



Parliamentary Debates

(HANSARD)

FORTY-FIRST PARLIAMENT
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LEGISLATIVE COUNCIL

Thursday, 16 March 2023

Legislative Council

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

FREIGHT SUBSIDY ARRANGEMENTS — KIMBERLEY

Petition

HON NEIL THOMSON (Mining and Pastoral) [10.01 am]: I present an e-petition containing 351 signatures couched in the following terms —

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

seek a review of the current freight subsidy arrangements implemented in response to the catastrophic floods that resulted in the destruction of the Fitzroy Crossing Bridge. The current subsidies are at the discretion of the DFES Controller and are based on emergency requirements of food and essentials with any other product transported in the same load rendering the entire freight load ineligible. Further, the current subsidies do not recognise the prolonged periods of high transport costs that face the Kimberley over the years until the construction of a new bridge is completed. Interim infrastructure arrangements may reduce the exceptionally high transport costs currently being experienced; however, all freight time delays will impact on the on business viability and the cost of living in the north until road-trains can traverse Highway 1 unimpeded. We therefore ask the Legislative Council to review the current freight subsidy arrangements to ensure transparency and recognise that business continuity underpins the future sustainability of the Kimberley region.

[See paper 2090.]

PAPERS TABLED

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

SAFE INJECTING ROOMS

Motion

HON DR BRIAN WALKER (East Metropolitan) [10.04 am] — without notice: I move —

That this house —

- (a) notes the tabling in Victoria of John Ryan's independent review into the operation of the North Richmond medically supervised injecting room, and his report's conclusions that (a) up to 63 lives have been saved during the trial period, and (b) the facility should now operate on a permanent basis;
- (b) notes and welcomes WA Labor's acceptance, as set out in its 2019 policy platform, that "drug and alcohol policy should be based on evidence of what works and what does not"; and
- (c) calls upon the McGowan government to review the drug injecting room evidence from Victoria and to report back to Parliament within the next 12 months on the potential to roll out a similar program here in Western Australia.

I seem to recall, when I was supporting a debate on cannabis reform on a previous occasion, that there was a lot to admire in the 2019 policy platform of the Labor Party in Western Australia. It is an impressive document. That admiration extends to the comment on page 135 of that policy platform that states in clear terms that "drug and alcohol policy should be based on evidence of what works and what does not". That is a laudable position to take. It echoes the Premier's calls that we follow the science and leave the way open to some potentially life-saving reforms based on evidence gathered here and in other states and territories.

I refer to medically supervised injecting rooms. I want to stress at the very outset that I have seen the damage that illicit injectable drugs can do in our community. I have seen the death, destruction and evils that abuse of drugs can cause to individuals, children, family members and society in general. I am absolutely against all abuse of drugs and in no way am I encouraging their use. I am sure that I have the support of all members in this chamber. But it is also an incontrovertible fact that people do abuse drugs and will continue to do so. Another incontrovertible fact is that people do now and will continue to use drugs intravenously. Prohibition has not stopped that, nor will it. People die. One of my less pleasant memories is of fighting in an ICU to save the life of a young man who was slowly, inexorably fading into death due to the mixture of drugs he had taken, the effects against which we had no

countermeasures. I do not recommend that anyone do that; it is quite destroying. The simple fact is that medically supervised injecting rooms have been shown to save lives. Having been on the other side of the equation, I am committed to saving as many lives as possible.

Some people might say—I do not think they would, but they might—that those who abuse drugs deserve death. I believe I can speak on behalf of all of us here when I say that I disagree with that populist opinion. All of us must do what we can to allow people to live their best lives possible. I am sure that all members share that view with me. I know that I can count on all members to share that opinion.

I just told members that the medically supervised injecting rooms save lives. On what do I base that claim? Just over a week ago, John Ryan released a report in Victoria. It is the first of two reports, with the second expected any day now—I am looking forward to it—that looks at the lived experience of the medically supervised injecting rooms in Richmond. In case members are unaware, the trial was started in North Richmond five years ago, in 2018. It is a five-year trial period, which is quite substantial. Mr Ryan is a pragmatist. He notes up-front that safe injecting rooms are not a silver bullet, but he goes on to say that they do save lives. His report estimates that during that time, there have been more than 6 000 overdose events in the North Richmond facility, but none of those has proved fatal. Indeed, the modelling that they have done suggests that over those five years, 63 lives have been saved through the establishment of this trial. To put it another way, that is about 16 lives saved every year.

I want to share some figures with the house from another publication by the National Drug and Alcohol Research Centre at the University of New South Wales in July of last year. It is titled “Trends in Drug-Induced Deaths in Australia”. It will be clear why I am referring to that in a moment. The report estimates there were somewhere in the region of 1 865 drug-induced deaths across Australia in 2019, 67 per cent of those being accidental. More interestingly, it goes on to state that the highest rate of drug-induced deaths was observed in Western Australia for the third consecutive year at 9.9 deaths per 100 000 people. That is shocking, members. Worse than that, those three consecutive years seem to suggest we are not having a great deal of success in tackling the problem. We are already behind our neighbouring states and territories, and my fear is that if we do not learn the lessons they can teach us—lessons like the establishment of a medically supervised injection room, either full time or as a trial—we are going to fall further behind, to the detriment of some of our most vulnerable citizens.

I cannot put it any more plainly than to say that safe injecting rooms keep people safe. That said, they also do other things, as the Victorian report highlights. I quote —

The MSIR has also played an important role in reducing ambulance call-outs for opioid overdoses in its vicinity, and led to fewer overdose-related admissions at its nearest public hospital emergency department. It has also contributed to reducing the spread of blood-borne illnesses such as hepatitis C.

And, of course, hepatitis B —

These achievements are all the more significant because of the complex needs of MSIR clients, who are often living at the margins of society.

Injecting rooms connect people to a general practice and a dental surgery, as well as a range of other health services, which has an obvious improvement on the overall health of users. It is quite to be expected; if someone is going to be marginalised within a facility that caters for their needs, they are going to be able to access the services they would not have normally accessed. Is there any reason why we in Western Australia would not want to see that sort of service rolled out in Perth when the evidence is there to show that it works?

Interestingly, it seems to have a more positive impact on the lives of women than it does on men. The report highlights a lack of women-centric support services in the area, with women who use a medically supervised injecting room being significantly worse off than men across a range of indicators. For example, they are less likely to be in paid employment, with zero per cent for female clients, as opposed to 18 per cent for male clients; they are more likely to have chronic medical problems, being at 76 per cent versus 19 per cent; and they are more likely to have experienced severe psychological distress, which is 67 per cent versus 43 per cent. Members, if only one of the North Richmond room’s aims and objectives was achieved here in Perth, the one that states that it will reduce ambulance attendance due to overdoses, I would have expected we would grab the report with both hands given the current state of ambulance ramping here in Western Australia. The truth is that it also improves and saves lives, and also the quality of life, which should be our primary concern—saving life. It gets people in to see doctors, it keeps them out of the emergency department, and it improves health outcomes across the board.

I would like the McGowan government to take on board the lessons from Victoria set out in Mr Ryan’s report, and those in the subsequent report that we are expecting to see in the coming days, and to figure what lessons, if any, we can learn here in the west. Let us talk a little about the west. I have taken expert advice on the matter and it is evident that medically supervised injecting centres are unpopular, resource intensive and costly. They need skilled, dedicated clinicians to drive their success. The inner-city jurisdictions in which they operate—North Richmond in Melbourne and Kings Cross in Sydney—endured decades of public nuisance associated with high levels of street drug use and regular overdose fatalities prior to their trial implementations. However, following this, years of

evaluation proved each facility had saved lives and made access to medical care easier. Perth is different from these jurisdictions in the types of drugs more commonly injected, where it occurs, and the health and social impacts of this drug use. There are many logistical barriers to the establishment of such a centre in Western Australia, particularly that the problem is not big enough to warrant such a radical intervention. We need to have clear local data on overdose rates and emerging risks locally in Western Australia.

The Mental Health Commission chairs an overdose monitoring project through the Western Australian Overdose Strategy Group and it is involved with leading the development of an early warning system that responds to new and emerging drugs of concern in Western Australia. It is probably worthwhile to seek some details from that commission on overdose rates and plans for responses, especially if fentanyl begins to become identified in our illicit drug supplies. The motion before us does not ask for anything more than the consideration of the new data by the government and a report back to Parliament in due course. Some of the points raised above should be included in such a government report. I realise that the location of a safe injecting room here in Perth has the potential to be controversial, but so, too, was the placement of a homeless shelter not so many months ago. We still went ahead with that plan, as well we should have, and I think it has found acceptance. The motion calls for exploration and a report, and I have every hope that members on all sides of this house, with all our varied experiences and opinions, will agree that more information leading to change in our practice will lead to better health outcomes. I dare to hope it might have broad acceptance on all sides of the chamber. I commend the motion to the house.

HON SOPHIA MOERMOND (South West) [10.15 am]: I thank my colleague Hon Dr Brian Walker for bringing on this motion today. It is an important discussion to have and one that would be bought on only by a party like the Legalise Cannabis WA Party here in Western Australia. We are not afraid to tackle those issues that this government wants to ignore or put in the too-hard basket. Injecting drug users are not often spoken about, especially in this place. Most people—the public and politicians—do not want to acknowledge that drug injection is still a thing. Is heroin not all 1990s? Well, no. I am sorry to shock all members, but those little yellow plastic bins dotted around bathrooms, including in this place, are not always used by those who must inject diabetes medication. Some are used to dispose of needles after injecting drugs, including heroin, cocaine, other opioids and methamphetamine. I understand that the discussion of injecting drug users makes some people uncomfortable, but are we not supposed to have these difficult discussions here?

I have highlighted the need for Western Australia to investigate having a safe injecting facility here before. At one point not long ago, I directed a question without notice to the Leader of the House in this place when she was also representing the Minister for Health. The answer was, as usual, dismissive and short. The minister said that the discussion was had and it was concluded that Western Australia did not need such a facility. My questions to this government and indeed to the new Minister for Health in the other place are: How many dead drug users would be enough for them to reconsider their position? Is it two, five, 20 or 100 lives? When would it end?

As Dr Walker has highlighted, the Andrews Labor government launched a medically supervised injecting room five years ago. It took great political courage. It was in response to scores of deaths a year that had occurred from overdoses in the inner city, most notably around the suburb of Richmond. Just recently, a final report was handed down on the effectiveness of the program, and the facility has been made permanent. It has not been an easy policy to introduce, mainly because the public, stirred up by some ignorant politicians who do not want to face facts, do not have a lot of sympathy for injecting drug users. They are the bottom rung of society's ladder, but since its establishment, the medically supervised injecting room in North Richmond has succeeded in achieving what it set out to do with the policy at the centre of its objective—saving lives. There were 6 000 overdose events in the facility during the trial, and none—that is right, none!—was fatal.

As the Ryan report recently noted —

Dealing with drug addiction in the community is a complex task, in large part because it requires people with complex needs to interact with a complex web of social, legal and other support systems. Policymakers committed to addressing addiction must find solutions within this complexity while balancing a set of sometimes competing aims, including preventing deaths, promoting health, offering pathways out of addiction, protecting safety and amenity and generating community support.

The report went on to note that supervised injecting facilities are not a silver bullet, and that needs to be made very clear. This is not a fix at all, but one tool, and a seemingly very successful one, that the data shows has a real impact on saving lives.

There is a growing body of evidence, including from supervised injecting facilities established overseas, that this type of intervention reduces the number of deaths. It is that simple. It also substantially reduces syringe litter, which is in itself a problem, especially for children. Supervised injecting facilities also give highly vulnerable and disadvantaged members of the community better access to vital social and health support. This is because a safe injecting facility run by medical professionals without judgement is a wraparound, enveloping type of service. Once a user is in the facility, they can be offered other opportunities to help them on their pathway to recovery—things like housing services, addiction treatment and dental, legal and mental health services.

At its heart, an injecting service is a health response. Its main objective is to save lives. Yet unlike other evidence-based health policies that prevent death and provide life-changing support, injecting facilities are often highly contested in the public conversation, as the Ryan report stated. But let us be honest; they should not be. Everyone should have access to good health care, not just those we like or those who may judge others on the way they look or the way they present.

As has been stated, safe injecting rooms drastically reduce ambulance call-outs and presentations at emergency departments. Also, such a facility is a fantastic tool in reducing the spread of bloodborne diseases, including HIV and hepatitis C. Safe injecting facilities are a huge harm-reduction measure. The data is clear in both Australia, where we have the Melbourne example and the two-decades-plus Kings Cross safe injecting facility example, and overseas in places such as Canada. Put simply, safe injecting rooms work.

Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion or discrimination and without requiring that they stop using drugs as a precondition of support. We practise harm reduction in other areas all the time. Why should it be different for drug-injecting users? We know that we have seatbelts as a harm-reduction measure. We have plain packaging for cigarettes as a harm-reduction measure. Alcohol tax increases and warning labels on bottles are harm-reduction measures. Some may remember when a bad batch of drugs hit Perth in 2019. Three people died and scores of others were hospitalised. If those people had been in a facility that was medically supervised, there is a 100 per cent chance that they would have survived. Obviously, it would have benefited them, but also their families and possibly their children.

When I was a registered nurse in Amsterdam, I saw the effect of heroin addiction on babies. When I was on a particular ward, I saw three babies who went through withdrawals. Their screams as they were detoxing were horrible, loud and piercing, and I will never forget that. They were the babies born of sex-trafficked heroin-addicted women. They were addicted to heroin to help them be controlled by their sex traffickers. They were made addicted on purpose for that specific reason.

Providing people with support gives hope. A lot of people with addiction lack hope. They do not have anything to look forward to in their lives. People with hope can make change. People without hope are unlikely to have the desire to do so. They want to escape reality. They want to escape the pain. By having appropriate healthcare and social support services, we can give those people hope and the motivation to give up their addictions and help them see that their life can have value. How many deaths of those we marginalise, those in the shadows and those in the grip of a terrible addiction will it take for this government to consider trialling a safe injecting facility in Western Australia? Health care should be for everyone.

HON DR BRAD PETTITT (South Metropolitan) [10.24 am]: I rise to speak in support of the motion that Hon Dr Brian Walker has moved today. The evidence that he has laid out shows that safe injecting rooms save lives. North Richmond is another example, and John Ryan's independent review shows that it has saved many lives. I think 63 was the number that Hon Dr Brian Walker talked about. My Greens colleagues in Victoria have certainly welcomed this month's announcement by the Victorian Labor government that it will make this medically supervised injecting room in North Richmond an ongoing facility. In fact, I noted while reading some of the background on this issue that the Victorian Greens called for backing the evidence-based recommendations on establishing more smaller, discreet facilities across the state where harmful drug use is happening.

Why I really like the motion that Hon Dr Brian Walker has put forward is that, at its heart, this is about looking at the evidence and making sure that we follow through with policies and programs that back the best evidence that is before us. This is broadly consistent with something the Greens have talked about for a long time—harm-reduction policies around illicit drugs. The current approach to reducing the harm that illicit drugs cause in our community is clearly not working. Right now, many of the things that we are doing to address this issue are making the crisis worse rather than better. For too long the politics has ignored the research and has left harm-reduction approaches under-resourced, restricting us from undertaking innovative trials and putting lives at risk. Investing in harm reduction will provide the resources to expertly examine harm-reduction approaches to provide a strong evidentiary base for the best policy and practice decisions. The Greens recognise that when we treat personal drug use as a criminal issue, we use vital resources to punish individual users rather than focusing on the illicit drug manufacturers and distributors, who are the real criminals. We are also distracted from the opportunities to reduce drug users' exposure to harm and, often, the number of avoidable deaths.

I go back to the North Richmond example, which I think is a really interesting one because there has been a lot of really good research on it and a number of reviews. There was a two-year review of the clinics in 2020. Interestingly, even back then, the panel recommended their continuation and the expansion of further facilities to accommodate the demand. Part of this review found that the North Richmond clinic had succeeded in its goals of saving lives and managing overdoses. Two years in, the panel found that the clinic had recorded 119 000 visits in 18 months, saved at least 21 lives—I appreciate that Hon Dr Brian Walker talked about 63 lives up to the present day—and managed 3 200 overdoses, and this had led to a decrease in the number of reports of public injecting in the local community. This last point is really important. Staff at the clinic were also able to provide more than 13 000 interventions for

issues such as mental health, housing and family violence. These become really important places for addressing the issues that some of the most vulnerable people in our community have and helping them get their lives back on track. I think it shows the good that these things can do.

As I was looking at this, I reflected on an issue that we had in my time as the Mayor of Fremantle. Obviously, there were no injecting rooms, but there were places where people could swap for clean needles. There was huge community pushback, as there always is when these things are talked about. At the time, Josh Wilson, who is now the federal member for Fremantle, was the Deputy Mayor of Fremantle. I remember that he and I were really strong in saying that it is important that we have these kinds of facilities in our community, because the evidence says that they actually make things safer. I will reflect on that story. When we pushed on, we ended up using the City of Fremantle facility to get it up. There was a lot of community angst about it. As soon as that facility was established and it had been running for some time, there was absolute silence, because these places are run well and they are run professionally. All those community concerns evaporated very quickly. I think we will see a similar reaction by having an evidence-based approach to injecting rooms, especially when they are run properly and are backed by evidence. As we have seen in Victoria, and as probably needs to happen, we need multiple facilities so we can take our community on that journey and reduce harm.

In conclusion, I want to acknowledge that an evidence-based approach that seeks to prevent and minimise harm is the most effective way of managing drugs, whether they are illegal or legal. On that basis, I am very happy to support the motion.

HON SUE ELLERY (South Metropolitan — Leader of the House) [10.30 am]: Although I wish to thank the member for bringing this motion to the house, if it were to go to a vote, the government would not support it. I want to start by making a couple of points. Primarily, I will start by responding to something that Hon Sophia Moermond said. I am paraphrasing, but she made the point that we do not have these debates and conversations in this place because it is too difficult. I never thought that I would get to this point but I am at this point now. After 20-plus years in this place, I have learnt a few things. One of the things I have learnt is that public policy does not begin when we enter this place and it does not end when we leave it. We always need to look at history and not assume that just because we have not seen something happen in the two years that we may have been a member in this place, it has not been debated before and it has not been considered by government before, because it has. Whether it is safe injecting rooms or any other policy, although variations might occur, it is risky to assume that nothing has been considered about an issue before.

I wish to say a couple of things. Hon Alison Xamon, who was a member of this place twice, chaired an inquiry into drug matters, broadly, in the last Parliament. It produced a report titled *Help, not handcuffs: Evidence-based approaches to reducing harm from illicit drug use*. That inquiry travelled around the world looking at evidence-based programs. This government also established the independent Methamphetamine Action Plan Taskforce, which also considered whether we should go down the path that Sydney had taken in Kings Cross and subsequently, in the interim period, that Victoria put in place in North Richmond. The committee chaired by Hon Alison Xamon recommended that further discussion on this issue should occur. The government's response was that it was not interested in pursuing that because it had a range of alternative evidence-based programs in place. The view of the methamphetamine task force was that there was mixed evidence about safe injecting rooms. It is a fact that they are one tool; they are not the only evidence-based tool. Other evidence-based programs and services are in place, which I will go through now.

The motion before us reflects the Labor Party's policy, which is that drug and alcohol policy should be based on evidence and what works. There is no dispute about that. Our policies are based on evidence and what works. That is exactly what we are doing. Our policies, services and programs are based on evidence and are designed to meet our specific needs. The main driver of the North Richmond safe injecting room in Victoria was a specific local issue about addicts shooting up in the streets. That is what drove it. It was a specific local issue. Whether or not it is a good thing, on the advice of the Mental Health Commission, the methamphetamine task force and others, addicts in Western Australia shoot up at home. Good on Victoria for adopting an approach that met a very specific local need. We do not have that local need and we have expert advice that says that even if we did have that, there is mixed evidence about its effectiveness.

I want to talk about the alternative programs that we have in place, including collecting data, which Hon Dr Brian Walker referred to in his contribution. The medically supervised injecting room trial in North Richmond, Victoria, commenced in June 2018 following a high number of fatal heroin overdoses in the streets in the local area in the preceding years. There have been two independent reviews of that service. The first was in June 2020 and the latest, the Ryan review that Hon Dr Brian Walker referred to, was released in February this year. It made a series of recommendations. I do not think Hon Dr Brian Walker referred to this, but that review found that although there were fewer overdoses outside the local area, public injecting and inappropriate discarding of needles and syringes remained a challenge.

The final report of the methamphetamine task force, which I referred to and which we initiated when we came to government, indicates that Western Australia, unlike Victoria, does not have a significant localised injecting drug

use population but, rather, a home-based injecting culture. The medically supervised injecting room was effective in responding to a localised drug injecting issue in North Richmond, but given the current nature of injecting drug use in Western Australia, the introduction of a similar model here was not warranted. That is looking at the circumstances. That is looking at the evidence in front of our eyes now. Indeed, our response is evidence based. We recognise the importance of harm reduction. I reject the proposition from Hon Sophia Moermond that we do not have harm-reduction strategies in place. Indeed, we do, and we will adapt those as we need to. We fund and deliver a range of targeted harm-reduction strategies to reduce drug-related harms and deaths in the Western Australian community, including the Overdose Strategy Group, which monitors overdose drug-related harms via police, ambulance and hospital emergency departments, and via the use of needle and syringe exchange programs. That strategy group comprises academic and clinical alcohol and other drug experts and identifies and recommends harm-reduction strategies and approaches to reduce overdose harms and deaths. The needle and syringe exchange program provides safer injecting equipment, access to health care, harm-reduction advice and safer injecting advice. Western Australia has a 97 per cent rate of return of used syringes at those exchange program sites, contributing to reduced bloodborne viruses amongst people who inject drugs. Of course, one of the major risk areas for people injecting drugs is not only the impact of the drug on their system, but also the risks that come with sharing needles and the likelihood of being infected by bloodborne viruses as a consequence.

The WA take-home naloxone pilot program expands access to free take-home naloxone. That is the drug that reverses opioid overdose. The program provides education to recognise and respond to opioid overdose and how to administer naloxone. The next one is really important as well—peer outreach and education programs. These services regularly engage with people who inject drugs. They provide peer support and outreach to people's homes and to any street-based populations and provide access to free naloxone. The Mental Health Commission's Workforce Development Team is delivering training and education to frontline workers to increase their knowledge and skills, and reduce drug injecting and overdose-related harms and deaths amongst their clients.

Drug Aware, the population-based campaign, aims to reduce and delay the intent to use drugs, reduce harm-associated use and encourage help seeking. For example, the safer events and venues campaign targets high-risk settings, including music festivals and night venues to reduce harm associated with MDMA or ecstasy. The early warning system, which Hon Dr Brian Walker referred to, is a statewide drug alert system to respond to new and emerging drug trends. It is under development now. That early warning system will communicate to health, police, paramedic and frontline workers to reduce drug-related harms and death. That will be a critical tool going forward to make sure that we continue to adapt our services and programs to match what is emerging as the real problems in our community.

I just want to touch briefly on the content of that parliamentary report *Help, not handcuffs: Evidence-based approaches to reducing harm from illicit drug use*, which was tabled in the house in November 2019. One of the key recommendations out of that was looking at the harms associated with prescription drug misuse as well. The government's response is worth noting, because it outlines our general position on those things. It is important for every party in this place, including the party that proposes to be in government, to put its policy position on the record. I am not sure that that will happen today, but we will see. The government response states —

The Government's overall aim is reduction of illicit drug use in Western Australia with the objective of reducing harms from illicit drug use in the community, including the illicit use of prescription pharmaceuticals.

The response outlines a number of initiatives currently in place that go to harm reduction, and sets out what those are. When it comes to the issue of whether we should have so-called safe needle rooms, recommendation 31 of the committee's inquiry states —

The Department of Health and the Mental Health Commission consult with service providers and people who use drugs to ascertain the demand for a Drug Consumption Room in Perth.

The government did not accept that recommendation. It is not considering a drug consumption room in Perth, though the response did note the importance of harm-reduction strategies. This proposition that it is not interested in harm reduction is just not true. It is just not based in fact. Safe injecting rooms are one method that can be used, not the only method to address harm reduction. It is ill-informed to suggest that it is the only one, and that because the government is not doing that, it is not doing anything about harm reduction. That is just not the case. The government response states —

... the importance of harm reduction strategies and continues to support harm reduction initiatives, and personal support services, including peer-based support services ...

Peer-based support services are actually some of the most effective. If we think about how we learn, one of the most effective ways of dealing with really tricky, difficult and wicked problems is peer-based support. The person can sit in front of another person and say, "I have been where you are, I have walked in your shoes, I know what you're going through and this is how I changed and these are the benefits." That is really powerful and we are supporting those peer-based services. The response continues —

... needle and syringe exchange programs, and overdose prevention programs across Western Australia.

The proposition that we are not supportive of harm-reduction programs is not accurate. The proposition that the only way to achieve harm reduction is to use safe injecting rooms is not accurate. This is a wicked problem for our community to resolve. To the extent that this motion has us talking about it, I commend the honourable member for raising it, but if the proposition was to draw our attention to our party policy, which says that evidence based should be the basis of all our policies and programs that we have in place—tick, tick—of course it should, and that is exactly what is happening. There is nothing in drawing that to our attention that causes us embarrassment, because that is entirely what our programs are based on. A range of programs are in place to assist people, deal with their drug addiction and to reduce harm. When we can stop and help people come off drugs, of course that is our overall objective, but nobody is naive enough to think that it is a “just say no” approach. We are indeed about harm reduction and a range of policies and procedures has been put in place by government, and, more importantly, by recognising the need to continually collect data we will make sure that those harm-reduction policies continue to improve.

HON KYLE MCGINN (Mining and Pastoral — Parliamentary Secretary) [10.45 am]: I thank Hon Dr Brian Walker for bringing this motion to the house today to be discussed. It is a very complex issue with a long history of how governments have handled this across the world. There are many different projects, initiatives and laws. I do not think anyone would agree that there is a silver bullet or a handbook that can be pulled out for each state to follow. I think that is critical to take on board. Not every state is the same, nor will it have the same approach or same issues that it is approaching. Hon Sue Ellery laid that out very well in her contribution. To acknowledge that what happened in Victoria and the reason behind it going the way it did was because of the way its issue is being done in Victoria. It is different from Western Australia. I think we could say that New South Wales would be different from Victoria and so on and so forth, same as the Northern Territory, not just around injecting, but also drug use in general.

A report about sewage testing recently came out. It announces which state is the meth or heroin capital of Australia et cetera. That quite visibly shows that each state has different drug problems. Within the drug problems that they have, as Hon Sue Ellery laid out quite well, they have different approaches to how drugs are used. In Western Australia drugs are used more at home than in Victoria, where drug use is very visible and on the street. It seems that what Victoria did was appropriate. I agree with Hon Sue Ellery that the Labor Party’s policy is evidence based. We are doing things around that space. I am really proud of this government, and also multiple federal governments about the following. When I first got out to in Kalgoorlie in 2017, there was no detox clinic. To get into rehab, you must detox. In order to detox, there was this amazing gentleman, his name eludes me right now, a doctor who was providing services in Norseman that people from Kalgoorlie were accessing. Their choices to detox before they could get into the rehabilitation clinic were to go to Norseman, which is quite difficult to get to unless they have a licence et cetera, or Perth. That was identified as an issue in the goldfields and a detox clinic was created right next to the rehabilitation clinic. I believe it started off with four beds and may have expanded now. That has now created an opportunity for people to get into rehab by detoxing first. I have also had the pleasure of attending the rehab on quite a few occasions. Jane has been an amazing host, and the participants within the rehab facility have been very approachable. To touch on again what Hon Sue Ellery said around a peer-based approach, I absolutely believe in that because I have seen it firsthand. We see it across many issues, not just drugs and alcohol. For example, I know people who are going through cancer treatment et cetera and are feeling vulnerable and lost. Their cancer groups end up being a really good support base. In the same vein, we should put that into rehabilitation clinics. As Hon Sue Ellery said, they have people who have experienced that before, who tried to get off drugs and have been successful. One of the big successes of the rehabilitation clinic that I am aware of is that people who have gone through it, been successful and still live in Kalgoorlie then get into the program and start assisting other people who have drug and alcohol issues.

