Parliamentary Debates
(HANSARD)

FORTY-FIRST PARLIAMENT
FIRST SESSION
2022

LEGISLATIVE ASSEMBLY

Thursday, 7 April 2022

Legislative Assembly

Thursday, 7 April 2022

THE SPEAKER (Mrs M.H. Roberts) took the chair at 9.00 am, acknowledged country and read prayers.

LEGISLATIVE ASSEMBLY CHAMBER — LIGHTING

Statement by Speaker

THE SPEAKER (Mrs M.H. Roberts) [9.01 am]: Members, a fault in the circuit powering the lights in this chamber ceiling has been identified and today we will have a number of ceiling lights turned off. Building Services is working on the issue.

PAPERS TABLED

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

REPORT OF THE INQUIRY INTO THE CITY OF SUBIACO

Correction — Statement by Speaker

THE SPEAKER (Mrs M.H. Roberts) [9.02 am]: Members, I have received a letter dated 5 April 2022 from the Minister for Local Government requesting that an updated version of the *Report of the inquiry into the City of Subiaco*, which was tabled in the Legislative Assembly on 12 May 2021, be tabled in the house. The original version contained a number of inaccuracies in five paragraphs and a series of typographical and grammatical errors that have been corrected in the subsequent version. Under the provisions of standing order 156, I authorise the updated report be attached to the original tabled report.

[See paper 1084.]

BUTTON BATTERIES — SAFETY CAMPAIGN

Statement by Minister for Commerce

MR R.H. COOK (Kwinana — Minister for Commerce) [9.03 am]: Button batteries pose a big danger and can seriously injure or kill small children if ingested. Three children in Australia have died after swallowing button batteries and about 20 children are hospitalised every week. In December 2020, the Australian government introduced four new mandatory safety and information standards for button batteries. These will come into effect on 22 June 2022. The new standards include requirements for secure battery compartments on products that contain button batteries, child-resistant packaging for button batteries, and improved warnings and information to reduce the risk of death and injury associated with their use.

An awareness-raising campaign by the Department of Mines, Industry Regulation and Safety's Consumer Protection division targets parents of young children as well as caregivers such as grandparents. The campaign's goal is to focus on consumer education through relevant exhibitions, community health practitioners, childcare centres, schools, libraries and WA Consumer Product Advocacy Network contacts. A video was created in collaboration with Perth Children's Hospital and Kidsafe WA and a flyer with a QR code linking to the video has been distributed at events such as baby fairs and to consumers in malls. In addition, safety information has been sent via electronic mail to retailers, suppliers and other relevant stakeholders such as school parents and citizens committees. Consumer Protection continues to alert the community via social media posts, newspaper columns and radio interviews.

In addition to the awareness raising campaign, Consumer Protection's product safety proactive unit undertakes product safety inspections of products offered for retail sale, specifically targeting the safety of toys that are suitable for children aged under three years as part of those inspections. During 2021–22, the proactive unit assessed 1 240 products and removed approximately 103 button battery–related objects from sale.

AUSTRALIAN SURF LIFE SAVING CHAMPIONSHIPS 2023

Statement by Minister for Tourism

MR R.H. COOK (Kwinana — Minister for Tourism) [9.05 am]: I am very excited to inform the house that the 2023 Australian Surf Life Saving Championships, known as "The Aussies", will return to Perth from 25 March to 2 April next year. The Aussies is a unique event that encompasses many attributes of the Australian way of life. It brings the surf lifesaving community together and provides athletes with the chance to showcase their skills across a range of surf sport disciplines. Surf lifesaving clubs are an integral part of Australian beach culture, keeping beachgoers safe, educating children and providing a recreational outlet for all ages.

The championships were moved from Perth to the Gold Coast this year as a precaution because of COVID-19. Hosting the event again in Western Australia gives us the opportunity to showcase Perth and our beautiful coastline,

and will be a massive boost for WA tourism and local businesses. More than 5 000 surf lifesavers from around Australia are expected to compete, with thousands more attending to cheer them on. Scarborough Beach will host the main events, and there will also be beach sprints and relays at Trigg and boardriding at Secret Harbour. Australia's 314 surf lifesaving clubs have the opportunity to compete in 480 events across three age championships—youth, masters and open. Western Australia last hosted the event in 2018 when it brought in more than 8 500 interstate and international visitors, generating nearly 69 000 visitor nights and about $15.8 million for the state's economy. Adding to the excitement of the event next year will be the Aussies festival zone in Scarborough, which will include food trucks, swimwear retailers and activities for families. The Aussies, supported by the McGowan government through Tourism Western Australia, is another important addition to WA's growing major events calendar for the next 12 months. The Aussies is one of the great mass participation events on Australia's sporting calendar each year, so locking in the dates for next year's championships is a terrific boost to the state's tourism industry. It is another example of how the McGowan government is helping to support tourism and hospitality businesses, and WA's economy.

ROYAL COMMISSION INTO INSTITUTIONAL RESPONSES TO CHILD SEXUAL ABUSE — PROGRESS REPORT

Statement by Minister for Child Protection

MS S.F. McGURK (Fremantle — Minister for Child Protection) [9.08 am]: I rise to table the government's 2021 *Progress report on Western Australia's implementation of the Royal Commission into Institutional Responses to Child Sexual Abuse*. In this reporting period the government has continued its substantial progress towards implementing the royal commission's recommendations, with the completion of 16 recommendations. This means that at the end of our fourth year in a 10-year implementation program, we have completed 45 per cent of the 309 recommendations relevant to the WA government. This has included legislation to amend the Children and Community Services Act 2004 that introduced wideranging improvements to child protection, including strengthening the priority and importance of cultural consultation and connection to family, culture and country for Aboriginal children in care; substantial improvements in the care and support offered to young people leaving the care system; and expanding Western Australia's mandatory reporting scheme for child sexual abuse to eight new categories of reporter, including ministers of religion. The government also introduced a bill to establish a reportable conduct scheme, which was progressed through this place just yesterday.

I am particularly proud of our work with sector partners to build the evidence base informing responses to harmful sexual behaviours and child sexual abuse. We have also continued to deliver on key reforms enacted early in the royal commission implementation program, including the administration of the National Redress Scheme and the processing of civil claims against institutions where child sexual abuse occurred. In 2021, 749 new applications were made by Western Australians to the National Redress Scheme and in the 2020–21 financial year, the WA government contributed $42 million to payments made to National Redress Scheme applicants. The Supporting Communities Forum also commenced a program of work to support implementation of the National Principles for Child Safe Organisations.

For the survivors and advocates who appeared before the royal commission, we are committed to honouring their courage to speak out about the abuse and injustices they experienced in the care of institutions. I thank the Premier and my cabinet colleagues for their commitment to ensuring that we do everything we can as a government to heal past hurts, protect children now and prevent further harm. I table the report.

[See paper 1085.]

WEST COAST DEMERSAL SCALEFISH RESOURCE

Statement by Minister for Fisheries

MR D.T. PUNCH (Bunbury — Minister for Fisheries) [9.10 am]: I have previously brought to the attention of the house sustainability concerns relating to demersal scalefish in the west coast region between Kalbarri and Augusta, including the iconic species of pink snapper and dhufish. We are currently 12 years into a 20-year recovery plan and the 2021 stock assessment, released late last year, was the fourth health check on the recovery progress. This latest science shows that current management arrangements have been successful at preventing further stock decline, but there has been limited recovery. Further management action is required to allow the species to recover by 2030. Fishing pressure is still too high as there continues to be a lack of older breeding fish in the population. Following release of the stock assessment in February, I accepted a recommendation of the industry-led harvest strategy working group to reduce the total catch for demersal species by 50 per cent to meet the 2030 recovery targets. At this stage, no management changes have been made or presented to me for formal consideration.

The Department of Primary Industries and Regional Development is working closely with Recfishwest, the Western Australian Fishing Industry Council and Marine Tourism WA to develop new measures to protect the sustainability of the resource. Recfishwest, as the peak body representing recreational fishers in Western Australia, will lead consultation with the recreational fishing sector on proposed management changes to meet the new total

catch limit. Consultation is open now and will run until 29 April. Following consideration of feedback and proposed management options put forward by the community, DPIRD will release a proposed management package for broader community consultation around June this year.

As this is a complex fishery, innovative and out-of-the-box thinking on potential management options is very welcome. I encourage anglers to engage with Recfishwest to develop new measures to help boost the recovery. They can do so by visiting recfishwest.org.au. I have assured Recfishwest that all options to achieve the required reductions in fish mortality and catch limits are on the table. As a community we have to make sure we all fish for the future so that our children and grandchildren can enjoy the WA fishing experience for decades to come.

WORLD AUTISM AWARENESS WEEK

Statement by Minister for Disability Services

MR D.T. PUNCH (Bunbury — Minister for Disability Services) [9.13 am]: I am pleased to rise today to talk to members of the house about World Autism Awareness Week 2022. The week is a time to come together to help make a difference to the lives of people with autism and celebrate embracing difference in our community. Autism Awareness Week ran from 28 March to 4 April 2022 and focused on sharing information about autism to spread awareness, acceptance and understanding, and to help make the world a more inclusive place.

I know that autism touches many people in this Parliament, including my colleague the member for Victoria Park, Hannah Beazley, who shared her personal insights on Facebook earlier this week as part of Autism Awareness Week. The member and her son, who has autism, are passionate about raising awareness in our community.

Western Australia has long been a leader in promoting positive change in the lives of people with disability. A key priority of the McGowan government is to create inclusive communities in which people with disability are involved in a range of recreational, social, art and cultural opportunities. The McGowan government is committed to all people with disability and aims to promote opportunities for the whole community to work together to achieve transformative change.

I am also pleased to announce today that grant funding totalling nearly $2.5 million has been extended to seven organisations to support projects that improve the economic and social wellbeing of people with disability in Western Australia. This funding is provided under the state disability strategy's innovation fund, which was established to stimulate innovative ways to enhance independence and quality of life for people with disability at home and in the community, including increasing employment opportunities. Amongst the five successful grant recipients, the Autism Association of Western Australia is to receive $460 000 over the next two years to assist people with complex communication needs, such as those with autism. Resources such as customised toolkits and a variety of training sessions, all identified by people with autism, will be developed to help build individual capacity. These resources also include specialised training designed for Aboriginal people in our Pilbara region. The whole community benefits when everyone has the opportunity to be included. The initiatives funded under the innovation fund will promote and foster new and exciting ways to facilitate the inclusion and participation of people with disability in the community.

SUPERMARKET DEVELOPMENT — BRUCE ROCK

Grievance

MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition) [9.16 am]: My grievance is to the Minister for Regional Development. I thank the parliamentary secretary to the Premier for hearing this today. The issue I seek the minister's support on today is in regard to the development of a new supermarket in Bruce Rock. Unfortunately, the town lost its supermarket on 25 March 2020 in an arson blaze and due to the unusual circumstances of the fire, the owners of the property had no access to insurance and no ability to rebuild. The fire razed the town's only grocery store to the ground and left residents facing a 100-kilometre round trip to Merredin for supplies. This occurred at the beginning of the pandemic at a very difficult time and it placed stress on the local community when stocks were already low because of the pandemic.

The Shire of Bruce Rock and the community have to be commended on how they rallied together to support one another. With isolation restrictions in place at the time, the council needed to act quickly to find a solution for locals, with a temporary supermarket being set up in the town hall and run by shire staff, volunteers and employees of the original store. Having taken on a temporary solution, they then made the decision to rebuild a new supermarket to ensure that there would be a store in town for the future.

In December 2020, a survey was conducted by an independent consultant to gauge the community's views on the shire's intent to construct the supermarket. They received 211 submissions, 98 per cent of which were supportive of the decision. An industry expert was engaged to assist and guide the shire in identifying a sustainable retail model, and on the basis of his advice the council determined that the best way forward was to build the supermarket and then attract a retailer to lease the building. The old Masons Shopping Centre site in town has already been purchased by the shire. These are the lengths to which some of our regional councils must go to ensure that their communities have access to what we consider to be essential services.

Shire President Stephen Strange emphasised to me that he believes this is an intergenerational solution that will serve the community for many years, and that it has been researched and progressed with the support of the community. Amidst the COVID-19 pandemic and losing its only supermarket, the Shire of Bruce Rock has also recently been impacted by bushfires. It is fair to say that the people of Bruce Rock have experienced more than their fair share of adversity over the past two years.

I will outline the time line of the actions taken to date to assure the minister that I am not raising the matter out of the blue. On 15 April 2021, the shire wrote to the Premier and the Minister for Regional Development about this project. On 22 April 2021, there was a response from the Premier advising them to contact the Minister for Regional Development. On 2 July 2021, there was a response from the Minister for Regional Development advising the shire to apply for a regional economic development scheme grant. On 20 October 2021, the shire submitted that application, requesting a $250 000 grant. On 4 February, the shire was awarded $105 000 of the $250 000 it had sought.

The shire has left no stone unturned in its efforts to secure funding for this project. It has accumulated $318 000 from community donations. There is a $1.4 million grant from the federal Liberal–National government and it is submitting an application to the commonwealth building better regions fund for $750 000 as well. It is prepared to seek a Treasury loan for any shortfall, but obviously would prefer to minimise this due to the impact on ratepayers' funds and the recovery that the shire is going through from the bushfires. There is still a significant shortfall. It is not an insignificant amount for the Shire of Bruce Rock, but it cannot continue to run the supermarket from the town hall forever. It would be naive to think that the private sector would simply step into a town the size of this community. I must emphasise that the shire is very appreciative of the $105 000 it has secured, but it was disappointed that it did not receive the full amount it applied for. I understand that it fully met the objectives and scope of the grant program. Locals and the business community are actively fundraising. They have a history of doing this at every opportunity to contribute funds towards the project, but, as I said previously, they are also in the middle of recovering from those recent ferocious and devastating fires.

The Minister for Regional Development, the Minister for Local Government and even the Premier have all commended the Shire of Bruce Rock for its approach to local government, its projects and community engagement and spirit; in fact, the shire is regularly used by this government as an example of a council that is self-sufficient and proactive. On this unusual occasion, the shire just requires a helping hand. The proposed new grocery store is an essential service. The community has an elderly population who cannot readily travel the 100-kilometre round trip to purchase day-to-day groceries. Unfortunately, it is also impacting other businesses in the community, as one would expect, as people leave town to do their main shopping load; the butcher and the chemist, in particular, are suffering. That is because the store is temporary; it is in the town hall and it is not offering the full range of goods. We therefore ask for assistance to meet the shortfall. Having been in government, I know on occasion there are underspends or money returned to programs like the regional economic development grants scheme. Perhaps there are funds that are in surplus or held over in the program that could make up the difference; or, if this is not possible, perhaps a one-off commitment could be considered in the upcoming budget. I can assure the minister that the funds will be put to good use and provide a real boost to the community following a very difficult time. The council has a good track record of working with the state government, fully funding and constructing housing for the state government for police, teachers and nurses. It has a track record of delivering on projects. If additional funds were forthcoming for this project, it would allow the shire to concentrate on recovering from the impacts of the fires and secure the community a new supermarket premises for future generations. The minister's consideration would be greatly appreciated. The shire stands ready and willing to meet with government to discuss this very important project, and I will be more than happy to facilitate this meeting at the minister's earliest convenience.

MS S.E. WINTON (Wanneroo — Parliamentary Secretary) [9.22 am]: I thank the Leader of the Opposition for her grievance and strong advocacy for the Shire of Bruce Rock and the people of Bruce Rock. Before I discuss the Bruce Rock supermarket specifically, I will give some background on the regional economic development grants scheme and its benefits in the regions.

Through the regional economic development grants scheme this government has played a key role in fostering an environment that allows small business and community–led initiatives to prosper and grow. The government is investing $40.8 million over seven years to support projects stimulating regional business growth and innovation across regional WA. Strategic government investment can ensure that these projects get off the ground, helping to diversify local economies, create local jobs and support the long-term growth of our regional communities. Small to medium businesses are crucial to not only the economic stability of our regions, but also the sustainability of our communities. They provide employment opportunities across a diverse range of sectors. They help to drive innovation and, very importantly, as the Leader of the Opposition has outlined, make our communities better places to live.

Regional development commission boards establish regional priorities for the grants to ensure that they align with regional priorities. Over the first four rounds of the regional economic development grants program, we have invested over $3 million into 34 wheatbelt projects. For round 4, the Wheatbelt Development Commission board established the regional priorities as projects that diversify the economic base and enable entrepreneurship and

innovation. In round 4, 26 applications were received, including the Shire of Bruce Rock's supermarket project requesting funding of $3.93 million for a total project value of some $26.251 million. The 26 applications were assessed by the Wheatbelt Development Commission board, with recommendations made to the Minister for Regional Development. The applications were diverse in their requests, highlighting the continued strong demand for the regional economic development grants program. Given how highly competitive this funding round was, no project received the full funding amount requested. We sought instead to maximise the opportunities for the recommended recipients while still ensuring that all projects were able to proceed. In fact, the shire's project was on the reserve list because federal funding had not been committed, but the minister asked for it to be brought forward and, as is permitted under the guidelines, 30 per cent of next year's funding was brought forward to fund this. The RED fund was fully allocated.

I am sure the Leader of the Opposition knows that five projects in the wheatbelt were successful in that round, sharing some $795 000 to boost the region's local capacity and economy, including Augment Agriculture, which received a $200 000 grant to develop a new head office and operation centre in York; Evoke Living Homes, which received a grant of $200 000 to establish a purpose-built undercover structure to allow the manufacture of homes in all weather conditions; Whinbin Rock Farms, which received a grant of $195 000 to construct a bespoke malting facility to house its equipment and infrastructure; and the Noongar Land Enterprise Group, which received a grant of $100 000 to support the expansion and upgrades to its native tree nursery. As the Leader of the Opposition mentioned in her grievance, the Shire of Bruce Rock received a $105 000 grant towards construction and fit-out works for the new Bruce Rock supermarket.

I acknowledge also the very passionate advocacy for this project by Hon Darren West of the other place, who made sure that the minister was fully across this project and supported very strongly the Bruce Rock supermarket being upgraded from the reserve list.

When the original supermarket was destroyed by fire in 2020, the Bruce Rock community rallied together to establish a temporary store in just six days. The McGowan government applauds the shire for displaying such high levels of commitment to the community not only through the temporary supermarket, but also in the purchase of the supermarket site to support its re-establishment. The shire has a fantastic record, as mentioned by the Leader of the Opposition, of over 20 years of investing in its town centre and retail precinct.

The construction of a fully operational permanent supermarket will provide not only essential food and groceries locally, but also further benefits to local businesses, creating much-needed additional jobs and adding an estimated $2.85 million in revenue to that local economy. The Minister for Regional Development has been advised that an independent business assessment of the viability of re-establishing the supermarket is a sustainable and profitable enterprise. The Shire of Bruce Rock has had preliminary discussions with the Western Australian Treasury Corporation about securing a low-cost Treasury to support the funding shortfall. We are supporting that application. We understand that a request for tender for the new shop construction will be released today and the shire will have a greater understanding of the full construction costings once this is complete. The retail consultant for the Shire of Bruce Rock has indicated that there is a lot of interest and the shire will go to market once it can confirm a completion date for the project. We also acknowledge that there are numerous infrastructure projects across Western Australia that are currently experiencing higher than normal material costs, in part due to global supply chain challenges, and the Bruce Rock supermarket construction will likely be no different. This shire has a history of success in attracting and retaining businesses, services and key workers to its community through the provision of physical infrastructure—new houses, industrial units and office space—and securing long-term leases. We are confident that the new supermarket will have far-reaching long-term economic and social benefits for Bruce Rock.

I conclude by thanking the Leader of the Opposition for bringing this grievance to the minister.

ELDER ABUSE

Grievance

MS C.M. ROWE (Belmont) [9.30 am]: My grievance is to the Minister for Seniors and Ageing. I thank him for taking this grievance this morning. I wish to begin by acknowledging his outstanding work in his various portfolios. I particularly want to note his dedication to seniors right across Western Australia.

I grieve today on behalf of some of the state's most vulnerable individuals—those who have experienced the scourge of elder abuse. Elder abuse is one of the most insidious crimes. Perpetrators prey on elderly victims in a variety of ways that can leave considerable physical, psychological, social and financial damage. These crimes can often be hidden and go unreported due to shame, fear or a lack of access to legal representation. It is estimated that up to 49 000 older people are at risk of experiencing neglect or abuse in WA each year. This is a horrifying statistic. The National Elder Abuse Prevalence Study surveyed 7 000 Australians over the age of 65 and found that nearly 15 per cent of older Australians had experienced elder abuse of some kind. In addition, a survey of 3 400 Australians aged between 18 and 64 indicated that over 17 per cent of younger Australians had concerns about someone they knew experiencing elder abuse. The most common form of abuse that the survey identified was psychological abuse. The most common perpetrators were the adult children of the elderly person involved. It is devastating that the most

common perpetrators of elder abuse are family relations. This can make reporting elder abuse near on impossible for the victim. This is explored in "Barriers to disclosing elder abuse and taking action in Australia", an article published in the *Journal of Family Violence*. This article suggests that victims of elder abuse are often afraid to report their experiences out of fear of potential consequences. The parental bond between a victim and their abuser often prevents the victim from speaking to others and can also be a source of shame and stigma.

In December last year, I hosted a seniors forum in my electorate of Belmont. I sincerely thank the minister for attending, along with the CEO of the Council on the Ageing Western Australia, Christine Allen, and COTA ambassador Professor Bob Zeigler. More than 75 local Belmont seniors attended the forum, at which COTA provided a comprehensive presentation before questions were taken. I received very positive feedback about the event from attendees. They found the information provided to be of great use and truly appreciated the willingness of COTA and the minister to attend and take questions. The warm reception that this forum achieved indicates to me that more needs to be done to support seniors in our community. There is a clear appetite for information on elder rights and support services. There needs to be greater support and assistance for victims to access when they are experiencing abuse. Victims need a service that is accessible, discreet, supportive and effective. I ask the minister what this government is doing to ensure the safety and security of seniors in our community and how our government is addressing elder abuse in WA.

MR D.T. PUNCH (Bunbury — Minister for Seniors and Ageing) [9.33 am]: I would like to thank the member for Belmont not only for her grievance, but also for her passion for seniors in our community and the issue of elder abuse. I was in the member's electorate in December 2021. It was a great opportunity to discuss a raft of issues and programs and, even more importantly, it was a great opportunity to talk with about 100 seniors about what it means to live well as we grow older. Out of that discussion, the notion of happiness was raised as being part of living well. There is nothing more important as we grow older than to do so with a sense of fulfilment, connection and happiness. Central to that, of course, is the importance of relationships and connection. That connection can be with partners, friends, children and, importantly, with grandchildren and great-grandchildren. When those relationships are based on strong trust and boundaries, they are very fulfilling in helping people to achieve that sense of happiness. When there is an abuse of trust and power, we start to see the notions of exploitation, vulnerability, physical abuse, neglect and not relating to the person as a person but potentially relating to the person as somebody to be manipulated or patted on the head and forgotten about. One of the great challenges as we grow older is that as we age, we can easily fade into the background and become isolated. Isolation and loneliness are two of the key indicators of long-term unhappiness, poor health and increasing decline.

Elder abuse can develop over a long period, but it can also develop over a short acute period. As the member indicated, the perpetrators can be family members, including children, and it can be insidious in the way it develops. It can be about not having enough time to really think about the needs of an older person through to thinking, "I could well make better use of my mum's house than she can as she becomes more vulnerable." It gets reframed into caring for the person when it is really about extracting equity and looking at residential care options. All too often that can happen earlier in life than it needs to, and people lose independence and become isolated.

I want to acknowledge the work of my predecessor, Hon Mick Murray, who initiated the McGowan government's *WA strategy to respond to the abuse of older people (elder abuse) 2019–2029*. We have just released a progress report that the member would be very interested in, which looks at a summary of actions from 2019 through to 2020. It is a 10-year strategy—from 2019 to 2029. I am pleased to say that significant progress has been made towards the strategy's goal of ensuring that all Western Australians are safe, respected and valued, and live free from elder abuse. It is a complex social, health and human rights issue. As members would know, the abuse of older people can take many forms—financial, psychological, physical, sexual and emotional. This government is working hard to address those challenges and to confront the abuse of older people in Western Australia. It is absolutely necessary that the government works with stakeholders, older people and the broader community in helping to address it.

The progress report shows the work that is being done by the government, the community services sector and the private sector. I am very pleased that many aspects of the private sector have come on board, particularly the financial and banking sectors. It also identifies that future actions should be responsive to new challenges, opportunities and priorities. I acknowledge the strong collaboration and partnership that the government has with the community. The action plan within the strategy's principles include —

1. Dignity, autonomy and freedom from abuse are human rights.
2. All older Western Australians are entitled to be equally valued and respected regardless of race, ethnicity, gender, sexuality, religion or impairment.
3. All responses to elder abuse prioritise the safety, wellbeing, dignity and autonomy of older Western Australians, regardless of where they reside.
4. An older person's choices and preferences are fundamental and should be respected.

Since the launch of the strategy in November 2019, the government has committed more than $6 million to elder abuse initiatives. That includes $2.3 million to establish the first vulnerable seniors peak body in Western Australia;

continuing the WA elder abuse helpline and information service; providing statewide advocacy and legal services; raising awareness—the most important component—and delivering education programs; and undertaking research into the prevalence of elder abuse and the mistreatment of older Aboriginal people in Western Australia. An additional $4 million has been made available to Legal Aid Western Australia over four years to establish Elder Rights WA to support seniors and combat elder abuse. That service will be delivered statewide. The Financial Elder Abuse Roundtable, co-hosted by Bankwest and the Department of Communities, brought together financial services, corporate, government and community sectors to raise awareness about the scale and impact of elder abuse and share best practice. There are many initiatives and I draw the member's attention to this document, which I think she will find very valuable.

I would like to again thank the member for Belmont for her grievance and I trust that this information goes some way to assure her of our response. This is an ongoing response that will take longer than 10 years, but we have an opportunity now to lay the foundations to address elder abuse in our community in a positive way. I thank the member for her grievance.

CORONAVIRUS — HOSPITALS — VISITORS

Grievance

MS L. METTAM (Vasse — Deputy Leader of the Liberal Party) [9.40 am]: My grievance is to the Minister for Health on the current restrictions on visitors and support people for patients in Western Australian hospitals. I thank the minister for taking my grievance. As the minister is, obviously, aware, the current definition of what constitutes an essential visitor and other visitors and when they can attend a hospital is quite restrictive and causing extreme hardship. Although I accept the reasoning for the restrictions to protect patients and staff from the spread of COVID, my grievance relates to their interpretation and, at times, the lack of compassion shown in their application. In some instances, the lack of any flexibility shown to family members attempting to support a loved one during an illness or an emergency has been merciless. I have been contacted by a number of families who are distraught at the way they have been treated by these state-imposed restrictions within the hospital system and the extra stress that it has caused their loved ones who are seeking medical attention. As the minister would know, an essential visitor is restricted to a parent or guardian of a child or person with complex needs or a disability, a carer, a birthing partner or someone otherwise present for compassionate or other reasons approved by the hospital. This has left numerous vulnerable and unwell patients alone during a period of high stress, many of whom are unable to process the medical advice and treatment being administered. I understand that hospitals are able to make exemptions, but from the correspondence that I have received it does not appear to be common practice and there is an issue with the communication surrounding this.

