



WESTERN AUSTRALIA

# Parliamentary Debates

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THIRTY-FIFTH PARLIAMENT  
FIRST SESSION  
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LEGISLATIVE ASSEMBLY

ESTIMATES COMMITTEE A

Tuesday, 20 May 1997

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## ESTIMATES COMMITTEE A

The meeting commenced at 9.00 am.

THE CHAIRMAN (Mr Johnson): For the information of members, this Estimates Committee will be reported by Hansard and a proof document will be made available to the Committee Clerk throughout the day. The daily *Hansard* will be available the following morning.

I caution members that if a Minister asks that a matter be put on notice it is up to them to lodge the question on notice with the Clerk's office. Only supplementary information which the Minister agrees to provide will be sought within one week.

It will also greatly assist Hansard if when referring to the Budget Statements volumes or the Consolidated Fund Estimates, members give the page number, item, program, and amount in preface to their question.

As has been the practice of previous Estimates Committees, members should not raise questions about matters of general concern which do not have an item of expenditure in the consolidated fund. The Estimates Committee's consideration of the consolidated fund's estimates of expenditure will be restricted to discussion of those items for which a vote of money is proposed. We are dealing with estimates of expenditure and that should be the prime focus of this committee. While there is scope for members to examine many matters, they need to be clearly related to matters of expenditure. For example, members are free to pursue performance indicators which are included in the budget statements while there remains a clear link between the questions and the estimates. It would assist in the Committee's examination if questions and answers can be kept brief, without unnecessarily omitting material information. It is the intention of the Chairman to ensure that as many questions as possible can be asked and answered and that both questions and answers are short and to the point.

The Minister may agree to provide supplementary information to the committee, rather than asking that the question be put on notice for the next sitting week. For the purpose of following up the provision of this information, would the Minister clearly indicate to the committee which supplementary information he or she agrees to provide.

Details in relation to supplementary information have been provided to both members and advisers and accordingly I ask the Minister to cooperate with those requirements.

### **Division 64: Health, \$1 601 641 000 -**

[Mr Johnson, Chairman.]

[Mr Prince, Minister for Health]

[Dr B. Stokes, Chief Medical Officer; Executive Director, Personal Health Services.]

[Mr A. Bansemer, Commissioner of Health.]

[Dr N. Fong, Chief General Manager, Operations Division.]

[Mr A. Kirkwood, Manager, Corporate Finance.]

[Mrs H.M. Morton, General Manager, Finance and Resources.]

[Mr J.D. Kirwan, General Manager, Health Workforce Reform Division.]

[Mr J. Burns, Acting Chief Executive Officer, Royal Perth Hospital]

[Dr P. Psaila-Savona, Acting General Manager, Public Health.]

[Mr E.S. Houston, General Manager, Aboriginal Health.]

[Mrs C.H. O'Farrell, General Manager, Program Planning and Purchasing.]

[Dr G.J. Goodier, King Edward Memorial and Princess Margaret Hospitals.]

[Professor G. Lipton, General Manager, Mental Health Division.]

[Dr M.S. Platell, Acting Chief Executive Officer, Fremantle Hospital and Health Service.]

Mr McGINTY: Can the Minister give a general description of the budgetary position or the expected end result for the current financial year? Our concern is the way in which the hospitals that looked as though they would end up over budget, are performing.

Mr PRINCE: Some \$1.6b has been committed to Health Services, and rarely, if ever, is it the case that any money is left unspent towards the end of a financial year. There has been significant pressure in the public sector of the health industry in recent years, arising out of demand which comes from a number of areas, in part from medical technology, the increase in day surgery, a drop in private health insurance - probably one of the most important factors - and the ageing of the population. My information is that the major metropolitan teaching hospitals - Royal Perth Hospital, Sir Charles Gairdner Hospital, Princess Margaret Hospital for Children, King Edward Memorial Hospital and Fremantle Hospital - will end this financial year close to their allocated budgets for 1996-97. The department has allocated all available health resources, and the health services boards are aware of the final funding allocations, and they have been for some time. It will be necessary for those who predict that they will go over budget, to manage that as best they can. Departmental officers are working with each individual place where there seems to be some difficulty in that regard.

The difficulties have been raised by me on a number of occasions both publicly in this place and in the Press, and at ministerial conferences with the federal Minister. I am not a lone voice. Every other Minister around the country is in exactly the same position. As I understand currently - subject to correction - I think we are some \$3.83m over or thereabouts. That figure is for the hospitals, not the health services as a totality. I assume the question relates to the hospitals rather than to health services.

[9.10 am]

Mr McGINTY: Which hospitals are they? Will you give the amounts by which you estimate they will overspend their budgets?

Mr PRINCE: These are estimates from the hospitals - estimates being estimates: Kalamunda, \$212 000; Rockingham-Kwinana, \$863 000; Avon, \$542 000; Eastern Wheatbelt Health Service, which is more than one hospital, \$229 000; Geraldton, \$503 000; Harvey-Yarloop, \$58 000; South East Coast Health Service, \$218 000; Upper Great Southern Health Service, \$622 000; Warren-Blackwood, \$192 000; Wellington Health Service, \$208 000; and West Pilbara Health Service, \$150 000. That totals \$3 830 000 in round figures. I am happy to supply the member with the table if he wants to see it.

I can comment on the detail of some of those hospitals, but I would prefer the Commissioner of Health and Dr Fong to give the detail of others. For example, Avon comes to mind. There is a hospital at Northam which I visited a few weeks ago. It is a new hospital; it was built in 1994 and opened in 1995 to replace the existing hospital. With new staff it increased by 100 per cent the number of surgical operations it carried out this financial year - and it is pleased with itself for having done so because it is using the facility, which is fine. The problem is that it did not tell anybody in advance of doing it. That causes a difficulty. I do not wish to criticise. I am simply pointing out that although it is now doing considerably more work in its operating theatre than ever before, no planning was done to fund that; hence, it is overrunning its projected budget.

