Parliamentary Debates

(HANSARD)

FORTY-SECOND PARLIAMENT
FIRST SESSION
2025

LEGISLATIVE COUNCIL

Wednesday 17 September 2025

Legislative Council

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The President (Hon Alanna Clohesy) took the chair at 1:00 pm, read prayers and acknowledged country.

POLICE—MISSING PERSONS

Petition

Hon Nick Goiran (Leader of the Opposition) (1:02 pm): I present an e-petition containing 135 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 …
>
> Families of missing persons in WA endure profound suffering, made worse by inadequate police investigations, lack of transparency, and denial of basic human rights. Communities are losing faith in WA Police, who lack both resources and accountability. Families are left to search for their loved ones alone while critical information is withheld. This is our second petition, as the first was not finalised due to the parliamentary break. Families cannot continue to wait while justice and trust erode. We ask the Legislative Council to urgently call on the Government to introduce: 1. Legislation mandating how WA Police handle missing persons cases, including enforceable timeframes for investigations. 2. Additional powers for police to access telecommunications and related data to expedite inquiries. 3. Enforceable monthly mandatory family reporting obligations for WA Police. 4. Reforms to the Privacy Act and Freedom of Information laws so that: a) immediate family members are entitled to access all police information relating to a missing person after one month has passed. b) families are given access to the full coronial inquiry record, not just limited findings. 5. A formal MOU with other agencies, including the Army and Reserves, to provide personnel and resources for searches. 6. An Independent Missing Persons Commissioner with powers of oversight, complaint investigation, systemic review, and reporting to Parliament.
>
> And your petitioners as in duty bound, will ever pray.

(See paper 527.)

CONTAINERS FOR CHANGE

Ministerial statement

Hon Matthew Swinbourn (Minister for the Environment) (1:04 pm): Western Australians love our Containers for Change scheme and can be proud of its success. Since its launch more than 4.56 billion containers have been collected, with every one of them recovered for recycling. Before the introduction of Containers for Change in October 2020 the recycling rate for beverage containers was 34%. This has now increased to 65%. Containers for Change has delivered over $16 million in fundraising for charities, schools and community groups, with over 8,000 organisations now benefiting. Across our state more than 300 refund points are in operation supporting 846 jobs, including 53 Aboriginal and Torres Strait Islander people and 127 people with a disability.

Building on this success, as I announced last week with the Premier, the government will expand Containers for Change from 1 July 2026 to cover a wider range of containers, including wine and spirit bottles. In addition, the expansion will include wine packaged in plastic; wine sachets and casks; casks for packaged water; concentrated fruit and vegetable juice containers; and flavoured milk and cordial containers. This expansion will mean an estimated 200 million additional containers will be collected each year. Western Australians have created a proud and thriving wine and spirits industry from the Swan Valley down to Margaret River and the Great Southern, and this announcement means that the community can continue to support their local favourites even when the bottle is empty. The expansion will deliver more high quality recycling, more bottle-to-bottle recovery, more opportunities for community fundraising and more inclusive jobs for Western Australians.

Importantly, Containers for Change also supports the government's priorities through to 2029 of diversifying the economy by driving local recycling and remanufacturing, supporting healthier communities through a cleaner environment, building safe and inclusive communities through more jobs and protecting our environment by reducing waste to landfill. This announcement builds on our progress to transform WA's waste sector into a vibrant job-creating circular economy—an important space that we need all stakeholders across the state to really lean into. In this light, the state government will work in conjunction with industry and the community as we progress this crucial next phase of Containers for Change from 1 July next year. Containers for Change is a Made in WA success story that delivers for our people, our environment and our economy.

PAPERS TABLED

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

ANIMAL WELFARE (USE OF ANIMALS FOR SCIENTIFIC PURPOSES FUNDING AND REFORM) AMENDMENT BILL 2025

Notice of motion to introduce

Notice of motion given by **Hon Amanda Dorn**.

AMBULANCE RAMPING

Motion

Hon Michelle Hofmann (1:08 pm): I move:

That this house:

(a) expresses grave concern at the record levels of ambulance ramping in our state, including the unprecedented 7,013 hours recorded in July 2025 which was subsequently exceeded with 7,074 hours recorded in August 2025;

(b) notes that:

(i) the Labor government came to office in March 2017 promising to improve the performance of the health system when monthly ambulance ramping had never exceeded 2,300 hours;

(ii) under successive Labor Ministers Cook, Sanderson and Hammat, monthly ambulance ramping hours have escalated exponentially to record highs; and

(iii) persistent ramping delays have been linked to adverse patient outcomes, increased stress on paramedics and an overall decline in emergency response capability;

(c) is not confident that the government is treating this issue with the level of priority it requires;

(d) rebukes the Premier for his dismissive attitude towards concerns raised throughout the community, which was particularly on display in his refusal to even read a short letter of concern from the Leader of the Opposition, Basil Zempilas MLA; and

(e) calls on the Premier to, without delay:

(i) apologise to the people of Western Australia for ambulance ramping having worsened so dramatically during his tenure as either Minister for Health, Deputy Premier or Premier;

(ii) review the model he imposed following the 2025 state election that now sees the health portfolio split between a multitude of ministers;

(iii) axe the racetrack proposed for Burswood Park and reinvest the $217.5 million into our health system to address the hospital crisis; and

(iv) personally take responsibility to ensure that his new health minister makes this her top priority, prepares a plan, executes it and reports on it monthly to Parliament until it is under control.

The President: The question is that the motion be agreed.

Hon Nick Goiran: Aye!

The President: Thank you very much for your interest, Leader of the Opposition. I assume you do not want your member to speak.

Hon Michelle Hofmann: Our health system is in crisis. The evidence is overwhelming that this government has failed to appropriately address the issues in our health system. This is a matter of grave concern. Western Australians are paying the price. How can we tell that a health system is in crisis? The constant war stories and the issues raised in the media should be very obvious red flags, but there are more symptoms than that. We have long delays in emergency departments. Doctors, nurses, paramedics and other health workers are getting burnt out. We have crumbling health infrastructure, daily code yellow emergencies in hospitals due to overcrowding, cancelled elective surgeries and ambulance ramping.

Ambulance ramping, sometimes called offload delay or transfer-of-care delay, happens when patients remain stuck in ambulances outside emergency departments because a hospital cannot accept them. It means our ambulances, which cost between $150,000 to $300,000 each and are designed to respond quickly to emergencies, are left languishing in idle queues outside hospital entrances while patients are waiting for a bed. This is of grave concern. Medical bodies, including the World Health Organization, have recognised that these sorts of delays pose a direct risk to the health of a population, and state:

> … timeliness is an essential component of quality, and that millions of deaths and long-term disabilities from injuries, infections, mental disorders and other mental health conditions … could be prevented each year if emergency care … reach them in time;

In July 2025 Western Australia recorded 7,013 hours of ambulance ramping in a single month. Last month in August that record was broken again with 7,074 hours of ambulance ramping. Let us just pause and take a step back in time to put that into perspective. When Labor came into office in 2017, monthly ramping hours had never exceeded 2,300. In just eight years that figure has more than tripled. Hon Roger Cook, who was Labor's shadow health spokesman in 2016, said at the time:

> The problem of ambulance ramping and patient delays at our hospitals is out of control.

In fact, ramping numbers were a big part of the current Premier's argument that the then Minister for Health, Hon Kim Hames, should be sacked, and now ramping records have been broken in the worst possible ways. We are not just talking about numbers for the sake of it; we are talking about the reality, as emphasised by the World Health Organization, that integrated emergency care delivery can save lives and maximise impact across the health system.

The staggering numbers of ramping hours are proof that our health system is sick. It lacks capacity, is under-resourced and is not functioning as it should. Unfortunately, this problem is not restricted merely to our metropolitan area. In June this year regional hospitals spent over 240 hours waiting to transfer patients between hospitals into care. That was 139 hours in July and 247 hours in August. Bunbury Regional Hospital saw the worst of these recent figures when in June it had more than 200 of those total 240 hours of ramping.

The Australian Medical Association and the National Rural Health Alliance have called on the government to address a chronic shortage of medical staff, a problem that they consider is growing. Although the statistics are damning, they are more than statistics. They represent thousands of Western Australians waiting in fear and pain for urgent care. Ambulance ramping has real and devastating consequences. When ambulances are stuck at hospitals, they cannot respond to new emergencies. That means slower response times for strokes, heart attacks, serious accidents and all medical emergencies. Research reported in the *Medical Journal of Australia* in a study of over 200,000 people transported by ambulance to emergency departments shows that if offload delays exceed 17 minutes, the risk of death within 30 days rises significantly. Persistent ramping delays are linked to adverse patient impacts and outcomes. Think about it. When someone is stuck in traffic, they are stuck in traffic for five minutes. It is frustrating if they are waiting at an intersection and just one car is going through at a time. If they are stuck in traffic for 10 minutes, inching slowly forwards, that is painful. But if they are stuck in traffic for 17 minutes, think about the stress waiting to get patients into our hospital's emergency departments is causing our paramedics, for those driving our ambulances who are trying to do their job. It affects our sick Western Australians and we are seeing increased stress on our paramedics, who are forced to wait in ambulances rather than return to duty. Many are completely disheartened by the state of our health system.

In March this year, when ramping hours were at around 5,000 per month, a frustrated paramedic voiced their concerns stating:

> "Ramping is rampant. We spend between two and four hours a day shift on ramp. At night, crews are ramped for a lot longer," they said.

Between two to four hours per shift! The paramedic continued:

> … a system that is supposed to care for the sick has failed and now (we) can only stand by and watch suffering."

Overall, our emergency response capability is declining. Patients suffer, families wait helplessly and communities are left vulnerable. WA Treasurer, Hon Rita Saffioti, recently said that WA is the envy of the nation after the state recorded a $3.1 billion budget surplus. But our ramping numbers are certainly not the envy of the nation and in light of what we are debating today, I must ask: What is the cost of this surplus? The government may boast about a surplus, a racetrack, a rugby team and a mega "metrodebt" network, but everyday Western Australians whose taxes have contributed to that surplus would be very reasonable to conclude that the government has the wrong priorities. When considering whether we want more investment in transport in addition to the more than $13 billion spent by the Cook Labor government on Metronet, how about a bit more investment in our health system? We require confidence in our health system so that if our loved ones require urgent emergency care, we can be confident that our system can provide it. The reality is undeniable. There is not enough meaningful work being done to address the hospital crisis or the ramping crisis, because the government has the wrong priorities.

Pet projects like racetracks, rugby teams and the mega Metronet system are at the top of the government's program while our hospitals crumble. The government is not treating this issue with the level of priority it deserves. The people of this state are paying the price while the government pats itself on the back. An exhausted and frustrated paramedic captured the situation perfectly and tragically when they said that it is okay to endanger lives or allow misery to fester but it is not okay to lose votes over it. In 2017 Labor promised to improve the performance of the health system, yet under three successive Ministers for Health—Hon Roger Cook MLA, Hon Amber-Jade

Sanderson MLA and the current Minister for Health, Meredith Hammat MLA—ambulance ramping records have escalated.

The government blames our ageing population, the bad flu season and the aftermath of COVID for the record ambulance ramping, but as health professionals keep telling us, the truth is that the causes are structural—not enough beds, insufficient surge capacity and under-resourced emergency departments. Dr Peter Allely from the Australasian College for Emergency Medicine told ABC Radio Perth that the problems are structural and much deeper than a bad flu season. He said that we have built a system that has no surge capacity and cannot cope with the natural fluctuations in disease patterns that are always there.

What makes this worse is the Premier's dismissive attitude. Today we are rebuking the Premier for his arrogance. When the Leader of the Opposition, Basil Zempilas MLA, wrote him a short letter of concern, the Premier refused to read it. That is not leadership, that is arrogance, and it is a sign that the Premier is not listening to the community. When lives are on the line, Western Australians expect compassion, accountability and action, not contempt. The Premier continues to call our health system world-class, yet it is clear that our hospitals are in crisis.

On 8 September *The West Australian* revealed that despite the health crisis, the government had initiated a financial sustainability taskforce. Senior staff have commented that they have been warned of more punitive action if they do not come up with savings. A senior health executive, who asked to remain anonymous, told *The West Australian* that it was the wrong time for the department to be looking for cost savings. They said:

> There is nothing wrong with looking for efficiency, in fact we should always be looking to utilise taxpayer expenditure in the most appropriate way that we can …
>
> Should we be having that conversation when, anecdotally speaking, people are dying while waiting to get into emergency departments? And queues of ambulances are parked at the door? I'm not sure we should.

This is exactly what we mean when we say that the Cook Labor government has the wrong priorities, yet only days later in the Legislative Assembly the Minister for Health continued to deny and deflect, insisting that this taskforce is not a cost-cutting exercise and that there are no targets for cost-cutting measures. Yesterday I asked what the savings targets of Labor's new health financial sustainability taskforce are and which jobs would be cut. The minister's response again was that the taskforce has not established any cost-saving or FTE-reduction targets and that it is focused on systemwide reform, not reduction. Frankly, these non-answers would almost be funny if the issue was not so serious. *The West Australian* revealed leaked briefings showing blanket bans on new full-time staff, cuts to so-called non-patient-facing roles and threats of punitive action. So, which is it? A taskforce with no mandate to cut costs or a cost-cutting blitz disguised as reform? When a government says one thing in Parliament but does another behind closed doors, it undermines public confidence in the system.

It is reported that hospitals are still recording multiple code yellow emergencies every day due to overcrowding. Our emergency departments are overcrowded, maternity wards are under strain and regional hospitals in particular are struggling to cope. There are gaping holes everywhere in capacity, staffing and resourcing. Today we are calling for reasonable and necessary action to address the concerns of Western Australians. How can we move forward? We call on the Premier to apologise to the people of Western Australia for ambulance ramping worsening so dramatically during his tenure as either the Minister for Health; Deputy Premier or Premier. We call for the Premier to review the ministerial model that he imposed following the 2025 state election, which now sees the health portfolio split between a multitude of ministers, creating confusion and delay, with the ministers avoiding answering questions and passing them to each other, particularly during estimates. This is a political reshuffle of responsibility from minister to minister to reduce accountability.

We call for the government to axe the racetrack. Locals do not want it. It is a prime example of wrong priorities. The government could immediately reinvest the $217.5 million for Burswood racetrack into our health system to address the hospital crisis—$217.5 million could fund more than 68,000 hospital bed days and around 2,500 extra nurses to relieve the pressure in our health system. We call for the Premier to take personal responsibility and ensure that his health minister makes ambulance ramping her top priority. She must address ambulance ramping because it is a symptom of the issues in our system. She should prepare a plan, execute it and report back monthly until this crisis is under control. We should not need to ask for this to be; it should already be done, but it is not. It should not be too much to ask that the minister report back to Parliament in this way.

More than 7,000 hours of ramping per month cannot be the new normal. Lives are at risk. The Premier cannot continue to shift blame; he must take responsibility, and he must act. This motion sets out a clear pathway forward. Every hour that an ambulance is ramped is an hour that someone is waiting for help and that must end, yet the number of ambulance ramping hours has risen year on year. The problem is structural. This government has had more than eight years to fix the problem, but it has become worse and spiralled out of control. Cutting elective surgeries to free up space is not a solution; it simply shifts the problem elsewhere. Patients waiting in pain for surgery deserve better.

I would particularly like to focus on some of the issues that show that this problem has not been addressed at the proper level. These comments come from Dr Peter Allely, who has spoken openly on this issue. He is a WA

emergency department doctor who has described the situation as the worst he has seen in his 18-year ED career. He said that in attempt to deal with the problem:

> … we are getting phone calls on a daily basis to get people off the ramp who aren't fit to be got off the ramp and are being put in the waiting rooms, unsupervised … because there's not the resources to look after them …

He said about patients not being looked after in emergency waiting rooms:

> And then bad outcomes are happening, like the patient who suffers from dementia who comes in on an ambulance and gets put in a waiting room, even though they're not safe to be put there, and then has a fall and injures themselves.
>
> Those things are happening almost daily, I would say, in most emergency departments around the state and those incidents will increase.
>
> The risk in our waiting rooms, in particular in the emergency departments, is just rising and rising and rising.

The structural issues need to be addressed. There are calls for greater investment in better ways, upgrades, new hospitals and significant investment and reform. The medical profession is calling for urgent impact to address these issues and try to improve the system. It has highlighted issues with diverting pressure from one part of the system to another and said that this is not reform; it is triage management of a broken system.

This is why the motion before us today is so important. It calls for accountability, it calls for the Premier to take responsibility and it calls for real action, because Western Australians should not be forced to accept 7,000 hours of ambulance ramping as the new normal. Every time this government shrugs its shoulders and says that this system is world class, it adds insult to injury. I urge members to support this motion, because the people of Western Australia cannot afford for us to do anything less.

Hon Pierre Yang (Parliamentary Secretary) (1:30 pm): I rise to respond to this motion on behalf of the government. This motion is not about fixing the ambulance service; it is about scoring cheap political points, rewriting history and distracting from the opposition's own pathetic record when it was in government. Our ambulance service is under serious pressure. There is no denying that, but the opposition pretending that it is the saviour of our health system would be laughable if it were not so insulting to the people of Western Australia. When members opposite were in government, they ran our hospitals into the ground. They cut beds, underfunded services and, worst of all, attempted to privatise services in our health system. Let us not forget about the fiasco that those who sit opposite and the government that they were a part of created at Fiona Stanley Hospital. The Liberal–National government left us with a system that was under severe pressure, and we came in and had to fix the mess that they left us. Now they have the audacity to lecture members and pontificate in this house. It is just ludicrous.

In contrast, the Cook Labor government is continuing to deliver for the people of Western Australia. We are, indeed, delivering a world-class health system. Let the facts speak for themselves. We are strengthening our health system by investing in hospitals, increasing our health workforce and building the new women's and babies' hospital. It is part of our unprecedented $14.3 billion investment since 2021. We have added more than 900 beds to our health system. That is the equivalent of a new Fiona Stanley Hospital, and we have another tertiary hospital's worth of beds in the pipeline. We have increased our health workforce by 33%, with 5,000 more nurses and 1,900 more doctors. We have recruited thousands of workforce personnel to the health system, which the other side can only be jealous of because they could not deliver any of those when in government for eight and a half years. We are spearheading our nation-leading evidence-based reform to tackle the ambulance service and the issues it is experiencing. We are modernising our health system with initiatives like the WA virtual emergency department and the State Health Operations Centre. We are driving initiatives to support patients to be discharged from hospitals, such as the Hospital in the Home and Transition Care programs.

Since 2017 this Labor government has done what those sitting opposite could never deliver when they were in government. The opposition's attempt to undermine Premier Roger Cook and his proud record as a health minister is just unbelievable.

Hon Neil Thomson: I agree with you; it is unbelievably bad.

Hon Pierre Yang: I think the attempt by those opposite is disingenuous and disgraceful. In fact, I dare say that Premier Roger Cook was one of the best health ministers this state has ever seen and certainly was better than any of the health ministers the other side has produced in the state's history. He managed the pandemic response, ensured that hospitals remained safe and supported our frontline staff during the pandemic years. Opposition members continue to come into this place and criticise the government for the ambulance record. They have refused to acknowledge the challenges that the state has faced. It is just staggering.

I have some firsthand understanding of the ambulance service. As the former Chair of the Standing Committee on Public Administration, committee members and I were part of an inquiry into ambulance services and produced

report 37, *Delivery of Ambulance Services in Western Australia: Critical Condition*. It was one of the most comprehensive reviews of the ambulance service in our state in recent years. The report made 48 recommendations; 46 were accepted by the government and two were supported in principle.

Now I want to take a different tack and look at the issues that the state is experiencing. Firstly, we have had the worst flu season on record. In the months of June, July and August we had over 15,000 notifications of flu cases, with the number of hospitalisations of people with the flu higher this year than the average between 2017 and 2024. The flu season also started early, and those who sit opposite refuse to accept or even acknowledge that. It has peaked later and continues to be a significant point of pressure for the health system at the moment, with a higher than usual number of notifications during the later winter and early spring period. This demonstrates a significant strain on our health system.

Since 2021 there has been a huge increase in the Western Australian population. Our population has increased by 300,000; 300,000 new Western Australians have come to this state. The pressure on the health system, infrastructure and the education system from the increased population is undeniable, and we are doing all we can to alleviate and reduce that pressure.

We also have an ageing population. I cannot imagine anyone from the opposition would deny that. Patients are waiting in hospital longer than they need to—they are ready to be discharged—because they do not have access to a home-care package or aged-care place. At the peak of winter more than 300 hospital beds were occupied by elderly patients. Despite the growing demand, WA continues to receive less than its fair share of Commonwealth aged-care support, compounded by the previous coalition government's 10-year neglect of the primary healthcare and aged-care systems. Opposition members who come into this place and say that we are experiencing a health crisis are ignoring the facts. This is completely disingenuous. The patients we are talking about are ready to be discharged into the community. We know that they could receive more appropriate care in a community setting. We know that many older Western Australians do not want to stay in hospital longer than they have to. We know that once they are ready to be discharged, a prolonged stay in a hospital setting can cause detrimental outcomes for the patients and also the hospital system.

I am going to move into—

Several members interjected.

The President: Order! Interjections are considered unruly. The member on his feet deserves the same level of silence as was provided earlier.

Hon Pierre Yang: Thank you, President. We know that we are experiencing pressure on our healthcare system. This is due to the 10-year neglect by the federal Liberal–National coalition government of the healthcare system. Because of that we are seeing more patients who could be more appropriately cared for in the community going into emergency departments. Patients coming to EDs because they have not been able to see a doctor are often coming with more complexity. This means that they often come with multiple conditions when they need to be cared for by other frontline staff at EDs. Once again, we are encouraged by the current Commonwealth Labor government's support for our urgent care clinics across Western Australia. The commitment by the federal government to increase the bulk billing rate is a strong boost to the primary care system in Western Australia. Earlier I talked about the government's support in the healthcare sector, with 900 more beds delivered and hundreds more in the pipeline. This is important to note because we are doing what we can, unlike those on the other side, who, when they were in government, ran our hospital system into the ground.

We are also modernising our health system. The WA virtual emergency department program provides care to hundreds of patients, who are helped as they do not have to go to an ED and are triaged and can seek help elsewhere. Since September 2023 the WA virtual emergency department has completed over 5,700 virtual consultations, with around 72% of patients being managed outside of a public emergency department and 68% being managed in the comfort of their own homes. That equates to over 4,000 aborted public ED attendances. We are delivering more on telehealth, particularly in regional WA, because we want to make sure that all Western Australians receive the best health care they deserve. We are also delivering on our election commitment of a $140 million aged-care package, supporting the sector with more aged-care beds. WA has the Transition Care Program supporting patients to be discharged earlier. We have allocated $4.9 million to deliver an additional 30 Time to Think beds, bringing the total to 65 beds. By Time to Think, I refer to short-term care in an aged-care home for older people leaving hospital. The program supports older Western Australians to leave the hospital sooner and receive the care they need while also having some extra time and dedicated support to identify options and make decisions about aged care.

We acknowledge the important work the Commonwealth government has done in this space, but there is more to do. That is why our Minister for Health, Hon Meredith Hammat, and Minister for Aged Care and Seniors, Hon Simone McGurk, held very productive meetings with federal Minister for Health, Hon Mark Butler, and Minister for Aged Care and Seniors, Hon Sam Rae, in recent times in Canberra. We understand that Minister Sam Rae will be visiting Western Australia and speaking to other Western Australians, stakeholders and people in the

aged-care sector in the very near future. We want to make sure that Western Australians have the support from the Commonwealth government and the state government. The Commonwealth Labor government and the state Labor government are working hand in hand, providing the support that Western Australians need.

I want to quickly address an issue on elective surgeries. We have worked hard to deliver a record number of elective surgeries for WA patients. For example, six out of the 10 weeks that recorded the highest number of elective surgery admissions occurred over the last 12 months, including the highest number of elective surgeries performed in a single week in history. In July, we performed 7,824 elective surgeries on top of emergency surgeries. This is in a period of significant demand on our health system. I hasten to add the record of those who sit opposite. I note in 2009, the Liberal government cancelled all elective surgeries until further notice because at the time, the hospital was experiencing high demand.

Hon Neil Thomson: Yes, that was straight after a Labor government.

Hon Pierre Yang: Sorry, I do not have too much time. I will not be taking any interjections.

Hon Neil Thomson interjected.

The President: Order!

Hon Pierre Yang: Thank you, President, for your protection. Similarly, in 2016, elective surgeries at Midland Hospital were cancelled due to pressure at that hospital. That is the record of those who sit opposite. I ask members sitting opposite to please stop lecturing us and look at their own record and come up with something constructive.

Hon Nick Goiran: Axe the racetrack! That is constructive. Please do.

Hon Pierre Yang: I will address that in the next few minutes.

Several members interjected.

The President: Order!

Hon Pierre Yang: Thank you, President. We acknowledge that health is a complex portfolio. That is why we have formed a team of ministers who each have a laser-like focus on aspects of the healthcare system, ensuring Western Australians have the access they need.

Point of order

Hon Tjorn Sibma: I draw member's attention to standing order 36 "Reading of Speeches". I think the member has offended against this quite grievously today.

Several members interjected.

The President: Order! I acknowledge your point of order, honourable member. However, I am very aware that the honourable member is referring to extensive notes and has simply not been reading the whole of his speech at all. There is no point of order. I encourage the member to continue to refer to his notes.

Proceeding resumed

Hon Pierre Yang: Thank you, President. I want to stress that the team of health ministers are working collaboratively to ensure that we have the best health—

A member interjected.

The President: Order!

Point of order

Hon Simon Ehrenfeld: I thought I heard a threat across the chamber, but I am not sure.

The President: I think that you may have misheard what may have been a behind-the-chair conversation, honourable member, but I note that there is more than enough extra activity in the chamber than there needs to be.

Proceeding resumed

Hon Pierre Yang: Thank you, President. This cabinet subcommittee of health ministers is led by Hon Meredith Hammat as the Minister for Health and is supported by Minister for Health Infrastructure, Hon John Carey, who will be driving our $3.2 billion health infrastructure project. Minister for Prevention of Family and Domestic Violence, Hon Sabine Winton, is focused on keeping Western Australians healthy through early detection and the vaccine program. Minister for Aged Care and Seniors, Hon Simone McGurk, will drive reform so that older Western Australians can be safely transitioned from hospital to aged-care settings. The Minister for Medical Research, Hon Stephen Dawson, the Leader of the House, will ensure Western Australia is the leader in research and medical innovation. As the Minister for Health, Ms Meredith Hammat will strengthen our health system and increase our health workforce. This approach demonstrates how important health is to this government. It brings together a range of expertise and skills in the health space to improve our health system.

