that bring in rare earths to have access to quite a healthy fund over there. One of the key principles is that there is no Chinese ownership or investment within any structure of that. It goes really deep into making sure, right down to the bottom dollar, that there is no investment outside their country. I found that quite interesting. If members want to talk more about that offline, I would be happy to.

It has been an interesting debate today and also a very interesting move to referral. I was glad to get up and put a few things on the record. I will say that I have read through this document, and I think Hon Dr Sally Talbot and the team did a good job.

HON KATE DOUST (South Metropolitan) [11.19 am]: I rise to make a few comments on the matter before us today, the Electoral Amendment Bill 2023. First of all, I thank Hon Dr Steve Thomas for his very statesman-like presentation this morning in support of members of Parliament, particularly in this chamber, and the work they do.

I am going to reinforce the words my good colleague Hon Matthew Swinbourn offered to Hon Ben Dawkins about seeking advice. I am just going to say this to the member very bluntly. I think he has just blown the only 80 minutes he is going to get this year—he will have to wait until this time next year—to have a say about something significant to him as a member of this place. The member gave notice this morning of his own bill. I am surprised that he did not then think through the process and second read his own bill now.

Hon Ben Dawkins: I do not have it ready. It has to be drafted.

Hon KATE DOUST: That is quite an interesting admission. Most people would have a bill ready when they give notice of introducing it. The member might have the opportunity to read it in tomorrow or at a later stage today, so he might find himself caught out there. He is not going to have another opportunity to bring on his bill for at least 12 months—or sometime in the next 12 months. Nobody will know what he is contemplating and have an opportunity to have a discussion or a negotiation about the benefits or not of his bill. I think the advice that Hon Matthew Swinbourn gave the member is absolutely on the money.

My advice to the member is to learn the standing orders. As a lawyer I would have thought that would be the first thing that he did when he came into this place. I think that is first thing the vast majority of members do to understand not only their role but also how this place functions and operates and what our rights and responsibilities are in how we work in here. I think that talking to our extremely highly skilled Clerks and seeking advice from them or talking to other members who have been in this place for a while about how things happen or the nuances of getting things to happen, and taking that advice on board, would serve him so much better for the remaining period of his time in this place.

Hon Ben Dawkins: Who do you think wrote the thing for me? The Clerks.

Hon KATE DOUST: I am trying to be of some assistance to the member and I have only a short time. What the member has done today has been quite interesting. The member has continued the stunt that was instigated by Hon Dr Brad Pettitt and then he has sought to refer a matter that is already being dealt with, and I know that we have already had the vote on that. Having been a member of that committee in the first term—a very hardworking committee—and current member of the committee, I stand ready with my colleagues to participate in any inquiry that this Parliament chooses to refer to that committee. One of the things members need to do, whether it is a first referral or the type of referral that the member has instigated today, is give the committee riding instructions. We have to talk about what we want it to look at. It is not just the bill but it might be elements of the bill or issues associated or a stakeholder question or a matter that is being canvassed in the community that the member wants the committee to identify and focus on, and that is not what the member did today.

The member gave us 10 to 15 minutes—I am not even going to be polite—of a dog’s breakfast in his approach to this whole matter before us today, and then he abruptly sought to refer it, but without riding instructions. Even if that motion had been successful, what would the committee have done? As Hon Dr Steve Thomas said, it would have adjusted the date, the title and the membership and Bob’s your uncle—report back in. It could have been done in a day if that were the case. My advice to the member is to talk to people. If the member really wants to make the most of his time in this place, he should learn the standing orders and how we function.

[Interruption.]

Hon KATE DOUST: Sorry, my watch is going off. It is not my phone. I am happy to hand my watch over to somebody in accordance with the rules. I will do my Maxwell Smart impersonation and talk to the watch as I do!

In the three minutes I have left, I will say that when these types of policy changes were proposed leading up to the 2017 election, there was a lot of discussion around threshold limits for political donations, hence the proposed changes. There was a lot of discussion around real-time disclosure. My colleague Hon Kyle McGinn has referred to the American models. Our policy document at that point was based on what was happening in a range of other countries. The American system, particularly what happened in New York at the time, was very useful. It is a complicated system, and the member is right: the current arrangements in the states are that members of their respective Parliaments do not necessarily get to do the valuable work we do because when they are out of the chamber they are locked in a room on a phone canvassing for dollars. America’s system is so much more complicated and I think takes away from their core business of representation. The idea of having threshold limits, having real-time disclosure and having it online was extremely relevant at the time. I appreciate that there are complications with doing that with not only implementation but also having the available technology to implement those changes.

I will note that the report that has just been handed down federally has a whole series of recommendations. The first few recommendations reflect some of those things that we canvassed in that original policy document leading up to the 2017 election. I am pleased to see that there is ongoing discussion around that. The recommendations deal with dropping the donation disclosure threshold to \$1 000. My colleagues can correct me, but I think if it is a federal donation, the threshold is currently \$10 000 or even more at the moment. I am pleased to see whether the feds do that because, quite frankly, that will provide absolute clarity in the mind of the voter about where money is coming from and what the purpose is.

The federal government is also looking at real-time disclosure requirements. It is considering the definition of a “gift” because we all know it is not only the dollars. It is also about what sorts of in-kind donations are made that people do not always know about.

Hon Dr Steve Thomas: Can you tell us how much the federal Labor Party gets from the unions across Australia? Any idea?

Hon KATE DOUST: I cannot tell the member off the top of my head

Hon Dr Steve Thomas: It would be a lot of millions of dollars, wouldn’t it?

Hon KATE DOUST: I think if we lined it up with the other donations that are made, it would probably not be as much as what we still see going from the business sector into the coffers of the Liberal Party. I will have to go back and look at that.

I am saying that I think the state government has been very sensible with its timing of this legislation that it will ultimately introduce, because we want to make sure that whatever the feds are doing, there is some synchronicity in the thresholds, the disclosures and the other factors around the public funding issues. I know that my good friend the Special Minister of State, Don Farrell, is in discussions with a range of parties federally about how this will happen. Federal Labor is hoping to introduce its bill before the end of this year. We would not want to see the state government going off and doing something entirely different that might need to be retroactively fixed. I think the fact that we have waited to get a better form of bill is entirely sensible. I go back to my advice: if the member wants to be in this place and work effectively, get the advice and stick with it.

Debate adjourned, pursuant to standing orders.

MENTAL HEALTH SERVICES

Motion

HON AYOR MAKUR CHUOT (North Metropolitan) [11.29 am] — without notice: I move —

That the Legislative Council —

- (a) recognise that early detection and treatment of mental health conditions in children has a significant impact on their development and wellbeing; and
- (b) commend the Cook Labor government for its massive investment in health and mental health, including its commitment to infant, child and adolescent mental health services in Western Australia.

The Cook government and our dedicated Minister for Health, Amber-Jade Sanderson, are committed to the wellbeing and prosperity of every infant, child and adolescent living in our state, their families and carers, especially those who are dealing and struggling with mental health challenges, conditions or illness and the stigma surrounding it in our community. We have the power to lessen the stigma and eliminate it altogether by showing up to talk about this very important matter—the health and mental health of our children. We have the power to go from where we are today and keep talking about the youth in our electorates, to talk directly to them at their schools and at sporting and community events, and hear directly from them. This government listens. We see and hear those who are struggling, and the people dedicated to their care and development. What they have to say matters to us very much, and the government will continue to support them. No child should struggle to go to school each day. They should not struggle to learn, struggle to make friends or struggle to be included. But, indeed, sadly, there are children in our community who do struggle every day. For those who are not getting the help they need, today we are working to reach them.

Mental illness does not discriminate; it affects children and young people from diverse backgrounds. Some mental health conditions are linked to genetic factors, but environment and primary relationships play a significant part in the development and wellbeing of children. Those children then become young adults, functioning and contributing to our society or failing to do so. Many mental health conditions that present themselves in adulthood have their origins in the early years of life.

I will provide some figures. According to the *Medical Journal of Australia* dated 24 July 2023, the mental health of young Australians is declining, reflecting a worldwide trend. There has been an alarming increase in mental disorders, particularly in young women. The Black Dog Institute reports that in any one year, over half a million Australian children and adolescents experience anxiety and depression disorders. According to the government of Western Australia's Mental Health Commission, almost one in seven, or 13.9 per cent, of children aged four to 17 were assessed as having a mental disorder in the previous 12 months. Attention deficit hyperactivity disorder was the most common mental disorder in children and adolescents, with 7.4 per cent affected, followed by anxiety disorders, 6.9 per cent; major depressive disorder, 2.8 per cent; and conduct disorder, 2.1 per cent.

In my capacity as a member for the North Metropolitan Region, I have met amazingly dedicated people and organisations that support youth who often make up these statistics, including Whitelion, Youth Futures WA, Alta-1, the Edmund Rice Centre WA, Nyoongar Outreach Services, Life without Barriers and the Organisation of African Communities in WA through its mentoring programs, and others. I thank them for all they do to support children and young people and their mental health.

Proudly, Target 120 was developed as a 2017 Mark McGowan government election commitment aimed at early intervention for at-risk young people aged between 10 and 14 years, and their families, to reduce rates of juvenile offending, steering young people towards education and employment, which is very important. The 2023–24 state budget allocated \$11.7 million to extend the Target 120 program. I would like to see funding for Target 120 continue after 2025. It has helped at-risk young people across WA, including those in Armadale, Midland and Mirrabooka, where many culturally and linguistically diverse and some at-risk young people come from.

As this Parliament's first MP of African descent, I regularly hear from CALD people. The mental health needs of CALD children and young people are complex. They deal with multiple stressors, including identity and belonging issues, discrimination, trauma, intergenerational grief and neurological disorders such as ADHD. I believe there are CALD children whose ADHD is not being identified and they are not getting the help they need. Unfortunately, there is a lack of awareness of neurodiverse conditions and mental illness in some CALD communities, including African communities. These undiagnosed children are struggling to learn. They get in trouble at school and become disengaged. Some drop out of school early. Some end up in the justice system. They need us, the decision-makers. I am proud to be part of a government that looks for areas of improvement.

In June, I had the honour of representing Amber-Jade Sanderson, the Minister for Health; Mental Health at an Infant Mental Health Awareness Week event to launch the *Perinatal and infant mental health promotion and prevention plan 2023–2027: Practical strategies to promote mental wellbeing and prevent mental health conditions* sponsored by the North Metropolitan Health Service's women's health, genetics and mental health program. The plan was developed following extensive review and consultation with key stakeholders from government and non-government agencies, as well as professionals and consumers, to provide guidance and support to organisations.

It takes a whole-population approach, targeting WA families and families-to-be from preconception to a child's fourth birthday who are unwell and at risk of developing poor mental health. This year's theme, "Bonding before birth", highlighted the importance of the antenatal period and the need to support mothers in the early relationship with their babies to ensure the best possible care is provided to the family. We know that supporting parents to "bond before birth", particularly those with challenges related to their mental health, is critical. A growing body of evidence shows that the first 2 000 days from conception to age five can have a significant impact on their mental health. Factors include attachment, parenting, nutrition, illness and psychosocial determinants. Social determinants of health that can negatively influence the perinatal mental health journey include poverty, racism, gender disadvantage/inequalities, gender-based violence, food insecurity, poor housing, limited education and reduced social networks. Risk factors to infant mental health include developmental issues such as malnutrition or disability, neglect, quality of infant and caregiver attachment, separation from primary caregivers, a traumatic childhood experience such as war and fires, and family and domestic violence.

I ask members to note that the plan identifies priority groups that have an increased risk of developing poor mental health, especially over the perinatal period, such as Aboriginal families, LGBTQIA+ families, CALD families, those experiencing and/or at risk of family and domestic violence, rural and remote families; teenage parents, and parents who have settled in Australia under a refugee program.

Early intervention can have a significant positive impact on a person's prognosis and is particularly important in affecting outcomes for children and young people—for whom mental illness can have profound long-term consequences. Intervention is critical to not only prevent or reduce the progress of a mental illness, but also improve a person's physical and mental health, community participation and socio-economic outcomes far into the future. Mental illness often starts in childhood, adolescence or youth, with 50 per cent of all mental issues starting by the age of 14 years. The life path for children is changed dramatically if mental illness onsets during their formative years. It impacts education, employment and social and health outcomes throughout life and shortens life expectancy. Studies have found that almost 80 per cent of all adult illness can be reframed as extensions of ill health that onset prior to the age of 18.

Before I run out of time, I will get into what the government has been doing. The Cook Labor government is working to build a system wherein the mental health of infants, children and adolescents is identified, supported, and treated early in life and early in illness.

Our hardworking Minister for Health; Mental Health, Hon Amber-Jade Sanderson, is working to ensure that all Western Australian children, families and caregivers have timely, enduring and equal access to integrated and high-quality mental health care. The minister is providing more responsive services and the right care at the right time.

A \$420 million boost was provided by the state government through the 2023–24 state budget. The government has allocated \$35.5 million for infant, child and adolescent mental health services. This includes a community mental health service in Bunbury at a cost of \$7.1 million, a crisis mobile team in Perth's east at \$3.6 million, expanding the Aboriginal mental health workforce at \$5.7 million and funding for additional frontline workers for the child and adolescent mental health service at \$6.4 million. The government will also enhance the Touchstone service with \$4.8 million.

The state and commonwealth governments committed \$12.55 million to establish a Head to Health Kids National Service Model in WA. I am proud that the new 102-bed mental health unit at Joondalup Health Campus in my region is now open. This incredible, world-class facility doubles the capacity of the existing facility and provides services to adults and youth, aged 16 to 24 years. It is part of a bigger \$269.4 million expansion of Joondalup Health Campus, co-funded by the state and federal governments, including \$111.4 million dollars provided by the Cook government. I would like to also mention that previously the state government committed \$129.9 million over four years for youth services and initiatives.

I am proud to be part of the Cook government that never stops working hard for the most vulnerable in our community. We will never stop working with heart and determination for the mental health of children.

HON SHELLEY PAYNE (Agricultural) [11.44 am]: I would like to thank Hon Ayor Makur Chuot for bringing this motion to the house today to give us an opportunity to talk about infant, child and adolescent mental health services. I would also like to talk about a few of the things that our government is doing to address this growing issue in our state.

I have three kids who have grown up in Esperance, and there have been some challenging times in Esperance, particularly with suicide. It is a challenging and difficult thing, and I commend the government for all the work it is doing in this space.

Generally, our government has increased our annual health budget since coming to government by 33 per cent, which is fantastic. The Mental Health Commission's budget has increased by 57 per cent. We have the highest per capita spend on our hospitals of any state—18 per cent above the national average—so we should all be grateful that we are in WA with a great Minister for Health and a commitment to putting money into our health and mental health systems.

After coming to government, one of our reforms was to initiate a major review of infant, child and adolescent mental health services. The ministerial taskforce was started in 2020 and looked into public mental health services for infant, children and adolescents aged zero to 18 years. The taskforce was established in response to the tragic death of 13-year-old Kate Savage in 2020. The taskforce was charged with investigating the pressures and demands on the state's mental health system and reporting to the government on how to ensure children can receive the treatment and care that they need when they need it.

The final report came out in March, 2020, and I am pleased that our government acted quickly to look at the eight action areas and 32 recommendations and implement the recommendations. In last year's budget, \$47 million was provided to implement immediate and short-term recommendations, which allowed us to build the foundations for the future infant, child and adolescent mental health system. Following on from this year's budget, an additional \$35.5 million was allocated to infant, child and adolescent mental health services.

I will read the opening statement of the chair of the ministerial taskforce —

The Western Australian Government's decision to develop a system-wide approach to infant, child and adolescent ... mental health across the state in response to the tragic experiences of the Savage family and the death of their daughter Kate, was the right one ... the problems faced by the Savage family are sadly not uncommon—children, families and carers across WA struggling with mental ill-health concerns, face many difficulties or are unable to get the help they need ... too many experience the heartbreaking loss of a daughter, son, sibling, niece, nephew, cousin or friend. The formation of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0–18 years in Western Australia ... signalled that it was time to act.

Hon Ayor Makur Chuot talked about early intervention. The acknowledgement that early intervention can have a significant positive impact on a person's progress, particularly affecting outcomes for children and young people, is something that I am really pleased has come out of the taskforce's work.

I was surprised to read the statistic of 50 per cent of all mental health issues have started by the age of 14, so the earlier that we can reach the children who are struggling during their formative years, the better the outcome and the better life path they can have. We can have a significant impact on improving that.

The government is working to build a system whereby the mental health of all infants, children and adolescents is identified, supported and treated early in life and early in illness. The government is also ensuring that all children, families and their carers have timely and equal access to the services.

The government's focus for 2023, given the significant growth of incidents, is on prioritising the integrated mental health delivery service. The government is looking at the cultural shift that we have to make from being largely reactive and having acute hospital-based systems to having a strong focus on harm prevention. Our priority is to implement the recommendations of this taskforce and enhance suicide prevention.

I am also pleased with the government's *Western Australian suicide prevention framework 2021–2025* and its work to prioritise that suicide prevention framework. This is close to my heart, with a lot of the issues that have happened in Esperance. The framework was launched by our Premier, Roger Cook, when he was the Minister for Health, and there is some alarming information in there. One person dies a day by suicide in Western Australia. We acknowledge that suicide is a complex issue that will take time to address and it is a high priority for us. For every suicide, as many as 25 people will attempt suicide. Western Australia has had a consistently higher rate of suicides than the national average since 2008. Many of us know that males are three times more likely to die by suicide, Aboriginal people have three times the rate of suicide and it is the leading cause of death for young people aged 15 to 24. I am pleased with the work our government is doing on suicide prevention.

I will also talk briefly about the national children's mental health and wellbeing strategy. It is the first of its kind in the world and looks at having a coordinated approach across the nation to address children's mental health, acknowledging that the mental health of children is one of the biggest challenges faced by schools. I am pleased with a lot of the work done under Hon Sue Ellery to increase the number of school psychologists in public schools. This financial year alone, there are 48 new school psychologists, and we are looking to get 100 extra by 2025. As of April this year, 435 school psychologists were working across the state. That is really good.

When there were some unfortunate suicides in Esperance, another good initiative saw the Department of Education working with parents and schools in Esperance to get help from other organisations. Armed for Life and its director, Adam, came down and did a lot of sessions with both our community and our students. Headspace has a new premises opening in Esperance. I think I mentioned before that the crew at Esperance Headspace told me that it is the highest funded Headspace in the country. It is doing a lot of work going into the high school as well. I find that a lot. Even primary schools are asking for funding for new and additional spaces so that they can bring services into the school rather than the parents having to collect their kids and take them out of school. These are good initiatives. As Hon Ayor Makur Chuot talked about, the earlier we can support these children, the better they are going to be.

I will quickly talk about a few of the other initiatives, such as the kindergarten curriculum guidelines that were revised in response to increasing concern about the mental health and wellbeing of children and the 22 child and parent centres that are operating around the state. They are a really good way to engage parents before their children start school, educate them on issues and provide them with information about access to services. I commend Krystal Wiggins, the principal at Nulsen Primary School in Esperance, who has been doing a lot of hard work trying to get a child and parent centre operating in her school to help support parents.

KindiLink is great program that brings in parents and three-year-old children, and particularly Aboriginal children. Katanning Primary School's KindiLink program is open to both Aboriginal and non-Aboriginal students and is a great environment to bring the community together.

HON KLARA ANDRIC (South Metropolitan) [11.54 am]: I rise to make a contribution on today's motion by Hon Ayor Makur Chuot. It is a fantastic motion and something I really enjoy speaking on because I feel quite passionately about the topic for a number of reasons. It is a topic that I think needs to be discussed more often not only in our community, but also, certainly, in this chamber. I thank the honourable member for her motion today.

As we all know, investing in the mental health of our youth is essentially an investment in a brighter and more resilient future. Mental health is certainly the foundation of a young person's potential and it impacts their lives in so many ways, including their ability to grow and learn. A few members have talked about some of the initiatives of and funding by the McGowan and now Cook governments, and I am pleased to see that our government is tackling mental health and wellbeing and taking this issue really seriously. It is a serious issue and it needs investment, programs and policies that can better the lives of people across our state.

I will talk about some of the issues I wanted to mention, but I will not go over all of them, simply because they have already been outlined in both members' previous comments. One area I will focus on today is youth mental health. I looked at the Speaking Out Survey report of 2019 and the follow-up report of 2021, which surveyed 16 500 Western Australian students. The key finding of that report was that the youth in Western Australia face mental health issues and they are of significant concern for our young people. I found it quite troubling that girls consistently rated their wellbeing well below that of their male peers. This is just another gender gap that exists on this level, and it is something that we really need to do better on. I agree with Hon Ayor Makur Chuot's comments that mental illness does not discriminate, and it is complex.

I would like to go back to a finding in the report that girls have higher rates of stress and lower satisfaction in life. A substantial number of high school students between years 7 and 12 reported poor life satisfaction, and other things such as low self-esteem, high stress levels, and feeling they cannot cope with life's challenges and so on. Female students were also significantly more likely to report feeling this way compared with their male peers. I believe the statistical breakdown is 68 per cent for females and 46 or 47 per cent for males. The report summary breaks down what children recorded. That includes issues such as school study problems, at 89 per cent; mental health and wellbeing, at 49 per cent; problems with friends, at 45 per cent; and body image, at 45 per cent. On that note, I have just seen that one of ABC's top stories today is that a meeting will be held today in federal Parliament with former eating disorder patients who will tell Facebook and Instagram executives how social media has not only exploited them, but also undermined their recovery, and about the massive impacts that social media has on the mental health of our young people.