When I asked the people who run the hospital where they expected to find the money, they said the teaching hospitals would have had a smaller number of patients. However, the reduction in the number of patients at somewhere like Royal Perth Hospital that was attributable to Northam increasing its workload by 100 per cent would probably have involved a couple of minutes. Royal Perth would not have noticed a diminution. In order to be able to reallocate around a system, it must be known in advance that that sort of action will be taken. That is part and parcel of better planning, which is something the commissioner and I, and others who are here, are convinced and determined will become part of the health system. That sort of activity should not be discouraged; it should be encouraged, but it should be planned.

Mr McGINTY: What the people at Avon have done might be admirable, but it also seems to be negligent in a financial management sense. Have you sought to bring the board of management of that hospital to task over what it has done?

Mr PRINCE: No, I have not. I do not regard it as negligent.

Mr McGINTY: To double their activity without the money to do it?

Mr PRINCE: To put it in the context of the way the health system of this State has operated for at least the past 15 years, and probably more like 30 years, it has been on the basis of an allocation of money by way of a budget. Sometime during the financial year the hospital is told about that allocation. That is usually done more than six months into the year. It might be fixed around that time or it might be fixed closer to the eighth month of the financial

year, which in any commonsense view of the situation is mad. It is a ludicrous way of running the system. It is an indicative budget, and it has always been considered to be so. It has always been the case that where overruns or underruns have occurred, there has been movement of moneys around the system. The department has in a sense been able to do something about that.

In recent years, with the huge increase in demand of something like 11 per cent over three to four years, which is phenomenal in the size of the exercise we are running, there has been no available extra resource to be able to run the system in that way. What the department has gone to in the 1997-98 financial year is the product of work over the past 18 months, which has been disease-based planning and budgeting as a different way of looking at the exercise - I appreciate the member for Fremantle had a briefing on that - and allocations of budgets to hospitals by 30 June this year for 1997-98. That should overcome the sorts of problems that have occurred in only a few of the hospitals around the State. I will not take the people at Avon to task over the problems that occurred there because they did what they considered to be the right thing for patients by getting people to Northam for operations, rather than their having to travel an extra distance and perhaps wait longer for an operation in a teaching hospital for secondary treatment, and not specialty tertiary treatment. Those decisions are well met. The problem has been due to a systemic lack of planning to allow for that sort of activity by a group of executives in one hospital who rightly thought, and still think, they were doing the right thing by their patients. It is not a question of negligence; it is a matter of management.

Mr TRENORDEN: The Minister is right: The amount of activity in Avon has gone through the roof. It is inadequate for the member for Fremantle to criticise the people there for doing their job. We must realise that Avon has a brand new board, hospital and method of delivery. Any group of managers with a new set of circumstances would try hard to succeed. The board tells me - I am convinced it is right - that redundancy payments and transfer costs following the move from the old hospital to the new hospital were about \$400 000 more than anticipated. The system has not been able to meet that non-recurrent expenditure. Is that the Minister's perception of the situation?

Mr PRINCE: I am sure that is consistent; the hospital is also three years old. The Health Department is not happy to accept that sort of claim three years on. They were one-off transfer costs.

Mr TRENORDEN: Like many other hospitals, it believes it could show the Government the consistency of that \$400 000-odd being in the budget for three years. I do not want to argue this point. I am pleased to hear the Minister say that people are trying to achieve. In Avon and many other places, 50 per cent of people go past the local health services to a crowded metropolitan area. They are matters the Minister rightly said must be recognised. I hope the minor problems at Avon can be rectified because the hospital has a good board and it is a doing a good job.

[9.20 am]

Mr PRINCE: I would like the commissioner and Dr Fong to respond in greater detail to the matters raised by the member for Fremantle.

Dr EDWARDS: I have a more detailed question. Why has the rate increased so much? Has a new surgeon or an obstetrician arrived?

Mr PRINCE: At Avon?

Dr EDWARDS: Yes. Has general surgery increased and is it across the board? What has been done, and why, at that hospital, and why is it not done at other hospitals? What are the implications of the Avon experience: Is it a threat to other facilities and are the funding implications a threat to the multipurpose centres?

Mr PRINCE: It is certainly not a threat to multipurpose centres.

Dr EDWARDS: Is that in a different budget?

Mr PRINCE: Yes. MPCs are a different exercise altogether. It is the pooling of the funding which otherwise may come into an area in hospitals and aged care services. One pool of money is used to run the totality of the service in one place, with particular emphasis on aged care. It will not affect it at all.

With regard to the other matters raised, first, it is a brand new hospital which opened in 1995. It contains state of the art facilities, and is much more attractive and functional in its design than the old hospital which was built in 1961 or thereabouts in Northam; it was the same design as Geraldton and Bunbury hospitals as the three facilities were built around the same time. They were vertical designs with lifts, and the new hospital is horizontal. Functionally, it is a better hospital.

A new surgeon has come into town. In that sense, a change of work force has occurred, not only with the surgeon but also in some of the administrative staff. A new nurse is in charge of a theatre who is ex-St John of God and very

good. A considerable increase in day surgery has occurred as the facility has stopped quite a number of patients from going past Northam to Perth for treatment, which is a good thing. I am not complaining about the result achieved. The difficulty was that the system as such did not know the intent at the time the decision was made. Consequently, we have a funding problem with the overrun. That resulted from a lack of coordination and planning which should ensure that such initiatives are considered in a systemic context.

As the member for Avon said, a significant number of people still go past Avon to Perth, and the same situation applies in the south west at Bunbury and in the mid-west at Geraldton. It is entirely appropriate for patients to travel to Perth for super-specialty tertiary treatment at the teaching hospitals - we do not want to discourage that - but when a procedure is otherwise available at the local hospital, people should be encouraged to obtain it locally. It is not only less costly, it is better medicine.

Mr TRENORDEN: The treatment, timetable and attitude are better.

Mr PRINCE: I do not know, with respect, that the treatment is better.

Mr TRENORDEN: It is not worse.

Mr PRINCE: No. With day surgery, for example, people can attend the facility for treatment and return home rather than undertaking an overnight journey of some description and staying elsewhere.

Mr MINSON: Each year that I have been a member of this place a plea is heard about April or May from Geraldton, Kalgoorlie, Bunbury and perhaps Albany about budget overruns. I have not checked the situation this year with the other hospitals, but I am aware that Geraldton will have an overrun again. Each year I write to the Minister or raise the matter in conversation. Is it not time that we looked at the hospitals which overrun each year and decided whether their allocation is enough in the first place? Every time I go to Geraldton hospital in April, the question is raised: What will we do? I write letters or waylay the Minister in the corridor and obtain very good assurances, all of which are honoured; however, it would be nice if we could start a year, particularly in Geraldton, without being behind the eight ball.