The lack of compassion around the rules has affected both inpatients and outpatients with many unable to make any sense of why the rules are in place. In the case of outpatients, cancer patients are particularly distressed at the lack of support they are able to access during appointments and treatment. One of my constituents suffers from a rare and aggressive breast cancer and travels to Perth for her oncology appointments at Fiona Stanley Hospital. She stays with her daughter during treatment and prior to the restrictions beginning, her daughter attended all appointments as an emotional and practical support. She took note of all the treatments as her mother was unable to process much of what was advised due to what is commonly known as chemotherapy brain fog. The woman has now been advised that her daughter, who is triple vaccinated, does not fit the hospital's definition of a carer, so she must undergo chemotherapy sessions alone. In her correspondence she states —

> … because she's not officially my carer, she's my support person, she can't attend. I want to know how do they know this is not the end of my life?
>
> I have aggressive breast cancer and now a spot on my pelvis. I don't know how long I have got but I do know that I'll be facing treatment for the rest of my life and I want my daughter to be there with me. Facing this alone is really scary and honestly doesn't make any sense.

Further, because she is not able to drive following chemotherapy, she has to catch public transport or a taxi or rely on her daughter who has to sit outside the hospital for up to three hours waiting for her treatment to finish. I quote again —

> I'm immune-compromised but because of these rules I have to catch a cab or train, putting me at higher risk of contracting COVID. If I was in ICU, I could have visitors but not to a chemo appointment. It makes absolutely no sense.

The rules are also affecting patients in mental health units at hospitals in the metropolitan area. I am advised that many units have implemented a 15-minute time limit on visits and that patient leave for both voluntary and non-voluntary patients has ceased. This decision was made in the best interests of patient safety, but it has placed a considerable amount of extra stress on these particularly vulnerable patients. It is also hard to perceive that it is in any way proportionate to the risk. One father said that the brief visits, combined with essentially being locked in the unit without any reprieve, had contributed to a setback in his son's illness.

I have also been contacted by parents who are distressed at not being able to jointly be in hospital to liaise with medical staff and to support their child, being forced to swap out if they have a sick child in hospital—a situation

that one parent described as inhuman. It is hard to fathom how these restrictions are justified given the increased stress and hardship placed on these already vulnerable patients at a time when the government allows 45 000 people into a stadium at one time to watch sport. It is incomprehensible that the same government will not allow a cancer patient to have one support person attend appointments with them or that two parents are not allowed by their child's bedside at the same time. Although I accept that hospitals have different interpretations based on the health provider, these are people's lives and the restrictions cannot continue to be applied without proper consideration of the whole impact on the patient's health and their support network.

I implore the minister to urgently review the current restrictions, given the lower than predicted hospitalisation and ICU patient levels, apply a more compassionate response proportionate to the existing risk, ensure that these vulnerable patients are properly supported and address any issues regarding the communication of this advice. I would again like to thank the minister for taking my grievance.

MS A. SANDERSON (Morley — Minister for Health) [9.46 am]: I thank the member for Vasse for her grievance. I acknowledge that this is an exceptionally challenging time for many patients, their loved ones and supporters. We are in a very high case load setting of COVID in our community. We have around 50 000 active cases at this time and that is why we have restrictions on hospital visitors. It is intended that the restrictions be applied with compassion and common sense, but they are, ultimately, intended to protect vulnerable people in hospitals. They are in place to protect not only those who want visitors and carers, but also other people's loved ones.

I will take one of the points that the member made about a woman who is having cancer treatment and chemotherapy. That is an incredibly challenging set of circumstances, but she will be receiving that treatment in a room of chairs filled with other patients. This is about protecting all the hospital patients, not just individuals. That is what the management of this pandemic has been about; it is the community protecting each other. Although I recognise that people's circumstances are challenging and that these are challenging times, these rules are in place to protect not only the individual, but also the other people in hospital—my loved ones, the member's loved ones—from COVID. In the eastern states, people were catching COVID in hospitals. It was so rife and rampant that a person could go into any New South Wales hospital and get COVID. We want to protect those patients so that they can continue their chemotherapy or their essential health care and receive the medical care that they need without getting COVID on top of that. We have to balance that risk, but there is a cost and that is that unfortunately people will not always be able to have their support worker or support base with them.

I take exception to the member for Vasse's description of our healthcare workers as merciless. If I worked in the health system and I heard the opposition shadow Minister for Health describe me as merciless, I would be deeply offended. That is exactly what she said—that they are, at times, merciless. They are working under enormous strain and pressure. They are doing extra shifts. They are doing overtime. They are picking up the slack for furloughed staff. They are throwing their heart and soul into managing our important hospital system at a time of enormous strain.

Ms L. Mettam interjected.

The ACTING SPEAKER (Mr D.A.E. Scaife): Deputy Leader of the Liberal Party, we do not need the repeated interjection of the same content.

Ms A. SANDERSON: I take exception, because I do not think they are merciless. I think they are dedicated and hardworking, and they are applying the rules with compassion and common sense. If there are specific issues and circumstances, both I and my office are more than happy to follow up on individual circumstances. A more appropriate approach from the member for Vasse might have been to come to us before raising it in Parliament and we could have had direct contact. But it is all about the grandstanding.

Ms L. Mettam interjected.

The ACTING SPEAKER: Deputy Leader of the Liberal Party, you have had your opportunity. Grievances are not an opportunity for a debate.

Ms A. SANDERSON: The other thing I want to say is about Perth Children's Hospital. We have incredibly vulnerable patients at the children's hospital. I had a child in the hospital for a long-term admission for weeks when we had serious COVID restrictions on visitors and only one parent was allowed to visit a day. That is hard. I do not shy away from that. That is really hard. It is hard on the parents, families and kids. Ultimately, we have children in that hospital who are very vulnerable and these rules are to protect all of them. That is why. I accept that there is hardship under these rules, particularly for parents and their children. There is no more anxious time for parents than when their child is in hospital, but these rules are in place to protect our children, who are already vulnerable.

The member for Vasse also acknowledged that exceptions can be made in circumstances, but they are not "common practice". By definition, it is an exception; it is not a common practice. That is the definition of the word—it is not common. Those circumstances have to be taken into account. Again, I am happy to deal with any particular issues.

This is not a long-term proposition. We have seen incredible management of this pandemic. I know the member for Vasse cannot stand that. She cannot stand the low hospitalisation rate and that only one-fifth of the expected

number of people are in ICU. What would make her more happy than anything is to see COVID rampant in the community and to see the Western Australian government fail in its management of COVID, and that is a shame on her. Frankly, we have had solid and strong management. People are not as sick as we had anticipated and our healthcare workers are working hard to protect and treat those in our community. I do not accept the criticism that we are merciless and heartless. This is about protecting vulnerable patients. It is absolutely about protecting vulnerable patients.

We have seen a step down of restrictions from level 2 to level 1 to allow a number of people to return to work and businesses, but the Chief Health Officer has determined that vulnerable cohorts still need to have high levels of protection, and I fully support that position by the Chief Health Officer. I fully support protecting children and patients in hospital and residents in aged-care facilities. These are rules determined by the Chief Health Officer to protect our most vulnerable. I and my office are happy to work with individual families who have extenuating circumstances, and we do that regularly. I urge the member to forward those details to us so that we can do that in a comprehensive way.

EAST FREMANTLE OVAL PRECINCT — REDEVELOPMENT

Grievance

MRS L.M. O'MALLEY (Bicton) [9.53 am]: My grievance today is to the Minister for Sport and Recreation. I thank him for hearing this grievance, which is about the East Fremantle Oval precinct redevelopment. Located between Moss and Allen Streets in East Fremantle, the oval and surrounding infrastructure has residential homes on three sides and is bordered by Marmion Street to the south. Much of the area is deemed an A-class reserve. East Fremantle Oval, known more commonly as "Shark Park", was opened in 1906. Prior to this time, the area was used as a traditional camping ground for the local Whadjuk people. To add context to my grievance, I would like to provide some historic background to illustrate the significance of the site.

The East Fremantle football ground makes up the largest portion of the precinct, with the East Fremantle Football Club holding the title of most successful club in West Australian Football League history, winning 29 premierships since its entry into the competition in 1898.

The ACTING SPEAKER: What about South Fremantle?

Mrs L.M. O'MALLEY: I hear a little bit of murmuring from some South Fremantle supporters in the chamber. This is about the Sharks today, members. Go the mighty Sharks!

The ground underwent its only significant upgrade —

Several members interjected.

Mrs L.M. O'MALLEY: Acting Speaker, I believe we do not take interjections during grievances. I seek your protection.

The ACTING SPEAKER: You are quite right, member—even against East Fremantle supporters, we do not!

Mrs L.M. O'MALLEY: I repeat: go the mighty Sharks!

The ground underwent its only significant upgrade in 1953, which increased its total capacity to 15 000. Football is appropriately the focus of activity at "Shark Park", but there has been, and can be again, so much more, as in 1988 when Pink Floyd played to a crowd of 26 000 as part of its A Momentary Lapse of Reason tour.

Several members interjected.

Mrs L.M. O'MALLEY: The East Fremantle Oval precinct is greatly valued by all who live nearby or play and recreate there, and although the precinct's current mix of football, sporting and passive recreation open space is acknowledged and supported, so, too, is the pressing need for an upgrade and increased community accessibility to the site. That is why there was such excitement when, on Sunday, 25 July 2021, I joined the Premier to announce our commitment of $20 million of state funding towards a redevelopment. Together with funding of $6 million to be provided by the Town of East Fremantle, the oval precinct redevelopment was assured. It was fully funded and fully costed. However, this project, like so many others, has been severely impacted by the overheated construction environment caused by two years of global pandemic and, despite meticulous planning and intensive value engineering, is currently in jeopardy. Both historic and significant, the proposed redevelopment of the East Fremantle Oval precinct represents a once-in-a-generation opportunity for the entire community of East Fremantle and will provide many benefits for the electorate of Bicton and beyond.

The precinct is home to men's and women's WAFL football, bowls, croquet and a gym fitness centre, as well as providing a venue for many community programs, including Auskick and Starkick all abilities football. The adjacent Sumpton Green Community Centre's playgroup provides wonderful support for young families in the area and the entire precinct is popular with dog walkers. The East Fremantle Oval precinct is an important community asset, but the current facilities lack cohesion, do not support accessibility and are out of step with community expectations of equitable distribution of resource, particularly with the extraordinary growth and development of female participation in AFL.

For these and other reasons, the Town of East Fremantle committed to the task of seeking community support and raising funds required for the redevelopment of the precinct. The town's first two attempts, in 2008 and 2012, failed to achieve broad community support, but, undeterred, the town pushed on and, proving the truth of the saying "third time lucky", a new approach, with community engagement a strong and enduring feature, was commenced in 2018. A vision plan that gained the support of the community and the endorsement of council followed, and the hard work to achieve funding for the East Fremantle Oval precinct development began in earnest. All that work came to fruition with the re-election of the McGowan government in 2021, and in normal times the redevelopment would have been greatly progressed by now.

The East Fremantle precinct redevelopment will feature many firsts, including being the first WAFL club to have equally matched and appointed female and male change rooms, with permanent lockers for the men's and women's league teams. This will be the first facility of its kind in WA to have no permanent perimeter fencing, creating an open and welcoming community environment, plus universal access–enabling features, with dedicated wheelchair viewing points at both ground and elevated levels. The East Fremantle Oval precinct will become a fully integrated, innovative and sustainable complex with a sinking fund and a comprehensive and well-funded business plan. The East Fremantle Oval precinct redevelopment also represents an opportunity to enhance professional pathways both on and off the field, particularly for women; create greater community connectivity and vibrancy; and support the local economy and jobs.

This is a great project. I acknowledge and congratulate the Town of East Fremantle and the project team on the vigorous design process they have undertaken, with value engineering opportunities being applied to the design at every possible opportunity. I therefore ask that additional funds be allocated to the East Fremantle Oval precinct redevelopment. I note in making this request that the Town of East Fremantle has undertaken a commitment to raise further funds on top of those it is already providing. I thank the minister for listening to my grievance today and I respectfully ask for his support on this matter.

MR D.A. TEMPLEMAN (Mandurah — Minister for Sport and Recreation) [10.00 am]: I acknowledge the member for Bicton for her very passionate appeal for this project to be delivered. Throughout her time in this place and during this project, she has demonstrated what a magnificent member of Parliament she is. She is in touch with her community. She knows her community very well and she is engaging with it constantly. She is also tenacious and passionate about the aspirations for her community.

The electorate of Bicton is a great place. I think this is a great example of how local members understand why certain projects can make a huge difference to the aspirations of the population that lives and works in an electorate and how facilities deliver much more when they are enhanced and upgraded. That is one of the messages the member has given me this morning. The precinct in East Fremantle has great history, right from its early Aboriginal significance. Over the years, it has provided some magnificent opportunities, but, of course, times change, structures change and new ways forward need to be found. I think that is what the member has stressed to me this morning. Another thing the member has stressed to me is the important issue that with the tremendous upheaval of female participation in a range of codes, our facilities need to be fit for purpose and equitable and provide for not only existing populations, but also future populations as a result of growth.

I thank the member because she invited me down to East Fremantle just over two weeks ago to meet with her, the mayor, the designers and senior staff from the Town of East Fremantle, because she wanted me to hear firsthand the history of this project and the work that has been done up to this point to ensure that the project has reached the stage at which the first shovel should be in the ground. I was very impressed in that meeting by not only the member's sincere advocacy, but also the work that has been done by the town to try to make sure that this project fits within the original budget proposal. Some tremendous work has been done. The member mentioned the value engineering aspects and the deep dive into the project to look at how it could be not only within budget, but also a model for other such ventures into the future. I think there is a great opportunity there.

As the member highlighted, this master plan and business plan will provide an integrated community and sporting precinct. But it will deliver much more than football, bowls and croquet; it will be a place for the community to gather, recreate and participate. The McGowan government's focus, whether it be on culture and the arts or on sport and recreation, is all about ensuring that we continue to extend participation so that the kids and adults who are participating now have an opportunity to participate singularly or as a family. I think that is really, really important. The member for Bicton's electorate is one that has many new families and families who need those opportunities. This site is perfect for redevelopment and a project such as this. I know that the member mentioned that the scope of the project will allow people to exercise their dogs, and it will have unisex change rooms, a gymnasium, community gardens and an escape zone. It will be a focus for a range of opportunities and activities.

I was impressed by the absolute commitment by the Mayor of the Town of East Fremantle and the council to this project. As the member has highlighted, it is also a great example of very intense consultation with the community. This is a project that is really backed in very strongly by the broader community and it has been championed so brilliantly by the member for Bicton. I think the member should take some credit for that, because it is the advocacy of members such as her that convinces ministers for certain portfolios to not only understand the importance of

projects, but also become advocates for them. I assure the member that the project team has demonstrated the absolute worthwhile nature of the project. The community is strongly behind it. I know the team has now made a formal request for the additional $5 million from the state government. As I have said to the member, I will make sure that that plea is heard at the highest level, because the member has convinced me very strongly—I have had the portfolio of sport and rec for only six months—why this project must proceed and needs to be delivered and the tremendous impact it will have on the community. The member should be proud of what she has done. She is a great example of how a tenacious and passionate local member of Parliament can achieve great things for her community. She is in touch with her community, and I hope that we can ensure and support this project going forward so that the people of East Fremantle and the people of the wider community in her electorate will have a magnificent facility to enjoy into the future.

EDUCATION AND HEALTH STANDING COMMITTEE

Inquiry into the Esther Foundation and Unregulated Private Health Facilities — Motion

MS S.F. McGURK (Fremantle — Minister for Child Protection) [10.07 am]: I move —

> That this house requests the Education and Health Standing Committee inquire into and report by 1 December 2022 on —
>
> (1) complaints and allegations concerning the Esther Foundation, including from former residents, staff and volunteers;
>
> (2) adequacy of actions taken by the organisation to address the above concerns; and
>
> (3) current regulatory and legislative provisions, and those proposed provisions currently before the Parliament to address the above concerns, including —
>
> (a) options for regulating facilities not covered by the definition of "health service" or "hospital" in the Private Hospitals and Health Services Act 1927.

I would like to speak to this briefly to set up the reasons I am moving the motion today. At the beginning of this year, allegations of abuse and inappropriate behaviours at the faith-based women's residential rehabilitation facility the Esther Foundation were brought to my attention. Since this time, my office has been approached by a large number of former residents of the foundation outlining their experiences, including consistent allegations of abuse and inappropriate conduct. The Esther Foundation, formerly known as Esther House, is a residential recovery program for young women, including minors, and has operated in Western Australia since about 1995. My ministerial office has received dozens of complaints and the allegations are of a consistent and serious nature. The complaints received span a large time frame, from 2004 to 2020. Complaints include allegations of punishment for noncompliance with the religious components of the program, including being denied food, banned from contacting anyone outside the organisation and forced to sleep in a supervised room. Complaints have also been made about an absence of qualified staff and that people were not allowed to leave the facility, including not being allowed access to contact people outside the organisation, such as family or support networks. This rule allegedly also applied to minors at the facility. There have also been allegations of illegal restraint measures being used; Aboriginal residents being denied their culture, including being told that using language and engaging with their culture was akin to being possessed by the devil; the denial of medication and medical health services; parents not being allowed to access their children in the facility; and parents being asked to give guardianship of their children to staff at the facility. There were also allegations of criminal activity, including sexual assault. Complainants who have made this level of allegation have been encouraged to report to the WA police.

I want to make it clear that the committee is not being asked to investigate criminal actions; rather, its role will be to investigate how Esther Foundation and similar institutions could be properly regulated to prevent a recurrence of these sorts of events. Esther Foundation does not receive any state government operational funding; however, it has received some funding from the federal government. The state government does provide two properties to Esther Foundation on a peppercorn lease, and although the most substantial of these was entered into under the previous Liberal–National government, I have requested that the Department of Communities examine the lease arrangements. I also understand that state government agencies may have made referrals to this facility in the past; however, we have emphasised to the relevant agencies that this is not appropriate going forward.

Given the complaints, I have written formally to the federal Minister for Health and federal minister for charities to request advice on the organisation and whether these allegations will affect its charitable status. To date, I have received no response. As such, this means that within the current framework, the government has limited oversight of this facility. In 2019, the state government endorsed the national quality framework for drug and alcohol treatment services to establish nationally consistent quality assurance that the community can expect from all alcohol and other drug treatment providers. However, without appropriate regulatory processes being in place, only funded services are bound to adopt the framework. Unregulated and unaccountable alcohol and other drug treatment services risk undermining community confidence in this sector. With this in mind, we ask the inquiry to look at current regulatory and legislative frameworks to understand whether there are ways to improve existing provisions or there are gaps

that might need to be addressed. Therefore, I seek parliamentary support to refer this matter to the Education and Health Standing Committee to hear from former residents who have been affected and to examine potential regulatory improvements to prevent this from happening in the future. I take this opportunity to acknowledge all the women who have courageously come forward to share their stories to try to ensure that history does not repeat itself.

MS A. SANDERSON (Morley — Minister for Health) [10.13 am]: I rise to support the motion moved by the Minister for Women's Interests and in doing so I want to start by acknowledging the women who have come forward over a period of time to provide details of their experiences at Esther House. It is often very difficult to relive trauma, but it is important that people report and that we are able to deal with those reports. We take these allegations very seriously. As the minister outlined, in 2019 the Ministerial Drug and Alcohol Forum endorsed the national quality framework for drug and alcohol treatment services, which established nationally consistent assurance. Under that framework, accreditation requirements need to be communicated and enforced through state and federal arrangements. The Mental Health Commission purchases only services for alcohol and drug treatment that are accredited against approved standards and undergo regular auditing of the quality of service delivery. However, there is no such requirement for Esther House or other services not funded by the state government to be accredited. The federal government provided $4 million to Esther House, but that did not include a requirement to meet the national quality framework, which is somewhat perplexing. Had it done so, the state would have had oversight and some lever to regulate this facility.

It is always concerning to hear these allegations. People are vulnerable when they go into these facilities and they should be treated with dignity and respect and be given the best care that evidence can provide. We obviously do not want the committee to just hear the complaints; we are also seeking guidance from the committee on what levers could be available, what regulatory gaps exist and what we can do to stop people from falling through the cracks. I am particularly interested in opportunities to strengthen our ability to hold these services to account and any future legislative or regulatory reforms. Today, we will deal with the Health and Disability Services (Complaints) Amendment Bill currently before the Assembly, which will impose prohibition orders on counsellors and other providers of health services not covered by Australian Health Practitioner Regulation Agency oversight. There are also opportunities to consider targeted practical changes to the Private Hospitals and Health Services Act to ensure regulation can capture services that have otherwise escaped the national quality framework. With a reporting date of 1 December, the committee's work will inform the government's next steps to ensure all AOD services are safe and high quality. I know that the Department of Health, the Mental Health Commission and the Health and Disability Services Complaints Office all look forward to working with the committee as it develops recommendations for government. Again, I support the motion moved by the Minister for Women's Interests and thank the women who have been affected by very poor treatment from Esther House for coming forward.

Question put and passed.

CHARITABLE TRUSTS BILL 2022

Introduction and First Reading

Bill introduced, on motion by **Mr D.A. Templeman (Leader of the House)** on behalf of Mr J.R. Quigley (Attorney General), and read a first time.

Explanatory memorandum presented by the Leader of the House.

Second Reading

MR D.A. TEMPLEMAN (Mandurah — Leader of the House) [10.18 am]: On behalf of the Attorney General, I move —

> That the bill be now read a second time.

The Charitable Trusts Bill 2022 will repeal and replace the Charitable Trusts Act 1962 with a new modern act. Charitable trusts are trusts for purposes rather than persons. They do not have beneficiaries but instead are intended to benefit charitable purposes. In Western Australia, many charitable trusts hold native title benefits and are intended to advance the interests of Aboriginal communities. Some of these trusts hold very substantial funds. In the absence of beneficiaries to enforce a charitable trust, the Crown has a duty—parens patriae, or as parent of the nation —

Several members interjected.

Mr D.A. TEMPLEMAN: French was never my strength.

The ACTING SPEAKER: Do you want to try it again?

Mr D.A. TEMPLEMAN: Hon hon! The Crown has a duty, as parent of the nation—that was what I was referring to— to protect the charitable trust's property. I should have practised this! This duty is exercised by the Attorney General, representing the public interest in a charitable trust. This role is reflected in the powers and duties of the Attorney General under both the common law and, currently, the Charitable Trusts Act 1962. The Supreme Court also exercises both inherent and statutory jurisdiction in relation to charitable trusts.

The Charitable Trusts Act 1962 has not been substantially amended since its enactment 60 years ago. Charitable trusts have changed considerably over that time, both in their purposes—such as for applying native title interests or benefits—and management. Today, the trustee of a charitable trust is less likely to be an individual volunteer and more likely to be a corporate trustee employing various people to administer a potentially complex modern trust deed, with the trust sometimes only a small part of a complicated corporate structure. This bill will modernise the law that applies to charitable trusts in this state to allow the Attorney General to better protect the property of charitable trusts as they exist today. In doing so, the bill will also implement the recommendations made by the inquirer, Mr Alan Sefton, Deputy State Counsel of the State Solicitor's Office, as he was then, as outlined in the *Report on Njamal People's Trust*, which was tabled in this state Parliament in December 2018. That report was the culmination of an inquiry commissioned by the Attorney General of Western Australia, Hon John Quigley, MLA, in 2017 under section 20 of the current act—known as the inquiry. The report has provided the impetus for many of the changes proposed in this bill.

Over the last few years, there has been a notable increase in the number of charitable trust matters brought to the attention of the Attorney General and the Supreme Court. Many of these matters relate to charitable trusts established for the benefit of Aboriginal communities—a development that likely reflects the creation of charitable trusts under Indigenous land use agreements. Often these complaints involve entities that are also subject to the jurisdiction of other regulators, such as the Australian Charities and Not-for-profits Commission or the Office of the Registrar of Indigenous Corporations. The Attorney General works with these other regulators to seek the best outcomes for the charitable trusts involved. The Attorney General acknowledges the important roles played by other regulators in relation to charitable trusts, which will of course continue under the regime proposed by the bill.

The bill will make provision for four key matters. The first is schemes for property held for charitable purposes. The second is the investigation of charitable trusts by the Attorney General and a newly established Western Australian Charitable Trusts Commission constituted by the Ombudsman. The third is proceedings in the Supreme Court in relation to charitable trusts, including to better regulate individuals involved in the administration of charitable trusts. The fourth is to permit certain trusts to make tax deductible gifts to eligible recipients for philanthropic purposes where those recipients have a connection to government, such as public hospitals, museums and art galleries.

The bill will also preserve the charitable status of certain recreational facilities and provide protection from liability for people performing functions under the law relating to charitable trusts. No substantive changes are made to specified charitable recreational facilities under part 2 of the bill. These facilities were not necessarily considered charitable under the common law. The bill will maintain the charitable status of these facilities that exists under the current act.

Part 3 of the bill relates to schemes that allow changes to charitable trusts. The current act effectively codified the equitable doctrine of cy-près, which in certain circumstances allowed a trust or gift for charitable purposes that could not be given effect to, to instead be put to use for a charitable purpose that was as close as possible to the donor's original intention. The bill will provide for either the Attorney General, for low-value schemes, or the Supreme Court to approve a scheme to amend a charitable trust in specified situations. It is expected that most schemes will relate either to problems in implementing the original purpose of the trust or gift, such as where a named recipient never existed or no longer exists, clause 10, or where there is a need to expand, amend or modernise the powers of the trustees, clause 12.

Some of the changes that will be made to schemes are directed to clarifying or simplifying the law and to reduce legal uncertainty and resultant legal costs. This should leave more funds available for charitable purposes. This will include the removal of section 7(3) of the current act in relation to the equitable doctrine of lapse, which caused confusion and complications and therefore increased legal costs, yet did not change the outcome of any proposed schemes under the current act.

Under clauses 10 and 12, trustees have a duty to apply for a scheme as soon as reasonably practicable if the trust funds would otherwise not be used for a charitable purpose. These provisions aim to avoid trustees unnecessarily delaying applying for a scheme, which could result in the trust funds not being applied for charitable purposes for a substantial period of time, and the value of the trust fund being eroded over that time.

The bill will also modernise the requirements for advertising a proposed scheme. Advertising the scheme brings it to the attention of people who may have an interest in it and affords them an opportunity to make submissions opposing the scheme if they wish to do so. The current act requires advertising in the *Government Gazette* and *The West Australian*. Clause 19 will allow the court the flexibility to adopt methods that might be more likely to come to the attention of people with an interest in the scheme, which could include notice through an emailed newsletter, social media page or community newspaper. If a scheme is approved, notice of that approval must be published in the *Government Gazette*. Unlike under the current act, trustees will now be responsible for organising this.

The proposed framework for the investigation of charitable trusts in part 4 of the bill will overhaul existing section 20 of the Charitable Trusts Act 1962. Currently, the Attorney General, or an officer or any person appointed by the Attorney General, may conduct an examination or inquiry under that provision. Under clause 32 of the bill, the

Western Australian Charitable Trusts Commission, constituted by the Ombudsman, will be established. A person may make a complaint about a charitable trust or a class of charitable trusts to the Attorney General or the commission. The investigators will be the commission or an authorised person acting at the direction of the Attorney General.