I want to quickly turn now to the issue raised by Hon Michelle Hofmann on the racetrack.

Hon Dan Caddy: In the speech she read out.

Hon Pierre Yang: I will not go down that path. This is our election—

Several members interjected.

The President: Order! Hon Pierre Yang.

Hon Pierre Yang: Thank you, President. This is our election commitment and this government has a proud history of delivering our election commitments, unlike those who sit opposite, who made promises and could not deliver.

Hon Nick Goiran interjected.

Hon Pierre Yang: They never delivered on—

Hon Nick Goiran interjected.

The President: Order! Hon Pierre Yang.

Hon Pierre Yang: President, this project will help to diversify our economy and create more jobs. We are proud of our election commitments and our record on delivering them.

This government is doing the hard yards to fix our healthcare system when the other side left the health system in disarray. Those who sit opposite not just underinvested in health; they actively pursued policies that undermined the capability of our healthcare system and that was just pathetic. For them to come in after years of inaction and policy failures, they stand in this chamber and lecture us—give me a break.

President, I think this motion is pure political theatre. It should be rejected by this house. The opposition can throw stones from the other side. The government is actually cleaning up their mess. For these reasons, I advise that the government opposes this motion and urges the house to reject it as well.

Hon Anthony Spagnolo (1:52 pm): I rise to contribute to this excellent motion moved by Hon Michelle Hofmann. I want to start where the parliamentary secretary left off. I think most, well many, in this chamber will agree that those remarks were simply tone deaf. To start a speech by suggesting the opposition is playing politics and not interested in fixing ambulance ramping in a motion that specifically references ambulance ramping and then spend the first seven minutes of the speech attacking the previous government is playing politics. If you are going to make these bold statements, perhaps back it up with the content of your speech, honourable member.

We also heard Hon Pierre Yang talk about the proud record of his government. There are definitely records in his government, that is for sure; 7,000 hours of ramping is a record. If he wants to call that proud, I will let him explain that one. We also heard the statement that apparently Roger Cook, the Premier, was one of the best health ministers the state has ever seen. The question I would ask to follow up that is: Then why did he leave the portfolio? If he was so good, if he was so outstanding, why did the former Premier move him out of it?

We did hear a concession. It was said a bit softer than other bits of the speech, but we heard the member concede and we have heard this conceded a few times in the last fortnight; the Cook government is finally admitting that it does not believe it is getting its fair share of funding from Canberra. Hon Pierre Yang referred specifically to funding for aged-care beds. Again, the person who started his speech accusing us of playing politics admitted that the Cook Labor government is not getting its fair share of funding for aged-care beds and then blamed Colin Barnett for it. Let me remind government members that they have been in government for eight and a half years. Labor has been the government nationally for three and a half years. To reach back in time eight years and blame Colin Barnett for their inability to get their fair share of funding out of Canberra reflects only on them. Talk about playing politics. Some of those statements we just heard were really comical. Sometimes when I look at this government—including the contribution we just heard—I feel like I am watching an episode of *Utopia*. Members know how it goes—a Premier insisting that everything is fine and apparently when he was the health minister, he was the best health minister we have ever had. Ministers, including this parliamentary secretary, are downplaying crisis after crisis. The spin doctors are getting more done than the health professionals under this government because the health professionals do not have the support that they should have. The trouble is that, unlike *Utopia*, this is not satire. This is real life and patients and staff are paying the price. That is why I am standing to support this motion.

I want to address the state of our hospitals under the Cook Labor government, especially Sir Charles Gairdner Hospital. Under the government's watch, hospitals are straining and plagued by preventable failures in safety and infrastructure. I contrast that with the last Liberal government, which the honourable member loves talking about. We built Fiona Stanley Hospital. We built Perth Children's Hospital and we delivered the single largest investment in regional health in Western Australia's history. I should credit the National Party as well—the Liberal and National Parties.

Hon Dan Caddy interjected.

Hon Anthony Spagnolo: That legacy has been squandered by those opposite and they can interject all they want, they can play politics all they want, but the facts are there, the stats are there. As we said, on that proud record, there is a record; it is 7,000 hours. At Charlies, the minister only admitted the buildings were outdated after relentless pressure from the Liberal–National opposition. Our campaign forced them to act. The government has now backflipped, launching an audit and a $50 million maintenance fund, a concession that we were right and they were in the wrong. That only came after whistleblowers and frontline workers exposed the truth—*Legionella* in hospital taps, black mould, sewage spills and radioactive leaks. They were all denied until the evidence became impossible to ignore. Our nurses, doctors and orderlies deserve safe workplaces, not daily hazards, yet every week brings another leak and I am not talking about the leaks of information. I am talking about leaks in the pipes. We hear about another outbreak and, as my colleague Hon Michelle Hofmann said, another code yellow.

Then there is ambulance ramping, which is now a grim routine. It has become unbelievably embarrassing for this government. We have reached the point at which the Premier is now relying on Google for advice on how to tackle the crisis—Google, not local knowledge, not the stats of his own department. He is just jumping on Google. That is how pathetic things have become. We can compare that to when we were in government. The ramping when we were in government never reached in excess of 2,300 hours. I heard the honourable member mention Midland; that is my local hospital. At Midland hospital, back in 2015, ramping was 81 hours. In July this year, it reached 992 hours. Not only is that not just on par with the overall number, it exceeds it. It is one of the worst outcomes. These outcomes are not inevitable. That is a failure of government policy and it is a failure of its priorities. Every hour ramped is a patient in pain. It is a paramedic stuck in a queue and a family left waiting. These are not statistics. These are people. We have seen some new revelations overnight and today in the news that make it even clearer just how bad things are getting. Every time Labor says, "Everything's all good. Let's look at this distraction over here" and tries to change the topic, we pick up the paper the next morning and guess what? There are more headlines, more leaks, more problems under this government. It does not matter how many fancypants speeches those opposite give. The facts are there. The headlines are there. Frontline workers are all saying the same thing. At Royal Perth Hospital, *Legionella* bacteria was found more than 230 times since 2022, including in the intensive care unit. At Charlies, the 10-bed ICU expansion is now at extreme risk of delay, with staff saying it is unlikely to be ready by 2026.

It comes on top of lead in the water supply at Perth Children's Hospital, black mould at Sir Charles Gairdner Hospital and the Australian Medical Association's declaration of a full-blown health emergency. Do not just take my word for it, members; listen to what the Australian Medical Association is saying as well.

What is most galling is the Premier's dismissive attitude. He shrugged off concerns when the Leader of the Opposition wrote to him earlier this year. He refused to even read the letter. Think about that. He is happy to read Google, but when the opposition leader writes to the Premier, he is too busy. He says, "I don't think that's credible. I'm just going type a couple of words on my computer and hit the enter button, and I will treat that as a credible way to approach the crisis." It shows arrogance. It shows he has a tin ear. It shows the Premier is simply not willing to face up to his failures when he was Minister for Health and now as Premier. The current health minister has not been much better. Toxic water test results have been concealed and were only released when the government was forced to release them. That is not transparency; it is just another cover-up, and secrecy in Health costs lives.

The difference is stark. Liberals and Nationals invested in new hospitals. Liberals and Nationals expanded regional health services. Liberals and Nationals treated health as a priority, not as an afterthought. The Labor government, instead, prefers slogans and vanity projects like the Burswood racetrack, as we heard referred to earlier. While hospitals are falling apart, we have a Premier who is pressing ahead with a $217.5 million—apparently, because we know it is going to cost more—racetrack. That money could fund beds. It could fund and support more nurses. It could fund more maintenance equipment. Instead, it is tied up in yet another vanity project from this government. Acting President, it is time to axe the track and fix the hospitals in Western Australia.

When the government struggles for weeks to even answer a question on how much has been spent on maintenance at Charlies, we know there is a problem. How can Western Australians trust it? If the Premier cannot guarantee clean water, safe wards and timely care, what exactly is his plan for health? The truth is that he has none. The buck keeps being passed between a merry-go-round of health ministers and no-one takes responsibility. No-one is listening to the frontline workers, and patients are the ones who are suffering.

Let me remind this chamber of the facts we have uncovered. We have seen *Legionella*, as mentioned earlier, detected in hospital water outlets, forcing remediation treatment for exposed patients; black mould; air-conditioning leaks; sewerage spills; and a radioactive leak at Sir Charles Gairdner Hospital. They were all denied until they were exposed. Across the metropolitan system, IT outages have diverted ambulances, structural failures have injured staff and critical systems have broken down. These are signs of ageing infrastructure and chronic neglect by this Premier and his Labor government. Our nurses, orderlies and doctors deserve safe workplaces, not daily hazards. The failures are systemic and, sadly, they are preventable. Each one could have been avoided with proper investment and proper planning if the government was not so distracted by racetracks and other pet projects, which we are told are to chase the bogan vote.

The media often ask us what would we do differently. For a start, over the past month, we have forced this government to finally put health back on the agenda. The opposition leader has said time and again that the Liberals, as the alternative government, will make health the number one priority. The next step is for the Premier to listen to nurses, doctors and hospital staff. Without listening, it is just more spin.

Let me also remind this chamber that last month I submitted a straightforward question without notice of which some notice was obviously given about maintenance spending at Sir Charles Gairdner between 2002 and 2025, and was twice requested to wait as there was a delay in answering the question. Being asked to do that once is understandable. Being asked to do it twice is pushing it. I complied and, as the old proverb says, it was third time lucky. Yesterday, in question time, I finally got an answer. It showed that the budget for maintenance at Charlies was $63.5 million for 2022–23, and $48.3 million for the following year of 2023–24. That is a cut of almost one-third from one year to another. It is no wonder these problems persist, and no wonder the Minister for Health Infrastructure wanted to delay providing the answer. There was no good reason for the answer to that question to be delayed. It is straightforward data and it should be readily available to that minister. It should have been provided when I first requested it. If the government cannot even find basic pieces of data like that for one of our largest hospitals, questions should be asked about how can it be trusted to manage the health system.

Over the past week, we witnessed the Premier prematurely declare that lead toxicity issues at Perth Children's Hospital were in the past. He said, "This is well and truly in the rear view mirror", yet it was revealed in questions and highlighted in the media that further tests found new samples exceeding the legal threshold, and one was nearly four times the safe limit. Parents, staff and patients deserve honesty. They deserve transparency. Instead, they were misled.

This is not just a story of mismanagement at the state level. I want to turn briefly to Canberra, because WA has also been short-changed by the Cook Labor government's inability to negotiate a fair deal with the Albanese Labor government. We heard a partial concession of this in Hon Pierre Yang's contribution. I want to quote something that was said in the last fortnight by a spokesman for the Premier. It was in response to federal member for Perth Patrick Gorman's attack on the Burswood racetrack. The Premier's spokesman is reported as saying:

> While we are always interested in the views of our federal representatives, we think it would be most appropriate for Mr Gorman to spend his time in Canberra helping us to secure WA's fair share of infrastructure spending and aged care beds.

What the honourable member said is one level of concession. That quote does not mention just aged-care beds; it mentions infrastructure spending, too. It specifically says, "WA's fair share of infrastructure spending and aged care beds". It confirms something that I was unsure about and have been chasing through the budget estimates process. I asked a number of pre-estimates questions about whether Western Australia was getting its fair share of infrastructure spending from Canberra. I asked four questions. I got one of those classic responses. It was not a response to all four; it was one global answer, parts nine to 12, to four questions. The questions I asked were, holistically, about Western Australia's share of infrastructure spending. The answer I got back was provided by the Deputy Premier; Treasurer. Talk about politics. This was a very political answer. It did not give me a holistic number on the share of infrastructure spending. It named three Labor projects, again with the breakdown specifically of those three projects, and then picked one project from the Barnett government and gave me the breakdown for that specific project. Of course, if you cherrypick four projects out of hundreds, you can come up with any kind of answer. The problem is that it did not answer the question I had asked.

The Deputy Premier is not shy about letting people know when she thinks she has done something well. When I asked about infrastructure spending, I provided her with an opportunity to brag about the government's negotiations with Canberra, but she did not it take it up, and that tells me something about what is really going on. We heard it in the quote from the Premier's spokesman and in the contribution from the honourable member opposite—Western Australia is getting a raw deal. I thought I would go and actually look for myself, given the Treasurer was not going to give me an answer, and I had a look in the federal budget, members will be happy to know. On page 5 of budget paper 3—this is the federal budget I am referring to—there is a table called "Payments to states". Let me tell members how much Western Australia got in total in 2024–25. It was $20.4 billion. That is payments to states. Payments for specific purposes is one component. GST funds—yes, we love that one. GST is in there and other general revenue assistance.

Four years later, it would be expected, given that our population and tax base is growing, that the number would increase. Here is the thing: while the GST increases—thanks to the GST deal that Scott Morrison secured—from $7.4 billion of that payment all the way up to $10.4 billion, what happens to the special purpose payments? Mind you, this is what helps to fund not just the aged-care beds, but also the hospital system. It is how we deal with ramping. That payment declines disgracefully. As I said, the total funding of all these payments together is $20.4 billion in this budget year. By the end of the forward estimates, guess what? It is still $20.4 billion. Every time the GST increases, as it will, the payments for specific purposes is cut. That demonstrates that under Labor the GST deal has become a fraud. Labor has just found a way to take it back through another means. To put this into perspective, over that same period, while our payments from Canberra flatline for four years, the overall pool

goes up by 16%. That is directly related to funding for hospitals and this government's inability to deal with the ramping crisis. I even have a graph. How is this? It shows the special purpose payments, ladies and gentlemen. Every other state is in the blue and increasing, but WA, over four years, is down 21.2%. That is—

Hon Kate Doust: Member, that would normally be regarded as a stunt. That is a stunt and should be labelled a stunt under the standing orders.

Hon Anthony Spagnolo: Does the honourable member want to know what I think is a stunt? It is GST payments increasing and the Albanese government cutting our special purpose payments by the same amount. That is a stunt. That shows Labor's comments on GST are a fraud. The GST deal has become a fraud and it is directly leading to the blowouts in ramping. The graph is clear. The honourable member can call it a stunt all she wants, but this is about standing up for our state. All of us in this chamber should be on team Western Australia. All of us should be fighting against this. We heard the honourable member concede the lack of funding for aged-care beds. The Premier's spokesman conceded that we are not getting our fair share of infrastructure funding.

Hon Kate Doust interjected.

Hon Anthony Spagnolo: There it is, ladies and gentlemen! It is very, very clear. It is a 21% cut in that funding.

The Acting President: Order, members!

Hon Anthony Spagnolo: Thank you, Acting President, for your protection. It was very sorely needed! I feel very threatened by the utterances opposite.

Hon Kate Doust: I have seen you threaten people before.

Hon Anthony Spagnolo: They are very touchy today.

Point of order

Hon Jackie Jarvis: Throughout the whole speech, the member had his back turned to the Chair. I remind the member that he needs to be addressing all his comments through the Chair.

The Acting President: Thank you for the assistance. I remind all members that they should be directing their comments through the Chair.

Proceeding resumed

Hon Anthony Spagnolo: Thank you for your guidance, Acting President. In the brief time I have left, I will say that it is time to axe the track and fix the hospitals.

Tabling of paper

The Acting President: The member referred to a document. Do you seek to table it?

Hon Anthony Spagnolo: Absolutely.

Leave granted.

(See paper 528.)

Proceeding resumed

Hon Jackie Jarvis (Minister for Agriculture and Food) (2:12 pm): We have obviously had a lot of theatrics in the last 20 minutes, but hopefully I will bring the debate back to discussing this government's great record. I say from the outset, we do not support the motion. The last speaker accused the speakers on this side—

Hon Neil Thomson: Which record are you talking about?

Hon Jackie Jarvis: Sorry, member, I have the floor.

Hon Neil Thomson interjected.

The Acting President: I did just remind members to direct their comments through the Chair.

Hon Jackie Jarvis: I will acknowledge that there has been significant pressure on the emergency departments, as this government has done. As reported in the media, we have had a record flu season. We have seen the highest number of flu cases through June, July and August—15,000 cases, I am told. There is a huge number of presentations at hospitals. There are large numbers of elderly people presenting to hospital who arrive by ambulance and need emergency care. I acknowledge the fantastic response by the parliamentary secretary, who went through a range of measures and things that this government has done to support our health system.

As a regional member, I want to speak in more detail about a few specific services that are available. As I said, the parliamentary secretary gave a fantastic account of the broader context and the support being offered by this government. One of the programs I want to speak about is the $60.5 million to expand the WA Virtual Emergency Department (WAVED). For regional context, many people in the regions would be familiar with Healthdirect, a

telehealth system. I certainly remember using Healthdirect when my children were young and trying to decide whether I should take them to Margaret River Hospital when I was concerned about them. Healthdirect was a fantastic service. What will happen now through Healthdirect is that once people ring, they can be redirected for a video call—a virtual health appointment through the WAVED system. I met someone only last week who used this system and told me how amazing it was. They were actually in metropolitan Perth, but it is an added bonus for people who are in regional areas to use the WAVED system to have a video call. When they are using video calls for children in particular, they are talking to experienced emergency department doctors and nurses who deal with emergencies every day. As I said, from a regional context, the WAVED program is one of the many things we have implemented to divert people from emergency departments. If members have ever sat in an emergency department with a sick or injured child, as I am sure many of us have, they will know that sometimes we get there and go, "I'm not sure I should be here or not." As I said, $60.5 million was spent to expand WAVED and extend the service to children. Since September 2023, the WA Virtual Emergency Department has completed 5,700 virtual consultations. Around 72% of patients are managed outside of public EDs and 68% are managed in their own home. This equates to over 4,000 people avoiding public ED attendances, which I think is really good news. Of course, the service cannot be used for every circumstance. When your daughter falls over at hockey and breaks an arm or gets a hockey ball to the head and needs an MRI, she has to physically visit someone for further testing. WAVED is fantastic. As I said, 4,000 people have avoided public ED attendances since 2023 and the further $60 million to expand that will only increase that number.

Another program that will see fewer presentations to ED and more support for general practitioners is improved specialist access through the $8.2 million GP ASK pilot. Again, this is available across state, but from a regional point of view, for country GPs, I think this is fantastic. The program keeps people in their homes or in their regional communities for longer. This $8.2 million GP ASK pilot is a new initiative. It gives GPs direct access to specialist advice from the five high-demand disciplines. Country GPs are amazing, but they sometimes need that extra support with particular specialties. The five high-demand disciplines, as I discovered when I was looking this up, are immunology, paediatrics, respiratory medicine, spinal surgery and geriatrics. Through secure messaging or phone consultations, GPs can seek and access expert advice on complex cases so that they do not have to then refer patients onto waiting lists. They can hopefully deal with that issue in their own communities. It builds on the success of the Virtual Immunology Clinic—yes, I am referring to some notes!

A member interjected.

Hon Jackie Jarvis: Member, I am at least facing the Chair. I do not have my back turned and I am not putting on a performance for the crowd.

Several members interjected.

Hon Jackie Jarvis: I have lost my train of thought now, honourable member, which I am sure was—

Several members interjected.

Hon Jackie Jarvis: I am allowed to take notes. I am not reading verbatim from notes.

A member interjected.

Hon Jackie Jarvis: I want to talk about health in regional WA.

Several members interjected.

The Acting President: Order, members!

Hon Jackie Jarvis: Thank you, Acting President. I know it is Acting President or President, not Madam President, as someone said earlier. We do not use gender-specific terms in this Parliament.

I want to talk about some other regional health narratives. I was particularly pleased to see the delivery of the WA Country Nursing and Midwifery Program Incentive. I am talking about what we are doing to increase our workforce in country WA and what we are doing to make sure that we have fewer presentations and fewer people transferred to Perth for medical care. We want to see really good medical staff in regional WA. The WA Country Nursing and Midwifery Program Incentive is fantastic.

What I love about this scheme is that it is offered to both full-time and part-time nurses and midwives in permanent and fixed-term positions. It offers financial incentives of between $5,000 and $17,000 for those people who want to work in country WA. This is a fantastic program that is getting more nurses and midwives into country hospitals. Many of our communities have the fantastic community midwifery program that allows more women to give birth in their home community.

At times people need to go to an emergency department or get into an ambulance. From a regional context, I want to talk about some of the redevelopment work that we are doing to make sure that we have more beds in country hospitals for when we have terrible flu seasons with a large number of elderly people presenting to hospital. We want to get that investment into our country hospitals.

I want to quickly talk about the Bunbury Regional Hospital redevelopment. We have invested $471.5 million into that redevelopment. As we know, the Bunbury hospital supports the broader South West. We have some fantastic hospitals in the South West. My community of Margaret River has the amazing Busselton Health Campus just up the road, with Bunbury hospital as the major tertiary hospital that supports the South West.

Just out of interest, I used Google, honourable member, to look up some population data. I looked up the REMPLAN data reports on the South West population. In the 10-year period from 2014 to 2024, it has grown by almost 30,000 people. That is a significant increase for an area such as the South West. That $471 million going into the Bunbury hospital redevelopment will provide for an expanded emergency department. We know that will assist with ambulance ramping. It will increase the capacity of the operating theatre, and, more importantly, there will be more medical and intensive care beds. The South West Health Campus is WA's largest country hospital, and to see the progression of that redevelopment worth $471.5 million is fantastic. For those who are not familiar with the Bunbury hospital, it is adjacent to the Edith Cowan University campus that runs a fantastic enrolled nursing program and programs for other healthcare professionals. The Bunbury hospital redevelopment will include healthcare training and education facilities and a research centre. I wanted to make a point of talking about that great initiative in Bunbury.

We also have the $188 million redevelopment of the Geraldton Health Campus. Like the Bunbury hospital, the Geraldton Health Campus serves the broader Mid West community, which is our second biggest regional population centre. That redevelopment will see an expanded emergency department. Again, that will assist with ambulance ramping. It will also include a new intensive care unit, a new high dependency unit and a new integrated mental health service, including an inpatient unit and mental health short-stay facilities. It is another fantastic expansion of services in regional WA that will help to address the pressures in our hospitals, which we acknowledge and which has been acknowledged by the hardworking Minister for Health.

We are strengthening our healthcare system. I noticed some interjections earlier about the new women's and babies' hospital, and I have spoken about that before.

Hon Neil Thomson: Will you acknowledge that some professionals seem to be concerned about it? You acknowledged the concerns raised by professionals.

Hon Jackie Jarvis: Acting President, I do not normally respond to interjections, but yes, I acknowledge that some professionals are not happy that facility is being moved to Murdoch. I think the last time I mentioned the women's and babies' hospital and spoke about my own experience of getting the Royal Flying Doctor Service to Jandakot, the honourable member who is interjecting mocked me. I remember that quite clearly.

Hon Nick Goiran: I doubt that.

Hon Jackie Jarvis: He did. The new women's and babies' hospital in Murdoch will be a fantastic facility. At the time, I said that a woman in regional WA who is experiencing a high-risk pregnancy will need to go to the state's premier women's and babies' hospital. Large numbers of regional women are flown to Perth by the flying doctor, as I was 26 years ago. My experience was that I spent more time in traffic being transferred from Jandakot Airport to King Eddy's than I did flying from Margaret River to Perth. The women's and babies' hospital will be a fantastic facility in a fantastic spot. The location will service more people. If anyone has ever driven around that health precinct where Sir Charles Gairdner Hospital and the Perth Children's Hospital are located, they will know that it is an incredibly hard and very difficult place to access, with lots of traffic. I applaud the government for choosing that new location. It will be a fantastic new facility.

I will refer to some other things in my notes. We have provided more than 900 beds in the last three years. That is equivalent to a new Fiona Stanley Hospital. We have increased the health workforce by more than 33%. The population has increased by over 300,000 people in recent years. We know that we have an increasing population, so we have matched that by increasing the health workforce by 33%—5,000 more nurses and 1,900 more doctors.

Other projects that keep people out of country hospitals include the funding and training of pharmacists to do more. I have met with the Pharmacy Guild of Australia, which comes to me as the Minister for Small Business, on numerous occasions. We are working with the guild to enable pharmacists to assist more, particularly with the treatment of urinary tract infections. In a regional context, when there is no after-hours GP, the pharmacy is a fantastic resource. Some country towns might have only a pharmacist and no GP, so thinking outside the box and working with pharmacists to allow them to do things like treat UTIs will see fewer people turn up to emergency departments. People do turn up to emergency departments when they have issues that cannot be dealt with after hours, and this is when a pharmacist could assist. That is a fantastic initiative.

We know that the health system is under pressure so I want to talk about the role of primary care. Again, I have spoken a bit about access to GPs, and the parliamentary secretary touched on this. The primary care system has been under pressure. We need more people to be seen by their doctor and not turn up to an emergency department instead. We need people to see a doctor sooner so that they are not in crisis when they arrive at the hospital. We know that multiple conditions can be treated by a GP before people end up in the ED. We are really encouraged

by the Commonwealth Government's recent investment in urgent care clinics across WA. We are also really pleased to see the federal government tripling the bulk-billing incentive, which will hopefully see fewer people turning up to EDs with really complex problems because will have more access to those services in their community. We have partnered with the Commonwealth to deliver urgent care clinics. The previous speaker talked a lot about them and showed lovely graphs about money coming in and out from the Commonwealth. I want to talk about the fact that we are partnering to deliver those urgent care clinics. My family and I have used them. They are a great service.

Another commitment is to deliver older adults health hubs. We will provide specialist health hubs to help seniors avoid hospital visits. We are delivering Hospital in the Home. I talked about some of the projects with GPs and about virtual health care. We are providing $5.2 million to fund startup costs for 219 additional Hospital in the Home beds, bringing the total to almost 300 beds. This will allow patients to be treated in the comfort of their own home when it is clinically appropriate to do so. We have talked about aged care and the pressure on patients. Again, we see this in regional hospitals where patients are taking up small country hospital beds because they cannot access appropriate aged care. I have been through this myself, in Busselton, with my late father.. His dementia progressed very quickly and we were certainly under a lot of pressure to find an aged-care facility. Thankfully, one eventually came up, but we were under pressure and we had a number of trips to the ED in Busselton hospital that we probably would not have had to have if we had full access to the funding package he was eligible for but could not get, and if we had got him into an aged-care facility sooner.

With regard to aged care reforms, there is a $140 million aged care package to support the delivery of more beds and $100 million to establish a low-interest loan facility to support more aged care beds. We have delivered $4.9 million for 30 Time to Think program beds, bringing the total to 65. This, again, is a specialist service for Western Australians waiting for aged care. It is really important. We know there is more to do with the Commonwealth government. We had a delegation visit Canberra and we are having positive discussions. I think all the states agree.