Another creative thing the clinic does is engage organisations in the goldfields that are useful tools to bring people who are getting off drugs back into society. One useful organisation is the men’s shed. I will say that the men’s shed in Kalgoorlie is fantastic because it is also a women’s shed. It offers courses in which men from the rehabilitation clinic go down once a week to work with the tradies and the retirees and build something. They get a sense of value and success, which they then share with the other program participants, and that then drives them all together to get to that end point, which is to stay clean. Also, constant care and counsellors are available consistently.

I really feel that that approach has been fantastic in Kalgoorlie. It has not come easily. It has come from advocates, from people who have put their time into it and from government understanding the evidence behind the success. When I read the motion, I felt it was a little bit pointed and said that the only evidence base was for injection rooms. The way that I read the motion was that it did not accept the other approaches. It just said that we needed to get into the injecting room space because that has been successful, whereas other spaces are providing that type of success.

Hon Samantha Rowe: That work here.

Hon KYLE MCGINN: Yes, things that work here already and that the government is supporting. I know that the state government supports these things because I have seen it.

I want to acknowledge that a lot of organisations like women’s refuges and women’s healthcare clinics also take on a role in that space. They not only divert people to another space like rehab, but also find counsellors themselves

and tool themselves up with kits to try to assist people while they are in that other situation. The member for Kalgoorlie, Ali Kent, and I are massive supporters of the Goldfields Women's Health Care Centre, which is solely based on women's health, but has a lot of add-ons. For example, women who come to the organisation would highlight whether domestic violence or drug use is going on. Those issues come out because it is a peer-support group in which they feel safe and comfortable. The next step from there, in my view, is to detox and rehab, but they tend to stay connected to that first organisation.

One of the things we find with drugs and alcohol is that different organisations are spread out and not necessarily connected to each other. People go to one organisation for this and another for that, and it ends up becoming a bit of a mess because people have to go to the other side of town. What they have managed to achieve in Kalgoorlie is because everything is really close to each other and they all talk to each other. They all go to different organisations' events, and they talk, communicate and lobby together.

I have to say that in my electorate, the Mining and Pastoral Region, I have not had this issue raised with me directly. Many issues have been raised with me directly since 2017—I can assure members of that—but this has not come up. I accept that being regionally based is different from being in the city, and there could be different things. In the regions, I have found that making a service such as detox available has really changed the way people access the rehabilitation clinic. They do not have to travel six and a half hours by road, travel seven hours by train or pay the airfare to come to Perth to detox.

I am sure Hon Dr Brian Walker would be aware how hard it would be to get someone into a detox clinic. A lot of the time, they make a decision and if they do not act right away, they find themselves in a situation in which they disappear again and go back into the spiral. I want to applaud Jane and her team at Goldfields Rehabilitation Services because they run a fantastic organisation and all the counsellors put in a lot of time.

I thank the member for bringing this motion because the scourge of drug and alcohol addiction is a major issue in this state and in the world. We have had many inquiries that have looked at different things. Last term, we even had the liberal democrat view of just making everything legal, including airsoft guns. I think it is critical to understand that our government is looking at the evidence base and supporting things that are working, and the government will continue to do that because it understands that this is a problem in society around the world.

I thank Hon Dr Brian Walker, and I will enjoy listening to the rest of the contributions.

HON STEPHEN PRATT (South Metropolitan) [10.55 am]: I thank Hon Dr Brian Walker for bringing this motion to the house because it gives us an opportunity to talk about an area in which the McGowan government has a really strong record. Also, we are not just talking about cannabis for a change, which is nice. It is drugs, though!

I wanted to get to my feet today because I have a bit of an understanding about the government's role in this area. In this space, this government has had a strong focus on prevention, early intervention and treatment. Although members might have thoughts about injecting rooms being the key to solving some of the problems, as a government, we have made our focus getting into the space of prevention, early intervention and treatment. Hon Kyle McGinn spoke about our meth plan, and I know that Hon Dr Brian Walker's motion refers to Labor policy documents that say that we should use evidence-based information to develop our policies.

What we did with meth was a long process. We established a task force that produced a report after really broad consultation with the community and key stakeholders. The report was delivered to the government, and that led to the McGowan government investing over \$250 million. That big sum of money went towards a range of initiatives. One that I have mentioned is early intervention and treatment. That focus comes through clearly in the meth action response, and it also comes through clearly in the Mental Health Commission's 10-year plan and the government's state priorities for alcohol and other drugs. All these initiatives and government agencies are working together on the same focus. The meth action plan also focused on an expansion of specialist drug services into rural and regional areas of need, as Hon Kyle McGinn mentioned. It also focused on improving drug and alcohol programs in our schools, and creating drug and alcohol rehab facilities for prisoners. I do not think anyone mentioned that, but it has been an extremely important and successful program. We also increased roadside testing for both alcohol and drugs.

Hon Kyle McGinn mentioned wastewater testing. He called it sewage testing, but it is wastewater testing. Someone has the lucky job of collecting samples from wastewater and testing it. Early in the first term of the McGowan government, we saw a really high rate, and the newspapers had a bit of fun calling Perth the meth capital of Australia and all that sort of thing. Following the introduction of our strategy, this figure went down significantly. I am sure that it has continued to decrease. It was obvious to us, coming into government, that meth was a problem in the community and we had to act, and we did.

I will touch on the two strategies that the Mental Health Commission and the state government developed over time. The first is the 10-year plan. That was introduced in 2015, before we came into government, and a thorough process of consultation and an evidence base fed into it. That is a strategy—that as the targets are met throughout the progress of that report as we go along, it is updated. Obviously, things change as time progresses. We can adapt to the way that the world operates and approaches these types of issues. When I have discussions around both mental

health and alcohol and other drugs, I always say we are playing catch up. This stuff was taboo. A member would not be talking about alcohol and other drugs in this place or with family members—they would try to hide it away. I think that has completely flipped, for the positive. We are able to talk about these issues and support people in the community.

I will come back to some of the services that we have implemented, certainly in the regions. This provides such a great benefit to people who are in desperate need of these services. It is closer to where they live, their support network and family members. This is the strategy that we have decided to put our focus into. It is so important that people can access these types of services and get the help and support that they need so that they do not continue to use drugs into the future. If they do, then there are safe places for them to go to get support and some counselling as well.

In terms of those focus points on prevention and treatment strategies, the government has chosen to prioritise these because it believes that they will have a more significant impact in reducing harm caused by AOD use in the long run. Prevention strategies that I have mentioned such as early intervention programs, health promotion and education and strengthening communities aim to reduce the prevalence of AOD use by addressing the underlying factors that contribute to substance use and abuse. On the other hand, treatment strategies such as integrated care, culturally appropriate care, and evidence-based treatment aim to support individuals with AOD-related problems and help them overcome their addiction. Those strategies have been proven to be effective, and can improve the physical, psychological and social wellbeing of individuals with AOD-related problems. That brings a greater benefit to the community. I know this motion had a strong focus on what has happened in Victoria and how there has been some success with, I think, staffed safe injecting rooms. While they have been implemented in other parts of the world, our government has decided to not pursue this strategy. Our focus has been on the other ones that I have mentioned today.

In closing, from my perspective, safe injecting rooms may not be the most effective approach to addressing AOD-related problems in our state. Instead, we have chosen to prioritise prevention and treatment strategies that can have a more significant impact on reducing the harm caused by AOD use in the long term. Whilst I say that, I think we can always have more investment in prevention. That goes for all ranges of health care provided to citizens of Western Australia. I thank the member again for bringing the motion to the house. It gives us an opportunity to talk about something that is significant and very important. The more that we can talk about these issues, the more that people can feel that it is a safe space to actually seek help, reach out to someone who they know and hopefully, live a long and healthy life. I thank the member for the motion, and the other members who have made a contribution today.

HON MARTIN PRITCHARD (North Metropolitan) [11.03 am]: I want to thank Hon Dr Brian Walker for bringing this motion to the house. I think it is always worthwhile talking about this particular area of society. I often get into trouble with my family because I relate to things very personally. My interaction, unfortunately, has been with my nephew. I have spoken about this on a number of occasions. His particular addiction is, or hopefully was, meth. It is always worthwhile talking about these things. I appreciate the member bringing it to the house. I did a little bit of research last night, but not much unfortunately. I had a bit of positive, well negative really, news. My mother-in-law had to call an ambulance yesterday morning and it arrived within 10 minutes, which was great! She is in hospital and doing well. That is a bit of positive news.

With regard to safe injecting rooms, I found a lot of positives in my research. I want to pick up on the member's comments earlier. It is, however, really specific to a particular problem. I had a bit of a read with regard to the one in Kings Cross. Of course, Kings Cross has a reputation as a hard drug use area. Two things came out of that that I thought were really worth highlighting. It does seem strange, but it does add to the argument of ours that safe injecting rooms are probably not the best approach. The first is that they suspect it might have what they call a "honeypot" effect. That is when it would actually draw people in to use the facility. With regard to the Kings Cross one, that does not appear to have been the effect. It is a high concentration area of drug use and other things, so there is reasonable usage of the facility. However, it does not seem to drag people in from outside. That sort of goes to the point that the minister raised, which is that in Western Australia, we seem to have a different way in which users take their drugs. It is usually from home or in that sort of environment, rather than in the street, which is how it is in Kings Cross. I did not read this, but has been suggested that it was the same problem in Victoria. There was mainly street use—needles and such. It had a positive impact on the people who used the facility but also a positive impact on the society and people around that area. For them, it was probably a very good way of going. For us, it probably would have little impact. I am not sure that we would want to draw people into the facility—although it does not seem to do that.

The other thing that my investigation seemed to suggest, was that individuals do not use the facility all the time. They use it occasionally. The figures were suggested to be one in 35. Those figures may obviously change with different individuals. They use it when it is convenient. The figure I read of one in 35, I think, is very low. Even if it were higher, even if it were one in 20, there is still a great chance of them overdosing when they are not actually in the facility. I think that if we had the same issues as in Kings Cross and Richmond, it would genuinely be a good thing to talk about and to investigate. However, I think when looking at the habits of the users in Western Australia,

it is certainly not the thing that we would go to first. I did not have enough opportunity to look at the other things that this government has previously done, but there are many things happening. Obviously, it has been determined that those things have a greater impact and effect than what an injecting room would.

I will not be supporting the motion. However, I am glad the member brought the motion to the house. It is always worthwhile talking about. It is a scourge on society everywhere in the world, and certainly here. When one member of the family chooses to go down that path, it is not just them that it impacts, it is the whole family and extended family. It is quite devastating, as I can personally attest to. I thank the member very much for bringing forward the motion, but I will not be agreeing with it.

HON DAN CADDY (North Metropolitan) [11.09 am]: I rise to speak on this motion on safe injecting rooms moved by Hon Dr Brian Walker. I say at the outset that I will not be supporting the motion, but I am glad he brought the motion to the house. It is a chance for us to talk about something that is important. Drug use is a vexed issue for all of us in society. I have heard now on a few occasions my good friend Hon Martin Pritchard speak about the consequences of drug use in his extended family. Every time I hear that, it gets to me because there is a similar story in my extended family, and it is difficult.

I will commence by analysing the motion a little because there are three limbs to this motion. The first and third limbs speak to the North Richmond medically supervised injecting rooms. Other speakers have already gone into detail on this, so I will not speak for too long about it, but I want to reinforce what others have said. That trial clearly was a success, but it was a local program designed very much to combat what was a very local issue. As Hon Kyle McGinn said quite eloquently in his contribution, when tackling this issue or any other important issues in society—societal issues—we need to be cognisant that we do not look just at what has happened elsewhere, whether it be in another jurisdiction in Australia or overseas, and say, “Wow, that was a success; we should do that here.” We need to recognise that of all the problems we face in the world as a whole, societal problems are exactly that—they are problems that often are very specific to our society and to our local area. Although the North Richmond trial was a success, it is easy to distinguish why that may not be the best approach to take in Western Australia. If I have time, I will talk later about some of the things this government is doing in Western Australia.

It is a specific type of drug that is injected in injecting rooms. I want to consider the most recent drug use statistics in Western Australia, from the Australian Institute of Health and Welfare’s *National drug strategy household survey*. The survey looks at a lot of factors—the period since people last used and what is classed as recreational drugs. I am not sure I like that nomenclature. One of the things it looks at is the type of drugs that are used in Western Australia that fall into this category. The first thing I note is that the headline on this report, which I guess is comforting, is that Western Australia is now experiencing the lowest proportion of illicit drug use since 2001. That is a good thing. According to this report, of the one in six Western Australians who engage in what is called illicit drug use, 51 per cent engage with cannabis, which is not a drug that is injected. The next highest is ecstasy, at 13 per cent, which is also a drug that is taken orally and is not injected. The next is methamphetamine, which can be injected, but my understanding is that in general that is not the preferred method. Nearly three-quarters of illicit drug use in Western Australia is made up of drugs that are not injected.

I want to run through some government-funded services. Hon Sue Ellery, the Leader of the House, went through most of these, so I will not go through all of them, but I really want to pick up on the needle and syringe programs, because they go specifically to the issue Hon Dr Brian Walker is talking about. The needle and syringe programs provide safer injecting equipment, access to healthcare, advice on harm reduction and advice on safer injecting. As was pointed out by the Leader of the House, Western Australia has a 97 per cent return rate of used syringes and needle and syringe exchange programs. Obviously, this is a very important contribution to reducing bloodborne viruses among people who inject drugs. There are also many other programs, and I think the leader mentioned them, such as outreach and education programs and the work the Mental Health Commission is doing as well.

I am going to run out of time, but I want to talk about other organisations that are funded either partially or wholly by the state government and are doing great work in this area and in tackling drug use, among other things. I have spoken before in this place about the Perth Inner City Youth Service in my electorate. PICYS is fascinating because it has a focus on homelessness—people with mental health issues experiencing homelessness and young people with mental health issues experiencing homelessness and with also drug and alcohol addiction issues. It really takes a holistic approach. It looks at everything and says, “This is this person; this is this individual”, and it tailors a lot of what it does to the individual’s circumstances. It has programs around emotional, physical and material wellbeing, interpersonal relationship development, and personal development and self-determination, which is incredibly important. Heavy drug users struggle with a whole lot of these issues. PICYS, especially through its PILLAR program, recognises this and it is important to what it does. I have quoted its statistics before, but I will quickly do that again. Of the most prominent issues listed by the people who come through PICYS, homelessness is at the top and drug use is right up there as well. That is important to note. I will refer quickly to a case study from PICYS about someone called Sam who was referred to PICYS by headspace. I am reading from the PICYS document. During the time Sam was at PICYS, Sam started to engage in sex work and while that was going on Sam tried methamphetamine for the first time. Initially staff worked on abstinence; that did not work. They then

worked on harm-reduction techniques. Sam continued to use and started to inject, and staff went through safe injecting practices. Sam continued to use drugs and engage in high-risk behaviours. This was straining the relationship at home. PICYS worked with Sam right the way through from the point that Sam started engaging in that drug use, trying different things, all the way through and targeting what they were doing to where Sam was at in that cycle. This document is now a year or two old, but at the time of writing, they got there. Sam had been drug free for six months and was again living at home and studying at TAFE. That is a real success story that comes from tailoring what needs to be done to the individual and ensuring that throughout that process the individual is looked after. This is the power of funding going to the right places, whether it is drug-related issues or homelessness to a stable living environment, then to ensuring that people get into full-time study. It is about putting the money where the money needs to be.

The Leader of the House spoke about peer-based support and I want to talk about this as well because the government continues to support peer-based support programs for people so that they can hear from others who have been through what they are going through. I have run out of time and I will not have a chance to speak about that now; maybe I can do so later.

HON PETER FOSTER (Mining and Pastoral) [11.19 am]: I also rise to oppose the motion moved today by Hon Dr Brian Walker. I was most disappointed about two things in the motion today. One is that the member did not use the most up-to-date WA Labor Party platform. We have a 2021 *WA Labor platform*, so I suggest the member updates his notes. The second thing that disappointed me was that the member did not talk about any of the services that are already being provided. He did not acknowledge any of the organisations or the good work being done in this space.

It was really pleasing to hear members on this side talk about the organisations and some of the good work that is happening, particularly in the regions. Hon Kyle McGinn talked about Kalgoorlie. We also have some great organisations up in the Pilbara doing work to tackle drug use, including the Bloodwood Tree Association, which is based in Port Hedland, and Yaandina Community Services. I have a bit of experience with Yaandina; prior to coming to this place I worked for child protection, and I referred some of my clients to Yaandina to sober up and get rehabilitated.

One of the first visits that I made in Perth after I was sworn in was to the WA AIDS Council, now known as WAAC. It is a great organisation. It offers a lot of services, including a needle and syringe exchange. This program is funded through the government through the Department of Health, and also through the Mental Health Commission and the Western Australia Police Force. Our government is investing in programs to keep our community safe. I know that a few members today have quoted the *Help, not handcuffs: Evidence-based approaches to reducing harm from illicit drug use* report of 2019. Under recommendation 31 it was stated that the government rejected injecting rooms based on the fact that there were safe alternatives. WAAC does provide some safe alternatives. I had a look through its *Annual report 2021–22* to get an idea of the services it provides. In that financial year, it provided 1.14 million needles. It had just under 6 000 needle-exchange clients. It provided 5 500 interventions for needle-using clients and it also case managed 5 500 clients. It is doing some great work right here in Perth, and I acknowledge the great work of the CEO, Lisa Dobrin, whom I have met on a number of occasions, and her team for the work they are doing.

This drug needle exchange program operates not only here in West Perth, but also in Mirrabooka, Joondalup, Fremantle, Belmont and Gosnells. The organisation has a van that drives around to service those places. In those vans, as well as the needle exchange program, there is also the promotion of safe sex. There are counsellors available, and often those interactions at the van lead to follow-ups that lead to counselling and intervention. I acknowledge the great work of the WA AIDS Council.

We have been talking today about safe injecting rooms. I think it was Hon Martin Pritchard who talked about the King's Cross example. Prior to moving to WA, I lived in Sydney for a number of years. I worked for Centrelink in Maroubra and Redfern, and I saw firsthand just how much drug use was happening on the streets. When I exited the Centrelink office building in Redfern, I would see the drug use straightaway. It was a quiet spot, and people were injecting themselves there. I think that, as Hon Martin Pritchard highlighted, the King's Cross example is in regard to a particular problem—public use on the streets—and that is why they have set up that service. That service has been in effect since 2001 and is run by the Uniting Church in Sydney. It is funded by the City of Sydney and the Department of Health, so the local and state governments are working together to get that drug use off the streets.

I will leave my contribution there, because I know that another member would like to contribute. As I said, I oppose this motion today. I thank the WA AIDS Council, or WAAC, for the good work it is doing with its needle exchange program.

HON SHELLEY PAYNE (Agricultural) [11.23 am]: I thank Hon Dr Brian Walker for bringing this motion today about injecting rooms. I want to follow-up on some of the comments that were made by the Leader of the House this morning with regard to the committee report that was tabled in November 2019. I thank Hon Samantha Rowe, and I note that Hon Colin de Grussa was on this committee as well, although we have not heard him speak today.

A section in the report refers to drug consumption rooms. The key thing I want to say about these drug consumption rooms is that one of the important things that this report refers to is the fact that those rooms provide access to support services. Noting that the primary objective is to save lives by preventing overdose deaths, one of the benefits is to facilitate contact with Health and social services. For example, the report refers to the King's Cross medical injecting room. Of the people who used that room, 70 per cent had never accessed local health services, and more than 12 000 referrals were made to external health and social welfare services. This brings me to the point that Hon Stephen Pratt made that the government's response to this report is to acknowledge the importance of harm-reduction strategies and continue our support of harm-reduction initiatives, personal support services, peer-based support services, needle and syringe exchange programs and overdose prevention programs across Western Australia.

The other point I make on this report is there were quite a lot of submissions about the fact that Western Australia is small. Actually, we are quite sprawled out in our area. In that respect, is it a practical thing for us to have here? I will leave my comments there.

Motion lapsed, pursuant to standing orders.

EDUCATION SECTOR

Motion

HON MARTIN PRITCHARD (North Metropolitan) [11.25 am] — without notice: I move —

That this house acknowledges the McGowan government's significant investment in the Western Australian education sector that is assisting in advancing student outcomes and career opportunities.

Members will know that I do not often move self-congratulatory motions in this place, but I felt compelled to move this motion because of all the challenges that the education department and schools have faced over the last few years. I have absolutely genuine respect and admiration for the two ministers who have had that portfolio; indeed, there have been more than that, but I will talk about the two ministers in the McGowan government. Minister Ellery held that portfolio for a number of years. In all my life, I have never had more respect for a very strong woman in a very tough role. She not only shows leadership and strength, but also can be convinced to change her mind, and she does that regularly if she is wrong, which I think is extremely good.

Hon Dan Caddy: Which doesn't happen often.

Hon MARTIN PRITCHARD: It does not happen too often. I am also very excited that a close friend of mine, Minister Buti, has taken on that role. I know about his commitment to education, so I am looking forward to many more years of his guidance in that area. That is the reason I moved this motion. There are so many things to talk about in education. There are also hitches and hiccups from time to time, but I say that the McGowan government deals with them. As I said, the ministers often change their mind if they are required to.

Before I get to the substance of my motion—I will probably run out of time, as I always do in these debates—I would like to thank all the frontline staff. I hate listing them, but I will endeavour to do so. They have assisted schools to operate over a very, very difficult period. There are the principals and teachers, admin staff, education assistants, gardeners, cleaners and all the support staff that make a school work. The reason I like to list them is that it gives me the opportunity to mention an absolute hero of mine—my youngest daughter, who is an education assistant. She is an interpreter for the deaf at Shenton College Deaf Education Centre. Dani, a shout-out for you. You are an absolute hero. I would also like to thank the many parents who kept schools going during that time, including those who volunteered to go on P&Cs, on the boards of independent schools and who volunteered to do all the little projects and jobs in the schools that make a good school work well. As I said, if I have missed out people, my apologies. There are people over in "Silver City" and many people who make the education system work for our kids. It has been a very trying time. As I said, I hope this motion gets the support of the whole house based on the fact that we should be supporting people on the front line. Obviously, it has been difficult over the last three years because of the outbreak of COVID. Many schools had long periods of shutdown. Individual children sometimes caught COVID on multiple occasions so they had to isolate. Families had to deal with that. For most families, as children get older, they can afford the time and opportunity to have a second income into the household and the second parent often goes out to work. There was then that disruption during COVID when schools were closed. That was all necessary. I think the Premier and the minister in particular made some good calls that kept us safe during that period. COVID has not finished; it has not gone away. However, I think we managed to flatten the curve to get through the worst of it. I want to acknowledge that it was difficult for families; hopefully, we are back into a little bit of normality, but we should remember that COVID has not disappeared.

I want to focus on some of the programs that have been introduced. Going to the substance of my motion, the McGowan government's previous minister introduced the career practitioners program, but it is very much supported by the current minister. The career practitioners program has been introduced into many secondary schools. It is designed for career practitioners to liaise with the school leadership team, students, staff, parents, training providers, employers and industry to make sure that students have the opportunity to participate in a broad range

of work experience and study options. I think this is a magnificent move. I often go back to personal experience. I think I have mentioned in this house before that I left school halfway through year 10 because I did not like school. Back then, you could leave halfway through year 10 if you had an apprenticeship. I had no aptitude for working with wood or metal—I have never been very handy—but I applied and got an apprenticeship as a timber machinist. In my experience, it was one of the most boring and horrible jobs that could be, to be honest, but I was glad to get out of school. Ever since I started high school, I had had no plan for what I wanted to do, what I wanted to be or what electives I would take to head me in a particular direction. I wandered through high school, taking such diverse electives as home economics, timber and Italian that gave me no direction whatsoever. To be perfectly honest, I was probably not very interested either. Career practitioners are qualified teachers, and they will complete a certificate in career development. I think this is a very positive move to try to direct students so that they know what they want to do. Most students do not. I think this is a very good program and I commend the previous minister for introducing it. I know how much Minister Buti supports the program. Hopefully, it will be spread more broadly so that it can impact upon more and more students.

Another positive move of the McGowan government is the embedding of consent education and promotion of healthy relationship training in the Western Australian school curriculum. Many schools already had something along those lines because the need had been seen. Embedding it into the curriculum means that all students in public schools will get this sort of training. I am a father of three girls and grandfather of four granddaughters. I am going to refer to an article in *The West Australian*. I do not particularly want to; it is anathema to me. The article from Monday talks about a man by the name of Jeremy John Rowe. He is 47 years old. A couple of years ago, he plied a 13-year-old girl with alcohol and drugs before molesting her. The worst part about it is that he claimed she had been flirting with him in the hours before the sexual assault. He was 45 years old at the time. A 45-year-old man took advantage of a 13-year-old girl, but suggested that she had been flirting with him. I could go through the details but I will let members read it themselves. It is very distressing, to be perfectly honest. The point I want to make, which is probably more relevant to this, is that he believed she was flirting with him—a 13-year-old girl—and he thought that justified plying her with alcohol and drugs and molesting her when she was incapacitated. The article says that she told him she wanted to go home and said no to sex, but, in the end, she was incapacitated and could not resist, and was molested. I do not think she was raped, which was good, but she was molested. Training will now occur from preschool age; it will be relevant to the age and maturity of the children. My eldest grandchild, Sophie, is five years old. She goes to preschool. She will be having some sort of training in this area. I will run out of time before I say anywhere near as much as I wanted to on this subject. I often listen to Teeny Tiny Stevies because they have a lot of age-appropriate stuff for young kids, including the song *Boss of My Own Body*.

Hon Stephen Pratt: “I’m the boss of my own body.”

Hon MARTIN PRITCHARD: I think Hon Stephen Pratt is going to sing it. The training is age-appropriate and, of course, gets more complex as children get into higher levels of education. It is needed. I wrote down something, which I thought was very good, but I cannot take credit for thinking it up. It is that it should be remembered that not all disrespect leads to violence but violence starts with disrespect. I think this sort of training for our young children, as they grow into adulthood, is very important. They need to be able to say no when they are faced with these sorts of issues.

The last issue I am going to have time to talk about—there is so much more I wanted to talk about—is the introduction of the vaping toolkit. I was very distressed in the last Parliament when a member in this house suggested, and I may be paraphrasing, that it is a person’s right to be able to vape and it should be made legal. I was distressed. At the time, I spoke about how hard it was for me to give up smoking and about the effects of smoking. I am not going to be a wouser and suggest that everyone needs to stop smoking, but I encourage people to do so. We cannot allow vaping to entrench itself, particularly with our students. I am very proud of the McGowan government for tackling the issue and putting together an education toolkit that will hopefully convince our students to not take up this crazy habit. It took many years for us to get on the front foot with smoking and to educate people about the devastating effects of smoking. We have an opportunity to nip this particular habit in the bud before it becomes prevalent. I think the McGowan government’s health ministers have played their part in trying to make sure that it does not become entrenched, because we will know those effects only down the road. Unfortunately, nobody really knows what is contained in the liquid that is used in vapes and what harm it will do in the future. Like some things, vaping may have some benefit for heavy smokers. I do not know whether it is a better option, but it certainly has no place in schools today.

As I said, I never get through all the issues that I want to in my contributions during this time. Maybe a member’s statement might come on.

HON KLARA ANDRIC (South Metropolitan) [11.41 am]: I begin by thanking Hon Martin Pritchard for bringing this motion before the house today. It is a very important motion. I want to follow on from the honourable member’s remarks about the leadership—actually, I am going to call it the “captainship”—of our previous Minister for Education and Training and the great work that she did in this portfolio.

Hon Sue Ellery: That is very kind, but for everybody else, please, it is not necessary.

Hon KLARA ANDRIC: I had to say that I am a fan, but I will continue to speak a little bit on today's motion.

I am sure that all members of this chamber will agree that education is one of the four pillars of a functioning and prosperous society. Education is what drives innovation in industry, and industry drives our economy. It is why we need to make sure that our kids have access to a quality education. It is also why the McGowan government has built or planned 40 new schools across Perth since 2017. I have some facts about the investment in education we have seen in the South Metropolitan Region. The major infrastructure spend in south metropolitan schools is currently sitting at just over half a billion dollars. In our second term, science labs have been completed at 51 primary schools and are in progress at 22 schools, with a commitment to build 130 new science labs. In the South Metropolitan Region, there has been a total of 97 small commitments, and 53 of them have been completed, with the total spend on small commitments in the South Metropolitan Region sitting at just under \$5 million.