The bill will provide for the powers of investigators to be significantly expanded in three key respects. First, under clause 32 of the bill, investigators will be conferred with the power to issue a notice requiring a person to provide a document or other information relating to a charitable trust or concerning any person involved in the administration of a charitable trust or provide any other assistance that is reasonably necessary. This change will address a significant deficiency in the current act identified by the inquiry, being the narrow power in section 20(3) to require only the production of information, documents, answers and/or assistance from "every trustee, and every person acting or having any concern in the management and administration" of a charitable trust. As outlined in the report, that narrow power has "the potential to impede the effectiveness of an examination or inquiry" because it fails to capture persons who may have highly material information or documents. Under clause 32 of the bill, any person can be subject to a requirement to produce or assist.

The inquiry also called for an increase to the penalty for noncompliance with such a requirement. Heeding that call, clause 40 will provide for a tenfold increase in the maximum penalty for failing to comply with a requirement, bringing the total maximum penalty to $50 000. Relatedly, a new offence of providing false or misleading information is introduced in clause 39, following a recommendation outlined in the report. That offence will also attract a maximum penalty of $50 000. To ensure an inquiry is not impeded in obtaining the information required, and consistent with the report's recommendation, clause 40 will expressly abrogate the privilege against self-incrimination and, in the case of a trustee, legal professional privilege, with appropriate safeguards contained in clause 36.

Secondly, under clause 33 of the bill, investigators will be equipped with the powers of a royal commission. These include the power to compel production of documents and the attendance of persons before the investigator to answer questions and be examined under oath or affirmation. This change alone addresses a series of gaps in the current framework identified by the inquiry, significant amongst them being the absence of any compulsive powers to require a person to attend and give evidence on oath or affirmation. People who are receiving information under these provisions, including investigators, are subject to a duty of confidentiality under clause 37.

Thirdly, a special power will be conferred by clause 34 on the commission to, as part of its investigation, carry out an audit of the accounts of the charitable trust under investigation or direct the trustees to arrange an audit. This new power addresses a key recommendation that will have particular significance because many of the complaints about the operation of charitable trusts relate to issues of financial management and control.

To support the array of new investigative powers conferred by the bill, clause 38, importantly, will provide a number of safeguards to persons who cooperate with investigators and voluntarily provide information. This is in recognition of the fact that, as observed in the report, the Attorney General's ability to perform the role of guardian of charitable trusts is, to a great extent, dependent upon the provision of allegations, information and documents from members of the community. So, too, are safeguards provided in clause 54 for persons who perform a function under the bill or any other law relating to charitable trusts, such as the Attorney General and investigators.

The culmination of an investigation is a report to the Attorney General. The investigator's report may be accompanied by a written notice that directs a relevant trustee to take reasonably necessary action in response to the findings in the report within a specified period. There are consequences if the trustee fails to do so, including that the trustee may be liable to be removed under part 5 of the bill.

Consistent with the inquiry's recommendation, clause 42 provides that on receiving an investigator's report, the Attorney General may table the report in Parliament and/or provide it to certain persons. The bill enables the Attorney General to apply to the Supreme Court to recover the costs and expenses of an investigation from the trust property, the trustee or—only if the court is satisfied that the complaint was frivolous or vexatious—a complainant.

Part 5 of the bill addresses proceedings in relation to charitable trusts. The bill will significantly expand the Supreme Court's powers to make orders with respect to charitable trusts or the persons involved in their administration. Clause 44 maintains the current ability for any person—not just the Attorney General or a trustee—to apply to the Supreme Court for various orders to enforce a trust. The potential orders will be expanded to include the power to order a trustee to provide a document or information to people intended to benefit from a charitable trust, under clause 44(2)(c), and to require an audit of the accounts of a charitable trust, under clause 44(2)(e). Clauses 45 and 46 give effect to the inquiry's recommendation that the act facilitate greater regulation of persons involved in the administration of charitable trusts.

A key power of the Attorney General to respond to misconduct in a charitable trust or otherwise protect the trust's property is the power to apply to the Supreme Court to remove the trustee. However, the Attorney General does not have the power at present to regulate people, other than the trustee, who may be involved in management and administration of the trust. Clauses 45 and 46 address limitations to this power, reflecting changes to the management of charitable trusts since the 1960s. Charitable trusts today are less likely to have an individual acting as a trustee. Instead, particularly for larger trusts, there is usually a corporate trustee and several individuals involved in managing

the trust funds. Removal of the trustee may not be necessary, or may not be sufficient, to remove an individual actually responsible for the misconduct or putting the trust property at risk. Clause 45 provides for the Attorney General to seek the removal of a trustee, or an order precluding the involvement of a person in the administration of a charitable trust. This allows the Attorney General to seek to protect the trust property from persons other than a trustee who may wield influence over the trust to its detriment.

Clause 46 of the bill will prohibit certain people being involved in the administration of charitable trusts, again extending beyond trustees. Disqualifications include insolvency, offences of fraud or dishonesty, or a finding by another regulator that a person should not be involved in managing a corporation. To ensure fairness to a person affected by this provision, clause 46 will allow the person to apply to the Supreme Court for leave to be involved in the administration of a charitable trust. The Supreme Court may, subject to any conditions the court considers appropriate, grant leave if it considers there are exceptional circumstances warranting the granting of leave. This clause aims to ensure high standards of those in a position to manage and administer the charitable trust, for the protection of the trust property.

Clause 47 will ensure that proceedings involving charitable trusts are brought to the attention of the Attorney General so that the Attorney General can take part if appropriate. It also provides that the Supreme Court is not bound by the rules of evidence when hearing such proceedings. In cases when the Attorney General needs to take action in relation to a charitable trust, the Attorney General may act on hearsay information or information provided anonymously. It may be difficult to find a person with direct knowledge of facts who is willing to make an affidavit for use in Supreme Court proceedings. Further, the Attorney General and any other person bringing an application in the Supreme Court may wish to rely on decisions, findings and reports of other regulatory bodies. Clause 47 addresses these concerns and gives effect to a recommendation of the inquiry.

Part 6 of the bill continues to enable the trustees of certain trusts for philanthropic purposes to make gifts to specified eligible recipients, even though the recipients are not charitable at law due to their connection to government, such as public hospitals, museums and art galleries. It addresses changes to commonwealth laws as a result of the passing of the Charities Act 2013, which caused an inconsistency with the current act in relation to these trusts.

In conclusion, the bill will give Western Australia the most rigorous and comprehensive charitable trusts legislation across Australia and New Zealand. It will achieve a significant expansion of the powers of those investigating charitable trusts, as well as of the Attorney General and the Supreme Court, in order to ensure that charitable trusts operate to further the interests of the charitable purposes and communities they were intended to benefit.

I commend the bill to the house.

Debate adjourned, on motion by **Mr P.J. Rundle**.

HEALTH AND DISABILITY SERVICES (COMPLAINTS) AMENDMENT BILL 2021

Second Reading

Resumed from 25 November 2021.

DR K. STRATTON (Nedlands) [10.38 am]: I rise today in support of the Health and Disability Services (Complaints) Amendment Bill 2021. This amendment bill will amend the Health and Disability Services (Complaints) Act in order to implement the national code of conduct for healthcare workers. This code sets minimum standards of practice for healthcare workers who are not registered under the national registration and accreditation scheme. It also covers healthcare workers who provide services that are unrelated to their registration, or who are student or volunteer healthcare workers. It covers some 16 practitioner groups, including my own of social work, as well as counsellors, dietitians, massage therapists and doulas, amongst others.

We have recently seen unregistered health practitioners in other states of Australia publishing material and engaging in false, unsafe and unethical education about COVID-19 vaccines and treatments. We have also seen unregistered health practitioners engage in conversion practices or sexual orientation change efforts, although I note it is not just unregistered health practitioners who attempt this dangerous, unethical and ineffective practice.

Implementing the national code is a state government election commitment, particularly minimising and addressing conversion practices. It is what this amendment will mean for conversion practices that I wish to focus on today. I feel it is important to acknowledge that survivors should be at the forefront of any discussion about conversion practices. I am not a survivor, nor am I a member of the LGBTQIA community. I endeavour always to be a better ally and advocate, and many people whom I love dearly are part of the community. I put those qualifications on my statements regarding conversion practices.

Conversion therapy involves what we could at best describe as pseudoscientific practices with the aim of changing the sexual orientation, gender identity or expression of lesbian, gay, bisexual, trans, queer and gender diverse people. The change aimed for is generally to a heterosexual and cisgender identity, and such practices use a range of psychological, physical or spiritual interventions. There is no reliable, valid or reputable scientific evidence that such practices can alter sexual orientation or gender identity. Instead, psychological research has demonstrated that LGBTQIA change and suppression efforts do not reorient a person's sexuality or gender identity. Rather, we

have an increasing body of research that documents the negative impacts that these attempts have on LGBTQIA people's lives. Not only are these practices ineffective, they are harmful and cause deliberate harm. They are also unethical, and various jurisdictions around the world, including other states in Australia, have passed laws against and even banning conversion therapies.

Conversion therapy is damaging to individuals and to the whole LGBTQIA community and, by definition, all of us in the community. Survivors describe the trauma, shame and distress caused by conversion therapy practices. Conversion therapy says that love and acceptance is conditional at the very best, conditional upon people denying who they are or agreeing to change or appear to change. Conversion therapy says that who you are is unwanted, it is undesirable; you are unlovable and unworthy. The 2021 research report from La Trobe University *Healing spiritual harms: Supporting recovery from LGBTQA+ change and suppression practices* was informed by the stories and experiences of 35 survivors of change and suppression practices. The report notes that the majority of practices of conversion therapy occur in religious settings, which are not covered by the national code. This study investigated survivors' experiences of recovery through interviews with them and mental health practitioners. It they found that people who experience change or suppression practices are severely harmed by those attempts, with recovery being a very slow process and requiring long-term professional support. Survivors often experience post-traumatic stress disorder symptoms and barriers in accessing health support, including financial barriers, an understandable heightened mistrust of mental health professionals and deep experiences of shame.

Attempts to change sexuality of gender or gender identity are about conforming to outdated social beliefs or assumptions—for example, that sex and gender are binary and fixed, and that heterosexual relationships are paramount. Conversion therapy does not reflect modern and contemporary views and understandings of gender roles and sexuality. Indeed, it perpetuates these outdated, ill-informed roles and identities, as well as assuming that identifying that being LGBTQIA is an abnormal aspect of human development. Changing views on sexuality and gender identity are reflected in significant legislative and regulatory changes to remove inequities faced by LGBTQIA people, communities and same-sex couples. Conversion therapy denies people their identity and in doing so, denies them equality and equity.

The question is not whether conversion therapy practices are effective; it is whether they have a place in a modern and inclusive society. They certainly violate human rights conventions. People who identify as LGBTQIA are not broken. They do not need to be fixed. They are not sick and they do not need to be cured. Under this amendment, people who experience conversion practices may complain about potential breaches of the national code on the grounds of efficacy. For example, when a healthcare worker claims that they have the ability to change someone's sexual preference, it is a breach of the code to make claims about the efficacy of treatment or other services if they cannot be substantiated. Clearly, the scientific evidence demonstrates that it is not possible for a healthcare worker, or indeed any other person, to make a claim about their ability to undertake conversion practices or the efficacy of those practices. As well as being able to make a complaint based on efficacy, under this amendment people can lodge a complaint about breaches of the code if they experience harm resulting from their treatment, including conversion practices. A healthcare worker must only provide services or treatments to clients designed to maintain or improve a client's health and wellbeing. As noted above, conversion practices do quite the opposite and have been found and demonstrated in scientific research to create significant and ongoing emotional, mental, physical, social and spiritual harm and trauma to survivors. While the national code cannot be used to enact a blanket ban on conversion therapy, it does provide a mechanism to prevent unregulated healthcare workers engaging in these practices if the conditions of a complaint are met.

The new powers conferred by this amendment will enable the director of Health and Disability Services Complaints Office to investigate complaints, initiate own-motion investigations, issue interim prohibition orders and prohibition orders to stop or place conditions on practices, and then monitor compliance with these orders and take action on any breaches. It will mean effective action can be taken against healthcare workers whose conduct or performance falls well below the standard that is expected and that can place people at risk of serious harm.

Registration of social work is something of an ongoing debate inside my profession, but can I say that as a social worker, anyone claims that name who engaged in conversion therapy would be committing a gross breach of our code of ethics. As social work is a profession based on three core values of social justice, inclusivity and respect for human dignity and worth, a social worker engaging in such practices would not be fit to call themselves a social worker. I welcome, therefore, these additional protections provided to vulnerable people who are engaged in work with unregistered health professionals, and I recommend the bill to the house.

MS L. METTAM (Vasse — Deputy Leader of the Liberal Party) [10.47 am]: I rise to also support the bill and commend the member for Nedlands for her contribution. I thank the minister and her advisers for the support they have provided the opposition in the briefing on this bill, a bill that the opposition supports. This bill seeks to stop unethical and dangerous practices in the provision of health care. As has been pointed out, the purpose of this bill is to implement the national code of conduct for healthcare workers in Western Australia, and it will amend the Health and Disability Services (Complaints) Act 1995. There are quite a few amendments. One relates to complaints. It gives the ability to the Health and Disability Services Complaints Office to deal with complaints and provide

powers to undertake an investigation into alleged breaches of the code by unregistered healthcare workers. The bill also states that the director may initiate an investigation if there is reason to believe the particular complaint is unsafe or unethical, which is obviously a very worthy measure.

Importantly, the bill provides for the protection of public health and safety. When a healthcare worker has been found to have breached the code, they may be subject to a prohibition order to prevent them from providing services. This relates to investigations into breaches of the national code, and there is provision in this bill, as well as penalties of up to $30 000 to provide for health services if they are in receipt of a prohibition order—and a right of appeal.

This uniform legislation will bring Western Australia in line with other states. I understand through the briefing process that we have undertaken that it most closely replicates the legislation in Victoria. The New South Wales and South Australian legislation has been in place the longest. As this is uniform legislation, I understand that it will be subject to review by the Uniform Legislation and Statutes Review Committee of the Legislative Council.

The bill does not specify which health jobs are captured by the legislation, which is why the definition of "health services" is particularly important. The opposition was provided with some clarification on one of the questions it raised, but I note that the definition of "health services" as recommended by the former Council of Australian Governments Health Council was not adopted in the amendment of the bill. As I stated, health jobs are not written into this legislation, so the opposition will seek clarification in consideration in detail on how this bill will work in its delivery. Given that the intention of the bill is to stop alleged unethical and dangerous practices and to put in place protections against them, it is obvious that the opposition will support such legislation, subject to clarification on matters through the consideration in detail process and as it proceeds through the Legislative Council.

I again underline my thanks to the Minister for Health for bringing this bill to the house and also, importantly, her office and advisers for assisting the opposition through briefings on this legislation.

MR D.A.E. SCAIFE (Cockburn) [10.52 am]: It is a privilege to rise today to speak on the Health and Disability Services (Complaints) Amendment Bill 2021. This bill will bring Western Australia into the national law on the regulation of unregistered health practitioners and it will see us implement the national code of conduct for unregistered health practitioners. It is an important step forward and has a long history in getting to this place. It arises from a process through the auspices of the Council of Australian Governments, and also from a series of inquiries, coronial inquests and other investigations that have been conducted by governments and courts over many years that have exposed practices by people in some of these professions that, as the member for Nedlands said, in many cases do not align with the values of the professions they purport to represent, and also simply just do not stand up to community expectations.

Australia has had a national law for registered health practitioners for over 10 years. It was established in about 2010. That scheme comes under the regulatory oversight of the Australian Health Practitioner Regulation Agency, but the remit of that regulation has not been expanded to unregistered healthcare workers. That regime does not extend to counsellors, social workers and naturopaths and the like. For most of my contribution today I want to reflect on the history of these provisions and the need for them because we have seen in the past couple of decades an explosion in alternative health care and medicine in Australia. Many people, probably including some in this chamber, use alternative medicines and alternative therapies. It is an established part of the healthcare landscape. A study titled *Complementary medicine use in the Australian population: Results of a nationally-representative cross-sectional survey*, published in *Scientific Reports* in 2018, found —

> The findings of this study suggest that two out of three Australians use some form of CM.

That is, complementary medicine —

> This figure is consistent with previous studies indicating that high levels of CM use are a firmly entrenched aspect of the healthcare milieu in Australia, with prevalence and utilisation levels that are both significant and consistent.

I am sure that many members in this chamber have seen that rise, either experiencing it personally or have seen constituents increasingly go to therapies such as meditation, or see a naturopath and the like, or a kinesiologist for manipulation. I want to make the point that most people in these industries have the best intentions and do the best job they can in carrying out their practices. However, I certainly urge people to see a registered health practitioner if they are dealing with serious illnesses or conditions. If they are experiencing something that could be cancer, for example, it is important that they see a trained registered medical professional. Unfortunately, during the pandemic we have seen that the growth in this industry has come with a series of claims that, frankly, are just quackery. I am loath to even use the term pseudoscience in relation to what some of these people say because it has the word "science" in it. I am sure my colleagues have all received the bizarre emails that we are all copied into, including members of the Liberal and National Parties. They are delightful emails! I do not respond to those emails, but I will put on the record today that they all go into the junk folder. If any of those people are reading *Hansard*—those people are fond of doing their own research, so they may very well be some of those strange individuals who read *Hansard*—I indicate to them that those emails are junked very quickly. I am not interested in reading their research; I am quite satisfied in letting the people who are experts do the research and interrogating the advice they provide.

I have seen in my electorate of Yangebup over the past year some people engaging in letterbox campaigns. The Labor Party is generally in need of people to do letterboxing, but I am not inviting these people to assist with our letterboxing efforts because the material and what it says about the pandemic is absolutely off the face of this planet. Members should read the comments on the various community Facebook groups to get an idea of just how out of step these people are.

Mr D.T. Punch interjected.

Mr D.A.E. SCAIFE: I do read the comments, Minister for Fisheries. I guess I am that kind of sick and twisted person. I do not engage in the debate about the comments, but I will say that the comments on these topics are quite heartening because people tend to post and say that they have received something in the letterbox and ask whether anyone else has. There tends to then be a series of comments about what those pieces of paper will be used for over the coming days, and none of it is being put to the productive uses I expect the people letterboxing it hoped it would be!

I have a practice with my constituents that anybody who is enrolled to vote in my electorate or who lives in my electorate and contacts my office gets time with me, whether that is a reply to an email or, in most cases, a phone call from me to chat to them about it. That extended to people who held some quite interesting views about COVID-19 over the course of the pandemic. If they were residents of my electorate, and they wanted to speak to me, they got 15 minutes of fame to talk about that. I had one conversation with an individual who described herself as an "applied kinesiologist". We attempted to have what I was hoping would be a sensible conversation, even though I knew from the outset that it was a futile conversation. The conversation eventually devolved into that constituent asking me whether I had children. I do not have children. Despite my grey hairs, I am 33 and my wife is 29.

Mrs L.A. Munday interjected.

Mr D.A.E. SCAIFE: I do not know whether we have plenty of time, member for Dawesville. I used to think we had plenty of time, but it is not feeling like plenty of time anymore. In any event, this is a personal matter and is something that we hope to do. This constituent thought it was okay to ask me whether I had children. I said no, but I hoped to have children. She asked me whether I was fully vaccinated. I said yes, of course. I pre-empted the next question and said that if I had children, they would be fully vaccinated when they were eligible. She responded by saying, "That's a pity for you because you won't be able to have children, because you're fully vaccinated." I said to this individual that I did not know why she felt the need to go there or to make this personal. I told her that I did not agree with her views, and I did not know why she thought it was acceptable to level that grubby kind of personal attack at someone on an issue. My wife and I do not know whether we can have children, but it has nothing to do with the vaccine. I say to people that even though they have their own personal views, and I may not agree with them, which is fine, they have a responsibility to people in the community, particularly if they are holding themselves out as a healthcare worker and running an educational institute. It is from experiences like that that I am really heartened to see the introduction of this bill. I congratulate the former Minister for Health for introducing it and the current Minister for Health for continuing its carriage through this place, because we have seen an absolute explosion in these sorts of alternative therapies and we have to make sure that those people are held to the highest possible standard and are accountable. It also occurs to me that one of the issues that makes this more important is the growth of not just the industry, but also the fitness and wellness culture on social media. I go to a gym and I know that a lot of people within the fitness community hold good views about staying healthy and active, but there is a little overlap at just about any gym, particularly the one I go to, with people who think that a certificate III in fitness qualifies them to be experts in virology and immunology. One of the many pleasing benefits of the state government's policies around vaccinations is that a few of those individuals are no longer working out with me in classes at the gym. I think that is a very good thing.

I will speak now to some very serious matters. I made a commitment in my first speech in this place that I would be a voice for vulnerable people in this place so I want to speak to the need for this legislation by looking at some of the historical examples that led to the introduction of this bill. The minister may be familiar with the case of a self-appointed massage therapist and counsellor called Matthew Meinck, who operated out of the Chittering Valley in the 1990s and 2000s. If members go back as far as 1991, they will find a judgement of the Supreme Court delivered on 17 May 1991 that outlines that Mr Meinck and his partner were running a wellness retreat in the Chittering Valley and were offering massage therapy. They were not only holding themselves out as providing massage therapy, they posted an ad in *The Sunday Times*, headed "Massage therapy". My notes show that the ad says treatment was provided "by highly qualified body workers, Matthew and Judy, of the Healing Touch Clinic, treating all muscular, spinal, postural and stress-related problems." Then there is a phone number. Despite the ad saying "by highly qualified body workers", it was an agreed fact about Mr Meinck in this judgement —

> The male defendant states (and I accept) that although he has no formal qualifications he has done 2 massage courses and read many texts on the subjects of Reflexology and Healing the Mind, (two books were tendered in evidence as illustrations).

That paragraph made me think of current examples of people doing their own research. This is an example of two individuals holding themselves out as being "highly qualified" in a field, but when their qualifications were

questioned, it was found that Mr Meinck had attended two massage courses and read some books. Ultimately, Mr Meinck was found to have held himself out to be a physiotherapist under the former physiotherapists' act and regulations, when he was not. The judge in that case, His Honour Justice Walsh, made the following findings —

> I am of the opinion that the respondents, by the advertisement, held themselves out as being highly qualified persons who performed massage therapy for the purpose of treating (curing or alleviating) muscular and spinal problems including abnormal conditions of the muscles or spine …

For these reasons, Justice Walsh upheld the appeal and found that it was wrong of the magistrate not to find there was a breach of the physiotherapists' regulations. Justice Walsh went on to say —

> I do not accept the submission from counsel for the respondents that this prosecution "was a comparatively trivial case" which should be allowed to rest there.
>
> …
>
> Notwithstanding that the maximum fine is $50, the enforcement of the provisions of the Act is a matter of particular concern, having regard to the need to regulate, in the public interest those who seek to treat patients for muscular or spinal problems without being so qualified or at all.

That is a reflection back in 1991 of the need to regulate people who hold themselves out as being able to treat particular illnesses because, if they seek to do so, they can be a risk to the rest of the community. Unfortunately, despite that judgement in 1991, Mr Meinck continued to practice as a massage therapist and counsellor for many years until an exposé was run by Sarah Ferguson on *Four Corners* of 5 April 2010, Some expository work was also done by Colleen Egan in some Western Australian publications. I put on record my thanks for the great work of Sarah Ferguson and Colleen Egan in exposing that case. It transpired that Mr Meinck had been running wellness retreats at the Chittering Valley property and had been engaging in what was essentially a form of brainwashing in the counselling that he did. He had convinced roughly a dozen of his clients that they were not only victims of child sex abuse but that they were also perpetrators of child sex abuse. Those memories were false; they were implanted by Mr Meinck in the course of so-called counselling sessions and led to the destruction of marriages, self-harm and all sorts of terrible outcomes. Unfortunately, the clip of this *Four corners* episode is not on ABC iview because it does not stretch back that far, but I was able to track down a segment of it on YouTube and watched it yesterday. It is absolutely harrowing to see these victims give personal accounts of how they had convinced themselves of their guilt and admitted to other people that they were perpetrators of child sex abuse. It is unthinkable, but after seeing these people talk about it, it seems that they essentially had become members of a cult and had been made to believe things about themselves that we would think would be impossible to believe about ourselves, but these people genuinely believed it, with horrifying consequences.

[Member's time extended.]

Mr D.A.E. SCAIFE: I want to give an example from the transcript of the episode of *Four Corners*. One of the victims, Michael, who is crying, says —

> … I said to Sara that I had raped her child. And Sara believed that Peter had been raping her child and that she had been raping her child … so she was really angry; rightly so.
>
> And I felt that she should be angry, and I remember being, you know, she came up and clocked round the head with a water bottle … in her anger, and I felt that I was just … felt like I was totally worthless and useless and didn't deserve to even be alive.

What is also awful about this is that not only were all these memories that Mr Meinck had implanted into these victims' minds false, but also these people had admitted to committing terrible crimes. I also want to raise this in the context of the Parliamentary Commissioner Amendment (Reportable Conduct) Bill 2021, which was passed by the house earlier this week, because when Sarah Ferguson put it to Mr Meinck that if people were making these types of admissions to him of engaging in child sexual abuse, surely he should have gone to the police, his response was —

> I would never encourage actually any of my clients to go to the police or go to any authority on the topic because of the trauma they would go through.

That is an absolute indictment of Mr Meinck. He manipulated these people into this situation in the first place, but he would not advise people making these sorts of admissions to go to the police. Worse than that, as I outlined before, Mr Meinck had no qualifications. When Sarah Ferguson asked him about his qualifications, he openly said —

> No, I've got no qualifications whatsoever. Yeah.

Sarah Ferguson then said —

> Does that mean that you shouldn't be doing what you're doing? Are you safe to be doing what you're doing?

Mr Meinck then said —

> No, I always had an aversion to qualifications.

This person simply had no qualifications and also no interest in getting any formal qualifications or training.

I will very briefly give an example of the types of statements that Mr Meinck would make to people in therapy, and I give a warning that this is quite graphic. I am sure that the member for Dawesville would agree with me. I have seen a psychologist in the past, and continue to see my psychologist as and when I need to, but psychologists and counsellors have to be very careful in the way they talk to their patients because they can be quite suggestible and they do not want to ask, essentially, leading questions. This is the type of discussion that Mr Meinck would have with his clients. He would say to them —

> Where's he raping you? In which part of your body? Let the feeling come, bring your attention into your vagina now, feel the hurt that's in there. Feel how it feels.

This man was actively encouraging a patient to go along with this confabulation, not allowing them to tell it in their own words, but essentially putting these graphic ideas in their mind in a setting in which they trusted him as an authority figure. I give that example because, as much as I take no joy in talking about these really bleak stories, as someone who gets the privilege of serving in this place, I do not get to turn away from these sorts of things that happen in our society. I wanted to put that on the record as an example from Western Australia of individuals—I am not saying that Mr Meinck is typical; he is not typical at all; he is an extreme case—who, unfortunately, plainly need to be held accountable for their actions. We need to set a standard of what the community expects from people who hold themselves out as being able to treat illnesses.