In closing, I want to talk about mental health. We know that mental health issues result in presentations at emergency departments, and we have some of the biggest reforms ever seen in the public mental health system. We are changing the way we deliver mental health care. We know that hospitals are the last step for many desperate families. We have opened Step Up Step Down facilities in Kalgoorlie, Geraldton and Bunbury. I understand that there are new mental health facilities in the Peel region that have been taken out of Peel Health Campus and put into new facilities; I think that announcement was made only a few weeks ago. That will relieve pressure on that emergency department because mental health patients can go to a dedicated facility. We are delivering more public mental health beds through the Cockburn clinic. We have expanded the Lived Experience workforce, developing new pathways. There are new models of mental health care and child and adolescent mental health services in the regions, and mental health emergency telehealth services. Again, when desperate families need to access help, it is there in the first instance, on the end of the phone or on the end of a video call.. We are delivering enhanced acute care response teams. That is a mobile service delivering support to young people and children in crisis. And I believe specialist community eating disorder services and mental health plans are part of the Peel campus expansion.

In closing, I just want to give a shout-out to the WA Country Health Service. WACHS covers the largest health jurisdiction in the world, from what I have read. It covers 2.5 million square kilometres, from Kununurra to Esperance, and over 800 sites in the state, delivering health care to Western Australians no matter where they live. It is a world-class system. WACHS has led the nation in the way it delivers health care to regional people, whether it is emergency care, mental health care or end-of-life care. It is really important to have those systems in place. I also want to give a shout-out about the WA Virtual Emergency Department online resource that people can use and the HECS-HELP scheme that is supporting more nurses and midwives from country WA. We know that kids who come from country WA, whether they go through the Rural Clinical School or enrol in midwifery, are more likely to work back in country WA. I just want say that we know careers in country health are incredibly rewarding. Thank you.

Hon Sophie McNeill (2:33 pm): With my short contribution today I just want to focus a little bit on what is at stake here. I think the community is a bit sick of the political pointscoring we are seeing from both major parties on the serious issue. of our public health system—which the Greens love and respect. At the heart of this issue is the fact that members of our community are enduring distress and pain as they often struggle to access the care they need in a timely manner.

I want to share an experience I had a year ago at Fiona Stanley Hospital. It is still relevant because, unfortunately, the pressures on our public health system have only increased since that time. I became very unwell over a series of weeks last August. In the end, I could not walk or drive, and my GP determined that I urgently needed an MRI. So, after a seven-hour wait in the ED, I was admitted to Fiona Stanley Hospital. It took a few more hours, after that seven-hour wait, to see a neurologist, who agreed that I could not go home until I had had an MRI scan of my brain, so I was placed in the short-stay unit at Fiona Stanley. The short-stay unit is not designed for long-term stays; patients are meant to be there for only 24 hours. It is basically just a large room with 12 beds and nothing

but a paper-thin curtain. The lights are on 24/7, it is very noisy and you certainly do not get any sleep. I spent five days and five nights there waiting for an MRI. It was because there were no beds at that time; the hospital was full and under such stress.

I was trapped in this short-stay purgatory and I was really unwell. They would not let me go home, but they could not put me in a bed, so that experience was really traumatic. What stuck with me was the absolute stress that the nurses, doctors and health support staff were under during that time. That is what stays in my mind a year later. I was treated with such incredible, exemplary care by all the medical staff, particularly the nurses, but what was so obvious over those five days and nights was how under the pump and under-resourced staff were, and how completely overwhelmed they were by the demand they faced. The nurses, doctors and hospital staff did not get a single moment's rest, constantly being pulled in one direction to another.

I had nothing to do for five days while I was waiting for the MRI, so I dutifully watched the whole thing. Once a journalist, always a journalist, I took a lot of notes. Everyone knew I was a journalist, so they came to my cubicle to tell me their stories. I remember one nurse, whose job it was to come and tell me whether the MRI was ready for me. I was meant to leave after 24 hours, to either go home or go up to a ward. Every morning, lunchtime and dinnertime, she had to come and tell me, "I'm sorry; we can't take you to the MRI yet." This went on for five days. It was actually on the third day that the nurse came and sat by cubicle and started crying. She was overwhelmed and felt so terrible that she could not do anything to help me. She was so stressed about it that she just started crying. She told me, "Half our nursing staff have anxiety and depression. Our workload is so intense, we are so slammed. I've seen so many of my colleagues leave the profession because they just can't take it anymore." I just felt that incredible distress. She was feeling sorry for me, but I felt so sorry for her because of the immense pressure she was under.

The registrar who was looking after me was also distraught at the failure to get me either an MRI or a bed. On my fourth day of waiting in a place where people are not meant to be for more than 24 hours, he actually went online and booked me a private MRI because he could not get me one at Fiona Stanley and I had already been there for so long. I had to be picked up and taken to have the MRI. It was worth waiting those five days, because they actually found a lesion on my brain, which is another story. That involved three months off work, a lot of stress and a lot of neurological care. But it showed that I was meant to be there, that I needed an MRI and that I should not have spent five days waiting for it.

I wanted to share this story because the workload of those medical staff that I witnessed over those five days at Fiona Stanley was just so unsustainable. The figures show that pressure and stress on staff has become so much worse since then. Clearly, there are massive stresses on our public hospital system due to population increases and our ageing population, but the current conditions are unacceptable in a state as wealthy as ours. We must urgently improve our public hospitals, address our nurse-to-patient ratios and improve working conditions for all hospital staff. This issue is a priority and that is why the Greens are supporting this motion, albeit with some amendments that my honourable colleague Tim Clifford will be proposing. Thank you very much.

Hon Tim Clifford (2:37 pm): I rise very briefly; I understand that a lot of people want to speak today. I would like to speak a lot about the impact of our ageing population on our healthcare system and so forth but, as my colleague just announced, I will be moving an amendment to the motion, to amend some of the wording. As Hon Sophie McNeill said, there is an issue around the politicisation of the health system and so forth, so we thought we would take a bit of heat out of the debate and put forward an amendment.

I am just a bit rusty with this, so I would like to seek some guidance on moving this motion.

The Acting President (Hon Dr Brian Walker): Honourable member, it is advised that you move the motion at the end of your speech to give yourself time to complete your contribution.

Amendment to motion

Hon Tim Clifford: In that case, I would like to move it right now. I move:

> To delete paragraph (d) through to the end of subparagraph (e)(i) and insert:
>
> (d) is aware that the Premier has declined to read the short letter of concern from the Leader of the Opposition, Basil Zempilas MLA; and
>
> (e) calls on the Premier to, without delay:
>
> (i) acknowledge that ambulance ramping has worsened significantly during the last two terms of government;

The Acting President: Members, I will give time for the amendment to be circulated throughout the chamber. Hon Tim Clifford has moved the amendment and the question is that the words to be deleted be deleted.

Hon Nick Goiran (Leader of the Opposition) (2:40 pm): I rise on behalf of the opposition to speak on the amendment proposed by Hon Tim Clifford and indicate at the outset that the opposition will not be opposing the

amendment. I do, however, in the short time I have, want to make some defence for the words that are to be deleted, respecting very much the contribution that has just been made by the honourable member. In essence, this amendment seeks to remove the rebuke that the house would give to the Premier of Western Australia. As I say, we are not going to oppose that change to the language, but I say to members that the contributions we heard from the Parliamentary Secretary to the Minister for Health and the minister this afternoon only reinforced the need for the rebuke.

I particularly draw to members' attention, in the few minutes I have, paragraph (c) of the motion. If they read nothing else in the five-paragraph motion, they should read paragraph (c), which states that this house is not confident that the government is treating this issue with the level of priority it requires. I thank the mover of the amendment for an indication that he and his team will support that particular paragraph of the motion, because we have seen this afternoon that neither Hon Pierre Yang nor honourable Minister Jarvis is treating this issue with the level of priority it requires. When did we hear anything this afternoon that resembled anything like a government taking responsibility for this issue?

The original mover of the motion has drawn to our attention that ambulance ramping in this state is so bad that it has crashed through the 7,000-hour mark—not once, but twice. As if July was not bad enough, suddenly August took over—7,074 hours. That should be enough for people to pause and say that we have a problem. Did we hear that from members opposite this afternoon? It was nothing of the sort. Some ridiculous defence has been put up, but no responsibility has been taken. Can I suggest to members opposite that the appropriate response this time would be to simply say sorry to the people of Western Australia. Simply say, "Sorry; we will do our best and we will improve on what we are doing."

I note that if the amendment is successful, the motion will continue to have what I might say is the most important point. If the majority of the house—we have already heard from members opposite, who do not think there is a need for this at all and have indicated that they will oppose it—supports the motion as proposed to be amended, it will retain this very important call to action. It will ask the Premier of Western Australia to personally take responsibility to ensure that his new health minister makes this her top priority, prepares a plan, executes it and reports on it monthly to Parliament until it is under control. I thank those members who have indicated that they will support that, particularly the Greens party members who have spoken. That is the most important thing in my respectful opinion and submission this afternoon. If we are all in agreement that health is a priority, we need somebody to do something about it, and who better than the Premier of Western Australia? He needs to take personal responsibility. After all, let us not forget that this gentleman has been a health minister. He was a total failure as a health minister, and that is why he abandoned ship. During that time, he was the Deputy Premier but decided to have something else. Of course, now he is the Premier of Western Australia. His replacement, Hon Amber-Jade Sanderson, was also a total failure and has abandoned ship. Now they have brought in a most junior minister and tried to separate all the portfolios. It is an absolute mess. It is no wonder that Hon Michelle Hofmann moved the motion this afternoon, which the opposition will of course be supporting with full voice.

I indicate that we will not oppose the amendment. We think a rebuke is necessary. We are not going to quibble about whether it is in exactly that form of words or another form. We also think that the Premier should apologise. His performance has been shocking in this respect, not for one year but for eight years, and now into the ninth year. Nevertheless, as I have indicated, we will not oppose the amendment.

Hon Pierre Yang (Parliamentary Secretary) (2:45 pm): I want to make a short response on the amendment moved by my good friend Hon Tim Clifford, for whom I have an enormous amount of respect. I worked with Hon Tim Clifford between 2017 and 2021, and I always found him to be a most intelligent and caring member of this place. Unfortunately, I indicate that we will be unable to support this amendment.

Several members interjected.

The Acting President: Order, members!

Hon Pierre Yang: It is an amendment that will not change the premise of this very political motion, which is absolutely a stunt. The premise of the motion cannot be changed by an amendment.

Let me address a few things mooted by Hon Nick Goiran during his contribution on the amendment. The Liberal–National "no-alition" in this place is continually attacking the government and our record on the health system. We are a responsible government because we have invested billions in our hospitals and the healthcare system. We are recruiting, and have recruited, thousands of doctors, nurses and paramedics. We have introduced innovative programs, such as the WA Virtual Emergency Department program and aged-care clinics. We are reforming our healthcare system based on expert advice and evidence and are not using slogans and political stunts, as we have heard from those on the other side today.

Let us remember that the challenges that the WA health system and ambulance service are facing are not unique. All hospitals, healthcare systems and ambulance services across the nation are experiencing the same kinds of pressures. The opposition seeking to make it appear as though WA is alone in this situation is just ludicrous. In

reality, members opposite are trying to score political points on an issue that they could not manage when they were in power.

Hon Nick Goiran interjected.

Hon Pierre Yang: I also want to make a couple of points on the issue of *Legionella* as raised by Hon Anthony Spagnolo.

Point of order

Hon Nick Goiran: The member is required to speak on the amendment. He has just indicated that he would like to talk about a contribution made by my colleague who has not spoken on the amendment. It is plainly out of order.

The Acting President (Hon Dr Brian Walker): That is a valid point of order. I counsel the honourable member to return to the amendment.

Proceeding resumed

Hon Pierre Yang: Thank you, Acting President. I appreciate your guidance.

Several members interjected.

The Acting President: Hon Pierre Yang.

Hon Pierre Yang: I think it is quite important that we address the issues in front of us, rather than try to throw some cheap points across the chamber, like some of those opposite have just done. I think that kind of behaviour is quite unparliamentary. Let us focus on the issue in front of us. Health care is an important matter for all Western Australians. We should treat this as a matter of significance for the people of Western Australia, rather than as a political stunt, as demonstrated by the behaviour of some members sitting opposite . That kind of behaviour is unacceptable.

Unfortunately, the amendment does not change the premise of this political motion, which clearly seeks to score political points and is full of blame, misrepresentation and distraction. As I said earlier, the opposition can throw stones from the sideline, but the government is trying to do its very best to ensure that Western Australians receive the best health care that they deserve. The opposition is just a "no-alition", saying no for no's sake.

Therefore, the government is unable to support the amendment.

Hon Rod Caddies (2:51 pm): I am not going to support these—

The Acting President (Hon Dr Brian Walker): Member, this contribution is, of course, speaking to the amendment.

Hon Rod Caddies: Yes.

The Acting President: Very good.

Hon Rod Caddies: I am not going to support the amendment. I see no reason for the amendment apart from doing Labor a favour. There was nothing wrong with the wording that was there.

Hon Kate Doust: It was not our motion. It's not doing us a favour at all.

Hon Rod Caddies: It is because there was nothing incorrect about that wording. I am not sure of the motivation to make this wording softer or take words away because the Premier refused to read the letter. I am sure I have seen on the news that he refused and said, "No, I'm not reading that." I cannot see the problem with the wording that he refused to read that letter. Do members deny that he was the Minister for Health and the Deputy Premier during the time of significant decline? Why should he not apologise? If I am reading it right, the amendment takes away the need to apologise. He should apologise. He has created some of this issue in the health area in our state. I do not know. Did the Greens get a call from Labor saying to soften this down? Is there some sort of help? I mean, they got extra staffing.

Hon Sophie McNeill interjected.

Hon Rod Caddies: What is at stake is that there is a softening of the motion to make it sound like the Premier has not done something that he should be accountable for. He has basically said, "No, I'm not going to read the letter from the opposition leader bringing concerns about members of the public." There was no reason to change the original motion; it was correct. I am happy to rebuke the Premier. That wording was fine. He has a dismissive attitude. He had it about that, just as he did when he was talking about the March for Australia and basically called everyone racist. He was pretty dismissive of people in this state just for turning up at a rally. I think the wording of him being dismissive and that he should apologise is quite sufficient. One Nation will not be supporting this amendment.

Hon Dr Brad Pettitt (2:53 pm): Can I respond to that and be 100% clear? Labor did not approach me. It is just that they were not happy about it. Greens (WA) moved this amendment because we want to see this progressed. I

think the issues that this motion raises are important. Ambulance ramping is a serious issue. As Hon Sophie McNeill has made out that our hospitals are in crisis. But I think some of the language in this motion does not help us progress and actually deal with the issues. I wanted to get this motion to a point at which many of us in this chamber could agree with it. It has some really important ideas around ambulance ramping, and, importantly, that we are spending a huge amount of money, $217.5 million, on a Burswood racetrack that I think is a distraction. We should be putting that money towards much more important things like hospitals.

Hon Rod Caddies: Have the Greens seen that it is a short letter? Have the Greens seen the letter?

Hon Dr Brad Pettitt: It still says that. Just bear with me. To be clear, I have not seen the letter, to answer the member's question. I understand from the opposition that it was a short letter. I think it is disappointing. I would encourage in this case that we need to work across political lines to highlight these issues. Our role in the upper house is to do these things and to do them maturely. I do not feel comfortable with some of the inflammatory language in the motion as it was previously. I know that my Greens colleagues would really struggle to support a motion that had such inflammatory language in it. I implore the crossbench to say: "Whilst I appreciate the amended motion does not do everything members want, our job here is to come to the point at which we send the right messages to the government around getting these things over the line."

The amendment here keeps the heart of the motion—our key concerns around ambulance ramping and the wrong priorities in some projects—but sends that back to the government in a way that I think is less inflammatory and something that certainly my colleagues and I feel more comfortable with. That is why we have moved the amendment. I want to be really clear. Labor members are not even going to support it. Whilst I shared it with them after I sent it to the clerk's office, it was not shared with them before. That was done off our own bat. Just to be clear about how these things work, I think we absolutely could support the amended motion not further amended. We certainly struggle to support the motion unamended because it contains language that is not the way that we want to work in this chamber.

Amendment (deletion of words) put and passed.

Motion, as amended

Hon Phil Twiss (2:57 pm): I will keep my remarks pretty brief because I know that other members want to speak on this. I want to speak on this today. We have heard a lot of talk about politics and that we are playing political stunts. This is really a matter that is beyond politics. I want to acknowledge and thank Hon Sophie McNeill for her contribution to this because part of my speech involved my thoughts on the experience I had in the emergency system several years ago. When I talk about it, I say that I struggle to understand what it must be like now because when I went through that emergency system, there were only 1,000 hours of ramping roughly and now there is about 7,000 hours of ramping. People are going through a system now orders of magnitude worse than the system I went through.

We hear ramping called something along the lines of a crisis. As I was trying to prepare for my speech, I was thinking that crisis just does not seem to be a good enough word and I struggled to find the appropriate word. In that effort, I thought let us go and have a look at the media. It is pretty good at coming up with words about difficult situations, crises and issues. Lo and behold, I found some great words on it that I found in an article from 4 August 2025, which referred to Premier Roger Cook's comments. The comments go back to 2016. I will just read them verbatim:

> Mr Cook was shadow health minister in 2016 when he said that the Barnett government's ramping record was "in tatters"

In 2016, when we had about 700 hours of ramping—that is taking the top end of it—the health system and ramping were "in tatters". It is 10 times that now, so "tatters" is probably not a strong enough word. When he was saying that the government's ramping record is in tatters, he said:

> … that WA Labor's medi-hotels and urgent care clinics would "alleviate the congestion in our emergency departments".

We are now a few years down the track and we are at 7,000 hours ramping. The article continues:

> Asked twice whether he owed voters an apology for breaking that promise, Mr Cook instead argued that Labor's plan to boost capacity and divert less serious patients is a work in progress.

That sure is a bit of an understatement. It continues:

> "We have a plan—

Point of order

Hon Nick Goiran: Acting President, I apologise, because this is an outstanding contribution by the member, but I believe that the question before the house is that the words to be inserted be inserted. I would not want my good

friend Hon Tim Clifford to not have his words inserted. Could we get clarification about the question before the house?

The Acting President (Hon Dr Brian Walker): I thank the member for that correction, and indeed you are quite correct. The motion has been passed that the words to be deleted be deleted.

Proceeding resumed

The Acting President: I now put the question that the words to be inserted be inserted.

Amendment (insertion of words) put and passed.

Motion, as amended

Hon Phil Twiss: Thank you, Acting President. I do not think it changes my contribution at all, so I shall continue.

I go back to Premier Roger Cook's recent comments in this article, not when he was a shadow Minister for Health in 2016. He said:

> "We have a plan and that's the critique that I made of the government in 2015 when ambulance ramping was out of control, they didn't have a plan," he said.

It is incredible that in 2015 and 2016 during the Barnett government, which allegedly did not have a plan, we were getting around 700 hours of ambulance ramping. But with lots and lots of plans, we have 7,000 hours of ambulance ramping. Maybe the government should just chuck out the plan and work on that!

As I just noted, Premier Roger Cook has refused numerous times or does not want to read a letter from the Leader of the Opposition, but he has also refused to apologise for this. This motion is calling for that. As I mentioned in my maiden speech, I came from the business of project management, executing large projects in the resources industry, in particular, as well as in the tech industry. In those industries, a plan needed to be executable, time bound and have clear outcomes of the expectations at the end of it. In the short time that I have been in this place and had a look at various things, going through estimates and looking at questions and some of the business that we do, I have noticed that there is a lot of strategy. I said in my reply to the budget estimates that in some cases we have all strategy and no plan, and now we are talking about plans, but these kind of look like strategies. We are all plan with no plan and we just seem to be, for want of a better set of words, throwing mud at a wall. As I have sat here and listened to some of this discussion, it has been interesting to me that a lot of these programs, IT programs and rollouts of various extensions of hospital services and other things, feel to me a little bit like busy work, because at the end of the day I look at the number and the number is 7,000 hours. That indicates that something is seriously wrong.

I will briefly talk about my experience. I have had a few ambulance trips. I tend to be a little bit active and I have had three fairly serious ambulance trips, twice with suspected spinal injuries and head injuries. From around 2000, with a couple of years between trips, I was treated by regional health services with volunteer ambulance paramedics in both Nannup and Busselton. In both cases there was almost no delay, apart from being able to get to the accident scenes. There were minimal delays, with incredible service and no real conditions. Later, in 2017, I wound up in hospital because I put my hand into a saw and half-severed a couple of my fingers. That was the first time I experienced ramping and there were only roughly 1,000 hours of ramping then. I was on the ramp for maybe 45 minutes and then left in a passageway at Royal Perth Hospital. Even with 1,000 hours ramping, staff were overwhelmed. I can fully understand what Hon Sophie McNeill was saying about the staff there being unbelievable. But with the pressure and the stress that they are under, having to deal with the issues that they are dealing with now, I cannot imagine what it is like in the system as it is.

I am conscious of time. I was going to read out three accounts, because if we go into the media reports, we can see countless examples of people who have been stuck because of ramping. For some of them it was five hours, and a 91-year-old man was told that it would take 30 hours to get a bed at Rockingham General Hospital. Others have been stuck in the system for so long, with diagnoses and things like that taking so long that they ended up passing away as a result of complications. I will not say much more about that, but members can go to the media. *The West Australian* alone has possibly dozens of these accounts.

I will briefly talk about some of the issues around this. Ramping itself, the 7,000 hours of ramping, looks like the problem, but ramping is the symptom. As we have seen, the symptom is a result of a number of things, not the least of which is bed availability, personnel and staff availability, and resources availability, which we have seen recently with things like code yellows, maintenance issues with the hospitals, waterborne issues such as Legionella, radiation leaks, and other things like that. In the time I spent in RPH I got a waterborne infection and ended up in isolation. I spent two weeks more in hospital than I needed to. On my exit, I got another waterborne infection at that hospital. That was back in 2017.

The Acting President: Order, member. I will interrupt that contribution, because the remaining five minutes are for Hon Michelle Hofmann for her right to reply.

Hon Michelle Hofmann (3:06 pm) in reply: I would like to start by thanking all members for being part of this important discussion and debate today. I would particularly like to thank members for their contributions. I thank Hon Anthony Spagnolo, Hon Nick Goiran and Hon Phil Twiss for their contributions today. I thank Hon Sophie McNeill for sharing her story, experience and insights with us. I thank Hon Tim Clifford, Hon Dr Brad Pettitt and Hon Rod Caddies for their contributions to this debate today.

Earlier, Minister Jarvis waxed lyrical about the importance of investment in health in our regional health system and our mental health system, which is undeniably something that we all agree with, but the words ring hollow when we know that there is not one older adult mental health bed in our regions. It just rings hollow. The government's response today is as disappointing as it is predictable. It actually adds insult to injury with the constant distractions and deflections from the issues at the heart of this motion. One example is giving a bad flu season as an excuse for the ramping figures. That is not getting the point. The point is that we are supposed to have a system that can handle fluctuations. We do not have surge capacity. We cannot cope with natural fluctuations in disease patterns that will always be there. It comes around every winter. We need that capacity. It is not a good enough reason or excuse. The move of the women's and children's hospital has been celebrated. As a mother of three who has gone through my own experiences, I have experienced a traumatic emergency caesarean and I understand what it is like for women in that situation. You want to have the confidence that you have the absolute best health care available. It breaks my heart to see that medical professionals are commenting on this move, saying that it will increase mortality and morbidity in our state.

I would like to turn to the letter. There has been a lot of talk about stunts, but the reality is that when such critical issues face our state and are ignored, we will do everything we can to draw attention to the problems until we have confidence that they are being addressed. The letter from Basil Zempilas MLA states:

> Dear Premier,
>
> Ambulance ramping in Western Australia is out of control.
>
> You will remember when you were in Opposition, you called 1000 hours of ambulance ramping a "crisis". The figure for July 2025 is 7000 hours—the worst on record.
>
> On behalf of all Western Australians, I urge you to make addressing the worsening hospital crisis your first order of business when you are back from leave.
>
> There can be no more important and fundamental responsibility of government than caring for sick, injured and dying patients.
>
> The Government needs to urgently redirect its full attention, focus, energy and resources into reducing the number of patients stranded in ambulances outside hospitals. This is more important than train lines, soccer matches, a film studio and a racetrack at Burswood.
>
> The worst ambulance ramping figures on record are a symptom of an under-resourced health system that simply does not have the capacity to cope. All the expert medical advice indicates that things are going to get worse.
>
> This is a crisis endangering lives. It is your responsibility to fix.
>
> Kind regards,
>
> Basil Zempilas …

The reality before us today is that it is not fair to Western Australians that we fail to address this matter. It is not fair to Western Australians if we ignore the symptoms of the health system before us that is in crisis. Western Australians deserve better than what we are seeing today. Medical professionals—doctors, nurses, paramedics and health workers—are crying out for help. Patients are calling out and exposing issues in the media because they see that not enough is being done to address the problems that our health system is facing today. That is why we have raised this issue today and why we have brought this motion to the attention of the house.

Question put and passed.

EVIDENCE BILL 2025

Report

Report of committee adopted.

LIQUOR CONTROL AMENDMENT BILL 2025

Second reading

Resumed from 16 September.

Hon Dr Brian Walker (3:14 pm): I am carrying on from where I left off yesterday. If members recall, we were talking about the Liquor Control Amendment Bill 2025 and I was beginning to segue into a part that did not really form a part of this bill because I said that it is reducing the red tape, and I began to speak about the Firearms Act.

This is really quite remarkable because here we are discussing the Liquor Control Amendment Bill 2025, and I vividly recall the assurances from the government about the regulations of the *Firearms Act 2024* and that there would be little change for doctors who certify licence applicants. The government said that all we had to do would be much like what we do for a driver's licence, and that it was no big change for doctors. The Australian Medical Association and the Royal Australian College of General Practitioners are against this, of course, as indeed are most doctors.

Just the other day at my clinical practice, I had my first experience of the protocol for documenting the mental fitness of someone to hold a weapon. I was surprised to find that three pages of information was required—mind you, it was mostly just ticking a box—but they also wanted to know, apart from my Australian Health Practitioner Regulation Agency number, my date of birth to verify that I was who I claimed to be. My AHPRA number was not enough; they wanted my date of birth. The document was seeking personal information that was utterly irrelevant to the purpose. This means that we were not actually told the truth when it came to the legislation. The sticking point I have here is: Can we actually be sure that what has been said is actually what we are debating at the moment—the Liquor Control Amendment Bill 2025? I acknowledge its purpose is to modernise the regulatory processes. It will reduce red tape, and I am very much in favour of reducing red tape. I detest red tape, as indeed do most of us here who fill out tax returns. Unnecessary bureaucracy benefits absolutely no-one, apart from, of course, the bureaucrats who are employed to tick boxes when checking that we have filled in forms. It is much like the date of birth that they want on that form for the firearms regulations. Why?