Mr PRINCE: The member is not the only member who raises this matter with me on a regular basis; the member for Geraldton, the Government Whip, also does so. I am aware of the problem in Geraldton in that approximately \$503 000 of overrun has been on its budget for some years. I make the obvious point: The money has not been paid, in the sense that it has not been extinguished by any payment in the past. It is about time something was done to deal with the problem rather than simply wait for an extra allocation of funds to deal with an historical situation.

The member is right - perhaps he was not in the Chamber earlier when I made the point - that the system of allocating budgets to hospitals over the years is one in which allocations are made and negotiated from October to November on, and are finally fixed around February or March in the financial year in which they operate. By any observation from anywhere outside the system, this is not a sensible process. If one does not know one's budget at the beginning of the financial year, or close to it, how can one be expected to manage for a whole financial year? This is accepting, of course, that things over which one has no control and has not planned will arise. If one has an historical activity level with predicted increases, one should be able to say at the beginning of the financial year, "Here is the allocation of funding for you to manage."

We intend to do that for the first time ever in the 1997-98 financial year. We hope to have the hospitals' and health services' budgets fixed by 30 June of this year for 1997-98. This is a completely different discipline placed on hospitals and health services.

The member spoke about the historical allocation, and I am happy to provide a detailed briefing to the member, or any other interested member, about the changes being made in the way budgets are to be handled and allocated in the foreseeable future. This change occurred as a result of a great deal of work. The 1997-98 financial year will be the first year of this system. I ask Dr Fong to provide to more information on how it will operate.

Dr FONG: Without going into great detail, we are embarking on a budgetary reform process this year in Western Australia which will more easily establish the base budgets by the beginning of the financial year. It involved work which requires the participation of all the health service providers themselves - it is not a top-down approach. It involves general managers, chief executives and finance people from all hospitals and health services. It is hoped that a greater understanding of the construction of the budgets will enable them to be set and agreed upon by that date. It will be a positive step for the health system in Western Australia.

We are now finalising the process, but the next six weeks will see intensive work with the boards and health service executives regarding the setting of those budgets, some of which will involve intensive negotiations about activity and so on - that is the usual process in any year.

In relation to the management of this year, I reiterate that the \$3.8m to which the Minister referred is about 0.3 per cent of the outlays of the hospitals and health services which will be managed within the Health vote itself.

[9.30 am]

Mr McGINTY: Are the metropolitan teaching hospitals expected to come in at or under budget?

Mr PRINCE: That is the information I have. The chief executive officers of all the hospitals are here. I am happy for them to speak for themselves.

Mr McGINTY: I wish to hear from them only if their hospitals will not come in on budget.

Mr BURNS: It is uncertain at the moment. We are currently negotiating with Treasury over a small amount of about \$2m, based on a budget of \$260m. With the cooperation of the Health Department we should manage that issue.

Mr McGINTY: Could you be a bit more specific? That answer is a bit "Yes, Minister"-ish.

Mr PRINCE: What is the \$2m for?

Mr BURNS: It is for the redundancy area in catering. Treasury promised us that it would be funded and we are now negotiating.

Mr PRINCE: Does that answer the question?

Mr McGINTY: Yes. Each of the other hospitals should be within budget, bearing in mind the qualification for Royal Perth?

Mr PRINCE: Yes.

Mr McGINTY: If that is the case, what action has been taken to bring the Health budget in toto in on budget in order to pick up the \$3.8m in shortfall in country hospitals?

Mr BANSEMER: Basically we have reviewed all areas of expenditure. Some hospitals are coming in under budget, not by significant amounts, but it helps to contribute. The department has reviewed its activities, recognising in advance those things which would not happen in a proper way this financial year. They will be carried over to the next financial year.

Mr McGINTY: Will you be a bit more specific? Generalisations are not very helpful. Will you tell us what you will not be carrying over?

Mr BANSEMER: We will not be carrying over a number of things.

Mr McGINTY: What things?

Mr BANSEMER: A number of expenditures on campaigns or promotional activity which were to occur but will not occur, not because of the financial situation but because the work was not progressed satisfactorily to a point where expenditure could be incurred. Other programs could have proceeded this year and were ready to go. I have decided not to proceed with them until next year. I have made a financial judgment that they cannot be afforded in this financial year. There are two categories: Those which sensibly could not have occurred and those which might have gone ahead appropriately but, because of the current financial situation, they will proceed next year rather than this one.

Mr McGINTY: Are they exclusively in public health?

Mr BANSEMER: No.

Mr McGINTY: What other areas are there?

Mr BANSEMER: Aboriginal health has had a similar situation. In Aboriginal health everything fell into the first category rather than the second. There have been a number of smaller things across other activities of the department.

Mr McGINTY: I would be grateful for some specific description of what has occurred in public health, Aboriginal health and that more general category.

Dr FONG: The other area where the department was able to find considerable savings was the cost of awards. We had provided money but it was required in the system.

Mr McGINTY: Could you be specific?

Dr FONG: I certainly could be.

Mr McGINTY: I just wonder what you mean.

Dr FONG: Some of the money that had been provided for us for the increases in some of the awards -

Mr McGINTY: Which ones?

Dr FONG: The HSOA award was certainly part of it. It has not been required in the system at this point, so those moneys are available.

Dr PSAILA-SAVONA: We have been able to demonstrate genuine savings of about \$2m. These have been in the area of administration, which would in the first instance have been undertaken by less travel, and the ability to use frequent flyer points where necessary rather than travel on the financial budget of the department. We have also been able to defer payments which traditionally we have made in advance. For example, with Road Watch we contribute something like \$250 000 to the University of Western Australia. Instead of contributing that money in this financial year, it was decided to divide it into four payments. The first will be paid immediately and the other three-quarters of the \$250 000 will be paid in the next financial year. We have been able to defer grants to the Kimberley environmental health services by delaying payments from June of this year until July or August of the next year. There are other examples of this.