The other case I want to refer to is a case that I am sure all members of the chamber will be familiar with, and that is the case of Penelope Dingle. Penelope Dingle died in 2005 after her rectal cancer spread to various parts of her body. It was the subject of a highly publicised coronial inquest when I was studying law at university. Mrs Dingle was not averse to conventional medicine. She was receiving treatment and advice from various people like oncologists and oncology nurses, but she was also interested in alternative therapies. I am not necessarily against people accessing alternative therapies if that is helpful to them, but it needs to be done under the guidance and advice of a trained medical professional, and it should never be a substitute for trained medical advice and treatment. In this case, Penelope Dingle ultimately refused surgery until it was too late, despite the advice of the oncologists who were treating her, and she died from the spread of her rectal cancer. She had instead been seeking treatment from a homeopath, with fatal consequences, essentially. There is no finding that the homeopath in this case purported to be able to treat the cancer, but the findings of the investigation by Coroner Alastair Hope state —

> This case has highlighted the importance of patients suffering from cancer making informed, sound decisions in relation to their treatment. In this case the deceased paid a terrible price for poor decision making.
>
> Unfortunately the deceased was surrounded by misinformation and poor science. Although her treating surgeon and mainstream general practitioner provided clear and reliable information, she received mixed messages from a number of difference sources which caused her to initially delay necessary surgery and ultimately decide not to have surgery until it was too late.

The coroner went on to say —

> While I do not agree with the proposition that such alternative medical regimes should be outlawed, unless and until their supporters can provide appropriate and sufficient science base, any apparent legitimisation of these regimes could provide mixed messages for vulnerable and often desperate cancer suffers.

I want to reflect on what was said there about people being desperate. Often people who are experiencing serious illnesses, such as chronic pain, cancer and the like, are in absolutely desperate situations. They may be in a desperate situation financially, but they are also in a desperate situation with their health. They are at their most vulnerable and, at that point, they are most open to being exploited by people who may very well be motivated by good intentions but who just end up sending mixed messages. They end up overwhelming people with information that does not have a proper scientific base to it, and that can lead to the sorts of fatal consequences that we saw in Penelope Dingle's case.

Those are just two examples from Western Australia in which the rise of, essentially, alternative medicines and therapies and, unfortunately, the wild west nature of some of these healthcare workers have led to really devastating consequences for individuals, including the emotional and psychological trauma suffered by people who fell under the spell of Matthew Meinck and the fatal consequences for Penelope Dingle after she was overwhelmed by what the coroner found was poor advice and mixed messages that did not have a scientific base to them.

I am really pleased to see this government signing up to the national code. It is a critical step forward in protecting patients and consumers of healthcare services. It is plain that there is a need for that as the industry grows, because people are often at their most vulnerable when they seek these types of services. I congratulate the minister on progressing this legislation and commend it to the house.

DR J. KRISHNAN (Riverton) [11.19 am]: I rise today in support of the Health and Disability Services (Complaints) Amendment Bill 2021. I first of all thank the Minister for Health for bringing such an important bill to this house. I also thank the previous speakers, the member for Nedlands, the member for Vasse and the member for Cockburn, for their valuable contributions. In particular, my special thanks go to the member for Vasse. In my contributions to health debates I have pleaded for the opposition to join hands with the government on important policies, and she has taken a step toward that by supporting this bill. I thank the member for Vasse.

What will this bill mean? A healthcare worker is, basically, a person providing advice to any person in Western Australia. There are two groups: registered and not registered. There are about 16 practitioner groups or professions that are controlled by 15 national boards, which prominently includes the Australian Health Practitioner Regulation Agency—AHPRA. This legislation is about the unregistered people or a registered practitioner who provides health care outside the scope of practice for which the practitioner is registered. There have been numerous examples of such healthcare workers and cases in the past that have caused health and safety issues for people in Western Australia.

Recently, an unregistered healthcare worker in the eastern states sent an email to all her clients, or customers, stating that she was not willing to see them for eight weeks if they had received a COVID vaccine. The explanation she gave was that there is evidence that people who receive the COVID vaccine shed the virus and she did not want to catch the virus. We all know it is completely false, and we do not want that impression to be taken seriously by the general public because it would eventually affect the health and safety of the general public. Action was taken to make a public health statement about this healthcare worker and an interim prohibition order was passed to stop the healthcare worker from continuing to provide such a wrong service. Currently, we do not have such a regulatory body in Western Australia, and that is why it is important that this amendment bill is passed.

The new powers will enable the director of the Health and Disability Services Complaints Office to take effective action on healthcare workers whose conduct or performance falls below standard. Usually, below standard—it is not limited to this—is impairment, intoxication, significant departure from significant professional standards or sexual misconduct. In addition, there are various other reasons that they drop below expected standards. After the implementation of the amendments of this bill, the Health and Disability Services Complaints Office will be able to investigate complaints, initiate own-motion inquiries into possible code breaches, issue interim prohibition orders, determine the conditions for practice in a prohibition order, and monitor compliance with an interim prohibition order or a prohibition order.

There are some key components of the amendment bill. It will add "injury" to the definition of "health service" so that will come under a regulatory process. Indecent assault, which so often happens, will be considered an injury, which is currently not the case. The second key component is adding to the definition "prescribing or dispensing a drug or medicinal preparation", "prescribing or dispensing an aid for therapeutic use" and even doing tests. I have come across lots of examples in consultations with my patients, and I have been told by my colleagues, that sometimes it is very surprising that people fall prey to faults by healthcare workers. In my experience, I have had a patient come to me and say, "My healthcare worker told me that I have problems with my thyroid." I was willing to accept that, and I said, "Do you have a copy of the results?" The answer given to me was, "The healthcare worker took a hair, put it under the microscope and diagnosed it." After so many years being in practice, I was confused why so much of the government's healthcare funding is spent on investigating when something could be diagnosed so easily! People fall prey to these things.

In my 25 years of being a doctor, I have not had a single patient come to me and say, "Can you show me your qualification before we start the consultation process?" That shows the amount of trust people have in healthcare workers and it is our responsibility to bring them under regulation so that we protect the health and safety of the public. Of late, the member for Cockburn clearly said that three out of four Australians are looking for alternative health opportunities. Diet plans and tonics that healthcare workers are offering without any evidence are becoming more and more popular. Sometimes it can be too late to act when the patient has already had significant kidney damage caused by a tonic or diet plan. It is our responsibility to bring this under a regulatory framework. That is why prescribing is included in part of the definition of a "health service".

I think a few of us remember seeing a few years back that a beauty parlour owner in Sydney was moved to the hospital urgently because of a botched breast surgery conducted by an unqualified person. The reason for that was intoxication with local anaesthetic and a painkiller overdose. That lady, unfortunately, died four days later in the hospital. An unregistered practitioner performed a cosmetic procedure that resulted in the death of a patient, and this is why we need to protect the public with health and safety measures. This bill will bring that.

In Western Australia, a complaint can be made to the Health and Disability Services Complaints Office only by someone who sought the service, someone representing the person who sought the service or their carer. But with this amendment bill, anyone will be able to raise a complaint.

Let me share another personal story. In the past, I have assisted the Australian Health Practitioner Regulation Agency in conducting investigations. In one such instance, it so happened that a practitioner had treated a patient for chest pain, and without investigating further, they treated the patient for reflux. That can happen; I do not deny it. But this patient presented again. The same advice was given and the patient was sent back home without even getting a basic ECG done. On the fourth presentation, the patient landed in the emergency department with a heart attack, or myocardial infarction. The patient was not aware that the general practitioner had missed the diagnosis on three previous occasions over the duration of a week. The patient went back to the GP, who did not even discuss what had happened but continued to provide care. The patient was not fully aware. A year and a half later, this patient started developing difficulty in swallowing. The same old doctor prescribed antacid medications on every visit.

After a four-month delay, when this practitioner was on leave, the patient saw another practitioner, who found that they had advanced oesophageal cancer. That practitioner reported the previous practitioner to AHPRA and an investigation was initiated. The point I am trying to make is that there is a regulatory framework for the sharing of records—the medical records standards—that allowed the practitioner to report his colleague who was not up to the mark. Unfortunately, that does not exist for unregistered practitioners and a lot gets swept under the carpet and does not come to the surface. This bill is about allowing anyone to make a complaint so that the director can initiate an investigation.

The bill includes provisions for interim prohibition orders. This is extremely important, because when the director decides that a health and safety aspect is involved and immediate action is required before further damage is done, the director should have the ability to act immediately rather than waiting. Interim prohibition orders will allow the director to act immediately while an investigation goes on, which can take about 12 weeks. The bill will also enable interim prohibition orders to be extended. We have already said that the director will be able to issue a prohibition order at the conclusion of an investigation. The bill also contains provisions allowing prohibition orders to be appealed to the State Administrative Tribunal, revoked or amended, and published on the website. There will also be a penalty of $30 000 for a failure to comply with an interim prohibition order or a prohibition order.

The member for Cockburn mentioned a story. In 1991, a judgement was made. There was no monitoring of complaints. The so-called healthcare worker continued for another 19 years, if I am right. This amendment will bring about the monitoring of complaints as well. Interim prohibition orders issued in Western Australia will receive mutual recognition in other states, but only if their legislation provides for it. Currently, all jurisdictions except New South Wales recognise prohibition orders issued in other jurisdictions.

The bill provides for the director to issue public health warning statements, either at the commencement or completion of an investigation. It will also provide expanded powers for conducting investigations and collecting necessary evidence under a warrant. When it comes to health, it is complex. Sometimes site visits are required to assess the type of care being provided. The bill will enable permission to search premises to collect more evidence to support the complaint in order to be able to make an informed decision. It will also allow the director to request from the Commissioner of Police information about the criminal health record of the healthcare worker to be able to make a better decision. A provision to enable the disclosure of information about a healthcare worker—excuse me; it is not COVID, Deputy Leader of the Opposition.

Mr R.S. Love: I've got your word for it; you're a doctor!

Dr J. KRISHNAN: It is just a dry throat.

This provision will allow disclosure about a healthcare worker to the commonwealth or other states and territories, so that if a fraudulent healthcare worker has a prohibition order in Western Australia, they cannot escape to another state and continue to cause damage.

Finally, on the issue of conversion practices, it was an election commitment of the McGowan Labor government to deal with this problem. I second the contribution made by the member for Nedlands. It is a sensitive issue. It is important, as these people or this group of people need support. This legislation will prohibit people from falsely claiming to have expertise to provide advice that in itself is not necessary. I will take joy in repeating the comments made by the member for Nedlands: Why fix a glass that is not broken? There is no problem, so why intervene and force them to change?

[Member's time extended.]

Dr J. KRISHNAN: Conversion practices, in the name of providing a health service, misguide people. As rightly said by previous speakers, they have caused damage to victims. This government gave an undertaking to support the victims and work towards putting an end to conversion practices. How will it do that? The government will do this by prohibiting LGBTQ+ conversion by social workers, counsellors and registered and unregistered health professionals; identifying and appropriately funding treatments; and providing positive support to LGBTQ+ people, and particularly victims of conversion. The national code is intended to apply to a range of unregistered healthcare workers who provide health services in different settings, which may include non-faith-based settings. Although the national code cannot be used to enact a blanket ban on conversion therapy and associated practices, it will provide a mechanism to prevent unregulated healthcare workers from undertaking practices that attempt to change someone's sexual orientation or situation. This bill is about adopting the national code. The bill will give priority to the health and safety of every Western Australian. I commend this bill to the house and thank you for the opportunity, Madam Acting Speaker.

DR D.J. HONEY (Cottesloe — Leader of the Liberal Party) [11.38 am]: As has been indicated by the shadow health minister, the member for Vasse, the opposition will support the Health and Disability Services (Complaints) Amendment Bill 2021. Although we sometimes come into this place and have harsh things to say about the Minister for Health, I congratulate the minister on this bill. The bill is not only worthwhile, but also well written and constructed. It is a credit to the minister and her department.

Traditional health professionals are obviously already covered by the national registration and accreditation scheme. As has been pointed out by other speakers, the growth in health services has necessitated that a broader regulatory framework be put in place. This was first recognised by New South Wales in 2008 when it introduced its

code of conduct for health professionals. The code covers a range of areas. Health professionals must provide health services in a safe and ethical manner, and medical professionals diagnosed with an infectious medical condition must ensure that they do not put clients at risk. It also includes—this is clearly important—that health professionals must not make claims of being able to cure certain serious illnesses. Both the member for Cockburn and the member for Riverton discussed that particular issue. I will not go through the entire list but will just pick some items. It provides that health practitioners must not dissuade clients from seeking or continuing with treatment by a registered medical practitioner and must accept the right of their clients to make an informed choice about their health care. It provides also that they must not engage in improper conduct, must comply with privacy laws, and must display the code wherever they are doing their work. The New South Wales Health Care Complaints Commission has the power to issue prohibition orders, place conditions on a provider, and, importantly, warn the public about a provider. Offences are also created under that particular NSW act.

That clearly started a round of interest in this area. The New South Wales Health Care Complaints Commission received an average of 90 complaints a year from 2009 to 2012. I thought that was interesting. One of the concerns about this process is that it may be overwhelmed with complaints. Given that the population of New South Wales is about two and a half times our population, the number of complaints is expected to be manageable. I expect that with the growth of alternative healthcare services, the Minister for Health is already receiving a significant number of complaints, and that also highlights the need for this bill.

In 2011, South Australia introduced a similar scheme, with the establishment of the Health and Community Services Complaints Commissioner, and, in 2013, Queensland introduced the Health Ombudsman Act. Given the breadth of this move and the number of jurisdictions that were taking it up, there was extensive consultation right across Australia, under the auspices of the Council of Australian Governments Health Council, about the need for a consistent framework, and that culminated in the 2015 National Code of Conduct for Health Care Workers and the implementation framework.

I have been here only for the contributions to the debate from the member for Cockburn and the member for Riverton, but I very much want to reflect the comments that they have made. We are seeing substantial growth in services in the areas of general health and wellbeing, and exercise, and that creates the potential for the provision of false or misleading information. One of my younger children is very keen on fitness and exercise and goes to a gymnasium regularly. It appears that gymnasiums are a hotbed for the distribution of dubious health and medical advice. Gymnasiums promulgate all sorts of treatments. The Minister for Police would be very familiar with the fact that illegal drugs to enhance performance and muscle growth and the like are being distributed by gymnasiums. I am sure that both the Minister for Police and the Minister for Health are aware that in some cases, that is causing people life-changing harm.

Mr P. Papalia: Not all gyms.

Dr D.J. HONEY: No, not all gyms. I do not blame the gymnasiums for this. The problem is that some gymnasium patrons are using them as a place to recruit unwitting people into their various schemes. The minister is correct. I have good regard for gymnasium operators. I am sure the great majority of them are very reputable. But there are patrons who target people at gymnasiums, particularly those who want to get fit faster and improve their stamina.

There is also growth in other areas. I reflect in particular on the comments of the member for Cockburn about certain rumours and misinformation about the COVID pandemic that are being circulated and promoted as highly credible. That includes misinformation about vaccines. That may obviously be incredibly harmful. I have said consistently that the single most important thing anyone can do is get vaccinated, and triple vaccinated, particularly for protection against the Omicron strain of the virus. I am sure that in six months, we will all be heading deeply into quadruple vaccination, which vulnerable people are certainly already doing. People are also promoting false cures. As we all know, that is also potentially life threatening.

It is pleasing that this bill has come before this Parliament. People need protection from incompetent and fraudulent service providers. As we know, and as has already been mentioned, it is often the most vulnerable people who are looking for hope or a miracle cure that will alleviate the condition that they are suffering from. There are fraudulent operators who prey on those people and offer false hope, or, as we have also heard, try to prevent them from getting treatment, which may exacerbate the disease, with potentially fatal consequences, when conventional medicine could provide proper treatment for that disease.

As I have said to the minister—I think the minister knows I am very genuine in saying this—this is a very well laid out bill. It is pleasing that the bill captures all the necessary aspects. Obviously the director of the Health and Disability Services Complaints Office will ultimately be responsible for the administration of the bill.

I like the focus, in the amendment to section 34, on looking to settle or conciliate before a matter goes to investigation. That is formalised in the bill. That is a very good structure that will avoid unnecessary prosecution and time in court. Remedies will be available to the director in dealing with an issue that they identify, such as being able to apply interim prohibition orders for 12 weeks, which will give the director time to consider a matter and perhaps move to a permanent or some other time-bound direction or prohibition in relation to a matter.

The proposed penalties in the bill are appropriate. They are serious penalties, with a fine of up to $30 000. That will reinforce the gravity and seriousness with which the government is taking this matter. The director will be given the ability to publicise information about orders. As was pointed out in the examples that I have heard this morning, because people often operate privately, no-one is aware that they are being misleading or fraudulent. Proposed section 52O in division 3 will provide the director with the ability to publicise information. That is critically important.

We also know—I do not put myself in any other basket on this one—that everyone is capable of making mistakes or getting a decision wrong. In undertaking a review of the State Administrative Tribunal, the government has taken the prudent step of confirming that the SAT believes it has the capacity to deal with the likely number of appeals that could come its way.

I am also very much in favour of the interstate orders in division 5. As we know, jurisdiction shopping happened in the past, before we had uniform legislation relating to medical practitioners and other health professionals. Individuals who were prosecuted or stopped from operating in one jurisdiction simply moved to another jurisdiction. It is very important that those interstate orders can be applied.

With regard to part 3E, "Public health warning statements relating to health care workers", it is again important to have that communication available to the broader community so that they are aware of malpractice in relation to some services that are offered.

There are strong powers under clause 33, which will amend section 60 of the act. Under those powers, witnesses can be compelled and there are appropriately strong powers in the bill to ensure that that will occur.

I also think that proposed section 68A, "Disclosure of information to other Commonwealth, State or Territory entities" is vitally important to avoid the jurisdiction shopping issue. Again, historically, there have been issues with people who are not of good intent being found guilty of malpractice in one jurisdiction and moving to another jurisdiction, and the second jurisdiction being unaware of their malpractice. It is very important that the legislation deals with that.

The most important part is proposed section 77A, "Codes of conduct". I appreciate that that will be introduced by way of regulations. We have excellent models. We obviously have the national code of conduct for healthcare workers, and we have excellent examples in the other states. The good fortune is that, given the passage of time since 2008, there has been a good opportunity to see whether there is any refinement required in those. I am very much looking forward to the speedy promulgation of those regulations. I would be interested to hear from the minister about when we can expect to see those regulations come forward. I assume it will be reasonably prompt, just because there is such maturity in the development of the unified code of conduct and the experience of the other states, which I have already mentioned. Otherwise, I commend the bill to the house and I again congratulate the Minister for Health for bringing such a well-written bill to the house.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [11.53 am]: I rise to make a short contribution to the second reading debate on the Health and Disability Services (Complaints) Amendment Bill 2021. I thank the member for Cottesloe for his contribution and I start by referring to the comments he made about the amendment to section 34 of the current act, the dispute resolution mechanism, and the opportunity for alternative remedies.

I will start off by analysing the current act and the way it operates, and tackle the notion of restorative justice. Although this is usually a notion that pertains to criminology, when regard is given to the way in which this scheme operates, we can see that some of the objectives of restorative justice are met in the operation of the act. Howard Zehr, who is the modern architect and leading intellectual authority on restorative justice, summarised its key aspects this way. In determining whether justice is being served, we need to ask the following questions: Who is being hurt; what are their needs; whose obligations are these; what are the causes; who has a stake in the situation; and what is the appropriate process for involving stakeholders, in an effort to address causes and put things right? That is in contrast with the traditional criminal justice system, which asks: what laws have been broken; who did it; and what do they deserve as punishment?

I raise that point at the outset because there are avenues that people who have suffered injury, damage or loss as a result of health treatments can pursue; the law of medical negligence is one of them. But those avenues are not always going to be appropriate, so this legislation is a really important mechanism for making sure that people who access our health services have an opportunity to be heard and to access this restorative justice approach.

The timing of this bill could not be better. At the moment, as a number of members have already said, we have a strong focus on health outcomes in the midst of an unprecedented and significant global pandemic. Nowadays, people are thinking about, talking about and acting upon their health concerns. It is important that the regulatory framework we have in place is fit for purpose. I want to sing the praises of the Minister for Health in the highest possible terms. Busy as she already is, with all the work she is doing to keep the community of Western Australia safe in the midst of the COVID pandemic, she still has had time to bring forward this legislation, which is an important piece of our health architecture. She has done so in a way that even drew gracious commendation from the member for Cottesloe, so congratulations, minister.

This legislation is timely. As other members have already alluded to, over the last few decades we have had a significant proliferation and diversification of health strategies. For the purposes of completeness, I want to go through the history of the national scheme and the Australian Health Practitioner Regulation Agency, which is the national body. Other members have spoken about the long gestation period, but the Council of Australian Governments decided in 2008 to establish a single national registration and accreditation scheme for health practitioners. On 1 July 2010—it was 18 October 2010 for Western Australia—a number of professions became nationally regulated by a corresponding national board. Many of the boards predated the commencement of the national scheme, and a lot of those boards were state based, but the professions regulated included: chiropractors, dental practitioners, medical practitioners, nurses and midwives, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists. That was the first iteration of the scheme, and they were the first professions regulated.

Almost from the outset, the ability of this scheme to be flexible and responsive was highlighted when, in July 2012—only two years after its commencement—the following additional professions were added to the scheme: Aboriginal and Torres Strait Islander health practitioners; Chinese medical practitioners, including acupuncturists, Chinese herbal medicine practitioners and Chinese herbal dispensers; medical radiation practitioners, including diagnostic radiographers, radiation therapists and nuclear medicine technologists; and occupational therapists. In December 2018, paramedicine—something particularly pertinent to you, Acting Speaker (Mrs L.A. Munday)—became the newest profession to join the national scheme, making the title "paramedic" protected nationally. That is something I am sure the Acting Speaker is aware of.

The scheme sets up a number of national boards that have responsibility for ensuring appropriate conduct in their fields. Many national boards currently support the national scheme, including the Aboriginal and Torres Strait Islander Health Practice Board. The boards of the following fields also support it: Chinese medicine, chiropractic, dentistry, medical, medical radiation practice, nursing and midwifery, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry, and psychology. They are all of the national boards that sit within the system.

In Western Australia, the entity that plays a crucial role in the regulation of health and allied health is the Health and Disability Services Complaints Office, the organisation to which this bill is directed. Members may be aware—other earlier speakers probably alluded to it—that last year marked the twenty-fifth anniversary of HADSCO in WA. It commenced operation on 16 September 1996. In the time since HADSCO was founded it has received over 50 000 complaints. Over 1 200 service improvements have resulted through the work of the office and over 1 100 redress outcomes have been achieved over the last five years. The year 2021 marked the twenty-fifth anniversary of the office. Originally it was called the Office of Health Review, and it was established under landmark legislation, the Health Services (Conciliation and Review) Act 1995, which was created to improve the quality and accountability of the Western Australian health system. This is a point I will return to before I conclude.

There is no problem having a body such as HADSCO. Having a body to which complaints can be ventilated and having a board dealing with medical negligence in Western Australia provides an opportunity to interrogate the way that health services are delivered so we can continue to improve the delivery of those services. It is a fundamental feature that gives rise to our world-class health system. We in Western Australia are the beneficiaries of probably the best health system in the world, and patients using that system are well within their rights to raise issues and concerns about the services provided by it. That health system is not simply the preserve of the Minister for Health and the government of Western Australia. The level of service provided to the citizens of Western Australia is a function of the WA Department of Health and the health service providers, but also general practitioners—like the member for Riverton—paramedics, allied health professionals, private hospitals, private providers and clinicians with their own rooms. The way we are able to preserve our world-class health system is through the collaboration and cooperation that exists. That is a point that I will come back to because I have some concerns about circumstances that might arise in the context of the global pandemic that will undermine that sense of cohesion, collaboration and cooperation. We had this world-class Western Australian health system, and the introduction of the Office of Health Review was created to improve its quality and accountability and, I would also say, transparency. The act provided an entirely new concept and way of thinking about the handling of health complaints, recognising the importance for all parties to be involved in the resolution process and allowing deficiencies in the health delivery system to be identified and improvements and changes to be implemented. That is still a vital feature of the health system 25 years later. As I said, it draws on those principles of restorative justice that we have seen in criminal law over the past 40 and 50 years.

In 1999, the state Parliament legislated to transfer the responsibility for handling complaints about disability services to the office, and following a review, the revised Health and Disability Services (Complaints) Act 1995 came into effect in 2010. This resulted in the office having access to negotiated settlement as a resolution option, as well as a name change for the agency to what is now known as the Health and Disability Services Complaints Office. With the implementation of the Mental Health Act in 2014, the office also took on the responsibility of managing mental health complaints. With the implementation of the Voluntary Assisted Dying Act 2019 in 2021, again testament to this particular minister, HADSCO can receive complaints about the voluntary assisted dying process, which is

one of the safeguards provided for in that important legislation. In its first year of operation, 621 complaints were received by the office. Today, over 2 800 complaints a year are received by HADSCO. HADSCO works closely with community service providers of holistic health, disability and mental health care services to the people of Western Australia.

Where this bill sits in the current legislative framework is that the primary act for HADSCO is the Health and Disability Services (Complaints) Act. We also have part 6 of the Disability Services Act, which I have mentioned already, and part 19 of the Mental Health Act. HADSCO also has shared legislative responsibility for complaints relating to declared places, places identified by the Disability Services Commission for the detention and rehabilitation of people who are mentally impaired accused under the Declared Places (Mentally Impaired Accused) Act 2015. In terms of law reform, watch this space when it comes to the Declared Places (Mentally Impaired Accused) Act. In accordance with the Health Practitioner Regulation National Law (WA) Act 2010—this comes back to the point that I raised at the start about Australian Health Practitioner Regulation Agency—HADSCO consults the Australian Health Practitioner Regulation Agency about complaints relating to registered health practitioners to determine the appropriate agency to manage the complaint. HADSCO may manage complaints about health, disability and mental health service providers that do not comply with the Western Australian Carers Charter under the Carers Recognition Act. Again, this is similar to what the member for Nedlands spoke about in her contribution as far as social work is concerned. Hers was a very important contribution and I urge those members who did not have a chance to hear it to look at *Hansard*. It was an erudite and thoughtful contribution from the member for Nedlands.

I distinguish here between the social workers whom the member talked about and carers. Carers must be treated with respect and dignity. The role of carers must be recognised by including carers in assessment, planning, delivery and review of services that impact on them and the role of carers. When decisions are made, the views and needs of carers must be taken into account, along with the views, needs and best interests of people receiving care that impact on carers and the role of carers. Complaints made by carers about services that impact on them and the role of carers must be given due attention and consideration.

Members can see that there is a complicated legislative framework operating here that deals with not only all sorts of different medical endeavours, but also the interplay between state and federal responsibilities for regulating and remedying concerns with the health system and the delivery of services.

Having set the framework, I just want to get to the substance of the bill and what it will achieve. I will not spend too long on this issue because other members have already addressed it. The significant regulatory reform over the past 10 years, particularly with the introduction of the national registration and accreditation scheme through the Australian Health Practitioner Regulation Agency, has altered the way in which complaints about health services can be addressed. I quote the second reading speech of the bill —

> In recognition of this evolving context, this bill will amend the Health and Disability Services (Complaints) Act 1995 to introduce the national code of conduct for healthcare workers.
>
> This amendment bill has a strong focus on protecting those using unregulated health practitioner services. It will address an existing regulatory gap in relation to healthcare workers who are not registered under the 15 professions registered under the NRAS …

I have dealt with those already in my contribution this afternoon. Further the second reading speech states —

> The national code contains 17 clauses that set out the manner in which healthcare workers should undertake their practice. Amongst other things, the national code requires healthcare workers to provide services in a safe and ethical manner, including not providing health care of a type outside their experience or training, or services they are not qualified to provide; not make claims to cure certain illnesses; not financially exploit clients; and not engage in sexual misconduct or improper personal relationships with a client.
>
> …
>
> The national code allows the vast majority of ethical and competent members of a non-registered health profession to self-regulate. However, it gives an additional level of public protection in situations when health workers have been found to be in breach of the national code, and their continued provision of health services presents a serious risk to public health and safety.