Going back to the statistics from the 2021 Speaking Out Survey, family conflict contributed to the mental health problems of 45 per cent of young people. As a mother of a teenage daughter who suffers from mental illness—both anxiety and depression—I certainly face a lot of uncertainty when Andjela is dealing with difficult times in her life. I was in bed last night after Parliament and was looking at the report when she called me to wish me good night. She asked me what I was doing and I said that I was researching and reading up on the mental health of youth. She said, "Oh, fantastic! So, I'll come with you to Parliament and I'll be your exhibit A." I am glad that she can make light of it, but it is a very serious issue. It certainly impacts our household quite a lot. As a parent, I often find it really hard to know what to say, what to do or how to approach it. One key finding in many of the reports on the mental health of children and young people is their ability to feel that they can speak to their parents, family and loved ones. I have taken that on as a parent—I take it very seriously—and constantly ask her how she is and how she is going. We have thankfully reached the point where she will often come to me and I will give her reassurance.

I said to her last night, "Now that I've got you on the phone, Andjela, I might just ask you a few questions. What would you say is one of the biggest impacts for young people and how do you think we can do better?" The first thing she mentioned was social media. She said that social media has a massive negative affect on many young people, particularly young girls. She said, "Every teenage girl struggles with this." The issue is often complex. She said that the misconceptions about life, body image, success, influencers and peers are always in their face, if not 24 hours a day, then whenever they are not sleeping. They are constantly faced with these problems. She talked about how people see only the good things in everyone's life and said, "When things are not going well for you, you think, 'What's wrong with me?'" We see images of people only when they are happy. She said, "I guess at my age, the ability to understand this, and that it isn't real and it isn't the big picture, can sometimes be very difficult." She went on to talk about body image issues that a lot of girls, and I am sure a lot of boys, struggle with, as well as stress

related to study and school demands to achieve good results. I also went through a bit of a struggle through my primary school and earlier years. I probably should have picked up on the fact that in every single report my teachers wrote “Klara needs to stress less”, but it was not talked about as much then. That comment always recurred. Looking back now, it had a lot to do with wanting to meet demands and expectations of excellence and to do so many things and it caused a lot of pressure on me.

I will not go into the investments the government has made because both Hon Ayor Makur Chuot and Hon Shelley Payne mentioned them earlier, but I am pleased to see that our government is addressing mental health through one of the biggest investments in the Mental Health Commission’s budget of \$1.4 billion in 2023–24, which is a massive increase from the 2016–17 figure of \$863 million.

I have less than a minute left to speak. I have run out of time, but I want to mention two fantastic organisations that I recently caught up with. The first is A Stitch in Time. I met with two-time Olympian and silver medallist Blair Evans at the Kwinana Tigers Hockey Club. A Stitch in Time facilitates fantastic mental health programs for kids in sport. I highly encourage anyone who can get to one of their events to go, because they teach kids how to build resilience, share stories and show young people exactly what they need to do to overcome the many challenges they face in everyday life. I thank Blair for being so candid about her own story; it was very inspiring to take part.

HON COLIN de GRUSSA (Agricultural — Deputy Leader of the Opposition) [12.04 pm]: For the benefit of other members, I do not intend to talk too long because I know that others are very passionate about this topic, as am I. I thank Hon Ayor Makur Chuot for bringing this motion to us to debate today. We all need to talk about mental health every day. Today is, of course, R U OK? Day. We need to collectively work to make things better for our youth in particular. I can speak with some experience. As of Saturday, I will have five teenage daughters. That keeps me busy—yay me! They are all wonderful human beings, but several of them suffer from pretty significant mental health issues. I will talk a little about that experience, not so much from a personal perspective, but more about the things parents of children with mental health issues have to go through. As a parent, I have the financial wherewithal to seek as much help as possible. My heart goes out to those who are not in that situation.

As Hon Ayor Makur Chuot’s motion states, early intervention and detection is absolutely critical, but it is not just about the treatment of these kids. It is not just about dealing with the symptoms they express or the mental health problems they have. The question I always want to ask is: Why? Why are so many young people—the number is growing every year—and particularly young girls, suffering from significant mental health challenges at school, at home and in society in general? Another question for me is: how do we deal with that? Yes, we need adequate services—being able to get to those services is a challenge for all parents, as I sure many members are aware—but it is also about providing tools for families and schools. It is about not just having psychologists in schools, but also understanding what is causing stress in schools. Social media is talked about a lot. My own experience is that it is part of the problem in some of the challenges that my own kids have faced. Coming from the gen X point of view, I could say that we never had that when we were young so we could just get rid of it, but that is not the answer. Social media is a part of life and will continue to be a part of life for the foreseeable future, so we need to equip kids, families and schools to manage some of the challenges that go along with what is essentially the curated best of people and not the reality. We need to teach kids critical thinking skills as much as anything so that they can look at social media posts and other things they see and appreciate that it is not real—that it is not the reality of that person’s life but a snapshot in time; it is a picture of them at their glamorous or filtered best. Teaching kids those critical thinking skills is something that I think our schools need to get better at doing.

I am rushing through my speech because I want to give other members a chance to chat. Another issue is around children who are 16 versus those who are 18 years of age. That is a monumental challenge that no-one has got right. One of my kids will reach the age of 16 early next year. She is currently being seen by Perth Children’s Hospital and other services, but they are already talking about a transition plan because she will soon be over 16. At one point, we would have liked to have used an inpatient service for her condition—it was pretty serious—but that could not happen at PCH because it did not have beds available. That is not a criticism of PCH or the government; there is a lot of demand. The problem is her age. When she is 16, she will be too old for PCH, but if she is not 18, she will be too young for adult services. Where do we go? Why have we got that gap in services at a most critical time in our kids’ lives putting them in limbo land and not being able to access the services they need? How do we fix that? I know the answer, but these are the questions we have to ask. It is great that the government is putting in funding. I am not going to endorse part (b) of the motion. I am not going to criticise the government for putting in funding, but I want it to be the norm. We should not be debating a great lump sum of funding being put into mental health. It should be a constant growth of funding across every government. No government has it right yet. We need to normalise it and to have the conversation about mental health particularly when it comes to our kids. We need to understand exactly what we need to do to resource our schools to handle the growth in mental health challenges and also how to prevent those challenges from happening in the first place. We need more money and resources for treatment, but we have to get to the bottom of this: Why is this happening in the first place? Why have we seen this exponential growth in the severity of mental ill-health outlined in a number of different surveys, and how do we, as a Parliament, influence the policies of governments now and into the future so that our mental health system has the wherewithal to cope with those changes and our kids do not end up needing those services in the first place?

HON LORNA HARPER (East Metropolitan) [12.10 pm]: I am very honoured to stand here today to support the private member's business motion put forward by Hon Ayor Makur Chuot. Thank you to Hon Klara Andric for talking about the teenage years and Hon Colin de Grussa—I hear you—who talked about childhood mental health issues. It is an area that is really hard to traverse. R U OK? Day is a brilliant day on which to be highlighting how important this issue is.

As someone with a background in early childhood education, I will move away from the teenage years and talk about the early childhood years. As a parent of a young adult who has mental health challenges, if I knew then what I know now, our lives could possibly have been different. From a very young age, a person can tell which children are struggling. I have the experience of working with children who at the age of three demonstrated psychotic behaviours. I know that is really hard to believe, but I am not going to tell members what these children were saying at the age of three because they would be horrified. We knew then that something awful had happened to these children because although there is a genetic factor to mental health issues, a lot of environmental factors come into play. In terms of early childhood, part of *The early years learning framework for Australia* is about children's wellbeing. In fact, outcome 3 of the framework is headed, "Children have a strong sense of wellbeing". I want to read some of this out to members because some people do not realise how much early childhood education and care actually does for those children —

Wellbeing incorporates both physical and psychological aspects and is central to *belonging, being and becoming*. A strong sense of wellbeing strengthens a sense of *belonging* and encourages children to trust others and feel confident in *being*. Wellbeing incorporates feelings of happiness and the motivation to optimistically engage in experiences that contribute to *becoming* ... It influences the way children interact in their environments. A strong sense of wellbeing provides all children with confidence and optimism which maximise their learning potential.

I am a great believer of, and have practised, the secure attachment theory by John Bowlby and Mary Ainsworth, which is about the relationships that adults build with children, through to the Circle of Security program by Kent Hoffman. If members have not looked at the Circle of Security, I encourage all parents, no matter how old their children are, to have a look at it. The Circle of Security has what we call mantras that are easy to remember and, as parents, we need to remember. For example, we are the ones who are guiding children and we always need to be bigger, stronger, wiser and kinder. When possible, we need to follow our children's needs, but one of the most important things is that when necessary, we need to take charge. This does not mean that we never say the word "no" to our children, because yes, we should. There are times when we have to take responsibility and let our children know that we are not their best friends, that we are there for their best and we are trying to guide them. They might not like us for it, but it is something that we need to do. Secure attachments and the building of those relationships during the early childhood years helps children to grow resilience for later years. It also helps, between the ages of two to four years, to start looking at where there may be issues. Is the child socially anxious? That is something to think about and how that may develop as the child becomes older. Does the child have separation issues? Again, something to think about is: What could be happening? Should the child be getting resilience training? It is out there and it is available for people, and it is a great thing.

I have not discussed what the Cook government is doing in the area of early childhood mental health because honourable colleagues have covered that extremely well, but I say again that early intervention is the most important thing that we can do. We can put as much money as we like into mental health but we need to look at the children at a really young age. We have to make sure that we are there, that we are available and that we are paying attention. One way to do that is by supporting not only the child, but also the parents who might be struggling to give the child that base foundation of security that they need. Again, I encourage all members to have a look at the Circle of Security program. It is brilliant. It is a great guide in children's behaviour through the secure attachment theory. It is excellent. Thank you to Hon Ayor Makur Chuot for this absolutely brilliant motion.

HON JACKIE JARVIS (South West — Minister for Agriculture and Food) [12.16 pm]: I, too, will not use all my time because I know that other people have important stories to share. I commend Hon Ayor Makur Chuot for bringing this motion. We have heard an example of why diversity is so important in this place. We have heard a diversity of views expressed and a diversity of lived experience whether it relates to culturally and linguistically diverse communities, regional communities, people with experience in early childhood education or people with lived experience as parents. A few people have referred to the *Final report — Ministerial taskforce into public mental health services for infants, children and adolescents aged 0–18 years in WA*. I had have not printed off the full report because it is over 100 pages long, but I have brought in the executive summary and introduction. I want to read out a paragraph because it probably sums up everyone's experience —

Every child and family have hopes and dreams for a future life full of promise. When mental ill-health appears, these aspirations can quickly turn into fear. Presenting the never-ending question of what the future will bring. Overnight, mental ill-health can present the dreaded question of whether there will be a future for that child at all. For those with lived experience, these questions never go away and ripple silently through their lives and the lives of their family.

I think that sums it up. My children are young adults now, but our family has also experienced some challenges in the past and continues to do so. I want to thank Hon Colin de Grussa, who spoke on behalf of the opposition, for his measured response. I acknowledge that he said it is great that we are talking about these lump sums, but it should be the norm, and we certainly hope that this is the start of more acceptance and more funding for mental health. What is really interesting to note is that we talked about acceptance. When my first child was born 25 years ago, I remember going along to the mothers' and babies' classes that new parents attended. I remember talking about postnatal depression and how there was a test for it, but I do not remember anyone ever speaking to me as a parent 25 years ago about what with I should look for with regard to mental health in my children. We talked about what their measurements and weight should be, but I do not think mental health was ever discussed. When my first child attended school, I remember some vague talk about a school psychologist, but I do not think we even knew what they did. We have come a long way. The fact that we are seeing an increase in diagnoses is perhaps due to the fact that we are talking more about mental health. I only hope that this increase in diagnoses will taper to a new norm and we will have more well-adjusted adults in the future. I think that is what will happen; I am certainly hopeful it will happen.

I do not want to use all my time because I know that other people want to speak. I will take my seat, but I commend my colleagues, I commend Hon Ayor Makur Chuot, and I commend the motion to the house.

HON SOPHIA MOERMOND (South West) [12.19 pm]: I thank Hon Ayor Makur Chuot for bringing forward this motion. It is incredibly sad that we see so many children suffering with mental health issues. I come from a different perspective from some other members in this chamber. When we look at contributing factors to mental health problems, we see that nutrition is one component, and particularly nutrients such as vitamin B and magnesium. These days, many people have a deficiency of these nutrients. Iron levels are important, especially in girls around puberty when they start menstruating. Low iron levels can affect people's moods. If someone is low in iron, they will be fatigued, their sleep will not be as good and it will affect their mood as well.

Another big component of health and mood regulation that is often not recognised is the microbiome. If someone has a healthy microbiome, their gut bugs produce gamma-aminobutyric acid, which helps with anxiety and fear; melatonin, which helps them sleep; serotonin, which is a mood regulator; and dopamine, which is one of the happy brain chemicals. Things that interfere with a person's microbiome include poor nutrition; dead foods, so junk food and food that is not particularly nutritionally dense; and things like herbicides and pesticides. Glyphosate exposure can have a direct effect on our gut bugs, interfering with their ability to protect our gut. We can then start looking at things like leaky gut syndrome, which is becoming more common. It is starting to be recognised in specialties like neuropsychiatry and immunotherapy, which is quite interesting. Dysbiosis of the gut is also noted as contributing to depression and anxiety, as well as attention deficit hyperactivity and autism spectrum disorders.

When we have healthy soil, we have healthy microbiomes in the soil. The ruminants that eat that soil will also have a healthy microbiome. Then, when we eat those foods, we will also have a healthier microbiome. Really focusing on healthy farming practices and good nutrition will make a big difference in how people feel.

HON SANDRA CARR (Agricultural) [12.22 pm]: I rise to support the very important motion moved by Hon Ayor Makur Chuot and thank her for its timeliness, given that, as Hon Colin de Grussa mentioned, it is R U OK? Day today—a day to acknowledge and check in on the people around us. We are also reminded that checking in on people who do not seem to be going so well is something that we should do not just today, but also each and every day.

Hon Ayor Makur Chuot identified the importance of early intervention for young people and making sure that we recognise and address mental health issues early. I will not go back into that information, but I take a moment to acknowledge the profound value of our early childhood educators and education assistants in those early years of education. They spend a great deal of time with children, often one on one or in very small numbers, in early childhood education and primary schools. They have so much value and so many important insights to offer and share to help staff in those educational institutions identify issues and refer them on. From my own experience in the classroom, I can tell members that I sometimes had up to 34 or 35 children in a class. It is very challenging to provide recognition and support to all those kids in that setting each and every day, and throughout my teaching career, the education assistants have been worth their weight and more in gold. I think it is really important for us to recognise that and to focus on making sure that they are remunerated appropriately for the incredibly valuable work that they do.

I will take a moment to talk about some things that are happening out in the regions to provide care, early intervention and diagnosis for young people. I focus on the Shire of Moora and the fantastic work being done particularly by the shire president, Tracy Lefroy, and CEO, Gavin Robins, who have spent a good deal of time and effort developing an early childhood development centre in the region. It is designed to be a state-leading facility consisting of clinical consultation rooms and a 55-place day care centre, representing 27 extra places for that region. The shire has developed a fantastic facility that co-locates care and a lot of early childhood services in one place to improve access and opportunities for mums. This initiative put it all in one location in this really fantastic state-leading facility. I really commend that work. I hope that model is replicated across other regions and shires and funded at both the

state and federal levels. It is a really exciting development that addresses a quite challenging issue in the regions. Hon Colin de Grussa touched on the challenge to access those services. The further people move away from the metro area, the greater the challenge becomes.

I will look at the issue from a slightly sideways angle by recognising the recently announced increased investment in KidSport. People who hold a Health Care Card or pension concession cards, some of whom might find it more challenging to help their kids access sport, can access \$300 in funding for each eligible child every financial year for equipment, uniforms and those sorts of things. There is also easier access for asylum seekers, refugees and humanitarian entrants into our state. These are fantastic initiatives that allow people to fully participate in all that is on offer in our communities. We all know that sport has a really positive benefit on mental health. Participation in sport brings social inclusion, connection and health benefits. Some of that is incidental, in that people who want to do better in sport tend to look after themselves a bit better because they become increasingly aware that what they do and what they put into their body—Hon Sophia Moermond touched on this—has a direct impact on their health and mental health. There is a physical component to mental health that is important to address, and it is always great to educate our young people about that.

Lastly, I will talk about a program launched in the midwest in October 2021 by Minister Simone McGurk, who was the Minister for Child Protection at the time. The Aboriginal family-led decision-making pilot has now been extended. The program is being delivered by the Geraldton Streetwork Aboriginal Corporation, which is colloquially known in the midwest as “Streeties”. It allows that group to facilitate culturally safe processes to support families and young people to make decisions about how best to keep young people safe. It is really looking at culturally appropriate ways to target the wellbeing of young people, particularly some of our identified at-risk young people in the midwest, and make sure that they are being looked after and their needs identified in a way that feels accessible and safe to them. This really great program was rolled out by the former minister. I know that our new minister, Hon Sabine Winton, has visited it as well. The extension of that pilot program recognises its success and how effective it has been. We hope that it can now be rolled out to other regions. At the time, about \$700 000 was invested in that program. As part of acknowledging that program, I acknowledge the work of the CEO of Streeties, Chloe Collard, in the Geraldton and midwest community. What she has contributed to the wellbeing of young people across the midwest is invaluable. She approaches the needs of young people in the region with sensitivity and compassion, and ensures that this beautiful wraparound service feels approachable and meets the young people where they are, which is vitally important. She listens to people and meets them where they are. That is the service that she and Streeties provide. I am really pleased to see the government investing in and recognising that program, and allowing Streeties to deliver it right across the midwest region to improve the lives of young people there. That is a great opportunity.

Motion lapsed, pursuant to standing orders.

LAND TAX ASSESSMENT AMENDMENT (BUILD-TO-RENT) BILL 2023

Receipt and First Reading

Bill received from the Assembly; and, on motion by **Hon Sue Ellery (Minister for Finance)**, read a first time.

Second Reading

HON SUE ELLERY (South Metropolitan — Minister for Finance) [12.30 pm]: I move —

That the bill be now read a second time.

The Land Tax Assessment Amendment (Build-to-Rent) Bill 2023 seeks to amend the Land Tax Assessment Act 2002 to introduce a 50 per cent land tax concession for land used for a build-to-rent development. The concession was announced on 12 May 2022 as part of the 2022–23 state budget and will apply to eligible new build-to-rent developments from the 2023–24 land tax assessment year. Large-scale build-to-rent developments are a relatively new model of urban housing in Western Australia whereby apartments and other dwellings are developed to provide rental accommodation rather than being sold. The build-to-rent land tax concession aims to develop the build-to-rent industry in Western Australia by reducing barriers to investment and increasing the future supply of rental properties as a result. The concession for an eligible development will reduce the taxable value of the land by 50 per cent, substantially lowering the amount of land tax payable. To qualify for the concession, a build-to-rent development must meet specific requirements. The construction or substantial refurbishment of at least 40 dwellings must be completed between 12 May 2022 and 1 July 2032. The dwellings must be available for three-year residential leases, although residents can choose a shorter term.

The land tax concession will apply for up to 20 financial years. However, if a development ceases to qualify in the first 15 years, the owner must repay the concession. This will encourage the availability of build-to-rent accommodation for at least 15 years. Only the parts of a development supporting build-to-rent accommodation will receive a concession. The concession will be proportionally reduced for land that is not used for build-to-rent purposes. For example, land used for retail shops within a development will not be included in the concession, but an exercise area for residents' use would be. An eligible build-to-rent development that is expanded at a later stage will receive an additional concession for the expansion. The expansion may contain fewer than 40 dwellings and still qualify for the concession if it meets all other requirements.

Similar build-to-rent land tax concessions operate in New South Wales and Victoria and have been announced in South Australia and Queensland.

Pursuant to standing order 126(1), I advise that this bill is not a uniform legislation bill. It does not ratify or give effect to a bilateral or multilateral intergovernmental agreement to which the government of the state is a party; nor does this bill, by reason of its subject matter, introduce a uniform scheme or uniform laws throughout the commonwealth.

I commend the bill to the house and I table the explanatory memorandum.

[See paper [2505](#).]

Debate adjourned, pursuant to standing orders.

CITY OF KALAMUNDA KEEPING AND CONTROL OF CATS LOCAL LAW 2023 — DISALLOWANCE

Discharge of Order

Hon Lorna Harper reported that the concerns of the Joint Standing Committee on Delegated Legislation had been satisfied, and on her motion without notice it was resolved —

That, pursuant to recommendation of the Joint Standing Committee on Delegated Legislation, order of the day 2, City of Kalamunda Keeping and Control of Cats Local Law 2023 — Disallowance, be discharged from the notice paper.

ABORTION LEGISLATION REFORM BILL 2023

Committee

Resumed from 13 September. The Deputy Chair of Committees (Hon Steve Martin) in the chair; Hon Sue Ellery (Leader of the House) in charge of the bill.

Clause 8: Part 12C Divisions 1 to 5 inserted —

Progress was reported after the clause had been partly considered.

The DEPUTY CHAIR: Members, last night the committee considered three amendments moved by Hon Kate Doust. The member moved the three amendments together with leave of the committee and they were related to and contingent upon each other. The first of these amendments on the supplementary notice paper at 3/8 was put to the vote on the question that the words be deleted. The house divided on the question and the proposed amendment was defeated. I note that the notice paper records that the Committee of the Whole House is resuming the debate on the remaining amendments on the notice paper at 4/8 and 5/8. I advise that as the amendments were moved as one question pursuant to standing order 132 and are related to each other, the first amendment having failed means that the remaining two amendments in the group now fall away. The question now is that clause 8 stand as printed.

Hon NICK GOIRAN: Thank you, deputy chair, for your guidance about how we will manage the remaining amendments on the supplementary notice paper. In accordance with your advice, the next amendment is the one standing in my name on the notice paper at 1/8. The amendment immediately under that at 2/8 will flow from that amendment. For the benefit of members, this is what might be referred to as the “Mettam amendment”. In other words, this is the amendment that was moved by the member for Vasse in the other place. The basis for the amendment, which I propose to move momentarily, is advice from the Australian Medical Association of Western Australia. In its position statement on proposed section 202ME(4), it says the following —

There is no sound clinical justification for permitting the medical practitioner with whom the primary practitioner consults for the purposes of Clause 202ME (1)(b), to have a principal place of practice *outside* Western Australia.