Mr HOUSTON: Among projects which could have been serviced but which were not was the Aboriginal family futures project. A number of issues associated with pilot sites have delayed the commencement of that initiative and so had an impact on the costs in the current year.

Mr PRINCE: I think I am correct in saying that the family futures program that is run by the Office of Aboriginal Health has only recently awarded the pilot sites, of which I know Albany is one.

Mr HOUSTON: Others are Perth, Port Hedland and Fitzroy Crossing.

Mr PRINCE: That has just happened. When did they commence?

Mr HOUSTON: The negotiations have already commenced and we expect the contracts to be finalised within 10 days. The people at the sites have already started work to get the program up and running.

Mr PRINCE: This has happened later than was anticipated during this financial year.

Mr McGINTY: I am having difficulty with specific information in this area. We all know that a letter went out from the Commissioner of Health to Dr Psaila-Savona talking of taking \$4.1m out of the public health budget when Dr Psaila-Savona was talking about only \$2m in areas like frequent flyer points. Could information on each of the three areas identified be provided by way of supplementary information? I am not happy with the generalised response from Dr Fong, talking about HSOA award changes for which they did not need the money. What were the award changes? What was the amount of money? The committee has the right to know with greater specificity than that which has been provided this year the impact on this year's budget.

Mr PRINCE: The Commissioner of Health never wrote a letter specifying that \$4m be taken from public health. That is misinformation that the member has been peddling around ever since he partly quoted from the letter in this place. The member has the letter from the Commissioner of Health in response to Dr Psaila-Savona. If the member wishes to have the detail in writing, it could be provided by way of supplementary information.

[9.40 am]

The CHAIRMAN: Supplementary information must be provided within one week.

Mr PRINCE: I am more than happy to supply that by way of supplementary information. In case anyone looks askance at what Dr Fong referred to because the Miscellaneous Workers Union says it will withdraw from any form of cooperation because of problems related to a 2 per cent milestone payment that was due on 10 April, as I said on the news last night, the Cabinet subcommittee on labour relations has approved that milestone for a number of work sites where action plans have been prepared, but it had not approved it for others. That is a misunderstanding of the requisite subclause of the enterprise agreement that covers this situation. I looked at that yesterday after the Cabinet meeting and my opinion is that notwithstanding whether an action plan has been prepared payments should be made as at 10 April. I will go to the Cabinet subcommittee on labour relations on Thursday morning to present that view. It has been discussed among officers in the past 24 hours. I am reasonably confident that my view will prevail. It was a misunderstanding and an administrative glitch. I do not want the enterprise agreement involving the Miscellaneous Workers Union to be taken as an example of that which Dr Fong has been referring to. So that nobody

misunderstands and misquotes this, the commissioner undoubtedly would like to speak about his letter to Dr Paul Psaila-Savona.

Mr McGINTY: Is the commissioner going to say that the \$4.1m was not real?

Mr BANSEMER: The letter I wrote to Dr Psaila-Savona asked him to justify the \$4.1m and to give me reasons that it was required. We have been through an intensive process and as a consequence of that the sum of money that has not been spent is substantially less than the \$2m that Dr Psaila-Savona mentioned and we are happy to provide the member with its components in the two categories that I mentioned.

Mr PRINCE: It has no effect whatever on current programs; for example, breast screening.

Mr McGINTY: You will find that it does.

Mr PRINCE: No, it does not.

Mr McGINTY: The letter spoke about reducing the budget by \$4.1m, and following negotiation that was halved.

Mr BANSEMER: The letter asked him to explain.

Mr McGINTY: No, it cut the budget by \$4.1m. That is the way it read. Are you saying that following negotiations that amount was halved?

Mr BANSEMER: It was correspondence between Dr Psaila-Savona and me. I have one view about what it said. He can say what he believes it said. I believe it asked the division to justify that level of expenditure.

Mr McGINTY: I understood you to say that the outcome of that process was to halve the amount of money you indicated would be taken from the budget.

Mr BANSEMER: It meant that the amount of money that would be taken from their budget was much less than the \$4.1m. It halved it, yes.

Mr McGINTY: Is that the \$2m that has now been referred to?

Mr BANSEMER: Yes.

Mr PRINCE: I would like Dr Psaila-Savona to give his version.

Dr PSAILA-SAVONA: I will confirm what the commissioner said. It was a memorandum that was addressed to me, and it was meant to require an explanation on my part to show the commissioner whether the public health service division could continue to operate with a lesser amount. Following negotiations between the commissioner, me, and directors of my office we were able to find savings to the tune of roughly \$2m. As the Minister has said, there were no cuts in services. For instance, we can never undertake savings in the breast screening service because the funding depends on the number of people who are screened. The more people we screen the more money we get from the Commonwealth.

Mr McGINTY: Were letters of a similar nature sent to other managers of divisions or departments within the Health Department on the budget position this year suggesting adjustments to their budgeted amount?

Mr BANSEMER: One other letter went to the Aboriginal health division; however, much of it happened orally. It happened in each area of the departments, though most of it was oral. I cannot confirm that one letter went to Aboriginal health; Mr Houston may be able to confirm that.

Mr McGINTY: Could a copy of that letter, if it exists, and the outcome of the oral deliberations on the budget adjustments to each division within the department be provided by way of supplementary information?

Mr PRINCE: I would be delighted to supply that information. It shows the good management that is happening at an appropriate time in the financial year. It shows that those funds that will not be expended in a particular financial year are not the subject of the spend-or-perish mentality, which I am sure the member for Fremantle will agree is not the way these funds should be dealt with, but will be reallocated in a system that is under pressure in order to meet the demand.

The CHAIRMAN: Specifically, what supplementary information will you supply?

Mr PRINCE: The supplementary information from the office of Aboriginal health and the public health division can be supplied within the week.

Mr McGINTY: There is that; however, Mr Bansemer also said that he had discussions with each area in the department which may not have been committed to writing.



Mr PRINCE: Are you asking what adjustments were made in each division of Health?

Mr MCGINTY: That information is in writing for the areas of public health and Aboriginal affairs, and the other areas were advised orally.

Mr PRINCE: You are asking for information on each division whether it was oral or in writing. I am assured it can be done within the week. To make it plain I have undertaken to provide supplementary information on the budget adjustments made in each division of Health including that which was in writing between the commissioner and the public health division of Health.