Although there are multiple facets of education, I would like to use my time today to focus on a very important area of education and one that has seen leadership from the McGowan Labor government since coming to office—that is, STEM. STEM is an umbrella term that stands for science, technology, engineering and mathematics. These four areas are vital to our ever-evolving jobs industry of the future. It is estimated that 65 per cent of children starting primary school will work in roles that do not yet exist, 75 per cent of the fastest growing occupations require STEM skills and workers will spend 77 per cent more time using science and mathematical skills by 2030. Members can see why Western Australian students need STEM skills to be equipped for their working lives when they graduate. This is exactly why the McGowan government has invested, and is continuing to invest, heavily in STEM education and learning opportunities.

The first term of the McGowan government saw 200 public primary school classrooms transformed into science labs. We are investing in science, technology and engineering in local schools to give students the skills they need to take on those jobs in the future. The upgrade program has been implemented across 67 secondary schools and is delivering new and upgraded STEM facilities. The McGowan government has committed \$87.6 million to improve and build new STEM labs in public secondary schools over the next three years. This is in addition to delivering modern STEM labs as part of several larger school infrastructure projects across our state. Also, each school that received a new lab was granted \$25 000 to purchase science equipment, including digital microscopes, models for human anatomy and astrology, 3D printers, virtual reality headsets, robotics and renewable energy kits. This science revamping has continued into the McGowan government's second term, with further funding for more than 130 primary school and district high school classrooms to be upgraded into science labs.

With this investment in STEM education, something that I know will change—in fact, to be honest, it must change—is the longstanding cultural issue that has needed to be addressed. This issue is the lack of women in STEM roles, and that is why we as a government must invest, and are investing, in STEM education from a young age. I will quote some statistics made available by the Department of Education. Seventy-five per cent of all new jobs require skills in STEM, but only 27 per cent of people with STEM qualifications are female. Female graduates in STEM fields make up only 13 per cent of our ICT workforce, 14 per cent of our engineering workforce, 22 per cent of the physics workforce and 35 per cent of the mathematics workforce. The lack of women in STEM roles can be traced back to the early years of education. Research shows that during the years that young girls reach approximately years 5 and 6, their perception of STEM begins to change, suggesting that they begin to lose their confidence and start believing in this misconception that STEM is an area for boys only. STEM being known as an area for men only could not be further from the truth. We need look only at the history of some of the incredible women in science that can attest to this.

I have a list of a few incredible women and, looking at the time, I will probably not get through all of them. One of the women I would like to mention is WA's very own Fiona Wood, a plastic surgeon who has pioneered work on burn care, such as the development of spray-on skin. The contributions that women are making, and have made, to STEM is too significant not to increase their participation in the STEM workforce right here in WA. I am pleased to see public schools across Western Australia and the McGowan government addressing this very issue. Given the previously mentioned upgrades to STEM made by the McGowan government, STEM will now be more accessible for young women and girls than ever before.

Last Monday, I had the pleasure of attending the women in business breakfast with Hon Kim Giddens. I met several talented, accomplished women. One woman that I would like to briefly mention today is Dr Parwinder Kaur, an award-winning scientist and community leader who recently joined the Western Australian Women's Hall of Fame. Dr Parwinder is an associate professor in biotechnology at UWA and director of DNA Zoo Australia. She grew up in a farming village in Punjab, northern India, where she faced many challenges. She said that if it were not for a scholarship in science, she would not be where she is today. She was accepted in the Women's Hall of Fame for substantial contributions to her field of biotechnology. She is a truly incredible woman who does amazing things in her field.

In closing, I would like to express the hope that I see the gender gap in STEM being closed in coming years and young girls taking steps to choose career pathways in this very important field. My hope for that is reinforced by the McGowan government's investment into STEM in schools and seeing our public schools empower young women to put their brilliant minds to work.

HON SUE ELLERY (South Metropolitan — Leader of the House) [11.51 am]: I appreciate the opportunity to contribute to this debate. I thank Hon Martin Pritchard for bringing it forward. One of the enormous privileges of my political life was to serve as the Minister for Education and Training. This debate gives me the opportunity to talk about that a little and thank some people who played a key role in that. I will start by acknowledging the fantastic work that occurs every single day in schools across Western Australia by the teachers, education assistants, cleaners, laboratory assistants, managers of corporate services, parents and citizens associations, parents and friends associations, members of the school boards and all their respective associations and organisations. I thank them for what they do to make sure that education continues every single day. I also want to acknowledge all those officers in the Department of Education and place on the record my appreciation for the work of the director general, Lisa Rodgers, and her fantastic team, not just for the support they provided me when I was the minister, but also for the work they do every day supporting schools across WA.

For those who aspire to be ministers, I highly recommend they consider immersing themselves in education and training policies so they might aspire to be the minister for those things. I do not recommend that they become ministers during a pandemic because it was an extraordinary time. We were literally building the plane as we were flying the plane. We were trying to ensure that schools remained safe and open and that education could continue, with a workforce that was also worried about its own families, its own safety and its own health. It was an extraordinary time. One of the flow-on consequences of the pandemic is that after giving up drinking coffee about 30 years ago, I took it up again during the pandemic, so I am now back to drinking coffee, which I managed to avoid for a very long time.

I particularly want to acknowledge all those who worked so hard during the pandemic. We had to put in place extensive policies and procedures that obviously included meeting the requirements set out by the Chief Health Officer and his team. I want to thank everybody. During the pandemic, an incident management team—I cannot remember the name—was set up within the Department of Education, which comprised people from across the sector. Catholic Education Western Australia had people on that team, as did the Association of Independent Schools of Western Australia. They all worked together to make sure that we put in place policies and procedures that worked.

The work that goes on in schools is not just carried out by those employed by the respective education authorities. A range of primarily not-for-profit and other organisations provide support for schools to deliver all sorts of programs, starting with the most basic, which is literacy and numeracy. I had the fantastic privilege of being able to support some of those organisations, which I also want to acknowledge, including the Fogarty Foundation. Annie and Brett Fogarty set up the Fogarty Foundation. It does really amazing work in literacy and numeracy in schools in disadvantaged areas. It provides not only evidence-based programs for lifting the literacy and numeracy rates of students, but also leadership in those schools, making those schools really effective places of learning. I want to thank all those organisations who support the work that is done in public education in particular.

I also want to acknowledge my decision to go to the Premier and ask him to consider giving me an alternative portfolio. I genuinely believe that the education and training portfolio has one of the largest budgets in the state, with a budget of around \$5 billion. I genuinely believe that education is so critical to our economy and to the everyday lives of ordinary Western Australians that we needed to have a minister who was going to take the policies forward to the next election and beyond. That was not going to be me because this is my last term. I really thought it was important succession planning to ensure that a new minister be appointed. I had my fingers crossed for my friend Tony Buti. I was texting him. I hoped it would be him. I was really pleased when he got the portfolio. I know that he is going to do a fantastic job. He brings to it a different experience from mine and different nuanced priorities. That is as it should be. I said to him, “If I am able to assist you in any way, I will, but this is your portfolio. You have to make it yours. You have to run with the priorities that are important to you.” I will support him in doing that.

I want to touch on some of the important things that are going on. One of the issues that we wanted to tackle was ensuring that when students choose the subjects they will study in years 11 and 12, they are able to do so in a much better, informed way. The career taster program gives year 9 students an opportunity to literally taste a range of vocational subjects. With no disrespect to baristas, because I am now drinking coffee again, and with no disrespect to the other majority vocational courses that students were undertaking, students were not always making decisions based on having all the information in front of them. More importantly, their parents probably did not have all the information in front of them. Giving year 9 students an opportunity to try a variety of vocational subjects to give them a sense of the range of options available to them when they make their subject choices in year 10 was an important policy that we also put in place.

I want to touch on some of the things that I think are important to recognise about our public schools. The event that literally marks the end of our working year every year, as former Minister for Education Peter Collier would remember, is the announcement of the Beazley Medal award winners. We knew that when we got to that event at Government House or wherever it was being held, our working year was coming to an end, because it is usually held in the last week before Christmas. I was delighted to see that in December 2022, the Beazley Medal awards for excellence went to two public schools—Perth Modern School, which is a frequent winner of those awards, and Harrisdale Senior High School. It was fantastic to see.

I want to give one more shout-out. Another thing that we have done is rapidly expand the number of Indigenous languages that are being taught in our public schools. I want to acknowledge a great school, Beachlands Primary School in Geraldton, which also won an award for its work in ensuring that its students learn the local Indigenous language so that it will remain alive. Indigenous languages are now being taught in public primary schools right across Western Australia. It is fabulous to see the pride that the young Indigenous kids take in teaching the other kids in their classroom about their culture and language. From my time as Minister for Education and Training, that is one of the things of which I am most proud, and I know that Tony Buti will continue to make his mark on this portfolio as well.

I want to end by thanking all the people who work in the education system. It has been a privilege to work with them.

HON DONNA FARAGHER (East Metropolitan) [12 noon]: I rise to say a few words on the motion before us. I preface my comments by saying that I tend to take a bipartisan view on education. I think our former Minister for Education and Training would agree with that statement. I firmly believe that children must be given the best possible start in life. It is important that regardless of whether we are in government or in opposition, we recognise the good things that are happening, and that we also provide support when we are facing challenging times, such as occurred during the COVID-19 pandemic.

I will say, however, that when a motion such as this is presented, it is also incumbent upon the opposition to highlight some matters that need to continue to be addressed. On face value, we could take it that the education sector is all rosy, but that is not the case. I must admit that I find it a little intriguing that this motion has been brought before the house in the same week that we have had a story on the front page of *The West Australian* about how Highgate Primary School is literally bursting at the seams. It does not have enough toilets, music lessons and one-on-one learning support sessions have to be held in hallways, and lunchtimes have to be staggered, which is at times in conflict with sports classes that are being held in the undercover area, causing massive disruption to students and staff.

Notwithstanding that, I agree with the other speakers so far that some very good things are happening in our education system. Like Hon Martin Pritchard and the minister, I too want to acknowledge the incredible role that school leaders and teachers, and all school staff, are playing in supporting our students each and every day. I also acknowledge the significant challenges that they have faced over the past few years in responding to COVID-19. They absolutely deserve every bit of thanks and gratitude from us and from the entire community. Even today, teachers are supporting thousands of students right across this state who are currently sitting their National Assessment Program—Literacy and Numeracy test. Notwithstanding that, there are issues within the education system that need to be addressed. Those issues include teacher shortages; the health and wellbeing concerns of school leaders, teachers and staff, and, indeed, students; the lack of appropriate planning for new schools; and the number of instances of physical assault and threatening behaviour against school staff, which we all agree is completely unacceptable.

I notice that the new Minister for Education has had quite a bit to say about the decline in the number of students undertaking Australian tertiary admission rank courses and has raised some significant concerns. I refer to an article in *The West Australian* earlier this month by Dr Lynette Vernon, vice chancellor's research fellow at Edith Cowan University's school of education. She states —

Over time WA's ATAR population has declined: In 2016 we had 13,540 students doing ATAR, yet in 2022 the cohort comprised just 9643 students, an almost 20 per cent drop. WA's participation rate also dropped to 31 per cent, whereas most other Australian States are above 50 per cent.

I agree with Minister Buti that raising these concerns does not take away from the fact that students must always be given choice. Vocational education and training qualifications are equally as valuable and important as the qualifications of students who decide to take the ATAR pathway. I refer to another article in *The West Australian* that is dated 13 January, in which Minister Buti states —

But there is an increasing number of students entering university through alternative entry options, including enabling programs.

I worry we may be developing a culture in which seeking the easiest possible pathway into university is outweighing the importance of engaging with challenging content, developing writing skills for essay-style assignments and acquiring experience in the rigours of studying for exams.

He goes on to say —

With universities creating and promoting alternative entry pathways, we are embarking on a bold experiment, which may deliver new opportunities and benefits to some students.

However, others who choose to enter university through these less challenging routes may find themselves in a very demanding tertiary environment without the study skill to succeed.

While I am a strong advocate for creating opportunities for people to enter university, it's not in anyone's interest that we have more students starting university only to not achieve their chosen qualification and then be burdened with a HECS debt.

We need to investigate what the results show to better understand how our young university students are faring and whether these concerns are well-founded.

In raising this, I know that there has been some criticism, I think even from the Premier, about decisions that have been made by universities, and about the impact of the publication of ATAR league tables. If the minister does intend to investigate this, I ask that he also assesses the impact of the reforms that were put in place by the former Minister for Education and Training in 2019, that being the ability for students to select a third pathway of five general courses in order to complete their Western Australian Certificate of Education. I remember that at the time of that announcement in 2019, I raised the concern, and I know that others raised similar concerns, that that decision by Minister Ellery had the potential that a number of students would choose to take the easier option. That is exactly what the new Minister for Education is now talking about. We know from answers provided to me by the government last month that last year, over 2 700 students took the third pathway option. I would like the new minister, in any assessment or investigation of this issue, to examine the impact of the former minister's decision. I think that would be fair and reasonable.

In the short time left to me, I would be remiss if I did not mention a couple of my favourite topics in the context of early childhood education. I implore the government once again to make some announcements about the delivery of more child and parent centres across the state. Those centres fall within the responsibility of the Department of Education. Despite repeated calls from the community services sector and educators, and, indeed, from me, the government has shown absolutely no interest in increasing the number of child and parent centres across the state. This is despite the fact that numerous reports have found that it is a highly successful model of integrated service provision—or a one-stop-shop if we want to call it that—that is delivering hundreds upon hundreds of programs and services each and every year to thousands upon thousands of young children and their families, often in areas of high vulnerability and disadvantage. It is also despite the fact that an independent evaluation of this initiative has found that these centres are incredibly valuable in supporting early childhood development and assisting in identifying potential developmental delays and concerns with children.

While I am on the issue of early intervention, and given that I will take any opportunity to raise this matter in the house, I want to take this opportunity to ask the government most sincerely to introduce direct face-to-face speech pathology services in government schools. Members, we now have children waiting over 12 months to see a speech pathologist in metropolitan Perth. Kindy kids will wait until they are in pre-primary to get that support. That is not good enough! So, again, I ask the government, at the very least, to trial the service. It is not a panacea for everything in child development, but it is something that is strongly supported. I simply ask the government to trial it. The government will get my full support. Go to where the children are. It is not good enough that children are waiting over a year to access these services. Help them when they need it most.

HON LORNA HARPER (East Metropolitan) [12.10 pm]: I, too, rise today to support Hon Martin Pritchard's motion on the McGowan government's investment in schools and assistance in advancing student outcomes and career opportunities. As many in the chamber are fully aware, I am a great supporter of education—early childhood education and education in general. I worked as an education assistant in some schools.

One thing about living in Western Australia, and in Perth in particular, is that we know about our expanding suburbs. I live in one of them, Ellenbrook. We are growing faster out there than anyone can believe. We have new suburbs in Brabham and Dayton, and Caversham has expanded. The McGowan government has invested by making sure that we have more schools available out there, and we have more to come.

I was going to talk about that, but I listened this morning. I love the Thursday morning sessions, when I listen to everybody and learn the different lenses they put on a motion, what we each take from it and how we think about it. I took it this way. We teach our children from an early age, and what we teach them shapes them into who they will become as adults. When I was at school, rather a long time ago, the focus was on academics—reading, writing, maths, languages, history et cetera. Of course, Hon Martin Pritchard also mentioned home economics. I can cook up a storm, but I prefer woodwork to sewing; it is not my thing. Today, we have a more holistic approach. Although academic learning is extremely important, we cannot forget about the emotional, psychological and social development of our children. Saying that, the McGowan government has delivered \$104 million in support for student mental health and wellbeing, \$42.2 million for an additional 100 FTE school psychologists for four years until 2025, and \$38.5 million to expand the successful alternative learning settings program across WA.

These supports are wonderful, but the program that really jumps out at me is the Western Australian Respectful Relationships teaching support program. This is going into primary and public schools across Western Australia. I come from an early childhood background, and we taught our young children some of this stuff. We did not quite call it “protective behaviours”, but we taught how there is a private time and a public time, and certain behaviours are about being respectful and nice. We did it in a way and with language that was suitable to the age group.

As Hon Martin Pritchard mentioned earlier—it is worth reinforcing again and again—although not all disrespect leads to violence, all violence starts with disrespect. Whether the disrespect is to women, people of a different cultural or religious background or sexual orientation, or anyone else, it is still disrespectful. Teaching young people about healthy and positive relationships is the best way to break the cycle and prevent violence before it starts. The McGowan government has delivered and is expanding this teaching program to provide schools with resources to improve understanding of family and domestic violence.

One of the things that I feel we, as adults, should be looking at is ourselves and our colleagues, and how we treat each other with respect. It starts with us. We are the role models. We are lucky to be standing here in the Western Australian Parliament, which means what we do and say should reflect our society. As adults, we need to be more aware of the excuses we make and recognise how our behaviour and attitudes can make disrespect to women and girls, in particular, seem normal. Disrespect includes things like speaking over the top of someone; explaining what the person has said to others; putting pressure on someone to do something that they are not comfortable with; using power to control, abuse or bully someone; treating someone as though they are not as important; treating someone differently because they are different in any way; and dismissing what someone believes or feels about something.

Growing up as a young woman, I heard lots of things said. All women in this chamber will also have heard this. As a young woman, I was told things like “lighten up” when a boy was mean to us: “He did not mean it like that.” “It is only a bit of fun.” “It’s just a joke.” Well, it is not a bit of fun, it is not a joke, and we should not have to lighten up. We should be teaching our young men how to be respectful. We should not have to teach our young women how to deal with it. We are teaching the men to be more respectful.

We cannot accept aggression as just being part of being a boy. Yes, boys and girls are different; we know that. Having worked in early childhood, I will tell members that boys, in general, but not always, have more energy. They like to construct and deconstruct things. They are less interested in the creative than the destructive part, but they enjoy making it and then destroying it. That was a part of a lot of their make-up. They were loud, they were boisterous, and they did lots of stuff—but as a young girl, so was I, as were many other girls. I am not the most artistic or creative person, but I can build and knock down anything. I would jump off anything. If someone dared me, I would climb a tree, and lots of young women are like that. As a girl, I was told that that is not what I should be doing; I was told that I was playing like a boy. Girls cannot play soccer, or football; that is a boys’ game. Well, you know what? We played hockey against the boys at school. They were terrified. We said, “Well, it is a girls’ game. Why are you so scared?” Even that is not the language we need to be using today.

Another thing that also happens is that women are blamed for acts and words of aggression towards them. People say things like “It takes two to tango” or “She probably provoked him”. I do not care how much someone provokes someone else; treating them like that is not okay. It is not okay to put somebody down. It is not okay to be aggressive or to stand over someone. In general, men are bigger. I am five foot two, and I am probably the shortest person in the Western Australian Parliament, as everybody keeps reminding me. Most people in here tower over me. Although I am feisty and mouthy, and a lot of people would probably run screaming from me if they said something to me because I would not take it, it is still intimidating for me at five foot two to have a six-foot-odd man stand over me. It blocks out the light. I am 53 years old, and I can take care of myself, but what about a 13-year-old girl who has a 15-year-old boy standing over her saying, “You know you want it. You deserve it. You’ve asked for it”? None of that is acceptable.

As adults, we should be making sure that we are the role models. We need to think carefully about the language we use around young people and other people. We need to role model respectful behaviour. That includes not talking over other people. Men should stop talking over women. Men should stop explaining what we have just said. It is very annoying. We need to address disrespectful behaviour when we see it and call it out instead of walking past. We need to stop making excuses or staying silent when we see things that are disrespectful. Again, the respect we show each other as adults helps to shape our society’s standards. We should try to live up to those standards. Thank you.

HON SHELLEY PAYNE (Agricultural) [12.19 pm]: We have only a few minutes left and I note that my colleague Hon Sandra Carr also stood to speak, so I will be quick. It is great to be able to talk to the motion. It is also great to see Hon Martin Pritchard back in the chamber. I thank him for bringing this motion on education to the chamber. I have three children and my last one is in year 12 this year. He told me it is my last first day of school for any of my children this year. It is very exciting. They all attended the local high school in Esperance, and loved it. It will be a new era next year.

I want to talk about a few things. Hon Martin Pritchard talked about the \$31.7 million the government has put into career practitioners, and I want to talk about how some of those things happen on the ground. I talk a lot about Esperance but my electorate covers Narrogin and Katanning as well. Katanning is very multicultural. There is a new principal down there at Katanning Senior High School. Mr Innocent Chikwama started at the school in April 2021 and became the principal at the beginning of last year. He is originally from Zimbabwe. He is full of energy and does an amazing job. Katanning is one of the schools that got a career practitioner. At the beginning of last year, a lovely lady, Heather Van Den Rydt, started as the school’s career practitioner. It has been great for Katanning to have someone who is specifically there to link the kids in the community with the community, the businesses and the support groups out there. They had their first career expo last year. I had the opportunity to go down and see the expo. They had a whole bunch of different businesses from around Katanning for the kids to talk to. They also had Mindflight7 there with virtual reality goggles that kids could put on and look at different career opportunities. ATC Work Smart, which helps youth with employment and training opportunities, was there as well. It is something that is really working great. Esperance Senior High School also has a career practitioner.

I want to thank the Leader of the House, as did Hon Klara Andric, for her commitment in her former role as Minister for Education.

Katanning, as I said, is a multicultural area. The shire is driving a \$7 million project to build an early childhood hub. It will include three essential facilities—an early childhood education and care service, the community and child health offices as well as a family centre. It is a really great project. I firmly believe that we need to start supporting parents when their children are really young so that when all the kids are off to kindy they have all been supported and are at the same level. It makes it a lot easier for the teachers. I was pleased to go down to Katanning late last year and present them with a Lotterywest grant for another \$500 000. We know the cost of building has gone up, and this will help fill some of the gaps. I am looking forward to this project getting off the ground, with construction hopefully starting this year.

I mentioned the need to support parents with really young children as well. I want to commend Nulsen Primary School in Esperance, which has taken the initiative to set up a parent and family centre on the primary school grounds for the key reason of being able to support parents with younger children so that the kids coming into kindy are mostly at the same level. I see more and more in the schools how this is really important. I visited Castletown Primary School, which is looking for areas within the school to bring in support agencies, whether it is for speech pathology or occupational therapy services, to make it easier for parents. Parents will not have to pick up their kids and take them out of school; they can actually get the services that they need there.

I want to briefly mention some of the work that the chaplains are doing at Esperance Senior High School. I know we have put money into the school for a psychologist as well as the chaplains. I had the opportunity to meet Roslyn Woodhouse, who is a school chaplain at Esperance Senior High School. I want to give her a shout-out for the work she is doing putting together the school breakfast program, all through volunteers. It has been a really good program, getting children in to have their breakfast. As well there is the work student services is doing there. We have not had a canteen at the school this year and it has been really great for the school that student services has taken it on and is doing lunches for the kids. I will leave it there.

HON SANDRA CARR (Agricultural) [12.24 pm]: I will very briefly also support Hon Martin Pritchard's motion. I thank him very much for raising it. Obviously, as a former teacher I place significant value on education and the contribution the government makes to education.

I will very briefly touch on some things that have happened in the last few years in my own region and the electorate of Lara Dalton, member for Geraldton. In 2019, there was a \$20 million investment in Champion Bay Senior High School to improve the infrastructure for students. The investment paid dividends very, very quickly. Last year, Champion Bay Senior High School year 7 and 9 students were rated some of the top in the region in NAPLAN. I congratulate that school. It has also lifted morale in the school, which is seen in the performance of staff. School principal Julie Campbell, who has been at the school for some 15 years, even during its prior incarnation as John Wilcock high school, has recently been nominated—she is the only regional female principal to be nominated—for the Department of Education's women of achievement award. I congratulate principal Julie Campbell. She is a great principal and also a great contributor to and supporter of people across the region. I wish her all the very best in those awards.

Motion lapsed, pursuant to standing orders.

DIRECTORS' LIABILITY REFORM BILL 2022

Third Reading

Bill read a third time, on motion by **Hon Matthew Swinbourn (Parliamentary Secretary)**, and passed.

NICKEL (AGNEW) AGREEMENT AMENDMENT BILL 2023

Second Reading

Resumed from 22 February.

HON DR STEVE THOMAS (South West — Leader of the Opposition) [12.28 pm]: We are flying through the bills today—excellent work!

The Nickel (Agnew) Agreement Amendment Bill 2023 is a very short bill apart from the actual state agreement itself, so it is my intent to not take a huge amount of time on this. I will give the minister some questions that he might be able to answer in his reply speech, and, unless other members have a burning interest in the production of nickel sulphate, we can probably avoid the need to go into the committee stage on the bill. I will say at the outset that I understand that this bill is supported by the manager of BHP Nickel West. There has obviously been a fair bit of consultation between the government and the people running the bill, and I think there is a great degree of support for what is being proposed.

Obviously, nickel is an important commodity that comes out of Western Australia. I think the minister said in his second reading speech that it was worth something like \$3.5 billion. That pales in comparison with iron ore, but it is

a significant contributor nonetheless. It becomes particularly important when we start to talk about Western Australia as a key area for critical minerals for future development, particularly around energy, and nickel certainly will be. It will be a significant component for the world's transition into renewable energies, particularly in the construction of batteries. Western Australia likes to think of itself as a critical mineral hub, and that is both true and critically important for the future of Western Australia, not that I think the iron ore industry will decline rapidly, but it is likely to stabilise as it gets closer to exports of one billion tonnes a year. It is difficult to imagine that expanding significantly further from where it is. I think other industries will gradually start to come up and underpin that development. Obviously, lithium is one of those—that is a plug for my area in the south west—and nickel is also a critically important component of that growth.

There is agreement in the chamber that the industry is important and the bill before the house will assist industry, and for that reason the opposition will support the bill. It stems from a nickel mine in Leinster and in recent years has resulted in a processing plant in Kwinana as this industry expands. Western Australia is not only mining nickel, but has got to the point of also processing it, which is one of those success stories that we all like to see. That is fantastic. In the same way as lithium is now mined and is in the process of being processed—that is a clumsy way to say it—we are developing lithium processing facilities. We have one that operates to some degree and one that is being constructed. It is a critically important resource and it is important that the state is able to expand its production of it.

The minister is lucky that one of our “dearly departed” friends Hon Robin Chapple is not here anymore because I imagine that we would have quite a long debate about the value of state agreement acts and state agreements in general. We will probably finish this bill much more rapidly because my good friend Hon Robin Chapple has retired to greener pastures. Presumably it is still green in the Kimberley. I know it has been pretty damp up there.

Hon Stephen Dawson: It is still very green.

Hon Dr STEVE THOMAS: Yes. As we have done in numerous debates in the house, many of them initiated by Hon Robin Chapple, the opposition supports state agreements as an important part in the development of industries going forward because they provide the long-term certainty that many of these projects with massive investment require. They take a long time to get a return on that investment and they need that certainty.

Last year we converted a state agreement act. Effectively we repealed one so that the operation would come under the Mining Act 1978. I note that in the bill before the house, many of the changes in the state agreement act are to take the operations to a position that I suspect they would look like if they were managed under the Mining Act. I do not have a moral objection to that. I am sure Hon Robin Chapple would have suggested that made the state agreements unnecessary. The minister might be able to give a quick overview in his second reading reply as to how much of the change is effectively applying the Mining Act to an existing state agreement. I suspect we will find that is the vast majority of what is proposed in this bill.

As a bit of background, the owner of the BHP Nickel West plant at Leinster has to do a number of things. It is trying to bring in nickel from outside the original state agreement act area and that simply, and rather obviously, makes sense. It is difficult to understand how an original state agreement act might prevent that from happening, but it is just one of those things that occurs. We try to make an original state agreement act quite prescriptive and perhaps at the time nobody thought that we might want to extend the life of a project by sourcing from outside that.

Hon Stephen Dawson: I guess the world has moved on considerably since 1974.

Hon Dr STEVE THOMAS: Do you mean that the flares have gone, minister?

Hon Stephen Dawson: A lot has changed.

Hon Dr STEVE THOMAS: Okay—the minister still has his flares but many other things have changed. Excellent!