There is no situation in which an abortion after 23 weeks gestation can be safely performed without the direct, local involvement of more than one medical practitioner.

Despite the Bill’s Explanatory Memorandum being silent, the AMA (WA) understands that the justification for Clause 202ME(4)(a) is to cater for situations where a patient’s interstate doctor has an opinion relevant to delivery of abortion healthcare. The AMA (WA) does not agree with or support this justification.

It is critical that two WA-based doctors are involved in supporting the appropriate provision on abortion healthcare in WA. This provides safer access to abortion services by:

- ensuring two doctors who are familiar with the patient, WA’s health system and capabilities, will be able to advise and support the safest and most appropriate provision of post 23-week gestation abortion healthcare; and
- **does not prevent** those WA doctors’ seeking the opinion of any other health professional (either interstate or overseas) involved in the delivery of care to the patient and whose opinion may support determining whether an abortion is appropriate, which may in fact be required by virtue of optimal patient care.

An interstate “arbiter” is never required, even if they provide pivotal information influencing the local decision-making. In fact, this notion diminishes the world-class expertise that we are fortunate to have in our State.

The AMA (WA)’s view is that Clause 202ME(4)(a) should be removed from the Bill to ensure that two WA doctors can determine, in conjunction with the patient, whether performing an abortion is appropriate.

It is for those reasons that I then instructed for the amendments standing in my name at 1/8 and 2/8 to be put on the supplementary notice paper. I seek the leave of the chamber for amendments 1/8 and 2/8 to be considered en bloc.

The CHAIR: Leave is granted.

Hon NICK GOIRAN — by leave: I move —

Page 9, line 28 — To delete “(1)(b) —” and insert —

(1) —

Page 9, lines 31 to 33 — To delete “a medical practitioner with whom the primary practitioner consults need not” and insert —

the primary practitioner, and of a medical practitioner with whom the primary practitioner consults, must

Hon SUE ELLERY: The government will not be supporting the amendments moved by the honourable member. We canvassed some of this previously in earlier parts of the debate. I note that this is the Australian Medical Association’s view. I met with the AMA, probably about a month ago now, to listen to all its points of view on the bill before us, and on this point we will need to agree to disagree with the AMA. It is not currently a requirement. In fact, the legislation in place now is silent on the matter. The provision has been included to take account of the fact that from time to time practitioners will want to consult a practitioner who may not be residing in WA at that time. That could be for a variety of reasons. It could be that there is particular expertise they want and they know that expertise is with the practitioner interstate. It could be that the interstate practitioner has a particular relationship with the patient because the patient used to be their patient and some knowledge that is of some value is to be considered at this point.

The provisions in the bill before us will make it clear that they can. There is nothing stopping them now, but the legislation is silent on it. All this will do is make it clear that they can, if they have reason to, consult a medical practitioner outside WA. It does not require them to consult someone outside WA. It just makes clear that they are able to if that is their best clinical judgement. That is what it comes down to.

Who is consulted is really dependent on the particular clinical circumstances that present at the time. They might have, as I said, particular expertise or knowledge or some knowledge of, and relationship with, the patient. The provisions of the bill just make it clear that a medical practitioner can exercise their clinical judgement in determining who is the most appropriate practitioner for a particular patient’s circumstance. It is not a statement about any perceived lack of clinical expertise in WA. It just allows consultants to access those consultants who know best for the particular circumstances in which the patient presents or indeed for the patient themselves. We say that if we are putting the patient at the centre of care, there is no reason that we would want to make it a further barrier to access.

I might leave my comments there, but we have canvassed this to some degree in earlier parts of the debate. The government will not support the amendment.

Hon MARTIN PRITCHARD: Very quickly, the minister mentioned interstate; does “outside Western Australia” also mean overseas?

Hon SUE ELLERY: No, they would need to be registered to practise in Australia, not overseas.

Hon NICK GOIRAN: The government has indicated that it will not support the amendments. Two reasons have been provided and I will deal with them separately. The first is that the minister indicated that it is not currently the case in Western Australia. Obviously, what she means by that is that the legislation at the moment in Western Australia is silent on whether the ministerial panel of doctors, two of whom have to agree to a late-term abortion, need to be in Western Australia. Is it the case that any of the WA panel doctors reside outside Western Australia?

Hon SUE ELLERY: No, it is not. My recollection is that I answered that question earlier in the debate.

Hon NICK GOIRAN: The minister did. I thought it was worthwhile the minister repeating it given that the government says that this amendment recommended by the AMA should not be supported because the legislation is silent. My point is that that carries no weight, respectfully, given that it has been the consistent practice in Western Australia that the two doctors who make a decision on this are based in Western Australia. To say that the current legislation is silent and use that as some sort of a support for not expressly making it the case that others outside the state could be involved, respectfully, does not follow.

The second objection that the government has to the amendment is stated to be about conferral. If the amendment was put forward and supported, would it prohibit the principal practitioner or indeed the consulting practitioner from conferring with anyone outside Western Australia?

Hon Sue Ellery: Is that if the member's amendment was carried? Is that the question?

Hon NICK GOIRAN: That is right, yes.

Hon SUE ELLERY: There is no restriction on their ability to confer with anyone else. We are talking about what restrictions we will put in place on the two doctors who make the decisions for an abortion post-23 weeks. The bit before us is about the baseline that we have set for them. Do we say we are going to place restrictions on them as to whether one of them can be registered in Australia and practising interstate?

Hon NICK GOIRAN: I think the answer to that, according to the AMA, is yes.

Hon SUE ELLERY: Is the member asking me a question?

Hon Nick Goiran: No. It was rhetorical.

Hon KATE DOUST: Minister, I am curious. Is this type of provision, which would enable the practitioner to seek advice elsewhere, a fairly standard provision that would be found in other states' legislation? Let us imagine, in New South Wales or South Australia, which has probably had the most recent series of changes, would it enable doctors in this circumstance to seek advice from a practitioner here in Western Australia?

Hon SUE ELLERY: The best advice available at the table is that no other jurisdiction has made it clear in this way; similarly, our existing legislation. The legislation of other jurisdictions is silent on it, so there is no prohibition; their legislation just does not cover it.

Division

Amendments put and a division taken, the Chair casting his vote with the noes, with the following result —

Ayes (7)

Hon Peter Collier
Hon Ben Dawkins

Hon Kate Doust
Hon Steve Martin

Hon Tjorn Sibma
Hon Neil Thomson

Hon Nick Goiran (*Teller*)

Noes (24)

Hon Martin Aldridge
Hon Klara Andric
Hon Dan Caddy
Hon Sandra Carr
Hon Stephen Dawson
Hon Colin de Grussa

Hon Sue Ellery
Hon Lorna Harper
Hon Jackie Jarvis
Hon Ayor Makur Chuot
Hon Kyle McGinn
Hon Sophia Moermond

Hon Shelley Payne
Hon Stephen Pratt
Hon Martin Pritchard
Hon Samantha Rowe
Hon Rosie Sahanna
Hon Matthew Swinbourn

Hon Dr Sally Talbot
Hon Wilson Tucker
Hon Dr Brian Walker
Hon Darren West
Hon Pierre Yang
Hon Peter Foster (*Teller*)

Amendments thus negatived.

Hon NICK GOIRAN: Noting the time, rather than necessarily moving to further amendments, according to my records, the next amendment on the supplementary notice paper stands in my name. That may take a little time. It deals with the sensitive issue of the identification of trisomy 21, otherwise known as Down syndrome, in cases of late-term abortions. We might deal with that after the luncheon interval. I have some other questions, particularly pertinent to proposed section 202ME within clause 8 that we are currently considering. I specifically draw the minister's attention to proposed subsection (5), which deals with emergency scenarios. It states —

In an emergency, a medical practitioner is authorised to perform an abortion on a person who is more than 23 weeks pregnant without complying with subsection (1) ...

Is that general principle of dealing with an emergency consistent with the existing law in Western Australia?

Hon SUE ELLERY: I am advised that the answer is yes.

Hon NICK GOIRAN: Is any data available on how often that emergency protocol or emergency provision is relied upon?

Hon SUE ELLERY: No, it is not collected centrally. It might be the case that it is recorded in King Edward Memorial Hospital for Women. Maybe that is what it is required to do for its purposes, but it is not collected centrally.

Hon NICK GOIRAN: Is it considered that this information will be collected moving forward?

Hon SUE ELLERY: I am advised that the answer is no. There is no policy reason why we would do so. Having said that, I rely on what I just said in answer to the honourable member's earlier question. For its own accreditation and registration processes and its own management of critical incidents or whatever, a hospital might be required to collect certain information. It may be the case, for clinical purposes, that a health service provider will collect

that information if something extraordinary presented in emergency that it was worth collecting information about because it might help if that circumstance presented in the future. For the purposes of what information might be collected by the Chief Health Officer, for example, there is no intention to do that.

Hon NICK GOIRAN: Given that this relies on the judgement of one individual—a medical practitioner—to determine, in their own view, whether an emergency has arisen, what level of oversight or extra review will be put in place to ensure that the judgement made by the medical practitioner is consistent with what we understand to be an emergency scenario?

Hon SUE ELLERY: I am advised that it is an emergency. It would be unlikely that a practitioner finding themselves in this position would not speak to a senior consultant, for example, at King Edward Memorial Hospital, which is where abortions are carried out now. We expect that would be the practice. If the member is asking whether any oversight is built into the bill as part of this practice, no, there is not, because we are talking about an emergency. We hope that does not happen but from time to time it will.

Hon NICK GOIRAN: Are we saying that despite the fact that the legislation says that we will not need to comply and consult a second doctor, it sounds like it is ordinary practice to consult with a second doctor, even when determining that the emergency protocol would be invoked.

Hon Sue Ellery: That is the expectation.

Sitting suspended from 1.00 to 2.00 pm

Hon NICK GOIRAN: Prior to the interval for lunch, we were considering clause 8, and specifically proposed section 202ME, which is the primary provision that will enable late-term abortions to continue to take place in Western Australia, albeit from a gestational age of 23 weeks onwards rather than 20 weeks onwards as is the case at present. The other significant change that will occur is that any two medical practitioners in the whole of Australia will be able to sign off on a late-term abortion rather than the current practice, under which it is restricted to six Western Australian practitioners. We were looking specifically at the emergency provision that is set out at proposed section 202ME(5). The dialogue so far has indicated that even though a practitioner will have the capacity to perform a late-term abortion in an emergency without reference to a second practitioner, it is expected that, in more cases than not, as a matter of ordinary medical practice when dealing with emergencies in this situation, a second practitioner would be consulted in any event. I think it was useful to get that on the record and have a proper understanding of how this will play out in practice.

My question is about the collection of data as a result of this. The minister indicated that there is no specific form of oversight either in the legislation or that might otherwise apply. The reason we might be interested in that is to, after the event, ensure that there has been proper practice as a result of this emergency provision. With regard to the data that the Chief Health Officer will be able to direct be reported to him moving forward, there will no longer be form 1 regulations; it will be a direction. At the moment, does form 1 require that the name of the practitioner be listed? When two doctors are involved as a result of the decision of the panel, is that information made available via form 1?

Hon SUE ELLERY: Form 1 requires—I think we tabled it earlier—the name of the medical practitioner who performs the abortion. It does not require the two names of the members of the ministerial panel.

Hon NICK GOIRAN: I guess the argument could be put that under the current law, a late-term abortion could take place, a form 1 would be lodged and the name of the practitioner who performed the late-term abortion would be known by virtue of the form 1, but whether there had been adherence to the provisions that require authorisation from the ministerial panel would not be known from the form 1.

Hon Sue Ellery: Correct.

Hon NICK GOIRAN: I would suggest that that is a deficiency in the current model of oversight and perhaps explains why there has been more than one occasion during this debate when information has not been able to be provided to the chamber. It is because, as the minister has indicated, data has not been collected on those things. That said, would it be open to the Chief Health Officer, through the directions that he will be able to make, to require that the number—not the names—of practitioners involved in late-term abortions be reported?

Hon SUE ELLERY: It could be. There is nothing in the bill before us that would prevent it. There is no intention to do it, but there is nothing that would prevent it.

Hon NICK GOIRAN: With regard to the statement that there is no intention to do so, has the Chief Health Officer been asked whether he intends to collect that information?

Hon SUE ELLERY: We are not aware that he has been asked to consider that. He is certainly comfortable with the list, if you like, of things in proposed section 202MQ, but he has not been asked to consider whether he should collect that information.

Hon NICK GOIRAN: Proposed section 202MQ(e) refers to the administration or enforcement of this legislation, so I would respectfully submit at this time that not only the government, but also the Chief Health Officer consider

obtaining that data. The government has decided that it is very important that for post-23 weeks abortions, two doctors must be involved. That is something that I support. For the reasons that we discussed yesterday, I think that two doctors should be involved in abortions at an earlier gestational age when particular decisions are being made about fetal abnormalities. That being the case, that will not be the case moving forward, but the government has said that it would like Parliament to agree that two doctors should be involved from 23 weeks onwards. The government must have a reason for why two doctors are to be involved rather than one, because it has expressly made the decision that only one doctor needs to be involved prior to 23 weeks. After all the hours of debate we have had, I am not sure that we have yet had an explanation about why the government thinks that two doctors need to be involved from 23 weeks onwards, but I could be wrong. There has not been an opportunity to again review *Hansard*, but I do not recall an explanation ever being given by the government as to why it says two doctors should be involved from 23 weeks onwards. I again hasten to add, I am not arguing against that. I think two doctors should be involved for a longer period of time, but it is not my bill, my reform, or my proposal. If the government is so committed to two doctors being involved from 23 weeks onwards, and if it has said that the Chief Health Officer has the power to obtain this information to enforce the act, it follows that the Chief Health Officer ought to know, in order to enforce the act, whether one practitioner or two practitioners have been involved from 23 weeks onwards. Is this something that can be brought to the attention of the Chief Health Officer when he makes the decision as to what directions to make?

Hon SUE ELLERY: I missed the very last bit, because I was talking. The honourable member is correct that proposed section 202MQ(e) goes to the Chief Health Officer's power to record, use or disclose information for the administration or enforcement of the act. He might decide that he wants to collect information along the lines that the member is suggesting, but the original question was: has he been asked to? No, he has not—but he could.

Hon NICK GOIRAN: The end part of my question that the minister did not hear is: will this point be drawn to his attention?

Hon SUE ELLERY: I am happy to, honourable member.

Hon NICK GOIRAN: From my perspective, I have come to the end of my questions about proposed section 202ME. As is now customary as we consider this bill, I flag that for the attention of other members before we move to other amendments and proposed section 202MF. Before we move off consideration of proposed section 202ME, "Performance of an abortion by medical practitioner at more than 23 weeks," can the minister indicate to the house why the policy decision has been made that two doctors be involved?

Hon SUE ELLERY: The change in the maternal risk of the procedure after 23 weeks makes the decision for doing an abortion later than 23 weeks more difficult and complex. A second opinion from another medical practitioner has been deemed clinically important at that later gestation. An independent second opinion adds another layer of review. It is important for the patient, the institution conducting the procedure and the staff performing the procedure.

Hon NICK GOIRAN: The maternal risk is greater at 23 weeks.

Hon Sue Ellery: More.

Hon NICK GOIRAN: More than 23 weeks. Is that from 23 weeks or more than 23 weeks? For example, from 27 weeks? Is there some clinical information around that?

Hon SUE ELLERY: It is not a hard and fast 23 weeks. Remember, we had a conversation before about 22, 23 weeks. It depends on the person. I would not say it is a hard cut-off, but the clinical advice is that there are differences to maternal risk involved in the procedures used by practitioners below 23 weeks versus 23 weeks and above. The cut-off is not absolute or hard and fast. It is a complex environment, and many factors regarding the individual woman's health need to be considered. The advice is based on discussions with senior doctors in the field. I guess the answer is that the procedure becomes more complex due in part to the size of the fetus. The procedure used differs when above 23 weeks. Bearing in mind it has been set at 23 weeks, it will depend on the circumstances of the individual woman, as they will present differently, but essentially that is the reason.

Hon NICK GOIRAN: This might be a convenient time to deal with the scenario post-23 weeks, when the performance of an abortion results in the live birth of a child. On 15 August this year, during consideration in detail in the other place, the Minister for Health said about late-term abortions —

There is always a paediatrician there to assess the baby once it is born.

Is that correct?

Hon SUE ELLERY: Yes, at King Edward Memorial Hospital for Women, that is the practice.

Hon NICK GOIRAN: Moving forward, will all post-23 weeks abortions—that is to say, late-term abortions—be taking place at King Edward Memorial Hospital?

Hon SUE ELLERY: In the immediate term, those procedures will be able to be carried out only at King Edward, because that is the medical facility that has all the required facilities and staff. It might be the case the new women's and babies' hospital, when that is built, will take over the function of King Eddy's. In order for any other health

service provider to provide post-23 weeks abortions, it would need to have all of the things that are in place at King Edward. Right now, in Western Australia, the only place that does it is King Edward. There is no plan to expand them. It is driven by the level of clinical expertise available. That is available only at King Edward right now.

Hon NICK GOIRAN: What about the Broome hospital?

Hon SUE ELLERY: Can I just correct that. Broome Health Campus is accredited. I am advised that it does it only occasionally.

Hon NICK GOIRAN: On these occasional times when Broome hospital undertakes late-term abortions, is a paediatrician always there to assess the baby once it is born?

Hon SUE ELLERY: I am not able to give a precise answer. The hospital may not have a paediatrician available. I am advised that the procedure occurs at Broome hospital quite infrequently, but I cannot tell the honourable member with precision that a paediatrician will always be present or has always been present at the Broome facility when these procedures have been carried out there.

Hon NICK GOIRAN: I do not understand that, because on 15 August 2023 according to—not uncorrected but corrected—*Hansard* the Minister for Health said to the member for Vasse —

There is always a paediatrician there to assess the baby once it is born.

The Minister for Health has been very categorical about that, so it seems odd that the minister representing her says she cannot confirm that is the case. I hasten to add that I am not here to shoot the messenger, because the minister is taking the advice she has been given. One chamber of the Western Australian Parliament was told that this is always the case, and now this house of review has been told by the minister representing that she cannot necessarily confirm that is the case. One of those two things must be true and the other one must be inaccurate. I will not take this any further because there is no purpose in doing so, other than to say that I give great weight to what the minister representing has just told the house of review and I give little weight to what has been given to the other place. I am very disappointed that a chamber of the Western Australian Parliament that has 59 Western Australians elected to it to make laws has been told inaccurate information, and it is once again left to the house of review to correct it. I might say that information provided to Parliament in an accurate and a timely fashion is essential to our democracy. That was said by a member of Parliament in this place some years ago and it is a principle that I uphold.

I want to move on from that to the amendment that stands in my name on the supplementary notice paper. Before I do so, I resume my seat to allow other members to ask questions at this time.

Hon KATE DOUST: I want to do this before we move on to the next subject because I want to be clear in my own mind and shut off this part of the conversation. Twenty weeks' gestation has moved to 23 weeks, and we know from our earlier conversation that the vast bulk of abortions conducted in this state—I think 86 per cent of them—are conducted in the private sector up to 20 weeks; everything else after that is currently done at King Edward Memorial Hospital or Broome hospital. The goalposts have been shifted, so does that mean those private providers can provide an abortion up until 23 weeks, or between 20 and 23 weeks, or will those women still have to go to King Edward? That is just my first question.

Hon SUE ELLERY: It will depend on the procedure. If the procedure used between 20 and 23 weeks is required to be conducted at a tertiary hospital, there is only one tertiary hospital and that is King Eddy's. If it is not a procedure that requires that, it may be done at the other clinics available—private clinics or private hospitals.

Hon KATE DOUST: Yesterday we had a discussion about the qualifications of the practitioner who would perform the abortion at that later stage, if required. After listening to some of the discussion earlier, if things were to change and there is a different time frame, aside from not having the skill set or staffing numbers yet, are there currently any legislative barriers, or even in this new arrangement, that would prevent a private provider from upskilling, if they are able to find staff, to provide a different level of service, if you like, so the woman does not have to go to King Edward or Broome?

Hon Sue Ellery: Post 23 weeks?

Hon KATE DOUST: Leading up to 23 weeks.

Hon SUE ELLERY: No, there will be no legislative barrier. It will depend on staffing. The clinics will still have to complete all of the same accreditation and registration processes they do now. It will depend on whether they have the skills. It is basically the list that the Hon Kate Doust referred to: Have they got the skills? Have their staff been trained? Do they meet all the requirements for relevant accreditation? If they do, they will be able to provide that service.

Hon KATE DOUST: The minister pre-empted my next question. I assume the answer will be the same if they want to proceed to then conducting abortions beyond 23 weeks—that is, as long they have the staff and the skill sets required. Will there be no legislative preventer beyond 23 weeks?

Hon SUE ELLERY: It is very much more likely that after 23 weeks the procedure will continue to be done at a tertiary hospital because of the complexity of the care required. That is not absolute because it will depend on technical ability. A fetal medical specialist may be required. I know the honourable member is well aware of this:

we are talking after 23 weeks and a very small number of people undertake the procedure then. They are very complex circumstances and every single one is different. But the expectation is that it is highly likely that most procedures will require a level of skill only available at a tertiary hospital, so it is likely they will continue to be done at King Edward.

Hon KATE DOUST: I think this might be my last question on this part. Have there been any discussions between the Department of Health, the Chief Health Officer and any of the private providers about proposed changes to fill that gap, if you like, of that new zone between 20 and 23 weeks, and getting more involved in that space?

Hon SUE ELLERY: I am not aware of any discussions with the Chief Health Officer. Some of them were represented in the clinical round tables that I attended. They are well aware of the change. To date, they have not been able to perform post-20 weeks, so they have not needed to get that higher skill level. They might choose to get that higher skill level and they will have to meet all the requirements to do that and to attract staff with those specialist skills, if that is what they decide to do. I have no knowledge of whether that is what they intend to do.