Mr TRENORDEN: Dr Fong made a statement about new budgetary arrangements. The Public Accounts and Expenditure Review Committee has been aware for some years about the end of year crisis that my colleague mentioned that occurs at a number of hospitals. It puts board members outside the Financial Administration and Audit Act and at least in theory that puts them at some risk. I am not sure any punitive action would be taken. However, it is an important issue when we are asking board members to be responsible for their actions. Board members must be able to meet their functional requirements. There would be dozens of boards that are battling to pay bills and meet other financial commitments at this time of the year. It is not just occurring now, it has been an event for some years. Will we see a change to those happenings?

Mr PRINCE: In this current financial year 14 boards are projecting an overrun. That does not mean to say that will happen. I agree with the member for Avon that it is debatable whether there is a breach of the FAAA. It is something that is historical. It has been happening for years. It is something that should not happen. The handling of the budgetary system has changed. In particular, by agreeing to the 1997-98 budgets on or before 30 June 1997 the hospitals and health services around the State know what their budgets are and that it is their function as boards and particularly executives in the large organisations to manage. In that sense, it overcomes the problem which has existed for some time. I am more than happy to ask Dr Fong to amplify the changes to the method of handling budgets. Mrs Morton and other officers who are present today have been working very hard on this for about 18 months.

[9.50 am]

Mr TRENORDEN: The member for Greenough and I have referred to the historical debt which is carried over year by year. It must be dealt with. I would not like the health services in my electorate, the electorate of Geraldton or any other electorate to decrease because of an historical argument between a board and the Health Department. In wearing my hat as the member for Avon as well as that of Chairman of the Public Accounts and Expenditure Review Committee, I would like some focus on that area because it has been happening for an awfully long time.

Mr PRINCE: While my advisers are consulting I advise the member for Avon in regard to his earlier comment that Albany is not over budget, and never has been.

Mr TRENORDEN: I accept that.

Mr BANSEMER: I have not been in my current position for long, but I understand that the difficulties the member referred to have been encountered for some time. It is not feasible for the department to say an injustice was done to a health service several years ago and for that reason it should be granted an increase in funding. The department is entering a budget reform process in which it is trying to pay hospitals for the activities they carry out. The funds allocation will be based on projected levels of activity. There will be bases for reviewing that, but the department will continue to have a difficulty within a financial year where there are changes in surgeons and people who attract work to a hospital. If these people move from one hospital to another, there is the capacity to deal with the situation. However, in the case of new surgeons there is more activity and both the health services and the department encounter difficulties in reaching accommodation around those funds. In this current year, because the department will try to base the funds allocation on the outputs it expects the health services to achieve, it should not have factored into it the historical issues of years ago. It should be based on what is expected to be done in the financial year. It creates a difficulty because the hospitals are being benchmarked one against another and some are more efficient than others. The efficiencies they can achieve are still there, but much of it goes to fabric. I make a contrast between Geraldton and Avon. Avon is a new hospital and it should and could be one of the most efficient hospitals in the State.

Mr MINSON: I would not mind one of those in Geraldton.

Mr PRINCE: The planning for a new hospital in Geraldton is in process. Before we leave this topic, I want to make a comment with respect to context. Fremantle Hospital, Princess Margaret Hospital for Children, King Edward Memorial Hospital for Women, Royal Perth Hospital and Sir Charles Gairdner Hospital have between them a budgetary allocation of \$645.713m. The metropolitan non-teaching health services have a budgetary allocation of \$231.776m. Together these two categories have a projected over-budget figure of \$1m. Country health services have

a budgetary allocation of \$276.659m and the projected over-budget figure is \$2.753m. When considering the total, the context should be remembered.

Ms McHALE: I refer to the comment by Dr Fong about the deferral of funds from award negotiations. He mentioned the Hospital and Salaried Officers Association. I understand there was to be a pay increase in January 1997. Is that the issue Dr Fong was referring to?

Mr PRINCE: With respect, I would prefer that question to be answered by Mr John Kirwan, who is the manager of workplace matters.

Mr KIRWAN: The HSOA enterprise agreement provides for three increases. The first two increases have been paid to 7 per cent. The last increase is a target of a minimum of 3 per cent and it could be paid on or from 1 January this year. It is based on a submission, health service by health service, which must go through the Cabinet subcommittee and Cabinet process. To date, only one of those agreements has gone through and it relates to Mt Henry Hospital. There are another 10 in the system. The savings this financial year to which Dr Fong referred relate to the fact that the department had budgeted for those increases, and the health services and the union are aware of that. At this stage, the take up rate from the health services has not been sufficient to call on the funds which are allocated. The department's estimate is that at least half the amount of money which has been budgeted for award increases will not be expended this financial year. It is more appropriately allocated to other areas. In that process the productivity must be justified. Because of the nature of the enterprise agreement, it is not an automatic increase. As each group is separately registered, and over 110 legal employers are involved, the agreements must be ratified by the State Industrial Relations Commission. I reiterate that only one has gone through and the others have not reached the stage of being referred to the Minister for referral to the Cabinet subcommittee on labour relations. The time delay does not mean that anyone will miss out on their pay rise. It means that the lag time in the payment is such that some money can be carried over to the next financial year.

Ms McHALE: I am aware of that, but in a way the department is borrowing the money which was allocated to the award increase in January 1997 to offset the over-budget of the other hospitals. Inevitably, there must come a time when that catch-up has evaporated and it leads to the effect of that - if you have to ultimately find that money in 1997-98 - on other services.

Mr PRINCE: I take issue with the member over the use of the word "borrowing". It is not borrowing at all. It is a management of cash. In this instance that particular allocation of money is not able to be used for that purpose within the current financial year for the reasons which have been outlined. It should be used wherever else it can be most appropriately used, which is a matter of good management. In 1997-98 budgetary allocations will be made in fixing the budgets with the hospitals and health services by 30 June for those pay rises to be funded during that financial year. I do not see how that creates a difficulty. Surely, it would not be good stewardship of public funds to have an allocation which is not used simply because the process has not caught up with it. It is never good stewardship of public funds to have the spend-or-perish mentality. I do not find that mentality in Health, but I have found it in other government departments, particularly those which have dealt with commonwealth grant moneys. They either spend the money by 30 June or they lose it the following year. It is no way to run a sensible system with someone else's money.