Hon Stephen Dawson: Actually, I wasn't alive in 1974.

Hon Dr STEVE THOMAS: You were not alive in 1974? All right—another day when I feel old in the house, Deputy President!

Hon Martin Pritchard: You're not as old as some.

Hon Dr STEVE THOMAS: I am not the oldest member here, so it is okay. We digress.

Many of the things that are introduced in this bill probably bring the state agreement act back into line with the Mining Act. For example, the changes include the requirement to develop a community development plan and a local participation plan. It also requires BHP Nickel West to oblige subcontractors to apply with the terms in the local participation plan. There is obviously an intent to get local activity happening. That is fine; it is a good thing. Obviously, as with many other areas, when you cannot procure locally, you procure from further afield, and that is a reasonable thing, particularly for regional areas. It is interesting to note how hard people have had to fight sometimes to get local procurement involved in government contracts. The one I probably had the closest look at was the Bunbury Outer Ring Road, which is theoretically a \$1.25 billion project, but they are going to knock a few

bits off it, so it is really probably a \$1.5 billion project. Getting local procurement into that project was a massive battle for the local proponents, the people pushing for that project to develop. It is a reasonable outcome that the government would seek to get local employment, as long as it does not interfere with the operation and the running of the unit. If that is the case, that is a good outcome.

Obviously, this bill will add the need for an agreed mine closure plan. I wonder why that was not in the original state agreement act, but as the minister says, 1974 is a long time ago. Big holes in the ground through outback Western Australia were probably considered relatively normal at the time. That is also important.

I will ask the minister to address in his second reading reply a few of the simple questions around this bill. There are changes in the bill on the agreement act to increase the lease rentals and change the royalties. As I understand it, the lease rentals and the royalty rate will shift from a state agreement act set rate to effectively what it is under the Mining Act. Could the minister respond on what the financial impact of that will be? What was the original rate set at? What did it raise versus what the changes proposed in the bill before the house will deliver? That would be an interesting component because I have not seen the numbers on that. It would make sense that there was a standardised royalty rate. I understand that for some other developing mineral assets, the government wants to be careful about applying the standardised rate if it might interfere with the production of that product, which is essential; for example, phosphates and other things that are required for agriculture and critical areas. In this case, I thought that nickel could absorb a standardised rate, but I would like to know exactly what those numbers are, if the minister could please provide them.

This legislation will require Nickel West to pay the levy to the mining rehabilitation fund, which, again, is a fairly normal thing under the Mining Act. I ask the minister to give us a bit of a summary of what levy revenues he expects will be raised. I am presuming that Nickel West was exempt from them under the original state agreement act, so it will be from zero to a certain amount. I am also to some degree interested in how far we see that resource extending. What will it look like when we potentially get to the end of the mine—heaven forbid—and then rehabilitation has to occur? What sort of costs and levy raising will we need? I do not know whether the minister has estimates; if necessary, it may be that he takes that on notice. This bill originated in this house, so it will go to the other place. When it gets to the other place, the minister may have some slightly more detailed answers to these questions; to be honest, I will be quite comfortable if that is where we land in this discussion.

I have a couple of other points. Those are the key questions I am interested in getting answers to. Probably the first most critical, important part of this bill is that it will allow BHP Nickel West to sublease parts of the Leinster township without government approval. I think that is a reasonable outcome, but the minister may have a sentence or two on the extent to which that is envisaged to occur and the key purpose for that, which I presume is the provision of housing and potentially commercial services of some sort. Perhaps the minister can give us the outcome of that in his reply.

The other change that we are proposing that I particularly want to comment on is the capacity to incorporate other nearby mining tenements into the state agreement lease area and the ability to bring in third party-owned nickel ores. I think this is the most interesting and critical part of this bill. It is a bit like the gas production that occurs up in the Burrup, let us say, in the minister's patch, where a processing unit may be struggling to find third-party supply that might keep those processing units going for longer and in a more efficient manner. It just makes sense. If there is an extraction or refinement processing unit in place, third-party access obviously makes sense. I am interested in whether there will be any restrictions on those third parties. I understand that there will be ministerial overview of those third-party access capacities, and that Nickel West would require ministerial agreement for any third party wanting access. Can the minister confirm whether that is the case and whether there will be any restrictions on how far afield that supply can come from—interstate, overseas, any of those areas? What restrictions might be in place and what is envisaged? The government is obviously extending the lease, so there is a thought that there are additional resources. If those resources are not in the surrounding area, it obviously makes sense that Nickel West would have access to those, so, on behalf of the opposition, I am fully supportive of that extension. I am just a bit interested in where those resources that are further afield might come from. I do not necessarily think that is a bad thing, either. As I say, I am very supportive of making maximum use of the facilities where they exist, but I am interested in what other resources might be the target of this legislation and from how far afield they might come. It is a fair old shipping exercise out to Leinster if someone is trying to take stuff back the other way. I presume it is not intended that we would see nickel ore coming in from interstate or overseas, but I seek perhaps some definition of where it will potentially come from.

Hon Stephen Dawson: Ask me that one again?

Hon Dr STEVE THOMAS: Basically, because Leinster is so far inland, I am presuming that it is unlikely that any nickel ore will come in from a great distance. Given the shipping cost, I would have thought that no-one is likely to transport bulk volumes from interstate or overseas to that particular unit. I am interested in where additional nickel ore might come from, outside of the extension of the leases that is currently proposed. As I said, I am an absolute believer in making the best use of those facilities, so I am not opposed to it in any way; I am just interested to see where it might come from.

I think that largely covers the key questions that I had. Overall, the opposition supports the bill and the intent of the bill. Let us make the best use of the facilities that we have. There are many good things in the bill; we just have to keep an eye on it. Local procurement is good, but there is not a big population and not a lot of resources out that far, so the definition of “local” is one thing that we will have to keep an eye on. For major projects funded by the commonwealth, “local” generally includes the continents of Australia and New Zealand, so what we call “local” can vary a fair bit. I am sure the intent is to make it as local as possible, but I recognise that for much of the service provision for Leinster, “local” has to end up including the Perth metropolitan area, because unless there is a massive population boom, we will not have that many people out there that far inland from Geraldton. I am not sure how far it is.

Hon Kyle McGinn: Leinster? That’s out near Wiluna.

Hon Dr STEVE THOMAS: Yes, it is probably 700 or 800 kilometres or something. It is a long way out. I do not think we will have a population boom there. Let us make use of the resources that we can, but obviously the definition of “local” will have to be a bit extended on this one.

In summary, there are a few key questions. If we get answers to those, I do not think that we need to go into the committee stage of the bill. The opposition is absolutely supportive of the best use of this facility, and, like the minister, I can only commend the bill to the members of the house.

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Emergency Services) [12.46 pm] — in reply: At the outset, I acknowledge and thank the Leader of the Opposition for his contribution and for his and the opposition’s support for the legislation that is before us today.

I have a couple of points to make. Yes—the Leader of the Opposition is correct in the value of the sector to Western Australia. In 2020–21, nickel was Western Australia’s fourth most valuable mineral sector and was worth \$3.5 billion.

Hon Dr Steve Thomas: I remember reading that in your original speech.

Hon STEPHEN DAWSON: Yes, so it is not an insignificant amount.

I will answer the questions that the Leader of the Opposition asked. I refer to the alignment with the Mining Act. Some of the things that align this with the Mining Act are the rent on the mining lease, the mining rehabilitation fund—this is the first state agreement that this is now inserted into—the mine closure plan and royalties. The company had previously paid royalties at the Mining Act rate, but this formalises it. In terms of the mining —

Hon Dr Steve Thomas: Sorry, can I just check: so the royalty rate has not changed; it just formalises the rate?

Hon STEPHEN DAWSON: Yes, that is correct. We made a comment that this was a 1974 piece of legislation. A number of things have changed in law since that time. The mining rehabilitation fund came into being in 2012 and the existing nickel Agnew state agreement pre-dates 2012.

Hon Dr Steve Thomas: Yes. At that stage, we dug big holes and just left them there.

Hon STEPHEN DAWSON: It was a very different world. We dug big holes and we left them there, and there was little thought put into the future and how we might rehabilitate.

Hon Dr Steve Thomas: Occasionally, we let the water fill it up, but that wasn’t necessarily always a good thing.

Hon STEPHEN DAWSON: Yes, exactly. In terms of the mining rehabilitation fund, Nickel West pays about \$118 000 per annum on existing Mining Act tenements, and it is estimated that an extra \$370 000 per annum will be paid as a result of the variation.

Hon Dr Steve Thomas: Sorry; that is for the rehabilitation?

Hon STEPHEN DAWSON: Yes, this is into the mining rehabilitation fund.

Hon Dr Steve Thomas: It’s still a very small amount.

Hon STEPHEN DAWSON: It is not a significant amount, no. It is \$118 000 currently on the existing Mining Act tenements, and it is estimated that about an extra \$370 000 per annum will be paid as a result of the variation.

Third-party access will be managed by a proposed mechanism. The company will need to seek the approval of the minister. If it wanted to seek to process overseas material, that would require the approval of the Minister for State Development, Jobs and Trade.

Hon Dr Steve Thomas: I would imagine that would be quite unlikely, to be honest.

Hon STEPHEN DAWSON: That is what my advisers tell me; it would be quite unlikely.

Hon Dr Steve Thomas: It’s still worth asking.

Hon STEPHEN DAWSON: Yes. The thought is that the material may come from the locality, essentially. It would not come great distances.

Hon Dr Steve Thomas: You would have a transport cost that made it difficult.

Hon STEPHEN DAWSON: Yes, and it might be significant at times. That is that. All the third party sources identified in the variation agreement are within 100 kilometres of the Leinster concentrator. On the value —

Hon Dr Steve Thomas: Sorry, before you move on—I am doing this instead of the committee stage.

Hon STEPHEN DAWSON: Yes, of course.

Hon Dr Steve Thomas: Are there already identified operators and sources that are targeted in this?

Hon STEPHEN DAWSON: There would be other BHP-linked companies.

Hon Dr Steve Thomas: Yes, they are the nearby leases.

Hon STEPHEN DAWSON: They may well use this facility.

Hon Dr Steve Thomas: Sorry, Hansard.

Hon STEPHEN DAWSON: On the value, Nickel West has paid about \$675 million in royalties since 2003, which is a significant amount.

Hon Dr Steve Thomas: That is about an eighth of the budget surplus.

Hon STEPHEN DAWSON: It is a significant amount. BHP Nickel West generally employs about 2 500 FTEs and the Leinster operation itself employs 1 415 FTEs. The royalty rate is 2.5 per cent. The member is correct that there are some very good, positive things in this bill before us, like the community development plan and the local participation plan. I spoke about these in my second reading reply. They are in new clauses 10A and 10B. These types of things really drive local economies. It has been hard to get these plans, historically, but I think we are starting to see the benefits of them in local communities.

Hon Dr Steve Thomas: The question will be: how local is local in whatever plan you develop?

Hon STEPHEN DAWSON: I do not have that before me but it is looking to Leinster, Kalgoorlie—the goldfields.

Hon Dr Steve Thomas: It will be as wide, ultimately, as it needs to be to deliver the service but I think it will be pretty wide on this one.

Hon STEPHEN DAWSON: That is opposed to the whole of Western Australia, yes. The member asked about the subleasing. At the moment, if the barber shop—I am not sure, but I think there is a barber in Leinster —

Hon Dr Steve Thomas: Sorry; Hon Kyle McGinn, apparently there is a barber in Leinster! You should take advantage of that!

Hon STEPHEN DAWSON: He said he does not use them. If I give the example —

Hon Dr Steve Thomas: I recommend them!

Hon STEPHEN DAWSON: If I give the example of a barber, at the moment should the barber change in Leinster, the minister actually has to sign off on the subleasing of the barbershop to a new barber. As a result of the changes before this bill, that will not need to happen. BHP can do that.

Hon Dr Steve Thomas: That is why Hon Kyle McGinn's haircut has not changed; it needs a new barber.

Hon STEPHEN DAWSON: This is about streamlining; it will make it easier for people. There is a requirement to have a mine closure plan as a result of the bill. I think the member had a question about the state agreement area.

Hon Dr Steve Thomas: Yes; do we have an area?

Hon STEPHEN DAWSON: It is not very wide. I do not have a map before me but —

Hon Dr Steve Thomas: Maybe you could present one in the lower house when it gets there?

Hon STEPHEN DAWSON: Yes, we will have it for the other place. There are mining act tenements just outside the existing state agreement area. I am talking kilometres, not big, huge areas. They will now be included in the state agreement area. The local participation plan focuses on Western Australian businesses.

Hon Dr Steve Thomas: Is it statewide?

Hon STEPHEN DAWSON: It could potentially be.

Hon Dr Steve Thomas: In an ideal world, it would be smaller—in Leinster—but unless there is an oversupply of barbers, then you have to go wider.

Hon STEPHEN DAWSON: Leinster itself is essentially a BHP or Nickel West town so it needs to go further afield. Local participation plans focus on WA businesses. The community development plan is focused on Leinster and the goldfields.

Hon Dr Steve Thomas: Is it the whole goldfields?

Hon STEPHEN DAWSON: Yes, the whole goldfields region. I have done the changes to royalties. I have touched on the mining rehabilitation fund. Hopefully, that answers all the honourable member's questions.

Hon Dr Steve Thomas: I'm happy.

Hon STEPHEN DAWSON: With that, I thank the member for his contribution this afternoon and thank him again for his support and the support of the opposition. I commend the bill to the house.

Question put and passed.

Bill read a second time.

[Leave granted to proceed forthwith to third reading.]

Third Reading

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Emergency Services) [12.54 pm]: I move —

That the bill be now read a third time.

HON DR STEVE THOMAS (South West — Leader of the Opposition) [12.54 pm]: Noting the time, I wonder whether I should curtail my contribution to the third reading debate, quite remarkably, and we might then proceed immediately to the lunchbreak? It seems very unfair to have someone stand up and give a three-minute contribution.

Hon Matthew Swinbourn interjected.

Hon Dr STEVE THOMAS: Yes. Now that the issue of Hon Kyle McGinn’s haircut has been raised, I think it only fair that a contribution to the third reading debate be directed to it. No, I am joking. If we started on that, we would be here all day.

Hon Kyle McGinn interjected.

Hon Dr STEVE THOMAS: Okay. In those circumstances in the third reading, I thank the minister for the information he has provided. Perhaps a little more geographic information could be given when it gets to the other place, but I do not suspect for a minute that would change the support of the opposition. I am very pleased to see the bill pass through in a timely manner. Who said the Legislative Council was slow on legislation? I have no idea.

Question put and passed.

Bill read a third time and transmitted to the Assembly.

Sitting suspended from 12.56 to 2.00 pm

GUARDIANSHIP AND ADMINISTRATION AMENDMENT (MEDICAL RESEARCH) BILL 2023

Second Reading

Resumed from 22 February.

HON TJORN SIBMA (North Metropolitan) [2.00 pm]: I rise on behalf of the opposition as the lead speaker on the Guardianship and Administration Amendment (Medical Research) Bill 2023. I should identify very clearly at the outset that the opposition supports this bill. The bill is, in itself, actually straightforward, but it covers very important ethical and legal issues. I anticipate making remarks on those issues in my contribution, and they are likely also to motivate the contributions of the other speakers who I understand wish to put on the record their remarks in respect of this bill.

What does this bill do? It proposes two key things. The bill deals with an earlier iteration of legislation that came through this chamber under different circumstances some three years ago, and attempts to change the definition of “lead researcher” to encompass a broader range of health practitioners other than the more restrictive “medical practitioner”. These health practitioners—either 15 or 16 or so occupations—are listed under the Health Practitioner Regulation National Law.

The second issue that has focused minds—probably a matter that has motivated more focus than is necessary, but I will get to that—is the removal of sunset clause provisions that were inserted into the legislation as a safety mechanism when the bill’s passage through this chamber was expedited three years ago. If not amended under this legislation, those sunset clauses will prohibit incapacitate people from being enrolled in urgent medical research from April next year.

The issues we are dealing with have a history longer than just the last three years. In 2015, the then government tabled the *Statutory review of the Guardianship and Administration Act 1990*. There were some 86 recommendations in that report. Two of them are relevant to this bill and to the preceding legislation of three years ago—recommendations 5 and 6. Recommendation 5 states —

Recommendation 5: That Part 9A of the *Guardianship and Administration Act 1990* is amended to include a notice provision in relation to enduring powers of guardianship similar to section 110 to enable an application to the State Administrative Tribunal for an order to be made ex parte —

Sorry; I am preceding myself. I refer to the heading “Consent to medical research” on page 5 of the review, rather than recommendation 5. I will quote some passages on page 7 of the review that relate to submissions made by the Australian Medical Association WA and Hollywood Private Hospital.

It states —

The Australian Medical Association WA (AMA) recommends amendments to provisions which apply to the consent process for patients with short-term incapacity or severe illness, particularly in the emergency, intensive care and trauma contexts, who are incapable of consenting, or where time constraints and severe patient stress clearly make fully informed consent impractical; and amendments to show alternative consent processes for all other patients with disabilities—whether short or long-term, who lack capacity to consent in non-emergent situations. The amendments should apply to medical research procedures which include being part of a clinical trial, the administration of medication or the use of equipment or a device. Further the AMA emphasises that HRECs should be specifically authorised under the Act to be able to provide waiver of consent for studies performed in the emergency, trauma, and critical care environment.

Hollywood Private Hospital (HPH) submits that denying the opportunity of an individual to a new potentially beneficial therapy provided through a clinical trial can place them at a disadvantage. The HPH refers to the National Statement which indicates that people with cognitive impairment should not be excluded from research as a matter of course.

Those sentiments are, I think, broadly shared by sensible and compassionate people, but the statutory review also encompasses a range of other issues—in fact, some 80 or more further issues—that neither this bill nor its predecessor contemplates. I emphasise that because I think that, to some degree, this bill is misnamed, or at least the words of its title are in the wrong order, because it is not necessarily focused on the Guardianship and Administration Act but is really about medical research. To some degree the claim could be made that incapacitated people, through this bill, are effectively made a means to an end rather than being treated as an end in themselves. That might be a slightly uncharitable view to take, but I think it is a point worth emphasising because there seems to be unanimity around making the Guardianship and Administration Act 1990 more contemporary and more fit for purpose. That certainly was the Attorney General’s view as he expressed it in 2018.

In 2018 I was honoured to participate in the Select Committee into Elder Abuse, along with the parliamentary secretary who has carriage of this bill in the chamber today. Throughout the course of our inquiries, the committee chair, my colleague Hon Nick Goiran, wrote to the Attorney General seeking advice as to the progress of enacting changes to the Guardianship and Administration Act 1990.

I quote some select passages from that document dated 24 April 2018 that are relevant. It states —

... the McGowan Government made an election commitment to expedite the enactment of amendments set out in the recommendations of the Statutory Review of the *Guardianship and Administration Act 1990*, and Cabinet approved the drafting of an amendment Bill in December last year.

He is referring to 2017 —

It is anticipated that the Amendment Bill will be introduced in the Spring session; —

Of 2018, presumably —

however, this will depend on drafting and Parliamentary priorities.

I make the point now that drafting and parliamentary priorities seem to have shifted somewhat over the course of the last five or six years, because that bill was not presented to this chamber in the previous Parliament or in this one. Members of the committee were not expecting that the Attorney General would agree to all 86 recommendations; this is effectively the discretion of any government to support some recommendations, amend others or just to discount the rest, but the Attorney General was pretty clear that he supported the bulk of them. From memory, he discounted between eight or nine, but the bulk of the 86 recommendations were supported, one or two of which found their way into the preceding bill dealt with by this chamber some three years ago.

I want to stop the time line a little in 2018, for in 2018, a problem of some kind emerged in the conduct of medical research in the Western Australian jurisdiction. I am not a medical practitioner nor am I a lawyer, but effectively, the issue was some interpretive ambiguity around whether incapacitated people could be made subjects in a clinical trial. Some would interpret the concept of medical treatment more broadly to include clinical trials; others were a little more compartmentalised in what constituted orthodox medical treatment versus clinical trial. That is probably a layperson’s interpretation. What eventuated in 2018 were a series of directives from the Department of Health that effectively brought a halt to this practice. That was obviously cause for some concern. It precipitated some alarm about the future of cutting-edge research in the Western Australian jurisdiction and, to some degree I suppose, those concerns were well founded. Sometime in that 2018 period, a commitment was made by the Attorney General—I am not impugning any bad faith here—and the then Minister for Health, Roger Cook, to effectively deal with this ambiguity and provide a very clear lawful pathway for the practices that existed prior to 2018 being reinstated. We heard little about that—I think; the record can always correct me—until 2020.

We all in this chamber understand what happened globally and in this jurisdiction in early 2020. I think the emergency declarations, the twin declarations made both under the Public Health Act and the Emergency Management Act, were first enlivened in the middle of March three years ago, if memory serves me correctly. This is not to be

condescending to members who are new in this chamber, but the Parliament's response to that was, I think, very good, but we were navigating uncertainty. There was a uniform bipartisan commitment to put our political tribalism to one side and attempt together to navigate through what was known, knowable and unknown about COVID in the very, very early stages. That was done in a chamber that represented a greater political plurality than exists today. The original 2020 bill was very firmly predicated on being a COVID response—not entirely, but that was 80 per cent of its justification. I quote from the representing minister's second reading speech, the Leader of the House then as she is today, Hon Sue Ellery, who said —

The Guardianship and Administration Amendment (Medical Research) Bill 2020 provides critical legislative amendments that will enable our doctors to join the global effort to trial new and emerging treatments for COVID-19.

...

Last week, members would have heard Dr Andrew Miller, the president of the Australian Medical Association Western Australia, state that if Parliament does not pass amendments to the Guardianship and Administration Act 1990, our doctors and hospitals cannot offer all Western Australian COVID-19 patients a chance to benefit from the trial therapies that are being used around the world.

...

The problem with the existing legislation —

She is talking about the 1990 act —

as highlighted in the COVID-19 pandemic environment is that persons responsible are authorised to make only treatment decisions. For the purposes of the Guardianship and Administration Act 1990, treatment means medical or surgical treatment, including a life-sustaining measure and palliative care; dental treatment; and other health care. The act does not authorise enduring guardians, guardians or next of kin to consent for patients to participate in medical research, including drug and treatment trials. This overlooks the continuum between treatment and research, which exists in many cases.

She went on further to say —

Although the McGowan government recognises the importance of implementing all the supported recommendations from the statutory review, —

Which I referred to earlier —

the recommendations dealing with consent to medical research are, in the current environment, crucial. The amendments in the Guardianship and Administration Amendment (Medical Research) Bill 2020 will ensure that all Western Australians have the opportunity to participate in world-leading research and experimental treatments specifically targeted at combating the COVID-19 coronavirus.

To be fair to the Leader of the House then and today, that was a completely reasonable and sensible position to adopt, but it indicates that in the background are other issues. It is because in the early days we were navigating our way through a challenging COVID-19 environment, which we did not know the outcome of, that this chamber and the other house resolved to expedite decision-making and the legislative program. Indeed, it may not have been the first bill in this house to have been treated this way, but it was among the very first bills to be treated under the COVID-19 temporary order. It might interest members to know of the time constraints that applied then. They were 180 minutes for the second reading, 180 minutes for the Committee of the Whole, five minutes for the adoption of the report and 45 minutes for the third reading. Largely speaking, a bill of this magnitude, with this sort of ethical weight, was treated in a very rushed manner, but it was the best that this chamber could do. But underlying that agreement to deal with a substantial bill in an expedited manner was a degree of trust, and the application, where appropriate, of a precautionary principle. This was not the first and will not be the last bill that proposes some sort of novelty that does not include reference to guardrails or safeguards and the like. Outside the substance of the bill, as it was presented to us then, two guardrails were inserted, or applied, to ensure the wellbeing of incapacitated people who were subject to medical treatment without providing consent. The first guardrail deals with the matter that we are giving contemplation to now: the insertion of the sunset clause provisions. I will quote from *Hansard*, Thursday, 2 April 2020. Members will soon work out why I put special emphasis on this. It states —

Postponed clause 2: Commencement —

Resumed from an earlier stage of the sitting.

Hon MICHAEL MISCHIN: I move —

Page 2, lines 7 and 8 — To delete the lines and substitute —

receives the Royal Assent (*assent day*);

(b) sections 12A and 14 — on the day after the period of 4 years beginning on the day after assent day;

(c) the rest of the Act — on the day after assent day.

The effect of this amendment will be that new section 12A will come into effect four years after the amendments come into operation and that will repeal proposed section 110ZS and also bring into effect the transitional provisions to protect the research that is currently going on.

This was the bit that dealt with the sunset clauses that we are attempting to pull out today. Then Hon Sue Ellery said —

I concur with the description provided by the honourable member. As I indicated to the chamber, this is part of a package of things that have been agreed to give practical effect to a sunset clause, and the government is happy to support it.

What does that indicate? It indicates that the sunset clause was discussed behind the chair and was not opposed. It was Hon Michael Mischin, the then shadow Attorney General, who moved it. It was supported by the crossbench and the government. “Not making the best the enemy of the good” might have been a way of describing the implementation of a sunset clause.

Another thing that was done—very strangely, as it happens—in the course of the treatment of bills in this house was that after the third reading, the bill was referred to the Standing Committee on Legislation. The committee gave the bill its contemplation despite the fact that the bill had already passed the Parliament. I understand that that very unusual scenario is not necessarily unprecedented, but it is a very, very unusual scenario. But what is more unusual, over the course of the last two years, is the degree to which bills have not been referred to the Standing Committee on Legislation at all.

It is worthwhile identifying that the forty-eighth report of the Standing Committee on Legislation regarding the Guardianship and Administration Amendment (Medical Research) Bill 2020 was a very good, solid piece of research. I have looked for a report of similar quality and gravity from that committee in the last two years, but when I went to the website, I did not find anything. I am sure we will refer to that matter again at some stage, but I want to very briefly refer to an element contained within that report on page 22.

Members might recall that the bill was effectively rushed through this chamber on the basis of the need for an expedited COVID-19 response. We could not leave anyone behind. I want to underscore exactly the right principle for the chamber to adopt. When the report was handed down in November, what had the committee found during its deliberations through September and October? It found that not much of that went on. No individual patient had been enrolled in any kind of trial related to COVID-19 basically because the statutory forms had not been drafted. If I cannot critique the government for the motivation, what is entirely appropriate for me to do is to critique the government’s application or lack of consistency because that introduces in my mind a measure of cynicism, which I think generally is healthy but maybe somewhat unhelpful or uncomfortable for the government.

It is also worth reflecting that the substance of the committee’s report endorsed one of the key tranches of this bill, which is to repeal the sunset provisions. I do not want that to go unremarked; I do not necessarily want to cherry-pick from this report either. But this goes to the element of trust that is required at some level for legislation to be scrutinised, fairly dispassionately and rigorously in this chamber, and that what the government tells us is the purpose for a bill is actually going to be given effect to. At that very early stage, within four to six months of that bill initially passing this house, none of that had transpired. Embedded in the bill was a guardrail of some kind, which was a commitment to review the act itself within 12 months. That deadline was missed, regrettably. I understand that that review was at least 12 months late, and I will get to the timing of that later.

Actually, I will refer to that final review, which was an interesting document, a good document, and I encourage members who take an interest in this bill to read the final report conducted by the Department of Justice entitled *Review of the Guardianship and Administration Amendment (Medical Research) Act 2020 (WA): final report*, which, if memory serves, was tabled on the very same day that the parliamentary secretary introduced and moved the first and second readings of this bill. This is a message to people outside this chamber: it would have been helpful for that report to be tabled at an earlier opportunity, and I believe there was an earlier opportunity because the very helpful and capable staff at the Attorney General’s office have told me that that report was received by the office—but not necessarily read by the Attorney General—in late October last year. So some months went past when there were opportunities to table, but they were not taken up, I think, sadly, because that document is intimately related to this bill and drives a series of questions that the parliamentary secretary or his advisers might be in a position to answer.

Hon Matthew Swinbourn: Sorry, what was that?

Hon TJORN SIBMA: The final report of the Department of Justice. There are some key bits of information embedded in it that relate to this bill.

Hon Matthew Swinbourn: That may be a matter best left for committee.

Hon TJORN SIBMA: Yes, sure—in committee. That is fine; we will get there.