Hon KATE DOUST: My question is not to the minister. I note that Hon Nick Goiran said that he had basically finished with this area of the bill, except for his amendment. I will remind the chair that I have other amendments on the paper after Hon Nick Goiran's. It is my intention to wait until he has completed his discussion around his amendment to then move back into this space.

The DEPUTY CHAIR: Noted.

Hon NICK GOIRAN: In a moment, I will move the amendment standing in my name at 19/8 on the supplementary notice paper. It is entitled "Performance of abortion for particular reason of diagnosed or suspected Down syndrome". Before I move it, I have a couple of questions for the minister. In the last calendar year, how many abortions were performed with the justification given being trisomy 21?

Hon SUE ELLERY: In 2022, 71 were performed, but the caveat is that other significant conditions may have been present. I cannot accurately say that the only reason they were performed was because of trisomy 21. I can say that it was present within those 71 cases, but there well may have been other significant conditions.

Hon NICK GOIRAN: I have heard that argument before. The reality is that anybody who has ever observed a form 1 knows full well that it is rarely the case that more than one condition is written on there. I accept that it is possible that in a small number of the 71 form 1 cases submitted in the last calendar year alone there may have been other conditions such as fetal abnormalities written alongside trisomy 21—otherwise known as Down Syndrome. However, I am not going to sit here and move my amendment in a moment and have any member tell me that the majority of form 1 cases list more than one fetal abnormality. That is simply not the practice or case.

I have investigated this situation for years. In fact, it is the case that I had the opportunity to conduct some research on this matter. At the time, I reviewed all post-20 weeks abortions up until 2013. If somebody is able to provide some comprehensive and cogent information to the house demonstrating that a majority of form 1s in 2022 listed more than just trisomy 21, I would be prepared to receive that in a redacted, de-identified form. There is an opportunity here for the Minister for Health. If the Minister for Health would like the Parliament of Western Australia and the house of review to be provided with accurate and timely information, now would be the time to provide it. There is absolutely no point in us having information about Down syndrome provided to the house after we consider this amendment.

I respectfully put to the minister and members that the information that has been provided to the Parliament in the answer to a question on notice on 14 March 2023 indicated exactly what the minister just said—that 71 abortions were performed with the justification given being trisomy 21. That deals with the last calendar year and I acknowledge that that deals with abortions that took place over a range of gestational ages. Is there any data available regarding just late-term abortions? I would like data that is not just in the last calendar year, because that would be looking at a very small cohort. I know that it is routinely the case that if the answer is less than five, the answer is not provided, unless it is zero. Is there any information available to try to widen the dataset regarding late-term abortions that have been performed in Western Australia with the justification being trisomy 21?

Hon SUE ELLERY: No, honourable member.

Hon NICK GOIRAN: In the answer to the same question on notice on 14 March 2023, I was told that between 22 October 2001 and 31 December 2022 that 51 abortions were performed at or later than 20 weeks' gestation with the justification given being trisomy 21. Is the minister able to confirm that that answer provided on 14 March 2023 is correct?

Hon SUE ELLERY: We do not have the parliamentary question in front of us, so we are just going to take a minute to make sure that we have the information in front of us.

Honourable member, there was no information available to me at the table when I said no; I asked the question and was told no. That is not correct, and the adviser has apologised for that. I have seen the answer to the question and I can confirm that, over that 20-odd year period, there were 51.

Hon NICK GOIRAN: I thank the minister for that. For the benefit of members, we know, in the lead-in to the amendment I would like to move, that it is the case that abortions are performed in Western Australia because of

a diagnosis of Down syndrome. There is little doubt about that. Over the last calendar year there were 71 such abortions. Record keeping began on 22 October 2001—that is a strange date for members—but I believe, as best I can recall, that that is when the form 1 reporting process began, so we have data on late-term abortions from 22 October 2001 up to the end of the last calendar year. There have been 51 late-term abortions—that is, more than 20 weeks' gestation—performed, with the reason or justification given as trisomy 21. This practice occurs in Western Australia. I have taken some time to make this point because I know that in due course we will have a discussion on Hon Kate Doust's amendment regarding sex selection. I know people will have various views about that, but I have already heard in the lead-in to this debate the general view that this does not happen in Western Australia. We will get to that discussion, but in respect of this amendment I do not want a discussion about whether this happens in Western Australia; clearly, it does. There will be members in this place who, I presume, hold the view that it is okay for an abortion to happen, either in phase 1 or as a late-term abortion, if a diagnosis of Down syndrome has been provided to the family. I am not one of those members.

This is what is best known as “eugenics”. This is deciding what type of people in the human race have conditions that are acceptable and unacceptable. I align myself with a principal petitioner; her name is Lisa. I tabled her petition last month. Lisa is a wonderful Western Australian. She is the mother of another wonderful Western Australian, Emily, and 3 023 Western Australians signed that petition, which I had the honour of tabling. The petition is currently before the committee chaired by Hon Peter Foster, the Standing Committee on Environment and Public Affairs. I acknowledge that that committee has not yet had a proper opportunity at this time to consider the petition but it has, as a courtesy to me, invited me to make a submission to the petition. I have done so, so I thank the committee for giving me that courtesy. I also note, having looked at the committee's parliamentary website, that it has made that submission public. I invite members who are concerned about discrimination against unborn children with Down syndrome to familiarise themselves with that submission, dated 8 September 2023. With those introductory remarks, I move —

Page 10, after line 12 — to insert —

202MEA. Performance of abortion for particular reason of diagnosed or suspected Down syndrome

- (1) Subject to subsection (2), a medical practitioner or prescribing practitioner must not, and is not authorised to, perform, and a registered health practitioner or student in a relevant health profession must not, and is not authorised to assist in the performance of, an abortion on a person for the particular reason of the diagnosis in the unborn baby of, or suspicion that the unborn baby has, the genetic condition Down syndrome, also known as trisomy 21.
- (2) In an emergency, a medical practitioner is authorised to perform an abortion, or assist in the performance of an abortion, on a person in the circumstances mentioned in subsection (1) if the medical practitioner considers it necessary to perform the abortion to save the person's life or save another unborn baby.
- (3) This section applies despite any other provision of this Act.

Hon MATTHEW SWINBOURN: This is my first contribution to this debate. I have to respond to the use of the word “eugenics”. It is highly offensive, honourable member—highly offensive. I think you know that, and I think you have used it deliberately. I typically do not impute to you those kind of motives, but in this particular instance, you have used the term carefully, because your words are always used very, very carefully.

I could not support your amendment. I will not support your amendment. But as the father of a child with a genetic condition—not Down syndrome, but Noonan syndrome, and also the father of two children who have familial paraganglioma syndrome, both of which are genetic conditions; this amendment does not deal with those conditions—my wife and I had to make decisions during the course of one of her pregnancies. We had to make a decision whether or not to continue with the pregnancy because of the very real prospect that if our last son, Darcy, had Noonan syndrome, he could have been so severely disabled that he could not have survived his own birth.

We were not making a “eugenic” choice, such as you have referred to. I cannot believe this word has been included in this debate, at this time—you may have used it previously, but it is the first time I have heard it—to suggest that anyone who does not support your amendment is supporting eugenics. That casts a slur across so many parents who have had to be in the situation of making a decision about whether to continue with a pregnancy.

I know and have met Down syndrome people. They are beautiful, wonderful people. But, like all syndromes, the degree of disability in that syndrome varies from mild to severe. It is the same with Noonan syndrome, a condition that my wife suffers. It can be a very mild syndrome; it might involve nice blue eyes and thick brown hair, but it can also result in a deformed heart that cannot sustain life. When I was sitting with my wife at 19 weeks doing a scan to determine whether the heart of my unborn son Darcy was formed sufficiently enough for us to be confident to continue with the pregnancy, I was not thinking about eugenics. I was thinking about the suffering that he might have to go through had he been born with that debilitating condition. That was all we had at that time to consider that. I have not contributed to this debate because I think this is a women's health issue and I am happy to stand

back and allow women and the women of this house to speak, and to speak on my behalf on this issue. However, on the issue of eugenics, please do not put me into the category of Nazi Germany and those other people because that is not where I was and it is never where I was, and because I do not support your amendment and I have a different view from you does not mean that I support removing from our society people with disabilities. That is completely contrary to where I stand on any of these issues. Please, member, maintain your position on this bill, which you are entitled to maintain, but please do not bring in words like that. As I have said, I accused the member of doing it deliberately, and I think he did, but I ask him to reconsider that when he is suggesting that those of us in this place who do not support his view might be engaging in eugenics, because that is not what it is about. It is not a state-sponsored attempt to remove certain people from our society.

Hon SUE ELLERY: Members, I think it is important that I take the temperature down just a little because I share Hon Matthew Swinbourn's concerns about the use of the word eugenics. A quick google tells us that it is —

... a set of beliefs and practices that aim to improve the genetic quality of a human population
 ... Historically, eugenicists have attempted to alter human gene pools by excluding people and groups judged to be inferior or promoting those judged to be superior.

What we are debating here is: when a woman at 23 weeks needs an abortion, what is the regulatory framework within which that should occur? We are not debating a policy about improving, or otherwise, the genetic pool. We are not debating that. I understand the strength of feeling of Hon Nick Goiran—I really do—and he has been steadfast in his beliefs and steadfast in his pursuit of public policy that supports his beliefs, and I respect him for that. So far in the debate we have conducted ourselves relatively calmly, I think, even though we have been talking about some really hard things. Abortion post-23 weeks is really hard. I ask everyone to just take it down and not use terms that are about something that we are actually not debating. What we are debating here is what is the regulatory framework for women who find themselves in a position when they need a termination post-23 weeks.

Having said that, the government does not support the amendment. Ultimately, the abortion is a decision for the woman in consultation with her treating practitioners and her partner or family. It is important to note that we do not preclude abortions for the reason of trisomy 21 now, so if we were to agree to this amendment, we would be putting in place a new barrier. Difficult decisions have been made by women in Western Australia around this issue and they will continue to be made, whether we change this clause or not. Do not kid yourself—they will continue to be made. All that will happen is that those women who can afford to will travel interstate and those women who cannot afford to will have to manage the best way they can, unsatisfactory as it may be for them and their health and for their family. Where there is a suspected or diagnosed fetal or maternal condition, the practitioner would inform the patient of all the possible outcomes and any proposed treatment. As I said, there is no limitation now, noting that the condition is commonly detected early in pregnancy. I have checked whether any Australian jurisdiction has got an exemption around trisomy 21 and I am advised no, that is not the case. If we were to put this in place, we would be the first jurisdiction in Australia to do it. As I said, the result would be that if a woman could afford a plane ticket, she would go and get it done somewhere else. I appreciate the member's longstanding commitment to pursuing public policy in this issue and I respect his diligence and his commitment to his principles, but we cannot support this amendment.

Hon NICK GOIRAN: I thank the Leader of the House for putting the government's position. I thank also Hon Matthew Swinbourn for his first contribution in this debate. I will address briefly both points. First, I concur with what the Leader of the House said that no other Australian jurisdiction has a Down syndrome prohibition with respect to abortion. I agree with her on that point. I do not say that that is then a reason for Western Australia not to do it, and I know the Leader of the House is not imparting that upon me. I think this would be an opportunity for us to make a very powerful statement as Western Australians on what our view is when it comes to the diagnosis of Down syndrome. It follows from that that the other remark of the Leader of the House, that this is not a provision that currently exists in the law in Western Australia, is also true, and that is evidently the case because of the data we confirmed earlier that there have been 71 of these cases in Western Australia in the past calendar year and 51 late-term abortions since data has been collected in 2001. I concede those two factual points made by the Leader of the House. I respond to say simply that that does not in itself mean that we should not be doing anything. This would be a reform, in my view, so I seek the support of members in that respect.

With regard to my learned friend Hon Matt Swinbourn, I want to take a moment to acknowledge his contribution and the passion that I know is genuinely held by him, a member of Parliament for whom I have the highest regard. He is a person who also chooses his words carefully. He is a most diligent member of Parliament, a very committed father and a person whom I consider an honour to serve with in the Western Australian Parliament. He said that I chose to use that word deliberately, and he is right; I have today. I know that we will not agree about this matter and I am okay with that. I acknowledge that the honourable member may not be okay with that. Unfortunately, this may be one of those occasions when we will have to have a different view on a matter. However, what I do not want to happen here is a situation where there is an imputation understood from me in any way with regard to a decision he and his family have made. I hold him and his family in the highest regard as Western Australians and I wish them my very best. However, I continue to hold my view about Down syndrome. I want to make it clear that I am not talking about any other condition.

I accept we could have a debate about other conditions, but at the moment I am only talking about Down syndrome. The reason I am talking about it is because 3 023 Western Australians have signed a petition, and because Lisa—who is the mother of Emily—feels more strongly about this than I do. I acknowledge what the honourable member has said. It has become customary during the course of this debate for there to be a suggestion that you are only able to have a voice on this matter if you are of the female gender. That is obviously and self-evidently not a view that I hold. For those who consider that to be a prerequisite, I emphasise that Lisa, a female Western Australian, a great female mother, was the principal petitioner. She does not have a seat in this Parliament, but she does have 35 Western Australian members whom she can call upon. She called upon me to be her representative and to be her voice at this time. Her daughter, Emily, has been diagnosed with Down syndrome.

I acknowledge that there may be other members who wish to contribute to the consideration of this amendment. I will close with a quote from the submission I made to the Standing Committee on Environment and Public Affairs in respect to the petition *Discrimination against unborn children with Down syndrome*, in which I say —

Every individual, regardless of their abilities or disabilities, possesses inherent human rights. A Down syndrome diagnosis is not necessarily a ‘severe medical condition’ that ‘justifies the procedure’.

Discriminatory practices, such as aborting pregnancies due to a Down syndrome diagnosis, send a harmful message that some lives are less valuable than others. Upholding human rights and ensuring equal treatment for all is the task of government, and extends to those with disabilities, fostering a society that respects the intrinsic worth of every person.

During the third reading speech of the Acts Amendment (Abortion) Bill 1998, on Thursday 7 May 1998, Mr John Kobelke MLA said:

This Bill will not directly destroy our society, but it is both a signal of the direction in which we are going and a mechanism to speed up the process of creating disregard for the value of human life, starting with the life of the unborn child, and from there growing to a total disrespect for the value of all human life.

I imagine that members would, through Robert Bolt’s play *A Man for all Seasons*, and perhaps their knowledge of history, have heard of Sir Thomas More, who was the Chancellor of England, which is perhaps equivalent to today’s Prime Minister. Sir Thomas More stated in that famous and very meaningful play that “when statesman forsake their own private conscience for the sake of public duties, they lead their country by a short route to chaos.”

Later in the submission I referred to the second article in the *Convention on the rights of the child*, to which Australia is a signatory. It states —

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

The second part of that article in the *Convention on the rights of the child*, reads as follows —

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child’s parents, legal guardians, or family members.

I go on to say in the submission —

Australia has agreed to be bound by the Convention on the Rights of the Child, and it is essential that Western Australia move beyond discriminatory practices that target individuals with Down syndrome.

Hon Dr BRIAN WALKER: I will add a few words here to hopefully complete this part of the debate. It is customary when I have a patient in front of me, that we are discussing the potential for findings. It is their nuchal translucency scan, which would give a clue as to the presence of Down syndrome. You can, as a parent, choose not to undertake that scan, because you then say, “If I did find something I would not be prepared to abort my child.” I think this is an example of freedom we allow to people to make a choice—the rights of the parents to make a choice. Once that scan has been done, and if there was to be a declaration that this child is suffering from Down syndrome, and further tests would prove that, then the question can still be asked, “Well, having thought about that, we will let this pregnancy continue”, or not. Once again, this represents the freedom or the right to decide our own future. There is a balance here, of course. On the one hand, there are firmly held beliefs that a child, no matter how serious the dangers that they are facing, how serious the debilities they face or how difficult their life may be in the future, every life is sacred. I think back to that famous Monty Python film where every sperm is sacred. We can take this way too far.

I uphold the principle of the right to choose, because it is not easy to be the parent of a child severely damaged with Down syndrome. The children I deal with who have Down syndrome are delightful. You can generally recognise them by their beautiful, beatific smiles. We can impute to them a certain equality of life. Remarkable things have

happened, that is true; however, there have been disasters as well. No parent should be forced into a situation in which they may be exposed to extremely difficult circumstances because of someone else's deeply held beliefs. There is no imputation of anything wrong about this, honourable colleague. I fully support the member's right to his belief, but I think it is a problem to impose that on other people. We are debating the rights of parents to make decisions about their future and the future of their children, so I will not support the amendment.

I would like to stand in defence of my colleagues, because the words Hon Nick Goiran chose—as well-meaning as he thinks they are and as deeply held as his beliefs may be—suggest that all doctors are supporters of eugenics, unless they specifically refuse to take part in abortion. That is a terrible slur against every one of my colleagues in my profession, and I reject it wholeheartedly.

Hon KATE DOUST: I support this amendment and I thank the member for moving it. I have always had a concern about how this situation is managed, when a family has been advised that their baby potentially has Down syndrome. Part of my concern is that we will see a dramatic shift with the changes in this bill about mandatory counselling, which goes out the door. Part of my concern is about when this situation arises, when a woman has had the appropriate screening in the first trimester, and gets this particular result, how will it be managed? I looked to information provided by Down Syndrome Australia in its submission to the *Disability royal commission health issues paper* from March 2020 in which it talked about how—I am going to take this as a direct quote from this paper. It says —

The majority of pregnant women in Australia undertake the combined first-trimester screening which includes screening for chromosomal conditions such as Down Syndrome. A smaller number opt to undertake the Non-Invasive Prenatal Screening (NIPS) which is available at 10 weeks of pregnancy.

I will talk about that when we get to another amendment about sex selection as well. It goes on to say —

The Department of Health provides guidelines which indicate that doctors should support women to make 'informed decisions'.

There is considerable evidence, despite appropriate guidelines, that appropriate information about screening is often not provided to women and acceptance of screening is frequently presumed.

It goes on to say —

Once a result is provided, if an unexpected result is received, families are often pressured to make a decision to terminate even when this goes against their personal beliefs.

This is information from Down Syndrome Australia. It continues —

Data from Western Australia suggests that in Australia, most women for whom a confirmed prenatal diagnosis of fetal Down syndrome is made, choose to terminate the pregnancy (93%). There is significant concern that these termination rates are impacted by the lack of balanced information provided to families during prenatal screening. The lack of support from some medical professionals about continuing a pregnancy after a prenatal diagnosis also may influence parents' decisions.

Further in the submission, Down Syndrome Australia, in 2021, conducted a national survey to explore expectant parents' experiences of prenatal screening. The survey was called, "We have a lot to learn". It surveyed 320 parents who had a child under the age of 10 years with Down syndrome. The responses from that survey revealed that prospective parents are commonly given misinformation about life with Down syndrome and that nearly half felt pressure from healthcare providers to terminate their pregnancy. Families describe significant gaps in the information and support provided during pregnancy. I want to read in a list of statistics from that survey: 49 per cent of families felt pressure from their healthcare provider to terminate their pregnancy; 42 per cent of families said they received negative information about Down syndrome; 42 per cent of families were told information about Down syndrome by health professionals that they now know to be untrue; 45 per cent of families felt that they did not receive appropriate support during pregnancy; 47 per cent of families felt they did not get the information they needed to understand Down syndrome during their pregnancy; 69 per cent of families felt that the information provided did not give them an understanding of the lived experience of people with Down syndrome and their families. It goes on to say that prospective parents make decisions about their pregnancies within a social context that displays bias and stigma against people with disability.

I take on board the comments made by Hon Dr Brian Walker about his colleagues. I do not think the intention is to assume that but I thought they were very interesting stats. Sometimes when people have this discussion, they will have certain biases. Sometimes they are inherent biases about a particular issue. It may be with the best of intentions that a bias may drive a conversation on a particular pathway whereby someone thinks it might be in the best interests of those individuals for the future. However, based on information from the survey by Down Syndrome Australia, that has not been the lived experience of those individuals coming out of that situation.

I think the amendment has been moved as a protective mechanism to ensure that when a diagnosis is made, it cannot be used as the sole reason for terminating a pregnancy. The Down Syndrome Australia submission further talks about how there were concerns from some families about seeking terminations without appropriate follow-up tests

after a positive result. I do not know, aside from the test in the first 10 weeks, what other tests are available to people that perhaps provide a clearer outcome. Are they advised whether follow-up tests can be made available? The final part of the submission reads —

The misinformation, coercion and lack of support provided to parents undergoing prenatal screening constitutes a form of neglect and abuse within the health care system. These experiences have significant impacts on both the decisions made by families, but also have long-term consequences for the wellbeing of family members. Many parents of children with Down syndrome remark that the way the diagnosis is presented can be traumatic.

These are not my words. They are the words of the people who have day-to-day and ongoing engagement with families and children who have Down syndrome. I thought it was a fairly powerful set of comments. I think the amendment is there as a protective measure. It may be that it gives food for thought about how this set of issues is managed in relaying information and having consultation. As I said, once mandatory counselling is gone, I have concerns about how a discussion would occur and how information is conveyed. How do people in this situation make a fully informed decision when they are already feeling, under the current arrangements, that they are not getting that information? They feel they are being guided down a certain pathway that they are not entirely comfortable with. I am going to take my decision partly on the information provided from Down Syndrome Australia. I support the amendment moved by Hon Nick Goiran.

Hon NICK GOIRAN: In my haste to respond earlier, one thing I omitted doing on behalf of the principal petitioner, Lisa, at the time of moving this amendment, was to read in the petition that was tabled on her behalf on 8 August this year. I will conclude on this point. It reads —

To the President and Members of the Legislative Council of the Parliament of Western Australia in Parliament assembled. We the undersigned...