[10.00 am]

Mr McGINTY: The Commissioner of Health was reported in the newspaper last week as saying that he did not particularly like or approve of the fringe benefits tax avoidance scheme that operates as part of the salary packaging arrangement in the Health Department. What is the Minister's view and will he heed the call in the editorial of yesterday's *The West Australian* and end this practice?

Mr PRINCE: The practice is endemic throughout health, especially in New South Wales and in Victoria. It has been there for years. I think I am correct in saying that in Victoria the whole of the car fleet is run through the books of one of the hospitals. It is stupid to have to do that. Our tax system should not cause that sort of activity. That is the fundamental cause of the problem. In order to be able to attract psychiatrists, particularly in the last 12 months, we have had to find packages that are comparable with those that are offered elsewhere and we have been successful in attracting psychiatrists. We have been able to hire more than would be the case otherwise. The same thing applies for other areas. The commissioner was misquoted and no doubt he will respond to that in a moment.

Mr McGINTY: He went up in my estimation based on the quote I saw in the paper.

Mr PRINCE: The budget is finite. It totals \$1.6b; it is a huge amount of money. There is a growing demand and there is a desire to provide the best quality service to the maximum number of people at any one time. Therefore, we try to use the money as wisely as possible. If it is not spent in this time, it should be spent somewhere else appropriately. In that sense we can justify salary packaging. It is a use of funding to get the best people by spending

the minimum amount possible. Whether it should be done by one jurisdiction, in the sense of a State, in respect of another - that is, the Commonwealth - is a matter of principle that we should debate at some time. The fact is it is being done and it has been done for a long time. It is perfectly open; there has never been any secret about it. The practice began here in 1992 and earlier in New South Wales, Victoria and other jurisdictions. I would like the cause of the problem to be addressed because this is a consequential effect, which people must deal with, which is the case in all tax avoidance and tax minimisation processes. If the cause were ameliorated, we would not have a problem.

Mr McGINTY: As the Minister responsible for the operation of the scheme in the Health Department, would you prefer not to see it operating or are you are happy to tolerate its continuance?

Mr PRINCE: The member put that well. I would prefer not to see it continue. However, while I have a certain amount of money and my overriding requirement is to deal with the interests of the people who obtain services from the health system, it is an option. It is used by very few people.

Mr McGINTY: Maybe the Tax Office will do the right thing and end this exemption. That might well cause more pain than not participating in the scheme is causing.

Mr PRINCE: That is highly unlikely. The member's reasoning is quite false. The Australian Taxation Office in Western Australia will not make a decision of that nature. These arrangements have been put in place with the knowledge of the ATO; they have been bounced off it and have an imprimatur under the current tax laws. It is up to the Federal Parliament to change the income tax laws and the fringe benefits tax laws to prevent this happening. However, if it does that, the consequential requirement on the Commonwealth to fund all health around Australia will increase. The commonwealth Treasury will have to balance one against the other. The Commonwealth will have to provide the extra money required to overcome what will then be an increased expenditure in all state health systems. I imagine if the law were changed, there would be some consequential effects on private health. Some of the private hospitals may wind up in that situation. I am thinking of not-for-profit hospitals such as St John of God.

Mr BANSEMER: I do not have much to add to the Minister's response. I was misquoted by *The West Australian*. I am sorry if that has some effect on my standing in the member's eyes.

Mr McGINTY: I thought you adopted a very admirable position!

Mr BANSEMER: My spokesperson was misquoted. I have some cautions about the scheme. However, that was not in the context of that press article. Government policy on salary packaging is applied across the board. The difference comes with our hospitals, which have public benevolent institutions status and are exempt from fringe benefits tax. The department does not have an exemption from fringe benefits tax and the salary packaging that is possible within the department is more constrained. Because, at no cost to the Western Australian Budget, an organisation with PBI status and therefore exempt from fringe benefits tax can salary package in a number of ways which are not possible for the Public Service at large or for private enterprise other than organisations with PBI status, it will affect most of the charitable and religious hospitals in the same way as it affects the public hospitals. It is my understanding, largely from the Eastern States rather than from specific Western Australian knowledge, that religious and charitable hospitals are far more into it than the public hospitals, and they started earlier. Western Australia's position is far more modest than is the case in the Eastern States. I believe all hospitals are treating it with great caution. Nonetheless, they are taking advantage of the salary packaging that the advantage of fringe benefits taxing allows.

Dr EDWARDS: I refer to the changes to the outcomes and the outputs and the basis for creating the 10 subprograms. Why were those areas chosen? It all looks rather similar to an assignment I did about 10 years ago when I worked on goals and targets. Is it built on that? What is the basis for doing that? Is it mortality or morbidity or a combination of both?

[10.10 am]

Mrs MORTON: Previously the programs of the department in the budget statements reflected the type of service amalgamated when the various departments of Health were united in 1984. As a result of that, work practices changed and resource usage changed significantly, but our program structures did not change within the budget statements. It reached the point where the statements were not able to reflect what the department was doing and how it was using resources. We went through a process in the department of deciding what would be a better way of reflecting the work undertaken and how the resources were being utilised. With that process we came across a program structure that looked at the 10 conditions reflected in the program statements, but we were also able to look at these 10 conditions by the types of interventions applied to them. The three main interventions were promotion and prevention, the acute and diagnosis area, and continuing care. We were also able to look at the 10 conditions on a demographic basis, whether it be geographical populations, age related, or how they were reflected in Aboriginal communities. It meant that the new program structure provided many more opportunities for both resourcing and

managing the resources, and accounting for how well we were making use of the resources for the health of Western Australians.

Dr EDWARDS: Why 10 conditions, and not seven or 13? Is it based on some standard methodology or World Health Organisation classifications?

Mrs MORTON: It is based on the 10 health groups based on chapters and aggregations of chapters from the ICD-9-CM which is an international code. It meant we could aggregate the cost of services to those groups relatively easily.