This debate is not only about regulation. It is a really about the controlling of alcohol. Near where I live, alcohol outlets are available on four corners of one crossing. Not a problem. I listened the other day to Hon Neil Thomson talk about the difficulties of obtaining alcohol in, say, Carnarvon. The point I would like to put here, speaking as a medical professional, is that every drop of alcohol consumed is neurotoxic—every drop. If we were to discover alcohol now and seek permission to have it legalised in our state, our nation, our world, it would be rejected as being toxic. How toxic is it? We will speak about the Kimberley and other related areas shortly, but since 2021, around 9,000 Australian deaths have been due to alcohol—namely, 9,000 in five years. Does anyone care? What if I told members that for every one death, there are about 3,960 problematic drinkers. They have not died yet, but they are doing themselves the damage. There are 48 hospitalisations per alcohol-related death. The costs to our society Australia-wide from free access to alcohol is about $75 billion annually. Put into context, it is like one AUKUS agreement every five years. I ask the question again: Does anyone care?

Reports show that 60% of infants in the Kimberley—I have personally experienced this working in the Kimberley—are born with fetal alcohol spectrum disorder (FASD). One might think, "Okay, fine. That is 60%. Big deal." But those are infants who become young people and then adults with very altered brain function. That altered function leads them to do things that they would not have chosen to do, such as violence, oppositional behaviour, minor crime and being poorly able to absorb information in school because their brains are no longer functioning as well as they might function otherwise. Some are affected more, others are affected less, but it is still a problem. In fact, most of the problems at Banksia Hill Detention Centre are due to juveniles coming in with either neurodevelopmental issues or the consequences of alcohol. Consider what is going to happen to a community when 60% of the future adults have FASD. What is going to happen to such a community? I will tell members, and it has happened already. People who have fetal alcohol spectrum disorder are unable to work as parents, but they are still able to function, reproduce and bring into the world children, who are then left without parental care and, indeed, very often have FASD themselves because of the profligate use of alcohol. We are standing, or sitting, in Perth debating how we going to regulate alcohol on Good Friday and Christmas Day. I think we have lost the point. We have to realise that alcohol is not actually a consumer good; it is a driver of disease, violence, incarceration, family breakdown, domestic violence, low performance and ineffective work. It costs us, in direct and indirect costs, $75 billion annually.

What does this bill do? There are increased penalties for sly grogging. That is good. It is reactive. The legislation will permanently establish the banned drinkers register. Fine. It has got digital ID, extended trading permits and increased bar capacity. That will be good for businesses selling alcohol—increasing availability means increasing risk. I vividly recall working in, I think it was, Fitzroy Crossing, and had to take medication from the hospital and deliver it to the local hostelry, because that was the only place where the patient would accept the medication. It was where they lived when the bar was open—at the bar, drinking heavily. The only way we could mitigate some of the damage was by physically taking the medication from the hospital and dropping it off at the bar. How is that helping wellness? In my clinic just the other day, I had someone come in with a massive alcohol problem. They found it impossible to stop accessing the toxin. How does one fix this problem? I ask this in all seriousness: How does one fix this problem? Because this bill, as well-meaning as it is, will not actually fix that problem. We are dealing with the peripheries of the regulation of a toxic substance that causes distress, the degeneration of our society, violence and increased costs that are borne by every single one of us.

Let us focus on the banned drinkers register for the moment. That is not rehabilitation; that is simply a way of shutting off people's access to alcohol. It is not a treatment. In fact, we are not seeing treatment available generally.

Here in Perth, where there are a lot of facilities available, if someone comes to me with a chronic alcohol problem, am I able to get them into rehabilitation now? The answer, colleagues, is no. If we go to Next Step Drug and Alcohol Services, and ask what is happening? It is the delay. They have to wait to see what happens next. Are they going to get any psychological help? No, they are not. Are they going to get admission to a withdrawal facility? No, they are not. They are told, "Try drinking less alcohol", and have some Antabuse. Maybe when they come off, they will be given a load of diazepam so they can avoid delirium tremens. Certainly, they will be given a decreasing dose of diazepam until they can come off alcohol, suffer delirium tremens and then restart and rebuild their lives. I cannot think of a single person I have seen in my clinical career who has been successful in coming off alcohol like that.

The banned drinkers register is not a strategy for pregnant women at risk of alcohol use. A frontline treatment in preventing FASD is actually not taking alcohol in the first place. There is no commitment here to a culturally safe solution for Aboriginal people, and that is true for all the areas I have worked, either in WA or further afield in other parts of this nation. What will be achieved in Western Australia with this legislation? What will we actually achieve? We will smooth the path for better sales of alcohol and make it more available, if you like—and my medical soul cries. What are we actually doing to our population? What are we actually doing to help a population that is suffering? I will give a simple example. Let us think just of domestic violence. There are many people in this chamber who have either personally or in close relation experienced domestic violence. I have to point out that in my experience most of such cases are alcohol induced or alcohol associated. Alcohol in some form has played a role in changing behaviour such that it is acceptable to take a fist or a brick to a partner, who one once loved dearly above life itself, and batter them into non-existence. Children who observe this are coming up through the ranks of schools in a situation of alcohol-associated violence. What is happening to them when they come into the schooling system?

I will listen to patients who come to me asking, "Doctor, I need some medical cannabis so I can sleep." Members are now thinking, "Oh yes, druggies taking cannabis." Have a listen to these patients, because when I listen, what I hear is why they are having trouble sleeping. Let us have a few open questions. Let us think about this. In almost every case, and I am telling members straight from the horse's mouth, what I am finding is that it is not insomnia but an underlying trauma, often in childhood, that is permeating throughout all of their life. It is why they have failed at private school, had difficulties at work, have interpersonal problems and they are feeling so bad physically and mentally. It is why they cannot sleep. The solution from doctors now is to give them a sleeping tablet and move on to the next patient, please. I sit there as a doctor in my room wondering what on earth I am doing here. Why am I simply fostering a situation of tolerance when the underlying problems are not being addressed?

Bear in mind, I have not said one word about banning alcohol, and I will tell members why. It is because when we ban things, it simply does not work. In all the cases when things have been prohibited, all it has done is drive the desire for the prohibited subject into the hands of criminals. That is always the case. The best example for alcohol is to look at what happened when it was banned in the USA. What happened then? That was the start of the Mafia. Al Capone started with alcohol running. And those structures persist today, 100 years later. They are not only still there; they are stronger than ever before. I did a lot of research to see whether a ban has ever worked. The answer is, colleagues, yes, it has. It has not worked to stop something by prohibiting it; it has only worked when something was replaced with something else. For example, leaded petrol was banned. It was replaced with unleaded petrol. Barbiturates were basically banned. They are useful for euthanasia, which is why they were banned. They were replaced with benzodiazepines. I have to tell members, I detest benzodiazepines, because they simply cover a problem and cause an addiction. They actually ruin lives as well, so you do not want to go there, but at least they are not going to kill someone quite as quickly as barbiturates. Substitution is the only way we are going to succeed. With this information in their hands, members should look at alcohol as a scourge, not just in Indigenous communities but throughout Australia. Just think of the $75 billion of direct and indirect damage caused by alcohol. It is $75 billion—pay attention to that sum.

If the damage is caused by alcohol, banning it is not going to work. Look at what has happened after to trying to ban tobacco: illicit tobacco is being brought in now and shops are being shot up and burnt because criminals now have a hand in it. We are building for ourselves a catastrophe in our society by banning things or by increasing the price by so much that the illegal alternatives are better options. We are asking for trouble when we do this. We are begging for more problems to come. Members need to open their eyes and their minds to this fact.

As nice as this bill might be for helping to develop business and reduce red tape—I approve of that—is it actually helping us, the people of this state and this nation? If we recognise that banning is not going to work, what will work? Will education work? Has it worked so far? To some degree, we need education; we cannot do things blindly. We have to educate our population into a new way of living, a new structure, a new value system in our society, in which alcohol no longer plays a role. Tobacco has gone from being almost universally consumed to now being consumed by only a very few. That would be fantastic, would it not?

Anyone who has seen me in the members' bar will know that a gin and tonic or a wine is not foreign to me, but I also give the advice that it is not the second drink but the third drink that is often the problem. It is the habit of

taking more than one needs, and it is certainly absolutely true that a life spent without alcohol is going to be a healthier life. If we cannot convince people to avoid alcohol altogether and not replace it with anything, what are we going to do? Are we going to increase opportunities for disadvantaged communities—for children to be cared for and taught, and brought into a new way of thinking? Are we going to do that in one generation? No, we are not. There are about three generations of work to be done before we get a real change in societal acceptance. I am thinking here of the Kimberley, the Pilbara and our coastal communities. I am thinking here of hardworking people who are being oppressed and find that a sixpack of beer after work is the only way they can get themselves comfortable again, and there may be a second sixpack of beer when things do not work out quite as well and the family is falling apart.

It would be a cheap shot on my part to say, "Why don't we simply allow something safer?" Members know what I am going to say: Would medical cannabis be a healthier option? I could certainly ruin my life with cannabis, absolutely, if I wanted to treat it badly; but look at the absolute consequences. Since 2021, there have been 9,000 deaths caused by alcohol. How many deaths have been caused in that time by cannabis? Zero. How many deaths have been caused by properly prescribed opiates? About 800, I am told. Do members know that in WA alone, on an annual basis, 1,000 people die due to the effects of properly prescribed and administered medicines? Not one of those was due to cannabis, yet we allow people to obtain alcohol, causing devastation to society. We think, "Well, cannabis? No, you can't have that." Are we out of our minds? We need to think differently. We have so many people suffering because we are sticking with an old paradigm. It is causing us harm; it is causing us physical, mental and financial harm. As well-meaning as this bill is, it is not going to reduce that harm; it is not.

I am not going to oppose this bill. I am going to support this bill because it has sensible regulations. I am not saying that we should not have alcohol or that we should not have a bill that cuts red tape; I am saying that we need to reconsider the very function, the very underlying premise of alcohol being a normal drug that we can allow to be expanded into all corners of our society. What are the consequences? The consequences be damned!

I put out a plea that while we are considering this bill in all its detail that we rethink what we actually need to do. That is because the banned drinkers register, about which much has been spoken since last time, is not sufficient as a temporary plaster. I listen to people saying, "Oh, but human rights. We shouldn't have this because we need to treat people equally, even if it drives them into early grave, even if it results in children being bashed, even if it results in mothers giving birth to more children with fetal alcohol syndrome disorder, and even if it means that when you go into an ED, you're threatened by patients who are out of their minds on alcohol and other drugs as well. Yes, let's carry on with that! We'll make do!"

We need to have different alcohol education in schools. We need to have alcohol education in workplaces, not just testing for alcohol, because after someone has had a skinful the night before and has had a reasonable rest, they are probably going to be okay when they get to work—except, of course, if they stayed up a bit too late, had a huge skinful and have residual alcohol affecting their driving or their safety at work. We need to invest an awful lot more in helping people to recover from their addictions. We need to invest in health programs and health and counselling service referrals. We need to invest in harm minimisation, not prohibition. We need to provide much better access to facilities like, for example, the Fresh Start program for naltrexone implants; that is very successful. I have personal experience in my own clinic of former Australian Defence Force personnel who have been discharged from the forces with heavy alcohol problems. I have seen with my own eyes, on many occasions, the use of medical cannabis for the treatment of chronic pain and PTSD. They have come to me and said, "Do you know what? I'm off all alcohol, altogether." The quality of their lives improved beyond recognition.

I stand here and I beg members to think differently, because what we are currently doing is not working. What we are currently doing is causing physical, mental, financial and social harm. We must review how we think, because what we have done so far is not working. I beg members, from my heart and from my soul, as a medical practitioner who sees this on a regular basis, to listen. We heard recently about health issues and ambulance ramping. Dr Miller is saying, "Listen to the people on the front line." I am on the front line. I have been speaking about this for four and a half years now, and it seems as though no-one has heard me.

All of us—our parents, our siblings, our children, our friends and our social contacts—are impacted, in one way or another, by our inaction in leaving it just like this, with this bill. As I said, I will support the bill, but if this is all we are going to do, we are not working for the benefit of the people. I ask, I beg and I plead that we simply think differently.

Hon Rod Caddies (3:38 pm): One Nation is going to support the Liquor Control Amendment Bill's changes to the Liquor Control Act. However, there are some concerns surrounding the changes—specifically, the changes to public holiday restrictions and the banned drinkers register. I find it sad that some of our traditional holidays are changing. It has always been part of our life here that Easter and Christmas were considered special. I note that some people do not view those dates as special anymore, but they should be. We need to maintain some traditions and norms to have a cohesive societal culture. I accept that our modern society is different from what it once was. There is a lot more depression and loneliness these days, so I can accept that some people would prefer to go to the pub than to sit at home alone on what they still consider to be a special day. As a society, it is a good thing to

have special days that we all share, and I think Easter and Christmas can deliver exactly that to people of all backgrounds. Most cultures have a celebration of life and family. It is something that unites us, and celebrating it on the same day unites us even more as it reminds us that, at the end of the day, we are all the same.

I also think the invention of the Easter Saturday holiday is not right. For many Western Australians, Easter is a serious spiritual occasion, and the state encroaching on that by inserting a made-up holiday seems like an unnecessary provocation.

I will move on to the banned drinkers register and note that, sadly, nothing in the legislation will ensure that problem drinkers are given the support they need. When the BDR was introduced, it was seen as a temporary measure to address the most serious cases of problem drinkers. Wraparound services were promised but never delivered. Putting people on the banned drinkers register is getting people to go cold turkey. Going cold turkey can be very dangerous for people with an addiction from a health point of view. Alcohol withdrawal can be very confronting. Sadly, the places where the BDR is most applied are the same places where government support services are least available. The real tragedy is that the majority of people who are placed on the BDR are Indigenous Western Australians who live outside of Perth. This, of course, reflects the fact that there are significant societal issues in some of those communities that are the result of the policies of past governments.

Substance abuse is a symptom of a broken community. It is what people do to self-medicate to escape their reality. Of course, this is a vicious cycle. The more they self-medicate, the worse their reality becomes. We need to help communities by giving them the support to address the root causes and to break the cycle of decay. In short, it is in the interests of Indigenous communities to intervene, but there is a view on the woke side of politics that intervention in Indigenous communities is racist or will create another stolen generation. It is another example of deficient woke thinking. Some people would rather a child be put in danger of violence than possibly be accused of racism. One Nation believes in treating all Australians equally. Any policy or practice that results in one race being treated differently from other races because of their race is, by the correct definition, racist.

Many Indigenous communities are calling for intervention, dry communities and more help from the government to break the destructive cycles, but then, based on warped ideology, activists in the city block any efforts that would make real change.

Point of order

Hon Kate Doust: I am going to remind members about standing order 36 and the reading of speeches. Unless they have been given permission by the Presiding Officer or it refers to their last speech, they should not be reading their speech. The member is quite obviously doing that. If he wants to continue to do that, I will seek another point of order and ask that he table the papers that he is reading from.

The Acting President (Hon Dr Parwinder Kaur): As pointed out, according to standing order 36, it is not appropriate to read the speech.

Proceeding resumed

Hon Rod Caddies: By including a legislative requirement to provide wraparound services to support the BDR, we could make some real changes.

I am referring to notes, the same as every Labor member does.

Hon Kate Doust: Member, you were reading. You were very clearly reading before.

Hon Rod Caddies: I was not reading; I am referring to notes I have here. I am getting pulled up now. I have watched members read directly.

The Acting President: Order, honourable member. You can continue, but please keep in mind standing order 36. You cannot read the speech.

Hon Rod Caddies: Without these wraparound services, there is a danger for the survival of a person who has been placed on the BDR. Risks of violence are also heightened when there are no further options to rehabilitate people. Placing people on the BDR often results in them seeking alternative ways of self-medicating, which is often incredibly dangerous, such as fuel sniffing and distilling their own alcohol from dangerous chemicals, which we know can cause real harm.

The main reason I support this bill—sorry; I am a little bit unfocused now.

Several members interjected.

Hon Rod Caddies: To finish, I will quickly address the digital ID provisions in the bill. Despite the concept of government issuing digital IDs being highly problematic, the use of digital forms of identification is already widespread and preferred by some people. Indeed, official public opinion in China is highly supportive of its digital ID–based social credit score system. Under this bill, people will be allowed to show a form of digital ID to get a drink, but they will not be required to do so; they will still be able to use a physical form of ID. Maybe it would

not hurt to enshrine the rights of people to use non-digital ID into the future so that we make sure that they will not be locked into that.

Another matter that needs to be addressed further is the cost of compliance for small family businesses and what government can do to reduce that burden on them, especially in relation to the BDR.

In summary, One Nation will support the bill. I will finish there.

Hon Tim Clifford (3:46 pm): I rise to speak on behalf of the Greens as the spokesperson for alcohol and other drugs. I will keep my contribution limited tonight. I have a bit of ground to cover and I have some amendments that have been circulated throughout the chamber, so I will give a bit of background to those amendments, along with our position on the bill. The Liquor Control Amendment Bill 2025 will do many things that are entirely sensible. It deals with quite a few things that have been a long time coming in the community and have been expected, including trading hours and access to alcohol.

We also need to remind ourselves that alcohol is a dangerous drug. We have seen many issues in the community and negative impacts across the board due to it. Apart from the personal health impacts, we need to consider the impacts it has with family and domestic violence. In 2024, National Cabinet made alcohol-related domestic, family and sexual violence a national priority. The report of the expert-led rapid review of prevention approaches to end gender-based violence was released in August 2024. It featured specific recommendations that addressed alcohol as part of a wider approach to DFSV. The recommendations included adopting clear primary objectives, including alcohol harm reduction, and implementing restrictions on alcohol sale, delivery and advertising timeframes. There is strong evidence to suggest that alcohol is linked with DFSV, and I would like to quote a few facts.

Alcohol is involved in up to 65% of all police-reported family violence incidents, 52% of male intimate partner homicide offenders used alcohol at high-risk levels at the time of the homicide and 47% of women who had been sexually assaulted by a man in the past decade said that alcohol or another substance contributed to the most recent incident. Harms to children are significantly greater in households in which a person drinks alcohol at a high-risk level, and a man is most often identified as a high-risk drinker.

When it comes to the influence of our laws, state liquor laws strongly influence access to alcohol, which in turn impacts the rates of violence and other harms to the community. By way of example, a study conducted by the New South Wales Bureau of Crime Statistics and Research showed that when trading hours for takeaway alcohol and delivery were extended from 10:00 pm to 11:00 pm, the result was an additional 1,120 domestic violence assaults. It is quite staggering. In December 2023, the former Department of Local Government, Sport and Cultural Industries proposed to the harm minimisation working group on liquor reform a two-hour safety pause between alcohol order and delivery. That is one of the main reasons I will put forward my amendments tonight. I know they are fair. The working group has approached many people in this chamber and the government to put forward its amendments. It will be interesting to hear what the minister puts forward in response.

My amendments have three parts. The first is the adoption of harm minimisation as the paramount objective of the Liquor Licensing Act, with the inclusion of gender-based violence in the definition of alcohol-related harm. This is intended to clarify the prioritisation of community wellbeing over commercial interests. Second, the amendment relating to delivery timeframes between 10:00 am and 10:00 pm will reduce the risk of alcohol-related violence and suicide, which increases later at night. The third is a measure to prevent the rapid delivery of alcohol into homes by establishing a two-hour safety pause between order and delivery as per the recommendation made to the harm minimisation working group. This will prevent impulsive and higher-risk alcohol use.

Of course, these changes will not affect the spirit of the bill. They will actually add a higher level of protection to the community and provide adequate safeguards. I believe they are sensible additions and they should be adopted. They do not come out of nowhere. These amendments were inspired by the federal rapid review of evidence-based approaches to prevent gender-based violence and recommendation 128 on page 51 of the South Australian *Royal Commission into Domestic, Family and Sexual Violence: Report*, which corresponds directly with the amendment. The royal commission's report led to the same measures included in the amendment being incorporated in the South Australian Liquor Licensing (Miscellaneous) Amendment Bill 2025. The amendment will bring the Western Australian legislation into line with best practice without compromising the original intent of the bill.

That brings me to the second part: the banned drinkers register. Along with reforms to the Liquor Licensing Act, the bill includes a part 4, which seems like it has been tacked on and is a bit out of step with the rest of the bill. But I understand it, given the nature of the sunset clause in the banned drinkers register, which happens to be in December. Along with reforms to the Liquor Licensing Act, the bill includes part 4, which seems to be outside the broader scope of the bill. Part 4 would make the banned drinkers register permanent. Ideally, we would like that part taken out. We would have preferred for it to be considered separately at another time.

There are four reasons for our position. The first is that the trial period for the BDR has not been completed. As I said, it was supposed to end in December. The second reason is that the government has not released the information gathered in three commissioned reports into the effectiveness of the banned drinkers register. The

most comprehensive report was completed by Deloitte Australia, which has only released its executive summary, which outlined some concerning aspects. The third reason is that the consultation around the BDR does not seem to have been extended to First Nations health and community services operating in the affected regional areas, having mostly been conducted with industry and police as far as we can tell. The fourth and most important reason is that we have contacted First Nations–led health and community services across the state and we have received a very strong message. Although some groups see merit in the BDR, the majority see it as a quick fix to a serious problem that disproportionately exists in that region.

I will read a few quotes that we received during some of our consultation. We went far and wide and we spoke to many people. One piece of feedback, according to my notes, states:

> The review process has been insufficient. There are issues with health professionals and social workers being able to recommend people for the list, because it can constitute a breach of confidentiality. You are taking someone's autonomy away and it affects someone's rights. To me, the consultation seems to have been limited. Before this is made permanent, there must be some attempt to look at the issues and address them. The process will need to be amended.

I have another quote, according to my notes:

> Not a fan of the BDR. Yes, it takes away people's autonomy but it's more than that. There are medical issues. Firstly, the person might simply move to other substances. Secondly, there are effects on the mind and body if you simply take away the alcohol without proper support services. There can be serious medical issues. The BDR is a quick fix solution and this problem does not have a quick fix.

I will read another, according to my notes:

> It feels a bit like a tick in a box for publicans to say they organised this with politicians and now the problems are fixed. It avoids the real and massive issues. With this in place, the publicans avoid other kinds of restrictions. I would say to the Government, please don't do this and then say, "We're done". The problems are too complex for that. The BDR is too simple. Alcohol itself is not the problem. The problem is deep trauma, both personal and intergenerational. We need the services to deal with that. No one can keep up with all the changes to liquor laws—it's all over the shop. Is there any unity of purpose? Does the left hand know what the right hand is doing?

I should point out that I am quoting someone else here. I do not think the publicans should be blamed for the shortcomings of the current approach. I think it can all be summed up by a statement from the Kimberley Aboriginal Medical Service (KAMS) board. It represents Aboriginal community–controlled health services in the Kimberley region. It stated that without simultaneous investment in comprehensive alcohol and other drugs services, planning and infrastructure, it does not go far enough—unless that is included and ramped up with the BDR.

We have been calling for wraparound services for alcohol and other drugs for years so that people will feel supported. Ultimately, that is the overwhelming response that we received from all the groups we spoke to from the North West and the main impacted areas. I acknowledge that when a person is put on the register by voluntary means or otherwise, they do receive notification of a range of services, but the overwhelming feedback that we have received is the fact that when they call these services, they are usually booked out or there are delays in accessing them.

When it comes to the Deloitte summary, we get the feeling that there is more to be said. We have asked a lot of questions about the Deloitte report. We acknowledge that we received the executive summary, but I have asked the minister three or four times to release this report and we have not received it. I would like the government to put on the record the reasons it cannot be released. It is concerning that we have not had access to the full information in the report. The Liquor Stores Association of WA has highlighted that the success of the BDR is dependent on integrating strong health and mental health services. There are also industry support aspects to that going forward.

I need to flag that we support the broader intent and aspects of this bill. As I mentioned in the body of my contribution, it would have been a lot better if the government had separated the amendments relating to the banned drinkers register from the rest of the amendments so they could have been dealt with separately. There is a broader debate to be had about the level of funding and support for people on this register. Alcohol is a serious issue and it has an impact on communities. The people on the register are being impacted terribly. That is why we call on the government to make commitments to increase support, health funding and wraparound services for those people. For that reason the Greens will vote against the bill. That is based on the fact that we have not seen a commitment from the government to increase support services to meet the needs of people on the BDR. We have concerns about the release of the reports. This is such an important issue and it would have been great to have a real justification about why the reports were not released to us. They would have provided us with a full and comprehensive review of what is going on with the BDR, given that the program is a trial and is expiring in December. We should have a debate about the reasons why the BDR should become permanent. Hearing all the good reasons for it and being able to address the issues is really important to us. I look forward to the Committee

of the Whole House stage of the bill in which we will move amendments, but the Greens cannot support the bill as a whole.

Hon Lauren Cayoun (4:01 pm): I would like to make a short contribution to the debate on the Liquor Control Amendment Bill 2025. Before I do, I would like to acknowledge some of the contributions that have come before me, in particular the contribution from Hon Dr Brian Walker, who did an excellent job of drawing our attention to some of the different alcohol-related harms that he has seen in his professional career, and this bill certainly does a lot to address a number of those issues. However, I would like to focus the bulk of my contribution on a lot of the positives that the changes in this bill will make to the hospitality sector and tourism, and to modernising our liquor regulation processes and strengthening compliance and enforcement measures.

I recap some of the key changes in the bill. The requirement to serve alcohol with a meal on Good Friday and Christmas Day will be removed. It will increase hospitality trading hours on Good Friday, Christmas Day and Anzac Day to enhance the alignment with Sunday trading hours. It will reduce red tape, which is important for the hospitality sector. Again, it will encourage economic diversification. It will remove the administrative burden of renewing extended trading permits. One of my favourites is that it will increase the capacity of small bars from 120 to 150 persons. The bill will also provide for the use of modern forms of identification, including digital ID, which a number of speakers before me have mentioned.