1. Are distressed to learn that last year alone there were 8,551 abortions in our State, including 76 at a late-stage of pregnancy and 71 “justified” because the unborn child was suspected of having Down syndrome; 2. Note the Premier’s statement on the first day of Parliament this year that his Government intends to “modernise our abortion laws to make safety, privacy and dignity an absolute right”; 3. Call on the State Government to affirm that Western Australia is a State that has compassion for both pregnant mothers and unborn children irrespective of the circumstances of the pregnancy; 4. Appeal to the State Government to ensure that any purported modernisation of our State’s law include the ending of the disability discrimination that has seen so many lives taken of those with Down syndrome; and 5. Request that the Legislative Council ensure any amendment legislation enshrines the safety, privacy and dignity of unborn children suspected of having Down syndrome and other conditions compatible with life.

And your petitioners as in duty bound, will ever pray.

Division

Amendment put and a division taken, the Chair of Committees casting his vote with the noes, with the following result —

Ayes (3)

Hon Ben Dawkins

Hon Kate Doust

Hon Nick Goiran (*Teller*)

Noes (25)

Hon Martin Aldridge

Hon Lorna Harper

Hon Stephen Pratt

Hon Dr Brian Walker

Hon Klara Andric

Hon Jackie Jarvis

Hon Martin Pritchard

Hon Darren West

Hon Dan Caddy

Hon Ayor Makur Chuot

Hon Samantha Rowe

Hon Pierre Yang

Hon Sandra Carr

Hon Kyle McGinn

Hon Rosie Sahanna

Hon Peter Foster (*Teller*)

Hon Stephen Dawson

Hon Sophia Moermond

Hon Matthew Swinbourn

Hon Colin de Grussa

Hon Shelley Payne

Hon Dr Sally Talbot

Hon Sue Ellery

Hon Dr Brad Pettitt

Hon Wilson Tucker

Amendment thus negatived.

Hon KATE DOUST: I think we have reached the point at which I will move the next amendment standing in my name. I move —

Page 10, after line 12 — To insert —

202MEB. Medical practitioners and prescribing practitioners not to perform abortion for sex selection

- (1) Subject to subsection (2), a medical practitioner or prescribing practitioner must not, under section 202MC, 202MD(2) or 202ME(1), perform an abortion on a person for the purposes of sex selection.

- (2) Subsection (1) does not apply if the medical practitioner or prescribing practitioner (as the case requires) is satisfied that there is a substantial risk that the person born after the pregnancy (but for the performance of the abortion) would suffer a sex-linked medical condition that would result in serious disability to that person.

We sort of started the discussion of this issue yesterday. It has come up at different points during the debate over the last few days.

Although we acknowledge that there is an overall ban on sex selection being used in abortion, the boundaries are changing. We have already identified that significant pieces of work have been done globally to acknowledge that abortion has been used for gender selection with a male bias. We now see a worldwide trend in which it is stated that something like 117 million women are missing because of gender-selection abortion. Although there are no formal records here in Western Australia, we note, from the reference I made to the *Framework for termination of pregnancy in New South Wales* policy directive, that a number of doctors had had the question put to them about having a gender-selection abortion, and those guidelines provided advice and support to doctors.

I might stop for a second so that people can find their seats.

The CHAIR: They will have to find another way to find their seats.

Hon KATE DOUST: They might have to find another way around me.

I recall that we had this conversation earlier. I cannot remember whether I asked the minister a question about whether there were any records about it, but I think the answer was no. We then had the very interesting contribution from Hon Dr Brian Walker, who stated, from his own experience, that he had been asked for that type of abortion. It would be interesting to hear anecdotally from other doctors. From memory, I think I asked the minister the question about whether, as part of this whole process, doctors had been asked whether this question had been put to them. I might get the minister to remind me what the answer was.

This amendment is about reinforcing the fact that, even with the legislation changes, this is not an acceptable practice. I do not think anyone here thinks that gender selection by abortion is an acceptable practice just for the sake of a male or female—predominantly male—gender preference, or even for family balance purposes, for which I understand gender selection is sometimes used. I appreciate that in some circumstances people would seek a gender-based abortion if a genetic disease might be passed on via a particular gender, and that is why it is referenced in the second part of this amendment. The capacity for that to occur is still there.

I think we should be doing whatever we can to educate people that it is not an acceptable practice and to reinforce the law for medical practitioners who might be tempted. Not all medical practitioners are necessarily as solid in their convictions on this, and they might be tempted to provide that assistance. I imagine that in some sectors of our community and in some cases, significant pressure would be put on a woman to have a gender-selected abortion. It might be for a cultural or family balance issue. This amendment will not take away from the legislation before us. It will reinforce the fact that this should not happen in a general sense. It should happen only in the very specific margins, when there is potential for an inherited genetic disease, and it would then be up to the individual to decide whether to make that choice in those circumstances. I do not believe that we should enable—in any way, shape or form, for cultural or family balance reasons—a gender-selection abortion.

The three sections of the bill have been selected because they deal with the proposed period before 23 weeks, during which a woman can effectively seek an abortion without reason. We know that people can find out the gender of their child at a relatively early stage. I read somewhere that with advances in technology and blood tests, that information can be obtained even in the first trimester. Traditionally, people would find out the gender at about 16 weeks. I never had that opportunity during my first two pregnancies. My husband believed that we should have a surprise; I am not a great believer in surprises. When I had my third child, it was not until he was a week overdue and medical staff put images up on two ultrasound screens and said, “Do you want to know what you are having?” I said, “No”, but they said, “Too late! There it is!” That was 25 or 26 years ago. Technology has changed, and testing mechanisms have changed. If people choose to know, they have ways of doing it so much earlier than the ways available to many of us in this chamber when we had children. It is entirely possible to think about having a gender-selection abortion at that early stage. Because of the stage of the pregnancy, if someone has that information, it may very well be a—I want to use the words “simpler process”, but that is not really the way I want to describe it. If it were at an earlier stage, I think it would be an easier process to manage, because if the woman did not have to give that reason, she would not have to articulate why she wanted to have it, even if she was under pressure to have it for those reasons.

Obviously, proposed section 202ME(1) relates to post-23 weeks abortions, and they may very well fall into the category in which the potential for an inherited genetic disease based on gender has been identified. However, it should not be able to be used based on a preference or for family purposes even at that point. That is my view. I hope others might pick up on that. I see this as being a very clear way of sending out the message that a gender-based abortion for a family preference or for family balance is not acceptable in our country. It should not be a practice that

we support in any way, shape or form. This would still give people the option of having an abortion, if they so choose, in circumstances in which the potential for an inherited genetic disease based on gender has been detected. I hope that members will give this due consideration and support the amendment.

Hon Dr BRIAN WALKER: Hon Kate Doust may well be surprised, but I am going to support this amendment, and there are a couple of reasons for that. The first is that abortion is not undertaken lightly; it should be undertaken for serious reasons—physical or mental reasons or the health of the mother or, indeed, the unborn child. Choosing not to have a child simply because it is the wrong sex is not a valid reason for interrupting a pregnancy. The mother might say, “I can’t have a child at all. This will ruin my life. I can’t manage this.” There could be many psychosocial issues going on. Absolutely that would be a valid reason for considering an abortion in the first trimester. Indeed, if they had been delayed—they had been raped or were just unaware of the pregnancy—that would also be a valid reason. If it is going to be utterly impossible for the mother to carry on with her life, she should not be denied an abortion.

However, if a woman said, “Yes, I’m pregnant. I want to wait to see what sex it is and then I’ll make a decision”, we would have a very different conversation. In my education, I was taught that that is not valid. It never came across that a woman would say, “I want to choose the sex of my baby”—in India, perhaps. There is consideration here. If we allowed a woman to say, “I’m carrying a female child; I want it aborted”, we would also be saying that we fundamentally disrespect the female gender as being second rate or second class. What does that say about the views of an adult towards women in general? Do we in our society tolerate the kind of thinking by someone who judges a woman walking down the street by saying, “You’re a female. I don’t respect you because you’re not a male”? I sincerely hope not. In fact, it is part of the questions we ask those who seek to become citizens of our great nation. These are the social standards that we expect: “You are not going to come from another country and then demand that women become subservient slaves in your household, like you did in your previous home, wherever that may be. If that is your firmly held belief, you don’t fit the criteria for being granted citizenship in our nation.” I suspect that those people would determine that women are to be disrespected and would want to be rid of a female unborn child, so I would be saying, “Get out of Australia. The whole morality that you are showing here is not one that I feel is compatible with our social norms in Australia.”

This is a serious question. It is not just about ending an unborn child’s life. It is about a perception that could go right through society and cause huge damage to women who could then be abused at home or suffer the deprivations of being bullied in the workplace or at home. That kind of mentality allows people to perpetuate a society in which a female child is something to be despised and the woman is something to be done away with: “We want males in our family to carry on the family name and to work in the fields. Let’s marry this child off as soon as possible to any old man who will have her and get her out of our home. We’ll take the dowry.” That attitude is fundamentally un-Australian. If we are not prepared to have that social norm in our society, we should be prepared to put on our statute book that terminating a child based on sex selection is inappropriate and should be forbidden.

I support this amendment as it is intended. All life is to be respected, whether male or female—the parent’s life and the child’s life. We should not say that any one particular gender is better than the other. With those few words, I will be supporting the amendment.

Hon MARTIN PRITCHARD: I struggled a lot with the last amendment, but I am not struggling so much with this amendment. I have not decided whether I will vote in favour of it; I am leaving it very much to the last moment. A couple of things are affecting my decision. One is that I accept that it is not part of common practice in Australia, so one part of me thinks that if it were to become more common, I would rely on a future Parliament to amend the legislation to prohibit it. I am not overly sure that it is needed, but I think that most people would not think that the concept of a mother choosing whether to have a male or a female child should be part of the consideration.

I do not know why, but I imagine that it would be more stark if it related only to late-term abortions. In the early stages of a pregnancy, there are many considerations. Even if the mother knew the sex of the child, she would probably have a medical abortion and the doctor probably would not know the reason for it. It would be more offensive to me if it related to late-term abortions.

As I said, I am not sure whether I will support the amendment, and I would like to hear more members comment on it to help me make up my mind. I certainly do not have a particular concern with the concept behind it.

Hon SOPHIA MOERMOND: I am in favour of this amendment. The reason for that is that I have chosen to always speak up for the human rights of women and girls. Female fetuses are at most risk of femicide with sex-selective abortion. That is very obvious in countries like China and India. I think in India, 40 million girls are missing because of sex-selective abortions. I think that is very unfair and it is clearly discriminatory.

Hon SUE ELLERY: I indicate that the government will not support the amendment. I understand the argument about why we do not think sex selection is a valid reason for abortion. I agree with that entirely. But we are being asked to put a measure into the regulatory framework that I do not think we will be able to enforce. Blood tests to determine gender can be done at 10 weeks’ gestation. In an earlier contribution I think Hon Dr Brian Walker said he had been asked by a patient about an abortion related to sex selection. Previously, Hon Kate Doust asked

me whether, in the process of drafting this bill, clinicians had been asked whether they had concerns. I told her, yes, they were asked, and the response was no, they were not concerned that this was an issue. Irrespective of the contribution by Hon Dr Brian Walker, it is unlikely a person will say they want an abortion related to the gender of the child. What are we then doing to the clinician? We are asking them to get inside the head of the patient and determine for themselves whether that is the reason they are seeking a termination. Bear in mind what I just said: blood tests can now be done at 10 weeks that help establish the gender of the baby. We do not think this is a practical amendment.

Hon Kate Doust also made the point, if I heard her correctly, that we should not enable sex-selection abortions. I completely agree, but there is nothing in the bill before us that enables that. A statutory prohibition would result in practitioners having to determine whether every abortion requested after nine weeks was potentially suspect of falling foul of the provision we are being asked to put into the bill. At best, we think it could lead to delays in delivering care and, at worst, perhaps no procedure at all. It is for those reasons we do not support the amendment, and not because abortions should be performed for the reason of sex selection. We do not think this provision will practically be able to be enforced. We do not think it will be able to be determined. Clinicians would have to put themselves in the mind of the patient because it is highly unlikely that a patient will say up-front that that is the reason they want the abortion.

Some work was done on this in New South Wales in a review done between 1 October 2019 and 30 September 2020. It found that the percentage of people stating gender selection as a reason for seeking an abortion was negligible, at 0.02 per cent. I do not take issue with the point members have made that in some cultures there is a view still that male babies are preferred over girl babies. That may be the case, but in Western Australia when we asked clinicians, they said it was not an issue that had been raised with them. When New South Wales asked the question, clinicians said that proportion was negligible, at 0.02 per cent.

For those reasons we do not support the amendment. We do not think it will add anything that will prevent the issue that people appear to be concerned about. That is because we have no way of enabling practitioners to get inside the head of someone who says they want an abortion for another reason when they think they want it for the purpose of sex selection. How can practitioners satisfy themselves when there may be a completely legitimate range of other reasons a patient gives for wanting the abortion? I am not sure that this amendment is a practical solution. I understand the thinking behind wanting to make sure we do not create the situation described, but we are not in a position to support the amendment.

Hon WILSON TUCKER: For the record, I support the amendment. I take the minister's point that clinicians have been surveyed, and she has indicated that abortions for the purpose of sex selection are not an issue in WA today. Just because this is not seen as an issue or the practice does not occur in WA today does not mean that it could not be in the future. The minister mentioned a New South Wales survey. She is right that there was a data anomaly and only a very small percentage of abortions were listed as being performed for the reason of gender selection. Looking at data, another survey was issued to clinicians, and I believe 18 per cent of surveyed clinicians indicated that they had been approached to perform an abortion on the basis of gender selection. That probably speaks to a very limited pool of clinicians and a very large number of abortions performed. Be that as it may, it was still a very small subset of people trying to have an abortion performed in New South Wales on the basis of gender selection.

There is another report focusing on Victoria. I will read from the report. One researcher is quoted as saying —

“I think it's important to monitor this issue because our data indicates sex-selective practices are continuing in some migrant communities in Victoria, irrespective of legislation.”

We know Victoria has ruled out this practice. South Australia has ruled it out. I believe the amendment we are dealing with today is copied and pasted from the South Australian legislation. The New South Wales Parliament has condemned the practice. Also, gender selection through IVF is illegal in Australia. That issue has largely been put to bed. The jury is out, and the evidence is not there to suggest—as the minister pointed out—that this is a widespread problem happening in Australia today. Latrobe University put out a report indicating that the practice occurs in some nations around the world and continues in first-generation migrant groups that have moved to Australia, but researchers did not yet see it occurring systemically in Australia. But just because it is not happening today does not mean it will not happen in the future. As I mentioned in my second reading contribution, the lens I take on this bill is a data-driven, evidence-based approach. I take the view that if this is not being measured, we do not understand the issue and cannot inform a policy in the future.

I support the amendment. I have drafted another amendment that is really a softer approach to the one on the supplementary notice paper at the moment. It will not ban the practice of gender selection through abortion but will measure abortions being sought on that basis. We will deal with that debate when we get to, I think, page 21 or so of the bill. I take the minister's point that it is probably quite hard to glean the real reasons that people approach a clinician for an abortion. We could probably not get an accurate testimony in the majority of cases. However, I think the amendment will codify that this is a practice that we do not accept as a society. It has been ruled out as part of IVF. We are debating whether to rule it out as part of this bill. I think it makes sense to include it as part of this bill and, therefore, I support this amendment.

Hon MARTIN ALDRIDGE: I will support the amendment moved by Hon Kate Doust as well. I have not heard any dissent in the course of this debate that abortion for the purposes of gender selection should not occur. I think that matter is not controversial and we are all in agreement of the point. Particularly having had regard to the response by the minister at the table, it is important to reflect on the fact that for the first time since 1998, we are significantly modernising and expanding the abortion laws in Western Australia. I have supported the provisions up to this point. We will probably do this again in another 20 or so years.

I listened to the response from the government about the practicalities of this amendment and I accept those. However, if that is the standard or reason for legislating or not legislating a provision, we could probably fit our sitting calendar into about five weeks or so. There are many laws, bills and clauses. If the test is whether they are practical or enforceable, we could probably erase half the statute book. Perhaps we should write to the Attorney General to review the statute book in terms of practicality and enforceability.

The reason I support the amendment before us is that it will not restrict access, apart from access for gender-selection purposes, which I think we all agree should be restricted. It is not the case that this example is hypothetical and we are clutching at straws, because Hon Dr Brian Walker just yesterday said that he has experienced this very thing.

The other thing that I want to draw to the attention of members is later on in this clause, proposed section 202MP, “Chief Health Officer may direct certain persons to give information about abortion”. The minister may have heard Hon Nick Goiran pursue this issue at length yesterday, or at least earlier this week, regarding what the three-yearly report will look like once the bill passes. A whole bunch of information will no longer be collected about abortion in Western Australia. One of those pieces of information is the particular race or nationality of a person on whom an abortion is being performed. I listened to what Hon Dr Brian Walker said yesterday and I have listened to other members who have contributed to this clause. There are countries and cultures that pursue abortions for gender selection. Again, I do not think that is a matter of controversy. However, this bill will restrict the Chief Health Officer from collecting information about race and nationality. This information-gathering provision was about looking at health trends and service delivery. If we find ourselves in a situation in which we need to respond to something that is happening, we are not going to know—particularly if it is culturally driven.

I think we have to give regard to the practical challenges presented by the minister. The fact is, if this amendment becomes law, someone may be unaware of the provision. They may go to their doctor and say “I would like an abortion for this purpose” and the doctor would respond with “You cannot have that; it is against the law of Western Australia”. The person may then go down the street to see the next doctor and will not tell them as much as they did the first time. There will always be ways around laws. However, I think there is nothing wrong with affirming as a Parliament that abortion for gender-selection purposes is not acceptable and is therefore not lawful.

Hon NICK GOIRAN: I rise to support the amendment. In providing an explanation, I want to deal with the four points that were made by the minister on behalf of the government as to why the government is not supporting the amendment. I agree with one of the four things that were said, that is the first—that the mother is unlikely to ask. I think that members would agree that what the Leader of the House said is true; it is unlikely that a Western Australian mother who is pregnant with an unborn child would go to a Western Australian practitioner and ask that an abortion be performed for the purposes of sex selection. The key word here is “unlikely”, and I agree. I concede the point made by the minister. It is the only one of the four points made by the minister that I agree with. However, the fact that it is unlikely to happen is not a reason to not support the amendment. It is not impossible for it to happen or not even necessarily the case that it could never happen. The point is that it may happen. Hon Martin Aldridge referenced moments ago that we have effectively had the testimony delivered to this house earlier by Hon Dr Brian Walker that, in his experience, sex-selection has been requested. This is not a controversial point, because we know this to be the case in other jurisdictions in Australia. I encourage members to familiarise themselves with the complaint made against the doctor who found themselves before the Australian Health Practitioner Regulation Agency. Obviously, no such complaint was made against Hon Dr Brian Walker in that instance, and rightly so—nor should a complaint be sustained against a practitioner for refusing to agree to such a request. We cannot pretend that we do not know that these requests are being made, even in our own state. We know that they are being made.

I accept that there is nothing before the house that says that the practice has been facilitated. This really goes to the point made by Hon Martin Pritchard, which, according to my notes, was that he was not sure whether this was needed. The honourable member has been here for a long time, as I have. I have lost count of the number of times that we have heard from governments of both persuasions about the need to futureproof bills. I have lost count of how many times, when scrutinising bills, that I have asked whether a provision was necessary. The defence that was put by governments, whether Liberal or Labor, has been “Well, honourable members, we would like to include this to futureproof the bill.” At the moment, I can think of no better example than this: if the practice of sex-selection on abortions is not happening in Western Australia, for goodness sake, let us futureproof the bill now and make sure that it does not happen.

The Leader of the House also said that the government does not think we can enforce the provisions. Once again, I have lost count of how many times I have raised this point before and been told that it is important to send a message.

That was the phrase put to me on multiple occasions. There have been substantial laws passed, apparently to target bikies in Western Australia, including by the current government. Even though some of those laws are plainly unenforceable to anyone familiar with the operations of outlaw motorcycle gangs and the like, the government has repeatedly made the point that it is important to send a message. Indeed, one of the purposes of the statute book is to send a message to Western Australians about the law that we agree upon and the parameters and boundaries within which we are going to operate. If it is the case that there is overwhelming consensus in the chamber—I am yet to hear anyone dissent—that abortions ought not take place in Western Australia for sex selection, why would we not enshrine that consensus in the statute book to send a message?

With regard to the minister's further point that the government does not think it can enforce this amendment, we do not want to enforce it. We do not want it to happen, and that is why we want to send the message in the first place. The government can assist in helping this happen by, as Hon Martin Aldridge has suggested, collecting data in respect of this point. If we ask a medical practitioner to sign a form 1 and sign off on whether this has occurred for sex selection purposes, we can be sure that that will assist in enforcing the message that is being sent.

The minister also indicated that there is nothing in the legislation at the moment that would enable sex selection under this bill. I suggest that that is actually an incorrect statement. The entire phase 1 abortion regime that will be passed by this legislation will enable sex selection because no reason will need to be provided. The entire phase 1 abortion system will enable a person to go to a practitioner prior to 23 weeks and request an abortion without giving a reason. To suggest that this regime will not enable sex selection under the legislation is categorically incorrect. It will absolutely enable this to happen, and that is why Hon Kate Doust has moved this amendment—to make sure that it is abundantly clear that, even though people do not need to give reason prior to 23 weeks, the medical practitioner should not allow it to occur for the purposes of sex selection.

The honourable minister suggested that we are asking the medical practitioner to enter into the mind of the person. There are no words in the amendment that can be read to give effect to that; nothing whatsoever. The point here is that if the medical practitioner becomes aware because, as was outlined by Hon Dr Brian Walker, somebody has come to them and articulated in words that they would like to have an abortion because they understand that they will be having a girl, or words to that effect, the practitioner will be aware and will not be able to proceed. They will not be able to proceed because the Legislative Council, the house of review, will have enshrined the message that I believe every member of this chamber says they agree with: that this should not be a practice that occurs.