Mr BANSEMER: Basically it is because our data systems are geared to collect information on that basis, and those disease groups are the way we analyse it. The end result - it will be a couple of years before it is working well - is that the system will be held accountable for resource allocation and performance, and not just the hospitals for the micro-efficiency of the system. Several years from now it will provide a means of assessing the performance of the health system both at the broad level through these program classifications and at micro level through the budget allocations and the budget performance of the individual health services.

Dr EDWARDS: Looking further across the groups at prevention and promotion, the occasions of service are not increasing. Why not? Does that mean the amount of money allocated for prevention and promotion is fixed? It looks like a medical model and the outputs across the pages following from page 435 for diagnosis and treatment, the weighted separations - whatever they are - and the allocations increase, but in prevention and promotion the occasions of service remain constant over the two years.

Dr FONG: The measures and key outputs for prevention and promotion are still having much work done on them. It is probably the most underdone area. All jurisdictions around the world are trying to come to terms with the method of measuring what were traditionally the community and public health programs. In this situation there has been a commitment to continue the level of activity for those prevention and promotion interventions. However, it does not mean we will not spend more money on prevention and promotion that has not yet been identified through some of the other intervention levels. For example, the inpatient activity that would occur in the diagnosis and treatment area - we fully expect that under some of those health conditions prevention and promotion will occur when a patient is admitted to hospital as an inpatient for, say, diabetes. It is very difficult to pull that out into an occasion of service and put it back into the prevention and promotion intervention level. It would be nice to know how much of the inpatient activity when a patient is admitted to hospital is prevention and promotion and how much is diagnosis and treatment. We do not yet have the means or the tools to identify that, but it does mean the level of prevention and promotion intervention is not being increased or provided to patients across the system.

Dr EDWARDS: Is it possible to move money from prevention and promotion to the hospital sector, as we have already heard this morning?

Dr FONG: No, this is one way of identifying how much is spent on prevention and promotion. I thought the question went to the issue of not increasing that intervention level. There is a commitment to the same amount, but conceivably more will be spent. However, it is not yet identified in the intervention level for each of the health conditions.

Mr PRINCE: Largely because it is difficult to work out exactly how much is spent on prevention and promotion when someone is admitted to hospital, as either an inpatient or an outpatient, and they are dealt with in a holistic sense as they should be. Obviously, there is an element there.

Ms McHALE: Why has the allocation for diagnosis and treatment been reduced in the output group for digestive, endocrine and immunity disorders, which is item 9.2 on page 440 of the Budget Statements? It is the only output group that has been reduced.

[10.20 am]

Mrs O'FARRELL: The best answer I can give is to try to explain the position currently put forward in terms of the assignment and distribution of the dollars to the 10 health programs and consequently to the intervention levels and key outputs in each. That has been based on a lot of work undertaken to assess and to model as best we could the outputs and expenditure in relation to 1995-96 activity and cost centres. For the most part, we know that 70 per cent of our expenditure and activity in health services relates to inpatient services. Therefore, we have a reasonably precise assignment of the weighted separations and those sorts of occasions to service the diagnostic and acute area within the 10 health conditions.

The only way to explain the change is to say that there is no intended or specifically planned reduction in the purchasing or funding of a number of outputs in this area, but rather that that number has probably been picked up

by having those outputs assigned to another health program. The system of coding inpatient services uses diagnostic related groups. The method used to assign those specific diagnostic related groups - there are 600 or more - back to the ICD chapter has been based on a program developed in the department. We have already commenced the process of refining that assignment tool and we anticipate getting slightly different results as we are more accurately able to determine whether DRGs related to a primary diagnosis should be assigned to one health condition or another. This process is the first attempt to assign an enormous volume of outputs to the 10 health conditions. We anticipate being more precise in future.

Mr McGINTY: I did not understand any of that. Why have there been reductions?

Dr STOKES: I think Dr Edwards would understand that much of this diagnostic activity is endoscopic work, the majority of which is day surgery. The weighted separations have increased, but the cost has gone down because they are day services, not inpatient activity. That is the explanation for most of the GI activity.

Ms McHALE: So, if people come to my electorate office and say that they are not getting a service, I can tell them that the department is being more efficient.

Dr STOKES: Absolutely.

Ms McHALE: Let us hope that is the case.

Mr TRENORDEN: The Auditor General has been very critical of the four teaching hospitals and their ability to outline mission statements and program statements and to report. Will we see an improvement in this fundamental area? It makes the Minister's earlier statement about a \$1m overlay in a budget of \$600m sound fairly nebulous. It is clear from the Auditor General's report that the reporting performances of the teaching hospitals are pretty ordinary.

Mr PRINCE: I am grateful to the member for raising the issue. I do not agree with the views expressed. Dr Gareth Goodier, the Chief Executive Officer of Princess Margaret Hospital, has been chairing the group dealing with performance indicators for some time and has expressed some professional opinions and views in respect of the Auditor General's report.

Dr GOODIER: I thought the report was fairly critical because it set a benchmark that no other health service in the world could meet. However, in the spirit of cooperation, a working party has been operating for over a year to establish a suite of key performance indicators for different types of hospitals - teaching, metropolitan non-teaching, regional and country. We have been able to negotiate with the Auditor General's Department that what we have prepared would be acceptable. The indicators have been distributed to all general managers. The Auditor General's Department has been impressed with our work in improving our performance in this area. We must now be almost at the forefront for KPIs for hospital management in the world. We have had visitors from Canada with this in mind.

Mr McGINTY: I have a number of questions relating to the hospitals in Mandurah, Pinjarra and Harvey, which the Minister might have expected. Has Cabinet approved the signing of the service contract with Health Solutions for the Peel Hospital?

Mr PRINCE: No.

Mr McGINTY: Why not?

Mr PRINCE: Because it has not gone to Cabinet.

Mr McGINTY: What is the current status? This is now longer than *Blue Hills*.

Mr PRINCE: I received a draft Cabinet submission late last week. If my memory serves me correctly, I have looked at it and made changes. As soon as that is redone and I am satisfied, I will sign it and it will go into the Cabinet process. It will be in Cabinet within the next two weeks.

Mr McGINTY: Why has it taken so long? What have been the issues?