As I have said, I will focus my remarks primarily on the boost to our hospitality and tourism sectors, the steps this bill will take towards supporting the vibrancy of our night-life economy in Western Australia and, in my view the most important thing, the opportunities it will create for small businesses and, through that, quality local jobs for local people. As I mentioned, a key change is that from next year, Western Australians will be able to buy a drink without a meal at pubs and other venues on Good Friday and Christmas Day. I have heard that described by some people, on my side in fact, as an outdated restriction. I do not know whether I would go as far as to use that word, but I do think WA is ready for this change. I know I am. Lots of families have different traditions. One of my favourites in my family is that the day before every Good Friday my mother sends my brother, Yannick, my sister, Jessica, and me a text message reminding us that we cannot buy liquor on Good Friday, making sure we are prepared for that day. Next year I look forward to messaging Mum back and letting her know that it is okay and we can head to the pub for a couple of beers without worry. I have often thought that is a bit of a strange quirk in our liquor rules and it is something that strikes visiting international guests as a little bit odd. As I said, a key change in this bill is that next year Western Australians will be able to head to the pub for a beer on those days. Trading hours on public holidays, including Good Friday, Christmas Day and Anzac Day, will increase by four hours, which means venues will be able to operate from 10:00 am until midnight. The changes will also reduce some of the administrative burden on licensed premises, which would otherwise have to apply for approval on those days. I understand that this year around 90 applications were approved to serve alcohol on Good Friday without a meal. As a result of changes in this bill, those applications will become unnecessary, which, again, will reduce red tape for small businesses and free them up to do a range of other important things.

I believe that these changes will boost business, diversify the economy and ensure that our state's hospitality sector continues to thrive. As somebody who has worked in hospitality, I know that it is a great industry to work in. It is important work and its workforce greatly benefits from penalty rates. I know they are important to that workforce, given its relatively low wages. I know it will welcome the recent announcement from Premier Roger Cook about additional public holidays for Western Australia. I really want to acknowledge the work of our hospitality workforce throughout Western Australia. I particular want to acknowledge that it went through a period of real turmoil a few years ago. At the time I was working in Premier Mark McGowan's office and I saw firsthand the challenges and pressures on our hospitality workforce due to unexpected events and restrictions. It rolled with the punches. Its members were required to upskill—to learn new skills and get qualifications to ensure they were up to date with the various health and safety requirements throughout the COVID period. It was a tough time for the hospo sector but it has come back strong due to such a dedicated workforce. I am glad to see that we are boosting the sector through initiatives such as this one. I would also like to acknowledge the work of the United Workers Union, which advocates very strongly for that workforce and has done so for a very long time, improving wages and conditions for a workforce that, as I said, has not traditionally had particularly high wages.

I want to give shout-outs to some excellent Western Australian distilleries and tourism businesses that I have had the good luck to experience on my travels, particularly in our Great Southern, which is a great tourism hotspot in Western Australia. When I travel around the Great Southern, I am always keen to explore more wineries and distilleries as part of my ongoing commitment to Western Australian tourism. I know they do an excellent job at providing excellent Western Australian produce and showing it off to visitors, and they are also quite often located in some remarkably beautiful locations, so visiting them gives the added benefit of being able to look at Western Australia's excellent natural beauty. I am a foodie and I know that often these wineries and distilleries are places where you can go and experience excellent food prepared by some of Western Australia's best chefs. I want to talk about the Great Southern Distilling Company, which is one of my favourites. I jumped on its website yesterday and learned that its story began when its founder, Cameron Syme, loved hearing stories about his Scottish relatives

who, so the story goes, gave up the whereabouts of their illegal distillery and used the reward money to start a new one. The romance of the story and a deep love of whisky combined to plant a seed in him of one day starting his own distillery. Cameron spent 16 years honing his distilling skills while working as an accountant and a lawyer. That is a wonderful combination of jobs—accountant, lawyer and distiller!

Hon Samantha Rowe: Everything you need!

Hon Lauren Cayoun: Everything you need, absolutely!

He relocated his family to Albany in 2004 after identifying the area as somewhere that had all the different ingredients required to start a distillery. I am of course talking about Limeburners in Albany, which I have had the great pleasure of visiting a number of times. I believe that Limeburners did its first distillation in 2005 and released its first single malt in 2008, which became the first legally produced Western Australian whisky and I believe the fourth Australia wide. The whisky won a bronze medal at the UK International Wine and Spirit Competition. This distillery is literally on the world map and is a real accomplishment for a distillery from Albany. They have also gone some way to expand their operation and product range. They have expanded into Margaret River and Porongurup. Margaret River has a very well-known tourism experience called Giniversity, where I was lucky to spend some time during my sister's wedding festivities a couple of years ago. Again, it has an excellent range of Western Australian gins. I attended Giniversity, but I am not sure whether I get a qualification as a result of that!

Hon Samantha Rowe: Did you graduate?

Hon Lauren Cayoun: I did graduate with flying colours.

Again, it shows off some of Western Australia's excellent produce. There is a similar experience offered, I believe, by Giniversity in the Swan Valley, and I would encourage anybody who is a fan of those products to check it out. Another venue that I wanted to briefly mention was The Dam in Denmark, whose website describes them as "dam good". I will read out what the website states because it speaks to how important some of these organisations are to our Western Australian tourism story. It states:

> From the giant rock amphitheatre and striking black posts of the Albany Jetty, through to the mother of pearl from Broome ingrained in the polished floors, this building was designed to capture the unique beauty of Western Australia and The Great Southern Region.
>
> Here in this space we bring together fresh local produce on an accessible seasonal menu, designed to be enjoyed alongside mixed drinks & cocktails made from our house distilled hemp spirits, local craft beers & our own range of Raintree wines.

I was lucky enough to visit The Dam not so long ago with the then member for Warren–Blackwood, my good friend Jane Kelsbie, and her partner, Cole. I take this opportunity to acknowledge my friend Jane Kelsbie and the work that she did as the member for Warren–Blackwood. I know that for many years to come, Jane will be able to drive through her community and see many of the excellent commitments that she made to that community. In time they will become achievements that she can be very proud of. While at The Dam, I had some excellent shiraz, gin and negroni, and excellent food. Again, venues like this show off our great state. They provide excellent opportunities for tourism and they are part of the reason that tourists keep going back again and again to our beautiful Great Southern region. I am lucky enough in my life to have travelled to some great tourism regions around the world known for whiskies and wines—the Scottish highlands, the south of France—and I believe that the Great Southern is every bit as unique, beautiful and interesting for tourists. I know that growing our tourism and hospitality sector needs to include showing off some of these great natural assets. Initiatives like those in this bill mean that those organisations will have more of a chance to flourish in the tourism space.

The bill also has the effect of helping producers of spirits to be able to attract new markets by selling a greater range of products—for example, those ready-to-drink beverages such as hard seltzers. They are popular products and these provisions will allow producers to diversify and hopefully take advantage of new market opportunities. Again, this means more tourism, more quality local jobs and more opportunities for the hospitality and tourism sectors. Building on the government's previous initiatives to create vibrancy, the bill will raise the maximum capacity, as I mentioned earlier, for small bars from 120 patrons to 150. We have an excellent and thriving small bar scene here in Perth in particular, and I want to see that continue to grow and thrive. Changes like this certainly make that possible.

Unfortunately, at my age, my days of going to the Paramount Nightclub are behind me—or maybe it is fortunate! I much prefer going to small bars and enjoying a wine with friends. There are a lot of excellent examples near me in places like Mount Lawley and Perth. I would particularly like to mention the Bertie Wine Bar in Bassendean. For anyone who has not been to Bertie—

Hon Klasey Hirst: Excellent bar!

Hon Lauren Cayoun: It is excellent. Thank you, Hon Klasey Hirst. I strongly encourage anyone to visit. It is a fantastic wine bar in Bassendean. It has a great relaxed feel and a lovely alfresco area to enjoy when it is not raining. I imagine my good friend Dave Kelly MLA is probably a frequent visitor there. It has excellent food. In

2023, it won the Australian Hotels Association award for WA's best small bar. Again, I highly recommend a visit to this great small bar churning out great produce here in Western Australia.

The amendments in the bill also recognise new digital forms of identification. Digital driver's licences are coming into use across Australia and this legislation will support the recognition of verification of digital driver's licences. I was at a hotel in Kalgoorlie a couple of weeks ago and forgot my ID, and when I went to go in, I was denied entry. At the time, I thought it was probably because I looked underage, but in hindsight it may have been because an ID was a requirement there—I am still not sure; I think I am going with the first option there! But perhaps I would have been permitted entry if digital ID was an option, so it is definitely an important and practical provision.

As I mentioned at the beginning of my contribution, I did say thank you to Hon Dr Brian Walker for his comments around the minimisation of alcohol-related harm. Before I conclude, I want to touch on a couple of those components. Obviously, preventing alcohol-related harm is one of the primary objects of the Liquor Control Act and something that is very important to the government. I believe we walk the walk on this—with the introduction of the banned drinkers register and some of the initiatives to prevent sly grogging and all the problems that come along with it.

I am a qualified social worker. I know a lot of the people who I graduated alongside work in alcohol and drug prevention services. I spent some time doing some community social work in a community centre that offered drug and alcohol counselling. It was a stark reminder to me how complex some of the issues are around drug and alcohol addiction. I could sit in a room with a person, have a thorough discussion and come up with strategies to help them deal with their addiction and then, an hour or so later, walk out the front and see them sitting on the ground outside the liquor store having a drink. It was a really challenging thing having to grapple with just how complex some of these issues are, and how challenging it is for those people to try to work through their addiction.

I definitely understand that these are complex issues. They cannot be solved overnight. Tackling alcohol-related harm takes a lot of different stakeholders across the community—the police, certainly local government, retailers, support services and other agencies. There really is a need to work collaboratively. I would like to acknowledge the ongoing work of local communities, licensees, WA Police, local governments and other stakeholders for their ongoing support of the banned drinkers register and other restrictions that have such a significant part to play in the reduction of alcohol-related harm.

The bill makes a number of important changes to tackle the issues of alcohol-related crime. I mentioned sly grogging as an example. I know that this bill includes significant increases to the maximum penalty for sly-grogging offences, which creates a stronger deterrent. Finally, the bill contains various technical and operational amendments to provide clearer processes and help to reduce some of the administrative burden on businesses. The changes are designed to make it easier for hospitality and tourism operators to continue to thrive while balancing the need for a safe drinking culture.

In conclusion, important changes include removing the requirement to serve alcohol with a meal on Good Friday and Christmas Day, reducing red tape and, as I just mentioned, modernising a number of provisions in the act. Ultimately, this is sensible reform that is welcomed by the sector. It will create more opportunity. It will help to diversify our economy, create more tourism opportunities and, most importantly of all for me, create more quality local jobs in our hospitality sector. With that, I commend the bill to the house.

Hon Pierre Yang (Parliamentary Secretary) (4:19 pm): I thank the Acting President for the opportunity to make a relatively short contribution to the second reading debate on the Liquor Control Amendment Bill 2025. I have been very much looking forward to this opportunity to say a few words on this significant bill, not only on its size—as we can see, it has more than 100 pages and more than five parts—but also its essence, and on the substantive reform that this government has undertaken to perform in this sector.

As we heard from my colleagues in this place who have already spoken on this bill, this sector is a very important part of our economy. We need to have a modernised regulatory framework to enable small businesses to thrive in our state, creating more jobs in Western Australia with decent conditions and pay, but at the same time, we need to diversify the economy. Diversifying the economy has been the mantra of this government. Since coming to government in 2017 we have been working tirelessly on improving our business environment, so to speak, so that Western Australia can be a state where the mining and energy sectors are as strong as they can and should be, but are also supported by many other sectors—for example, the tourism, small business and entertainment sectors. I think this is a fantastic bill that will improve Western Australia when it comes to modernising this sector.

As we can see in the explanatory memorandum, this bill seeks to amend a number of aspects of the Liquor Control Act, including increasing hospitality trading hours on Good Friday, Christmas Day and Anzac Day to enhance alignment with Sunday trading hours, and removing outdated restrictions on liquor being sold only ancillary to a meal on Good Friday and Christmas Day. It also seeks to remove the administrative burden of renewing extended trading permits; increase the capacity of small bars from 120 persons to 150 persons; and provide for the use of modern forms of identification, such as digital identification. I have seen people from other states waving their digital driver's licences at me. When I saw that for the first time, it was quite interesting. The bill will also seek to

significantly increase the penalties for sly grogging offences. I will seek to speak on that issue in a little more detail at a later stage of my contribution. At the same time, the bill seeks to update various penalties to account for inflation.

That is important, as we heard the other day when I made a contribution in relation to the Administration Act. The last reform of that act related to interstate scenarios when one of the partners in a relationship passes away. The act had not been amended for more than 40 years. In the 80s people could buy a house for around $50,000, but today they would not be able to buy one-tenth of a house for that price. That is why this government sought to reform that and successfully passed the amendment bill back in 2022. That is just to demonstrate the importance of keeping pace with inflation. That is why this government has done that, because in 10 years time a dollar will not be worth the same as it is now.

The bill seeks to modernise provisions across the act, updating language and terminology to better reflect the role and responsibilities of positions such as Director of Liquor Licensing. As I mentioned, this bill has five parts. Part 2 relates to miscellaneous amendments to the Liquor Control Act, such as permitted hours, extended trading permits, penalty increases, digital ID and the removal of obsolete legislation. As the explanatory memorandum points out, part 3 relates to amendments to the licensing, regulatory and review functions of the act. The Liquor Commission will be abolished and its responsibilities will be transferred to the Director of Liquor Licensing and the State Administrative Tribunal. The bill provides for the Director of Liquor Licensing to be the licensing authority and for the SAT to be the review and disciplinary body. Part 3 also seeks to insert a schedule setting out the reviewable decisions of the act.

When I practised as a solicitor—my previous occupation before my election to this place—I had some involvement in a small number of cases with clients of the firm who were applying for liquor licences, and I helped draft some of those applications. I must admit, it was a process of deciding whether a premises should be granted a liquor licence, considering the amenity of the relevant area and the safety of the community.

Part 4 of the bill relates to the removal of the banned drinkers register sunset clauses by amending the *Liquor Control Amendment (Banned Drinkers Register) Act 2023*. This follows the two-year trial of the banned drinkers register. The final part of the bill, part 5, makes consequential amendments to the *Constitution Acts Amendment Act 1899*, the *Parliamentary Commissioner Act 1971* and the *Public Trustee Act 1941*.

As I indicated earlier, I want to talk about the sly grogging situation in little more detail. There was an article published by the ABC on 11 April 2024, entitled "Police urge Kimberley locals to dob in sly groggers as region-wide crackdown continues". The article talks about the importance of ensuring that WA stays safe. It states:

> Police are appealing to residents across Western Australia's far north to share information as a renewed crackdown on sly grogging continues to build momentum.
>
> Sly grogging refers to the illegal transportation and sale of alcohol, often at inflated prices, in communities like WA's Kimberley where it is banned or heavily restricted.
>
> The crackdown from Kimberley police began in March and aims to address illegal sales and public alcohol abuse through visible policing.
>
> Since the operation launched last month, local police have seized 39 cartons of beer and over 100 litres of wine and spirits.

Debate interrupted, pursuant to standing orders.

(Continued at a later stage of the sitting.)

QUESTIONS WITHOUT NOTICE

The President: Members, are there any questions?

PROHIBITED INSIGNIA—CHARGES

745. Hon Nick Goiran to the minister representing the Minister for Police:

I refer to a report that on 28 August 2025 the state's charge against Troy Mercanti for displaying gang insignia was discontinued in the Armadale Magistrates Court and that he was awarded costs of $,1450.

(1) Are those reported facts true?

(2) How many charges of displaying gang insignia have been laid since the new laws came into force?

(3) How many of those charges have been sustained, discontinued and remain to be determined by a court?

Hon Matthew Swinbourn replied:

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

(1) Yes.

(2) There have been 288.

(3) The Western Australia Police Force is unable to answer, as the outcome of charges are the responsibility of the Department of Justice. Please direct this part of the question to the Attorney General.

UNLAWFUL CONSORTING—NOTICES

746. Hon Nick Goiran to the minister representing the Minister for Police:

I refer to our state's anti-consorting laws and to reports that Troy Mercanti was delivered with a consorting notice in 2022 that reportedly banned him from meeting dozens of bikies for three years.

(1) What date was the consorting notice delivered?

(2) What were its terms?

(3) When will it expire?

(4) How many consorting notices have been delivered since the laws came into force?

Hon Matthew Swinbourn replied:

I thank the member for the question, which was submitted on 9 September. The answer was correct at that time. The following answer has been provided to me by the Minister for Police.

(1)–(4) Consorting notices have a three-year expiry and are not extendable. If there have been breaches during the three-year period, WA police can apply for a new consorting notice. After the three-year period, WA police can apply for a new consorting notice, based on evidence. The individual was delivered with a consorting notice on 30 May 2022, with an end date of 30 May 2025. Its terms were that the individual must not consort with 36 relevant offenders named in the unlawful consorting notice. Five consorting notices have been delivered since the laws came into force.

PUBLIC HOLIDAYS

747. Hon Tjorn Sibma to the Leader of the House representing the Premier:

I refer to the Premier's decision to make changes to Western Australia's public holiday schedule.

(1) Will the government table the results of the "more than 10,000 submissions" it received during its extensive public consultation and, if not, why not?

(2) What were the 10 most popular suggestions received from peak bodies, the business community, the not-for-profit sector, unions and the wider community?

Hon Stephen Dawson replied:

I thank the honourable member for some notice of the question. The following answer is provided on behalf of the Premier.

(1) The full dataset is unable to be released as it contains free-text responses that may include identifying information.

(2) I table the relevant media statement.

(See paper 529.)

DOMESTIC GAS RESERVATION POLICY

748. Hon Dr Steve Thomas to the Leader of the House representing the Premier:

I acknowledge the conversation that was had behind the Chair that indicated that the answer to my question will not be ready today, but I plan to read it in.

I refer to the government's domestic gas policy, which was updated by the McGowan government on 17 August 2020 and updated again by the Cook government on 15 August 2023 and 19 September 2024.

(1) What departments or agencies now have regulatory oversight of the domestic gas reservation policy?

(2) Has the government measured the success or failure of the changes in 2020, 2023 and 2024?

(3) How much additional gas beyond current supply levels will be needed in the domestic gas market each year from 2025–26 to 2029–30?

(4) How much additional gas beyond current supply levels has the government calculated will be delivered into the domestic gas market each year from 2025–26 to 2029–30?

(5) When is the government next planning to update this policy?

Hon Stephen Dawson replied:

I thank the honourable member for some notice of the question. As I indicated behind the Chair, an answer will be provided to that question tomorrow.

YOUTH DETENTION FACILITY—MAJOR INFRASTRUCTURE PROPOSAL REPORT

749. Hon Steve Martin to the Leader of the House representing the Premier:

I refer to question without notice 731.

(1) Why was there a delay between when the new youth detention facility infrastructure proposal assessment report was provided to the Department of Justice in July 2024 and when it was published online in January 2025?

(2) Does Infrastructure WA have established guidelines governing the procedure from completion of a report to publishing it on its website?

(3) If yes to (2), can these guidelines be tabled?

Hon Stephen Dawson replied:

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

(1)–(3) As outlined in the Major Infrastructure Proposal Assessment Guidelines available on Infrastructure WA's website, which I will provide the member with tomorrow, and in accordance with the Infrastructure Western Australia Act 2019, summary reports are made publicly available within six months of the Premier receiving IWA's assessment.

STATE DEVELOPMENT BILL 2025

750. Hon Neil Thomson to the Leader of the House representing the Premier:

I refer to the Premier's State Development Bill.

(1) Can the Premier confirm that the Coordinator General can be removed from office by the Premier or Minister for State Development at any time without specific grounds?

(2) Can the Premier confirm that the Premier or minister can issue written directions to the Coordinator General regarding his functions, except for making recommendations, and have direct access to the Coordinator General's information?

(3) Regarding the joint decision notices under the bill, if the Coordinator General and a government agency or the Premier and the responsible minister cannot reach agreement on a matter, can the Premier ultimately override all other decision-makers?

Hon Stephen Dawson replied:

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

(1)–(2) Yes.

(3) Yes, however the ultimate decision can be the subject of review proceedings as if it were made by the responsible authority under ordinary processes.

MAIN ROADS—STREET LIGHTING—COPPER CABLE THEFT

751. Hon Julie Freeman to the parliamentary secretary representing the Minister for Transport:

I refer to the minister's response in budget estimates regarding street lighting outages, the trials of lockable pits and the commencement of a cable theft strategy.

(1) Has Main Roads Western Australia entered into any contracts with suppliers or manufacturers for the production of lockable pits?

(2) How many lockable pits have been installed to date and what is the projected timeline for completing the replacement of 10,000 pits across the network?

(3) What is the total estimated cost of replacing 10,000 pits with lockable pits?

(4) Will the minister table the cable theft strategy document referred to?

Hon Samantha Rowe replied:

I thank the honourable member for some notice of the question and provide the following answer on behalf of the Minister for Transport.

(1)–(4) Approximately 930 lockable pit lids have been installed to date at a rate of five lids per day. Not all pits will need to be replaced, with the specific treatment for each pit to be determined by Main Roads.

DEFENCE INDUSTRY—HENDERSON DEFENCE PRECINCT

752. Hon Dr Brian Walker to the Leader of the House representing the Premier:

I refer the Premier to his announcement over the weekend that facilities at the Henderson site are to be made available for the ongoing maintenance of warships.

(1) With whom did the state government consult before making this decision?

(2) What impact is the decision likely to have for security at the new Westport container port, and was that taken into account prior to the announcement?

(3) Will the planned expansion require any land to be transferred from state to federal control and, if so, will the Premier provide a list of such proposed transfers?

(4) How does the Cook Labor government respond to claims that it is painting a massive target across coastal Western Australia should hostilities break out between the United States Department of War and any of our neighbours?

Hon Stephen Dawson replied:

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

I have an answer here, but there is an obvious error in part (3) so I will get it checked and provide it either later today or tomorrow.

NATIONAL RENTAL AFFORDABILITY SCHEME—SPOT PURCHASES

753. Hon Tim Clifford to the parliamentary secretary representing the Minister for Housing and Works:

The state government has announced that it will selectively spot purchase National Rental Affordability Scheme (NRAS) properties to convert to social housing over time. NRAS is a federal government initiative, implemented and funded since 2008, that is set to end by 2026. I refer to these spot purchases:

(1) How many NRAS houses has the state government taken over?

(2) How many NRAS houses does the state government plan to take over?

(3) How many tenants were evicted from NRAS housing during the 2024–25 financial year?

(4) How many tenants are likely to be evicted from NRAS housing in the 2025–26 financial year?

Hon Dr Katrina Stratton replied:

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

(1)–(2) The National Rental Affordability Scheme is a Commonwealth initiative. NRAS properties are privately owned and, when sold on the private market, the seller will not always disclose that the property was formally an NRAS home.

As of 15 September 2025, the state government has purchased 118 known NRAS properties.

(3)–(4) As NRAS properties are privately owned, the Department of Housing and Works does not record the requested data.

DEFENCE INDUSTRY—HENDERSON DEFENCE PRECINCT

754. Hon Sophie McNeill to the Leader of the House representing the Premier:

I refer to the 14 September announcement that, as part of AUKUS, the United States has been invited to use the Henderson Defence Precinct for maintenance of its nuclear-powered submarines, and Minister Dawson's statement on 27 August at a budget estimates hearing that discussions continue about this issue but that no decision has been made by the Commonwealth about the defence precinct definition.

(1) What date was the Premier notified about the Commonwealth's decision to allow US nuclear-powered submarines to undergo maintenance onshore at Henderson?

(2) Has the Premier been briefed about the impacts of this decision on security, public access to Cockburn Sound, environmental impacts on Cockburn Sound and onshore nuclear waste storage?

(3) If no to (2), when will these briefings occur, please?

Hon Stephen Dawson replied:

I thank the honourable member for some notice of the question. I have (a), (b), (c) and (d) in my answer to question (2), which is different from what the member read out, but I think it answers what the member asked.

(1) The Australian government announced the AUKUS Optimal Pathway for Australia, an $8 billion investment into HMAS *Stirling*, in March 2023.

(2)–(3) On 16 October 2024, the Western Australian government signed a cooperation agreement between the Commonwealth of Australia and the state of Western Australia to deliver and sustain Australia's future defence capabilities. Given no decision has been made by the Australian government about the defence precinct definition, no briefings have occurred on its potential impact.

GNANGARA–MOORE RIVER STATE FOREST

755. Hon Dr Brad Pettitt to the parliamentary secretary representing the Treasurer:

I refer to former Minister for the Environment Reece Whitby's media statement of 3 November 2023 titled "Carbon farming proposal to improve conservation progresses" and question without notice 119 asked on 30 April 2025.

(1) What is the status of Woodside's final binding offer to deliver a carbon farming project?

(2) How much of the proposed 5,700 hectares of Gnangara–Moore River state forest has been revegetated so far?

(3) If no revegetation has occurred, when is it expected to begin as part of this agreement?

(4) If Woodside is not proceeding, what is the WA government's plan for revegetating the Gnangara–Moore River State Forest?

Hon Samantha Rowe replied:

I thank the honourable member for some notice of the question and provide the following answer on behalf of the Treasurer.

(1)–(4) The proponent withdrew from stage 3 of the procurement and the problem and opportunity statement process was terminated.

POLICE OFFICERS—RESTRAINING ORDERS

756. Hon Jess Beckerling to the minister representing the Minister for Police:

I refer to today's report by ABC news about Western Australian police officers subject to restraining orders.

(1) What is the total number of current serving police officers in WA subject to one or more violence restraining orders?

(2) What is the total number of current serving police officers in WA subject to one or more family violence restraining orders?

(3) In the event that a serving WA police officer is subject to a family violence restraining order, can they still attend reported family and domestic violence incidents?

(4) When a serving WA police officer is subject to a family violence restraining order, do they retain access to private personal data through police systems?

Hon Matthew Swinbourn replied:

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

Unfortunately, an answer cannot be provided in the time available. An answer will be provided on the next day of sitting.

POLICE OFFICERS—RESTRAINING ORDERS

757. Hon Philip Scott to the minister representing the Minister for Police:

I refer to today's ABC news headline: "WA Police officers subject to restraining orders desk-bound under gun reforms".

(1) How many police officers have had their job role impacted by provisions of the *Firearms Act 2024* relating to restraining and interim orders?

(2) How many of the police officers impacted are based in rural and remote areas?

(3) What is the government doing to alleviate the impact to the community of the affected police officers being moved into desk-bound roles?

(4) When reforming WA's gun laws, was it the government's intention to impact the ability of police officers to carry a firearm in their line of duty?

Hon Matthew Swinbourn replied:

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

(1) Three police officers.

(2) Zero police officers.

(3) The Western Australia Police Force remains focused on its core responsibility of keeping the Western Australian community safe.

(4) WA police officers will be held to the same standards as all members of the Western Australian community.

HEALTH—PREGNANCY SUPPORT CENTRES

758. Hon Maryka Groenewald to the parliamentary secretary representing the Minister for Health:

I refer to the Department of Health's decision to remove pregnancy support centres from the Western Australian health brochures in 2023.