The final point I will make in support of the amendment moved by Hon Kate Doust is that it will provide—to use the words used by the government during the course of this debate—clarity, certainty and safety. It is ultimately unobjectionable, but I cannot believe that we are defining the term “person”. I do not believe there is anyone here who does not understand what a person is, and I do not believe there is anyone in Western Australia who does not understand what a person is, the government has said that it would like us to define the term “person” in this bill for clarity, certainty and safety. I took some time when we were debating that provision to make that point and to get on the record, through the Leader of the House, why the term “person” was being inserted, because it seemed to me to be utterly unnecessary. I could not even necessarily make a case that it would be needed for futureproofing. I do not believe that, in the future, anyone is going to be confused about what a person is. Nevertheless, the government has said that it would like that for clarity, certainty and safety, and for the exact same reasons I encourage members to support this amendment.

Hon MARTIN ALDRIDGE: I have a question about the amendment. If the amendment is not supported, will it be lawful to have an abortion in Western Australia for the purposes of gender selection?

Hon SUE ELLERY: No, it would not be unlawful. There is no legal framework. The only law that exists in respect of that—I think Hon Kate Doust referred to it—is the IVF arrangements. I think that was —

Hon Martin Aldridge interjected.

Hon SUE ELLERY: Somebody did. Anyway, no, there is no law that goes to this issue.

Hon MARTIN ALDRIDGE: I am a little confused by the answer. There is no law that addresses that specific question?

Hon Sue Ellery: That goes to the issue.

Hon MARTIN ALDRIDGE: So is the answer to my question, yes, it would be lawful for an abortion to be performed for the purposes of sex selection?

Hon SUE ELLERY: I do not know whether we can use the word “lawful” if no law exists. I could accurately say to the member that it would not be unlawful because there is no law. To be lawful, there must be a law. There is no law.

Hon KATE DOUST: If it is the case that we currently do not have anything in place to protect female babies from being aborted simply because they are female babies, then, surely, if we all think the idea of abortion being a tool for gender selection in certain circumstances for a particular gender preference or family balance is abhorrent, it is all the more reason to put something in place to ensure that gender selection via abortion does not occur in Western Australia.

Hon SUE ELLERY: I guess the tricky bit of what Hon Kate Doust just said is the last bit—to ensure it does not happen. That is the point I was trying to make earlier, because it is highly unlikely that a woman is going to present and say, “Here’s the reason why I want to termination of this pregnancy—because I don’t want sex A or sex B.” For the amendment proposed by the member to have effect, there would have to be some way for the practitioner to be able to establish whether or not that was the case. The government has no in-principle disagreement about the fact that we do not want that to happen. When the clinicians in this state were asked whether they had concerns about this being an issue, they said no. When New South Wales explored this issue it emerged that 0.02 per cent of abortions were because of gender selection. Despite all this, we would have no way of giving effect to the amendment the member is seeking to insert. That is why we are saying we will not support the amendment. It cannot be enforced and it would require the practitioner to get inside the head of the woman presenting and satisfy themselves that, somehow, when the woman says, “No, that is not the reason”, it is in fact the case. That is not enforceable.

Hon MARTIN ALDRIDGE: I am not a lawyer but I am not sure about the difference between something being lawful and unlawful. We have established that it would not be unlawful, so perhaps the language I will use is that it will be permissible. It will be permissible under Western Australian law for a medical practitioner to perform an abortion for the purposes of sex selection. We know that it will not be unlawful; it will be permissible. Under proposed section 202ME, “Performance of abortion by medical practitioner at more than 23 weeks”, proposed subsection (2) states that in considering whether performing an abortion on a person is appropriate in all the circumstances, a medical practitioner must have regard to the provisions in paragraphs (a), (b) and (c). Could a medical practitioner satisfy himself or herself that sex selection could meet one of those three limbs?

Hon SUE ELLERY: No, honourable member.

Division

Amendment put and a division taken, the Deputy Chair (Hon Dr Brian Walker) casting his vote with the ayes, with the following result —

Ayes (12)

Hon Martin Aldridge
Hon Peter Collier
Hon Ben Dawkins

Hon Colin de Grussa
Hon Nick Goiran
Hon Steve Martin

Hon Sophia Moermond
Hon Martin Pritchard
Hon Tjorn Sibma

Hon Wilson Tucker
Hon Dr Brian Walker
Hon Kate Doust (*Teller*)

Noes (19)

Hon Klara Andric
Hon Dan Caddy
Hon Sandra Carr
Hon Stephen Dawson
Hon Sue Ellery

Hon Lorna Harper
Hon Jackie Jarvis
Hon Ayor Makur Chuot
Hon Kyle McGinn
Hon Shelley Payne

Hon Dr Brad Pettitt
Hon Stephen Pratt
Hon Samantha Rowe
Hon Rosie Sahanna
Hon Matthew Swinbourn

Hon Dr Sally Talbot
Hon Darren West
Hon Pierre Yang
Hon Peter Foster (*Teller*)

Amendment thus negatived.

Hon KATE DOUST: I move —

Page 10, after line 12 — To insert —

202MEC. Obligations of medical practitioners and prescribing practitioners to provide information about counselling

- (1) Before a medical practitioner or prescribing practitioner, under section 202MC, 202MD(2) or 202ME(1), performs an abortion on a person, the practitioner must provide all necessary information to the person about access to counselling, including publicly-funded counselling.
- (2) A medical practitioner or prescribing practitioner may, in an emergency, perform an abortion on a person without complying with subsection (1).

Members will note from the second reading speech that one of the key changes in this bill relates to the removal of mandatory counselling. Before I go into more detail I will ask the minister a couple of questions because I want to get it clear in my head, and perhaps in the minds of others in this room. I would like the minister to provide us with some detail about the nature of what is offered currently for counselling to a woman who presents herself to a medical practitioner seeking an abortion.

Hon SUE ELLERY: I will describe it this way—this is my description—I am informed that it operates in two tiers. In the first instance, it is the general practitioner to whom the woman presents who will provide immediate counselling directly with her to understand her decision-making and her understanding of all the issues. If in the course of that either the woman requests or the clinician determines that she needs access to further counselling, the following services have been engaged by the Department of Health to provide free counselling information and support—Sexual Health Quarters in Perth, Desert Blue Connect in Geraldton, the Goldfields Women’s Health Care Centre

and the South West Women's Health and Information Centre. Depending on the GP's assessment or the woman's requests or what she is looking for, a number of websites may assist—namely, Pregnancy, Birth and Baby at Healthdirect and the Royal Women's Hospital.

Support is also available for family and support persons by the counselling services that I have already mentioned. Through the Women and Newborn Health Service, there is public funding for six unplanned pregnancy counselling programs, offering counselling during which women are advised of all the different options relating to an unplanned pregnancy. The two peak membership organisations for counselling in Australia, the Psychotherapy and Counselling Federation of Australia and the Australian Counselling Association, were established to provide industry-based standards and self-regulated counsellors. Both have codes of ethics, the principles of which respect the patient's rights to determination.

Hon KATE DOUST: When somebody is going to see the doctor, is that termed provision of information or counselling? I see those things as being quite different.

Hon Sue Ellery: Counselling.

Hon KATE DOUST: Counselling. Is that talking about whether or not they want to have the process? The second reading speech refers to how currently people receive counselling to enable informed consent. We have had discussions about informed consent in a modern or current context. Once this mandated counselling at that first point of contact is removed, what will happen in reality? Will there be any change in the engagement or the provision of information in that first instance?

Hon SUE ELLERY: Under the existing regulatory regime, the counselling in a practical sense occurs when the woman presents at the GP. It must include the GP counselling about the medical risk of termination of pregnancy and of carrying the pregnancy to term. In the course of the consultation, an overwhelming majority of women said that they do not want that degree of counselling. In a practical sense, what has been explained to me is there are some women who come in knowing they are pregnant and knowing they want a termination. They do not want to have a conversation around, "Do you understand the risks of carrying or the risks of termination?" They do not want to have that conversation. They know what they want to achieve. However, the regulatory framework says they must be provided that. There may not be a huge difference in what actually happens, but the requirement for the clinician to say the words that are in the legislation is removed. There will still be women who come in and say, "I'm pregnant and this is what I want." There will be others who come in and say, "I think I'm pregnant and I want to talk about the options." The difference between the current regime and what is proposed is around the patient's needs. It is not us assuming what the patient needs and having a legal requirement to give the patient certain information. It is about: "What is it that you want from me and how can I help you make the decisions you need to make?"

Hon KATE DOUST: The second reading speech refers to the current situation not reflecting contemporary practice. I am assuming "contemporary practice" refers to what happens elsewhere.

Hon Sue Ellery: No, it is here as well.

Hon KATE DOUST: My question then is: what happens in other states in regard to the manner of information provided?

Hon SUE ELLERY: I do not have a table with the differences set out. The advice available to me is that counselling is optional in Victoria, Queensland, Northern Territory, Australian Capital Territory and Tasmania. In New South Wales, medical practitioners assess whether it is necessary to discuss counselling. In South Australia, they provide all necessary information about how to access counselling, including publicly funded counselling.

Hon KATE DOUST: Based on those examples provided, once mandated counselling is removed in Western Australia, where would we fit in with some of those other examples? Would whether they offer the information be deemed to be optional or would it depend on the individual doctor? I will talk about South Australia when we deal with the amendment.

Hon SUE ELLERY: I am conscious of the time, so I might give a quick answer now, honourable member. The difference between what existed before and what exists in other jurisdictions and what is proposed in Western Australia is patient-centred care. It is driven by what it is that the patient says they want. If the patient says they want information about all of their options—namely, what option A might mean and what option B might mean—the GP will provide that information either then and there in the consultation or will have access to information about the services available. It might be outlining what is available online, if that is easier for the person, on how to access telehealth services or whatever it is that the patient wants. The patient is at the centre. If the patient seeks information about counselling services, the patient will be provided with that.

Hon KATE DOUST: I know we are going to be doing something else in a minute and a bit, so I will just flag that the second reading speech also refers to clinical guidelines to provide clarity on appropriate pathways for counselling. I am assuming those clinical guidelines will be constructed or developed during the next six-month phase that the Leader of the House has referred to.

Hon Sue Ellery: Yes.

Hon KATE DOUST: Will those clinical guidelines be available only to the practitioner or will they be publicly available, as they have been in New South Wales and I think Queensland? We have already referenced some of them during debate.

Committee interrupted, pursuant to standing orders.

[Continued on page 4632.]

QUESTIONS WITHOUT NOTICE

GRIFFIN COAL — LIQUIDATOR

1044. Hon Dr STEVE THOMAS to the minister representing the Minister for State and Industry Development, Jobs and Trade:

I refer to the minister's answer to my questions without notice this week and in August on consultants paid by the government to advise on the insolvent Griffin Coal.

- (1) Can the minister now confirm that his government has paid Ad Astra Corporate Advisory \$286 869 and Sternship Advisers \$626 143.96, and signed a contract to pay KPMG \$240 000 for advice on Griffin Coal?
- (2) If no to (1), what are the correct totals, and has any other company been contracted or paid to advise the government on Griffin Coal?
- (3) Given that Sternship Advisers was engaged until July 2023, what commercial facilitation did it provide or achieve between commercial parties related to Griffin Coal?
- (4) What solutions has Sternship Advisers provided to resolve the ongoing crisis at Griffin Coal, apart from more and more taxpayer handouts in financial assistance grants and process agreements, and were those solutions worth \$626 143 or just the 96¢?
- (5) What has been Treasury's reaction to the performance of Sternship Advisers up until July 2023, and did it condemn or endorse that performance?

The PRESIDENT: I note it was a very long question.

Hon STEPHEN DAWSON replied:

It was indeed a very long question, President. You will be very grateful to know that the answer is not as long!

I thank Hon Dr Steve Thomas for some notice of the question. I note that the information requested by the member is available in the *Report on consultants engaged by government*, tabled regularly in the Parliament.

- (1) Yes.
- (2) The Department of Jobs, Tourism, Science and Innovation has engaged Preston Consulting to provide advice on rehabilitation matters.
- (3)–(4) As stated on multiple occasions, advice provided to government on the coal industry by Sternship Advisers is confidential and commercially sensitive.
- (5) Sternship Advisers was contracted by the Department of the Premier and Cabinet, not the Department of Treasury.

SOUTH WEST MANUFACTURING HUB

1045. Hon Dr STEVE THOMAS to the parliamentary secretary representing the Minister for Regional Development:

I refer to the minister's media statement of 5 September 2023 entitled "Planning advances for proposed South-West manufacturing hub" and the appointment of Deloitte to deliver a feasibility study.

- (1) What confirmed time frame has been established for the delivery of the feasibility study to government?
- (2) What previous concept or feasibility studies have been undertaken for the proposed south west manufacturing hub, and on what dates were the studies undertaken and by whom?
- (3) What is the value of the contract that was awarded to Deloitte to undertake the feasibility study?
- (4) Will the commissioned feasibility study be deemed a publicly available document?
- (5) Is the proposed study a sop to the Australian Manufacturing Workers' Union?

Hon KYLE MCGINN replied:

It must be a Thursday! I thank the honourable member for some notice of the question. The following answer has been provided by the Minister for Regional Development.

- (1) A detailed feasibility study and business case will be delivered over a 12-month time frame, commencing in September 2023, delivering on a key election commitment of the state government.

- (2) In 2021, Paxon Group was engaged to investigate broad industry demand and opportunities for an advanced manufacturing hub in the south west. This work was completed in February 2022 with the delivery of a preliminary assessment report.
- (3) A comprehensive tender process was conducted through the Department of Finance, which resulted in the appointment of Deloitte for a total contract value of \$1.12 million.
- (4) The feasibility study and business case may contain information that is commercial-in-confidence and unsuitable for public release.
- (5) It is expected that Deloitte will consult with all stakeholders as part of the study.

MARMION, NINGALOO AND NGARI CAPES MARINE PARKS

1046. Hon COLIN de GRUSSA to the parliamentary secretary representing the Minister for Environment:

I refer to the Marmion, Ningaloo and Ngari Capes Marine Parks.

- (1) Has the Department of Biodiversity, Conservation and Attractions completed all functions it has responsibility for under the respective management plans for each of the marine parks?
- (2) If no to (1), why not?
- (3) If no to (1), please provide details of which functions have not been completed and for which management plans.
- (4) Can the minister please table the management plan annual performance review as related to DBCA's responsibilities for each of the parks for the years 2021–22 and 2022–23?

Hon DARREN WEST replied:

I thank the member for some notice of the question. On behalf of the Minister for Environment, I provide the following answer.

- (1)–(2) The Department of Biodiversity, Conservation and Attractions progressively implements management plans over time, within available resources.
- (3) DBCA reports on the annual implementation of marine park management plans, including strategies not completed. I table attachments 1 to 3, providing the management effectiveness report for the implementation of the Marmion, Ningaloo and Ngari Capes Marine Parks management plans.
- (4) DBCA is currently preparing reports for 2022–23, which can be tabled once they are completed.

[See paper [2506](#).]

MINISTERIAL STAFF — TERM-OF-GOVERNMENT CONTRACTS

1047. Hon TJORN SIBMA to the Leader of the House representing the Premier:

I refer to termination payments made to ministerial staff on term-of-government contracts under section 68 of the Public Sector Management Act 1994.

Following the 2021 state election, which McGowan government ministerial staff ceased employment, and what was the value of each individual payout?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

This information was tabled in the Legislative Council on 2 June 2021. It is tabled paper 250.

ABORIGINAL CULTURAL HERITAGE

1048. Hon PETER COLLIER to the Leader of the House representing the Minister for Aboriginal Affairs:

I refer to the Aboriginal Heritage Act 1972 and to the Aboriginal Cultural Heritage Bill 2021.

- (1) How many heritage places in relation to section 5 of the Aboriginal Heritage Act 1972 were waiting to be considered by the Aboriginal Cultural Material Committee prior to the assent of the Aboriginal Cultural Heritage Bill 2021?
- (2) How many section 18 applications were submitted in —
 - (a) 2021; and
 - (b) 2022?
- (3) How many section 18 applications were waiting to be considered by the ACMC prior to the assent of the Aboriginal Cultural Heritage Bill 2021?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

- (1) As of 22 December 2021, there were 15 591 lodged places awaiting assessment.
- (2) Excluding applications that were withdrawn or deferred, the number of section 18 applications for 2021 and 2022 are as follows —
 - (a) For 2021, it was 61.
 - (b) For 2022, it was 66.
- (3) In December 2021, four section 18 applications were awaiting consideration by the Aboriginal Cultural Material Committee.

PLANNING — BINNINGUP GOLF COURSE

1049. Hon BEN DAWKINS to the minister representing the Minister for Planning:

I refer to the Binningup golf course.

- (1) Now that the Western Australian Planning Commission has been taken to the Supreme Court over outstanding developer obligations under town planning scheme 12 relating to the golf course, will the minister suggest that the WAPC roll these outstanding obligations into the new Shire of Harvey local planning scheme 2, which is what occurred with other guided development schemes such as the City of Canning's guided development scheme?
- (2) If not, then how does the minister intend to compensate residents who have spent more than \$50 million buying and building in the estate on the promise of infrastructure, community open space and amenity, which the government now says they cannot have?

Hon JACKIE JARVIS replied:

The following response has been provided by the Minister for Planning.

- (1)–(2) As the member has advised the minister's office that he has lodged proceedings in the Supreme Court, and in keeping with longstanding conventions, it would not be appropriate for the minister to comment on a matter now before the courts.

ABORIGINAL HERITAGE ACT — HERITAGE SITES

1050. Hon Dr BRAD PETTITT to the Leader of the House representing the Minister for Aboriginal Affairs:

I refer to question on notice 5737 and the answer provided on 14 August 2012, question on notice 187 and the answer provided on 17 September 2013, and the question without notice asked by Robin Chapple, MLC, on Tuesday, 21 April 2015.

- (1) Has site 23323, the Burrup Peninsula, Murujuga, ever been registered as an Aboriginal heritage site by the Aboriginal Cultural Material Committee under the Aboriginal Heritage Act 1972; and, if yes, on what date was it first registered?
- (2) Has the status of site 23323 ever changed to "not a site"; and, if yes, on what date?
- (3) Has site 23323 been resubmitted to the Aboriginal Cultural Material Committee for reassessment since 21 April 2015; and, if yes, when was this concluded, and what was the decision?
- (4) What is the current status of site 23323 as an Aboriginal heritage site?

The PRESIDENT: That question seems to be seeking a lot of information that dates back a number of years.

Hon SUE ELLERY replied:

Thanks, President. It does indeed.

- (1)–(4) As this question references previous questions on notice, dating back to August 2012, further time is required. An answer will be provided when the Council next sits.

TENANCY LAW — CONSUMER PROTECTION

1051. Hon WILSON TUCKER to the Minister for Commerce:

I refer the minister to the Consumer Protection division at the Department of Mines, Industry Regulation and Safety, which has responsibility to enforce consumer law in Western Australia for tenants, consumers, businesses, and property owners.

I refer to the period January 2020 to August 2023. For each month —

- (a) How many complaints did the division receive from tenants about their lessor?

- (b) Of and within those complaints, how many tenants raised issues of —
- (i) repair and maintenance; and
 - (ii) unexpected and unscheduled visits?
- (c) How many leases—sorry, not lessors—were “breached” by their tenants via the serving of a form 23 notice for failing to uphold the terms of their tenancy agreement?

Hon SUE ELLERY replied:

I have a couple of things. Firstly, the last word the member corrected is not corrected in the question that was submitted. Secondly, I am responsible for the Consumer Protection division of the Department of Mines, Industry Regulation and Safety.

The other point I want to make is that this question requests information by month and then by a series of categories for three and a half years. There is no way that any agency can collate that kind of material in the four hours it has to provide an answer when some notice is given. The member is entitled to ask for the information, but that question is much better placed on notice, which is what I will ask the member to do. I understand how hard it is for new members to understand the great mystery that is Parliament. I understand that, but please give consideration to the depth of information members are seeking. There is no way that any agency, with the best will in the world, could provide that level of detail in four hours, so I ask the honourable member to place the question on notice.

CANNABIS — RESEARCH

1052. Hon Dr BRIAN WALKER to the Leader of the House representing the Minister for Health:

I refer the minister to a recent paper entitled “Understanding and Rebalancing: A Rapid Scoping Review of Cannabis Research Among Indigenous People”, published in the June 2023 edition of *Cannabis and Cannabinoid Research*.

- (1) Is the department of Aboriginal affairs aware of any evidence that would substantiate or, indeed, undermine the researchers’ conclusion that there are “significant gaps” in empirical studies examining the lived experience of Indigenous peoples worldwide in relation to cannabis use, as far as Indigenous peoples here in Western Australia are concerned?
- (2) What local research, if any, has been undertaken on the use of cannabis within our Indigenous communities here in Western Australia, and does the department have any plans to encourage such research going forward?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

- (1) The department of Aboriginal affairs ceased to exist in 2017. The Western Australian government notes the significant volume of published and ongoing research into medicinal cannabis over recent years.
- (2) The WA government encourages and supports research with priority population groups and areas of emerging health and medical technology, and a number of funding programs and avenues for researchers exist on this basis. There is no existing barrier for researchers into medicinal cannabis to apply for and receive funding through these established channels.

FIREFIGHTERS — INDUSTRIAL ACTION

1053. Hon SOPHIA MOERMOND to the Minister for Emergency Services:

I refer to the ongoing unresolved dispute between the government and the United Professional Firefighters Union of Western Australia over firefighters’ pay and conditions.

- (1) Is the government concerned about potential industrial action by firefighters and what this might mean for the bushfire response this coming summer during the likely El Niño weather event, which is linked to dry, hot weather and more bushfires?
- (2) How is the government planning to resolve the dispute?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question.

- (1) No.
- (2) The United Professional Firefighters Union is currently balloting its membership on the government’s offer.

EMERGENCY SERVICE VOLUNTEERS — R U OKAY? DAY

1054. Hon MARTIN ALDRIDGE to the Minister for Emergency Services:

I refer to R U OK? Day today and the “Are They Triple OK?” campaign. Emergency services personnel are more than twice as likely to experience suicidal thoughts than the general population and three times more likely to have a suicide plan.