I mentioned a note of cynicism, and if I was not cynical enough, my cynicism was elevated quite substantially when in preparation for this debate, I read a grievance made on 24 November 2022 by a person for whom I have large personal regard, the member for Mount Lawley. I want to quote some passages from that, not selectively, because

it is so very clearly expressed. They are passages that indicate a serious degree of misdirection, misrepresentation and bad faith around the history of this bill, the magnitude of the issues addressed and the enormous magnitude of the issues that are not addressed, and I reflect on that 2015 statutory review. I will allow members to make up their own minds and to form a view about whether my cynicism is justified in these circumstances.

I quote the grievance from the member for Mount Lawley —

... I would like to highlight the problem. When this McGowan Labor government introduced world leading amendments to the Guardianship and Administration Act at the height of the COVID pandemic in 2020 to facilitate more effective medical research, we amended section 110ZS, which provided for urgent medical research without consent within the Guardianship and Administration Act.

Already in that one long sentence there have been commissions of errors of fact. What was world leading? That is arguable. We were not at the height of the pandemic in early April 2020; we were at the beginning of it. The member goes on, and this is more specific. That was marginal compared with what comes next. I quote —

My grievance this morning concerns the unfortunate behaviour of Hon Nick Goiran in the upper house and his insistence on imposing a sunset clause on what is otherwise widely commended legislation. My concern and that of the legal and medical experts who have raised this matter with me is that the operation of the sunset clause will stand in the way of this groundbreaking, world-leading medical research. My grievance is that members of the Liberal Party who like to say that they support our health system behave in a way that is entirely inconsistent with that when people like Hon Nick Goiran place barriers in the path of medical research that makes it harder for our expert clinicians, academics and medical researchers to do their work.

That is a fundamental mistruth, a fundamental misrepresentation of the facts, utterly, not to advance the interests of medical research in Western Australia, not to advance the interests of incapacitated people subject to the act, but to score cheap political points; that is it. Grievances, particularly when they are brought to the other house's attention by a government member, are not done without the foreknowledge and forewarning of the responding minister. They never have been and never will be, certainly not under this government.

The Attorney General then said in reply —

Back in 2015, the Department of the Attorney General conducted a statutory review of the Guardianship and Administration Act 1990 to assess the operation and effectiveness of the amendments made by the Acts Amendment (Consent to Medical Treatment) Act 2008. Having consulted the Public Advocate, the Public Trustee, the Department of Health and over 163 government and non-government agencies, health services and medical ethics committees, the statutory review found strong support to amend the guardianship act to allow consent to medical research treatment for people temporarily or permanently incapacitated under guardianship orders.

The Attorney General forgot to mention that there were a range of other recommendations, in the dozens, that came out of that statutory review that have not seen the light of day, despite the fact that he advised the house that they were supported and the bill was being drafted. I think it was drafted back in 2017. But this is where the government doubles down on the misrepresentation of the passage of that bill through this house done on good faith three years ago. The Attorney General continues —

As the member for Mount Lawley noted, the sunset clause was included in the bill and is due to take effect on 8 April 2024.

I think it is worth bearing in mind that the alleged offence we are trying to pull back will not really become operative until next year, but I will leave that to where it is. The Attorney General continues —

As the member noted, this was included at the insistence of Hon Nick Goiran in the upper house, and, as I said to Professor Danny Fatovich at the time, we cannot let perfect get in the way of good. We had to get the bill through. Politics is about the art of what is possible. At that stage back in 2019, Labor's views did not always carry in the upper house—such is not the case today. As I said, the bill contained a review clause that the other chamber, at the behest of Hon Nick Goiran, changed into a sunset clause. Under that clause, I am required to review the operation and effectiveness of the medical research amendments in accordance, as the member for Mount Lawley said, with section 110ZZE of the Guardian and Administration Act 1990. As the member outlined, the review is ... representatives ...

And he goes on. He also goes on to say —

I expect that the final report will soon be presented for my consideration.

In fact, it had been. It had been in his office for a month. Again, the Attorney would have done a lot better by reading the *Hansard* of this place more closely and would have been wise not to have fully endorsed the accusation of this sort of obstructive response to not only the bill, but medical research more generally, and laid it at the feet of one member. That is not how this chamber operates and it is not how it has ever operated—never.

I have an absolute degree of sympathy for this. I say this not to wish the Attorney General any ill—certainly not—or to trivialise his own health challenges that he has been very candid about, but he said —

I have a personal interest in this matter having been the beneficiary of medical research when I was diagnosed with T-cell lymphoma back in the day. Earlier in my parliamentary career, I was a bit lost in Western Australia because no research had been done into that rather obscure or rare disease.

I cannot fault him at all. We are all, to a degree, beneficiaries of medical research. The fact that we survive our childhoods beyond the age of five is largely testament to medical research. The fact that my daughter was alive five or six weeks after she was born and treated in hospital with an infection is testament to medical research. I was the subject of clinical trials during my childhood. But there is a difference between that and the claim that the Attorney General made, particularly in his own personal case, because he was able to provide consent. The only reason that this chamber was a little bit guarded—moderately guarded, I think, would be better to say—in the treatment of the bill in 2020, was that it was dealing with incapacitated people who could not provide consent. When we deal with bills in this chamber, be it this bill or any other bill, it is actually worth trying to put in the effort to read the bill and absorb as much of it as we can and be a little more discriminating rather than accepting at face value the claims made by anybody, including, it has to be said, the Attorney General. Frankly, that is most unfortunate.

The bill that we are dealing with today implies a number of things. One of the principal claims is that this looming cliff, represented by the sunset clauses, is such a challenging and dangerous precipice that almost all medical research in Western Australia is jeopardised. That is the kind of claim that I was interested to understand a bit more about when I was briefed, quite helpfully, on this bill. Being as critical of the government as I am, I want to take the opportunity to underscore the professionalism of the advisers from the Attorney's office and the departments concerned. I wanted to understand, for example, the financial quantum of medical research funding that will be lost if we do not deal with this bill in the way that it has been presented to us. I will give this document to Hansard later. I asked —

Is it possible to quantify, in research dollars, the purported loss on part of WA given the sunset clause and associated restrictions/can you hypothesise the research money lost as a result of the looming sunset clause in WA?

Alternatively, how many lines of research have been rejected or not progressed because of the uncertainty of the sunset clause?

The answer that I received was not granular. It states —

The Department of Health advises that the Federal government health and medical research budget estimate for 2021–22 was \$1.769 billion.

Western Australia has 10.4% of Australia's population ... —

I will summarise this. This is the important thing —

It is not possible to know how many federal grant applications from WA will involve the represented population, however, if we assume that it is 1%, then the potential income under threat would be \$18.4 million over a ten-year period.

Further, to another similar question, it states —

The Department of Health advises that the impact of the sunset clause on missed research opportunities cannot be quantified accurately. Typically, the decision to develop or proceed a research idea is made by the lead researcher during preliminary feasibility assessments.

These assessments occur informally and are often not documented. The intentions of individual researchers cannot be determined and there are no requirements for research ideas and/or plans to be reported.

I understand some of that, and I am prepared to accept that is a pretty candid response to a difficult question to answer. However, when the claim is made again and again that the sunset clauses are such a great inhibitor to medical research in Western Australia that they need to be repealed now has not been substantiated. As a member of the opposition, and as a private member, I find that inherently disappointing. We are dealing with clinical research and issues that require quantification. We are not here to accept assertions and take them completely at face value, which is what is being done here. To have an informed debate on medical research, I would like to be able to say that medical research in Western Australia represents X amount of gross state product and that we have an opportunity to double or triple research funding by, for example, focusing on research on these particular areas. I think medical research universally and in a bipartisan way is enthusiastically gripped by members of this chamber, and we have a function next Tuesday evening to that effect. But I am disappointed—I do not mean this as a negative reflection on the quality of the staff or their advice—that, generally, the best the government can do is substantiate the principal argument here about the danger of this sunset clause, which is this great impediment. That is inherently disappointing.

Another issue related to that is that if the government cannot provide advice on the number of research projects that cannot be proceeded with or the number of current research projects that have had to be terminated or the

dollar value or the missed investment, what kind of quantum are we talking about? How many people, for instance, have been affected by the 2020 version of this bill—the current act? This is where I think things get interesting. Again, I commend the good work of the advisers in the Attorney’s office who have provided these answers to my inquiries. Presently, 115 patients are captured under the existing bill. Of those 115, 100 have provided supported decision-maker consent and 15 did not provide that consent. I understand that the sunset clauses relate specifically to urgently dealing with the 15 people without consent. Over the course of the operation of the bill, some 220 or so people have been managed under the bill, but let us concentrate just on those 115.

If I were to read the government’s argument superficially, I would assume that the future of medical research in Western Australia is carried on the shoulders of those 100 or so patients, to the exclusion of everybody else. That is one way of trying to apply the government’s argument. That is not to say that the research that applies to those people and that the clinical trials in which those people participated are not important; that is not the argument I am making at all. However, if someone read the argument that medical research in Western Australia is going to be jeopardised if we do not get this bill—which, among other things, takes out or appeals that nasty sunset clause—through today, they would ask “Well, actually, how many people are we talking about who participate in this act?” It is 115 people. It is effectively being said that this group of 115 people is taking upon their shoulders, some with assisted consent and some with none at all, almost the entire burden of medical research in Western Australia.

I know that is not what the parliamentary secretary is saying. However, if the risk of the looming implosion of medical research is to actually be justified, and this is the claim that the government is making not only through this bill—it was done in a more moderate way through this bill—but in taking the member for Mount Lawley’s grievance and the Attorney General’s response at their word, that is the only conclusion to be drawn: there is something quite catastrophically wrong in the way that we deal with these people, not as ends in themselves, but as means to some research end.

I think this is a point which we can be a bit more nuanced about. I am not assuming, nor am I arguing the case, that the people we are talking about are not also potentially beneficiaries from these clinical trials. I am not arguing that they should have potentially profitable, fruitful cutting-edge treatment denied to them by virtue of their inability to voluntarily express consent. I am not saying that at all. However, this bill really does not deal in a compassionate way with, nor does not give primacy to—I think is a better way of expressing it—the needs and rights of the people we are talking about. What we are talking about is the convenience or inconveniencing of medical researchers. That is the principal conclusion that I would draw. That is what this bill is attempting to do. We should not argue for the impediment of medical researchers, but I think it is also very important to underscore the need to balance values here. At the very least, there needs to be the rights of protection, to address and review for these people. That is something worthy of the chamber’s consideration.

I might come back in a little bit to where I started to address, very briefly, the potential for adverse outcomes that is inherent in any form of research. Let us recall the context in which this bill was dealt with in 2020. Its grounding as a COVID-19 response was unambiguous. Having read the final report and what was found in late 2020 by the excellent work of the Standing Committee on Legislation, I wanted to understand whether or not there was any light to shine on whether this bill had been a useful COVID-19 response measure.

This answer gives some insight as to probably why WA Health has not answered any of my questions about medical research generally—funding pools, opportunity costs and the like. It stated —

The Department of Health advises that since April 2020, 13 projects involving a novel treatment for COVID-19 have been conducted at WA health sites. None of these projects involved incapacitated adults and therefore did not make use of the provisions of Part 9E of the GAA.

Within WA health, there is no mechanism in place to determine if any projects examining novel treatments for COVID-19 were conducted in their entirety at private and academic centres.

I understand that that is a knowledge gap. It goes on to state —

The Office of the Public Advocate has advised that it is aware of one case where a represented person appeared to participate in research under the urgent provisions relating to medical research at Royal Perth Hospital, but in relation to substance abuse rather than COVID 19 treatment.

Of the pool of 220 individuals who were dealt with under the auspices of this act, maybe one received a form of COVID-19-related treatment. That was a large justification for the act being presented to the chamber in the way that it was. It was dealt with under the expedited temporary order of this chamber, which gets to the heart of intent and follow up. That informs my now somewhat increasingly cynical view of whether or not I should just take second reading speeches or explanatory memoranda at face value. I know I cannot take grievance motions at face value. They are always a form of political artifice.

It was right for this house, and not just one individual, to be a little cautious and circumspect about how we enrolled incapacitated people—including people who cannot provide consent—in clinical trials. I think it is a reasonable precaution, not suspicion, to adopt. I think there is a lesson to be learnt, if not some humble pie to be eaten. It will

not be eaten by any member of this government. There is at least a lesson to be learnt about the treatment of legislation in this house more generally. Thanks to the bipartisan composition of that legislation committee, it did its job and did it very well.

It is a dimension of our parliamentary life that we have seem to have forgotten about these last two years. I think we forget about it and do not use it at our peril. The issues I have gone over are largely historic. I will put very clearly on the record that the opposition supports what the parliamentary secretary is attempting to do here. However, bills like this are not without consequence, or moral or ethical input. There are other bills that will be, frankly, very speedily presented or debated in this chamber over the next few weeks. Those bills are far more comprehensive than this one. I think there are probably some constructive opportunities for the Standing Committee on Legislation to assist the government in understanding the implications of its own bills, and perhaps providing some guidance when it comes to the execution of regulations and the drafting of statutory instruments—which will certainly be a consequence of the Criminal Law (Mental Impairment) Bill, a great body of work. I encourage the government to adopt a measure of humility. That kind of bill is one that I would expect to be referred to the Standing Committee on Legislation. I hope that that committee is fully utilised, or at least utilised in part a bit more over the next two years than it has been over the course of the last two years, because that committee did this chamber a service in fleshing out some of the attributes of the 2020 amendment bill that we dealt with three years ago.

There is no doubt, parliamentary secretary, that there is additional territory to cover in committee. I understand that other members wish to speak on the Guardianship and Administration Amendment (Medical Research) Bill 2023, but I want to underscore the point that a bill such as this deserves to be treated in its full historical context. I look forward to the parliamentary secretary's response.

HON NICK GOIRAN (South Metropolitan) [3.00 pm]: The Guardianship and Administration Amendment (Medical Research) Bill 2023 will be of interest to a person if they are a medical or legal practitioner and it should be of interest to any Western Australian, the reason being that at the very heart of this bill is the principle of informed consent and how it is applied in circumstances in which a Western Australian finds themselves incapacitated for either a short or extended period.

The bill presently before us will amend the Guardianship and Administration Act 1990. The debate on that legislation took place in 1989. Over the course of my preparation for this debate, I had cause to look back at the somewhat now ancient format of *Hansard* at that time to note the remarks made in the other place during consideration of the Guardianship and Administration Bill, as it was entitled. The following remarks were made in the other place—for the benefit of *Hansard*, I refer to page 2034—by Mr Wilson, the then Minister for Health —

Under the current law the emphasis of concern is the need to protect property while making no adequate provision for actually protecting the ordinary needs of the individual. The Bill will provide for this.

This Bill replaces an over-emphasis of concern for property with a recognition of personal needs as well as the safeguard of property. The proposals will have far-reaching results affecting a wide cross-section of the community. It will be available to all persons over the age of 18 years who unfortunately are unable, for reason of mental disability, to manage their own affairs and who need the protection of a caring guardian with their welfare at heart.

His speech concludes —

This Government recognises the predicament many elderly, mentally ill and intellectually disabled people are in; it is providing a mechanism for assisting them in a manner which least restricts a person's civil liberties.

We can see that the objective at the time was to replace the overemphasis on and concern about property with the recognition that we need to deal with people's personal needs as well as safeguard property. It was expressly said to be targeting all persons who, unfortunately, are unable to manage their own affairs and who need the protection of a caring guardian with their welfare at heart. Importantly, the act was designed to assist people with impaired capacity in a manner that would least restrict their civil liberties. The question that is worth reflecting on is: was it envisaged that just over 30 years later, this act would extend to the provision of medical research without consent—not medical treatment without consent, but medical research without consent? Was that envisaged some 30 years ago when the Guardianship and Administration Bill was first debated? Moreover, given that the decision to be enrolled in medical research cannot be made by the person because they are incapacitated, was it envisaged at the time that the decision would be made by a researcher who wants to enrol the person or a category of persons in medical research, which will be broadened by the bill presently before the house? Indeed, was it envisaged that researchers and independent medical practitioners would become the caring guardian of people who are unable to make reasonable judgements?

During the debate this afternoon on the Guardianship and Administration Amendment (Medical Research) Bill 2023, it is important that we keep top of mind that the act was implemented to recognise the importance of preserving the rights of incapacitated persons; the statute was never designed to preserve the noble desires of researchers.

As Hon Tjorn Sibma eloquently put to us this afternoon, we are all the beneficiaries of medical research in Western Australia. I think we can agree that the desires of those researchers are noble, but their noble desires cannot somehow now trump the rights of the incapacitated person. That is the very heart of the debate that we will have this afternoon, as we did in 2020 when the earlier iteration of this amending bill was put before us.

I ask members to contemplate whether allowing medical research without consent respects and preserves the right to informed consent. Article 17 of the Convention on the Rights of Persons with Disabilities states —

Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others.

The right of informed consent is not to be taken lightly. The entire notion of informed consent for medical research and, if you like, medical experimentation has very dark origins. I draw members' attention to an academic article published in 2021 in *The Ochsner Journal* titled "A Modern History of Informed Consent and the Role of Key Information" in which the following remarks are made —

The concept of informed consent has a relatively short history, beginning with a series of 4 judicial decisions in the early 20th century that laid the foundation for the principle of patient autonomy.

The authors discuss four legal decisions in particular. However, later on they say —

... the concept of informed consent in human subjects research began to emerge in parallel as a consequence of the investigation of Nazi war crimes at the end of World War II.

In preparation for this speech, I questioned whether I should bring this to members' attention, because it is a phenomenon of modern debate that if anyone mentions the "N" word and the events that took place in Germany, that somehow neutralises the debate and nothing further can be discussed about such matters. I ask members that rather than do that, they should contemplate for a moment that the principle of informed consent has these dark origins. The article further states —

On August 20, 1947, the trial of 23 physicians and bureaucrats charged with crimes against humanity and war crimes for medical experiments conducted on concentration camp inmates concluded in Nuremberg, Germany. The verdict of the International Military Tribunal, a trio of American judges empowered under international law adopted by the Allied powers, set forth a series of 10 basic rules for the conduct of human experiments that has become known as the Nuremberg Code. The Nuremberg Code represents the first explicit attempt to regulate the ethical conduct of research experiments with human subjects and is notable for the emphasis it places on voluntary consent. A section of the ruling entitled "Permissible Medical Experiments" states, "...certain basic principles must be observed in order to satisfy moral, ethical and legal concepts" in human subjects research. The first of these concepts is the voluntary consent of the human subject. In further statements, the court defined the specific context and meaning for this concept:

This means that the person...should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

I would love to spend more time considering the history of the principle of informed consent if we had more time this afternoon. Suffice to say, I trust that members can see how dark humanity can get when it comes to the notion of research and experimentation on individuals, and why it is right that all of us—all 36 members of this chamber—staunchly defend the principle of informed consent.

In that context, I am grateful to Hon Tjorn Sibma, who earlier this afternoon reminded us of the comments of the Attorney General in the other place late last year, who seemingly quite sincerely, in accordance with the record, reflected on the fact that he had participated in a medical trial. I associate myself with the comments about and sympathies extended by Hon Tjorn Sibma to the Attorney General on his health at that time, but I make this observation: the Attorney General enrolled in that trial, as was his right. I am glad to hear that he had a positive experience. The point is that he voluntarily consented to participate in that trial, as he was quite entitled to do, and has received some benefits. Perhaps others also received benefits as a result of it. That situation is not at the heart of the debate before us this afternoon. I am unaware of anyone who has any objection to or problem with any person with capacity in Western Australia putting up their hand freely, voluntarily and in an informed fashion and enrolling as a medical research subject. That is not the heart of the debate here. I am also grateful to Hon Tjorn Sibma for quite correctly exposing the entirely confused, confusing and unreliable speech delivered, in this case, by the member for Mount Lawley. Until that speech, I must say that I thought that the honourable member from the other place was quite a decent chap.

Hon Matthew Swinbourn: He is a decent chap. Perhaps do not reflect on his character in that way.

Hon NICK GOIRAN: As I said, prior to that speech, I shared that view.

Hon Matthew Swinbourn: You might take issue with what he said, but to reflect on him by suggesting that he is not a decent chap —

Hon Tjorn Sibma: I think you are pre-empting, parliamentary secretary.

Hon NICK GOIRAN: Hold your horses, parliamentary secretary, because what I am about to say is that a decent chap will recognise the error of their way and then correct the record. That has not yet happened. There will be an opportunity, because as the hardworking parliamentary secretary will be aware, in this instance the bill—correct me if I am wrong—was introduced in the Legislative Council.

Withdrawal of Remark

The ACTING PRESIDENT (Hon Dr Brian Walker): Order, member. On reflection on the debate so far, I am of the opinion that reflecting on the personal qualities of a member of this place or the other place is probably inappropriate. I ask you to reconsider those words.

Hon NICK GOIRAN: Okay. To be clear, Acting President, I had said that I thought that he was a good chap. I think that is a positive reflection of the individual. If I am not to reflect on him in a positive fashion and say he is a good chap, I am quite happy to withdraw that remark. I will simply make the observation that if I cannot say that he is a good chap, I will leave it for others to determine what kind of a chap he is! I say in all sincerity, Acting President, that there will be an opportunity for the honourable member in the other place to reflect on the comments made by Hon Tjorn Sibma, who quite correctly corrected the record.

Debate Resumed

Hon NICK GOIRAN: I note that in his speech on 24 November last year, the member for Mount Lawley referred to an article in the *Tasman Medical Journal*. He was quite entitled to do that, but in his enthusiasm to do so, I draw to his attention that there was also a WA Mental Health Commission submission that he might have liked to reflect on, which raised concerns over the inclusion of placebos. I think he might be the Parliamentary Secretary to the Minister for Mental Health.

Hon Matthew Swinbourn: Yes.

Hon NICK GOIRAN: One would think that the Parliamentary Secretary to the Minister for Mental Health would have some expertise in the submission put forward by the WA Mental Health Commission. Perhaps before the honourable member does his speech in the other place, he might like to read that and note its concerns. Meanwhile, the so-called grievance put up by the member for Mount Lawley in the other place in November last year was responded to in a confused, confusing and unreliable fashion by the Attorney General, who compounded the error made by the member in the other place. Ironically, he completely ignored that the Attorney General breached the law of Western Australia at that time. The member for Mount Lawley was quite happy to go into the other place and put up a grievance, falsely suggesting that I had done something—the record now reflects that that was false; Hon Tjorn Sibma very eloquently set out the correct chronology of events and correctly identified the individuals who moved sunset clauses and the like—but meanwhile he had no grievance whatsoever with the Attorney General's complete breach of the law of Western Australia. Why? Of course, we have the benefit of a summary report to Parliament provided by the Department of Health, as I understand it, and I anticipate that we will spend some time during Committee of the Whole House looking at that report, the report of the Standing Committee on Legislation, and the statutory review report that was belatedly provided by the Attorney General, amongst other things.

I think it is important, when correcting the record, to address the concerns of the member for Mount Lawley and the Attorney General—that somehow the inclusion of a sunset clause was some kind of heinous offence. For those who were not here at the time, in 2020 the bill we are talking about was declared urgent and was rammed through both houses of Parliament in less than 24 hours. This was a bill that dealt with the question of whether Western Australians should be enrolled without consent in medical research—not medical treatment, but medical research—and it was rammed through both houses of Parliament in less than 24 hours. That is the history.

Indeed, on Wednesday 1 April 2020, the bill was introduced and passed in the other place, and then introduced into this place—all in one day. Members should consider that for a moment. Two days earlier I participated in a briefing and we were being urged by eminent legal mind Hon Wayne Martin, QC, to support the bill. We were being told that we should support the bill. Members should keep in mind that this was two days before the bill was introduced and passed in the other place and then introduced into this place. It went through the other chamber and then came in here, all in one day. Two days before that, we were being told in a briefing, “You really should support this bill.” The bill we were being told about on the Monday was version 10; by the time the bill was introduced into this place on the Wednesday, two days later, it was version 21. On the Monday we were being told, including by Hon Wayne Martin, “You must support this bill, which is going to allow for medical research to be conducted on Western Australians without their consent”; by the time we debated the bill on the Wednesday, it was at least 11 versions later. It was rammed through the Legislative Council on Thursday, 2 April.

By way of context, members should also keep in mind that this happened despite the fact that the bill I am referring to sought to implement a key reform that was recommended against in the statutory review of the Guardianship and Administration Act 1990. That review was conducted by the government and the department and tabled in December 2015. It expressly said, “Don’t do this”, but the government did it anyway. Fair-minded members can easily imagine that a member of the opposition and the entire crossbench at the time might say, “Hang about; we want to take another look at this. Let’s get this right. You’re asking us to pass a bill through both houses of Parliament within 24 hours. The versions are changing more quickly than I’ve had hot breakfasts, and now it is actually implementing a recommendation that the statutory review said not to do.”

Indeed, I note that the statutory review made 86 recommendations and the 2020 bill was implementing only two of them—recommendations 6 and 7. The statutory review specifically recommended —

Health professionals acting under the urgent provisions in sections 110ZI and 110Z1A will not be permitted to make a decision on behalf of a represented person for that person to participate in medical research ...

Concerns were raised about the lack of penalties if reasonable steps were not taken to determine whether an advance health directive or an enduring power of guardianship was in place. There were also concerns about whether it was an appropriate way of dealing with conducting medical research on the most vulnerable cohort of our society—those with impaired decision-making capacity. That is the actual context, rather than the confused, confusing and entirely unreliable recollection of events from the member for Mount Lawley and the Attorney General.

I might add, for the record, that it was a former honourable member of this place, Hon Aaron Stonehouse, former member for South Metropolitan Region, who first suggested that a sunset clause be included in the legislation. At a later stage, the then shadow Attorney General, Hon Michael Mischin, moved that the sunset clause be put in. I say all that simply to point out that if the member for Mount Lawley and the Attorney General want to somehow blame me for the fact that there is a sunset clause in this bill, so be it. To this day I will quite proudly say that we supported the inclusion of the sunset clause. It was an entirely appropriate thing to do. But if those members are going to have a crack at me, they should make sure, at the very least, that they get some of the basic facts right; it is really not that difficult, but it would require a capacity to read, and as I have said previously, I know that that is not the government’s strong point.

Here we are, three years later, and we have the Guardianship and Administration Amendment (Medical Research) Bill 2023 before us—which I might add, in passing, has my support. Here is the great irony —

Hon Matthew Swinbourn: After all that! Sorry; I’m not having a go.

Hon NICK GOIRAN: Well, the parliamentary secretary is quite right. It is unbelievable, is it not? In 2020 the previous bill also had my support. Is it not incredible that members in the other place would concoct that narrative to absolutely no purpose whatsoever? The really offensive part of it was the suggestion by the member for Mount Lawley that Liberal members are somehow anti-medical research, and all the rest of it. Where does he come up with this stuff? It is not that hard; he should just read the *Hansard* transcript and he will actually get a faithful recollection of events.

As I said, I do not quibble at all about the fact that there was a sunset clause put in, and I know—I think Hon Tjorn Sibma already said this in his contribution, but I was away on urgent parliamentary business—that the government did not oppose it. I cannot see anything on the record to say that there was a whole heap of noes in respect of the sunset clause. It is a bit rich for members in the other place to carry on in the way they did in November last year. In fact, the record reflects that Hon Sue Ellery, who had carriage of that bill on behalf of the government at the time, said that the government was happy to support the sunset clause. Right. Well, no doubt there will be a speech about that from the member for Mount Lawley as well.