This is where the tradition of the McGowan government in adopting the right balance in its regulatory approach is highlighted once again. This is not a heavy-handed approach. This is a proportionate response to the challenges that have been presented. We have self-regulation and the checks and balances in place to protect public health and safety.

The national code already operates in New South Wales, South Australia, Queensland and Victoria and is being implemented in other jurisdictions. As it has been done on a number of occasions in a number of different fields of endeavour, the McGowan government is ensuring Western Australia can successfully operate in national schemes. In the next little while we will debate how we can achieve that within the legal profession.

One of the interesting amendments this bill brings before the house—I think others have already spoken on this, so I will not dwell on it for too long—is that the director of the Health and Disability Services Complaints Office will have own-motion powers. I talked earlier about restorative justice and bringing parties in to participate.

[Member's time extended.]

Mr S.A. MILLMAN: This new own-motion power to initiate an investigation into an alleged breach of the national code is a significant and important development in the legislation because no-one is better placed to identify where there are systemic concerns or particular operational concerns than somebody who is dealing with these complaints on a regular basis. There will be a line of inquiry in much the same way as, say, the WorkSafe WA Commissioner can investigate an unsafe workplace.

The other matter I want to mention, which the member for Riverton spoke about at length, is that new part 3D will give the director the authority to issue an interim prohibition order to allow for an investigation into a healthcare worker's conduct to be completed without any risk to public health and safety. That decision can be appealed to the State Administrative Tribunal. In terms of striking the balance, there are a number of protections for those whose practice will be the subject of this reform to seek relief if need be. It highlights the delicate balance that has been struck by the McGowan government.

I will touch briefly on what the bill does more substantially. The national code has been developed as a nationally consistent legislative model in accordance with the policy guidance provided by the former Council of Australian Governments Health Council in the *Final report: A national code of conduct for health care workers*, dated 17 April 2015. The national code of conduct or a comparable code of conduct is already in place in New South Wales, Queensland, South Australia and Victoria. The bill will incorporate the following amendments that will provide for the implementation of the national code in Western Australia in light of the code provisions in the final report: complaints about the conduct of unregistered healthcare workers; the protection of public health and safety; investigations into breaches of the national code; penalties for breaching prohibition orders; and right of appeal. This last point is what I just touched on. A healthcare worker will have 28 days from the time they receive a prohibition order to make their appeal to SAT. That is for the protection of healthcare workers. Additionally—this is an important consideration—often people who make complaints might not be satisfied with the way the complaint is investigated. The discharge of the investigation of the complaint is probably completely professional and with significant interrogation and significant undertakings by the statutory authority. However, this legislation has the added safeguard for complainants that a person who makes a complaint to the director and is not satisfied that the complaint was properly managed may request an internal review or may seek a review by the Ombudsman of Western Australia. I talked about the independent statutory authority yesterday when we debated the Minister for Community Services' legislation on the parliamentary commissioner. The importance of the Ombudsman has already been highlighted, so I do not need to highlight it again. A complainant who is not satisfied with the way a complaint is handled also has that avenue available to them.

I will make some final comments. I started by saying that the timing of this bill was incredibly important in the context of the global pandemic. I want to thank members of the opposition for supporting this legislation and for supporting—albeit, not perfectly, but on occasion—the government's handling of the COVID-19 pandemic. Two risks present themselves to the world-class health system that we enjoy in Western Australia, and unfortunately both of them come from the right of the political spectrum. First, it is a worry that the budget that was handed down by the federal Liberal–National government does not do more to support healthcare workers in the aged-care sector, the disability sector or the primary health sector. These are three key areas of federal government responsibility. The challenges to the WA health system are only exacerbated by a lack of commonwealth investment. Although this legislation is important and the McGowan government is beyond reproach in the way it has handled the pandemic, it would be helpful if we had a federal government that put greater emphasis on properly funding health care and properly supporting healthcare workers in particular in sectors such as aged care, disability and primary health.

The second concern I have around the quality of the Western Australian health system is the attacks that have been made by radical right-wing elements that are undermining excellent public health policy. Over the past 18 months to two years the COVID-19 pandemic has wreaked havoc on the entire globe. Millions of people have died and millions and millions of people have been diagnosed with COVID-19. In Western Australia we are incredibly blessed, thank God. We took the time and we paid attention to what we were doing to ensure that a sufficient proportion of the population were vaccinated. Irrespective of what side of politics members are on, the unparalleled success of the state's vaccination program stands as an outstanding public policy achievement. Irrespective of what people's philosophical position might be, to set a target to have the vast majority of the population vaccinated against COVID-19 and then to achieve that is a phenomenal public policy success. It is incredibly disappointing and disheartening to see the right-wing elements, not so much in this chamber, but definitely within Western Australia and Australia, and particularly internationally. I think in particular of the Governor of Florida, Ron DeSantis, and the sorts of people who are deliberately and specifically undermining public health initiatives and public health efforts that are designed to keep communities safe.

We need to be vigilant about those two things. I note that the federal Leader of the Opposition, Anthony Albanese, made a fantastic commitment to aged care in his budget reply speech. We need to ensure that when it comes to the provision of public money, we have the resources available to our public health systems so that they are properly funded and the world-class health system that we currently enjoy can be preserved, protected and enhanced from a resources perspective. Thank goodness the McGowan government has demonstrated the fiscal responsibility it has over the past five years to ensure that we have the capacity to make investments in the health system over the next five, 10 and 15 years to maintain that world-class health system. That is the first point about which we need to be vigilant, but we must also be vigilant in staring down, calling out and condemning the ridiculous attacks from the right-wing fringe elements—I have spoken about this before, so I do not need to go over it again—some of whom it is scary to see have crept into the ranks of the Liberal and National Parties in other jurisdictions. I heard the former Minister for Health call out Hon Nick Goiran in the other place for his less than fulsome support of our vaccination regime. I endorse those comments by Minister Cook and I know that Minister Sanderson stands on exactly the same basis with Minister Cook in calling out those concerns. It would be great to hear more from the Liberal and National Parties in Western Australia in commending the McGowan government's handling of the COVID-19 pandemic and calling out the anti-vaxxers and that one element in the right-wing political spectrum in Australia by saying that those people have no place in the Liberal and National Parties and what they say bears no resemblance to sensible government. It would be great to hear that what the McGowan government is doing to protect public health and safety has the full-throated, unambiguous, unequivocal support of the Liberal–National alliance in Western Australia. I will wait to see whether that happens; hopefully, it will, because in the comments of the members for Vasse and Cottesloe I can hear that there is a tendency towards support for the government's position. I just hope we see and hear more of that into the future.

Having said that, let me conclude on the point I started on; that is, this is an incredible, important and timely reform and it is a credit to the minister that it has been brought before this chamber in circumstances in which we are wrestling with an unprecedented and unparalleled global pandemic. On that note, I commend the bill to the house and the minister for the hard work she has done.

MR S.N. AUBREY (Scarborough) [12.20 pm]: I rise in support of the Health and Disability Services (Complaints) Amendment Bill 2021. More importantly, I rise in support of all members of the LGBTQIA+ community, of which I am a member. I want every member of this community as well any other diversity group facing discrimination and persecution to know that you are not alone, you are loved, you are valued and you are cherished for who you are. This bill will bring Western Australia in line with the national code of conduct for unregulated healthcare practitioners. It is a step forward in protecting the LGBTQIA+ community from the practice of sexual orientation and gender identity change efforts, or SOGICE. It is a practice that is deeply harmful and traumatising to the members of my community. I am going to focus on this.

I will start with the story of one man who has had an immeasurable impact on the modern world—part of him lives on in every piece of modern computer technology. That means all of us carry his legacy in our smart phones and computers, and some members are alive today because of this man. A mathematician, he is credited for being the father of theoretical computer science and artificial intelligence. He played a crucial role in cracking the Enigma code, which enabled the Allies to defeat the Nazi powers in many crucial engagements, including the Battle of the Atlantic. The official war historian Harry Hinsley estimated that this work shortened the war in Europe by more than two years and saved over 14 million lives.

Two of my great-grandfathers fought in World War II. I do not believe there would be many people in this house who are not descendants of men and women who took part in that war. If not for the actions of this man, my great-grandfathers might not have come home from that war, and as a result I might never have existed or stood here addressing this house today. Alan Mathison Turing, born 23 June 1912 in London, England, once said —

> Sometimes it is the people no one imagines anything of who do the things that no one can imagine.

Alan Turing was crucial in the defeat and destruction of the Nazi regime. It was a regime that arrested homosexuals and put them into concentration camps, where they were often subjected to physical and sexual abuse and death. There is poetic justice in a gay man being so pivotal in the destruction of a fascist regime whose racist ideals produced murder on an unprecedented scale. For all he did, for all the lives he saved, for the war he helped win and for the immeasurable impact he has had on the free world today, would members think that in his time Alan Turing was lauded as a hero, as an icon? No, he was not. Much of his work during the war was classified. In 1952, upon discovery of his sexuality, Turing was charged with gross indecency. He was given the option of prison or chemical castration. It was a choice of losing his physical freedom or the freedom of his identity. Turing chose the latter so he could continue his work and continue to contribute to the advancement of his fellow human beings, despite his mistreatment. His conviction led to the removal of his security clearance and barred him from continuing his consultancy to the British government. His actions had saved much of the free world from the tyranny of a fascist regime, but he could not be saved from the prejudice and persecution of his own government and people.

Turing was subjected to injections of a drug then called stilboestrol, intended to suppress and convert his sexuality. The treatment rendered him impotent by changing hormone levels in his body, which also changed him physically,

with the formation of breast tissue. Two years later, on 7 June 1952, Turing died of cyanide poisoning in his home in Manchester. His death was reported as a suicide but that has been disputed for many years. What is known, though, is that a man who has since been acknowledged as one of the most innovative and powerful thinkers of the twentieth century, who saved the lives of millions and is a hero of the free world today, died a criminal for being a homosexual.

Alan Turing has been a guiding influence on my life. His devotion to service to his country and to making the world a better place through hard work speaks to my heart. It breaks my heart that someone who did so much for his country and the world could be treated in such a way by the very people he worked so hard for.

Madam Acting Speaker, John F. Kennedy once said —

> Change is the law of life. And those who look only to the past or present are certain to miss the future.

Times have changed considerably since the days of Alan Turing; we have made great strides in ensuring greater equality for the LGBTQIA+ community. I would like to place on the record my appreciation to all pioneers of the LGBTQIA+ community across the world and across time who have fought for equality. Some who currently serve or have served in this Parliament are Minister Stephen Dawson; Minister John Carey; Lisa Baker, member for Maylands; Hon Peter Foster, member for Mining and Pastoral Region; and senator for Western Australia and former member of the Legislative Council, Louise Pratt.

I stand here as a legacy of their efforts; I stand here as one holding the baton with my allies. But let me assure you, I am not running. I am now going to share my own story. It is not a story I share lightly; it is not a story that I have commonly shared with many to this level of detail, and now it will be on the public record for everyone to know. It does not come easy to me to share it, but as a LGBTQIA+ member of this house it is important that I share my story and show leadership and strength. I ask other members to listen closely with understanding and empathy, because I aim to help others in this house understand the importance of this bill as being a step forward in banning a practice that traumatises, denigrates and discriminates against people of my community. It is a practice that causes deep and long-lasting harm to the victims.

Madam Acting Speaker, I grew up in a loving household, a stone's throw from the beach, in a quiet cul-de-sac in Watersun, a beachside suburb of Mandurah. I attended North Mandurah Primary School, where I was a happy, caring and intelligent student. My father taught at the high school next door. My brother and sister were in school with me. They in fact had the distinct pleasure of being taught by Minister Templeman back when he was a teacher—an opportunity I just missed out on, or dodged, as he successfully entered politics as the member for Mandurah. Luckily, I get to learn from him now. I was the captain of my school faction, Jarrah, and a PA technician. I was doing well in primary school, living a very vibrant and happy life. I then went on to Frederick Irwin Anglican School for secondary education. It was in high school that I started to feel confused about my sexuality. I began to feel socially anxious around my peers. I began to retract into myself. My education began to suffer as I spent more and more time in my head, worried that my fellow students and teachers would discover my secret and I would be chastised, ostracised or discriminated against. My constant stress and anxiety about my sexuality led me to seek an outlet to cope; that outlet was food and video games. As a 15-year-old, I weighed more than I do now at twice that age. I supressed and denied my sexuality for years. As a result, I developed depression, anxiety and a binge eating disorder.

It is a hard thing to come to terms with at a young age—to accept that your life is going to be considerably more difficult because of a factor beyond your control, for being born a certain way. Women know this feeling all too well, as do Indigenous Australians and other members of minorities across Australia. To survive, I focused on work. I excelled in my apprenticeship because I gave it my all. I learnt the value of hard work and merit; it became my crutch, my distraction, my escape. I felt a burning need to prove myself—a need to feel valued in the hope that if anyone discovered my sexuality, it would be overlooked because I was too valuable for my hard work.

When I was 21, my apprenticeship ended, and I was a fully qualified electrical tradesman free to work and earn a living. It was a wonderful accomplishment. But I also lost that focus, that crutch. Without that focus to distract me, I had to come to terms with my sexuality. I began to spiral. The fear of losing friends, family and my community was more than I could bear. Dark thoughts crept into my mind that told me it would be easier if I just ended it—death had to be better than continuing to feel the constant shame, pain and anxiety. My friends had noticed my change in behaviour. They could see I was struggling and they made efforts to help, to find out what was wrong, but I could not face them. I can vividly remember a moment that was a turning point for me. I was on my way to a job at Garden Island when I saw a jagged sign, damaged by a car, on the side of Rockingham Road and a thought entered my mind. The thought was that I could slit my wrists on that jagged sign and the pain would all be over. This was the time I had moved from passive suicidal ideation, or thinking about death, to active suicidal ideation, and it scared me. It scared me straight—not quite! I reached out to those friends and told them that I needed their help and that I needed them to hold me to account and to not let me avoid the conversation. In September 2012, I came out to five of my closest friends: Griffin Millburn-Thomas, Ben Hardman, Tyne Darch, Reece Sheridan and Mitchell Hardman. Thank you for your support and thank you for your unconditional acceptance and love.

Coming out to my friends was one of the best days of my life. A huge weight was lifted off my shoulders, but it was not long before the walls started closing in again. I still had to tell my family, my colleagues, my other friends,

my extended family, my future colleagues, my future friends and my future community. Everywhere you go as a gay man, every person you meet, every new workplace you start at and every friendship group you join, you must come out. People say that it should not be that way and that no-one in society must come out as straight, so why should I have to come out as gay? That statement is true, but we are not there yet.

A year later, I gradually had come out to more friends, my sister and, eventually, my parents. I could not do it myself; I made my sister do it for me. Although I should not have had to come out, I will regret until the day I die not having the strength to tell my parents. I thank my sister and my mother, as well as my extended family, for their unconditional support and love for me. I talk often about my mother. She is my rock, my champion, my protector, the source of my values and the reason why I am who I am. I never talk about my father, so much so that many people mistakenly think that my mum is a single mother. Growing up, my family was structured like many in Australia. My father worked and earned the money and my mother stayed at home to raise the kids. Although I am grateful every day for having the quality time with and nurturing of my mother growing up, I would like to see more opportunity for mothers to re-enter the workforce and not be relegated to a stay-at-home role. I would see equality. The reason people never hear of my father is that he is not part of my life and has not been for many years because of my sexuality, and I will not speak of him further.

I am grateful every day that I was born and grew up in Australia. The LGBTQIA+ community across the world faces far worse and far more persecution than I or my community will ever experience here in Australia. My life has not been easy because of my sexuality, but it is far from the worst that people of my community experience across the world. I cannot give blood because of my sexuality, but the blood of others is shed because of the same sexuality. I am stared at for holding hands with, kissing or showing affection to another man in public. The hands of others are cut off or they are castrated or killed for doing the same in private. I am grateful for the fact that I can live free from the fear of death for my sexuality, but I cannot live free from judgement for my sexuality. I have had to protect my identity and privacy in the past when working on the remote mine sites of Western Australia. It is easy to dismiss as prejudice the attitudes of many of these people who make the odd homophobic comment. In some cases it is, but for many it is not prejudice; it is fear and misunderstanding.

Having learnt this after a time, I began to carry myself in a different way. I do not hide my sexuality anymore, but I do not let it define me or let others define me because of it. The worst thing about stereotypes is that if you let them, they have a way of defining who you are and what you stand for before you enter a room. Mark Latham, a member of the Parliament of New South Wales, said in reference to LGBTQIA+ members of Parliament across the country, and I quote —

> These MPs are driven more by sexuality than party ideology. Gays have higher incomes and education levels and stronger political and media access than the rest of society, yet the MPs persist with a precious persecution complex overriding more important and valid equity issues.

In response to that man, whom I have never met and who has never met me but feels he can pass judgement on my integrity and what drives me, I say: I am who I am today because I worked incredibly hard, despite the challenges I have experienced in life because of my sexuality, and I am driven by more than just self-interest, sexuality or faith—or, in my case, lack of faith. I do not define myself by my sexuality, race, age or sex. I am a sum of my parts and you do not define me. I am a proud tradesman, a highly qualified electrical technician, a mine worker, a FIFO worker, a mines rescue paramedic, a safety and health representative, and a hardworking contributor to the Western Australian economy. I am a proud surfer, a surf lifesaver, a volunteer, a swimmer, a scuba diver, a hiker, a cyclist and an explorer of this great state and this great nation.

I am a proud son, a brother, an uncle, a grandson, a friend, a best friend, a boyfriend and, one day, a husband to a very lucky man! I am my core values of courage, loyalty, equity, honesty, integrity, quality, leadership and altruism. I am my life's mission to experience life to its fullest; to serve and protect Australia, its interests and its people; and to always grow to be the best I can be to contribute to a positive impact on Australia, humanity and the world in the time that I have on this planet. I am a proud gay man. I am an atheist. I am a Mandurah boy who grew up to be a Scarborough man and the member for Scarborough. I am a proud Western Australian and a proud Australian.

I define who I am, and I will not be boxed in by those who peddle hate and discrimination to hide their fear and insecurity in a world that is moving beyond a place that advantages one group to the detriment of others in society. I will always fight for my community in Scarborough and for equity for all, and I will always fight for a fairer and better future for all Western Australians. You do not define me. You do not define us.

To anyone who experiences discrimination for your sexuality, sex, race, creed, disability, faith or lack of faith, you define who you are. You determine your future and if you respect the basic human rights of others and follow the rule of law, you have the right to live your life free from persecution and prejudice. I stand here as a member of the Western Australian government defending not just your right to equity, but everyone's. I hold the baton, along with my colleagues and allies in the Labor Party. I am standing my ground and I will advance the protection of the vulnerable, the marginalised and the oppressed. I will fight for true equity in our society forever and always. It is the Australian way. It is the Labor way. It is my way.

I thank opposition members for their support of this amendment bill. I would ask that they show that support in the upper house with their other colleagues. I thank my parliamentary colleagues for their contributions to the debate and for their support. I thank the minister for her carriage of and support for this bill. I commend the bill to the house.

MS A. SANDERSON (Morley — Minister for Health) [12.37 pm] — in reply: I thank the member for Scarborough for his contribution in particular. It is not an easy thing to give a speech like that in this place, but the experiences we have in our lives, and the diversity of those experiences, make for a better debate and, frankly, a better government. We are very proud to have the member for Scarborough as part of the McGowan government. He has really demonstrated the pain and suffering of members of the LGBTIQ community, particularly from the so-called conversion therapies, or reparation therapies as I think they are also known. It is a very tough thing to do. It is a significant driver of the Health and Disability Services (Complaints) Amendment Bill 2021. There is no question that the LGBTIQ community has been subject to some incredibly damaging trauma, with deep and long-lasting pain and suffering, from some of these so-called conversion therapies practised by people who purport to be counsellors or social workers or who dress themselves up as all sorts of other professionals providing health advice. It is important that we protect our community from those people and practices and that we put in place a robust regulatory framework that also has significant penalties associated with it.

That is one part of this bill. It will not cover conversion therapies purported by religious organisations that are not presenting a so-called health service. That needs to be dealt with in separate legislation and certainly the government is investigating that and how that may be implemented. This bill will end the practice with regard to people who purport to be health professionals or provide some kind of health advice. I, like the member for Scarborough, have never understood the idea of coming out—it never made sense to me. No-one else needs to come out. You are who you are and that is it—full stop. I have had friends in the past come out to me. I have been very privileged that they trusted me and did that, but I was also a bit perplexed because it makes no difference to how I feel about them. They are important to me as human beings and that is it—full stop. I feel that is no longer relevant. I have family members who I am sure are members of the LGBTIQ community, but I do not need any kind of declaration, just like I do not need a declaration that someone is straight. I do hope that that practice is in the past.

The purpose of the bill is essentially to provide a robust regulatory framework around people who, as identified by a number of members, are often at their most vulnerable and most desperate when they are unwell and have had a devastating diagnosis; sometimes conventional medicine is not helping or they have exhausted all those options or they have a deep distrust of conventional medicine, which certainly exists in the community.

The legislation will also provide those who are providing legitimate services or services that do improve people's quality of life some rigour around the service they provide. Naturopaths, for example, purporting to cure cancer reflects poorly on everyone in that profession. I would have to say the vast majority of naturopaths would not purport to cure cancer, but may be able to relieve some symptoms of some other ailments or illnesses. Another example is doulas. I am a very big supporter of doulas. It is important that women have advocacy and support, outside their immediate family, through childbirth and accessing options in childbirth, but with that comes responsibility. I think 99.9 per cent of doulas do the right thing, give good advice and provide options. Their role is to provide options. However, others promote themselves as more qualified than they are to provide home births or home-birthing support and get women and children into very, very dangerous situations. I am looking forward to this bill not only providing a more rigorous framework, but also lifting the confidence in some of those other areas of profession and allied health support. I think that is certainly what this bill will help to do.

We have seen a lot of complaints around cosmetic services that are not necessarily regulated by the Australian Health Practitioner Regulation Agency because they are not done by surgeons and they are not medical, but they are medically enhancing people and physically changing people. As there is an increase in demand for those services, we are seeing an increase in complaints. We are seeing young men and women who may be short of money going to certain providers and getting some really terrible results with nowhere to channel their complaints or issues. This bill will help to regulate that. The vast majority of people working in these occupations, who are not necessarily registered under the national registration and accreditation scheme, certainly practice in a safe, ethical and competent manner; it is these powers that will allow the director of HADSCO to take action against those healthcare workers who do not. Sarah Cowie is the director of the Health and Disability Services Complaints Office, which deals with enormous amounts of complaints. I thank Sarah and her team in developing this bill and bringing it this far.

The opposition raised a number of questions that are all very relevant. I thank the opposition for its support of the bill. The member for Vasse outlined the functions of the bill and said that it most closely replicates Victoria, New South Wales and South Australia. They have all introduced legislation. It is important that we get this passed so that WA does not become the ideal operating ground for dodgy providers. It does not specify which health services provisions are captured. Although the various legislation around the states is uniform, they all have slight variations and that is one area within which they have variations. There is a list of examples, but really it is to be determined on a case-by-case basis by the investigator and the director, because these practices or professions pop up and evolve and new professions are created, so we need an act that is robust but flexible enough to accommodate future practices that may come up.

The services that will be covered come under professions like art therapists; aromatherapists; doulas, as I mentioned; cardiac scientists—I do not know what some of these words are, actually—clinical perfusionists; complementary and alternative medicine practitioners; dental assistants; dental technicians; dietitians; herbalists; homeopaths; hypnotherapists; lactation consultants; massage therapists, which was certainly mentioned by the member for Cockburn; medical scientists; music, dance and drama therapists; naturopaths; nutritionists; optical dispensers; pharmacy assistants; counsellors and psychotherapists; reflexologists; reiki and shiatsu practitioners; sleep technologists; speech pathologists and social workers. They will be captured, but we need flexibility to enable new areas of practice, if you like, to also be captured. The definition recommended by the Council of Australian Governments was not uniformly adopted by every single state; it was used as a starting point to be applied as appropriate.

The member for Cottesloe highlighted that the first port of call is dispute resolution, rather than going straight to any kind of litigation. Let us resolve those disputes by meeting and working through differences. Time-bound interim orders are also very important when we are dealing with people's livelihoods. People need a right of reply and natural justice, so those time-bound orders are important. I am also looking forward to a speedy promulgation of the regulations. Parliamentary Counsel's practice is not to draft regulations until the passing of the bill, as much as we would like it to start. We look forward to the speedy passage of this bill in the Legislative Council. I have not seen details of some of the allegations from Esther House, but some of them have been aired publicly. This bill could potentially deal with some of those issues around Esther House and, hopefully, the parliamentary inquiry will be able to investigate any other further potential gaps in those. That mostly answers those questions.

The definition of "health service" is in the Health and Disability Services (Complaints) Act. The advice is that HADSCO has been using that definition for decades in exercising its jurisdiction and it has been perfectly adequate to do that. To have a whole new definition would potentially create confusion and unnecessary issues.

The bill also covers services relating to voluntary assisted dying, which the COAG version did not, because not all states and territories have that. That is another reason this bill is important. It is important that we proceed with it because care navigators and, potentially, social workers are not regulated by the national registration and accreditation scheme and they have a role under voluntary assisted dying.

Debate interrupted, pursuant to standing orders.

[Continued on page 1817.]

CYCLONE SEROJA — NORTHAMPTON COMMUNITY RECOVERY COMMITTEE

Statement by Member for Moore

MR R.S. LOVE (Moore — Deputy Leader of the Opposition) [12.50 pm]: Next week, on 11 April, marks 12 months since tropical cyclone Seroja made landfall near Kalbarri, leaving a trail of destruction in the electorate of Moore from Binnu to Buntine and beyond. Every community has a remarkable story of those who dropped everything, despite the damage around them, and headed out, dodging downed powerlines and trees and negotiating debris, to check on others and offer assistance.

Today, I speak of the Northampton community recovery committee, but there are glowing examples of kindness and compassion in the aftermath in many damaged communities. Within two days of the cyclone hitting Northampton, this five-person committee had swung into action, scooping up the locals and serving as their eyes and ears on the ground. Its members sourced generators from nearby Geraldton and liaised with the Australian Defence Force, the Northampton shire, government agencies and the Lord Mayor's Distress Relief Fund, all the while being mindful of the mental health implications of the disaster. With the benefit of local knowledge, autonomy and flexibility, the Northampton community recovery committee was able to quickly respond to individual needs. Remarkably, it distributed more than $100 000, with 51 displaced households and other residents each receiving a $2 000 grant. These funds came entirely from private donations, and included $70 000 from the Buddhist Compassion Relief Tzu Chi Foundation.

The Northampton community recovery committee has had an immeasurable impact in assisting the Northampton community to go forward with resilience and strength. I thank the committee and everyone who has contributed to the recovery effort, and offer my best wishes to all those affected by tropical cyclone Seroja.

MOUNT LAWLEY BOWLING CLUB

Statement by Member for Mount Lawley

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [12.52 pm]: What a great season for the mighty Mount Lawley Bowling Club. This famous club, an integral part of the Mt Lawley community since it was established over 110 years ago in 1909, boasts a thriving membership and wonderful facilities. Under the stewardship of its president, Terry Conley, the club has gone from strength to strength. In the last 18 months, the club has installed new LED lights, new synthetic greens and a new environmentally friendly and UV-safe patio. These all complement the wonderful art deco buildings that are an evocative and famous feature. But it is out on the greens that the club is really shining. This year, the club has enjoyed a remarkable pennants season, with seven out of the 12 teams earning promotion.