(1) Is the minister aware that these centres often provide financial and emotional support to women facing an unplanned pregnancy?

(2) What was the reason for the removal of this information from the WA health brochures?

Hon Pierre Yang replied:

I thank the honourable member for some notice of the question. Can I please confirm with the honourable member that the question she asked is C587?

Hon Maryka Groenewald: I am unsure. Apologies. I can check.

The President: Parliamentary secretary, if you do not mind, we might move on to the next question and come back to see if you are able to answer that question.

SHIRE OF EAST PILBARA—DISASTER RECOVERY FUNDING ARRANGEMENTS

759. Hon Rob Horstman to the minister representing the Minister for Emergency Services:

I refer to the ongoing concerns raised by the Shire of East Pilbara regarding access to disaster recovery funding arrangements (DRFA) to repair more than $60 million in road damage caused by Cyclone Zelia in February.

(1) What is the total value of DRFA funding that has been sought by the Shire of East Pilbara in relation to Cyclone Zelia recovery?

(2) Has the Department of Fire and Emergency Services disputed any of the evidence provided by the shire about the scale and urgency of road damage and, if so, please provide details?

(3) Is the minister aware of any similar concerns raised by other local governments regarding DRFA access and what specific actions have been taken to address them?

Hon Matthew Swinbourn replied:

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

(1) To date the Shire of East Pilbara has submitted one claim for $786,000.

(2) No.

(3) When concerns arise, DFES communicates the requirements of the disaster recovery funding arrangements to ensure they are clear, well understood and consistently applied. DFES also provides training opportunities.

COMMUNITIES—WORKING WITH CHILDREN SCREENING UNIT

760. Hon Simon Ehrenfeld to the minister representing the Minister for Child Protection:

I refer to the Department of Communities' public notice on wa.gov.au that the working with children screening units are experiencing extended delays in processing applications, resulting in longer wait times and significant delays in responses to emails, and also to its acknowledgement that allows a person to begin or continue work with only a receipt of application.

(1) What immediate actions has the minister taken to mitigate the potential risks to child safety being posed by this backlog?

(2) Can the minister please provide the FTE staffing allocation of the screening unit as at both 1 January this year and today's date?

Hon Jackie Jarvis replied:

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

The Department of Communities advises:

(1)–(2) All working with children check applications are triaged to determine the level of risk, with high-risk matters prioritised for assessment. Should an immediate risk be identified, an interim negative notice can be issued prohibiting that person from engaging in child-related work until a full assessment is completed. In 2026, a new online application portal will deliver a fully digital solution supporting a more efficient application and renewal process. The working with children screening unit was resourced with 43 FTE on 1 January 2025 and this allocation remains today.

HOSPITALS—WATER SUPPLY TESTING

761. Hon Phil Twiss to the parliamentary secretary representing the Minister for Health Infrastructure:

I refer to the testing of the water supply at Western Australian hospitals.

(1) Given this week's revelations of *Legionella pneumophila* levels at Royal Perth Hospital's intensive care unit in 2022 that an expert microbiologist labelled as pretty high and a cause for concern, why was the government concealing those results from the WA public?

(2) Given the incomplete maintenance report tabled in this place of the rapid radioactive leak at Sir Charles Gairdner Hospital in March 2023, will the minister urgently release the full maintenance report work order 23-21335-000, including page two of the document and the physicist's report relating to that incident, to provide proper and necessary transparency to the WA public and, if not, why not?

(3) Is the minister aware that a possible hospital-acquired case of legionnaire's disease, which may have been acquired at RPH, was notified to the Department of Health in December 2021 and, if yes, can the minister provide any relevant documents relating to this incident?

The President: That's a pretty long question.

Hon Dr Katrina Stratton replied:

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

(1) Consistent with the Minister for Health's advice to the Legislative Assembly on 9 September, she has requested the Director General of the Department of Health to implement the requirement for health service providers to regularly report the results of their water-testing regimes to the department. As part of this process, the Minister for Health has sought that the Chief Health Officer be notified when an exceedence of the Australian Drinking Water Guidelines is detected. The Chief Health Officer will report any exceedences that pose a risk to patients, staff or visitors to the Minister for Health.

(2) Refer to the response provided to Legislative Council question without notice 732.

(3) This question should be directed to the Minister for Health.

SIR CHARLES GAIRDNER HOSPITAL—REPAIRS AND MAINTENANCE

762. Hon Michelle Hofmann to the parliamentary secretary representing the Minister for Health Infrastructure:

I refer to question without notice 735 asked on 16 September that provided responses that did not answer the specific question.

What was the total amount of repairs and maintenance expenditure only, excluding consumables, at Sir Charles Gairdner Hospital by the North Metropolitan Health Service in 2022, 2023 and 2024?

Hon Dr Katrina Stratton replied:

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

Please refer to question without notice 735.

FAMILY AND DOMESTIC VIOLENCE—COERCIVE CONTROL—TRAINING

763. Hon Michelle Boylan to the minister representing the Minister for Prevention of Family and Domestic Violence:

I refer to the announcement made on January of $2 million for family and domestic violence training for police officers, legal professionals, court staff and custodial officers to support system readiness for criminalising coercive control.

(1) What is the breakdown of funds to each group identified in the announcement?

(2) Is the training for justice and legal staff tailored to Western Australia or is it from an American model?

(3) For WA Police, what proportion of the training involves experimental drama-based training?

Hon Jackie Jarvis replied:

I thank the member for some notice of the question. The following response has been provided by the Minister for Prevention of Family and Domestic Violence. I will just say that in question (3), I think the member meant to say "experiential" drama-based training rather than "experimental", but we are on the same page.

The Department of Communities has provided the following advice. The answer to (1) is in tabular form and I seek leave to have it incorporated into *Hansard*.

Leave granted for the following material to be incorporated.

(1)

	Groups Funded		
	Department of Justice	WA Police Force	Legal Aid WA
Funding Amount(s)	a. $255,000 b. $500,000 c. $500,000	a. $500,000	a. $245,000
Financial Years Funded For	a. 2025–26 to 2026–27 b. 2025–26 to 2026–27 c. 2025–26 to 2026–27	a. 2025–26 to 2026–27	a. 2025–26
Funding Purpose	a. For Adult Community Corrections, Youth Justice Services and Rehabilitation and Reintegration Services to receive Safe and Together training. b. The development and delivery of dedicated family and domestic violence training for Prison Officers, Youth Custodial Officers and other staff working in the custodial environment. c. The development and delivery of Aboriginal-led and place-based training to Justice staff about Aboriginal family violence.	a. To support implementation of the experiential theatre based family and domestic violence training.	a. The development and delivery of a coercive control training program and new Blurred Borders story cards for lawyers and legal professionals.

(2) The Safe and Together model was originally developed in the United States. The model used in WA has been adapted to the local context and is delivered by local staff.

(3) It is all of the funding.

HOSPITALS—WATER TESTING

764. Hon Anthony Spagnolo to the parliamentary secretary representing the Minister for Health:

I refer to water testing in our public hospitals.

(1) On what date did the minister issue the direction to the Director General of the Department of Health for the new reporting framework?

(2) Will the minister table the direction to the Director General of the Department of Health that the minister issued regarding *Legionella*, lead and other pathogen testing results?

(3) What other pathogens are required to be reported on?

(4) Since the date of the direction, has the minister been informed of any exceedences at any public hospitals?

(5) If yes to (4), will the minister please provide a table of those incidents?

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 Health.

(1)–(5) The minister has issued a direction to the Director General of the Department of Health to implement a mandatory requirement for all health service providers to regularly report the results of their water-testing regimes to the Chief Health Officer (CHO). The Chief Health Officer will be notified within 24 hours when an exceedence of the Australian Drinking Water Guidelines is detected and of actions taken and planned to address the risk and remedy the exceedence. The CHO will report any exceedence that poses a risk to patients, staff or visitors to the minister.

HEALTH ASSET MAINTENANCE FUND

765. Hon Nick Goiran to the Leader of the House representing the Premier:

I refer to the answer from the parliamentary secretary representing the Minister for Health Infrastructure to my question without notice 610 regarding the announcement on 18 August of a snap audit and review into the management of hospital maintenance.

(1) Is the minister aware that the parliamentary secretary informed the house that as at 21 August the engagement of Mr Fong and Mr Barnes by the Department of the Premier and Cabinet was underway?

(2) Have they now been engaged?

(3) What remuneration will be paid to Mr Fong and Mr Barnes respectively?

(4) What is the timeline for this snap audit?

(5) Will the minister table the documents appointing Mr Fong and Mr Barnes to this task?

Hon Stephen Dawson replied:

I thank the honourable Leader of the Opposition for some notice of the question.

(1) As at 21 August 2025, the department had commenced the required processes to engage Mr Barnes and Dr Fong.

(2) Mr Barnes and Dr Fong commenced their engagements on 25 and 26 August 2025 respectively.

(3) Mr Barnes and Dr Fong will each be remunerated $80,000, excluding GST, plus any associated travel or other expenses to undertake the audit.

(4) The engagements of Mr Barnes and Dr Fong will conclude by 21 November 2025.

(5) I table copies of Mr Barnes' and Dr Fong's letters of engagement.

(See paper 530.)

CYCLONE SEROJA—DISASTER RECOVERY FUNDING ARRANGEMENTS

766. Hon Rob Horstman to the minister representing the Minister for Emergency Services:

This is question C642, so it was put in quite some time ago.

I refer to question on notice 1368, asked by Hon Martin Aldridge MLC, regarding total expenditure for the government's $104.5 million Cyclone Seroja disaster recovery funding arrangements (DRFA).

(1) What is the current total expenditure for the DRFA package, excluding all other funding streams and grants not related to the DRFA?

(2) Are any outstanding claims for assistance remaining?

Hon Matthew Swinbourn replied:

I thank the member for some notice of the question, which was submitted and answered on 19 June 2025, so it was correct as of that date.

The Department of Fire and Emergency Services advises the following.

(1) The $104.5 million was based on an initial estimated recovery cost. The actual cost proved to be significantly less. The total expenditure to date is $25.72 million. An additional $26.13 million of other DRFA recovery program funding was also expended.

(2) Yes.

PERTH ENTERTAINMENT AND SPORTING PRECINCT—ACTIVITY NOTICE

767. Hon Michelle Hofmann to the parliamentary secretary representing the Minister for Transport:

I refer to the activity notice regarding the Perth Entertainment and Sporting Precinct issued to the Whadjuk Aboriginal Corporation and the South West Aboriginal Land and Sea Council on 20 February 2025.

(1) What was the activity notice for?

(2) Can the minister table the activity notice?

Hon Samantha Rowe replied:

I thank the honourable member for some notice of the question and provide the following answer on behalf of the Minister for Transport. This answer was prepared on Tuesday 9 September.

(1)–(2) The activity notice was for all works and associated infrastructure for the Perth Entertainment and Sporting Precinct.

PLANNING—PERTH AND PEEL BOUNDARIES

768. Hon Dr Brad Pettitt to the parliamentary secretary representing the Minister for Planning and Lands:

I refer to question on notice 364. Can the minister please table a map outlining the boundary of the land area in Perth and Peel using the old methodology?

Hon Dr Katrina Stratton replied:

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

The Department of Planning, Lands and Heritage advises that an answer cannot be provided in the time available. However, an answer will be provided on Tuesday 14 October 2025.

The President: Hon Rod Caddies, you got a question yesterday. Is anyone else from the crossbench seeking the call?

Hon Rod Caddies: I have not got a question today, though.

The President: You were not in the chamber, honourable member, when we passed by you.

Hon Rod Caddies: I still didn't have a question, though.

The President: Okay. If there is no-one else from the crossbench, I will give you the call. Hon Rod Caddies.

"SOVEREIGNTY NEVER CEDED" RALLY

769. Hon Rod Caddies to the minister representing the Minister for Police:

I refer to the "Nazis off our streets: Sovereignty never ceded" rally and march in Kings Park on 13 September 2025.

(1) Was this protest in Kings Park granted permission to proceed by WA Police?

(2) If yes, on what date was the protest request received and what date was permission granted?

(3) Will the minister outline the terms on which the protest organisers and WA Police agreed to the event being held at Kings Park?

(4) Did WA Police liaise with the Botanic Gardens and Parks Authority when making the decision to approve the protest request?

Hon Matthew Swinbourn replied:

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

Unfortunately, an answer cannot be provided in the time available. An answer will be provided on the next day of sitting—tomorrow.

FAMILY AND DOMESTIC VIOLENCE—COERCIVE CONTROL—TRAINING

770. Hon Michelle Boylan to the minister representing the Minister for Prevention of Family and Domestic Violence:

I refer to the announcement made in January of $2 million for family and domestic violence training for police officers, legal professionals, court staff and custodial officers to support system readiness for criminalising coercive control.

(1) Were Western Australian service providers and family domestic violence training specialists consulted in the design of this training?

(2) If yes to (1), which organisations?

(3) If no to (1), why not?

Hon Jackie Jarvis replied:

I thank the honourable member for some notice of the question. The following response has been provided by the Minister for Prevention of Family and Domestic Violence. The Department of Communities advises the following.

(1) Yes.

(2) The Office of the Director of Public Prosecutions, the Department of Justice, the Western Australia Police Force, legal professionals and family and domestic violence peak bodies.

(3) Not applicable.

METRONET—COMMERCIAL LEASES

771. Hon Steve Martin to the parliamentary secretary representing the Minister for Transport:

I refer to news on the Metronet website from 12 March 2025 about commercial spaces being available to lease for businesses with two years rent-free.

(1) Noting the following were listed as available now, how many have secured tenants in:

(a) Alkimos;

(b) Bayswater; and

(c) Yanchep?

(2) Noting the following were listed as available from mid-2025, how many have secured tenants in:

(a) Armadale;

(b) Byford;

(c) Cannington;

(d) Midland;

(e) Oats Street; and

(f) Thornlie?

Hon Samantha Rowe replied:

I thank the honourable member for some notice of the question and provide the following answer on behalf of the Minister for Transport.

(1) (a) It is finalising negotiations with a prospective tenant.

(b) Two tenancies are secured. Negotiations are continuing with a third prospective tenant.

(c) It is finalising negotiations with a prospective tenant.

(2) All negotiations are complete or are being finalised with a tenant or prospective tenants.

LOCAL GOVERNMENT—COMMISSIONERS

772. Hon Neil Thomson to the Minister for Local Government:

I refer to the various commissioners appointed to the local authorities of Nedlands, Port Hedland and Derby–West Kimberley. Can the minister please provide the estimated cost to the state for each of those commissioners' renumeration, including superannuation and any other allowances over the term of their appointments?

Hon Jackie Jarvis replied:

I thank the honourable member for some notice of the question. The following response has been provided by the Minister for Local Government. The local government authorities where commissioners have been appointed are responsible for the financial costs incurred by the commissioners.

STATE BIOSECURITY CENTRE

773. Hon Dr Steve Thomas to the parliamentary secretary representing the Minister for Planning and Lands:

I refer to my question without notice 1482 of 13 November 2024 on the Department of Primary Industries and Regional Development's former Kensington biosecurity site.

(1) As at 15 September 2025, has DevelopmentWA and/or the Department of Planning, Lands and Heritage sought, undertaken or proposed an evaluation process or usage options assessment of the site?

(2) If yes to (1), what assessments, proposals, site valuations and land usage options have been considered?

(3) Has the land been transferred to DevelopmentWA?

(4) What is the total land area of the site and its current zoning?

(5) Has the minister considered a variation to site zoning, and, by extension, what permissible usages are afforded to the site?

Hon Dr Katrina Stratton replied:

I thank the honourable member for some notice of the question. I provide the following on behalf of the Minister for Planning and Lands.

(1) Yes.

(2) A range of due diligence investigations have been undertaken to identify the site's opportunities and constraints. Land use and planning investigations are ongoing to guide the future development of the site.

(3) No.

(4) The site is 22.115 hectares and currently zoned "Urban" under the Metropolitan Region Scheme and "Centre" under the *City of South Perth: Local Planning Scheme No. 7*.

(5) The urban zoning and *Bentley–Curtin Specialised Activity Centre Plan* identifies residential as the primary land use, supported by mixed-use and research/development land uses.

POLICE—FAMILY AND DOMESTIC VIOLENCE

774. Hon Jess Beckerling to the minister representing the Minister for Prevention of Family and Domestic Violence:

I refer to recent reports by the ABC showing a significant rise in incidents of family and domestic violence in WA.

(1) How many dedicated FDV response teams currently exist in WA police stations?

(2) What towns or cities are they located in?

(3) How many operate seven days a week, and can the minister please indicate which ones?

Hon Jackie Jarvis replied:

I thank the honourable member for some notice of the question. The following response has been provided by the Minister for Prevention of Family and Domestic Violence. I note the answer was correct as of Thursday 21 August, the day it was asked.

The Department of Communities advises the following.

(1) There are 17 place-based family and domestic violence response teams (FDVRT) around the state. Of these, 11 are based in police stations. The remainder are based in different settings, including Department of Communities offices.

(2) FDVRT regional locations are in Broome, with an additional satellite team in Derby; Kununurra; Geraldton; South Hedland, with an additional satellite team in Karratha; Bunbury; Albany; Northam; and Kalgoorlie. FDVRT metropolitan locations are in Armadale, Cannington, Cockburn, Joondalup, Mandurah, Mirrabooka, Midland, Perth and Rockingham.

(3) In 2025, a centralised triage team was established in the Perth CBD. This is in addition to the 17 place-based FDVRTs. The centralised triage team operates seven days a week and is currently supporting all regional FDVRT locations.

DEFENCE INDUSTRY—HENDERSON DEFENCE PRECINCT

Answer

Hon Stephen Dawson (Leader of the House) (5:05 pm): I will clarify the answer to Hon Dr Brian Walker's question. I have an answer to provide. I seek leave to have it incorporated into *Hansard*.

Leave granted for the following material to be incorporated.

(1) The decision to invest $12 billion towards delivering a defence precinct at Henderson was made by the Australian Government.

(2) In planning Westport, the Government is working closely with the Australian Government's Department of Defence and other relevant authorities.

(3) The Cooperation agreement between the Commonwealth of Australia and the State of Western Australia to deliver and sustain Australia's future Defence capabilities signed on 16 October 2024 states the Western Australian Government intends to "exchange

relevant State-owned land, seabed, assets and capabilities necessary for the establishment of the Defence Precinct on terms that achieve value for money outcomes for both of the Parties to enable the realisation of the Defence Precinct".

(4) Western Australia has long played a critical role in Australia's national defence, with a proud legacy of supporting naval shipbuilding, sustainment, and hosting allied forces over many decades.

CO-OPERATIVE BULK HANDLING LTD—INDUSTRIAL ACTION

Answer

Hon Jackie Jarvis (Minister for Agriculture and Food) (5:05 pm): I would like to provide an answer on behalf of the Minister for Industrial Relations to Hon Dr Steve Thomas's question without notice 738 asked yesterday. I seek leave to have it incorporated into *Hansard*.

Leave granted for the following material to be incorporated.

(1)–(2) No

(3) Not applicable

(4) The Government acknowledges the importance of the grain handling processes to the success of Western Australia's upcoming harvest. The CBH negotiations are occurring within the federal industrial relations system which allows for protected industrial action as part of the bargaining process. The State Government is closely monitoring the industrial action at CBH in Kwinana and encourages the parties to continue to work together towards resolving outstanding issues.

HEALTH—PREGNANCY SUPPORT CENTRES

Answer

Hon Pierre Yang (Parliamentary Secretary) (5:06 pm): I would like to provide an answer to question without notice 758 asked by Hon Maryka Groenewald to the Minister for Health. I seek leave to have it incorporated into *Hansard*.

The President: That is the question that you were not able to find the answer to today?

Hon Pierre Yang: That is right, yes.

Leave denied.

The President: Parliamentary secretary, please read the answer.

Hon Pierre Yang: I thank the honourable member for some notice of the question. The following has been provided by the Minister for Health.

(1)–(2) It is unclear which brochure specifically the member is referring to, and as such I ask that this question be put on notice.

LIQUOR CONTROL AMENDMENT BILL 2025

Second reading

Resumed from an earlier stage of the sitting.

Hon Pierre Yang (Parliamentary Secretary) (5:07 pm): Thank you, President, for the opportunity to continue my remarks that were interrupted by question time. Prior to question time, I spent a bit of time looking at the structure of the Liquor Control Amendment Bill 2025. I looked at its legislative intent and briefly touched on the five parts of the Liquor Control Amendment Bill. In my contribution prior to question time, I talked about one of the legislative intents being to increase hospitality trading hours on Good Friday, Christmas Day, and Anzac Day so that the trading hours on those days align with Sunday trading hours. I also talked about the increased capacity of small bars from 120 to 150. I hasten to add that this government is a government of reform. In 2006, the previous Labor government, the Carpenter government, reformed the small bar scene when the sector was experiencing certain challenges. Because of the reform that we undertook as a government some 18 or 19 years ago, we have seen a flourish of the sector.

Immediately prior to question time, I was referring to an article from the ABC. If I may, the article, dated 11 April 2024, refers to the importance of fighting back against sly grogging. I was quoting certain passages of the article and I wish to continue just for a little bit. I think I had stopped at this part of the article:

> Sly grogging refers to the illegal transportation and sale of alcohol, often at inflated prices, in communities like WA's Kimberley where it is banned or heavily restricted.
>
> The crackdown from Kimberley police began in March and aims to address illegal sales and public alcohol abuse through visible policing.
>
> Since the operation launched last month, local police have seized 39 cartons of beer and over 100 litres of wine and spirits.
>
> Communities in the Kimberley continue to grapple with high rates of alcohol-fuelled violence, with calls for further liquor restrictions to be enforced in the region to alleviate harm.

There is no denying by anyone that excessive consumption of alcohol can cause significant harm in our community. It is important to note that we must find the right balance to ensure that law-abiding citizens in Western Australia can enjoy a drink, which, of course, they are legally entitled to do. At the same time, we must provide a balanced approach to the laws that we want to impose so that harm is minimised and law-abiding citizens can purchase alcohol should they wish to. The article continues:

> Kimberley District Police Superintendent Steve Thompson said tackling alcohol-fuelled crime was a priority for his officers.
>
> "What we do see in a large amount of the family violence offences [is] alcohol as a contributing factor, so this operation ties in with that …
>
> Superintendent Thompson said 56 people in the region were placed onto the Banned Drinkers Register over the first four weeks of the operation.
>
> He said people in the community knew who the sly groggers were, which could be shared with police anonymously.
>
> "If there's people out there causing harm and lining their own pockets while they do that I'm encouraging the community to contact us, let us know who they are …
>
> "We'll build up that intelligence picture and then we'll take action against them."

In the minister's second reading speech, he stated:

> The Cook government is committed to growing Western Australia's hospitality and tourism sectors, boosting our night-time economy and supporting vibrancy, small businesses and jobs. The Liquor Control Amendment Bill 2025 will modernise the *Liquor Control Act 1988* by reflecting changing business models and addressing community expectations. The bill forms part of a broad package of liquor reform to support our election commitments and promote better regulatory processes.

With interest, I wish to quote another part of this very important second reading speech, and it is in relation to harm minimisation. The minister continued:

> The minimisation of alcohol-related harm is one of the primary objects of the Liquor Control Act. Tackling alcohol-related harm is a longstanding and complex issue and is not something that the Western Australian Government can achieve alone. Collaboration is required between licensees, the Western Australia Police Force and other state agencies, support service providers, local governments and the entire WA community.

That is so true. As I mentioned earlier, alcohol is a substance that is legally sold in Western Australia, but overindulgence and excessive consumption can cause significant harm to not only the people who consume it but also people around the people who consume it, and there is a detrimental effect to our community overall.

The minister continued:

> Alcohol restrictions are an important part of a multifaceted approach implemented by the WA Government to reduce alcohol-related harm in our communities. The banned drinkers register is a targeted alcohol restriction that is designed to operate as a harm-minimisation tool in areas where there are heightened concerns around the misuse of alcohol and its impact on individuals and communities. Our government strongly supports communities taking ownership of harm minimisation and alcohol restrictions as we find that the best results come from community-driven initiatives.

Not only do we have that legislative instrument to ensure harm minimisation, but also we are increasing penalties under the bill for those who try to undermine the legislative framework by selling alcohol illegally at inflated prices and therefore causing harm in the most vulnerable parts of our community.

I come back to the article that I talked about earlier. It states:

> Derby-West Kimberley Shire president Peter McCumstie said more resources to support the police's efforts could help tackle the wider implications of sly grogging in Fitzroy Crossing.
>
> "Houses and staff quarters have been getting broken into, the shire workshop's now been smashed into about four times …
>
> "And our visitor centres [are] just constantly being damaged."
>
> Mr McCumstie said recent criminal damage, driven by a search for alcohol, had impacted the delivery of services.
>
> He said there was a "wealth of knowledge" across the community over the identities of those selling and supplying the illicit alcohol.
>
> "Everything has an action and a reaction, and sadly the reaction in Fitzroy Crossing is that it's going to be doubly hard to get staff or workers …
>
> "You need to actually go the next step, you need to come forward and talk to us about who's doing it."

This government is increasing the penalty for those who are involved in sly grogging and providing illegal alcohol to our most vulnerable parts of the community, and I want to commend the government for doing that. It is important to note that this government is a government of reform. As I mentioned, Labor conducted a small bars reform back in 2006, from which we see a sector that has really flourished over the last 18 or 19 years. People who enjoy a drink or two responsibly can do that in their own time.

A press release issued on 17 November 2002 entitled "Small bars celebrate 15 years as liquor reforms look to raise the bar" states:

> In late 2007—following the then Racing and Gaming Minister Mark McGowan's reforms—the first small bar liquor licence was granted, kicking off an evolution of WA's hospitality scene.
>
> Among the first to receive a small bar licence was Helvetica—one of Perth's original laneway bars—which remains a staple of Perth bar-goers to this day.
>
> In just 15 years, the number of small bars in WA has risen to 241, almost half of which opened in the past five years.
>
> Further reforms to liquor laws were introduced in 2018, which cut red tape and meant the cultural and tourism value of venues could be considered in determining liquor licence applications.

It continues:

> A range of potential improvements will be considered, including eliminating unnecessary red tape, a simpler licensing system, and a faster, more cost-effective approvals process.

I think these quotes demonstrate the commitment of the government to reform the sector well, ensuring that harm is minimised in our community, with strong mechanisms supporting our most vulnerable communities with instruments such as the banned drinkers register and increasing penalties for sly-grogging offences.

With these remarks, I wish to conclude simply by saying this is a very important reform that has been undertaken by the government. I commend the minister and the government for introducing this bill into this place and I look forward to the passage of the bill so that we can have a modernised liquor licensing and regulatory framework.