Let us also consider, in that context, that the matter was then referred to the Standing Committee on Legislation; if I recall correctly, Hon Dr Sally Talbot was chair at the time. The two of us were on that committee for a good four years, and we had the opportunity to consider this bill after it had actually been passed. The Standing Committee on Legislation reported on 25 November 2020 and made 86 recommendations. Again, the member for Mount Lawley might like to read that and he might note that the committee found that the sunset clause could be repealed. Who was on that committee? I was one of the members of the committee who suggested that the sunset clause could be repealed. It was unanimous. In that committee report, if the member can spend some moments to read that and the accompanying submissions, he will see that a submission was received in favour of keeping the sunset clause. Who would be so bold in Western Australia as to suggest that the sunset clause should be maintained? The WA Mental Health Commission. The WA Mental Health Commission put a submission to the committee in favour of keeping the sunset clause. Maybe the Parliamentary Secretary to the Minister for Mental Health might like to reflect on that. The commission expressed concerns over the inclusion of a placebo in the definition of medical research, and how to use a placebo in the candidate’s best interest. It stated that more comprehensive steps need to be taken by independent medical practitioners when considering a candidate’s best wishes, and that religious cultural beliefs and values were to be considered. It welcomed the sunset clause as a safeguard against the misuse of section 110ZS. Its remaining concerns revolved around the impact on the ability to obtain funding for medical research projects. As Hon Tjorn Sibma identified, it would be good if we could be provided with some kind of granular detail in

respect of that matter. I maintain that it was absolutely the best tool available to the opposition, the crossbench and indeed the entire Legislative Council as the house of review when confronted with an urgent bill, which would have an impact on vulnerable Western Australians and restrict the right to informed consent, being rammed through in less than 24 hours. It involved limited debate, with guillotines going left, right and centre. It included provisions contrary to recommendation 6.2 of the 2015 statutory review of the act. If, in all those circumstances, members of the government still want to try to make an intelligent, unconfused and reliable argument about why there should never have been a sunset clause in the first place, go for it. I will listen with interest.

Meanwhile, a review was to be conducted pursuant to section 110ZZE of the Guardianship and Administration Act. That report was due to be tabled before each house of Parliament by 7 April 2022. Perhaps in the parliamentary secretary's reply or during debate on clause 1 he could let us know the date that the review report was tabled in each house of Parliament. I can already tell the parliamentary secretary that it was after 7 April 2022. The date is late, but if he can identify the date that it was tabled in each house of Parliament, not just in one house but each house, that would be excellent. Meanwhile, on 17 August 2021 I asked what was happening with this review. The response from the Attorney General to my question without notice 520 was that the review was to commence as soon as possible after 7 April 2021. He acknowledged that the report was to be tabled on 7 April 2022. As at 17 August 2021, the Attorney General of Western Australia confirmed that he was aware that he was under an obligation to table a report by 7 April 2022. There can be no defence that he was ignorant of his responsibility. His answer in Parliament confirmed that he was required to do it by 7 April 2022. He acknowledged it himself.

Of course, trying to assist the Attorney General as best as I can from time to time, on 1 September 2021, I asked follow-up question without notice 605 regarding the review, which was supposed to have commenced on 7 April. The response indicated that the project reference group to develop a review plan was established on 3 August 2021, interestingly, almost four months after the review was to commence. Apparently, this review plan was to be endorsed by an evaluation and review steering committee comprising representatives from the Department of Justice: Corrective Services, Court and Tribunal Services, Office of the Commissioner for Victims of Crime and the Western Australian Office of Crime Statistics and Research. Also, very interestingly, the Attorney General had not yet been briefed on the review, despite the fact that it was five months after the review was due to commence. Nevertheless, in September 2021, I left it there, noting that the Attorney General was well aware that he was under a legal obligation under the law of Western Australia to table the review report in April of the following year. Of course, April came and went. There was no sign of this report. Question without notice 1280 on 29 November 2022 was asked by me to the parliamentary secretary representing the Attorney General. I was told that the Attorney General said that the review would be tabled as soon as possible. That was yet another entirely unacceptable response to a question highlighting that the law of Western Australia had been broken. This is really just a cavalier approach to whether we will comply with the law of Western Australia by the McGowan government. That is why members will be aware that there is a motion standing in my name on the notice paper dealing with this particular issue—that is, the breach of law by the Attorney General of Western Australia. When the response is provided by the parliamentary secretary, we will see whether the breach has ended—that is, whether the report has been tabled in each house of Parliament. We know that it certainly was not done by 7 April 2022. We will find out which date it occurred in both houses.

In concluding my remarks, I want to address a couple of final concerns. As I said earlier, the bill before us has my support. Firstly, it essentially seeks to remove the sunset clause so that the operation of the scheme can continue; and, secondly, it seeks to widen the scope of the definition, if I remember correctly, of “lead researcher”. Those two things have my support. However, my primary concern is that we will move from a very substantial oversight regime to a regime that seems to have no oversight. Briefly, by way of explanation, members will be aware that due to all the concerns that I just outlined—that 24-hour ramming of the bill through the Parliament in circumstances when we are talking about Western Australians being enrolled in medical research without their consent—the Parliament decided that a dual oversight mechanism would be put in place. Not only would the Standing Committee on Legislation be required to look into this matter after the passage of the bill, oversight mechanism number one, but there would also be the statutory review process to which I referred earlier. We had two levels of oversight on this matter: we had Parliament performing a function and we had executive government performing a function. After this bill passes, what oversight will be provided? Will any express oversight be provided by the Parliament of Western Australia with respect to this scheme that will continue to see Western Australians enrolled in medical research without their consent? I hasten to say at this point that the concern that I have, if members are getting any impression that I have a concern, revolves around the definition of “medical research”. If “medical research” is defined or performed in the sense of some observational activities or what I might describe as non-invasive measures, I do not have a problem with that. If I recall correctly, there was a comment in the statutory review—that late document that was provided to the effect that observational or non-invasive activities probably should not even be captured in the definition of “medical research”. That is an interesting debate in itself. The point being that if it is of that non-invasive type of activity, I really have no problem with that. I still think that every best endeavour should always be made by medical practitioners and researchers. If they cannot get the consent of the primary research subject, they must make every best endeavour to obtain it from the substituted decision-maker at the first available opportunity. I understand that it is part of the practice that is undertaken in Western Australia.

But what happens if the so-called medical research is invasive? Then what? Where is the line? Where is the line as to what is considered to be, shall I say, “a little bit invasive” and “very invasive”? Where would the line be for members? If you are unconscious and your next of kin or substituted decision-maker has not been contacted, it is not conventional medical treatment that is being provided to you, it is something unconventional, it is some form of medical research—where is the line? I imagine that if we ask the 36 members of this chamber, we might probably get 36 different lines, and that is okay because at the end of the day the medical research is being performed on that member or that person.

If I have a continuing concern about the regime as a whole, my concern is that there will be no express parliamentary oversight once this bill passes, and it is not clear to me that there will be express executive oversight on this. A statutory review process was created when we last had this debate in 2020. I see nothing of that sort in the bill presently before us and I wonder why. It is not because there were necessarily any significant issues identified in the statutory review that was eventually tabled, but as I say this is an evolving area; we are talking about medical research. In the last two or three years while this legislation has been in place, invasive types of medical research may not have been being performed on Western Australians without their consent. That may well be the case. What is to say that that will not be the case tomorrow or next year? Who will be watching over this? Which committee of the Parliament will take responsibility for expressly looking at this matter? Are we just going to now pass this bill and just say, “She’ll be right, mate. Don’t worry about it.” I am uncomfortable with that type of non-existent oversight. If there is any concern, it is not a concern with the clauses within the bill, but the bill before us could be enhanced by the creation of some overt oversight mechanism. When I say overt oversight mechanism, I am not talking about the Department of Health and the Department of Justice having some kind of general oversight of all these things and from time to time they do reviews and so on. Members will know that that is not what we are talking about. Last but not least, as the clock is running down, my final concern is about the title of the bill that is before us. As members will see, the long title of the bill is —

An Act to amend the *Guardianship and Administration Act 1990* ...

This is not the bill that the Attorney General promised six years ago would be expedited. Members will be aware, because if I have said it once I have said it a thousand times, that the Attorney General promised there would be an expedited bill on the Guardianship and Administration Act 1990, not on the matters that are contained in this bill, but rather on elder abuse reforms. “Expedited” is not my word; it is the Attorney General’s word. A Select Committee on Elder Abuse was set up in the last Parliament. The hardworking parliamentary secretary representing the Attorney General was on that committee.

Hon Matthew Swinbourn: Not in that capacity, though.

Hon NICK GOIRAN: The parliamentary secretary was on that committee in a private capacity. It was a four-person committee. Nothing has happened on this matter. It is now six years later, and although the McGowan government will be very quick when it comes to World Elder Abuse Awareness Day to say how much it supports the fight against elder abuse, the record will continue to reflect that there has been no sign of that bill, and there has been no explanation or apology from the Attorney General whatsoever. I wonder whether the parliamentary secretary will be able to update us on that as well.

HON DR SALLY TALBOT (South West) [3.46 pm]: It is always a good way to end the week by sparring with Hon Nick Goiran across the chamber. At this stage on a Thursday afternoon we find those reserves of energy that earlier in the week we wondered whether we had. However, I am not going to spar with Hon Nick Goiran. I want to reflect on some of the aspects of his contribution to the debate as well as some of the things that were said by Hon Tjorn Sibma, who I understand is the shadow minister. I also want to point out a couple of places where I think there is indeed cause for further reflection on how we do these things. I find myself disagreeing with both the contributions from the other side of the chamber about the nature of some of these problems, and I want to spend a bit of time this afternoon teasing some of that out.

I will start by going backwards and commenting on the interesting observation made by Hon Nick Goiran that if we took an ethical problem, such as those presented to the human research ethics committees in relation to medical research, particularly about people from whom consent cannot be obtained, and asked the 36 members of this chamber what their view would be, we would probably end up with 36 different answers. That might be true. However, I say to the member, with my background in philosophical ethics, that he might end up with 36 different answers but I suspect that he would find only one or two different frameworks according to which people make those decisions. Those frameworks are the things that interest ethicists. They are the principles that we bring to our resolution of these problems. Many of these problems are wicked in the sense that it is not just that they do not have obvious answers but that they actually may not have answers. In that case, we may be forced to proceed without the clarity that we would normally be seeking, because the circumstances themselves do not generate that type of clarity. Therefore, I thought it would be interesting to pick up the end of the speech from Hon Nick Goiran and use that to start mine.

One of the things that the Standing Committee on Legislation—of which I was the chair, as the honourable member noted—was able to do was draw on the expertise of people who have been involved in this professional area of work for many years and between them must have thousands of years of experience. I am also tempted to say, and it is not beneath me to have a swipe across the chamber, that it also tells me there is a very good reason to listen

to medical rather than legal expertise in these situations, and that is a principle I know is debated on a regular basis by jurists, philosophers and people who think about the practice of medicine. Who are the people best placed to make these decisions? Sometimes I think one has to say that it is the medical practitioners, not the legal practitioners. Several times during the course of this inquiry something was brought home to me very strongly; that is, we were hearing something that in some important sense, which I hope to tease out over the next little while available to me, it was important to go beyond that commonsense approach that a legislator might bring and listen to what medical advice was from people who had been dealing with these situations on the ground on a day-by-day basis.

So much connected with this bill that has been brought into this chamber by the Parliamentary Secretary to the Attorney General is unusual. Let me start with the inquiry by the Standing Committee on Legislation. I have been on the Standing Committee on Legislation since 2005, and I think I am right in saying that this is the very first time that the committee has considered an act rather than a bill. The legislation committee is not usually used as a reviewer of legislation; it is used as reviewer of proposed legislation. It might be called into action at different points in the parliamentary procedure, and those members who have been around for a few years will remember that in this regard I often make reference to Hon Giz Watson, who passionately believed as a matter of principle that almost all legislation should be referred to a scrutiny-of-legislation committee before it ever hits this place, on the basis that it would mean that by the time it came into this chamber and was second read, it had already been scrutinised by a committee with the express remit of doing that job. That is not a bad argument. It is one that we could have; it is one that we have periodically returned to in this place and undoubtedly we will again. In this case, the bill went through the chamber under the emergency provisions invoked because of the COVID epidemic at the beginning of the pandemic, and one of the agreements during the passing of the bill was that it would be sent straight to the Standing Committee on Legislation. We then had a very particular remit. It was an interesting process and one that should perhaps be considered. When we talk about review clauses in bills that we look at, we do not often think of writing the legislation committee into a bill in that way, and perhaps we could start doing that—I do not know. I just throw that out there for consideration.

In this rather unusual chain of events, we dealt in this place with the bill in April 2020, and it was referred to the legislation committee right at the beginning of April. That was when it went through this place. The committee was to report by November, so we were given something like a seven-month reporting period. We did indeed report in November; we reported on time. That made the whole process of little bit unusual, but it also meant that the evidence we drew on was exceptionally well considered. I want to underscore that point with some emphasis. I do not mean to imply that the standard of evidence that scrutiny-of-legislation committees are provided with is generally of a lower standard; that is not quite what I mean, although I know it comes out sounding a bit like that. I mean that we heard from a range of experts in the field who had had a long time to consider what was happening and were able to give us their very well thought through reflections on what we ought to be doing to improve the situation in Western Australia. It was not at all dry. It was one of the most interesting inquiries I have ever been involved in and I think, perhaps, Hon Nick Goiran would agree with me.

Hon Nick Goiran: Yes, I agree.

Hon Dr SALLY TALBOT: That is because it involved a number of ongoing research projects that had been effectively grounded in some circumstances that, as the chair of that committee, I have to say that I am not 100 per cent confident we got to the bottom of.

Hon Nick Goiran: I also think that is a fair observation.

Hon Dr SALLY TALBOT: It was quite unusual, and that is putting it very mildly.

Hon Nick Goiran: In fairness to us, honourable member, we were dealing with it hot on the heels of the debate, so we did not have the benefit of all the data that the statutory review people have.

Hon Dr SALLY TALBOT: That is true, and the two opposition speakers, Hon Nick Goiran and the shadow spokesperson, also pointed out that there is more distance to go on this. We have not yet actually reached the end of the process of sorting out how we conduct medical research in this state. We have a long way to go and lots of interesting material to consider in that debate.

When I heard the second reading speech made by Hon Matthew Swinbourn, the parliamentary secretary representing the Attorney General, I was reminded of the rather extraordinary precursor to the bill's coming into this place. It was a statement he made at the end of the first paragraph of his second reading speech, and I have it here highlighted in yellow. I dug it out this afternoon. I will give a little bit of a preamble; the sentence before was —

The amendments to the GAA were an important reform during the early days of the coronavirus pandemic.

I should be more specific. This is a speech made by Hon Matthew Swinbourn on 22 February this year, about three weeks ago. He was talking about the changes we made to the Guardianship and Administration Act in 2020 —

The amendments to the GAA were an important reform during the early days of the coronavirus pandemic.

And then he says —

This was due to the GAA not permitting represented persons to be enrolled in medical research at that time, either with the consent of their decision-maker or in urgent circumstances.

If someone is coming cold to this debate, it would be reasonable for them to assume that what we had to do in 2020 was in the light of the extraordinary circumstances that we were presented with, in the form of a global pandemic. It was a global pandemic that was represented by a disease that people simply did not understand. I know it was a SARS virus and SARS viruses had been well researched, but that particular manifestation, with its zoonotic parameters, made it into something else. We could not predict where it was going. I do not need to highlight those times of incredible uncertainty about whether we were all going to die.

The proposition was that in order to get the very best medicine for everybody, we might on occasion need to do research on people who did not have the capacity to give their permission to have that research done. It is fairly clear why we had to do this in 2020.

The other day, I heard a story that made me think very much of what the mindset was in 2020, when we simply did not know what was coming. I was talking to a friend of mine who spent 2020 nursing in emergency medicine in America. She is an intensivivist, and she was nursing in intensive care wards in America in 2020. She had tears in her eyes when she told me this, three years later. She said that they saw things there that they never thought they would see on wards. I am sure the people in this chamber with medical experience, which I do not have, such as Hon Dr Brian Walker, can imagine what she was talking about. She said to me that they did not really know what would happen to people if they spent weeks immobile. We all know that when patients cannot move themselves, there is a protocol—it has a name—to move patients regularly so that they do not get pressure sores. It is called the something protocol. Hon Dr Brian Walker is not going to help me because he cannot remember what it is called either. The nurse said that they had no idea what would happen to people. They knew about bedsores, but they did not really know what would happen to people if the medical practitioners literally could not do that, and they could not do that for some patients for three or four weeks. She said that the results were absolutely horrendous. I think we were right to panic. When she told me that story only the other day, I felt a chill go through me and thought, “We are not over this yet.”

When we started this inquiry as part of the Standing Committee on Legislation process, we discovered that a change had happened in Western Australia a couple of years before 2020. Until that time, we had been doing research on people who were not able to give consent. Being good, diligent researchers into these matters, we went looking for what had actually happened. I turn now to the report to give members a flavour of this. It turned out that the problem had originated—I am not exactly sure when it originated, but sometime between 2013 and 2017—when a conversation started between the Department of Health and the State Solicitor's Office, undoubtedly involving all the Department of Health lawyers and a number of different individuals who had been co-opted into this discussion, about whether the assumptions we were making about the legal safeguards protecting medical practitioners who were undertaking research when people could not give consent were correct. The assumption that was being made was that if someone had given consent to medical treatment, it could also be assumed to facilitate consent to medical research. That was the assumption that had been made for a long time up until somewhere around 2017. That is, when somebody had properly obtained consent for medical treatment, that also implied consent to be involved in medical research.

I want to pay a particular tribute, with the greatest respect, to a man whose evidence I found extremely helpful and who has subsequently become—I think I can be bold enough to say—a friend. He has given me some very valuable advice in other areas of my work since then. That is Hon Eric Heenan, QC, who was one of the committee's first witnesses and who has been absolutely assiduous over the last few years. I see Hon Nick Goiran smiling because I know that, like me, every time he sees Hon Eric Heenan coming down the corridor towards him, he knows that Hon Eric Heenan is going to say, “When are you going to fix that sunset clause?” I am glad to say that we are doing it now, Eric! That is in large part to do with the assistance that he provided to the committee by way of his evidence and his submission at that time.

I want to start by giving members a flavour of how this peculiar situation came about. I am going to quote directly from the evidence given by Hon Eric Heenan, QC. He said —

For many years before the —

Health department of Western Australia —

directives of 2018 medical researchers, institutes, hospitals and other doctors had worked on the assumption that patients who were temporarily or permanently incapacitated from giving personal informed consent to participation in a clinical trial or other medical research could be enrolled in such a trial or research if a close relative, spouse, guardian or trusted friend responsible for the patient's care was prepared to make an informed decision to consent on the patient's behalf to participate in the trial or research. This was done much in the same way as doctors and hospitals accepted the consent of such a person on a patient's behalf to undergo surgery or other forms of treatment, especially urgent treatment, when the patient was unconscious or unable to consent himself or herself. There are obvious comparisons here with the well accepted practice of parental consent on behalf of children too young to consent to participate in surgical, medical or dental treatment.

The committee's interest was obviously more than piqued by that submission. When Hon Eric Heenan appeared before the committee as a witness, we asked him to expand on that aspect of his submission. This is what he said at the hearing held on 30 September 2020 —

This is a difficult matter. The question assumes that this practice was not legal until the introduction of the amendment —

He is talking about the 2020 amendment to the Guardianship and Administration Act —

and that is something which I think is probably controversial. There was certainly the opinion from the State Solicitor's Office to the health department, which I have never seen and as far as I am aware has not been published, which advanced the opinion that research of this kind was not permitted, but I know there are shades of opinion about whether that is entirely correct. My own view is that in certain kinds of research, it probably is correct, but there are other kinds of research—what doctors call the comparative analysis between existing orthodox treatments—and I would not have expected that to be in contravention. I think the situation really is that up until 2018, the medical profession and the universities genuinely believed that it was permissible to have research for people who could not consent, so long as consent was forthcoming from some responsible adult carer or guardian or parent, in the same way that treatment could be given.

But, as I have said in the paper, in 2008, the Guardianship and Administration Act was amended to identify people who could consent to ordinary treatment—not research; ordinary treatment—for disabled persons or persons who were unable to consent, and there is a hierarchy of people that we all know about. My own view is that by defining those people who could consent for this form of treatment, there was an unintentional implication that they could not consent to anything else. If you couple that with the idea that research is distinctly different from treatment, you see that the consent powers are confined to treatment, and not this different activity of research. Although I have not seen the opinion, I have heard others express that view, and it seems to me to be quite a logical inference to draw. I think it is a flawed inference. I think certain types of research could not be classified as treatment, but other forms of research certainly could, and for those that could be classified as treatment, I do not see that there was any departure from the existing law or proper practice in the procedures that had been followed.

He speaks as clearly as he writes. It is very obvious what he is saying. He speaks directly of this matter with his background of having been on a human research ethics committee for many years. He has been absolutely at the core of this issue right from the beginning.

What happened in 2018? For members who are interested and want to do a little bit more follow-up, because I suspect that this is not by any means the last time we are going to see the GAA come up for debate in this place, maybe not in this term of government, the committee tabled the guidance from the Department of Health dated December 2018 as appendix 4 of its report. This is the only public document that explicitly goes into the detail and specifies what the change in 2018 was. It is a two-page document. I do not have time to read it out now, but if members are interested, it is there as appendix 4 in the committee's report.

I will talk now about the experience of practitioners in 2018, once the Department of Health had taken whatever it was it got from the State Solicitor's Office and turned it into practical advice for practitioners. It sent out a directive in 2018 that basically said, "You cannot do what you've been doing."

The committee received a raft of evidence in this regard. I will refer to just two or three elements of it to indicate that this was not people who did not know what they were talking about. These were people with vast experience. The committee asked stakeholders—we were still establishing the background—whether they were aware of any negative consequences of doing what they had been doing before the 2018 advice from the Department of Health and before the preceding advice from State Sol's. Had something gone wrong? Had there been some kind of event—a whistleblower or someone who was not feeling quite comfortable with what had gone on?

The committee asked whether stakeholders were aware of any negative consequences that arose from conducting medical research on incapacitated people prior to 2018. Clinical Associate Professor David Mountain from the Australian Medical Association responded —

No. That was one of the strangest things about it. There are lots and lots of trials and lots and lots of human beings, so there are errors and audits that would have said, "You can do this better", but, no, we had no serious adverse outcomes or no trials that had been stopped with major harms to patients because of a poor trial process. In fact, we follow very similar practices to the rest of Australia, it is just that our legislation happened to be silent. The interpretation was about whether silence meant that it was precluded or silence meant that you could follow what was the best practice at the time. Certainly, we had no evidence that there was any significant, serious malpractice going on within Western Australia. In fact, we would probably be seen as one of the legislatures with very good levels of practice, particularly in critical care, because we had a high number of international-level researchers in these areas.

That is pretty clear. We then went to the staff specialist in emergency medicine at Royal Perth Hospital, Dr Stephen Macdonald, who said, in response to the same question —

I am not aware [of any adverse consequences]. I am happy to be put right on that. My understanding was that the provisions within the guardianship act were interpreted, obviously, for proxy decision-making by a substitute decision-maker for treatment, and that the approval by ethics committees was based upon the principles set out in the National Statement. In other words, for that to apply, all the criteria that are set out in the National Statement were used in the ethics decision-making process, and that from a research-governance point of view, the research could happen, particularly involving emergency care in scenarios such as I have explained where there might be observational research where there is low-risk negligible research, as defined by the NHMRC ... statement, was permissible.

The report contains a raft of those comments. I will leave it to interested members to look them up for themselves if they want to take it further. It is interesting that both witnesses refer to work that is done in emergency situations. When we are talking about medical treatment or medical research that is carried out on people who are not able to give consent, we might think of people who are not able to give consent to anything in their lives at that time, perhaps because they have dementia or some sort of neurological damage and they have had a permanent decision-maker appointed for them. But of course the other category of people we are talking about are people who have suddenly been taken out for an adverse medical event and need emergency intervention with the object of saving their lives. Those people cannot give consent to medical treatment. I make that point very strongly because this was one of the pieces of research that was stopped in its tracks by what happened in 2018. That was the same research trial to which Western Australia was a major contributor. I know that it was carried out nationally, across Australia, but I am not sure whether it was carried out internationally. My understanding is that that research stopped in 2018 when Western Australia pulled out. It was looking at the level of oxygen given to people in ambulances when they have had a cardiac arrest. It specifically looked at what happened to those who suffered a cardiac arrest outside of hospital. The provisions are different for those who have an arrest in hospital. When someone goes into cardiac arrest, 000 is dialled, the paramedics arrive, and the person is put on oxygen. In the committee hearings it was pointed out to us that some of the effects of oxygen dosage are well known. The example given to us was that if a baby is given 100 per cent oxygen, they go blind. We know now to never give babies 100 per cent oxygen. What mix of oxygen do we give a person who has had a cardiac arrest and is with paramedics or in the ambulance before they get to hospital to increase their chances of survival? My recollection is that the research had been conducted using limited variations in the mix of oxygen. It was not as though some people were not being given oxygen at all or whether they survived as well as people who were given oxygen. The mix was changed from a percentage—I am making this up now. If members really want to know the figures, they will have to check the research. The variation of oxygen in the mixture was minuscule and something like 55 to 58 per cent.

That research had been going on for some years but Western Australia had to close it down because the paramedics could no longer vary the oxygen dosage. They had to give patients the dosage prescribed in the current medical regulations, and so that research collapsed. That is a pretty serious thing. It seems to me that that would be one of those things classified as an unintended consequence when whomever it was—I stress that it did not happen in 2020, because in 2020 we enacted legislation that meant that that research could restart. It did not actually restart for reasons that I will come to in a minute if I have time, but whatever had happened before then had stopped that research because people could no longer participate if they were not able to give consent. Hon Matthew Swinbourn has a puzzled frown on this face.

Hon Matthew Swinbourn: No, I am just marvelling at your contribution.

Hon Dr SALLY TALBOT: He is engaged. He is not worried; he is happy. That is his happy face.

Hon Matthew Swinbourn: It's the only one I have.

Hon Dr SALLY TALBOT: It is the only one he has got. I have distracted myself by looking at Hon Matthew Swinbourn. Look the other way.

What I am getting to is that in 2020 we were trying to fix the problem that had started for whatever reason. Members can write the story because I cannot put my hand on my heart and tell them that I am clear about how it happened, but everything closed down in 2018.

In 2020, the Guardianship and Administration Amendment (Medical Research) Bill 2020 was put forward under the COVID umbrella, and quite rightly in my view because that was the impetus to fix this problem as quickly as we could. The referral of this bill to the Standing Committee on Legislation was absolutely the right thing to do, and discussing the Guardianship and Administration Amendment (Medical Research) Bill 2023 today and removing the sunset clause is the right thing to do. We know that it is unlike my colleague Hon Nick Goiran on the other side of the house to not want to take full credit for something, but I notice that he is crediting Hon Michael Mischin and Hon Aaron Stonehouse for coming up with the idea of a sunset clause. I think we all agree that it is a very good thing to remove it. The trouble with putting the sunset clause in the bill was that we did not really enable that kind of research to start again. Medical research is a bit like an enormous ocean liner. It cannot suddenly turn left

or stop. It has to be given something like 27 kilometres to come to a halt. It has to be powered up for hours and hours before it can move out of port. When the committee reported in October 2020, we found that even the paperwork for restarting research with the people who did not have capacity had not been done, let alone the research submissions and the ethics committee considerations. Even the forms had not been designed! They had by the time we reported. I would like to claim that as something that the scrutiny of legislation committees can do. When committees express a certain amount of surprise that a piece of legislation has been in place for five or six months and there is no paperwork to support it with the main stakeholders, all of a sudden, they find draft forms in front of them. It all happens very quickly. I take my hat off to ministers' offices that ask their staff to listen to the live broadcasts of committee hearings. We did actually get that done. I think that was a good thing.

My point is that it needs a lot more than just the forms that the researchers can fill in. It is a very lengthy process, and quite rightly, too. There is a sense in which this kind of research is never an emergency response. I am using "emergency" in a different context than might be used in terms of responding to medical emergencies. Ethics committees have to give due consideration to every element of a research proposal. That is not something that is done quickly.

That hiatus in research in Western Australia, and we have witnesses who can confirm this for us, is going to take years to wash out of the system. It is such a sad thing. We hear so often in debates in this place that Western Australia is at the cutting edge of so much research and technology. We have done development not just to medical industries but in industries across the board—green technology and all that sort of thing. We were right at the cutting edge. Suddenly in 2018, a lot of this medically based research stopped. I think it is very sad thing that that happened. It grieves me that it is going to take years to get ourselves back.