Congratulations to the ladies' Tuesday team, divisions 2 and 3, and the men's midweek teams, divisions 3 and 5. Congratulations to the men's fourth division team, which won promotion, and to the ladies' third division team, which won the premiership. Congratulations also to the division 1 white men's team, which secured promotion to the premier league for the 2022–23 season. With these remarkable successes, it is no surprise that Mount Lawley Bowling Club was named the 2020–21 small club of the year and is in the running to win it again this year, or that its president, Terry Conley, was named Stirling Senior Citizen of the Year at the Australia Day citizenship ceremony. I look forward to joining members of the club at the Anzac Day service and congratulate them for a fantastic season. Go the Mounters!

SERGEANT GRAEME "BONDY" BOND — RETIREMENT

Statement by Member for North West Central

MR V.A. CATANIA (North West Central) [12.53 pm]: The Western Australia Police Force and the Gascoyne community have said goodbye to a favourite son following the retirement of Sergeant Graeme Bond. Graeme Bond, known as "Bondy", has been a long-time regional police officer, having served in Mandurah, Bunbury, Rottnest Island, Nullagine and his last post of Shark Bay amongst other locations during his long career. I know that the WA Police Force and the community of Shark Bay acknowledge the great service that Bondy has given to his community as a copper, and wish him all the best in his retirement. I know that Bondy and his wife, Chris, will enjoy their retirement in the south west, but we all know that the warm weather of the north west and the amazing fishing spots will bring them back time and time again. All the best in your retirement, Bondy. I know the community of Denham, Shark Bay and the Gascoyne will miss the way you policed in a community sense and the involvement you had in the community. You made sure that policing was part of the community in the way that you did it. Well done, and congratulations on your retirement.

CITY OF MELVILLE — PARKS AND RESERVES — ZONING

Statement by Member for Bicton

MRS L.M. O'MALLEY (Bicton) [12.54 pm]: Our parks and reserves are essential to the health and wellbeing of our community. They provide a place for people to play, rest and connect. Parks have great ecological significance and their green canopies offset the urban heat sink effect. Their value is beyond measure. That is why when the issue of park protection was brought to the attention of both me and my colleague the member for Bateman, we were quick to act.

I would like to thank the many community members, and the City of Melville, particularly ward Councillors Margaret Sandford and Katy Mair, for their extraordinary efforts to protect their parks. Those parks are the Ces Deceau Reserve in Brentwood; Harry Clemens Reserve, Myaree; Hugh Corbet Park, Booragoon; Jack Jeffery Park, Kardinya; Jack Martin Reserve, Kardinya; Laurie Withers Reserve, Kardinya; Marguerite Smith Reserve, Attadale; Norm Godfrey Reserve, Kardinya; Pitman Park, Myaree; Prosser Park, Myaree; Reg Seal Reserve, Mt Pleasant; and an unnamed park in Bicton and an unnamed park in Kardinya.

Thank you to the Minister for Planning for listening and responding by rezoning these 13 local state-owned parks from residential to public open space. This momentous community win was achieved by the actions of many, but I would like to especially acknowledge the Save Harry Clemens Reserve and Save Pitman and Prosser Parks community campaigns. All great community campaigns need community champions, so thank you to Marina Hanson, Jill Bowman, Chris Gillam, Robyn Weir, Dr Kris Warren, Jeanette Grosser, Carol Warren, Kristie Stuart, Cindy McGhie and Sue and David Parks for their tireless efforts in protecting their parks for future generations.

IMPERIAL HOTEL — BROOMEHILL

Statement by Member for Roe

MR P.J. RUNDLE (Roe) [12.56 pm]: Broomehill Village Cooperative has bought a 120-year-old hotel. The year 2019 saw the doors close and the last pint pulled at the Imperial Hotel, a 120-year-old pub in Broomehill village on the Great Southern Highway. Before it closed, the hotel was a special place for many locals and people passing through, offering a place in town for people to catch up, share stories and unwind. This was yet another small regional town faced with losing not only its pub, but also its central meeting place for social connectivity.

Broomehill is a town of only 250 residents, but the locals knew the value of this hotel and took on the challenge of opening the hotel doors again. Joining a growing trend across regional Australia, Broomehill Village Cooperative was formed, and the local organisation worked hard to rally interested people, calling for contributions to be a part of something special—to buy back the pub. Broomehill was up for the challenge, and this month the 75 members of the cooperative finally bought back the Imperial Hotel. I am so impressed by this community spirit and what this group has been able to accomplish. Broomehill Village Cooperative spokesman Scott Thompson, board members and the community members involved should be incredibly proud. I look forward to the Imperial Hotel being restored to its former glory and to seeing this pub become the central hub in town again. I hope it really does become everything they have worked so hard for—in the words of Broomehill Village Cooperative, "a fresh, vibrant, successful and family-friendly venue".

SPORTING CLUB VOLUNTEERS — BELMONT ELECTORATE

Statement by Member for Belmont

MS C.M. ROWE (Belmont) [12.57 pm]: I wish to acknowledge the incredible contribution to my community made by the dedicated volunteers who make our sporting clubs a reality. I wish to thank the committee members of the following clubs for our summer sport. From the Cloverdale Comets, I thank Stacey Dorrington-Geerlings, Katherine Edgar-Truong, Leanne Mahoney, Kerry Roberts and Dayle Parker. From the Belmont Junior Football Academy, I thank Leigh Searle, Mark Romeo, Geoff Clegg and Laurie Samuels. From the Redcliffe Junior Football Academy, I thank Jared Wilson, Brad Webster, Todd Powell, Peiye Truong, Ash Smith, Sarah Lovegrove and Linda Wilson. From the Ascot Eagles Junior Cricket Club, I thank Simone Northcott, Peter Poli, Heather Forrester and Julian Twohig. From the Belmont Little Athletics Club, I thank Nathan Cunningham and Ruth Stamp. From the Kewdale Little Athletics Club, I thank Samantha Craven and Catherine Crabbe. From the Carlisle/Rivervale Little Athletics Club, I thank Jacinta Thompson, Veronica Webb, John van Heerwaarden and Naomi Haydari. From the senior club at Ascot Cricket Club, I thank Michael Stevenson and Melvyn Mayers. From the senior club at Belmont Cricket Club, I thank Danny Gribbin, Ian Brown, Neesarg Bhatt and Shane McIntyre.

Without all these incredibly dedicated volunteers, working tirelessly, and giving up countless hours each week, our local sporting clubs simply would not happen. On behalf of all the locals in Belmont, I want to say a huge thank you for all you do for our community!

As the winter sports kick off, I want to give a quick shout-out to the Belmont Bombers, our senior footy team, whose club captain, Gary Clegg, is playing his 150th game this weekend—well done and good luck.

Sitting suspended from 12.59 to 2.00 pm

QUESTIONS WITHOUT NOTICE

CORONAVIRUS — STATE OF EMERGENCY

235. Ms M.J. DAVIES to the Premier:

Noting that there has been a reduction in officers committed to Operation Tide, we no longer have a hard border, level 2 restrictions have been removed, the government is no longer publishing all exposure sites and the Premier has announced his intention to host an international sporting event at 100 per cent capacity at Optus Stadium in July, can the Premier confirm that he will not be renewing the state of emergency legislation due to expire on 4 July?

Mr M. McGOWAN replied:

No, I cannot confirm that.

CORONAVIRUS — STATE OF EMERGENCY

236. Ms M.J. DAVIES to the Premier:

I have a supplementary question. When will the Premier share his plan to transition WA from a state of emergency to living with COVID as an endemic disease, as many Western Australians are waiting to understand the details of that plan?

Mr M. McGOWAN replied:

That is a better question. I do not think the Leader of the Opposition understands what the rules are and how they work. The state of emergency declaration is renewed every two weeks under existing laws. They are not new laws. The laws themselves relate to a range of things, in particular around giving police protection from people who threaten them with COVID or spit on them, or things of that nature. If the Leader of the Opposition does not support that, she needs to be honest and accountable as to whether she supports that. We support our police officers, who have done an absolutely extraordinary job over the course of the last two years in terms of making sure Western Australia has the best outcomes of anywhere in the entire world in dealing with the pandemic. That is what the legislation is. If members opposite do not support that, be that on their heads.

In terms of the renewal of the state of emergency, that is done each and every fortnight by the Minister for Emergency Services. It was originally Fran Logan, then Minister Whitby and now Minister Dawson. That is done on the recommendation of the State Emergency Coordinator, who is currently the Police Commissioner, Chris Dawson. That is what is done each and every fortnight in order to ensure that we have certain powers. Those powers have allowed us to do things such as mask wearing, as the Leader of the Opposition is currently doing. It has allowed us to put in place mandates around vaccination. It has allowed us to put in place some of the border controls that we have used to ensure we kept the virus out of Western Australia, and things of that nature. It has allowed us to do those things. We currently have around 8 000 new cases in Western Australia today. We have 230 or thereabouts people in hospital and eight or nine people in intensive care. We are expecting the hospitalisation rates to grow over coming weeks. We are hopeful that we have reached our peak and that numbers will come down in overall terms and we will start to trend out of this.

What is occurring in the eastern states, however, are spikes. Their hospitalisation numbers are going up as we speak, because that is the nature of COVID. One thing the opposition has not learnt over the course of the last two years is that it is very unpredictable, and governments have had to act. Governments that have acted proactively and used the levers and tools of government have achieved the best outcomes of anywhere in the world. That is what we did. We did things that were, in ordinary circumstances, very controversial, but the actions we took have meant we have the lowest death rates, the lowest hospitalisation rates and the best economic outcomes of anywhere in the world, yet the Leader of the Opposition complains. In a planet of seven billion people, Western Australia of 2.7 million has achieved the best outcomes, yet the opposition comes in day in and day out and complains about it. The government will continue to do its best to ensure that we follow the health advice and do things that achieve great economic and health outcomes. The opposition has so many messages. I note the police spokesperson, Mr Collier, said in late February —

> As long as these restrictions come on the recommendation of the Chief Health Officer, the Opposition will support them.

That is what he said. Now, the Leader of the Opposition comes in saying something different, as indeed does the Leader of the Liberal Party. He is always out there criticising and opposing the health recommendations we receive that have resulted in the best health and economic outcomes of anywhere in the world. It is a very unusual phenomenon. As I keep telling them, it is the worst opposition in Western Australian history. It is the worst opposition, I think, in Australian history. It needs to look at the opposition leader in South Australia and what he did. He was constructive, positive and supportive of the government doing difficult things, and look at what has happened to him. Unfortunately, it is not in your DNA to do it, because you have no idea what you are doing.

CORONAVIRUS — CHILD HEALTH CLINICS

237. Mr P. LILBURNE to the Minister for Health:

I refer to Western Australia's world-leading response to COVID-19 and its efforts to support infants and children throughout the pandemic.

(1) Can the minister update the house on the work of the Child and Adolescent Health Service's new COVID-safe child health clinic in East Perth and the soon-to-open clinic in Duncraig?

(2) Can the minister advise the house how this will ensure that infants and children can continue to access important face-to-face child health services in this high COVID-19 case load environment?

Ms A. SANDERSON replied:

I thank the member for Carine for his question and I am very pleased to provide details to the house on the Child and Adolescent Health Service's new COVID-safe clinic for child health checks.

(1)–(2) Those of us who had our babies in Western Australia will be familiar with those child health checks in the very early days. Certainly, when a person has their first baby, they look forward to those and look at every gram that the baby puts on, making sure they are meeting all the percentiles they need to be; it is a very anxious time. Obviously, we are in a very high case load setting and we do not want people to miss those checks if they have particular issues, so CAHS has opened a clinic in East Perth for families who have COVID in their household or have COVID—whether they are isolating or have COVID. Those families are particularly vulnerable but we can meet their needs. They can come into the clinic; see the child health nurse; get the weigh-in; check in on mum, sometimes be screened for postnatal depression; make sure that everybody is coping in the household; and that we are not delaying those checks. Isolation is already incredibly, obviously, isolating, but adding a new baby to that is a layer of stress that can be incredibly challenging.

The vast majority of people can put off their appointments, but for some people it is very important that they can still access their face-to-face check, particularly if they are challenged in those early months and weeks with gaining weight and feeding. They can, in some instances, also receive home visits, with the nurses wearing appropriate personal protective equipment. These clinics were put in place based on some of the learnings from what occurred in the eastern states when there was a delay in a number of those appointments. All that does is exacerbate issues more and pushes them further out so that it is harder for those families later. We want to make sure that those families are getting access. We are also opening a second clinic in Duncraig in coming weeks. As we see high case numbers, and a long tail on this COVID surge, these clinics will be incredibly important.

DOMESTIC GAS SUPPLY

238. Dr D.J. HONEY to the Minister for Energy:

The latest WA gas statement of opportunities, which is published by the Australian Energy Market Operator, states —

> Between 2025 and 2027, domestic gas demand is forecast to exceed potential gas supply by 51 petajoules (PJ), at a maximum of 85 terajoules (TJ)/day.

What action is the minister taking to ensure that industry does not face a gas supply shortage after 2024?

Mr W.J. JOHNSTON replied:

That is an extraordinary question. It is interesting because the Australian Energy Market Operator gas statement of opportunities arose from the recommendations of the Economics and Industry Standing Committee when Dr Mike Nahan was the chair and I was the deputy chair. It was an important recommendation because Western Australia has the best managed domestic gas process in Australia.

Interestingly, this is the third occasion on which the GSOO, as it is called, has predicted that we would be short of gas. The point is that it is saying that if there are no additional gas discoveries or gas activity, we will fall into a negative supply, but that has not happened on each of the last occasions on which the GSOO made that prediction. It is a prediction of the future and that future has never occurred. Eighty-five terajoules is not a significant amount of gas. The gas statement of opportunities does not take into account new capacity that is likely to come on over the next 10 years, which is the period that it is saying may have a shortage. It also does not take into account the increased use of renewable energy. Renewable energy means that we use less gas.

We know that the market is not predicting a shortage of gas because the gas price continues to remain low. Let us understand this. Three weeks ago, the price of gas in the United Kingdom was $54 per million British thermal units—MMBtu and gigajoule are almost identical. In February in Victoria, gas reached $36 a gigajoule; it is still $6 a gigajoule in Western Australia. One of the challenges that people in the gas industry say they have is that the cost of gas in Western Australia is so low that it does not incentivise new gas activity.

Yes, AEMO did make that prediction, but it made that prediction on the last two occasions on which the GSOO was handed down. I have discussed this with the general manager of AEMO in Western Australia, Kate Ryan, and AEMO's chief executive officer, Daniel Westerman. It was not a long conversation because they accept that it is simply a prediction that is highly unlikely to come forward. Just as an example, Project Haber is currently being proposed here in Western Australia. It is a major new ammonia project that will use domestic gas. It is currently not in production; it is a proposed multibillion-dollar investment. There is so much gas here that Perdaman is building a new facility in the Pilbara. There is plenty of gas and it is supporting multibillion-dollar investments in Western Australia.

DOMESTIC GAS SUPPLY

239. Dr D.J. HONEY to the Minister for Energy:

I have a supplementary question. Thanks very much, minister, for that answer. We are talking about a potential gas shortage in two to three years' time, not in 10 years' time. Can the minister guarantee that the state will not run short of gas for industry in that period?

Mr W.J. JOHNSTON replied:

One thing that I am very pleased to let the member for Cottesloe know is that Chevron has just completed its second 150-terajoule facility, which is the second part of its Gorgon gas supply, and it is currently marketing that gas. If anybody needs gas, they should talk to Chevron. Also, the gas supply agreement that was entered into by the former government means that Synergy is long on gas, so if people have a need for gas, they should talk to Synergy because it has gas available today for purchase. I will repeat what I said, and the member should think about this: Project Haber is a multibillion-dollar investment based on transforming new supplies of gas to new export opportunities. Why would anybody invest in that project if they did not think that they could have a 30-year gas supply? The Perdaman investment is, again, a multibillion-dollar investment for a 30-year project. Why would Perdaman invest in that project if it did not think there would be a 30-year gas supply? Alcoa's most profitable business around the globe is its Wagerup Alumina Refinery. Why does it continue to invest in that project if it does not think there is gas supply?

ARMADALE RAIL LINE — WILLIAM STREET LEVEL CROSSING

240. Ms H.M. BEAZLEY to the Minister for Transport:

I refer to the McGowan Labor government's success in securing federal funding commitments for its job-creating infrastructure program, including Metronet.

(1) Can the minister update the house on the work underway to remove level crossings along the Armadale line, including the commitment it has been able to secure from federal Labor towards the removal of the level crossing at William Street?

(2) Can the minister outline to the house what the removal of this level crossing will mean for those travelling through the area?

Ms R. SAFFIOTI replied:

I thank the member for Victoria Park for that question.

(1)–(2) Of course, Metronet currently is employing 10 000 people from across the suburbs for projects across the state. It was with great pride that today we secured a commitment from Anthony Albanese, the federal Leader of the Opposition, for further funding for Metronet for, in this case, the removal of the level crossing

in Beckenham. As members will know, we have secured commitments to remove five level crossings in Victoria Park and Cannington at Wharf Street, Hamilton Street, Welshpool Road, Oats Street and Mint Street. Of course, that will also include four new train stations. Today, we were able to secure further funding from the federal opposition for Beckenham, which will involve a brand new station in Beckenham and the removal of the level crossing, which will facilitate further housing developments in that area. Those who know that area already know that there has been some development, but this will allow us to further develop by creating new homes and opportunities in very close proximity to a brand new station that is connected to the city.

People in that area know that those boom gates are down a lot. It was incredible during today's press conference. The boom gates come down 266 times per day. We were there for, I think, nearly an hour and we heard them going constantly. We know that without this investment, when the Thornlie–Cockburn Link is introduced into the network, this situation would get a lot worse. This will be the last of the level crossings between Beckenham and the Thornlie–Cockburn line and the city that will need to be done to not only address the worst areas now, but also prevent them from becoming worse in the future.

It was a good announcement. It was great see the federal opposition leader here yesterday and today. Of course, Anthony Albanese has a strong record of delivering infrastructure in Western Australia and for not only fighting for infrastructure, but also delivering —

Several members interjected.

Ms R. SAFFIOTI: Are you catching up with Barnaby Joyce when he is here, member for Moore? I know the Leader of the Opposition is not. The Leader of the Opposition said that she will not catch up with the Deputy Prime Minister. At least we can stand with our side of politics and be proud of its record of delivery and what it will invest in the future. I welcome the member for Moore to stand next to Barnaby Joyce, the Deputy Prime Minister, when he comes into town. I cannot wait to see him do that!

As I said, Anthony Albanese has a strong record as a minister for infrastructure—the Perth City Link, the Great Eastern Highway and Great Northern Highway projects. He has a strong history of delivery, with the underground bus station and NorthLink projects. Member for Moore, I cannot wait to see you stand next to your federal counterparts. I was very proud to be in Beckenham today standing next to the federal opposition leader.

Mr R.S. Love interjected.

The SPEAKER: Order, please!

Ms R. SAFFIOTI: Are you okay, member for Moore?

Several members interjected.

The SPEAKER: Order, please! The minister has sounded like she was drawing her answer to a conclusion several times, but for some reason —

Several members interjected.

The SPEAKER: Order, please! Thank you, Leader of the House. The minister had been drawing her answer to a conclusion, and I was potentially about to call the opposition to ask another question, but you appear intent on delaying that by interjecting on the minister.

Ms R. SAFFIOTI: Thank you. I hope you are okay, member for Moore. Anyway, it was a great day, with another commitment from the federal opposition, and it was with great pride that we were standing there today with, hopefully, the future Prime Minister of Australia.

CORONAVIRUS — SCHOOL CAMPS — SUPPORT PACKAGE

241. Mr P.J. RUNDLE to the Premier:

I refer to an answer provided in the Legislative Council yesterday regarding school camps and the fact that camp operators will not be advised by government on whether they can operate in term 2 until the week before the term starts.

(1) How are schools and camp operators supposed to plan for term 2 on such short notice?

(2) Is the Premier aware that funding promised to support camp schools has not reached many operators, putting them under financial pressure?

Mr M. McGOWAN replied:

(1)–(2) Obviously, on the basis of the Chief Health Officer's advice, and this was interrogated at length, there was a decision made that for a period of time, school camps would not be operating. The reason behind that is at school camps, as I and probably other members recall, there is often a group of schoolchildren living in a room—maybe eight, maybe 10, maybe 15 in the same room, mask-less—and the prospect is that there will be a spread of COVID amongst the children. Although it is unpleasant for school camps and the operators of school camps and unfortunate for children to be missing out on that experience at least for some period, I think that the logic behind that is understandable. That is the reason; the advice is to that effect.

Obviously, we put in place a program to provide some financial support to school camps. From memory, it was around $3.5 million of support for school camps so that we could provide them with a process to assist them over this difficult period. Obviously, there have to be rules around that; there have to be applications, assessments and so forth when we are dealing with public money. We do not just throw public money away like the Nationals WA did last time it was in office, when it blew the state's debt to $44 billion up from $5 billion when it arrived in office. We obviously have more responsibility with public money than it does.

We put that scheme in place. Obviously, we worked through the issues with the school camp operators to achieve that outcome. Obviously, as well, in the lead-up to the second term, which is still some period away, we will assess the situation as it stands. That is the thing about COVID that I have tried to explain to the opposition for two years while it has been backing Clive Palmer and undermining everything we have done: we have to assess the situation as it goes along because we do not want to see more parents and people out of the workplace because they become infected because their kids bring the virus home. Is that not easily understood? Does the opposition understand that that is what we are trying to do? We are trying to keep people in the workplace. We are trying to stop people getting sick and to reduce the hospitalisation and ICU levels. We are trying to reduce the number of close contacts. That is what we are trying to do. The opposition can come in here as it does each and every day and undermine everything we are trying to do, but I think the public sees through that as the opposition's strategy.

A member interjected.

The SPEAKER: That is highly disorderly and I hope that we do not see a repeat of that.

CORONAVIRUS — SCHOOL CAMPS — SUPPORT PACKAGE

242. Mr P.J. RUNDLE to the Premier:

I have a supplementary question. Given that it is likely that the short notice will mean that many term 2 camps will need to be cancelled as well, will there be further financial support for school camp operators who are struggling to keep staff and maintain services until restrictions are removed?

Mr M. McGOWAN replied:

We have a significant package in place, as I just outlined to the member. It is designed to ensure that school camps receive some support over this difficult period. Obviously, we want to, based upon health advice, get out of the situation we are in as quickly as we can, but as I outlined to the member—I attended school camps as a child; my children attend school camps—it is impossible to ensure that there is mask-wearing amongst children who are sleeping in the same room often in numbers of 10, 15 or 20. We cannot do it. Obviously, in that environment, we are going to have a spread of COVID. When we have a spread of COVID, the children go home, then the family and the parents in the home—they might be nurses, teachers or journalists, or doing any sort of job in the community—are then required to stay home, and we want those people going to work.

The situation is unfortunate, but that is what we are trying to deal with in as orderly and sensible a way as we can. Because we waited until we got the highest vaccination rates certainly in Australia, but also one of the highest vaccination rates in the world, before we opened the borders, we have minimised the impact on Western Australia, because the government did things. We took actions. We took steps. We stood up to the bullies and the critics and the Liberal Party and the Nationals WA and all those people who tried to undermine everything we did. Had the Western Australian state government not done all these things over the course of the last two years, where would the country be? All that money that went to Canberra and was flooded into the other states to support them in their time of need, where would that have come from but for the fact that this government took actions to ensure that this state stayed safe, against the criticism and objection of the opposition? What the Liberals and Nationals have shown over the course of the last two years is that they are unfit for government, and until such time as they get some maturity and some quality in the Parliament, they will remain unfit for government. As the Minister for Transport just pointed out, the Leader of the Opposition cannot even speak to the leader of her federal party. She will not even meet with the leader of her federal party. I get criticism because I did not do a public event with the federal leader because I was flying to Sydney at the same time. I get criticism for that. The state Leader of the Opposition will not even meet with her federal leader, will not appear with him in public, and neither will the rest of the Nationals here. What a dysfunctional rabble you are!

STATE ECONOMY — DIVERSIFICATION

243. Mr M. HUGHES to the Minister for Science:

I refer to the McGowan Labor government's significant investment in creating jobs and diversifying the Western Australian economy.

(1) Can the minister update the house on how this government is investing in the science sector in the state, including funding for health and medical life sciences and the emerging space industry?

(2) Can the minister outline to the house how this investment will support new jobs in this sector?

Mr R.H. COOK replied:

(1)–(2) I thank the member for the question. I thank the member for his ongoing commitment to particularly STEM, but the science community generally. It is an important question. As members all know, *Diversify WA* is a key economic policy of the McGowan government to build strength and resilience into the Western Australian economy. It is about targeting nine sections of our economy in which we believe we have a competitive advantage and are right to continue to advocate and build in those areas so that we can continue to broaden the base of our economy and take Western Australia forward. Two key areas of that are health and medical life sciences, and space. I was at a business news breakfast just yesterday, and I was delighted at that event to be able to make two significant funding announcements in relation to these sectors.

Last year, I was very proud to launch WA's first ever medical life sciences strategy, and yesterday we backed up that announcement with an $8.65 million investment for implementing this strategy over the next four years. I very much look forward to working with the Minister for Medical Research and the Minister for Health to seek to commercialise some of the great medical discoveries that we make here in Western Australia. It is time that Western Australia benefited economically by ensuring that these great discoveries are translated, scaled and commercialised in Western Australia so that we can enjoy the economic benefits of these great scientists. Over the next four years, this funding will lay the groundwork to establish the state as a global hub for research development and commercialisation, for digital health, medical technology, biotechnology, pharmaceuticals, and health and wellness products. Supporting WA's growth in health and medical life sciences is part of the McGowan government's diversification strategy, and what drives the diversification strategy is a genuine ambition to create well paid, meaningful jobs, building the opportunities that are available for our young life scientists as they go through their careers.

In addition to that, over the next two years the McGowan government will invest $16.75 million to enhance the capability and capacity of WA's space sector. Many members will be aware of the great talent, skills and capability coming out of our resources sector, particularly oil and gas, in robotics and autonomous vehicles to make sure that we can not only fix a gas pipeline 200 metres below the surface of the water, but also drive robots on the moon and Mars, and beyond. This represents a huge opportunity for Western Australia. We could become the space capital of Australia by utilising the incredible expertise and capacity that we have in our workforce here.

The funding announcement we made yesterday commits $2.5 million to Curtin University's Binar space program. This will enable Western Australian startups and small and medium–sized enterprises to test their technology in space for commercialisation as well as for training students in the development, testing and operation of spacecraft. This funding will enable the program to retain existing expertise and develop a new and highly skilled workforce through the manufacture and launch of three Binar spacecraft each year over the next three years. This is an extraordinary opportunity. In addition, $4 million will be recommitted to Australian Remote Operations in Space and on Earth, a Perth-headquartered industry-led consortium at the forefront of knowledge and technology transfer between Australia's traditional industry sectors and the international space sector.

Diversifying the Western Australian economy is a key economic policy of the McGowan government. Space, and medical and life sciences represent two vital sectors of our economy. We look forward to growing them and we look forward to growing the jobs that go with those sectors.