Hon Klasey Hirst (5:23 pm): I am pleased to make a contribution on the Liquor Control Amendment Bill 2025 this evening. As I mentioned last week, I spent years working in a bank. I will take members back there again for a little bit, if I may. I mentioned I started working in the retail space, but I later moved into commercial banking and I spent time working as a small business specialist. That role gave me the chance to work closely with lots of businesses, but particularly lots of hospitality and tourism businesses.

Day after day in that role, I sat across from cafe operators, hoteliers, small bar owners and venue managers, and I heard all about their grand plans but also about their challenges and the hurdles that they faced. Cash flow was generally the biggest hurdle, to be honest, perhaps closely followed by HR and staffing. One of the hurdles they faced was how to navigate regulation, especially liquor regulation. There was often significant confusion at the time. This bill is about modernising our liquor laws to better reflect how businesses and communities live today.

One of the clearest examples of inconsistent rules has been the restrictions on Good Friday, Christmas Day and Anzac Day. Each of these days has different rules. On Good Friday and Christmas Day, venues can operate between 12:00 pm and 10:00 pm and only for alcohol served with a meal. On Anzac Day, licensed premises cannot open until midday. We can compare that to a normal Sunday, when hotels, taverns and small bars can operate from 10:00 am until midnight.

Under this bill, Good Friday, Christmas Day and Anzac Day will align with Sunday hours. The impact on businesses, from their respect, is that they can roster staff and order stock with certainty. They can meet customer expectations without extra approvals and the customers can gather without unnecessary restrictions on them.

On the ground, I spent a lot of time reviewing business plans and cash flow forecasts and testing them, and it was a conversation I always had: "How have you looked at this? How have you come to these discussions? Have you thought about public holidays? Have you thought about weekends?" A lot of times they simply did not know how to do that. I can go into that another time if anyone is interested, but I am sure they are not. Providing certainty through these regulation changes will help them with that. Certainty is everything when business owners are trying to plan around fixed costs, staff availability and, of course, customer demand. These changes will remove one of those unnecessary unknowns that business owners have to carry.

On the meal section, I have talked before about having a gastric sleeve, and I cannot eat a lot. That is just the reality of the situation. I joined my friends one evening a couple of years ago at a very well known and well-respected buffet restaurant in Perth. They told me the price to eat a meal, of which I could eat a cup of food, and it was $75. I said, "Okay, no worries. I won't eat. I'll just have a drink with my friends because we are out to celebrate." They told me that I could not do that. I could not have a drink. I had to order the food even though I could not eat it, and I certainly could not drink and eat at the same time. I either had to pay the $75 to do that or sit with a glass of water

in front of me. Businesses are forced to enforce rules that do not really make sense anymore, so this reform is going to make things a bit fairer, a bit more inclusive and more practical.

Another improvement in the bill is around extended trading permits. Under the current laws, those permits have to be renewed every 10 years. From a small-business operator's point of view, that means they are paying renewal fees. Maybe they have to engage lawyers or compliance consultants. I have seen it firsthand that sometimes getting a liquor licence can take a long time. I had someone who was buying a new cafe. Everything was good to go. Everything had been rigorously tested. Everything was great. We were waiting on them, and they were waiting on a liquor licence. This was in, I think, 2016 or 2017, but the liquor licence took months to come through. All this was while they may have been managing staff, stock and cash flow and trying to get things off the ground.

This bill recognises that the tenure thing adds no real value. The permits are already tied to the licence and are monitored by the Director of Liquor Licensing. Renewing every 10 years just means more paperwork and more cost. Extending the trading permits means they will now run for the life of the licence. This, again, will remove uncertainty; it will free up the resources that go into staff training, venue upgrades and other customer experiences, and it will support venues' long-term planning. I saw it on the ground; I saw businesses hold off on refurbishments or hiring because their permit renewals were still pending. It was not because they lacked demand; it was the risk of spending money without knowing whether the permit would continue. This reform will give them the certainty to get on with growing their businesses, which is what we want.

In terms of modern identification, for businesses, verifying identification can be one of the biggest compliance issues and, for us, it could be one of the biggest frustrations. Right now, the law recognises only physical identification. For those from other states—it is not here yet—it means if their driver's licence is on their phone, it is not recognised. This bill is going to modernise that. It is going to support the recognition of digital forms of identification. As I mentioned, WA does not have its own digital driver's licence yet, but I am told that it is being looked at. In the meantime, our laws will support recognition of licences already available in states like South Australia, New South Wales, Queensland and Victoria, and prepare us for when the time comes for us. It means that at the door there could be less conflict and a smoother process for staff. It will be easier and more convenient for customers. Everything is literally on our phones these days. It will also be more secure and enforceable for regulators.

Recently, I was back in Kalgoorlie, sadly for a funeral, but I took the opportunity to go out. I forgot my driver's licence because I did not anticipate going out that night.

Hon Kate Doust interjected.

Hon Klasey Hirst: The last time I went to the Exchange Hotel, I did not need my driver's licence to get in, but when I got there, I found that I did need a driver's licence. That meant I had to hop in a taxi and return to the Airbnb we were staying at and then I had go back again. I do not get to spend much time with my friend there anymore and by that time we were having an enjoyable night. It was inconvenient for me and maybe the Exchange lost—

Hon Kate Doust interjected.

Hon Klasey Hirst: It is an interesting bar. I probably lost about 40 minutes of my time, which is probably about two gin and tonics for me—maybe three. This bill means that WA will embrace digital ID as it is rolled out.

That takes me very nicely to a love of mine, which is gin. WA has a growing craft distillery industry from the Swan Valley to the Perth hills down to the South West and Great Southern and, as we heard from Hon Lauren Cayoun, right up to the Kimberley. Until now, these producers have been restricted in what they could sell. If they distilled gin, vodka or whisky, they could really only sell it as bottled spirits. The bill will remove this barrier. It will help the creation and sale of ready-to-drink beverages, like a locally distilled gin and tonic in a can, premixed cocktails and, of course, the increasingly popular hard seltzer. These are some of the fastest growing products in the alcohol market. Hard seltzers alone have gone from nothing to a multibillion-dollar global industry in just a few years. Consumers are asking for lighter, lower sugar, lower alcohol options. If people buy a seltzer in WA, chances are they will get one from the east coast or from overseas. With these reforms, a distiller in Margaret River or the Swan Valley will be able to produce a WA-made alternative, supporting local jobs. A friend of mine wanted to look at producing seltzer here. She is an American. They drink a lot more of that over there. She said to me it was way too difficult to get into that market.

This is not just about sales, of course; it is about tourism. When visitors come here, they want to taste what is unique to WA. We have heard about distilleries already, and they will now be able to offer their full product range at the cellar door. That means a better visitor experience, more spending in regional towns and a stronger link to our visitor economy strategy. For those members who know me, I am a gin lover, and I admit I have not a fairly large, but an extremely large, gin collection at home. Honestly, I will probably never get through it, certainly not in the next four years. I am also something of a tonic connoisseur, to be honest; I am a tonic snob, really. There are some really great local distilleries that I think deserve a shout-out. One of my absolute favourites is Old Youngs Distillery in the Swan Valley. If members have not had a tasting experience there, I encourage them to do it. I

especially like its Gingin gin and its Six Seasons gin, which of course honours the Noongar calendar. There is also its Pavlova vodka. Another personal favourite is AmberChes in the Swan Valley. The saltbush and lemon myrtle gin really highlights local flavours. I have a bottle of the Carmel Distillery Spring Fling from up in the hills, and that is a personal favourite I save for special occasions. Again, in the hills we have HHH Spirits. Head distiller, Hilton, built his own copper stills, and his Miss Myrtle gin has a beautiful floral honey character. The Wax Lyrical Classic gin has Geraldton wax in it, which is a beautiful native flower from WA, and it is mixed with blue pea flowers. When tonic is added, it changes to a beautiful colour. My other personal favourite distillery is Moon Tide in Broome. Its White Pearl gin uses Kakadu plum and rainwater from the Kimberley. It also makes beautiful Black Pearl Aniseed Spirit, for those who are not gin drinkers, and also Roebuck Bay bitters, which is a unique bitters the distillery makes itself. These are creative, passionate local businesses. This bill will give them flexibility to innovate to meet consumer demand and compete with national and international brands. It will help consumers with more choice, support producers with new revenue streams, strengthen regional economies and build the WA reputation for craft spirits.

Although we are supporting small business and innovation, harm minimisation remains central. It is at the forefront. Alcohol-related harm is complex and long term. I have lived in the regions. I have talked about it. I have seen it firsthand. I have sat in the bank when we have opened the doors to the people outside and seen them get bashed over the head when they leave. They would come in and get their money out and when they walk back out, they would get hit over the head and robbed. It is confronting; it is horrible. This bill will strengthen harm minimisation. It will increase penalties for sly grogging. It will modernise enforcement powers. It will move disciplinary matters and reviews to the State Administrative Tribunal. Most significantly, it will make the banned drinkers register permanent.

There has been a lot of talk about the BDR. I was in Kalgoorlie in 2021 when it was announced that the BDR trial would take place there. The BDR is a targeted tool. It restricts takeaway alcohol for those on the register. It is not a blanket ban and communities can still trade and socialise; it is just for certain people. There is a voluntary pathway. People can opt to put themselves on the register if they recognise they have a problem, but since December 2023, a banned drinker order can be issued by police officers for alcohol-related offences. Medical practitioners and social workers can also apply. Of course, as I have mentioned, individuals are empowered to apply for self-imposed orders. There is community support. Two independent evaluations have had widespread support from WA police, local governments, health providers and the liquor industry. I talked about the 2021 election campaign. I doorknocked for well over six months with the now member for Kalgoorlie, Ali Kent. When we talked about the BDR being introduced, it was welcomed by locals. They were really glad to see that we were going to give it a go. They absolutely welcomed it when we announced it in 2021.

I turn to the practical impacts of bringing the BDR in permanently for licensees. There will be straightforward compliance through ID scanning. For the communities, there will be reassurance that safeguards are in place, and, for frontline services, there will be fewer repeat cases and less pressure. The bill will remove the sunset clause, giving certainty to the communities. A BDR is not the whole answer, but it is a proven community-supported tool, and making it permanent is a sensible evidence-based reform.

This bill sits within our government's commitment to support and grow Western Australia's hospitality and tourism sectors. These industries matter to our state. They provide jobs, support small business and bring people together. At the same time, we know that any changes have to be balanced with responsibility, and that is what this bill will do. On the one hand, it will make things a little easier for small business, with simpler rules and more flexibility, and it will encourage diversification in our economy and tourism. On the other hand, it will keep harm minimisation at the centre, with stronger penalties and modern enforcement and the BDR made permanent. These are practical reforms that reflect how people live and how businesses operate today while making sure communities have the safeguards they expect. It is about getting the balance right—encouraging a strong hospitality and tourism sector while keeping harm reduction at the heart of liquor laws. I commend the bill to the house.

Hon Maryka Groenewald (5:38 pm): I thank all members for their contributions today and I agree that reform is definitely needed. The issue, really, is how we deal with some of the problematic elements of this bill. I stress, in considering some of the consequences of this bill, that the harm is real. I enjoy a drink with my meal, as do most people. We want to see small businesses thrive and we want to see them grow, but this bill has a range of issues that require attention and scrutiny. It pulls in two different directions, and it seems to do so at once. On the one hand, it reduces restrictions on alcohol during important days, making it easier to drink on days that were really once reserved for family, for reverence and for remembrance, and, on the other hand, it comes down hard on regional communities with a punitive mechanism that fails to deliver and consider long-term consequences.

As I have said from the start, part of getting it right the first time is ensuring that there is transparency not only for members who have sought information on which to make an informed decision on this bill, but also for the public in general.

As many members have mentioned today, on the back of several briefings, which I have really appreciated, I have continually asked the government to please release the reports that informed this bill. We are being asked to vote

on reforms without actually seeing the full picture, and there should be concerns. Every member should have concerns about making a decision blindly without having had access to all the stakeholders and their input on this important bill. The three separate evaluations of the banned drinkers register that were done by the University of Western Australia, Deloitte and KPMG were commissioned by the government, yet none of them has been released in full. Why is that?

On 12 August, the opposition in the other place noted that only heavily edited executive summaries had been provided and again asked for the full reports to be tabled. During consideration in detail on 13 August, the minister initially cited consultation with the Department of Health, the Western Australia Police Force and the Mental Health Commission. Only after further questioning did he add that the WA Country Health Service had also been spoken to, but no supporting detail or documentation was produced. Crucially, Aboriginal community–controlled health organisations report that they were not brought into formal discussions and have publicly called for genuine, well-funded engagement instead of more top-down restrictions. These are not impossible or unreasonable things to ask.

There has been only token engagement in the hardest hit towns. Deloitte's evaluation recorded only four stakeholder consultations in Carnarvon and Gascoyne Junction—two of the communities most affected by the BDR regime, which highlights the superficial nature of this process. With due respect, the problem as I see it is that the government has a glass jaw when it comes to accusations of secrecy. I do not believe that this is an appropriate modus operandi for a well-functioning government. We just want to make an informed decision. We want access to the information to ensure that a bill passing through this place does so with scrutiny and diligence. We want the information; it is really simple. If the government wants to shut down accusations of secrecy, it should be transparent and just give members the information.

Last night, finally, after much persistence and many emails and follow-ups, I was finally sent the government's consultation list for these reviews. It has taken almost two and a half weeks just to get the list of stakeholders who were consulted during this process. It shows that many groups—including the Returned and Services League of WA, the Catholic Church, the Aboriginal Legal Service, Kimberley Aboriginal Medical Services, the Cancer Council, St John Ambulance and the Western Australian Council of Social Service—were all consulted as part of these reviews. Great. That sounds like a very good list of organisations to consult. However, I say to the government that it cannot give people a list and then expect it to end there. Giving me the names of the organisations is a good start, but as members have reiterated today, that is clearly not enough. I want to know what the government has used to inform these laws and decisions. Surely, again, that is a reasonable ask, as my colleagues and Hon Tim Clifford have also said today. I want to know what these concerns are. I want to know why communities' voices have not been added to these reports and whether their voices were truly reflected in the final bill.

It will be a gargantuan task, but we do have a choice. When I look at the list, I see that there are 18 industry groups, 21 harm-minimisation groups and 15 government agencies, plus additional consultations with groups like the RSL. As I mentioned, a total of 59 groups are listed. If the government had been up-front and released the full reports, it would not fall on the shoulders of MPs to chase down every stakeholder in this case, but that is where I am at. I am going to have to contact these stakeholders and ask for their responses and feedback on the issues in this bill.

The problems with the bill are not entirely procedural. Another significant issue is cultural—the fact that certain holidays must remain special and set apart. These days are important days of remembrance. They are not glorified long weekends; they are actually important cultural markers and civic traditions. Good Friday, Christmas Day and Anzac Day are pillars of our common life as Australians, precisely because they are about more than just a day off. Although we know that people enjoy a drink now and then, turning these days into little more than another drinking session cheapens them and actually undermines the important heritage we have in them.

As I mentioned, this goes beyond the moral and cultural. I want to briefly mention a media statement released by RSLWA today. Honestly, the RSL nailed it. Allow me to briefly quote from the statement:

> RSL WA State President, Mr Duncan Anderson said, 'While we understand what the Government is trying to do, Anzac Day morning isn't about going to the pub or restaurant. This is the time for the community, veterans and their families to come together to reflect and give thanks.'

I wholeheartedly agree with that. The statement continues:

> RSL WA Chief Executive, Mr Stephen Barton stated, 'Not content with Christmas and Good Friday, the Australian Hotels Association wants Anzac Day morning as well. It's hard to see how it enriches our civic culture.'
>
> …
>
> 'There are few spaces now reserved in our civic life for the sacred. With social cohesion fraying, the unifying message of Anzac Day has never been more important.'

I could not agree more. I will go further than Mr Barton and say that not only is it unclear how these changes will enrich our civic culture, but also it is actually clear that it will devalue it. The data also shows that there is danger associated with whole-day drinking, which is something that I and several other members have also raised here today. On Christmas Day, emergency call-outs spike. On long weekends, hospital emergency departments report surges in alcohol-related assaults and incidents. Talk to a paramedic and they will tell us that they dread those nights, and that is with the restrictions we already have in place now.

New South Wales recognised the danger and last year actually tightened restrictions on Anzac Day. The New Zealand Parliament rejected attempts to open up Good Friday and Easter Sunday to retail drink sales; it was voted down by a wide margin. Here we are, moving in the opposite direction—loosening instead of tightening; undermining instead of protecting. A committee must hear directly from RSLs, churches, health workers and members of the community, and we need to have access to all feedback, all reports and all information. We must weigh the cultural and social costs with the promise of increased revenue for venues and being able to have a beer without a basket of chips on Christmas Day. Honestly, it seems common sense that the trade-offs are not worth it, and it would have been beneficial to explore that in a committee. It would have been an absolutely valuable exercise to have this bill referred to a committee so that people could explore it in further detail and have access to the reports, but anyway.

Moving on to the banned drinkers register, I cannot stress enough how important it is, when we are making decisions of this magnitude, that we have a long-term focus and wraparound services in mind. It is a complete travesty that this bill does not reflect the importance of wraparound services. Stopping problem drinkers from buying alcohol is, of course, very important. Regional communities, in particular, are crying out for this relief. But the expansion here is heavy on punishment and light on support. That is not a solution. It is like fining a homeless person for sleeping on the street without building a shelter.

The Aboriginal health leaders I have spoken to have been very clear that the register, as it currently operates, is out of step with what their communities actually need. Leaders in the Kimberley and Pilbara have stressed that supply-side bans do not address the drivers of alcohol harm, as Hon Dr Brian Walker so clearly and eloquently pointed out earlier today. They have consistently called for investment in culturally led treatment programs, family support, housing stability and prevention programs, yet instead of meeting those calls, this bill doubles down on exclusion, without building pathways to recovery and prevention.

These are the things we have to consider. What are the long-term implications of the poorly constructed bills that we are making in this place? Something I have heard so much is that communities feel that policy is being done to them, not with them. Even retailers, who are often portrayed as the opponents of restrictions, have admitted publicly that the register alone cannot replace proper health and social services. Of course, that is common sense. Store operators have pointed out that at best, the banned drinkers register is a blunt instrument that prevents some access at the transaction point. It does not deal with why a person is drinking nor does it connect that person to the proper care they need to remove themselves from this damaging lifestyle. Their view reinforces what health experts have said all along. This is not merely an enforcement issue; it is a health and social support problem.

Let us look at what is happening on the ground. Broome Sobering Up Centre was formerly described as vital to community safety and wellbeing, yet it was left stuck in tender limbo for months. If a service that is so crucial and essential falls through the cracks, how can anybody claim that the safety net is strong enough to sustain an expanded BDR? In East Kimberley, as another example, the picture is even starker. Just six withdrawal beds serve an enormous region in which alcohol consumption is far above the state average. I had a look at the budget to determine what funding mechanisms and service provision are available given that the government is expanding this incredible BDR initiative. The state budget papers show that the Mental Health Commission's funding for the new alcohol and other drugs service will rise by $85 million a year, but barely one-third of that, $34 million, is tagged for regional rehabilitation centres in the Kimberley, Goldfields and Great Southern. This means that the growth rate for metropolitan programs is running at roughly twice that of our regions. The mismatch between need and capacity is very obvious. To expand the register without addressing crucial shortages and these very real issues is a real problem. Without detox, rehabilitation and family support, the register is just a blacklist. I want to put health and prevention back in the centre. I want to be clear. I do not oppose the expansion of the BDR, but it must be tied to proper wraparound services, and the right people need to be involved. Hopefully, this can be explored in more detail with community in mind.

A less consequential but still significant issue is the centralisation of authority that the Liquor Control Amendment Bill 2025 will establish. The bill will not just change the rules; it will change who makes and enforces them. I have also had feedback on this change. The bill will abolish the Liquor Commission and hand power to a single director. That is a serious worry. The whole point of the commission was transparency—public hearings, published reasons and independence. Taking that away will shut out communities and decisions will be made behind closed doors with no avenue for appeal. History shows that that is often where it ends. We have seen court cases in New South Wales that have shown the concentration of power often leads to mistakes. If the government is serious about this bill, it must preserve an independent review mechanism. Perhaps that is something to be explored. A committee,

of course, could have tested this to see whether this proper tribunal is a substantial pathway. We must ensure that the community is heard and that venue operators have a transparent and fair process.

In closing, I can say that this bill could be better and should be better. It will chip away at the sanctity of our holidays, prioritise enforcement over wellbeing and centralise power when transparency is required. We owe the people of Western Australia better than this. We can respect culture and reduce harm at the same time. We can protect our holidays, make the BDR genuinely constructive and ensure that communities and businesses are heard. That is why the right course was to refer this bill to committee. Seeing that that will be unsuccessful, I urge members in this place to please apply the proper scrutiny during the Committee of the Whole House stage. Obviously, I will not support this bill as it stands.

Hon Jess Beckerling (5:54 pm): I rise today to contribute to the second reading debate on the Liquor Control Amendment Bill 2025. Over the past couple of weeks, we have made scores of phone calls to groups across the North West and to First Nations leaders to understand their views on the banned drinkers register, and far and away the most common thing we heard is that Aboriginal and Torres Strait Islander people do not benefit from imposed laws like this; rather, they benefit from self-determination and having their leadership respected.

I will start by sharing some comments that were made by Aunty Esther after a recent conversation about this bill, specifically about the banned drinkers register. According to my notes, Aunty Esther said:

> I do not support the banned drinkers register at all. It's a band aid solution not to mention, racist. I think it condemns people who already have low self-esteem and feel devalued.
>
> People drink for many reasons, often it is a comfort and relief. It will target Aboriginal people in remote areas indiscriminately. Where 's the dignity?
>
> We are talking about adult people, and I think once government intervention then control steps in to remote regions it is extremely dangerous; government intervention is not needed. To strip people of their human right to purchase alcohol will send alcohol purchasing underground. The illicit alcohol trade or sly grog runs will happen, purchasing booze will triple, for example a 6pk mid strength beer $25 dollars could sell for $65.
>
> What is required is more funding for community services and facilities and community meetings to discuss issues and strategies but to blanket ban individuals by the Western Australian government is not the answer.

I echo the comments made by Aunty Esther, my honourable colleague who spoke before me and members across the chamber. The Greens have had many conversations with stakeholders and the community regarding the importance of appropriate and resourced wraparound community services. The Greens recently met with the Liquor Stores Association of WA, which said that the banned drinkers register is useless unless it is accompanied with appropriate resources for wraparound services to help address alcoholism. Publicly, the Liquor Stores Association Chief Executive Peter Peck said:

> … the focus on wrap around supports is vital if any type of harm minimisation is to be successful.
>
> It's been like ground hog day for the past few years—I've always said to fix the people you need to target your resources on health and mental health services.
>
> …
>
> This isn't a shiny vanity project this needs to be life changing

Kathy Watson, chair of Broome's only rehabilitation centre, Milliya Rumurra, said:

> How can the government force this upon us with no consultation and no workshops or not even letting us know—it's not right,
>
> No-one has spoken to us about this.

Ms Watson acknowledged that the damage that alcohol has done to the community is significant, but she also stressed that there is a desperate need for expanded support services through WA's north. As others in this place have already said, the government needs to address the root cause and treat the addiction, rather than just shifting the problem.

I have another couple of quotes from people that we have spoken to and news articles that are available for everybody to see. Carnarvon retailer Nathan Condo told the ABC in June that "the overall lack of transparency from the government was very disheartening" and questioned why the government would proceed with amended legislation before processing its own review. Former Shire of Derby-West Kimberley president Peter McCumstie said that without them, the BDR could cause more problems than it solves. He said:

> "We see little to no increase in resources to the only alcohol and drug rehabilitation centre outside of Broome or significant increased resources to assist community led efforts to work with those being placed on the BDR," he said.
>
> "Unless this changes a permanent BDR will only serve to cause more issues and problems in our Kimberley towns and communities.

> "During all discussions with government it was always clearly stated that wraparound services must be included to ensure that those placed on the BDR could be helped to overcome their alcoholism."

As Hon Tim Clifford said earlier, the Deloitte summary, the only part of the review released, also points to the lack of adequate wraparound health and support services.

Another key issue is the disproportionate impact of the banned drinkers register. During the Greens' briefing on this bill, we asked what proportion of people on the banned drinkers register were Aboriginal and Torres Strait Islander. We were told that this information is not tracked and available. It is surprising that this information is not tracked. But perhaps this is an intentional choice because it makes it harder to demonstrate that the BDR disproportionately impacts First Nations people. It is not difficult to track this and it is something that I would urge the Western Australian government to do. The conversations that we have had and that I quoted earlier with Aunty Esther were not isolated examples. As I said at the outset, we have had numerous conversations, particularly focused in the North West and with First Nations leaders in the metropolitan area and South West who hold really significant concerns about the disproportionate impact that the BDR has on First Nations people. We hoped that the reviews into the BDR trial would consider this, but it looks as if, instead, there has been a distinct lack of transparency around these reviews and no willingness by the government to release them.

The final issue that I want to turn to is appeals, and this has been quite odd. Staff in my colleague's office also asked a question during the briefing about the number of appeals that have been lodged by persons placed on the BDR and how many of these were successful. We were told in that briefing that no appeals had been received. We would love to see the government answer this question during the second reading reply or during the Committee of the Whole stage to place this answer on the record because my colleague's staffer has had a conversation with a lawyer who has lodged an appeal on behalf of a client, so it is hard to believe that there have been no appeal applications. In closing, I really echo what has been said across the chamber this afternoon that it is disappointing to see how poor the consultation has been on the BDR and that we are being asked to consider making it permanent without being able to scrutinise the findings from the trial. As it stands, we cannot support this bill.

Hon Kate Doust (6:01 pm): I am very pleased this afternoon to be able to make a few comments on the Liquor Control Amendment Bill 2025. It has been a while since I have had an opportunity to speak on a bill like this. The last time, I got myself into significant trouble with both of my parents because I think I admitted to underage drinking, so I am not going to do that today. This bill is reasonably complicated, picking up on a range of areas. I listened to some of the comments from earlier speakers and I might come back to touch on some of those. It is a significant bill. Over the last few years, and certainly leading up to when former Premier Mark McGowan was the minister responsible, I know he was very keen on changing our liquor licensing laws to enable small bars to operate. That was a really positive change that was welcomed here in Western Australia at the time. I see that this piece of legislation is partly about enhancing and growing those opportunities. Like my other colleagues in this place, I have had the benefit of travel and I certainly liked the model that I saw in Europe, particularly in places like Portugal, where there is a very different approach to drinking and certainly to drinking not just in restaurants, but out on the street. I am not saying that people should be able to walk around randomly with a bottle of wine or a tinny in the street as part of their normal day. I am just saying that the whole approach to alcohol consumption throughout Europe is treated in a significantly different way, as part of daily life. I have always found that to be quite interesting because they do not seem, on the surface, to have the same level of difficulties that we might encounter in people overindulging or with the abuse of alcohol, sometimes because it has been so restricted. We all know that when something is held away from us, it becomes so much more desirable. I think this bill seeks to strike that balance that my colleague Hon Klasey Hirst referenced in her speech today.