When will the government recognise the trauma experienced by fire and emergency service volunteers and expand presumptive post-traumatic stress disorder protections to them?

Hon STEPHEN DAWSON replied:

I thank the member for the question. I appreciate every person who goes out there to try to save lives, particularly at this time of year, when the fire season is about to hit us. This year, we will have heatwaves. We will have tough weather, and I urge Western Australians to have a bushfire plan. I am very conscious of the work that both our career and our volunteer firefighters do. I am certainly committed to providing the best facilities and equipment to enable them to do their job to keep Western Australians safe.

VIOLENT SEX OFFENDERS — PAROLE

1055. Hon NICK GOIRAN to the minister representing the Minister for Police:

I refer to the minister's answer on 31 August 2023 to my question without notice 958, asked the previous day. The answer revealed that 47 return to prison warrants were outstanding, with 41 people being either in prison in other jurisdictions or located outside of our state.

- (1) Are any of the remaining six still outstanding?
- (2) If yes to (1), for how many days have they been outstanding?
- (3) Further to (2), what are the names of these yet-to-be-captured fugitives?
- (4) How many return to prison warrants are currently outstanding in total?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question. The following information has been provided to me by the Acting Minister for Police.

The Western Australia Police Force advises the following.

- (1) Yes.
- (2) As at 12 September 2023, they have been outstanding for —
 - (a) 48 days;
 - (b) 55 days; and
 - (c) 2 147 days.
- (3) On receipt of these warrants, the WA Police Force assessed various considerations and did not deem the public release of the information necessary.
- (4) There were 50 as at 12 September 2023.

There is a note. Statistics are provisional and subject to revision.

WA COUNTRY HEALTH SERVICE — STAFFING

1056. Hon STEVE MARTIN to the Leader of the House representing the Minister for Health:

I refer to the WA Country Health Service budget.

- (1) How much of the WACHS budget has been allocated to agency nurses filling vacant positions in regional hospitals annually between —
 - (a) 2020–21;
 - (b) 2021–22; and
 - (c) 2022–23?
- (2) How many agency nurses have been hired to fill positions in regional hospitals annually between —
 - (a) 2020–21;
 - (b) 2021–22; and
 - (c) 2022–23?
- (3) How many FTE nurses, midwives or carers have been cut across regional hospitals due to staff budgetary constraints or otherwise between —
 - (a) 2020–21;
 - (b) 2021–22; and
 - (c) 2022–23?

Hon SUE ELLERY replied:

Again, the answer to the question is that to allow for a fulsome and accurate response, I request the member to place the question on notice.

If I may, one part of the question asks how many agency nurses have been hired to fill positions in regional hospitals over a three-year period. It is not possible to provide that kind of information in a four-hour turnaround. It is just not possible.

EXPLORATION DRILLING APPLICATIONS — SHIRE OF COLLIE

1057. Hon Dr STEVE THOMAS to the parliamentary secretary representing the Minister for Mines and Petroleum:

- (1) How many applications have been made to the Department of Mines, Industry Regulation and Safety for drilling within the Shire of Collie during the period from 1 January 2022 to 8 August 2023?
- (2) In each case under part (1) —
 - (a) who was the applicant;
 - (b) where was the drilling to occur; and
 - (c) for what purpose was the application made?

Hon MATTHEW SWINBOURN replied:

I thank the member for some notice of the question. The following answer has been provided to me by the Minister for Mines and Petroleum.

- (1) No program of work applications for exploration drilling under the Mining Act 1978 were received by DMIRS in the Shire of Collie between 1 January 2022 and 8 August 2023.
- (2) (a)–(c) Not applicable.

SOUTH COAST MARINE PARK — INDICATIVE MANAGEMENT PLANS

1058. Hon COLIN de GRUSSA to the parliamentary secretary representing the Minister for Fisheries:

I refer to the minister's response to question without notice 1006, asked on 12 September 2023, regarding the proposed south coast marine park.

- (1) Can the minister table the comments the Department of Primary Industries and Regional Development provided to the Department of Biodiversity, Conservation and Attractions on the potential commercial fishing impact on the Wagyl Kaip, Wudjari, Ngadju and Mirning draft indicative joint management plans?
- (2) Can the minister table the DBCA response to those comments, received by DPIRD on 7 June 2023?

Hon DARREN WEST replied:

I thank the member for some notice of the question. The following answer has been provided to me by the Minister for Fisheries.

- (1)–(2) The draft indicative management plans for the proposed south coast marine park will be released for public comment in accordance with the Conservation and Land Management Act 1984. In accordance with the CALM act, the indicative management plans will receive the concurrence of appropriate ministers prior to public comment and are therefore confidential until the public comment period commences.

ARMADALE RAIL LINE — CLOSURE

1059. Hon TJORN SIBMA to the minister representing the Minister for Transport:

This question is from 31 August. I refer to the proposed 18-month closure of the Armadale line.

- (1) Is there a contingency plan in the event that the closure of the Armadale line extends beyond 18 months?
- (2) What are the details of this plan?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question. Given that the question was asked on 31 August, the answer is current as at that date.

- (1)–(2) The minister is confident that the required works will be undertaken within the shutdown period.

POLICE — RESIGNATIONS AND RETIREMENTS

1060. Hon PETER COLLIER to the minister representing the Minister for Police:

- (1) How many police have resigned to date in 2023?
- (2) How many police have retired to date in 2023?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question. The following information has been provided to me by the Acting Minister for Police.

The Western Australia Police Force advises that the authorising personnel are on a flight returning from regional Western Australia and are unable to provide an answer for the honourable member within the required time frame. An answer will be provided on 19 September 2023.

WORKERS COMPENSATION AND INJURY MANAGEMENT BILL 2023 — EXCLUSIONS

1061. Hon BEN DAWKINS to the parliamentary secretary representing the Minister for Industrial Relations:

I refer to the *Hansard* of 15 August 2023 and comments made by Hon Matthew Swinbourn that it is not the government's intention to exclude any class of workers from coverage under the Workers Compensation and Injury Management Bill 2023.

If the courts find that clause 12 of the bill excludes contractors from coverage, as the Australian Lawyers Alliance has confirmed, will WorkCover WA advise or educate the excluded workers that they will need to obtain their own insurance cover?

Hon MATTHEW SWINBOURN replied:

I think I thank the member for some notice of the question. The following answer has been provided to me by the Minister for Industrial Relations.

As has been previously stated, it is not the government's intention to exclude any class of worker who is currently covered, but, rather, to clarify the definition of "worker". This is necessary to reduce the uncertainty regarding contractors in the current definition and any disputation in the future. WorkCover WA will publish fact sheets on this issue before the bill commences operation.

PRESCRIBED BURNING — CLIMATE CHANGE

1062. Hon Dr BRAD PETTITT to the parliamentary secretary representing the Minister for Climate Action:

I refer to the Environmental Protection Authority's assessment of the government's proposed *Forest management plan 2024–2033*, which recommends an independent scientific review of prescribed burning.

- (1) Will the minister commission an independent scientific review of prescribed burning in order to identify contemporary science and knowledge on the impacts of prescribed burning on biodiversity, particularly in the context of climate change?
- (2) If not, why not?

Hon DARREN WEST replied:

I thank the honourable member for some notice of the question. On behalf of the Minister for Climate Action, I provide the following answer.

- (1)–(2) The Environmental Protection Authority released its report on the proposed *Forest management plan 2024–2033* on 4 September 2023. The report is now subject to a three-week appeal period. It is not appropriate for me to comment during the appeal process.

VARANUS ISLAND GAS PLANT — ALLEGED INCIDENT

1063. Hon WILSON TUCKER to the parliamentary secretary representing the Minister for Mines and Petroleum:

I refer the minister to the answer to my question without notice dated Wednesday, 13 September 2023 in which the minister advised the house that the government is unable to table the contents of an internal report it received from oil and gas company Santos on 22 March 2023 into a potential oil spill on the basis that a concurrent departmental investigation is still underway.

Will the government release the contents of the internal report when the departmental investigation has been completed?

Hon MATTHEW SWINBOURN replied:

I thank the honourable member for some notice of the question.

The regulator will determine whether to release the report at the completion of the investigation.

MEDICAL CANNABIS — PHARMACIST TRAINING

1064. Hon Dr BRIAN WALKER to the Leader of the House representing the Minister for Health:

I refer the minister to a recent paper titled "A cross-sectional survey exploring the knowledge, experiences and attitudes of Australian pharmacists toward medicinal cannabis", which cited 94 per cent of respondents as believing that they would benefit from further training in this area.

- (1) What training is currently available to pharmacists in Western Australia on dispensing medicinal cannabis?

- (2) What more can the government do to fill the obvious knowledge gap that exists across the sector, and might a medicinal cannabis advisory service be one tool to upskill pharmacists in this area?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

- (1) Pharmacists are responsible for maintaining their own professional competency to dispense prescription medicines, which includes dispensing special access scheme medicines such as medicinal cannabis. Training required to maintain these competencies is delivered by the professional bodies.
- (2) The scope of feasibility studies into the establishment of a medicinal cannabis advisory service could include any registered health practitioners who may have reason to access such a service for the prescribing, administration or dispensing of a medicinal cannabis product.

FIONA STANLEY HOSPITAL — MEDI-HOTEL

1065. Hon SOPHIA MOERMOND to the Leader of the House representing the Minister for Health:

I refer to the announcement on 16 May 2023 by Hon Amber-Jade Sanderson that a medi-hotel with 80 beds had been completed in Murdoch. Although the medi-hotel is intended to free up beds at hospitals, acute emergency care for the hotel will still be provided by Fiona Stanley Hospital. Given that on Tuesday, 12 September, Department of Health emergency department data recorded a total of 132 patients in the emergency department at Fiona Stanley hotel, while the capacity is 65 patients, which is not an uncommon scenario, I ask the following.

- (1) Is the government satisfied that the emergency department at Fiona Stanley Hospital has the capacity to meet demand?
- (2) Is the government concerned that the Murdoch medi-hotel will place additional pressure on the Fiona Stanley Hospital emergency department?
- (3) Would the government consider opening other triage desks at Fiona Stanley Hospital and Rockingham General Hospital, building more emergency theatres at Fiona Stanley, reopening the emergency department at Fremantle Hospital and Health Service or any other measures to ease pressure on the Fiona Stanley Hospital emergency department?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

- (1) Yes.
- (2) No.
- (3) The South Metropolitan Health Service's emergency access program continues to work on the implementation of initiatives across all its hospital sites that are specifically aimed at reducing ramping, improving transfer of care times and improving overall patient flow, all of which contribute to reducing pressure on its hospitals' emergency departments.

MAIN ROADS — ELECTRONIC MONITORING

1066. Hon NICK GOIRAN to the minister representing the Minister for Police:

I refer to my question without notice asked on 12 September 2023 regarding the revelation in the Auditor General's twenty-fifth report, released on 12 June 2023, that "despite being aware they are not permitted to, MRWA has continued to collect anonymous data from local road users under the Surveillance Devices Regulations 1999" and to the answer referring me to question on notice 673 asked on 20 June 2023.

- (1) Did the minister mean the question without notice asked by Hon Martin Aldridge on 20 June 2023?
- (2) Does he recall informing the house on that day that "WA Police is working with Main Roads WA to resolve the issue raised in the Auditor General's report"?
- (3) Has the issue been resolved?
- (4) If yes to (3), on what date was this achieved?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question. The following information has been provided to me by the Acting Minister for Police.

As similar questions have previously been asked, the honourable member may wish to read the answers provided. The WA Police Force is working with Main Roads WA to resolve the issue raised in the Auditor General's report. Further, the WA Police Force remains actively engaged with MRWA and the Parliamentary Counsel's Office on advancing the required legislative changes.

PUBLIC HOUSING — WAITLIST — DISABILITY SUPPORT PENSION

1067. Hon STEVE MARTIN to the minister representing the Minister for Housing:

I refer to the answers to questions on notice 1328 and 1329 asked on 21 March 2023, in which the minister was able to identify the number of applications for the public housing waitlist and the priority public housing waitlist that included one or more individuals receiving the disability support payment.

- (1) As of 31 August 2023 —
 - (a) how many applications on the public housing waitlist included one or more individuals receiving the disability support payment; and
 - (b) how many individuals are represented in the number of applications in (a)?
- (2) As of 31 August 2023 —
 - (a) how many applications on the priority public housing waitlist included one or more individuals receiving the disability support payment; and
 - (b) how many individuals are represented in the number of applications in (a)?

Hon JACKIE JARVIS replied:

I thank the honourable member for some notice of this question. The following response has been provided by the Minister for Housing.

- (1)–(2) As the member has previously been advised in questions on notice 1328 and 1329, applications containing a disability support payment indicate that at least one person on the application receives this payment. This does not necessarily indicate that all people on the application are in receipt of the payment. The Department of Communities provides multiple pathways, including public rental housing, to those unable to obtain adequate and appropriate housing through the private sector. It should be noted that the majority of applicants have access to some form of accommodation while they wait to be housed. A tight private rental market will reflect an increase in the number of applications for social housing. Many people who may be otherwise housed may seek the safety net of public housing when there is significant pressure in the private rental market. Rental vacancy rates tightened across the country during the COVID-19 pandemic, significantly impacting the housing market. The state government continues to accelerate social housing delivery through a diverse range of reforms, including the modular build, timber frame and spot purchasing programs. As at 31 August 2023, there were 4 082 applications on the public housing waitlist statewide, representing 5 889 people who identified at least one household member as being in receipt of a disability support pension or payment. As at 31 August 2023, there were 1 340 applications on the public housing priority waitlist statewide, representing 1 981 people who identified at least one household member as being in receipt of a disability support pension or payment.

VOLUNTARY TARGETED SEPARATION SCHEME

1068. Hon Dr STEVE THOMAS to the Leader of the House representing the Premier:

I refer to my question without notice 244 of 3 June 2021 on the government's voluntary targeted separation scheme and I ask about the period up to the end of the 2022–23 financial year.

- (1) From the implementation date of the VTSS, what are the actual gross savings achieved by the government?
- (2) From the implementation date of the VTSS, what are the actual net savings achieved by the government?
- (3) For each financial year from 2017–18 to 2022–23, what have been both the gross and net savings from the VTSS?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

- (1) Gross savings achieved under the voluntary targeted separation scheme to 30 June 2023 are estimated to be \$884 million.
- (2) Net savings achieved under the VTSS to 30 June 2023 are estimated to be \$528 million.
- (3) This information is in two tables. Gross savings estimates by year for the VTSS are unchanged from the estimates provided in response to Legislative Council question without notice 1292 of 30 November 2022. The information is in tabular form and I seek leave to have the response incorporated into *Hansard*.

[Leave granted for the following material to be incorporated.]

2017 – 18	\$59.9 million
2018 – 19	\$137.8 million
2019 – 20	\$161.9 million

2020 – 21	\$164.7 million
2021 – 22	\$177.2 million
2022 – 23	\$182.3 million

In 2017–18 there was an estimated net cost of \$219.6 million. Estimated net savings in the following years were as follows. The information is in tabular form and I seek leave to have the response incorporated into *Hansard*.

[Leave granted for the following material to be incorporated.]

2018 – 19	\$104.7 million
2019 – 20	\$153.8 million
2020 – 21	\$139.3 million
2021 – 22	\$167.3 million
2022 – 23	\$182.3 million

ENDURING POWERS OF ATTORNEY

1069. Hon TJORN SIBMA to the parliamentary secretary representing the Attorney General:

My question is from 31 August and I hope the parliamentary secretary has it with him.

Hon Matthew Swinbourn: I imagine I do.

Hon TJORN SIBMA: Splendid! It is question 1095, by the way, just to be helpful.

Hon Matthew Swinbourn: I have got it.

Hon TJORN SIBMA: Fantastic!

I refer to the use of enduring powers of attorney documents in Western Australia.

- (1) Can the Attorney General estimate the number of such documents that are presently active within this jurisdiction?
- (2) Can the Attorney General advise how the revocation of such documents is recorded within this jurisdiction?

Hon MATTHEW SWINBOURN replied:

I thank the member for some notice of the question. The following answer has been provided by the Attorney General.

- (1) Enduring powers of attorney are private documents that the maker is not required to register in Western Australia. People making an EPOA can, if they choose, lodge their EPOA with Landgate. People may also choose to lodge copies with relevant financial institutions. As per the response to question 961, the Standing Council of Attorneys-General is deliberating on the development of a national register and the options will need to be considered by cabinet once SCAG has made a decision. The Department of Justice is currently working on scoping a state-based register in the event a national register of enduring powers of attorney is not developed.
- (2) To revoke an EPOA, the maker must have full legal capacity and revocation is not in effect until the attorney has been advised by the maker that the EPOA is revoked. That is not the attorney general, by the way; that is the attorney under the EPOA. The Public Advocate recommends that the maker give written notification of the fact they are revoking their enduring power of attorney to all attorneys and substitute attorneys, any financial institutions where the EPOA has been lodged and any other people or organisations who have been given a copy of the EPOA. Landgate has specific requirements for the revocation of an EPOA that has been lodged with Landgate.

BUILDING BONUS GRANTS

Question without Notice 1038 — Answer

HON SUE ELLERY (South Metropolitan — Minister for Finance) [5.04 pm]: I would like to provide an answer to Hon Wilson Tucker's question without notice 1038 asked yesterday, which I seek leave to have incorporated into *Hansard*.

[Leave granted for the following material to be incorporated.]

Answer

I refer to Hon Wilson Tucker's Question Without Notice 1038 asked on 13 September 2023 that I undertook to answer today.

I provide the following response.

- (1) As at 11 September 2023, 23,791 Building Bonus grants have been paid under the scheme.
- (2)–(3) This information is not available as the sale price or property value are not part of the eligibility criteria for the scheme and are not collected as part of the Building Bonus grant application process.
- (4) There is no restriction on the number of grants an applicant can receive as long as the eligibility criteria are met for each grant.

- (5) (a) 623
 (b) 131
 (c) 48
- (6) 37.
- (7) This information is not available as Australian citizenship is not part of the eligibility criteria for the scheme and citizenship status is not collected as part of the Building Bonus grant application process.

BANKSIA HILL DETENTION CENTRE AND UNIT 18, CASUARINA PRISON — STAFF

Question without Notice 1021 — Answer

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Emergency Services) [5.05 pm]: I would like to provide an answer to Hon Peter Collier's question without notice 1021 asked yesterday, which I seek leave to have incorporated into *Hansard*.

[Leave granted for the following material to be incorporated.]

Answer

I thank the Honourable Member for some notice of this question. The following information has been provided to me by the Acting Minister for Corrective Services.

The Department of Justice advise:

- (1) Staffing profile for Banksia Hill and Unit 18 as at 13/09/2023

Employment Group	Count of Employees
Government Services (Miscellaneous)	
Level 1	2
	2
Youth Custodial	
Senior Officer YCO	26
Unit Manager	21
Youth Custodial Officer	209
	256
Public Servant	
Level 1	8
Level 2	5
Level 2 Specified Callings Other	2
Level 3	19
Level 3 Specified Callings Other	2
Level 5	12
Level 6	10
Level 7	13
Level 8	5
Level 9	1
	77
Youth Teachers	
Classroom Teacher	14
Classroom Teacher Relief	14
Vocational Teacher	6
Vocational Teacher Relief	1
	35
Grand Total	370

- (2) Resignations at Banksia Hill and Unit 18 for 2023 to date

Row Labels	Resigned	Resigned (transferred to other agencies or across awards)
Youth Teachers and Casual Tutors	2	1
Public Service	4	6
Senior Youth Custodial Officer	1	

Unit Managers		1
Youth Custodial Officers	24	17
Total	31	25

(3)–(4) See above. Staff allocated to Unit 18, including Prison Officers allocated to the unit, are not separated in the HR system.

STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

2022–23 Annual Reports — Statement by President

THE PRESIDENT (Hon Alanna Clohesy) [5.05 pm]: Before we return to orders of the day, I have a brief correspondence to bring to the attention of members. It reads —

Dear President

2022–23 Annual Reports

The Standing Committee on Estimates and Financial Operations (Committee) is considering the 2022–23 annual reports. I ask that you advise the Council of the following arrangements:

- (1) The Committee intends to hold hearings on each sitting Wednesday in October and November 2023. Hearings may recommence in 2024.
- (2) The Committee will consult with Members on preferred agencies to appear for a hearing. Members are welcome to participate in hearings. There will be no questions prior to hearings.
- (3) The Committee will write to Ministers for each agency that receives a qualified opinion and the follow-up on other related matters, as required.
- (4) The Committee will email key documents to Members, Ministers and public officials once finalised.

Although this process is intended to focus on the annual reports, Members may, within reason, ask general questions about the operations and finances of an agency that are outside the years in question or the annual report.

Kind regards,

Hon Peter Collier MLC

Chair

ABORTION LEGISLATION REFORM BILL 2023

Committee

Resumed from an earlier stage of the sitting. The Chair of Committees (Hon Martin Aldridge) in the chair; Hon Sue Ellery, (Leader of the House) in charge of the bill.

Clause 8: Part 12C Divisions 1 to 5 inserted —

Committee was interrupted after the amendment moved Hon Kate Doust had been partly considered.

Hon SUE ELLERY: Before we broke for question time, Hon Kate Doust had asked a question about what information about counselling services was publicly available. I have two documents here. One is from the Government of Western Australia North Metropolitan Health Service Women and Newborn Health Service and is entitled *Abortion: An information booklet for consumers*, and the second one is from the Government of Western Australia North Metropolitan Health Service and is entitled *Abortion care: Information and legal obligations for medical practitioners*. I table those documents.

[See paper [2507](#).]

Hon KATE DOUST: Following up, before we broke for question time earlier, I asked a question about further counselling and the minister provided a list of locations and organisations that provided counselling. The first part of my question is: how are those organisations selected?

Hon SUE ELLERY: I am not sure that I can give the member a detailed answer. They receive government funding so there is some sort of procurement process, but we do not have that information available at the table.

Hon Kate Doust: You just answered my second question, thank you.

Hon SUE ELLERY: Good. I live to serve.