AMBULANCE RAMPING

244. Ms L. METTAM to the Minister for Health:

Given that the budget papers and ramping figures going back to 2017 clearly show that the McGowan government has under-resourced and mismanaged our hospitals, creating a worsening ambulance ramping crisis, I ask whether the Minister for Health can rule out the state taking over ambulance services from St John Ambulance?

Ms A. SANDERSON replied:

That is a completely confused question. The member has conflated a whole bunch of issues and tried to shove it into two sentences. Let me try to unpick some of it and attempt to answer.

First of all, the budget shows record investment in WA Health. That is what the budget shows. The budget shows a $3.2 billion investment in our health system by this government. That is what it shows. It also shows an increase in the number of health workers of around 10 per cent across the board over the last 12 months alone. Around a 10 per cent increase—that is significant. We have recruited at least 1 200 nurses into the system. We took on 440 medical graduates earlier this year, unlike the previous government under which recruitment shrank. I absolutely reject the premise of the member's question. Our budget and our record shows record investment into the system.

The member referred to ambulance services. We have had a tough month, there is no question. We are essentially in the middle of our COVID surge. That is what March has shown; that was prepared and planned for. What we have shown with our health system is that we have prepared and planned for that surge. The system is holding up incredibly

well. I am incredibly proud of the health system we have in Western Australia. I am deeply grateful to the nurses, doctors and health support staff who are doing extra shifts, doing overtime and filling the gaps of their furloughed colleagues and for making sure that our health system still operates and is functional.

I reject the question. I reject the premise of the question. We have one of the best health systems in the world. We are in the middle of our pandemic peak. If we look at what has happened in the rest of the world when they were at their peak, we see that there is absolutely no comparison with the outstanding management of this government of this pandemic.

AMBULANCE RAMPING

245. Ms L. METTAM to the Minister for Health:

I have a supplementary question. We were seeing over 2 000 hours of ramping before COVID in 2019.

The SPEAKER: Order! Member, you are starting with a statement; you need to ask a question.

Ms L. METTAM: Will the minister rule out taking over ambulance services from St John?

Ms A. SANDERSON replied:

This has absolutely nothing to do with ramping. We work closely with St John Ambulance. I have a very close family member employed by St John Ambulance as a paramedic. I am a full supporter of St John Ambulance and paramedics. If the member wants to understand where we are in comparison with other states and territories when they were at their peak, during the Delta outbreak in New South Wales only 60 per cent —

Several members interjected.

The SPEAKER: Order, please!

Ms A. SANDERSON: Only 60 per cent of patients were attended to within a 10-minute target at a status 3 alert. Last Tuesday, Victoria had to issue a code red and people who called 000 were asked to make their own way to hospital. Victoria is not in its surge now. We are in our surge now and our system is holding up. In Queensland, there are 500 hours of ramping a day. I can confirm to the house that we are currently negotiating the St John Ambulance contract.

SOCIAL HOUSING ECONOMIC RECOVERY PACKAGE

246. Ms J.L. HANNS to the Minister for Housing:

I refer to the McGowan Labor government's $2.1 billion investment in social housing for Western Australians and take this opportunity to thank the minister for the commitments in my electorate of Collie–Preston.

(1) Can the minister update the house on how the government's social housing economic recovery package is helping to boost housing supply and how it is helping drive the delivery of social housing across the state?

(2) Can the minister outline to the house how this package is supporting local jobs and local businesses?

Mr J.N. CAREY replied:

I thank the member for Collie–Preston for her question.

(1)–(2) We know that housing is booming across Australia, and in Western Australia that is very evident with 27 000 building approvals in the last financial year and 4 000 in the regions. With that, we understand that there are challenges in delivery, but, as a government, we are doing everything we can to accelerate the delivery of social housing right now.

We heard the opposition claim that there is just tinkering; that nothing is happening right now in social housing delivery. That is false. That is wrong. We have the $221 million housing and homelessness investment package. We have the $80 million modular build program for regional Western Australia. We have a major spot purchasing program. We have the conversion of unused Government Regional Officers' Housing properties back to local government or the social housing sector and, of course, we have the $319 million social housing economic recovery package. That is all happening right now.

Today, I am pleased to have announced a new round of grants—$39 million to the community housing sector. That will fund nine organisations to deliver over 170 new social homes in Western Australia. This housing will help some of the most vulnerable. It will include crisis accommodation. I will give an example. We will be helping to fund Bethanie Housing, which will deliver a new 50-apartment building for low-income earners over the age of 55 years. That investment of $39 million will leverage in total an estimated more than $62 million in projects. This demonstrates very clearly what we are doing right now to build social housing. It is about not only our public housing stock, but also growing the community housing sector. I am pleased to note two recipients were two local governments—the Shire of Harvey and the Shire of Murray. This demonstrates our genuine commitment to work with innovative local governments that are prepared to step up and offer solutions to deliver more social housing in Western Australia.

ROAD TRAUMA TRUST ACCOUNT — HEART HUB SOUTH WEST

247. Ms M.J. DAVIES to the Minister for Road Safety:

I refer to the work done by Heart Hub South West in Collie, providing road trauma counselling and support services for families and community members devastated by the impact of road trauma. Given that the road trauma trust account currently has $29 million in unallocated funding and noting that there will be a significant budget surplus, will the minister commit to fund this important service so it can continue to grow and support more regional families?

Mr P. PAPALIA replied:

I thank the member for her question and the reference to Heart Hub. I understand that the Leader of the Opposition met Scott and Tarryn when she was in Collie recently.

Ms M.J. Davies: Yes, I did.

Mr P. PAPALIA: It is a terrible situation that Tarryn encountered with the loss of her child. Her motivation for wanting to provide opportunities to educate others and prevent similar suffering by others is applauded. The issue with anything to do with the road trauma trust account and its management is that I do not do it. The Road Safety Council makes an assessment of applications for use of the funds. As people are aware, all the funds that accrue from infringements and penalties with regard to road safety cameras and the like go to the road trauma trust account and are then managed on recommendation from the Road Safety Council. It provides me with recommendations. It retains a small contingency, by necessity, each year. As the member is aware, questions have been asked about this in the other place. Otherwise, all the money is expended on appropriate measures and programs and grants recommended by the Road Safety Council. During the time I have been in the role, I do not recall disagreeing with its recommendations other than on one occasion, when I encouraged greater expenditure on a similar proposal relating to injury matters. There was funding for injury matters and I suggested that it might be expanded, and it was.

ROAD TRAUMA TRUST ACCOUNT — HEART HUB SOUTH WEST

248. Ms M.J. DAVIES to the Minister for Road Safety:

I have a supplementary question. If it cannot be funded or the minister does not have control over the road trauma trust account, can he please commit to funding this out of other budget sources given that the government is about to post a record budget surplus in the upcoming state budget?

Mr P. PAPALIA replied:

All I would say is that within the portfolio that I am responsible for, Road Safety, it has access to the road trauma trust account for appropriate measures aligned with reducing road trauma. As I said, any applications for use of that fund are made to the Road Safety Council, and it makes recommendations to me. I understand that the Commissioner for Main Roads has met with Tarryn as well and is working with her on measures that might employ her knowledge, experience and support in advocating for greater road safety outcomes. The normal practice is that people make a proposal to the Road Safety Council, there is an annual allocation and the funding is assigned appropriately.

ABORIGINAL CULTURAL HERITAGE ACT — REGULATIONS CO-DESIGN

249. Ms C.M. TONKIN to the Minister for Aboriginal Affairs:

I refer to the McGowan Labor government's commitment to protecting and managing Aboriginal cultural heritage across Western Australia. Can the minister update the house on the implementation of the historic Aboriginal Cultural Heritage Act and the co-design process that is being undertaken to deliver the regulations and guiding documents?

Dr A.D. BUTI replied:

I thank the member for Churchlands for her question.

As members know, last year this Parliament passed the Aboriginal Cultural Heritage Act 2021. It is with great pleasure that I announce that the co-design of the regulations, which will enable the act to become operational, has commenced. Only last week, I attended the launch of that process. I met with many Aboriginal stakeholders, peak bodies from the resources industry and governments to talk about that process. The object of a co-design process is that all interest groups, stakeholders and members of the public who want input into that process will be afforded that opportunity. I am determined that that process will be completed early next year in order for most of the new act to become operational. There will be three consultation phases across the state. The regional consultation process will commence in April and May. Aboriginal groups, mining companies, resources companies and others will have an opportunity to invest in that process by making submissions and attending various workshops. It is really important that these regulations come into play because we want to move into a modern legal framework for the protection of Aboriginal cultural heritage in Western Australia.

The act is an incredibly significant piece of reform undertaken by the McGowan government that the other side could not even attempt during its eight years. I remember that the proposals of Dr Hames were absolutely disgraceful. They were pulled out of circulation. During the debate last year, we had various comments by certain members on the other side that also showed that they did not understand Aboriginal cultural heritage. The history of the

Liberal–National Party conservative establishment in Western Australia when it comes to protecting Aboriginal and Indigenous rights is absolutely appalling. The Court government introduced legislation to seek to override the Native Title Act, which was struck down by the High Court. It was not only inconsistent with the commonwealth legislation, but also racially discriminatory.

I invite members on the other side to become part of this co-design process and be positive—just for once. This co-design process is a very positive way forward. I would also like to acknowledge the assistance that I am receiving from Hon Rosie Sahanna, MLC, who is helping me in our meetings with various stakeholders. This co-design process seeks to establish the regulations to ensure that the new legislation that was passed by this Parliament last year to better improve the protection of Aboriginal cultural heritage will balance the need to protect Aboriginal cultural heritage with ensuring that we are able to use land in a way that will support the economic development of Western Australia to create prosperity and employment opportunities for Aboriginal people and people throughout the state of Western Australia.

STATE BUDGET 2022–23— MOTORING COSTS

250. Mr R.S. LOVE to the Premier:

I refer to the RAC's pre-budget submission, which calls for measures to alleviate the surging cost-of-living pressures on WA motorists. Will the Premier use a tiny share of the forecast budget surplus to freeze motor vehicle licence fees for three years to help Western Australian families make ends meet?

Mr M. McGOWAN replied:

Obviously, the budget will come down on 12 May. Those who have been here a while and have listened over the years will understand that the government makes announcements in the lead-up to that point of time, as indeed other governments have and will make announcements about all these important issues in the lead-up to that time. I note that this government has put more effort into regional roads and safety than any government ever. Look at the projects out there. Look at the Bunbury Outer Ring Road, Bussell Highway and Manuwarra Red Dog Highway. The Minister for Transport has spoken to and worked with Barnaby Joyce and secured money for Western Australia. That is what this Minister for Transport was able to do. She went out to talk to Barnaby Joyce and got large amounts of money, as was announced recently, for Western Australia. It is great that we have a minister who is prepared to do difficult things like talk to Barnaby Joyce. We get results when we talk to Barnaby Joyce, unlike the Nationals WA, who refuse to talk to Barnaby Joyce. The Nationals do not like Barnaby Joyce. The National Party here will not work with Barnaby Joyce, whereas this minister swallowed her pride, swallowed her thoughts on these matters, and went and worked with him. Look at the outcome—massive amounts of investment into Western Australia in the transport portfolio. It was around $2.1 billion or thereabouts that was announced recently. It was $2.3 billion or thereabouts, maybe more.

Ms R. Saffioti interjected.

Mr M. McGOWAN: No, we secured $2.5 billion from the commonwealth government because we have a minister and indeed a Premier who are prepared to go and talk to it.

Remember the last government? Now Colin Barnett—I have warmed to him; I have moved on—used to stand here and say, "Why would I talk to them?" He would stand here and say, "No, I don't talk to them", which I thought was a very odd way of conducting himself. It meant that when it came to getting commonwealth spend in Western Australia, the GST was not fixed and investment in roads and rail did not take place. The only one who actually put any money into Western Australia was Kevin Rudd. He put money into Western Australia about 10 or 12 years ago, during the last government. It is the case that we have worked cooperatively to get that investment.

This Minister for Transport created the regional road safety program, which has a cost–benefit analysis I think of four to one or something of that nature, that she put to the commonwealth government. It relates to all those treatments—the edges, the rumble strips, all that sort of stuff—on thousands of kilometres of regional roads. It is designed to save lives. Do members know what it does? It saves lives. That is being rolled out all over Western Australia and now adopted around the country. Barnaby Joyce saw the merit in that. He said, "That's a great idea, Rita", and now it is being rolled out around Australia. That is what we do. We come up with great ideas. We get the commonwealth government to fund them and, therefore, under this Labor government, people around regional WA for the first time ever are getting properly treated and we are saving lives on regional roads.

The member might recall—I recall well—Brendon coming in here and saying no way, he was not investing in roads. I remember him saying that people do not leave regional towns because of the quality of roads. A lot of them die, but that is right; they do not leave. What we do is we invest in regional roads and we save lives, and we get major investment by the commonwealth into those programs. I am sure that the RAC appreciates the extraordinary effort that this government has gone to to save the lives of regional people around Western Australia, even if the National Party does not.

STATE BUDGET 2022–23— MOTORING COSTS

251. Mr R.S. LOVE to the Premier:

I have a supplementary question.

Several members interjected.

The SPEAKER: Order, please! Just wait until we have got order.

Mr R.S. LOVE: The Premier announced that he will be making a series of announcements before the budget. Will a freeze on car registration fees be one of them?

Mr M. McGOWAN replied:

The good thing about these things is that the member for Moore will learn about them when we announce them. We will announce significant measures in the lead-up to the budget because, as the member might know, we are the one government in Australia that has its finances under control. I was able to comment on this issue this morning. What bad financial managers the Liberals and Nationals are. What extraordinarily bad financial managers they are. We can have a look at the record. From 2008 to 2017, the Liberals and Nationals took the state's debt from $3.6 billion across the forward estimates to $44 billion. What is that? It is about a 1 000 per cent increase. The commonwealth government, under Tony Abbott, Malcolm Turnbull, Scott Morrison, Barnaby Joyce, Michael McCormack and Barnaby Joyce, managed to take its debt levels from around $250 billion to now approaching a trillion dollars of debt. They claim to be better financial managers—a trillion dollars of debt! The fact of the matter is, and the evidence is there, that the Liberals and Nationals are shocking financial managers. They set the country and the state up for decades of debt. At least in the case of Western Australia we have had a government that has got it under control, and that has the capacity for and a record of proper financial management and assisting families, particularly with targeted measures.

I might note that members opposite opposed it when we put in place a $600 electricity credit. They were out there opposing that.

Several members interjected.

Mr M. McGOWAN: The Leader of the Liberal Party was out there opposing it. The bloke in the cartoon this morning, I can identify him. It was the Leader of the Liberal Party in the cartoon this morning, just so everyone knows who it was. He was out there opposing the $600 credit. That is the sort of thing that members opposite promote, whereas we are out there making sure that the cost-of-living pressures are much more under control, in addition to having good financial management, compared with any time members opposite were ever in office.

The SPEAKER: The member for Forrestfield with the last question.

POLICE — TECHNOLOGY

252. MR S.J. PRICE to the Minister for Police:

I refer to the McGowan Labor government's commitment to ensuring that the Western Australia Police Force has the equipment it needs to help keep Western Australians safe. Can the minister outline to the house how this government's investment in new technology for WA police will support frontline operations and allow them to respond rapidly to incidents in the community?

Mr P. PAPALIA replied:

I thank the member for Forrestfield for his question, for his wholehearted support of police in his electorate and for his enthusiasm about the impending new police station.

The McGowan government's record with regard to police and technology and empowering our police force is second to none. It is extraordinary to contemplate what has been achieved in the last five years. The first was selecting and appointing the best Commissioner of Police that this state has ever seen. I take the opportunity to acknowledge his impending ascension to the role of Governor of the state. As our first ever police officer for that role, it is a wonderful recognition of not only him, but also the performance of the police force in the last couple of years in particular.

That commissioner and his command team were then empowered to transform the Western Australia Police Force to the point at which it is now recognised worldwide as a leader. We saw the creation of the State Operations Command Centre, which smashes together real-time intelligence with operations to create unparalleled support for operators on the front line. There was an incredible increase in support for and resourcing of police that saw them receiving body-worn cameras that can provide intelligence and support for police officers against spurious and malicious accusations that might result from their operations. Police have been empowered with technology like the OneForce phone. It sounds small but it is a magnificent and huge leap forward in digital technology for all police officers, who now get situational awareness and access to databases that they never had access to before in their hands out there on the front line. Things like the drones have been linked to that technology to ensure that police get greater situational awareness all the time.

Most recently, the Premier, the commissioner, Deputy Commissioner Blanch and I were at the Maylands Police Complex to witness a world first. Apple and Motorola combined for a world-first integration of Apple CarPlay with our police operations system. Apple tested that technology and capability here before anywhere in the world. All around the world police and police agencies and the like have been creating and designing computer systems to be pushed into a vehicle to try to provide police with access to intelligence in a vehicle. Now our police officers with that OneForce phone can get into any of their police vehicles and it will integrate immediately with CarPlay to provide them with hands-free access to data, intelligence, upgrades and advice about the situation they are about to confront. It will increase the speed, efficiency and safety of police in Western Australia, and it leads the world.

It is wonderful to see this great legacy for you, Madam Speaker, from your time as Minister for Police, and a great legacy for the best police commissioner Western Australia has ever seen—probably the country, I would say. It is a fantastic thing to witness and I look forward to that growth in technology being applied to real-time policing for safety, efficiency and speed of policing to continue in the future.

The SPEAKER: Members, that concludes question time.

JOINT STANDING COMMITTEE ON THE COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE

Inquiry into the most effective ways for Western Australia to address food insecurity for children and young people affected by poverty — Terms of Reference — Statement by Speaker

THE SPEAKER (Mrs M.H. Roberts) [2.59 pm]: I have received advice that the Joint Standing Committee on the Commissioner for Children and Young People has resolved to inquire into the most effective ways for Western Australia to address food insecurity for children and young people affected by poverty. The inquiry will consider —

(1) The impact of poor nutrition on children and young people and the extent of the problem in Western Australia.

(2) Challenges for children and young people in accessing enough nutritious food.

(3) The extent to which food relief —

  (a) is currently accessed by children and young people, including at school and in early childhood education and care settings; and

  (b) is effective.

(4) The extent to which food literacy programs aimed at children and young people and/or their parents/carers —

  (a) are currently accessed; and

  (b) are effective.

(5) Government-funded school lunch programs.

(6) Any other existing or potential initiatives.

(7) Western Australia's obligations and responsibilities to monitor and address food insecurity as an aspect of child wellbeing.

The committee will report to the house by 30 April 2023.

HEALTH AND DISABILITY SERVICES (COMPLAINTS) AMENDMENT BILL 2021

Second Reading

Resumed from an earlier stage of the sitting.

MS A. SANDERSON (Morley — Minister for Health) [3.01 pm] — in reply: I rise to continue my second reading reply on the Health and Disability Services (Complaints) Amendment Bill 2021. Before 90-second statements, I was running through the need to pass this bill as soon as we can. Obviously, Western Australia now has the Voluntary Assisted Dying Act, which came into effect in July 2021. Care navigators are a very important and successful part of that scheme. Some social workers can have a role as a care navigator, but they are not regulated under the national registration and accreditation scheme. Therefore, it is important that they have a framework under which they can be regulated, seeing as they are working with very vulnerable people at the end of their lives.

Other important reasons for the legislation have arisen through two recent royal commissions: the Royal Commission into Aged Care Quality, and the ongoing Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Quite rightly, they both raised concerns about the regulation of workers in the aged-care and disability sectors and home-care workers in particular, because often they visit very vulnerable clients on their own when no-one else is with the client. Broader workforce options and regulations are under consideration for clients and workers, but they will also be able to be applied under the national code because they operate outside the NRAS.

The bill will also protect the community against providers who make false claims that they can cure illnesses, financially exploit clients and engage in sexual misconduct or improper personal relationships with clients. This will fulfil an election commitment from Labor at the last election.

Some of the more recent examples of the need for this legislation have been reported in the media, in particular Tyson John Vacher, who, essentially, presented himself as a qualified counsellor but was not. That was particularly predatory behaviour towards very vulnerable women who needed support. He got his just deserts. This bill will provide greater protections against people who purport to present themselves as qualified health professionals or who claim to be able to fix something that they cannot. We have touched on the damage and the harm caused by

conversion therapy practices at some length in this chamber. There was the incredibly sad case of the woman whose homeopath claimed she could cure cancer with homeopathy, with terrible outcomes for her client, and ex-midwife Lisa Barrett who provided home-birthing services when she was not a currently registered midwife, which ended in some very tragic results.

I am very happy to move into consideration in detail and run through any of the specific questions the opposition may have. I thank members for their contributions. Some of them were very personal. As always, it is important to hear and to acknowledge those contributions. I commend the bill to the house.

Question put and passed.

Bill read a second time.

[Leave denied to proceed forthwith to third reading.]

Consideration in Detail

Clause 1 put and passed.

Clause 2: Commencement —

Ms L. METTAM: Other than sections 1 and 2, the rest of the act will take effect on a day fixed by proclamation. Can the minister indicate when she expects that will be?

Ms A. SANDERSON: The advice I have been provided is that sections 1 and 2 do not require regulations, but that the rest of the act will. They will be proclaimed on the day the regulations are tabled and in place.

Ms L. METTAM: Will any other factors affect the timing of the drafting of the regulations?

Ms A. SANDERSON: The workload and priorities of the Parliamentary Counsel's Office will affect the timing. There are significant drafting requirements on parliamentary counsel at the moment. I would be seeking priority, but regulations are not prioritised by cabinet, so parliamentary counsel will do that as soon as it can. Obviously, I am keen to get this in place as soon as possible.

Ms L. METTAM: Can the minister indicate whether it will be by the end of the year, potentially?

Ms A. SANDERSON: The Parliamentary Counsel's Office would never appreciate me verballing, but I would be very excited to have it by the end of the year.

Clause put and passed.

Clause 3: Act amended —

Ms A. SANDERSON: We have an amendment to clause 3. I move —

> Page 2, line 10 — To delete "Act" and insert —
>
> Act, other than section 43,

Ms L. METTAM: What is the purpose of the late amendment to this clause?

Ms A. SANDERSON: It is a last-minute tidy-up from the Parliamentary Counsel's Office. Outside of that, I probably could not give the member a better explanation.

Amendment put and passed.

Clause, as amended, put and passed.

Clause 4: Section 3 amended —

Ms L. METTAM: I note that there is a new definition of "health care worker". It states —

> ***health care worker*** means an individual who provides a health service (whether or not the individual is a registered provider);

Can the minister provide any examples of the types of workers who would be captured by this definition who are not registered providers?

Ms A. SANDERSON: The list in the national code of conduct is fairly extensive. I am happy to provide the list for the member. Essentially, it has most of the workers that I read out in my second reading speech, such as allied health assistants, art therapists, aromatherapists, bioresonance practitioners and cardiac scientists. I listed a range of workers under the national code, and I am happy to table that for members.

[See paper 1086.]

Ms L. METTAM: Thank you for the response, minister, and for tabling the list as set out in the national code. The definition of "health service" adds the words "injury or suspected disorder or injury" to the end of the current definition of "diagnosis or treatment of physical or mental disorder" in the act. With respect to an injury or suspected injury, which health services does this amendment expect to bring into the scope of the legislation that were not incorporated in the original definition?

Ms A. SANDERSON: An example of one of the health services that would be brought into the scope of this bill is massage therapy.

Ms L. METTAM: Would it be limited to massage therapy? Can the minister give me further clarification on how that is determined?

Ms A. SANDERSON: Deputy Premier—Deputy Speaker; I gave you a promotion!

The DEPUTY SPEAKER: That's a big jump; sorry, Roge!

Ms A. SANDERSON: It relates to people who practice therapies that involve physical touch and physical therapy, such as occupational therapists and massage therapists. Those would be the kinds of examples whereby they could actually cause physical injury to a person.

Ms L. METTAM: I note that the clause adds to the definition of health service, a service that is "prescribing or dispensing a drug or medicinal preparation" as part of the provision of palliative health care and voluntary assisted dying. Can the minister explain why this additional clause was required and which potential additional health services would be captured by the amendment to this definition in relation to those areas?

Ms A. SANDERSON: This clause relates to a health service that purports to prescribe a dispensing drug or medicinal preparation. I think I am going to massacre the pronunciation of this word, but Ayurveda is one of those examples, and in palliative care, certain medicinal herbs or substances are prescribed, so it is aimed to cover that.

Ms L. METTAM: Thank you, minister. With the changes to the definition of health service, how many further services, occupations or business activities does the minister expect to be included? Is there an understanding of how expanded that list could get?

Ms A. SANDERSON: It includes the list that was tabled today, which was developed as part of the COAG communiqué, but it is very broad and it is assessed on a case-by-case basis. Although there are legitimate therapies in that list, there are quackeries—for want of a better term—that develop over time that people invent for their own purposes. The bill is intended to give enough flexibility to be able to encompass any individual who is purporting to provide a health service that is not registered under NRAS.

Clause put and passed.

Clauses 5 and 6 put and passed.

Clause 7: Section 17A inserted —

Ms L. METTAM: Proposed section 17A(1) states —

> The Director may give an identity card to a member of the staff of the Office.

Noting the word "may", which staff or occupations are intended for the director to give an identity card to?

Ms A. SANDERSON: Every single staff member of the Health and Disability Services Complaints Office has identification cards currently; they are issued them. This formalises that, given that the act gives them powers to enter premises and investigate. It will be any staff member who has those powers conferred to them by the director, like a case officer who is investigating a particular complaint.

Ms L. METTAM: Will these roles requiring an identity card be prescribed by regulation; and, if not why not?

Ms A. SANDERSON: It is not intended that it will be prescribed in regulation, which provides some flexibility. The example that has just been provided to me by the director is that there might be some instances when someone is required to translate or transcribe. That would be an administrative function that would require identification for a short time. The head of power is in the act. It is quite prescriptive in how it is to be issued and it must be returned within 14 days after ceasing to be a member of staff of the office and return the identification card to the director.

Ms L. METTAM: While an identity card will be required to be shown to execute a warrant under proposed section 65, will an identity card be provided to staff members who are not required to execute such warrants? Is this clause only for the purpose of executing search warrants?

Ms A. SANDERSON: It is standard practice for all staff of HADSCO to have identity cards.

Ms L. METTAM: Does the minister have a sample identity card or is there an understanding of what identity card will be created by way of this legislation?

Ms A. SANDERSON: I do not have one at the table, but we can provide one. Just to clarify, one of the officers who is here today has one for the member to look at. To clarify, not everyone with an identity card will issue a warrant; that will not be the powers conferred to them with the identity card. Everyone who enters a premises will have one, and it is standard practice, even without this legislation, for HADSCO to issue them to all staff, but it will not necessarily mean that if someone has the identification card, they will then be issuing warrants.

Ms L. METTAM: Just to clarify that, the minister is saying that having the identity card does not give a person the power to issue the warrant?

Ms A. SANDERSON: That is correct. Every officer would have to go through the normal processes of the act.

Ms L. METTAM: What has necessitated the inclusion of this clause, given the act has been in operation for some time without legislation requiring an identity card, even though the act has provided for the execution of warrants previously? I know the minister has clarified that, but can the minister explain the significance and importance of this particular clause?

Ms A. SANDERSON: Yes. Essentially, the powers under this act are broader and the investigative powers are more significant than under the current act. This really enshrines good practice that is already occurring and allows for those who are entering premises and who can potentially impact on people's livelihoods and their income. It is essentially an important process and transparency of the individuals who are involved in administering the functions under the act to provide those investigations and then recommendations on that.