Having said that, having seen the energy, passion, commitment and dedication that the professionals brought to our hearings and are still contributing to the process, I have no doubt that they will do everything that can humanly be done to get things up and running again. I do think it is a bit of a stain on Western Australia's reputation. That saddens me, because I am not sure that it was necessary. I take all the points made by Hon Nick Goiran about the need to be circumspect and cautious about these things, but I hope that, in the future, if a similar situation arises, we will be more agile, creative and constructive about the way that we respond to these things.

Where did we get to after all that? I wanted to share with members some specific things about the research projects that stopped, but I think I am rapidly going to run out of time if I do that. I might leave that, perhaps, to another day. I want to come back to this basic point. I suspect that this is something that we might draw on to guide us in future if ever we come up against a comparable apparent impasse when we have what might be called a false dichotomy created between treatment and research. Again, I am going to just refer members to chapter five of the committee's report, page 44, and particularly to a document that was tabled by Hon Eric Heenan, QC. In that document, he goes into some detail about the need to be very clear about what exactly is meant by treatment and research. I draw members' attention specifically to paragraph 5.4, which reads —

The Committee heard from a number of medical professionals who criticised the ban on involving incapacitated research candidates in medical research which existed between 2018 and October 2020. They gave real world examples of medical research involving comparative studies of accepted medical treatments to illustrate the importance of allowing medical research to resume under the Guardianship and Administration Act 1990. These included ...

Professor Gary Geelhoed spoke about his experiences; Dr Stephen Macdonald is the doctor who talked specifically about that exact trial. Members will find those details on page 46 of the committee report. This is just to show that I am not making any of this up, as it is all well documented, as slightly shocking as it seems.

I have six minutes remaining. The two specific changes in this act are very much welcomed. I have talked enough about the revoking of the sunset clause. There is no question that that is the right thing to do. Again, I hope that we will be able to see a speedy start-up of many of these projects.

The second matter of the lead researcher is interesting. I suspect that what was missed in the original drafting of the 2020 bill was the extent to which research inevitably involves a research team.

I always remember at school when I was quite young, probably about six or seven years old, the teachers played a trick on us. I always remember this because I feel bad about it to this day. All the children were asked to draw a picture of a scientist. We all drew a picture of a scientist, and every single one of the 30 children drew a picture of a bloke in a white coat. The whole point of the lesson was that girls could be scientists.

Hon Nick Goiran: And glasses?

Hon Dr SALLY TALBOT: Yes—and glasses, and test tubes boiling over, and all that sort of thing, but they were all definitely blokes. They all had moustaches and beards and things like that. I think that sometimes when we talk about —

Hon Matthew Swinbourn: They are sitting over there!

Hon Dr SALLY TALBOT: There are people with beards and moustaches sitting over there.

Hon Nick Goiran: This is dangerous territory, honourable member! I'm surprised you're going there!

Hon Dr SALLY TALBOT: No, but members see my point: in those days, ever so many years ago, everybody assumed that scientists were blokes. I suspect that when drafters think about scientists, they tend to think that we have the lead scientists at the top, and then underneath are all the subjects of the research. Of course, it simply does not work like that. Without teams, we could not run medical research.

Hon Matthew Swinbourn: There are very many well-qualified female scientists.

Hon Dr SALLY TALBOT: Absolutely, Hon Matthew Swinbourn, and many of the members of those teams, including lead scientists, will of course be women, as they would have been in those days. It was just a way of pointing out how prejudiced we all were by our conditioning. Recognising that every research project is run effectively on a day-to-day basis by a team, it makes absolute sense to broaden this definition of "lead researcher".

Members will notice that the committee also recommended that some changes be made to the idea of an independent medical practitioner. The government has not agreed to do that. Having been through the report from the Department of Justice, I now see that the department has in fact provided the clarity that the committee found lacking in the definition of "independent medical practitioner". That is specifically referred to in paragraph 7 in the executive summary in the report by the Department of Justice. It refers to the works being done by the research governance service in the Department of Health. I think that is a very positive thing to have come out of this.

There is a lot more that I could say about this bill, but I have two and a half minutes left, and I think that the President is going to note the time and stop me.

The PRESIDENT: Right now.

Hon Dr SALLY TALBOT: I will finish my remarks there.

Debate interrupted, pursuant to standing orders.

[Continued on page 1071.]

QUESTIONS WITHOUT NOTICE

GOLD CORPORATION — BOARD MINUTES

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

I refer to the Gold Corporation board, appointed to oversee the operations of the Perth Mint, and to question without notice 207 asked yesterday.

- (1) On how many occasions since March 2017 have Gold Corporation or Perth Mint board minutes been submitted to any part of government for review?
- (2) On what dates were they submitted?
- (3) Has any part of the McGowan government, including ministers and public servants, asked for the minutes of the board at any time since March 2017; and, if so, when?
- (4) Are the minutes available to the public; and, if so, where and how?
- (5) Which members of the government or public servants, apart from Gold Corporation staff and board members, have had access to and read the minutes since March 2017?

Hon KYLE McGINN replied:

I thank the member for some notice of the question. The following information has been provided by the Minister for Mines and Petroleum, which I provide on behalf of the parliamentary secretary.

The board of Gold Corporation is constituted in accordance with section 5 of the Gold Corporation Act 1987. The board performs its governance oversight functions in accordance with the act and good governance practices. Good practice for boards is for board minutes to be kept confidential to the board. Board minutes are available to the Auditor General and other proper authorities, as and if required. Minutes of government trading enterprises, such as Western Power, Synergy and Horizon Power, are likewise not shared with the minister, as this would undermine the governance oversight role of each board. The role of the minister is to represent the shareholders. As is the case with listed companies, board minutes are not provided to shareholders.

- (1) None.
- (2) Not applicable.
- (3)–(5) Board minutes are confidential except when required by law. For example, board minutes are available to the Auditor General, as and if required.

PFAS CONTAMINATION — PUBLIC DRINKING WATER

235. Hon Dr STEVE THOMAS to the parliamentary secretary representing the Minister for Environment:

I refer to the Deputy Premier's comments on 3 March 2023 regarding Alcoa's pumping of PFAS-tainted water over a drinking water dam in WA's south west, which he described as very disturbing and concerning.

- (1) What level of PFAS has the Department of Water and Environmental Regulation determined was likely when it stated that the pipeline was "likely to contain PFAS contaminated wastewater"?
- (2) What levels of PFAS were recorded by DWER in the pipeline?
- (3) What levels of PFAS have been recorded and registered from 2017 to 2023 in the 600 000 cubic metres of PFAS-contaminated Forrestfield–Airport Link spoil stockpiled at 777 Abernethy Road, Forrestfield?
- (4) Has any of the PFAS from 777 Abernethy Road, Forrestfield leaked or leached into any groundwater or surface water; and, if so, does this area provide any public drinking water?

Hon PIERRE YANG replied:

I thank the honourable member for some notice of the question. The following answer has been provided by the Minister for Environment, which I provide on behalf of the parliamentary secretary.

- (1) Previous investigation reports submitted by Alcoa to the Department of Water and Environmental Regulation for the Orion sumps reported levels of perfluoroalkyl and polyfluoroalkyl substances, specifically perfluorooctane sulfonate, above the Australian and New Zealand Environment and Conservation Council freshwater guideline criteria, for 99 per cent species protection, of 0.00023 micrograms per litre in all but one sample collected. Total PFAS—the sum of all individual PFAS compounds analysed—reported in Orion sumps OS3 and OS4 were 0.0861 micrograms per litre and 0.0706 micrograms per litre respectively. Orion is one of the three mining areas within the Willowdale mine.
- (2) To minimise risk, the pipeline was not operated for the purposes of obtaining a sample. Departmental officers collected a freshwater sample from the Orion sump used to supply the pipeline. Results of this analysis have not been received at this time.
- (3) This question should be directed to the Minister for Transport.
- (4) The first part of this question should be directed to the Minister for Transport. The location 777 Abernethy Road, Forrestfield does not lie within any public drinking water source area.

POLYPHAGOUS SHOT-HOLE BORER — INFESTATION

236. Hon COLIN de GRUSSA to the Minister for Agriculture and Food:

I refer to the infestation of polyphagous shot-hole borer throughout the Perth metropolitan area.

- (1) Can the minister provide an outline of any community awareness campaigns regarding the infestation that have been undertaken to date, including —
 - (a) the communication mediums used;
 - (b) the amount expended on these campaigns; and
 - (c) the target audience or organisations?
- (2) What specific industry organisations have been briefed on the infestation and when?
- (3) What Department of Primary Industries and Regional Development resources have been applied to containing the outbreak?
- (4) What practical actions have been set in place to contain the infestation to the Perth metropolitan area?

Hon JACKIE JARVIS replied:

I thank the member for some notice of the question.

- (1) The Department of Primary Industries and Regional Development has undertaken an extensive communication campaign since the detection of polyphagous shot-hole borer in the Perth metropolitan area in October 2021.
 - (a) Communication mediums used include a communications toolkit for local government authorities and impacted stakeholders to undertake communications through their own channels and networks; in-person meetings and public engagement at events, including several local government forums, a public forum at the 2023 Western Australian Local Government Association Urban Forest Conference, with the Western Australian Tree Canopy Advocates, the Perth Royal Show, and gardening events including the Kings Park native plant sale; over 100 targeted social media posts; press releases; signage; and printed materials including fact sheets. There were also responses to specific media inquiries, such as a 6PR interview with Sonya Broughton on 5 October 2022; *Post* newspaper, 11 January, written response; *Post* newspaper, 25 January, written response; *Post* newspaper, 15 February, written response; 6PR interview with Sonya Broughton on

19 February; *Post* newspaper, 21 February, written response; *ABC Mornings* interview update, 2 March; *Post* newspaper photo opportunity on 27 February at Lake Claremont; and 98.5 Sonshine FM gardening program, booked for 4 March.

- (b) To date, \$63 000 has been spent on these communications.
- (c) The target audience includes residents within the quarantine area; local government authorities within and adjacent to the quarantine area; industry stakeholders; ArbWest; Kings Park; Rottnest Island Authority; Perth Zoo; the Department of Biodiversity, Conservation and Attractions; and universities including the University of Western Australia, Murdoch and Curtin.

Apologies, member. I should have put that in a tabular form.

- (2) In addition to those groups listed in (1)(c), the Horticulture Biosecurity Advisory Committee, which includes state industry representation from berries; citrus; pome, which is apple and pear; stone, which is peach, plum, nectarine and cherries; and the nursery and garden industries, has been briefed on the situation since polyphagous shot-hole borer was first detected in October 2021.
- (3) DPIRD currently has 130 staff working on the response and has now completed over 1.3 million tree inspections since the response began in October 2021. More than 3 000 specific PSHB traps have been deployed across the metropolitan area, which are inspected fortnightly.
- (4) The following activities are being undertaken to control the infestation within the Perth metropolitan area. A quarantine area has been established covering 21 local government authorities and 623 square kilometres; inspection is taking place of all known host trees within the quarantine area; treatment occurring through removal or pruning of the infested material of any host trees identified positive for PSHB; and the deployment of more than 3 000 specific PSHB traps across the metro area, which are inspected fortnightly.

The PRESIDENT: I note that the relatively short question asked elicited a significant amount of information. I invite both the asker and the answerer to think about how the question is framed and answered.

OFFICE OF THE STATE CORONER — CASELOAD

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

Thank you, President. I suspect there is an adviser somewhere in the Department of Primary Industries and Regional Development who has been waiting their entire career to answer just that question!

My question without notice is question 221 of Tuesday, 14 March, to I presume the Parliamentary Secretary to the Minister for Regional Development representing the parliamentary secretary representing the Attorney General.

Hon Kyle McGinn interjected.

Hon TJORN SIBMA: Come in, spinner! It is question 221.

Hon Kyle McGinn: Got it!

Hon TJORN SIBMA: The question is regarding the operations at the Office of the State Coroner.

- (1) How many backlog cases are there presently?
- (2) Of this number in (1), how many are —
 - (a) backlog inquest cases;
 - (b) cases awaiting the completion of tasks by external entities; and
 - (c) cases pending analysis at the Coroner's Court before finalisation?
- (3) Of the total number of backlog cases, how many files are —
 - (a) up to and including 12 months old;
 - (b) between 12 and 24 months old;
 - (c) between 24 and 36 months old; and
 - (d) older than 36 months?

Hon KYLE McGINN replied:

I thank the member for some notice of the question. I answer on behalf of the parliamentary secretary representing the Attorney General. The following answer has been provided to me by the Attorney General.

- (1) It is 1 145.
- (2) It is —
 - (a) 59;
 - (b) 808; and
 - (c) 278.

- (3) (a) Cases up to 12 months are not backlog cases.
 (b) It is 848.
 (c) It is 182. This is a count of cases between 25 months and 36 months inclusive.
 (d) It is 115. This is a count of cases that are 37 months and older.

The Office of the State Coroner continues to liaise closely and productively with external entities, including the Western Australia Police Force and the State Mortuary, with a view to identifying cases requiring progression. A number of coroner's investigators have been appointed to work with the WA police to assist with the preparation of police reports to the coroner. The Western Australia Police Force has allocated additional resources to support the concentrated review and progression of over 400 fast-tracked investigations between November and December 2022, whilst maintaining the ongoing work. Within the Coroner's Court, ongoing and active reviews are also maintained in respect of backlog files for which the court is responsible, being the matters when external entities have completed their functions. The Department of Justice continues to review the resources of the Coroner's Court.

TEACHERS — STAFF

238. Hon DONNA FARAGHER to the Leader of the House representing the Minister for Education:

I refer to teachers in Western Australian public schools.

- (1) Can the minister advise, by headcount and FTE, the total number of school teachers employed by the Department of Education in public primary schools and secondary schools?
 (2) Of those referred to in (1), can the minister advise, by headcount and FTE, the total number of school teachers employed on a permanent basis?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question. The answers to (1) and (2) are in tabular form and then there are some notes that provide definitions and how FTE and headcount are calculated. I seek leave to have that information incorporated into *Hansard*.

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

(1)

School type	Headcount	Full-time equivalent
	As at 16 February 2023	As at 16 February 2023
Primary and Secondary	26,065	21,234

(2)

School type	Headcount	Full-time equivalent
	As at 16 February 2023	As at 16 February 2023
Primary and Secondary	20,477	17,299

Note:

The headcount and FTE figures in the above tables represent teachers award staff employed at a school with the classification type of "Primary School" and "Secondary School", and does not include classification types such as District High Schools, Kindergarten – Year 12 schools and Education Support.

FTE is calculated on the paid number of full-time equivalent employees (including permanent, fixed-term and casual employees) based on the pay period of 16 February 2023.

Headcount and FTE figures are based on staff employed under the teaching award and include principals and deputy principals, school psychologists based in schools, and staff in schools of the air and remote community schools.

CORRUPTION AND CRIME COMMISSION — MISCONDUCT INVESTIGATION

239. Hon PETER COLLIER to the parliamentary secretary representing the Attorney General:

I refer the Attorney General to the ongoing Corruption and Crime Commission investigation into the contents of a laptop of a former member of the Legislative Council.

- (1) Has the investigation into the contents of the laptop been concluded?
 (2) If yes to (1), when was the investigation concluded and was a public statement issued; and, if not, why not?
 (3) If yes to (1), given the numerous comments by the Premier that Legislative Council members of the Liberal Party were "covering up corruption" in relation to the contents of the laptop, were there any findings that Legislative Council members of the Liberal Party were "covering up corruption"?

Hon KYLE McGINN replied:

I thank the member for some notice of the question. I answer on behalf of the parliamentary secretary representing the Attorney General. The following answer has been provided to me by the Attorney General.

- (1) The Corruption and Crime Commission advice is that the answer is yes; however, other related investigations remain ongoing.
- (2) The CCC advises that it concluded in April 2022. No public statement was made, as the CCC does not generally comment on operational matters.
- (3) The CCC advises that any opinion or finding by the CCC is published in a report to Parliament.

Several members interjected.

The PRESIDENT: Order!

MARTUWARRA FITZROY RIVER — BRIDGE

240. Hon NEIL THOMSON to the minister representing the Minister for Transport:

I refer to the challenges with road freight in the Kimberley and the likely severing of the Perth–Darwin national highway over the next two wet seasons.

- (1) Has the minister considered building a temporary road bridge over the Martuwarra Fitzroy River?
- (2) If no to (1), why not?
- (3) If yes to (1), what was the cost estimate to build such a temporary bridge?

Hon SUE ELLERY replied:

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

- (1)–(3) Main Roads considered the installation of a temporary bridging structure—Bailey bridge—across the Martuwarra Fitzroy River, which currently spans 200 metres. However, this was not considered a viable option due to the damage sustained to the existing bridge and piers; the additional extensive piling work required to make it safe and secure for use as a superstructure; and the requirement for a complete rebuild of the eastern bridge abutment and bridge approach roads.

Hon Neil Thomson interjected.

Hon SUE ELLERY: Does the member want the answer or not?

Hon Neil Thomson interjected.

Hon SUE ELLERY: I had better start again.

Main Roads considered the installation of a temporary bridging structure—Bailey bridge—across the Martuwarra Fitzroy River, which currently spans 200 metres. However, this was not considered a viable option due to the damage sustained to the existing bridge and piers; the additional extensive piling work required to make it safe and secure for use as a superstructure; and the requirement for a complete rebuild of the eastern bridge abutment and bridge approach roads.

Further investment on making the old bridge safe was not deemed appropriate, given that demolition of the structure is due to commence in May. As an alternative, a ferry service was progressed to provide pedestrian access across the river in the first instance. This commenced yesterday, and this answer is dated Wednesday, 15 March. Subject to water levels, the ferry service will be scaled up to take essential vehicles.

In the meantime, Main Roads is also working on establishing low-level river crossings for vehicles. Development work for the construction of two temporary crossings is underway. Timing of construction is dependent on future rainfall events and river conditions, but it is expected that the first of these crossings, which will initially be accessible only to four-wheel drives, may be available in late March. A second crossing is planned near the existing bridge and should be available in May for use during the dry season when river levels are low.

POLICE — FIREARM OWNERSHIP

241. Hon JAMES HAYWARD to the minister representing the Minister for Police:

I refer to the media conference held at the Pinjar rifle range on 22 March 2022.

- (1) Can the minister confirm the decision to proceed with the media event at the Pinjar rifle range, despite safety concerns raised by some experts, was taken by the then Commissioner of Police, who is now the Governor?
- (2) Will the minister table all communications between the minister’s office and the Western Australia Police Force that relate to the minister attending the media event in question; and, if not, why not?

- (3) Was the person who fired the shots, which were recorded by the media, a member of the tactical response group as per the assumption made in the risk assessment prepared by WA police?
- (4) If no to (3), why was a TRG member not selected to fire the .50 calibre rifle at the media event?

The PRESIDENT: Before I give the minister the call, there are two aspects to that question that are of concern. One is that it seeks an opinion. The other is that it brings into debate the role of the Governor. Having noted those concerns, I will ask the minister whether he is able to answer that question and, hopefully, avoid both those standing orders.

Hon STEPHEN DAWSON replied:

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

- (1)–(4) The honourable member has been informed on multiple occasions that the demonstration was approved by the Western Australia Police Force with a strategy used in combination with other mitigating safety measures recommended by a highly trained and qualified military and civilian firearms instructor and range safety officer with extensive experience in the use of .50 calibre firearms.

PFAS — ALCOA — WASTEWATER PIPELINE

242. Hon Dr BRAD PETTITT to the parliamentary secretary representing the Minister for Environment:

I refer to reports that Alcoa piped PFAS or “forever chemicals” across a drinking water dam without approval.

- (1) Will Alcoa be required to remove the pipeline that it constructed to move PFAS?
- (2) If yes to (1), what is the time frame for its removal and what will be done with the infrastructure after it is removed?
- (3) If no to (1), why not?
- (4) Will Alcoa be prosecuted or receive any other consequences for constructing the pipeline and pumping PFAS through it without approval?

Hon PIERRE YANG replied:

On behalf of the parliamentary secretary representing the Minister for Environment, I thank the honourable member for some notice of the question. The following answer has been provided by the Minister for Environment.

- (1)–(4) This matter is currently under investigation by the Department of Water and Environmental Regulation and potential outcomes of the investigations, such as removal of the pipeline or possible prosecution, have not been determined. The immediate risk to the environment and Samson Brook Dam from potential perfluoroalkyl and polyfluoroalkyl substances-contaminated wastewater within the pipeline has been addressed through the requirements of the prevention notice and the purging of the pipeline with clean water. As this matter is under investigation, it is not appropriate to comment further at this time.

CANNABIS — RESEARCH

243. Hon Dr BRIAN WALKER to the minister representing the Minister for Health:

I refer the minister to a recent edition of *The Context with John Barron* subtitled “The Battle Against Smoking”, screened nationally on the ABC, which noted that although 11 per cent of Australian’s still smoke daily, more people—11.6 per cent—consume cannabis on a regular basis. Noting those statistics, I ask the following.

- (1) Does the Department of Health acknowledge those figures as accurate?
- (2) How much money did the department allocate to tobacco-based health campaigns in the last financial year?
- (3) Will the minister commit to allocating the same level of resources to research into cannabis trends and outcomes in the coming year?

Hon SUE ELLERY replied:

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

- (1) According to the *National drug strategy household survey 2019*, 11 per cent of Australians over 14 years smoke daily and 11.6 per cent of Australians over 14 years consumed cannabis in the past 12 months.
- (2) The allocation was \$2 742 772, excluding GST.
- (3) There are existing robust and longitudinal data sources that enable us to identify cannabis trends and health and social outcomes at a national and local jurisdictional level. This includes the *National drug strategy household survey*, the Australian secondary school students alcohol and drug survey and the Western Australian health and wellbeing surveillance system.

INDUSTRIAL HEMP

244. Hon SOPHIA MOERMOND to the Minister for Agriculture and Food:

I refer to my question without notice 1131, asked on 16 November.

- (1) Has the number of current hemp licences issued changed from 69?
- (2) Given there were only five reported plantings earlier in the season, has there been an increase in the number of plantings reported for the 2022–23 season?

Hon JACKIE JARVIS replied:

I thank the member for some notice of the question.

- (1) Yes; there are 63 current licences and two applications pending.
- (2) Yes; 18 licensees are currently cultivating.

CYCLONE SEROJA — STATE RECOVERY CONTROLLER VISITS

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

I refer to questions on notice 1240 and 1243 and note the minister's ability to identify the dates on which he has visited the tropical cyclone Seroja affected region, and further note that the minister's office is resourced by 11 staff while the Department of Fire and Emergency Services has some 1 800 full-time equivalent staff. On what dates has the state recovery controller for TC Seroja visited the affected region since her appointment?

Hon STEPHEN DAWSON replied:

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

To the best knowledge of the Department of Fire and Emergency Services, the state recovery controller for tropical cyclone Seroja was in the affected region on the below dates. These dates are when the SRC visited the region, but do not include the numerous phone calls and virtual meetings that occurred with members of the community, local government or business affected by the event.

The remainder of the answer is in tabular form. I seek leave to have the response incorporated into *Hansard*.

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

20 April 2021	19 May 2021	20 May 2021	24 May 2021
25 May 2021	19 June 2021	22 June 2021	23 June 2021
24 June 2021	25 June 2021	23 July 2021	11 August 2021
28 August 2021	29 August 2021	30 August 2021	31 August 2021
21 September 2021	22 September 2021	23 September 2021	30 November 2021
1 December 2021	2 December 2021	15 December 2021	12 January 2022.
10 February 2022	11 February 2022.	22 February 2022	23 February 2023
24 February 2022	10 March 2022	10 October 2022	11 October 2022
12 October 2022	13 October 2022		

WESTERN AUSTRALIAN GOVERNMENT PANDEMIC PLAN

246. Hon NICK GOIRAN to the Leader of the House representing the Premier:

I refer to the *Western Australian government pandemic plan* published on 10 March 2020.

- (1) What is the date of the current plan?
- (2) What is the date of the plan that predates the one published on 10 March 2020?
- (3) Will the Premier table the plans referred to in (1) and (2)?

Hon SUE ELLERY replied:

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

- (1)–(3) The date of the current plan is March 2020, with minor updates made in June 2020. This document is published on the WA government website. The plan that predates the March 2022 plan was the *Western Australian government human influenza pandemic plan*, revised in November 2008. I have just realised that the honourable member asked for those to be tabled. I will undertake to get them tabled for him.

FIONA STANLEY HOSPITAL — SERVICES

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

I refer to cardiothoracic surgery undertaken at Fiona Stanley Hospital.

- (1) Does the cardiothoracic unit have a full complement of surgeons; and, if not, how many surgeons is it short?
- (2) How many patients were on the waitlist and what was the average wait time to see a cardiothoracic surgeon at 11 March 2017 and 11 March 2023?
- (3) What was the average wait time for surgery once a cardiothoracic surgeon had been seen at 11 March 2017 and 11 March 2023?
- (4) How many patients have been removed from the waitlist due to death occurring before surgery could be performed over the past three years?

Hon SUE ELLERY replied:

The answer, honourable member, is this. To allow for a fulsome and accurate answer, I request the member place their question on notice.

I just make this point. The member is asking for information to be compared with information available six years ago and then he is asking for waitlists to be checked over the last three years. That is not a reasonable question to expect an answer to in four hours. It is just not reasonable. The better way is to ask a question in here that we can give the member an answer to, and place that question on notice.

PRE-BUDGET SUBMISSION PREPARATION

248. Hon Dr STEVE THOMAS to the minister representing the Treasurer:

Welcome to Thursday!

Hon Stephen Dawson: What fun lies ahead.

Hon Dr STEVE THOMAS: What fun lies ahead. Funnily enough, my question is to the Minister for Emergency Services representing the Treasurer!

- (1) Have any departments of the government or government trading enterprises employed or contracted any private sector persons or companies to prepare part or all of their pre-budget submissions for the 2023–24 budget process?
- (2) If yes, which departments or entities?

Hon STEPHEN DAWSON replied:

I thank the Leader of the Opposition for some notice of the question. The following answer is provided on behalf of the Treasurer.

- (1)–(2) The Department of Treasury does not collect this information.

NATIONAL PARKS — RECYCLING

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

I refer to the disposal of waste at national parks and nature reserves that fall under the management responsibility of the Department of Biodiversity, Conservation and Attractions.

- (1) Does the DBCA currently have in place a waste disposal strategy that requires the recycling of recyclable material that is disposed of at national parks and nature reserves?
- (2) If yes to (1), is DBCA fully compliant with that strategy?
- (3) If no to (1), why not?

Hon PIERRE YANG replied:

I thank the honourable member for some notice of the question. I answer on behalf of the parliamentary secretary representing the Minister for Environment. The following answer has been provided by the Minister for Environment.

- (1)–(3) No. The Department of Biodiversity, Conservation and Attractions has site-specific waste disposal approaches for national parks and reserves. DBCA promotes a “leave no trace” principle, encouraging visitors to national parks and reserves to take their waste with them to dispose of at home or at an appropriate recycling facility. Recycling is not implemented at all national parks and reserves due to the varied nature of waste management approaches across the state, the variations in amount and type of waste in parks and limitations in local government refuse facilities in some areas.

DIRECTOR OF PUBLIC PROSECUTIONS — CASE LOAD

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

I refer to the current operations of the office of the Director of Public Prosecutions.

- (1) What is the current case load of the DPP and how does this compare with the same period last year?
- (2) What is the average case load managed per full-time and part-time permanent employee and how does this compare with the same period last year?
- (3) What is the average case load managed per full-time and part-time contracted employee and how does this compare with the same period last year?

Hon KYLE McGINN replied:

I thank the member for some notice of the question. I answer on behalf of the parliamentary secretary representing the Attorney General. The following answer has been provided by the Attorney General.

- (1)–(3) It is not possible to provide the member with a response within the time available. An answer will be provided in the next sitting week.

CHILD DEVELOPMENT SERVICE — WAIT TIMES

251. Hon DONNA FARAGHER to the Leader of the House representing the Minister for Health:

I refer to the metropolitan Child Development Service. What is the current median wait time to access a clinical psychologist through this service for children in the primary years of schooling?

Hon SUE ELLERY replied:

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

The current median wait time is 17 months.

POLICE — RESIGNATIONS

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

How many police resigned in February 2023?

Hon STEPHEN DAWSON replied:

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

The Western Australia Police Force advises that 39 police resigned in February 2023.