Hon NICK GOIRAN: I am just waiting for the tabled papers to be circulated to interested members, including me. Are the documents that the Leader of the House tabled provided to practitioners or women seeking an abortion?

Hon SUE ELLERY: There were two different sets: the first is for consumers and the second for practitioners.

Hon NICK GOIRAN: Regarding the document for consumers, the Leader of the House referred to the North Metropolitan Health Service —

Hon Sue Ellery: Both did.

Hon NICK GOIRAN: Both did. Was the North Metropolitan Health Service referenced because it was the author of the document, or is it applicable only for that geographical area?

Hon Sue Ellery: By way of interjection, it is because that is where King Edward Memorial Hospital for Women sits; King Eddy's produced the material.

Hon NICK GOIRAN: I guess that explains that it is the author of the document, but is it correct that the use of the document is not restricted to that service?

Hon Sue Ellery: Correct.

Hon NICK GOIRAN: Is it common or expected practice that when discussing the performance of an abortion with a woman in Western Australia, irrespective of gestational age, all practitioners would provide that information?

Hon SUE ELLERY: They can use what is available from King Edward, which is what I tabled, but they are not required to. It might be that some institutions—Broome, for example—produce their own, and perhaps some in language. I do not know whether that is the case. It is available for use, but they might develop their own bespoke materials as well.

Hon NICK GOIRAN: I appreciate that they are not required to. I guess that goes to the amendment moved by the honourable member, which would require some form of information to be provided. Whether it would be exactly the same as the document that exists now is not specified. That ultimately would be a matter for the practitioner or government, if the Chief Health Officer wanted to specify what that information was. Although it is not required at the moment, I am interested to know what the typical practice is. I understand that it would be typical practice within King Edward Memorial Hospital for Women, given that it is the author of the document, but is it common in other places, including in private practices? The minister will recall that a lot of abortions in Western Australia happen in private practice.

Hon SUE ELLERY: I am advised that Marie Stopes International, for example, developed its own material. That is publicly available on its website. Because GPs refer for a whole variety of reasons, they will have a suite of information available to them, either online or in hardcopy, that they will use for different referrals. That might be the information provided through King Edward Memorial Hospital—the documents I tabled—but it might be other material as well, honourable member.

Hon KATE DOUST: In terms of the information provided by the hospital, do we know for sure whether the consumer document that we have been given a copy of is provided in a variety of languages and available either online or through the hospital?

Hon SUE ELLERY: I cannot answer the member precisely because we do not have the information available at the table. I am advised that because King Edward Memorial Hospital for Women provides a range of services to a range of different groups in the community, it has access to interpreting services. It may even have onsite services. That material may be presented and available in other languages, but I cannot confirm for the member whether or not that is the case.

Hon KATE DOUST: It would have been useful to get some information about what is currently available. Although it seems that King Edward provides some information for the later stages of pregnancy, and we are told anecdotally that the private providers do as well, it would be interesting to see what it has available.

The proposal before us is based on the South Australian amendments that were agreed to when that Parliament dealt with its legislation. The government is moving away from the mandated counselling arrangements that are currently in place when a woman sees a doctor in the first instance to talk about whether they are pregnant and, if so, what they want to do about that pregnancy. This amendment will ensure that consistent information is freely available in this state no matter where a woman lives or which provider she goes to, be it public or private. The amendment certainly picks that up when it refers to the pre and post 23-week stages. I imagine that a woman would need different information for each of those scenarios because of the nature of the abortion that is sought. This document is quite a substantial piece of work—sorry, this is the medical practitioners document. The consumers document is a less substantial piece of work compared with the document for medical practitioners. The South Australian version, which I think Hon Martin Pritchard tabled a copy of earlier this week and had circulated to members, is a much more straightforward, uniform document that provides a very broad range of information. It is an information statement, really, to enable people to seek further information through a variety of links and other avenues.

Progress reported and leave granted to sit again, pursuant to standing orders.

CHILDHOOD CANCER AWARENESS MONTH

Statement

HON MATTHEW SWINBOURN (East Metropolitan — Parliamentary Secretary) [5.20 pm]: I rise because it is September, and members who have been in the chamber with me since 2017 will know that I rise every September for Childhood Cancer Awareness Month. I am wearing the gold pin or ribbon, or whatever you call these things, if you cannot afford the fancy pin!

Each year I rise to speak about childhood cancer, and for every one of those years it has been as a parent of a child with cancer. Although Mitchell is still my child—that remains the case!—he turned 18 this year, and as a consequence he has emphatically put it that he is no longer a child, so I am not allowed to refer to him as that. He tried to convince me that he was not a teenager, but I had to correct him on that, because at 18, he is still a teenager. I do not think he agrees with me, but we will leave that issue to one side! In any event, he has moved into the world of adulthood and, as a result, he has had to move away from paediatric care at Perth Children’s Hospital and into adult cancer care. That is not easy, to put it mildly; the transition is difficult, for many reasons. We have worked our way through that, and I would like to recognise the great work of my wife, Glenda, who is Mitchell’s primary carer and carries a more significant burden than I do in helping him to manage his care.

He has had to go through all the stresses, pains and difficulties of moving from what is, in some respects, the comforting environment of Perth Children’s Hospital to the much broader environment of adult health care. I will say that I think there is a strong case to be made for there to be a wraparound young adult cancer service in this state—more than just a program, an actual service or even, potentially, a separate hospital. Obviously, I say that with self-interest; it would not be built in time for my purposes, but a small number of children live with their childhood cancer into adulthood and there are also young adults who are diagnosed with cancer between the ages of 17 and 20 and end up being put into adult cancer wards. If members have ever had the misfortune of visiting an adult cancer ward, they will know that it is not really a place for young people. That is not intended as a slur against those who are in adult cancer wards, but adult cancer tends to strike a much older cohort of people at a very different stage of their lives than people aged between 17 and 22. In time, when we have the economies of scale to support it in this state, a move towards that kind of model could be something that all sides of politics look at to enhance the level of care that is provided to those young people.

Notwithstanding the fact that Mitchell is no longer a child, and therefore no longer fits within the childhood cancer cohort, I will, of course, continue to be a voice and advocate for the children and families who suffer from childhood cancer; the health professionals who care for and support them; and, of course, the organisations, many of which members will be familiar with, that go out of their way to make a person’s cancer journey so much more bearable. I would like to talk about one of those organisations this September. I may have mentioned it in previous years. I do I have a vested interest in this organisation as I am a member. I declare that membership; I do not mind being very open about it. I refer to the Child Cancer Research Foundation, formerly the Children’s Leukaemia and Cancer Research Foundation. It has been around for more than 40 years now. It was set up in the late 1970s and early 1980s, at a time when no childhood cancer research, or specifically no childhood leukaemia research, was being conducted in this state. A group of parents, very noble and worthy people, joined efforts to put forward the foundation to raise money for childhood cancer research. Lots of childhood cancer organisations are focused on the more immediate needs, if I can put it that way, of families and children going through childhood cancer, but the foundation’s primary goal is to raise money for medical research. I have spoken about medical research in the childhood cancer space before. It is, in many respects, the panacea for childhood cancer, because it is through medical research and the development of new treatments and therapies that we will ultimately see childhood cancer become a thing of the past.

I remind members that, sadly, more children die from cancer than any other disease in Australia. Every year, around 600 Australian children under the age of 15 are diagnosed with cancer. It is a significantly large cohort. I like to also remind people that although I focus very much on Western Australia and Australia, childhood cancer is a global issue. The work that we do in this state helps to elevate treatments not just for our own children here, but also globally. It is very important for that purpose. We also benefit greatly from the research and efforts done all around the world by others. But I like to think that in this state we punch above our weight with our research through the efforts of organisations like the Child Cancer Research Foundation and the establishment of the future health research and innovation fund to put money into these areas.

Fifty years ago, about 20 per cent of children survived childhood cancer. These days, it is much higher at 80 per cent, but we want to make it 100 per cent, of course. That improvement over the last 50 years is overwhelmingly due to medical research in this space, and it shows how, as humans, if we put our endeavours into these activities, we can make significant changes and improvements.

I acknowledge the work that my friend Kylie Dalton has been doing. She is a manager at the Child Cancer Research Foundation. She has set up a new activity and program for the foundation; she has kind of moved it out of its traditional fundraising role for medical research and established a new program—I seem to have lost my notes—called Back on Track. That program is essentially designed to help children and their families who have gone through the childhood cancer journey to get back to school and their schooling. Many people do not necessarily appreciate that if a child has cancer, it has a devastating impact on not only their health but also their life. They are often taken out of their schooling, social and family environments so that they can receive the treatment they need to address the cancer, and that has a significant impact on them at many levels. One of the more obvious ones is their education. They often struggle when they get back to school because they obviously have fallen behind, but they lose confidence, as well. The program that Kylie and her team have developed is about trying to assist children

and their families to get those kids essentially back on the education track, because although it is very good to think about dealing with the disease, we also need to deal with the child as a whole and how they are supported into the future. One of the key things about this program is that it will really help to address that.

I am conscious that I do not have much time left to speak today, and I know that all members are eagerly waiting to hear how they can support Childhood Cancer Awareness Month, so I want to get to that point. One thing they can do is wear gold, like I am. They could wear a gold tie, if they are a gentleman, or perhaps another item of clothing for those who are not of that persuasion. They could also include something about childhood cancer awareness in their newsletters to their communities. They could share social media posts on their Facebook, Instagram or TikTok—whatever they choose to use. They could also create their own fundraising event. There are many things they could do. By searching “Childhood Cancer Awareness Month”, they will find groups that can support them in doing that. They could also share a story, as I have, about somebody in their community who has been on the childhood cancer journey, or a group within the community that supports those people. Finally, they could make a donation, of course, to a childhood cancer charity. I am happy to take any inquiries from members if they want to know where to send their money.

iHEMPWA AWARDS GALA DINNER AND iHEMP EXPO

Statement

HON SOPHIA MOERMOND (South West) [5.30 pm]: Last weekend, the inaugural iHempWA awards gala dinner and the iHemp expo were held. Hon Lorna Harper spoke to us and Hon Dr Brian Walker came along too, which was great. We had an amazing dinner with hemp-fed beef and hemp seed oil salad dressing, and things like that. There were no jokes about anyone becoming high on that, so that was really good. That is a positive change in attitude towards hemp. Some of the awards were made with hemp pulp and I believe they were the first awards globally to have been made with hemp, so we thought that was quite a good first. On the Sunday, an expo was held. Once again, we really noticed a change in attitude from people about sustainability, understanding that hemp is not the thing that makes people high, so that was good, and people were impressed with the array of products—skin care, building products, clothing, bags and all sorts of items like that. We will be doing all of these events again next year. I know it is early, but if members would like to join us then, that would be great!

ELECTORAL REFORM

Statement

HON WILSON TUCKER (Mining and Pastoral) [5.31 pm]: I would like to offer a few remarks about an earlier debate on electoral reform. Hon Kyle McGinn, who is away on urgent parliamentary business, mentioned that I had an aversion to the number 500 with regard to the membership number for —

Point of Order

Hon MATTHEW SWINBOURN: I do not mean to do this to the member but the debate this morning was the second reading contributions on a bill. As I understand it, members’ statements are not for making second reading contributions. The member specifically referenced the debate on electoral matters this morning. I just seek some guidance on that. I do not mean to do this to the member, but it is an unusual situation. I seek the guidance of the house.

The PRESIDENT: Honourable member, as the bill is essentially a live question before the house, it could be brought on for debate again and you will have an opportunity to contribute to that debate. Members’ statements are really an opportunity for members to make contributions on a broad range of matters rather than a specific question before the house. You may also like to consider expanding your remarks to the general issue of electoral reform or related matters, but not to speak specifically on the bill.

Statement Resumed

Hon WILSON TUCKER: Thank you for the ruling, President. I will keep my remarks very brief and will avoid pivoting into the second reading debate.

I take this opportunity to respond to the remarks by Hon Kyle McGinn, which I do not believe were related directly to the second reading debate. I think the member was making some general observations about debate that we had had on the Constitutional and Electoral Legislation Amendment (Electoral Equality) Bill 2021. The member made a comment that I had an aversion to 500 members being required to achieve registration for a political party. I would like to correct the record. I do not have an aversion to that number and I do not believe I had an aversion then. The comments that I made in 2021 were mostly centred on the resources that Independents or minor parties have to canvass their member base to try to reactivate them and achieve that 500 registration number. The Western Australian Electoral Commission made a ruling that parties could not rely on their existing membership pool and that parties had to go back and essentially re-canvass those existing members and get them to fill out a form. I believe I said then, and I maintain it now, that that is not an easy exercise. Even if a party has a much larger pool of members for the party, activating them and getting them to re-register is not that easy for minor parties or other members

who do not have the resources of the Labor or Liberal Parties or any of the majors. I leave my comments there and reserve the rest of my comments for when we get back into the second reading debate on the Electoral Amendment Bill 2023.

FORMER MINISTERS — PRIVATE ENTERPRISE APPOINTMENTS

Statement

HON DR BRAD PETTITT (South Metropolitan) [5.36 pm]: I will touch broadly on an issue. It is probably a broader issue than what was seen, I think, in many circles as an explosive revelation from the former WA Environmental Protection Authority head Dr Tom Hatton when he publicly said this week what many of us already knew and suspected—that he had been pressured to pull back on environmental guidelines that the EPA had drawn up in 2019. It was pretty well known that that was probably the case. As Premier Cook said, there was no hiding it from even former Premier Mark McGowan himself when he did that. It highlights some broader questions that are worth raising in this place. Many years on, we do not have environmental guidance for greenhouse gas emissions. That guidance would have been very good for this state. It would be fair to say that some of those tougher regulations were exactly what the state needed, but perhaps, more fundamentally, the issue I want to comment on today is that there is a sense now that the independence of the EPA has been compromised. That led to quite a few calls this week, which I think are a concern. To take one example, Greenpeace and others are now saying that Woodside’s North West Shelf should not be assessed by the Western Australian EPA anymore, but that it should be done federally. Greenpeace put out a statement this week asking Tanya Plibersek to undertake an independent assessment of that project. This is a really big issue. Greenpeace Australia Pacific’s head of energy transition, Jess Panegyres, said —

“There are now serious questions being raised about the independence of the WA EPA. In light of the perception of compromised independence and the staggering emissions from this project, —

The North West Shelf —

we believe it must be subject to an independent Federal assessment. Decisions this big cannot be left to a body that’s former chief has alleged is subject to serious interference,” ...

To put this in context, North West Shelf is a huge project. It is actually WA’s oldest and most polluting gas plant, but if it is extended, it will be WA’s biggest new fossil fuel project, operating until 2070 and contributing 4.3 billion tonnes of emissions. Just to put that in context, that is all of Australia’s emissions times about nine years. It is a staggering amount of new emissions. Of course, we now have a real concern that the independence of Western Australia’s EPA has been compromised; I must say that it has very good people on it and this is no criticism of them. Greenpeace is not the only one raising this.

That brings me to a more fundamental point that I want to raise. In 2019, when the phone call was made, Ben Wyatt was still Treasurer. He retired in 2021 and went straight onto the board of Woodside. Of course, Mark McGowan, soon after resigning, went onto the boards of BHP and others. That revolving door between the companies that this state regulates and the EPA, whose independence is now under question, puts really big question marks at the heart of the state. We should be about to undergo the biggest transition in energy in a century as well as in the kinds of projects we should be approving if we are going to meet any of the climate goals. How do we do that with confidence, with science and with an evidence-led approach when there are serious accusations around the independence of the key organisation that should be offering independent, frank and fearless advice around decisions? It confuses the line between the Parliament, ministers and senior jobs in companies like Woodside and BHP, because it is the job of the EPA and Parliament to make sure that they do the right thing. If we do not get the separation right, we will come back to the very things we have been debating around donations, revolving doors and cooling-off periods. We need to get all those things into legislation as soon as possible. If we do not do that, there will be real concerns. It will start to jeopardise not just confidence in the decisions that we make as a state, but also all of our futures.

WARTIME INTERNMENT CAMPS — ITALIAN COMMUNITY

Statement

HON PIERRE YANG (North Metropolitan — Parliamentary Secretary) [5.42 pm]: I would like to continue my remarks on the internment of Australians of Italian cultural heritage. On 31 August, I briefly touched on the debate on the National Security Bill 1939 and exchanges between Hon John Curtin, the Leader of the Opposition, and the minister responsible for the National Security Bill 1939, Mr Percy Spender. The Leader of the Opposition in the federal Parliament in 1939 said —

Nevertheless it is unjust that an accused should be denied a fair, public trial.

The minister responded with the following words —

Sometimes a little injustice must be suffered for the public good.

I said that it was a perfunctory response. It might have been perfunctory, but it was definitely a grave disregard of individual rights and freedoms, which are fundamental pillars of our democracy. These rights and freedoms must

be upheld and protected. In addition to the internment of 5 000 Australians of Italian cultural heritage, between 10 000 and 15 000 people were taken away and put to work in remote bush camps, to build roads and rail and work in mines. Even more people of Italian cultural heritage were categorised as enemy aliens and subjected to restrictions such as regular mandatory reporting to local police stations and not being allowed to leave their local police district without permission.

Dr Mia Spizzica wrote an article entitled “Why Australia must apologise to Italians interned during World War II”, published on *The Conversation* on 6 December 2011.

She said —

Italian internee families in Australia during the war had no access to government support. The Salvation Army offered emergency relief for destitute families, but a number of these were eventually interned at Tatura to access basic food and shelter.

Women who were left at home, barely managed to survive on farms, in businesses or as seamstresses. A few internment guards and locals also pillaged internees’ packages sent from families or the Red Cross. Vehicles, bicycles, cameras, and radios were permanently confiscated or later returned broken. Italian doctors’ medical instruments were found in private surgeries after the war, requiring lengthy legal action to be returned.

Another report stated that the cost of both internment and the confiscation of tractors, trucks and other farm machinery put families back a decade financially.

Those interned included Australian citizens, British citizens and Australian residents who held Italian citizenship. They were all imprisoned together, regardless of their citizenship category, their politics, their age or their interests, and the length of incarceration bore no relationship to their citizenship status. Ultimately, citizenship offered no protection for either those born in Australia or those who had taken citizenship by naturalisation. The devastating impact of internment on individuals should not be underestimated.

Australia was not alone in this experience. Across the Pacific Ocean in Canada and the United States of America, people of Italian cultural heritage were subject to similar war measures. It was estimated that some 100 000 Canadians of Italian cultural heritage lived in Canada in the 1930s. After Italy declared war in 1940 against Great Britain, some 31 000 Canadians of Italian cultural heritage were declared enemy aliens and considered a security threat to Canada under the War Measures Act. As enemy aliens, Canadians of Italian cultural heritage were photographed and fingerprinted. They were required to report on a monthly basis to local authorities known as registrars, who were provincial or municipal police officers appointed by the Minister of Justice. In addition to these violations of their rights, some 600 men of Italian cultural heritage were taken from their families and interned, starting from 1940. Some were released after a few months, but some were held for up to five years.

Although the number of people of Italian cultural heritage interned in Canada was smaller than the number of people interned in Australia, they were also labelled enemy aliens, had reporting requirements to police, were under surveillance and were ostracised and stigmatised by the wider community. Their lives were different all of a sudden, and the impact of government policy was equally profound. Many Canadians of Italian cultural heritage lost their jobs. Their properties were vandalised. They suffered verbal abuse and, in some cases, were victims of racially motivated violence. As a result, some chose to anglicise their names or move to places where they could live anonymously.

It is estimated that 1.6 million people of Italian cultural heritage were in the United States of America by 1940. On 8 December 1941, the day after the Imperial Japanese Army attacked Pearl Harbor, President Franklin Roosevelt issued presidential proclamation 2527, which dictated that all people of Italian cultural heritage aged 14 years and older who were not United States citizens would be termed “alien enemies” and that “all alien enemies shall be liable to restraint”. With the presidential proclamation, the Federal Bureau of Investigation and other law enforcement agencies arrested thousands of suspected enemy aliens, mostly individuals of German, Italian or Japanese ancestry who were living in the United States.

In America, 600 000 people of Italian cultural heritage were subjected to curfews, searches and property seizures. Some 1 600 citizens of Italy living in the United States of America were put into internment camps. Although no United States-born citizens of Italian cultural heritage were detained, naturalised citizens of Italian cultural heritage were subjected to discriminatory policies.

I would like to continue my remarks on another occasion. I am hopeful that I can conclude my contribution relating to people of Italian cultural heritage and then make some remarks about people of Japanese cultural heritage.

FORMER MINISTERS — PRIVATE ENTERPRISE APPOINTMENTS

Statement

HON DAN CADDY (North Metropolitan) [5.51 pm]: I rise briefly to respond to something said by Hon Dr Brad Pettitt during his contribution. He questioned why Hon Ben Wyatt was appointed to the board of Woodside. On

15 June this year, during debate on a motion moved by Hon Dr Brad Pettitt in this place, Hon Neil Thomson questioned Ben Wyatt being appointed to the Rio Tinto board. On 15 June, I chose not to comment at length on what was said by Hon Neil Thomson. Unlike the measured contribution we heard from Hon Dr Brad Pettitt tonight, it appeared to me that Hon Neil Thomson was fairly agitated when he attacked Ben Wyatt. I know that Hon Dr Brad Pettitt has heard this before because the last time I spoke about this was during a motion he moved in this house.

I rise, as I did on 15 June, to defend Hon Ben Wyatt, not that he needs defending. When people question why he has been appointed to a board of a large company, as I said then and will say again, it could be because he has a Bachelor of Laws and a Master of Science. It could also be because he is a graduate of the Australian Institute of Company Directors, has a distinction from the London School of Economics and Political Science and, as my good friend Hon Pierre Yang reminded me at the time, is also a graduate of the Royal Military College in Duntroon. I said all this at the time. Members need to keep in mind that all that experience makes him an exceptional individual to be appointed to any board anywhere in this country. We all need to recognise that. I will leave it there.

House adjourned at 5.54 pm