Ms L. METTAM: I note the penalty or fine under this section is $2 500. Can the minister explain the reason for such a penalty if a former staff member does not return the card within 14 days?

Ms A. SANDERSON: The level of the penalty was on the advice of the Parliamentary Counsel's Office. I think it just adds to the importance of the card and that people are using it appropriately, given the powers conferred on those officers in terms of the ability to shut down people's practices and their livelihoods. It will encourage people to use it appropriately and return it when they are not in the employ of HADSCO anymore. It also complies with similar penalties under the act; it is consistent.

Clause put and passed.

Clauses 8 to 11 put and passed.

Clause 12: Section 29 amended —

Ms L. METTAM: I refer to the amendments that allow the director to continue investigating a complaint that has been withdrawn, and I note the example in the explanatory memorandum of such a scenario in which the director may decide to continue investigating a complaint. Was there any part of the legislation precluding the director investigating a withdrawn complaint; and, if not, what is the requirement for the clause?

Ms A. SANDERSON: It is standard practice currently for when complaints are withdrawn that HADSCO stops. I am not certain whether there are powers under the act that require it to do it, but this makes it explicit. I correct myself, under the current act, a person who complains to the director may, at any time, withdraw the complaint and the director must stop dealing with the complaint. The answer is, yes; the current act requires that the director stop investigating. Given the level of seriousness of a number of the complaints, including improper conduct, improper personal relationships and the relationships that people have with counsellors, social workers and so forth, and that people are often coerced or intimidated into withdrawing complaints, this allows the director to make a determination that it is still in the public interest to continue this and to actually continue investigating that complaint.

Ms L. METTAM: Will guidance be given to the director about complaints that should continue to be investigated that have been withdrawn or will that be at the discretion of the director? I understand the minister's point about people feeling pressured to speak up.

Ms A. SANDERSON: Essentially, the principle that will be applied is the protection of public health and safety: is it in the interests of public health and safety for that particular practitioner to continue practising without an investigation?

Ms L. METTAM: Will there be a reporting mechanism for the director to report the number of withdrawn complaints that have continued to be investigated?

Ms A. SANDERSON: There is no requirement in the act for the Health and Disability Services Complaints Office to report the number of withdrawn complaints. Part of the reason for that is that the numbers can be statistically very small for some practices and individuals could be identified in the annual report.

Ms L. METTAM: If the director decides to continue to investigate a withdrawn complaint but subsequently decides that there is no basis for the complaint, will it be reported—the minister illustrated probably not—in the annual report?

Ms A. SANDERSON: No, there will not necessarily be any public reporting, and I think that is probably to protect the privacy of the practitioner as well as the complainant.

Clause put and passed.

Clauses 13 to 15 put and passed.

Clause 16: Section 34 amended —

Ms L. METTAM: Under clause 16, the director may attempt to settle a complaint in accordance with Part 3A, Division 1, refer it for conciliation under Part 3A, Division 2, or investigate it. Will any guidance be provided to assist the director in determining which complaint resolution path to take?

Ms A. SANDERSON: There is an existing investigative framework within which all the case officers work at HADSCO. Essentially, complaints that suggest that healthcare workers pose a significant risk to public health and

safety would be investigated. Those of a more minor nature—for example, isolated issues such as fees and charges or communications with patients—are better dealt with via a dispute resolution process or a negotiated settlement. Section 34 of the Health and Disability Services (Complaints) Act 1995 gives the director discretion to deal with a complaint about a breach of the national code in various different ways. It is, essentially, based on the investigative framework and consultation with the director as to how that complaint will be managed, and this will be done on an individual basis.

Clause put and passed.

Clauses 17 to 19 put and passed.

Clause 20: Section 36B amended —

Ms L. METTAM: What is the necessity of this amendment given proposed section 34(5A), which states —

> If the Director decides to accept a complaint alleging a matter referred to in section 25(1)(j) or (k) in whole or in part, the Director must then investigate it.

That can be clearly distinguished from proposed section 34(5), which provides the options of negotiation or settlement. Given that the proposed new section stipulates that the complaints referred to in section 25 must be investigated, why are we requiring this new section 36B(1A), which stipulates Part 3A in negotiated settlements? Does that not apply to a complaint alleging a matter referred to in section 25(1)(j) or (k)?

Ms A. SANDERSON: Clause 20 essentially outlines that proposed section 36B(1A) does not apply to a complaint alleging a matter that is referred to in section 25(1)(j) or (k). That is the necessity for that section.

Ms L. METTAM: What is the need for this provision? Is the necessity of this amendment in relation to negotiated settlements already achieved in the act?

Ms A. SANDERSON: It outlines that a settlement can be negotiated in relation to minor matters; that is proposed section 25(1)(i), which refers to a healthcare worker who has failed to comply with a code of conduct that applies to the healthcare worker. A person would not settle under the provisions of proposed sections 25(1)(j), which is when a healthcare worker has failed to comply with an interim prohibition order, or (k), which is when a healthcare worker has failed to comply with a prohibition order.

Clause put and passed.

Clauses 21 to 24 put and passed.

Clause 25: Section 44A inserted —

MS L. METTAM: Although I understand and support the notion of director-initiated investigations, will guidance be provided for the director on how to report the initiation or conclusion of such an investigation, the reasons for investigation and the outcome? I appreciate that the minister has touched on this before.

Ms A. SANDERSON: The Health and Disability Services Complaints Office will report in the annual report which investigations were director-initiated provided they do not breach any confidentiality or potentially identify any practitioner or individuals involved, specifically in cases in which low numbers are involved.

Ms L. METTAM: In the annual reporting, as long as privacy is respected, will there be general commentary on the outcomes as well?

Ms A. SANDERSON: Prohibition orders will be published on the website, so they will be publicly available. It is important that the community is aware of that. Director-initiated investigations that are concluded without further action could be reported in the annual report, but they would be very carefully reported so as not to compromise practitioners or breach any confidentiality.

Ms L. METTAM: On this theme, how will the function be resourced if the director decides to initiate investigations that may challenge the resourcing of the office?

Ms A. SANDERSON: HADSCO is resourced with case officers. Those matters are worked through in the budget process.

Clause put and passed.

Clause 26: Section 48 amended —

Ms L. METTAM: I note that this proposed amendment seeks to insert "Director-initiated investigation" into section 48 of the act, which defines the procedure for investigations. Is this the only guidance for directors pertaining to the conduct of a director-initiated investigation, or will there be requirements for the director to follow? The minister has touched on this before.

Ms A. SANDERSON: HADSCO has been established for 25 years and has very strong internal investigative processes and protocols. In addition, this legislation will prescribe a number of those processes that the officers will essentially need to go through in order to conduct an investigation.

Ms L. METTAM: The proposed amendment will enable the director to determine his or her own rules, and not be bound by the rules of evidence when conducting a director-initiated investigation. Is this consistent with other states or jurisdictions?

Ms A. SANDERSON: Yes, this section is consistent with other states and territories. Investigations are also subject to State Administrative Tribunal review and judicial review, so if procedural fairness is breached, that can be reviewed in both jurisdictions.

Clause put and passed.

Clause 27 put and passed.

Clause 28: Parts 3D and 3E inserted —

Ms L. METTAM: This clause refers to the interim prohibition orders. Under proposed section 52B(2)(b), an interim prohibition order of not more than 12 weeks can be imposed. What is the basis for determining 12 weeks as the maximum? Is this consistent with other states and jurisdictions; and, if not, why was 12 weeks chosen for WA?

Ms A. SANDERSON: It is consistent with other states and territories. It can be less, it can be extended, but 12 weeks was determined to be an appropriate time to complete an investigation that is required.

Ms L. METTAM: Just to clarify, the minister said that it is consistent with other states and territories. Is the minister saying that it is 12 weeks across the board?

Ms A. SANDERSON: My understanding is that it is 12 weeks across other states and territories' legislation.

Ms L. METTAM: Under proposed section 52B(3), the director must not make an interim prohibition order unless the director reasonably believes that the healthcare worker failed to comply with a code of conduct or the healthcare worker had been convicted of a prescribed offence. Were other circumstances considered that could justify issuing an interim prohibition order—for example, for an action on which a code of conduct is silent or which is not a prescribed offence, but which poses serious risk to the life, health, safety or welfare of a person?

Ms A. SANDERSON: The clause is written so that proposed sections 52B(3)(a) and (b) cannot be used in isolation. I think that is the question. The director must reasonably believe that the healthcare worker failed to comply with the code of conduct or the healthcare worker had been convicted of a prescribed offence, and the director has to be satisfied that the life, health, safety or welfare of a person is at risk. It is written to be administered together, so if a healthcare worker breached the code or had been convicted of a prescribed offence but there was not necessarily a serious risk to life, health, safety or welfare, an interim prohibition order would not be made.

Ms L. METTAM: I seek clarification. The minister stated that the safety risk and code of conduct would work together, but I am asking whether there will be justification for such an order when there is not a prescribed offence but when the actions pose a serious risk to health, safety or welfare?

Ms A. SANDERSON: Apologies, member, I do not quite understand the question. Could the member run through that again?

Ms L. METTAM: I wonder whether there will be any circumstance within which it will be considered suitable for an interim prohibition order in a case in which there is a serious safety risk but in which it is not outlined in the code of conduct? It may not be a prescribed offence—I am talking hypothetically—but it is clearly a risk to the welfare of an individual.

Ms A. SANDERSON: To be honest, it is very hard to think of any circumstance that would be a breach of the code or a prescribed offence that would not lead to risk to life, health or safety. It is very difficult to come up with any kind of scenario or circumstance because services must be provided in a safe and ethical manner. That is part of the national code; it is quite broad. If life or health is at risk, a safe and ethical service is not being provided.

Ms L. METTAM: I note that under proposed section 52B(4), there will be capacity to extend an interim prohibition order. Can it be extended only the once or will this proposed section allow for further extensions; that is, will it be limited to just one extension?

Ms A. SANDERSON: If the member does not mind, can we come back to that question?

Ms L. METTAM: Okay.

Under proposed section 52C, the director must give written notice of the interim prohibition order. Will the director be required to notify the employer of a healthcare worker?

Ms A. SANDERSON: This is getting into tricky territory, because the legislation is designed to focus on the healthcare worker rather than the organisation. Notifying the employer is not prescribed in the act as such, but as part of any investigation, the Health and Disability Services Complaints Office will be required to enter premises to investigate, and that will involve talking to colleagues and so forth. In that process, an employer will be notified. Procedural fairness for employees and employers will also need to apply in terms of their employees being investigated. It is not prescribed in the act, but it will be part of an investigation.

Ms L. METTAM: Notwithstanding that proposed section 52O will require the publication of interim prohibition orders and prohibition orders, will a director be required to notify an employer of an interim prohibition order that has been applied to an employee of a health service; and, if not, why not?

Ms A. SANDERSON: I seek to bring another adviser to the table.

The DEPUTY SPEAKER: Yes, minister.

Ms A. SANDERSON: There will be no prohibition on advising the employer or body corporate, but there will be no requirement either. It will be on a case-by-case basis. It is based on the same principle under which the Australian Health Practitioner Regulation Agency investigates health practitioners. If a doctor or nurse makes a mistake in a hospital, AHPRA investigates. They can be investigated by an outside party or the executive of the hospital. It is designed to focus on the actual health practitioner and not the organisation. This bill is designed in the same way—to focus on the practitioner and not the investigation. The act does not prohibit or require them to do so, but as part of an investigation, they may be required to have those discussions or to inform the employer.

The DEPUTY SPEAKER: Minister, if you need three advisers, I can allow them to be at the table. We just need to keep masks on and try to social distance as much as possible. We would need to grab another chair and then bring in the other adviser.

Ms A. SANDERSON: Mr Deputy Speaker, I appreciate that. Thank you.

Ms L. METTAM: Will there be information-sharing arrangements with other jurisdictions pertaining to interim prohibition orders?

Ms A. SANDERSON: Yes, the IPOs will be public and shared with other jurisdictions. They will also be available for the public to see whether a practitioner has an IPO in place.

With the indulgence of the Acting Speaker (Mr D.A.E. Scaife), I will answer some questions that I had parked. I refer to proposed section 52B(4) and the expiration of the period. Yes, that can be extended for however long is required. I understand that the only other jurisdiction that has those extension powers is Victoria. On the consistency around the 12-week period, I seek to correct the record that Victoria and Queensland have 12-week IPO periods and New South Wales has an eight-week IPO period.

Ms L. METTAM: I thank the minister for that response. Just to clarify, will there be capacity under proposed section 52B(4) to extend the prohibition order multiple times in WA, but only by up to 12 months?

Ms A. SANDERSON: There will be capacity to extend the prohibition order, but there will be no limitation on the number of extensions.

Ms L. METTAM: I refer to proposed section 52G. How was the penalty determined for failure to comply with the interim prohibition order, and how consistent is this amongst other jurisdictions?

Ms A. SANDERSON: The fine of $30 000 was deemed appropriate in Western Australia because it is consistent with a similar fine under the AHPRA national law.

Ms L. METTAM: Proposed section 52H(2) sets out that the director may make a prohibition order prohibiting a healthcare worker from providing a health service either permanently or for the periods specified in the order. My question is similar to the one I asked earlier. Will guidance be provided to the director pertaining to the duration for which a healthcare worker should be prohibited from providing any health service or the circumstances in which they should be permanently prohibited?

Ms A. SANDERSON: The length and breadth of any interim order will be determined on a case-by-case basis depending on the potential impact on public health and safety of that practitioner. It would really have to be considered in that frame. For example, we will not necessarily put a permanent prohibition on someone who has breached in a minor capacity or if it is the first time that they have breached, but if someone repeatedly breaches and compromises public health and safety, it will be considered under those circumstances.

Ms L. METTAM: Will any guidance be presented to the director pertaining to that duration or will a judgement call be made? If guidance is provided, how will that guidance be provided?

Ms A. SANDERSON: The national code provides some guidance and national consistency. It will be to some extent a judgement call, but investigators of the director will have to be satisfied that they have met a certain standard. There is and will be ongoing liaison with other states and jurisdictions that have had this type of legislation in place for a number of years now and they will help provide guidance to Western Australia on what is appropriate and what is not, the length of prohibition orders and the conditions of those orders. On top of that, the conditions will also be subject to review by the State Administrative Tribunal. The director or case officer will have to be satisfied that those conditions are proportionate and appropriate, and will survive a review by SAT.

Ms L. METTAM: Under proposed section 52J, the director must give written notice of the prohibition order. Will there be a requirement for the director to notify the employer of a healthcare worker?

Ms A. SANDERSON: Interim prohibition orders are public documents. In that sense, it will not be a requirement but it will be a sensible part of the process, as they will be published on a website, so it will be appropriate.

Ms L. METTAM: Under proposed section 52L, the director may vary a prohibition order. How will the director ascertain information that would lead the director to vary a prohibition order, and can information be provided at any time?

Ms A. SANDERSON: At any time, information and evidence can be provided to the director that may provide substance to the order being varied up or down. Someone may make a case for either of those at any time during the period of the prohibition order.

Ms L. METTAM: On what grounds will a director vary a permanent prohibition of a healthcare worker providing services and will the director be required to report either individual or aggregate details of prohibition orders or variances of prohibition orders?

Ms A. SANDERSON: If evidence is presented to the director that would potentially provide for a need to vary the direction, the director will still have to have regard to the code of conduct and the life, health, safety or welfare of that practitioner. Under proposed section 52L(1) —

> The Director must, by order, vary a prohibition order if the Director is satisfied that the restrictions contained in the prohibition order should be reduced.

If they are satisfied that evidence has been provided that it should be reduced, they will be required under the act to change the order.

Ms L. METTAM: Will the director be required to report the individual or aggregate details of the prohibition order or variances of the prohibition order?

Ms A. SANDERSON: That would be a new or amended prohibition order that would then be published on the website.

Ms L. METTAM: Under division 3, "Publication of information about orders", and noting the publication requirements when a prohibition order has been issued, including expiry dates, will the director retain historical information on the website after the expiration of a prohibition order?

Ms A. SANDERSON: The information around an interim prohibition order will be retained on the website unless it is revoked or the State Administrative Tribunal makes a request to remove it.

Ms L. METTAM: The minister said unless it is requested by SAT. I imagine that if it is requested and SAT makes that determination, it will be removed.

Ms A. SANDERSON: It will be once it has been through a review. If a practitioner seeks a review through SAT or a judicial review and it is revoked under those circumstances, it will no longer be on the website.

Ms L. METTAM: The minister answered my next question on that. In division 5, are the penalties in proposed section 52Q consistent with those in other state jurisdictions?

Ms A. SANDERSON: They are not necessarily consistent with those in other jurisdictions, but they are consistent with the Australian Health Practitioner Regulation Agency act.

Ms L. METTAM: With regard to interstate orders, has consideration been given to extending this legislation to apply to corresponding laws in jurisdictions outside Australia? The place that comes to mind is New Zealand.

Ms A. SANDERSON: That consideration has not been given because it is nationally consistent uniform legislation for Australia.

Ms L. METTAM: I refer to part 3E, "Public health warning statements relating to health care workers". Proposed section 52R states —

> The Director may publish a statement setting out the name of a health care worker if the Director has commenced an investigation …

I note the use of the word "may". What factors will determine whether a public health warning statement is published or whether an investigation will occur without a public health warning statement being published?

Ms A. SANDERSON: Again, it will be that threshold of public health and safety and that risk to life and welfare that is central to this legislation that the director must have regard for.

Ms L. METTAM: Just to clarify, will the director have that discretion and make that decision on their own? Will it just be a determination that will take into account those considerations.

Ms A. SANDERSON: The director will publish such a statement under proposed subsection (1) only if there is a reasonable belief that the healthcare worker has failed to comply with the national code of conduct. The warning statement will be necessary to minimise that risk to public health and safety.

Ms L. METTAM: Under proposed section 52R(3), what other details will be considered reasonably relevant? Will a situation include, for example, a photograph of the health worker or their place of employment, or will the director have total and extensive discretion on the information that he or she will include in the public health warning statement?

Ms A. SANDERSON: The provision allows the director to include any relevant information in a public health warning statement to advise the public of the risks associated with the services provided by the healthcare worker. This might include the types of treatment offered by a healthcare worker, the time frame in which they offered services and any aliases or pseudonyms that may have been used by the healthcare worker.

Ms L. METTAM: Under this proposed section, will the Health and Disability Services Complaints Office be resourced to advertise if the director considers that an advertisement in the paper, for example, is appropriate for the circumstances or for the public health risk?

Ms A. SANDERSON: That is within the resources of HADSCO.

Ms L. METTAM: To clarify, as the minister has stated, it is within the resources of HADSCO, but my question is: will the director have the power to undertake such activities?

Ms A. SANDERSON: They will.

Ms L. METTAM: When a public health warning statement is revoked under proposed section 52S(4)(b), a revocation statement may be published in any other manner that the director considers appropriate. Will it be a requirement to ensure that the publication of the revocation is as prominent and as extensive as a public health warning statement published under proposed section 52R(4)(b)?

Ms A. SANDERSON: Yes, it would be.

Ms L. METTAM: Likewise, under proposed section 52T(2)(b), will it be a requirement to ensure that the correction of a public health warning statement is as prominent and extensive as a public health warning statement published under proposed section 52R(4)(b)?

Ms A. SANDERSON: Yes, it would have equal prominence.

Clause put and passed.

Clauses 29 and 30 put and passed.

Clause 31: Section 52 amended —

Ms L. METTAM: Can the minister explain the necessity for proposed new section 52(1A)? Will section 52(2) enable the director to continue to investigate a complaint in any event?

Ms A. SANDERSON: Proposed section 25(1)(j) and (k) relate more to the serious interim prohibition orders and prohibition orders, similar to the previous clause. It is those more serious IPOs and POs.

Clause put and passed.

Clause 32 put and passed.

Clause 33: Section 60 amended —

Ms L. METTAM: I refer to the proposed amendment to insert "or other thing" in section 60(1)(b), which is added elsewhere in the bill. Can the minister explain what is encapsulated by the term "other thing"?

Ms A. SANDERSON: The section will be amended to include a reference to "record or other thing". This means that the director can, by written notice, require a person to produce a record, like a medical record. "Other thing" would relate to promotional materials, clinical procedures or equipment. Given the range of health services covered by the national code, the director needs to be able to require someone to produce material that is relevant to an investigation; hence "record or other thing" is being added to this section.

Ms L. METTAM: Is the list exhaustive, or is the term "other thing" intended to be open-ended and open to interpretation?

Ms A. SANDERSON: It would be any "other thing" that is relevant to the investigation.

Ms L. METTAM: I refer to proposed new section 60(1A) under which the director may direct a person to give such information as is requested in relation to any matter and the person is to answer any question. Can the minister explain the genesis or the reasoning behind this clause?

Ms A. SANDERSON: Essentially, this will give the director the power to require people to answer questions and provide the information requested.

Ms L. METTAM: Have there been any examples of previous investigations under the act of a person refusing to cooperate? Is that what has prompted this proposed new section?

Ms A. SANDERSON: These powers will be expanded in the act to require people to provide evidence. Because of the seriousness of some of the claims and accusations, HADSCO will be given the opportunity to examine all the evidence that it needs to conduct an investigation and provide a recommendation.

Clause put and passed.

Clause 34 put and passed.

Clause 35: Section 62 amended —

Ms L. METTAM: Can the minister confirm that the requirement to produce a book, document, record or other thing, or to give information or answer a question, is consistent with legislation in other state jurisdictions pertaining to investigations?

Ms A. SANDERSON: I cannot give absolute assurance that the requirement is consistent with every other jurisdiction, having not read all of their legislation, but it has been drafted to provide consistency certainly with Victoria's legislation.

Ms L. METTAM: I just want to clarify that. Is the requirement at least consistent with Victoria, and is the minister unable to confirm whether it is consistent with other states and territories?

Ms A. SANDERSON: Yes; that is correct. This is uniform legislation, so it is mostly consistent, but, where appropriate, there have been some amendments to ensure its applicability to Western Australia.

Clause put and passed.

Clause 36: Section 64 amended —

Ms L. METTAM: The amendments under this clause to section 64 will expand the director's powers by way of an application for a warrant, and they will do that quite significantly. Is this consistent with the powers conferred on directors under similar legislation in other jurisdictions?

Ms A. SANDERSON: There is general consistency across the jurisdictions, but I cannot give the member specific reassurance on every one of those powers, although they are consistent with the Veterinary Practice Bill 2021, which was drafted by the same drafting officer of this bill. That bill provided the ability for prohibition orders to be issued to vets who did not practise to agreed standards. Therefore, the bill is consistent with Western Australian legislation, and with it being uniform legislation, and with reference to the agreed national code, there is general consistency; however, I cannot give the member a power-by-power comparison.

Ms L. METTAM: Were there historical issues whereby the director's powers were limited and led to these changes, or are these changes a consequence of the other amendments?

Ms A. SANDERSON: There have never been issues with the existing act or problems with its powers. This is directly related to administering the national code.

Ms L. METTAM: We have touched on this, but these amendments suggest that the office will require significantly more resources to undertake investigations to the extent that will be allowed by the changes to the act. Will that resourcing be forthcoming subject to the bill passing Parliament?

Ms A. SANDERSON: Any budget decisions are subject to the bill passing Parliament.

Ms L. METTAM: Is the minister anticipating that there will be some additional funding for this office in the upcoming budget?

Ms A. SANDERSON: All that funding and consideration is done through the budget process, but there are a number of elements that would precipitate a requirement for more funding, and that is an actual increase in the number of complaints and investigations required. This does not necessarily mean that there will be more of them; it means that they will be different in nature.

Clause put and passed.

Clause 37: Section 65 amended —

Ms L. METTAM: Proposed section 65(1A)(b) will require a member of staff to display an identity card. Does this mean that the staff member must have it on display for the whole time during the execution of the warrant, by wearing it on a lanyard or pinning it to their clothing; and, if so, why is that necessary?

Ms A. SANDERSON: Yes. It will be a requirement under the bill for them to display it for the entire time they are undertaking an investigation on the premises.

Ms L. METTAM: Minister, will they be required to display it for the whole time, and why is it necessary to display this identity card in such a manner?

Ms A. SANDERSON: Yes; they will be required to display it for the entire time because they will be exercising power under the act, and the act will require them to do that.

Clause put and passed.

Clauses 38 to 41 put and passed.

Clause 42: Section 77A inserted —

Ms L. METTAM: Can the minister provide examples of the healthcare workers who will be captured by the national code of conduct created under these proposed regulations?

Ms A. SANDERSON: For the purposes of *Hansard*, the examples were tabled earlier in the debate.

Ms L. METTAM: Thank you for that, minister. Once a code of conduct has been established by the regulations, how will the relevant health workers be notified of the code of conduct that will then apply to them?

Ms A. SANDERSON: There will be a communications plan to notify the practitioners and peak bodies that work with those practitioners to educate them and provide them with the information they need to understand their obligations under the act.

Ms L. METTAM: I imagine that this communications plan will be quite important given the number of different health services that we will be capturing. What will be the scope of that communications plan, and what funding will be allocated to the plan?

Ms A. SANDERSON: There has already been extensive consultation with a lot of the peak bodies and associations related to those healthcare practitioners, so there is already quite significant understanding and knowledge within those peak bodies. There will be written and verbal communications to them, and HADSCO will absorb the cost of that communications plan.

Clause put and passed.

New clause 43 —

Ms A. SANDERSON: I move —

Page 33, after line 17 — To insert the following new clause —

43. Consequential amendment to *Freedom of Information Act 1992*

(1) This section amends the *Freedom of Information Act 1992*.

(2) Delete Schedule 1 clause 14(3)(a) and insert:

(a) Part 3A; or

Ms L. METTAM: I have a simple question. Can the minister explain the purpose of the new clause?

Ms A. SANDERSON: Clause 43 will make consequential amendments to the Freedom of Information Act 1992. Under schedule 1 of the FOI act, anything said or admitted during HADSCO's dispute resolution, negotiated settlement or conciliation processes is an exempt matter. The reference in schedule 1 of the Freedom of Information Act 1992 to the part of the Health and Disability Services (Complaints) Act 1995 that deals with the negotiated settlement and conciliation will be updated by clause 43 of the bill. Schedule 1 of the FOI act 1992 will now refer to part 3A of the HADSCO act 1995. It will essentially link the act with freedom of information.

Ms L. METTAM: Just to clarify, will investigations undertaken by HADSCO be protected by freedom of information?

Ms A. SANDERSON: Correct; they will be exempt matters.

New clause put and passed.

Title —

Ms A. SANDERSON: I rise to move an amendment to the long title, but I also want to correct the record on the last part of my previous answer, which is that investigations are not exempt matters under FOI. I move —

Page 1 — To delete "***1995.***" and insert —

***1995* and to consequentially amend the *Freedom of Information Act 1992*.**

Amendment put and passed.

Title, as amended, put and passed.

ADJOURNMENT OF THE HOUSE

Special

MR D.A. TEMPLEMAN (Mandurah — Leader of the House) [4.46 pm]: I move —

That the house, at its rising, adjourn until Tuesday, 10 May 2022 at 2.00 pm.

In doing so, I wish the Perth Lynx female basketball team the very best for the final in Melbourne on Saturday. Hopefully, they will bring home the trophy for Western Australia.

Question put and passed.

House adjourned at 4.46 pm