MARTUWARRA FITZROY RIVER — BRIDGE

253. Hon NEIL THOMSON to the Leader of the House representing the Minister for Transport:

I refer to the recent tender for the Martuwarra Fitzroy River Bridge.

- (1) What was the price of the successful bid by the Georgiou Group for construction of the bridge?
- (2) How will the bridge be funded?

Hon SUE ELLERY replied:

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

- (1) Due to the urgent requirement to commence the bridge replacement project, the tender evaluation was based on proponents' technical capabilities and resourcing. The price will be proposed by the alliance and ratified by an independent estimator following further design activities and liaison with potential suppliers.
- (2) The bridge will be funded by the state government, with commonwealth government contributions through the disaster recovery fund.

VACCINE SAFETY SURVEILLANCE SYSTEM — ANNUAL REPORTS

254. Hon JAMES HAYWARD to the Leader of the House representing the Minister for Health:

I refer to the Western Australian Vaccine Safety Surveillance system and I note that the *Western Australian vaccine safety surveillance: Annual report 2020* explicitly states —

No safety signals were detected for any of the vaccines administered in 2020.

- (1) Were any safety signals detected for any of the vaccines administered in 2021 or 2022?
- (2) If the answer to (1) is not available, how does the government currently define and determine the safety of vaccines?
- (3) Does a lag in reporting by the WAVSS, such as the 2021 report being released in 2023, result in the community not being informed about vaccine safety in a timely manner?

- (4) Why is vaccine safety data not available on an online dashboard wherein the public can be kept informed of data trends, as was done for COVID-19 cases, hospitalisations and deaths?

Hon SUE ELLERY replied:

- (1) Yes.
- (2) Not applicable.
- (3) No. WA's vaccine safety signals corresponded to those experienced nationally and were reported nationally via the Therapeutic Goods Administration and AusVaxSafety public websites. Regular communication from the Western Australian Department of Health with vaccine providers and clinicians regarding potential and actual safety signals was carried out when needed.
- (4) WA's vaccine safety data was reported via an online dashboard as part of national reporting on the Therapeutic Goods Administration and AusVaxSafety websites during 2021 and 2022. The Therapeutic Goods Administration has since moved from an online dashboard to fortnightly summary reports.

RADIOACTIVE CAESIUM-137 CAPSULE

255. Hon Dr BRAD PETTITT to the Leader of the House representing the Minister for Health:

I refer to the Radiation Safety (Transport of Radioactive Substances) Regulations 2002 wherein it is stipulated that those who fail to comply with the safety measures in the Code for the Safe Transport of Radioactive Material: Radiation Protection Series C-2 (Rev.1), 2019, are subject to a fine of up to \$1 000.

Considering the serious risks posed to the community when a Rio Tinto radioactive capsule went missing in January 2023, has the state government taken any steps to increase the \$1 000 penalty to an amount that more appropriately reflects the severity of mishandling radioactive substances?

The PRESIDENT: Leader of the House.

Hon SUE ELLERY replied:

Thanks, President. Something is happening, but I do not know what it is.

The PRESIDENT: It is called rain, leader.

Hon SUE ELLERY: I am unfamiliar with this!

I thank the honourable member for some notice of the question. The WA government will consider applicable regulations and penalties as required.

CANNABIS — LEGALISATION

256. Hon Dr BRIAN WALKER to the minister representing the Minister for Police:

Noting that tomorrow is St Patrick's Day, I refer the minister to the recently published report by the Irish Senate's cross-party Committee on Justice, which recommended that the Irish government consider a policy of decriminalisation of possession of a range of drugs including cannabis.

- (1) Is the minister aware of this report and its recommendations?
- (2) Will the minister take this opportunity, on the eve of the world's largest and greenest Irish celebration, to consider advocating for a similar approach here in Western Australia, a state which was founded, in large part, by Irish convict settlers, many of whose crimes would nowadays be dismissed by any right-minded court?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of this question, and I take this opportunity to wish everybody who is Irish, and those who would like to be, a very happy St Patrick's Day for tomorrow. I provide the following information on behalf of the Minister for Police.

- (1)–(2) No.

FIREFIGHTERS — PRESUMED CANCERS

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

I refer to the campaign of the United Professional Firefighters Union of Australia to include eight additional cancers in the scheme of presumptive cancers.

- (1) Is the minister aware that firefighters working in WA but employed by the commonwealth, including those working at Perth Airport, have greater workplace protections than WA firefighters?
- (2) How does the minister intend to address this inequity?

- (3) Has the minister met with the UPFU regarding this request; and, if so, on what date?
- (4) Has the minister or the government advised the UPFU that any expansions to presumptive protections must be bargained for as part of enterprise bargaining agreement negotiations?

Hon STEPHEN DAWSON replied:

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

- (1)–(3) The commonwealth and ACT governments recently expanded presumptive cancer coverage. Although the workers compensation scheme is the responsibility of the Minister for Industrial Relations, both of us have been engaging with the UPFU on this complex issue over many months.
- (4) Not to my knowledge.

LOGAN PAUL PRIME ENERGY DRINK

Question without Notice 228 — Answer

HON SUE ELLERY (South Metropolitan — Leader of the House) [5.04 pm]: I would like to provide an answer to Hon Brian Walker's question without notice 228 asked yesterday, which was redirected from the Minister for Agriculture and Food to the Minister for Health, and I seek leave to have the answer incorporated into *Hansard*.

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

- (1) As a member of the Food Ministers' Meeting, the WA Government, has a role in food regulation, policy and decisions on amendments to *the Australia New Zealand Food Standards Code* (Food Standards Code). There are two key pieces of work, the Food Ministers' Meeting has advocated for Food Standards Australia New Zealand to undertake to address concerns about caffeine in the food supply. Firstly, the review of caffeine in sports food and general food, and secondly, the review of the entire formulated supplementary sports food standard. Both of these pieces of work have been afforded priority by the Food Ministers' Meeting, and this work is underway.
- (2) Yes, noting there are statutory timeframes, in the *Food Standards Australia New Zealand Act 1991*, Food Standards Australia New Zealand must follow in the review, development and amendment of the Food Standards Code.

GOLD CORPORATION — GOLD BAR CONTENT

Question without Notice 178 — Answer

HON SUE ELLERY (South Metropolitan — Leader of the House) [5.04 pm]: I would like to provide an answer to Hon Colin de Grussa's question without notice 178 asked on 14 March, which I seek leave to have incorporated into *Hansard*. I also table the attached information.

[See paper 2091.]

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

- (1) Gold Corporation advises that it records and preserves Board minutes.
- (2)–(3) Please see the attached table paper.

GOLD CORPORATION — GOLD BAR CONTENT

Question without Notice 213 — Answer

HON KYLE MCGINN (Mining and Pastoral — Parliamentary Secretary) [5.04 pm]: I would like to provide an answer to Hon James Hayward's question without notice 213 asked yesterday, which I seek leave to have incorporated into *Hansard*. I also table the attached information.

[See paper 2092.]

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

- (1) Gold Corporation produces 99.99 gold bullion bars that contain at least 99.99% gold, as is stamped on the bars.
- (2) Refer to (1)
- (3) The London Bullion Market Association is not within the responsibilities of the Minister. The member may wish to review the LBMA's public statement on the matter, which is also tabled: www.lbma.org.uk/articles/the-perth-mint-incident-review-process-invoked.
The Perth Mint remains on the LBMA Good Delivery List.
- (4) As gold is a naturally occurring material there is always variation in the trace elements in a gold bar. However, 99.99 gold bars from the Perth Mint contain at least 99.99% gold, and less than 0.01% of silver, copper, iron and other elements.

GUARDIANSHIP AND ADMINISTRATION AMENDMENT (MEDICAL RESEARCH) BILL 2023

Second Reading

Resumed from an earlier stage of the sitting.

Debate adjourned, on motion by **Hon Peter Foster**.

TREASURER'S ADVANCE AUTHORISATION BILL 2023*Receipt and First Reading*

Bill received from the Assembly; and, on motion by **Hon Stephen Dawson (Minister for Emergency Services)**, read a first time.

Second Reading

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Emergency Services) [5.05 pm]: I move —

That the bill be now read a second time.

This bill seeks to increase the Treasurer's advance limit for 2022–23 from the currently approved limit of \$977.5 million to \$3.1 billion, an increase of \$2.1 billion. Since 2000, there have been 13 occasions on which the Treasurer's advance limit has been required to be increased—that is every second year on average. The Treasurer's advance authorises the Treasurer to draw funds from the consolidated account for amounts that were not factored into the budget appropriation acts. This allows for the release of central funding for items or new items that have been determined as needing to be reflected in the current year but after the budget bills have been introduced to the Parliament. It also provides for short-term repayable advances to agencies for working capital and similar purposes.

The annual Treasurer's advance limit is set automatically by section 29(1) of the Financial Management Act 2006 and is calculated as three per cent of the amount appropriated in the previous financial year. For 2022–23, this equated to a Treasurer's advance limit of \$977.5 million.

The PRESIDENT: Sorry, minister. There is a bit too much noise in the chamber, and it is particularly difficult for Hansard.

Hon STEPHEN DAWSON: Under section 29(3) of the Financial Management Act, if this automatic limit proves insufficient, parliamentary approval for an increased limit must be sought by way of a Treasurer's advance authorisation bill. The 2022–23 *Government mid-year financial projections statement*, or midyear review, showed that the total amount expected to be drawn against recoverable advances, excesses and new items in 2022–23 was \$1 848.5 million. This clearly exceeds the currently approved Treasurer's advance limit of \$977.5 million, necessitating the introduction of this bill to seek an increase to the Treasurer's advance limit.

Consistent with recent years, COVID-19-related expenditure, such as additional funding for small business hardship support grants, pandemic disaster leave payments and health spending, was a significant component of the \$1 848.5 million forecast to be drawn against the Treasurer's advance in the midyear review. Other large factors include funding agencies for the government's public sector wages policy, higher than expected National Disability Insurance Scheme payments, and increased funding to address cost pressures for several joint state and commonwealth-funded road projects. Matters committed to under the 2022–23 Treasurer's advance are fully detailed in appendix 4 of the midyear review.

The Treasurer's advance is also expected to be further impacted by the allocation of already provisioned funding for industrial agreement outcomes settled after the midyear review, the allocation of funding to agencies from the asset investment program cost escalation provision established in the 2022–23 budget, and a repayable advance to Main Roads to ensure continuation of the 2022–23 regional road safety program following a delay in the receipt of commonwealth funding. As the financial impacts of these issues have been reflected in the midyear review, the approval of the appropriation will not change the state's fiscal outlook.

Consistent with previous bills of this nature, an allowance of \$542 million is also included for any unforeseen spending that may materialise before 30 June 2023, such as funding for natural disasters, including responding to the Kimberley floods. This buffer is broadly similar to the equivalent allowance in last year's Treasurer's Advance Authorisation Bill 2022.

It is anticipated that the proposed \$2.1 billion increase to the Treasurer's advance will provide sufficient capacity for the government to respond to emerging issues for the remainder of 2022–23.

Although the increase in the Treasurer's advance will provide the authority to meet higher funding requirements, it is important to note that it will not necessarily mean that the funding will be spent. Any unspent capacity on the Treasurer's advance will lapse on 30 June, and actual expenditure will be reported in the 2022–23 *Annual report on state finances*, which is to be released in late September 2023.

As the authority for release of excess funding needs to be in place before any such funds can be drawn during the remainder of the 2022–23 financial year and no sittings days are scheduled for April 2023, passage of the bill is required as quickly as possible.

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

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

[See paper [2093](#).]

Debate adjourned, pursuant to standing orders.

CHILD HEALTH NURSES — FUNDING

Statement

HON DONNA FARAGHER (East Metropolitan) [5.11 pm]: I again raise my ongoing concerns regarding a decision made by the Department of Health, and therefore this government, to end a long-term agreement between the Salvation Army and the department to deliver community child health services to families in Balga and surrounding suburbs. Members may recall that towards the end of last year I rose during members' statements requesting that the decision that I will now outline be reversed.

To remind members, the service agreement between the department and the Salvation Army has been in place for a number of years. I understand the agreement arose out of an identified need for the area where the former government saw a critical gap in support for young children and their families in an area of vulnerability and disadvantage. As part of the agreement, the Salvation Army has two full-time child health nurses who deliver not only the required service, they being the universal child health checks, or purple book appointments as they are fondly known, and parenting groups generally offered at all child health centres, but also a suite of other services. These additional child and maternal health services provided by these exceptional child health nurses include extra mother and baby workshops, first aid classes, antenatal classes, sing and grow classes, mum and bub fitness classes, and there are many more activities. With the universal checks, the nurses provide a full wraparound service that is known as a boutique service. Appointments are available outside normal business hours. There is a digital booking, tracking and communication system, with reminders and follow-ups sent when parents do not attend their scheduled appointments.

Importantly, one of the publications of the centre estimates that for each scheduled appointment a family has a further three visits to the centre, whether that is going to the drop-in clinic, one of the playgroups or one of the other specialised sessions such as a first-aid class or a fitness session. In its wisdom, the Child and Adolescent Health Service, or CAHS, has decided that this agreement will now end at the end of this financial year.

In response to questions that I asked the government last year, I was informed this in an answer from 29 November 2022 —

CAHS will bring these services back in-house to be delivered by CAHS, which will ensure the services are integrated with CAHS existing clinical governance structures, services and programs to support continuity of care for clients.

As I said last year when I gave a members' statement on this issue, that answer could imply that the current service is not currently working within the Child and Adolescent Health Service framework. As I said at the time, as far as the service and I are aware, the service absolutely is. It is overseen by the relevant CAHS governance policies. There is regular reporting, and there absolutely is continuity of care. Despite requests that CAHS's decision be different, it appears that that decision has been made. That is incredibly disappointing, particularly when I read excerpts from the *Child and Adolescent Health Service: Strategic plan 2023–2025* that say under the heading "External partnerships" —

We will develop and maintain mutually beneficial external partnerships to collectively achieve better health outcomes for children and young people.

Under the subheading "Our strategic initiatives", it says —

1. We will work with our partners to collectively advocate for the health and wellbeing of children and young people

Importantly, the first dot point states —

- Partner with organisations to understand and advocate for the needs of children, young people and their families, in particular advocating for the removal of barriers that prevent children and young people from accessing care and support, and in addressing the determinants which impact on health.

Sadly, this partnership is clearly not one that the department wishes to continue.

Just this week, the government informed me, through answers to questions in this place, that we still have shortages or vacancies for child health nurses in this state. There are approximately 15 vacancies in the metropolitan area and around 20 FTE vacancies in regional WA. We also know that children are on standby lists waiting for an appointment. As I did last year, I again ask the government whether it can guarantee to me and to the community that in ending this partnership with the Salvation Army two full-time child health nurses will continue to service this community.

Can the government guarantee to me and to the community that all the services, including the additional services that I just outlined, will remain the same? The fact is that it cannot. The government cannot guarantee that, and it confirmed as much to me yesterday in an answer to a question I asked the Minister for Health —

Will all programs currently delivered by the centre's child health nurses for children and families, including face-to-face antenatal, first aid and baby sensory classes, which are in addition to the universal child health check appointments and parenting groups, continue under the Child and Adolescent Health Service; and, if not, why not?

The answer provided read —

The Child and Adolescent Health Service will continue to deliver all activities outlined in the service agreement with the Salvation Army. CAHS and the Salvation Army are working constructively to ensure a smooth transition of the child health nurse service for local families. CAHS child health nurses regularly connect families to local services, such as the Salvation Army, which may choose to continue to deliver ancillary services.

There you have it. Child health checks and parenting groups will continue—that is a good thing—but those additional services will not. That is not a reflection on the capacity of the child health nurses who will take on these new roles; it is simply that CAHS will not provide those additional services.

I have received a number of letters of support for the continuation of these services. The letters are from former staff, community members and Annie Fogarty from the Fogarty Foundation. That foundation is extremely supportive of the Salvation Army's service delivery model in Balga, and it understands the importance of relationship continuity, and the value of co-locating services, being involved with the early learning centre that is just across the road and having the ability to provide a range of services effectively in one area under one roof.

I again ask the government most sincerely to reflect on the decision that has been made and to reverse it. I want to be really clear that I am not here today speaking at the request of the Salvation Army; I speak on behalf of those who have contacted me and for the families who are affected. I do that as a local member for this area and because I understand the value of this service and the additional services that are provided to families in Balga, Girrawheen, Koondoola and Nollamara.

I will end with some words from a letter that I received on this matter. I have the agreement of the person who wrote it to me to say this in Parliament tonight. I think it sums it up very well. She says —

Many families have attended the CHC, over the last eight years, it has been a place where they and their families are known, their needs are met, where they are part of the TSA community. The Salvation Army is often called the fourth emergency service, they are trusted and our families have learned to trust.

CHC team provide an exceptional service, have a full knowledge of the provision of additional support, aware of community needs and strengths. They are a team in actions as well as words, wanting the best provision for the Balga community families that walk through the doors of the CHC. Providing for some families that are vulnerable, a safe place to be, a place where they can learn to trust again, and to build up confidence to go further in their parenting journey.

While I have been writing this an old saying comes to mind, 'if it's not broken, don't fix it' ...

I could not agree more, so I again sincerely ask the government to listen to the community and reconsider this decision.

PLANNING

Statement

HON DR BRAD PETTITT (South Metropolitan) [5.21 pm]: I rise today to talk a bit about planning because it would be fair to say that over the last month we have probably seen some of the biggest planning changes in this state—certainly for a few decades—around how some approvals are reached, and I think that warrants some comment. I am sure that everyone here is aware of those changes. We have now seen the threshold for the joint development assessment panel drop to \$2 million. It would be fair to say there are no developments that are not worth \$2 million, so pretty well every development will have the option of going to a JDAP instead of a local government. We have also seen the creation of the permanent state development assessment unit. That is probably more significant for major developments. Maybe there are some question marks about that, but certainly up to this point, the SDAUs do not need to stick to local planning schemes; they can actually make decisions inconsistent with local planning schemes. Both those things take planning control away from local communities. At the heart of this decision has been very much something that I agree with and am passionate about. Although I do not agree with the way it has come about; I agree with the outcome to try to ramp up infill and density. We have seen that drop to some of the lowest levels in many years. I think the last number that came out was that only 29 per cent of new dwellings were built within the existing urban fabric, meaning 71 per cent—the vast majority—are being built as urban sprawl out on the urban fringes, bulldozing their way through a biodiversity hot spot. Even worse, the vast majority of the remaining 29 per cent are just single houses that are being built within the urban fabric. We are not getting urban density right and as a city we are not getting that planning right.

Another bit of information that came out this week and got me asking questions was that the Premier and others started talking about needing to make sure that we get density in what was called “priority infill locations”. I had not heard that term before, so I asked a question about it yesterday. Hon Sue Ellery replied and basically pointed me to a document. This document was pretty obscure, really, and was not located where I would normally look to find planning policies. The document is titled *Infrastructure development fund stream 2: Unlocking infill precincts: Guidelines for applicants*. This new idea of priority infill locations is defined in that document. Let us dig down a bit further. This document for applicants in which priority infill is defined states that priority infill locations include the whole of the central subregion of the Perth metropolitan area, Metronet station precincts or within 1 000 metres of a Metronet station precinct, and sites identified for housing diversity pipeline projects. Frankly, that means all of a sudden priority infill can be done in half of Perth. The whole of the central area. To put this in context, I do not know whether the people of Leeming know that that is now place where priority infill can happen. I am not sure that the people of Balga or Carine know that they are places where priority infill is going to happen, or in Bicton or in Bassendean. One of my staff members lives in Bassendean. She wrote to me saying, I refer to my notes —

Our place in Basso is a great example for ... the lack of planning logic here—there’s no shops or services in walking distance, the bus network is virtually non existent, we back onto on industrial area, land is relatively cheap, and the slightly more walkable end of the suburb is in the swan river flood plain!

But it is still a priority infill area. Do members know which suburbs are not priority infill areas? This really frustrates me and illustrates where we are going wrong in our planning. Joondalup is not a priority infill area. Armadale is not a primary infill area. Midland and Cockburn Central are not primary infill areas. They are key places where there are train stations. Planning documents across both sides of government, be it *Directions 2031* or *Perth and Peel@3.5 million*, state that density should go around train stations as we try to create transit-oriented developments. They now sit outside priority infill areas. I am being a bit blunt here. I do not know what is happening with planning in this state. How did we get to this point? All of a sudden we are literally smearing what can only be called ad hoc density across our inner suburbs without any refinement or proper plan while places that are desperately calling for more people are left out. If you go speak to the mayors of Joondalup and Armadale; they want density and people living in their town centres. But the government is not giving any incentives for that. In fact, it is not even part of the planning anymore.

How did we get here? I honestly do not know. This is not the kind of smart, good planning that this state needs. We need to get back to key planning documents and away from this ad hoc density, which, frankly, gets community members’ backs up when apartments are randomly built in backyards hard up against single residential. We wonder why we get pushback. Of course we do. Do you know what? It is not approved by the local council; it is approved by another authority that they have little say in. No wonder we are not taking our community on the density journey and are getting what can only be called a density hangover that will give us the next generation of pushback.

I have some quick constructive suggestions as we go forward. We need a proper density plan that is well refined and properly targets density. It is not that complicated. It is around train stations but not just Metronet train stations out on the urban fringe. It is around existing activity centres. It is around key train stations on the Fremantle, Midland and Armadale lines. That is where we need it. Why are we not talking about that? I do not understand. That is clearly where density needs to go. The other thing we need to do is to actually work with local governments. Do you know what? Most local governments want density; they want people and they want apartments. This idea that we try to ride over the top of them is madness. Work with local governments and help them get it. As a former mayor, we worked extremely hard to get density. It was a great frustration for me that we never got support to get people living in our town centre when there was such an opportunity there. There is a real opportunity to work with and incentivise local governments to do it. It is a simple idea.

Imagine if the state government said to local governments, “If you meet your density targets, here is a range of new grants that you can apply for local facilities—for schools, pools and parks.” Imagine that. We would have local governments queueing up to get density in the right locations in their suburbs. For me, this is the smart way we need to be doing density. This idea that we are going to have developer-led ad hoc density in our suburbs is daft. We will not take our community with us and it does not get us good planning outcomes.

I think that most local governments in our city would agree that it is frustrating. It feels like this whole approach to planning that we have at the moment is literally trying to take on a couple of western suburbs councils instead of acknowledging the bunch of other councils out there—we have 30 metropolitan councils—the majority of them want to work with state government to increase density in their areas and actually make it happen. There is a really constructive way forward on this. I am concerned about where we are going, but I hope that this has provided at least a bit of an understanding around some of the options out there. Thank you.

House adjourned at 5.30 pm

QUESTIONS ON NOTICE

Questions and answers are as supplied to Hansard.

ROADS — SPEED CHANGES — GOODWOOD ROAD, CAPEL

1225. Hon Dr Steve Thomas to the Leader of the House representing the Minister for Transport:

I refer to speed changes on Goodwood Road as it enters the town of Capel, in the Shire of Capel and I ask:

- (a) why was the 100 kilometres per hour speed zone shifted from near the intersection of Goodwood and Capel Tutunup Roads towards the townsite;
- (b) was this move related to the lowering of the town speed limit to 40 kilometres per hour;
- (c) if yes to (b), what was the connection; and
- (d) what is required to take the 100 kilometre per hour zone further out, or to its original boundary?

Hon Sue Ellery replied:

- (a)–(d) Changes to Australian Standard 1742.2-2020 removed ‘speed limit buffer’ zones, e.g. a buffer zone that reduced speeds from 100km/h, to 80km/h, to 60km/h.

As part of the overall review of speed zoning in Capel, the 100km/h speed zone has been extended to incorporate the former 80km/h ‘speed limit buffer’.

When a speed zone is reviewed, any existing buffer zones are assessed for appropriateness against the new/current standard.

Two pairs of advisory signs have been installed in the 100km/h section to alert drivers of the reduction to 60km/h.

There would need to be significant changes to the road and/or roadside environment to take the 100km/h zone further out.

CHILD AND ADOLESCENT HEALTH SERVICE — PARENTING GROUPS

1249. Hon Donna Faragher to the Leader of the House representing the Minister for Health:

I refer to parenting groups available through the Child and Adolescent Health Service and I ask, in the 2021–22 financial year, how many families took part in the following parenting programmes:

- (a) Early Parenting Program (0 to 3 months);
- (b) A Solid Start (for parents of babies aged 4 to 6 months);
- (c) Let’s Sleep (for parents of babies aged 6 to 12 months);
- (d) Circle of Security Parenting (for parents of children aged 4 months to 6 years); and
- (e) Triple P (for parents of children aged 3 to 8 years)?

Hon Sue Ellery replied:

High levels of COVID-19 in the community impacted attendance at groups in 2021–2022. Face to face groups recommenced in August, in line with WA Health advice. Virtual groups were offered and remain available.

- (a) 7,800
- (b) 2,111
- (c) 94
- (d) 63
- (e) 52

WA COUNTRY HEALTH SERVICE — PARENTING GROUPS

1250. Hon Donna Faragher to the Leader of the House representing the Minister for Health:

I refer to parenting groups available through the WA Country Health Service and I ask, in the 2021–22 financial year, how many families took part in the following parenting programmes:

- (a) Early Parenting Program;
- (b) Boodjari Yorgas;
- (c) Solid Start/Introduction to Solids;

- (d) Circle of Security; and
- (e) Triple P (Positive Parenting Program)?

Hon Sue Ellery replied:

- (a) 1129
- (b) 143
- (c) 267
- (d) 117
- (e) 56

KIDS HELPLINE — CONTACTS

1254. Hon Donna Faragher to the minister representing the Minister for Community Services:

- (1) I refer to the Kids Helpline counselling service for young people aged 5 to 25 and the Department of Communities and I ask, in 2022, what was the total number of contacts made to the Kids Helpline service from children and young people in Western Australia via the following methods:
 - (a) telephone;
 - (b) email; and
 - (c) web chat?
- (2) for each of the methods referenced in (1), how many contacts were not answered?

Hon Jackie Jarvis replied:

It is important that children and young people are encouraged to seek support and advice by calling the Kids Helpline or talking with a trusted person.

The Department of Communities advises:

- (1) (a) 16,410;
- (b) 1,870;
- (c) 14,814
- (2) (a) 10,801;
- (b) 0;
- (c) 10,746.

When calling the service, callers will hear an introduction message before their call is progressed to a counsellor. The message advises callers to hang up and call triple zero in case of an emergency, and details legislative disclosure requirements relating to privacy, confidentiality and sharing of information. Approximately 20 per cent of unanswered calls are callers hanging up before the completion of the introduction message. These calls do not enter the phone queuing system, but they are recorded as unanswered.

HOUSING AUTHORITY — VEGETATION CLEARANCE

1259. Hon Dr Brad Pettitt to the minister representing the Minister for Housing:

How many hectares of vegetation did the Housing Authority clear in each financial year from 2011/12 to 2021/22, respectively?

Hon Jackie Jarvis replied:

The Department of Communities (Communities) clears vegetation for new housing developments in accordance with the *Environmental Protection Act 1986* and its subsidiary legislation.

Given that Communities owns very small lots of land which are vastly dispersed, this information would require a manual assessment and significant resourcing which is not considered an efficient use of Communities' resources.

However, if the Honourable Member has a more specific question, the Minister will endeavour to provide an answer.

DEVELOPMENTWA — VEGETATION CLEARANCE

1262. Hon Dr Brad Pettitt to the minister representing the Minister for Lands:

How many hectares of vegetation did Development WA clear in each financial year since its establishment to 2021/22, respectively?

Hon Jackie Jarvis replied:

DevelopmentWA clears vegetation for new residential and industrial developments in accordance with the Environmental Protection Act 1986 and its subsidiary legislation.

Included in the data below is new housing developments such as North Eglington and Alkimos Central which will provide new housing supply for Western Australians.

Among the industrial developments are projects such as the Neerabup Industrial Area which will support industry as well as local jobs, with 149 construction and 299 ongoing jobs expected to be created once the site is fully operational.

DevelopmentWA cleared the following hectares of vegetation since its establishment:

Financial Year:	Land Cleared (Hectares)	Residential	Industrial
2018–19	52.21	34.99	17.22
2019–20	95.04	30.94	64.1
2020–21	123.75	46.34	77.41
2021–22	33.63	2.29	31.34