From what I understand, the range of reforms outlined in this significant piece of legislation—it has about 130-odd clauses to it, so it is not a simple bill—certainly has been part of extensive consultation over a period. I think it is part of the evolution that, as we grow as a society, we become more mature about our approach to these issues. While I was listening to the debate, I was just thinking that in Western Australia we have this really interesting attitude to alcohol. Thinking back to some of the referenda that we have had in Western Australia over time, a number of them were around alcohol, access to alcohol and trading hours. A lot of them were driven by the temperance union. I am not too sure whether the temperance union is still functioning today, but it would be interested in some of the debate that we are having around this bill.

People have alluded to the changes around Good Friday and Christmas Day and the impact they will have on families. I take the view, particularly with Christmas Day, that people have changed the way they celebrate these types of feast days and they do not necessarily all crowd around in the kitchen at home. Sometimes people like to go out to a hotel to have their family meal and they like to have a drink on Christmas Day. One thing I will say that is very important and needs to be noted is that the people working on Christmas Day certainly need to be remunerated appropriately for giving up their valuable time to work the additional hours that will be accommodated.

Areas of change that I thought were quite attractive in this bill—this would have appealed to my colleagues across the way—include the proposal for the reduction of red tape for those working in the industry, around the

administration of running small bars and hotels, and dealing with extended trade permits, which I know are always complicated, particularly when significant events are happening in Perth at particular times of the year. I know the issue around applying for licences will hopefully become a little bit easier. I think about one of the former retailers who I had next to me for many years in Victoria Park. He went through many struggles trying to get a small bar licence to become a small wine bar in Victoria Park; it is complicated, onerous and very costly. With the level of detail that he had to deal with and the many hoops he had to jump through to try and get this wine bar licence, I think it took him a couple of years. He ultimately got a licence, albeit a restricted one. It was very popular for a brief period and I think he could trade until, it might have been about six o'clock in the evening. Most people coming home want to have a glass of wine or they want to have something else and six o'clock is an early finish for some people who want to catch up with their friends. Victoria Park, of course, is a very vibrant hub for restaurants and cafes in our city now. It is an ideal place to see this type of legislation. They will see the benefit of this, hopefully, and will see some changes there. It will enable a number of those businesses to change the way they function, the way they operate and the services they can provide to their customers. I think that they will see this as a positive thing.

I note there are some welcome changes around how people can be identified. My colleague talked about having left her licence at home. I will ask this of the minister responsible or the minister who is managing it for the moment. I think it is great that people are going to be able to provide some sort of digital identification and the second reading speech certainly refers to a driver's licence, but I know that a lot of people do not have driver's licences and do not necessarily cart their passport around with them all the time. I will use the example of two of my children who do not drive—they should drive, but do not drive. They therefore do not have a driver's licence but they have an ID card that has been provided, I think by the Department of Transport. It is not an easy ID card to get these days. I think they are trying to phase them out, but for a lot of people, be they people who do not drive or who have retired or seniors who no longer have access to a licence, having a different form of ID is important. I do not know whether that type of ID is available in a digital format. While we are talking about driver's licences, I am just curious what consideration has been given to other forms of identification and whether they will be made available in a digital format so that people who need to prove they are over the age can show that in a different format.

I do not know how much time I will have to talk about some of the issues, but I note that there will be some changes to deal with the issue of sly grogging and certainly increases in the penalties for sly-grogging offences. That is a really important change. Whenever I think about those things, I think about Kalgoorlie. Having grown up there and travelled backwards and forwards to work there over many years as a union official, there was one thing that really used to drive me nuts. I used to get very angry about it and would talk to people about it. I think I talked about this in a speech when we conducted Parliament in Kalgoorlie. Just near the town hall, there are garden strips with trees. Hon Klasey Hirst will know what I am talking about. I am trying to remember the roads. It is Hannan Street and something else that is next to the town hall. It runs past Coles and Kmart.

Hon Klasey Hirst: Cassidy?

Hon Kate Doust: Cassidy Street. Thank you very much. The median strips are quite wide and have trees and quite often people would congregate there. A lot of the time they were Indigenous people. I do not know whether it happens so much now, but it certainly used to happen when I was a child and all the way through to the late 1980s, when I used to do work up there, so it is one thing that has stuck in my mind. These white blokes would go into the bottle shop, buy booze and sell it for an outrageous amount of money to the people seated under the trees on the large grassy median strips. I always found that to be offensive and could never work out how or why they got away with it. I would applaud any way, shape or form of stymieing or preventing those sorts of activities from happening and making sure that the people involved in that sort of issue are punished appropriately. I think this bill is certainly going some way to try to deal with that.

Issues around the management and oversight of these arrangements have been touched on. I think shifting the management and oversight of the review, resolution and disciplinary processes away from the Liquor Commission to the State Administrative Tribunal is very sensible. We certainly know that SAT has undertaken those arrangements for many types of organisations. The bill will also make a range of amendments to other legislation. I was interested to see that it will amend some arrangements related to the Public Trustee. I have not had the time yet to delve into the level of detail, but I thought it was an interesting area for change.

Unfortunately, I was not able to participate in a briefing, and I hope that does not show too much! These types of bills come about from time to time. They do not come about simply because government unilaterally thinks it is a good idea. More often than not, they are pieces of legislation that have had a lengthy gestation and have been dealt with right across the spectrum. I note that the second reading speech makes reference to a wide range of stakeholders that were engaged in the discussion about this legislation.

I also pick up on the discussion that we have had about the banned drinkers register, which has been functioning for a period of time now. Although it is due to expire in December, the key word in what has been happening with the banned drinkers register is "trial". It has been functioning as a trial to see what works and what does not and

to take on feedback and see what needs to be amended to improve it. The whole process did not come about because of a unilateral decision. It came about because of demand from people in those communities for significant change. Yesterday, some criticism was levelled at my colleague Minister Paul Papalia for his role in getting that process off the ground. I want to applaud him because I think he has been consistent in his approach and dedicated to working with communities to ensure that the trial works. One of the factors of this bill is to reinforce it and confirm it as an ongoing arrangement, so it will cease being a trial. I think that that is good. As Hon Klasey Hirst has already said, it is about finding the proper balance between people having access to and enjoying alcohol if they choose to and addressing the issues to minimise harm from excessive consumption to those people who perhaps should not have access to it and to those people who are exposed to harm or may harm others.

Hon Neil Thomson: Have you seen the results of the evaluation of the trial?

Hon Kate Doust: As I said, I was not able to get to a briefing, so I look forward to seeing some of that information at a later stage, but I probably will not have the opportunity between now and 6:20 pm.

I know that my colleague Hon Maryka Groenewald would have preferred a more extensive dive into this legislation. It is a good thing. That is what we are about. I assume that the second reading of the bill will be agreed to and we will probably go into the committee stage, and I am sure that the minister responsible will provide ample feedback on all the matters that have been raised. I am equally sure that, as we work through the 130-plus changes—they are significant changes—a better picture will emerge.

Alcohol is a complicated issue. We are never going to find the silver bullet to solve the problems with it. We have to try not to make it seem to be something that people should never have. Applying too many restrictions can make something more attractive and exacerbate the problems that people may already have. The idea of preventing people who have issues from accessing it seems to be working in some places. As I said earlier, it is about finding that balance.

One of the changes that I found attractive is the continuation of the modernisation approach to enable people to have a drink on their way home or to have a drink without having a meal. Rather than going to a large noisy bar with music pumping—maybe that is just my age point, because I do not want to sit down and have a drink in a loud and packed venue—the idea of going to a smaller, quieter place is much more attractive. These changes will hopefully enable more of those types of places to open up and flourish in Western Australia. I see that one of the changes that has been mooted in this legislation is expanding the capacity of small bars from 120 to 150 persons—and here I am talking about going to quieter bars! I am not too sure, but maybe that is a bigger small bar than I am thinking about.

These are incremental changes. They are positive changes to deal with specific elements, be it small bars, alcohol issues in some communities where there have been problems and concerns, red-tape issues or opening up opportunities. As I said earlier, the penalties will be increased to try to stop negative behaviours, such as in the example of sly grogging I referenced in Kalgoorlie. We take a very WASP-ish approach to alcohol. It is just part of our DNA in Australia. I hope that, over time, as we see these types of changes come in, we can evolve and that we can treat it in a different way. I like the idea of living in a Mediterranean arrangement, because children do not necessarily become aware of alcohol only once they hit a certain age. If they grow up around it and it is a normal part of life, they do not need to take that step to excess and consume too much.

Debate adjourned, pursuant to standing orders.

GENDER AFFIRMATION

Statement

Hon Maryka Groenewald (6:19 pm): My statement today is about the fact that every child deserves care grounded in evidence, but experimental practices and ideology seem to be driving medical experiments on our children and youth, and it is changing young lives forever. The way we treat children who are struggling with gender dysphoria is one of the most sensitive and crucial health issues of our generation. It requires honesty, transparency and a commitment to protecting children and placing their interests first.

The scale of medical intervention in WA's gender clinic is quite staggering. In 2024 the Perth Children's Hospital Gender Diversity Service received 202 referrals. A total of 178 children and young people received care through the service that year. Twenty-eight children commenced stage 1 puberty blocker treatment in 2024, with 69 currently receiving it. At the end of 2024 the youngest child receiving this so-called treatment was just 11 years old. The youngest child to have been treated by the Gender Diversity Service is just 10 years old. From 2016 to 2024 the number of children and adolescents receiving care has increased by 709%, up from 22 to 178. From 2023 to 2024 alone the increase in children receiving care was almost 70%, rising from 105 to 178. The number of children on stage 1 puberty blockers has risen by 331% since 2016. These are staggering numbers and we do need to take note of them. The number of children on stage 2 hormones has surged by 717% since 2016.

How can we justify allowing children to make such a huge decision at such an early stage in their emotional and psychological maturity. These are life-altering interventions given to children, often with little to no informed consent, and we still do not have access to the guidelines, which is why I have raised and will continue to raise this issue. There is no excuse for giving a child the choice to make such an incredible-life altering, body-altering, irreversible decision at a young age. It is clear there are serious concerns about the use of puberty blocking drugs and synthetic hormones for young children. The United Kingdom government's Cass review laid bare many of the troubling aspects of the so-called gender-affirming care for children, yet our state's health minister seems to think this document is nothing more than a bureaucratic review. I will share it briefly the health minister's response to a pre-hearing budget question of mine.

She said that the Cass review was a report into services for gender-diverse children suffering gender dysphoria in the United Kingdom and that the recommendations of the Cass review did not address specific treatments or clinical guidelines of care. The recommendations were largely in relation to configuration, governance and operational models in the United Kingdom. This is simply wrong. The Cass review clearly recommended restricting puberty blockers and cross-sex hormones and revising clinical protocols to reflect the lack of evidence. It contained detailed analysis of the evidence, identified serious risks and called for greater psychological assessment before any medical intervention. The review concluded that the research supporting these treatments was of low quality, inconclusive and often overstated the benefits while under-reporting harms. It is incredible that the health minister responsible for policy governing the health care of our children and, really, all of us would not know this.

The troubling pattern of behaviour from this government does not stop there. The Labor government has on multiple occasions refused to release the Perth Children's Hospital gender clinic guidelines. Considering the seriousness of this, it seems that at the very least we can remove the status quo that seems to default to secrecy. Again, we just want the guidelines. What of the questions asked about whether the same drugs being used for children with gender dysphoria are also used to chemically castrate sex offenders? On that front it has been a game of hot potato. The health minister says it is a matter for Justice. The Attorney General says it is a matter for Health. Neither can nor will comment. Think about that. This the most important public health issue of a generation and apparently neither the health minister nor the Attorney General can answer a simple question that goes to the heart of transparency and safety.

Think about it. If the answer to my question was no, do you not think the government would be eager to say so? The truth is that it is almost certain that the drugs used to chemically castrate sex offenders are being prescribed to children. Lupron is the most common drug used as a puberty blocker for children and it is the most common drug used to chemically castrate paedophiles. These drugs have been associated with a number of troubling health outcomes for children such as reduced bone mineral density; infertility, particularly in boys; abnormal development; intense migraines; and increased risk of thrombosis. That is not even an extensive list. Regardless of where we stand politically, can we not all accept that this is incredibly worrying? A drug we give to paedophiles and sex criminals to limit their libido is being given to our children.

Children experiencing gender dysphoria deserve compassionate care, but that care must be based on strong evidence free from ideological bias. No responsible health systems should treat vulnerable young people with untested drugs and synthetic hormones. When doctors do speak up, as many have done, they are being hit with suspensions. I mean, really? Just this week a paediatric psychiatrist, Dr Jillian Spencer, was sacked by Queensland Health after raising serious concerns about gender interventions. Activist bureaucrats are now trying to destroy the livelihoods of doctors who take a stand against many of these unproven treatments. This is unacceptable and deeply troubling.

A health system should welcome honest debate on this matter, especially on matters when it comes to children. The issue of puberty blocking drugs and synthetic hormones needs to be seriously looked at. For most of us, this is a metapolitical issue. Regardless of our views on transgender identity, we should all consider and be unified when it comes to the treatment of children. The only thing that matters is whether we consider their physical and psychological wellbeing before putting them on a one-track, life-altering surgery. This is why during Child Protection Week last week I launched a parliamentary petition asking for three things: that we have an inquiry into how the services operate here in Perth, that we halt all prescriptions of puberty blockers and hormones to children and that we re-establish a watchful waiting as the standard approach to treating children with gender dysphoria. These steps are not extreme. They are measured, reasonable and grounded in evidence. They put the safety of our children first.

I ask members to consider this and to think clearly and critically about this tremendously important issue and to commit to making decisions that will keep our kids safe from dangerous untested medical experiments. Let kids be kids, and let us support them with necessary services that enable them to work through their feelings, emotions and concerns without setting them up for a lifetime of regret.

HOUSING—AUSTRALIAN CAPITAL TERRITORY LEGISLATION

Statement

Hon Tim Clifford (6:27 pm): I rise tonight with some good news from the Australian Capital Territory. The ACT Legislative Assembly today passed legislation to enshrine housing as a human right. I am proud to say that the Greens have pushed that since last November and this indicates the first major action taken by the Greens in that Parliament. I have spoken in this place before about our attitudes to housing and the value we put on the roof over our heads. Looking at many articles online about housing these days we see a fear of missing out and how people had better get in quick being driven across the community due to the lack of housing stock. But a lot of this is pitched to investors. The attitude taken by the legislators in the ACT goes a long way in making sure people start to reflect and look at what is actually happening in their communities, especially when it comes to something that should be really fundamental in everyone's lives, and that is housing.

I will read out a few quotes from an article I found today because I think it is important to show what collaboration across the aisles can do to make sure that we put this issue front and centre in the community. The community really wants to see us lead to create a new narrative around housing—that it is not an investment vehicle but something that should be cherished and shared with our friends and family. That is something we can work towards in this chamber. This article states:

> Attorney-General Tara Cheyne said enshrining the new right strengthened the territory's human rights culture and would build a fairer territory.

She said:

> "This is an incredible reform. It is a momentous day for the ACT and I am truly grateful that we are able to get to this point in agreement, not just on the bill itself but also these amendments …
>
> "I think that again is a very powerful statement that we're sending to the community and indeed the nation today."
>
> The ACT's Human Rights Commissioner, Penelope Mathew, welcomed the new law, which she said cemented the ACT's leadership in human rights.
>
> "Adequate housing is about more than just shelter. It is the right to live somewhere in security, peace and dignity. … We believe this new right could be used to advocate for and further strengthen the rights of tenants, occupants and the homeless," Dr Mathew said.

Of course, the Leader of the Greens, Mr Shane Rattenbury said:

> … the new right would reshape the way Canberra thought about housing.
>
> "It will create a new requirement, by law, for the government to treat housing not as a private asset for wealth creation, but as a foundational social good—just as we already treat education and healthcare," he said.

I think we really need to take stock of this. I understand that WA does not have a human rights act, but I am pretty sure that if we asked anyone on the street whether they thought housing should be human right, everyone would say, "Damn straight; it should be a human right." It is fundamental to everyone's being. It breaks me to think that this weekend, for example, hundreds of people will again line up and compete, like *The Hunger Games*, for a rental. They are out of reach for many people. That goes for housing stock as well. I was actually shocked—I will speak more about this at our next sitting in October—and blown away that realestate.com actually ran a story two days ago about the fact that the tax handouts to negative gearers in relation to Airbnb investments was fundamentally unfair, to the tune of over $550 million per year. I will go into that later. In a lot of ways, we can see the devouring of our rental stock as impinging on people's rights. Some people want to buy an investment property to rent out, but if the government turned around and said that this is a fundamental human right and that it was going to rob someone of the opportunity to afford either a rental property or to buy housing stock because they were competing with investors, I think people would actually reflect on that. I understand the powers that be—the Real Estate Institute of Western Australia and others—but I think we need to rethink our approach. As legislators, we need to make sure that we try to work together to bring these attitudes into this chamber.

I really celebrate this announcement. I am pretty sure that the political tide is shifting and that we might see some great reforms in not only the federal space with regard to negative gearing, but also this space with regard to the way that we treat the impact of Airbnbs on the rights of renters. We need to look at reform to make sure that investment properties do not sit vacant but are put back into stock so that people can live in them. We also need to make sure that if someone is looking to buy a house, they do not have to deal with a really loose legislative framework that favours investors. I commend what they have done and look forward to speaking on this further.

CHERYL EDWARDES AM

Statement

Hon Anthony Spagnolo (6:33 pm): Leadership is measured by not just the offices one holds but also the legacy one leaves behind. Tonight I want to acknowledge Cheryl Edwardes AM, whose decades of service to Western Australia have now been recognised by the City of Joondalup, with the honour of freeman. Cheryl entered the WA Parliament in 1989 as the Liberal member for Kingsley. In her very first days she was entrusted with responsibility, serving as the shadow Minister for Education. That early appointment reflected the confidence that her colleagues had in her ability and judgement. Over the next decades, Cheryl continued to rise to prominence. In 1993, she made history as the first woman in our nation to hold the office of Attorney General. She carried out that role with integrity and resolve, earning respect across the political divide for her fairness in handling complex and difficult matters. She went on to serve as Minister for Family and Children's Services and later as Minister for the Environment. Her leadership during that period of rapid growth in the northern suburbs left a lasting mark.

After leaving the WA Parliament in 2005, Cheryl continued to make a difference. She returned to the law and then took up senior roles in the mining sector, where her expertise was highly sought. Nationally, she contributed through her role on the Foreign Investment Review Board. In sport, she became only the third woman to serve as commissioner and, later, deputy chair of the West Australian Football Commission. Cheryl's service has been recognised across Australia. In 2006, she was appointed as a Member of the Order of Australia for her contribution to the Parliament and people of this state. Earlier this year, she was elevated to Officer of the Order of Australia, acknowledging her distinguished service to the law, business and the community more broadly.

Cheryl has also been a mentor to many. Beyond her own achievements, she has encouraged and guided women in both law and politics. Her support has helped others find their voice and pursue leadership, extending her influence well beyond her own career. The City of Joondalup's decision to make Cheryl Edwardes a freeman is therefore richly deserved. She has been a trailblazer, a mentor and a leader. She has shown what can be achieved with conviction, energy and service to others. I congratulate Cheryl on this recognition. I also acknowledge her family, who have been a constant source of support throughout her career. Western Australia is stronger for Cheryl's contribution, and I am delighted to have had the opportunity tonight to recognise it further.

FREE THE HOUNDS—JEMMA FITTOCK

Statement

Hon Amanda Dorn (6:37 pm): Last year I was honoured to take part in the inaugural Pathways to Politics for Women at the University of Western Australia. This national initiative was delivered for the first time in WA in 2024 and brought together women from all across the state and all across the political spectrum to build skills, confidence and networks to step into public life. I acknowledge the vision of Carol Schwartz AO, chair of the Trawalla Foundation, whose leadership established this program nationally. I also want to recognise the outstanding work of program manager Clare Feenan, the shining light of the WA program. I also thank my colleague Hon Dr Katrina Stratton for generously sharing her time and wisdom with the cohort. Here I am, less than a year later, elected to Parliament and ready to work collaboratively with everyone!

I was honoured to be asked to speak to this year's cohort to help women get the most out of the program. As part of this year's cohort, I was excited to see an active Free the Hounds volunteer, Jemma Fittock. Upon completion of the program, everyone delivers a speech in this place. I remember how enormous that feeling was, and now here I am! Today I rise to share some of the key points from her speech with this chamber, because they deserve to be heard in the presence of all of you. I admit that this is slightly incredible timing because as I prepared this member's statement, it was going to be a call for a parliamentary inquiry into greyhound racing. Yesterday, that very inquiry was announced. I was absolutely thrilled, and I applaud the Standing Committee on Environment and Public Affairs for listening to Free the Hounds, its supporters and thousands of petitioners and recognising that this issue deserves investigation. But Jemma's words still deserve to be heard, because they show why this inquiry matters. Jemma's Pathway to Politics speech was about greyhounds. She spoke about dogs not as commodities but as companions. Like me, she shares her home with these goofy, gentle creatures, so today I speak for Jemma, Bunny, Beau and my own quirky but beautiful greyhound, Mr Marble. They have been lucky enough to survive the track and now experience the joy of loving homes.

Jemma has seen the dark side of this industry that exploits them. Greyhound racing still takes place in WA six days a week. More than one in three dogs will be injured or killed as a direct result of racing. This year already in WA 56 dogs have been seriously injured, 10 killed on track and 17 were killed shortly afterwards due to their injuries. No other sport would tolerate this injury level. Is this really a sport when the participants cannot consent? This is profiteering at the expense of the dogs, plain and simple. To respond to yesterday's statement from Hon Philip Scott—I will ensure that he gets a copy of this—does it sound like they are having fun? The dogs would be thrilled and happy to be out of their kennels where they are confined and spend most of their life. Going back to the injury rates, even those numbers are fudged. The injury rate is calculated per race start rather than per dog,

because dogs race multiple times. That artificially dilutes the rate to 3%. Racing and Wagering Western Australia then boasts a 97% safety rate. That is a convenient but deeply misleading figure.

Still the government supports this so-called sport. In the first half of this year alone Racing and Wagering Western Australia has handed out over $9 million in prize money, more than $1 million in appearance fees and over $500,000 in breeding bonuses. Just 1% of this funding has been spent on welfare. The job of rehoming and rehabilitation falls to under-resourced grassroots rescue organisations. Through her tireless work with Free the Hounds, Jemma has seen firsthand that these dogs are lucky just to get out alive. I strongly encourage members to look up the Talking Couch Potato's podcast that she produces, which is all about greyhounds.

Jemma is right to call this so-called sport for what it is—outdated, inhumane and unsustainable. She is right to ask how gambling profits can possibly justify such horrific injury and death, and she is right to question whether these millions could be better spent on real priorities—our regions, our environment, our public health and our young people. No dog should have to die for a bet. I echo Jemma's words in this chamber today: Greyhounds deserve better than to suffer and die for entertainment. This loosely titled sport does not deserve public support. Although I welcome yesterday's announcement of an inquiry, we must ensure that it delivers the truth, justice and change that these dogs so desperately need.

BUNBURY ADDRESSING HOMELESSNESS WORKING GROUP

Statement

Hon Jess Beckerling (6:42 pm): I rise this evening to share a short story about a recent afternoon that I spent with the wonderful volunteers at the Bunbury Addressing Homelessness Working Group. Two weeks ago I was lucky to be in town and was able to join its weekly vigil outside Mr Punch's office in Bunbury. I am sure that everyone in this place has heard about this group by now, which has been calling for an emergency shelter to be established in the city for many years. On that particular afternoon a couple of weeks ago I sat with the organiser and local legend, who I have spoken about before in this place, Ingrid Hilario, and listened as she explained to me that she and her group had spent their weekend trying to get the attention of the visiting Cook Labor government. The cabinet was there that weekend, providing Ingrid and her volunteers with a rare chance to talk directly with the ministers who have the power to deliver an emergency homeless shelter in Bunbury, which they have been calling for for so many years, only that opportunity never materialised. Not only were they not invited, but Ingrid, in her funny way, described the lengths that cabinet ministers seemed to go to over the weekend to avoid meeting her. Not one to be deterred easily, Ingrid did her research on the Cook Labor government's movements and resolved to set up wherever they went, placards and letters in hand, ready to chat should anyone want to. It seems odd to me, because what Ingrid wanted to say is so clear and compelling. I thought that for the benefit of members I would read Ingrid's words here in the chamber tonight. This is what she said:

> Bunbury needs an emergency homeless shelter. A real one, with somebody in charge.
>
> There are far too many people sleeping rough, on the ground, in cars and in tents. Many more than the by-name list indicates. When I go out to count, there are always more than 400 in Greater Bunbury.
>
> These include:
>
> A nurse who slept in her car six nights a week and paid for a hotel room once a week (she estimated that she would otherwise become so tired that she was dangerous for her patients). She has not left Bunbury for a job with housing.
>
> Three single mothers working full time became homeless in January, because the owners of the houses they had lived in for many years, sold them to cash in on the current housing market. Two of the mothers have since lived in their cars with their children. The children go to school, the mothers to work each morning. One of them managed to find a rental just two weeks ago. An old and rundown house which costs her more than half of her salary, but she is happy to have somewhere to live with her children.
>
> I could go on. The point is that many of the people in Bunbury experiencing homelessness are just ordinary people who need somewhere safe to sleep. They do not need intensive wrap-around services, they do not want to be on by-name lists that cannot help them in any way. It seems that if you belong to the working poor, you are too rich to get onto the waiting list for social housing, but too poor to afford rent.
>
> We need housing of all kinds. Especially social and affordable housing. But this takes years to materialise. So, we need an emergency shelter to act as a band-aid in the meantime. A shelter is the first step. It is not a case of either/or, but both.

I want to conclude by acknowledging Ingrid, Jane, Maria, Jill and the whole committed group advocating for a homeless shelter in Bunbury. I also want to acknowledge that their petition that was tabled by my colleague Hon Tim Clifford last week, which I understand contained some very notable signatures.

House adjourned at 6:46 pm

Questions on notice answered today are available on the Parliament of Western Australia's website