Mr PRINCE: Most recently, it has taken a long time in dotting i's and crossing t's between lawyers on both sides. That is not surprising to me. Prior to that, a great deal of negotiation took place. Of course, Treasury has also had an involvement, which is only proper. The structure of this contract is not the same as those negotiated for Bunbury or Joondalup - none is exactly the same but there are similarities. It is a matter of doing it as properly and carefully as possible.

Mr McGINTY: Were there any substantive issues resulting in the signing being delayed? It was promised before the election - six months ago. What issues have held it up?

Mr PRINCE: Matters of definition. I have stated on a number of occasions that I have had no personal role in this because that is not proper for a Minister.

Mr McGINTY: That is an interesting notion of accountability.

Mr PRINCE: No, I am responsible, but there should be no suggestion of political interference in the way things of this nature are written.

Mr McGINTY: I am asking about the issues, not the Minister's role. It amazes me that, if all that is being done is a bit of legal tidying up, it has been delayed for so long.

Mr PRINCE: Unlike the Joondalup exercise, which involved one organisation that was funding, building and managing, this is a consortium of the builder, the financier and the manager. The three have been able to be dealt with separately. Clearly, the financial side has been sorted out, as has the building, because the construction is under way. The management contract has come along afterwards.

Mr McGINTY: The three are not that separate. Health Solutions has been involved in matters relating to the construction to ensure what is built will enable it to deliver a service.

Mr PRINCE: Clearly it has had a good deal of involvement in the design from a function point of view.

[10.30 am]

Mr McGINTY: I find it amazing that it has taken so long - that they are playing a role without having a contract.

Mr PRINCE: I have expressed in this place on a number of occasions some degree of frustration about the time it has taken. I have also been very careful not to put on pressure in order to achieve a desired political result, which would have been to have it signed before the election, but rather to have that process completed properly so that, as far as possible, all factors are taken into account and everything is done as carefully and concisely as it should be done.

Mr McGINTY: Will the service contract be tabled in the Parliament when it is signed?

Mr PRINCE: I cannot give an unequivocal yes.

Mr McGINTY: Why not?

Mr PRINCE: For example, parts of the Joondalup contract were omitted for reasons of commercial confidentiality.

Mr McGINTY: What is commercially confidential about a service contract at this hospital?

Mr PRINCE: I cannot say unequivocally that it will be tabled. I wish to be able to table all the contracts, in as full a form as possible, and to explain, if anything is deleted, what and why, as I have done with the others.

Mr McGINTY: What part of this contract would be commercially confidential? The Minister has read it and has prepared a Cabinet submission on it.

Mr PRINCE: The part that would be commercially sensitive is the calculation of price.

Mr McGINTY: Why is that commercially confidential such that the Parliament should not be informed of it? It does not appear appropriate that it be kept confidential.

Mr PRINCE: It has an intimate connection with the profitability of the contractor, whether that be Health Care of Australia at Joondalup or Health Solutions at Mandurah.

Mr McGINTY: Is a public interest not involved in their making a profit out of the provision of services to what was once a government hospital?

Mr PRINCE: Yes, but there is also the problem that competitors, not necessarily in Mandurah, of those organisations in the provision of health services will get to know information that they will otherwise not get to know in the course of ordinary commerce.

Mr McGINTY: When the Minister does bring that document to the House, I will be interested to hear his justification for excluding certain elements. The public interest does require full disclosure, particularly when we are talking about millions of dollars of taxpayers' money. It is not acceptable to keep this behind some shroud of secrecy.

Mr PRINCE: I had this debate about Joondalup with the then Deputy Leader of the Opposition, Dr Gallop, when the member for Fremantle was Leader of the Opposition, and I will undoubtedly have that debate with the member for Fremantle now that his former deputy leader is leader and he is not.

Mr McGINTY: What is proposed with regard to the running down of Murray Hospital?

Mr PRINCE: The thinking at the moment is that the buildings are relatively old. Most of them are structurally quite sound, but some parts which are add-ons are perhaps not so sound. It is necessary to have a hospital in that area, for a number of reasons, particularly to provide an accident and emergency service, bearing in mind not only the roads in the immediate vicinity but also the industrial plants, particularly Alcoa of Australia Ltd. Other general services should also be available not only to the population of the area but also to those who pass through. The most appropriate way of providing for those needs, which are currently the subject of some planning, may be to build a new facility. I tend to favour that option, subject to expert advice, because that seems to be the logical conclusion to draw, and it should be in roughly the same area. Detailed planning must be carried out to determine what should be built to meet the need in the future. An emphasis may need to be placed on aged care. The demographics of the population not just as it is now but also as it will be in the next 20 to 25 years must be taken into account, which means that we will need to draw on some of the studies that have been done by the Ministry for Planning. A planning exercise must be undertaken to determine what should replace the existing facility. It may be a refurbishment of what exists already, but I suspect it will be a new facility.

Mr McGINTY: On a more probable analysis, what would be the likely reduction in bed numbers at that hospital?

Mr PRINCE: I could not say.

Mr McGINTY: Others do. How many beds are there at the moment?

Mr PRINCE: I am advised there are 45.

Mr McGINTY: Has it been proposed in the discussions about a new facility or even a revamped facility that the number of beds will be reduced to 30 or less; in other words, that Peel Hospital will take over many of the existing functions of Murray Hospital?

Mr PRINCE: Because the Peel campus is much larger - it has 120 beds - it is inevitable that it will take over some of the services that are presently being provided at Murray Hospital. The number of beds that will be provided in the new Murray Hospital will be determined by the needs analysis. An amount of \$292 000 has been allocated in 1997-98 for that needs analysis work. It is not correct to say that the new bed allocation will be 10, 15, 20, 30 or 40.

Mr McGINTY: Will Murray Hospital have fewer beds and will Peel Hospital take up that workload?

Mr PRINCE: I suppose it is logical at the moment to say that the number of beds will be reduced because work will move to the new Mandurah Hospital when it is completed, because it will be so much bigger, but we must look also at what will be required in 15 or 20 years. I cannot say what the number is likely to be.

Mr McGINTY: When will that needs analysis be completed?

Mr PRINCE: It is budgeted for 1997-98. I expect the work will take place during that financial year and be available towards the end of that financial year.

Mr McGINTY: The contractors have been removed from the management of Harvey and Yarloop Hospitals. Is it intended to return the management of those hospitals to contract?

Mr PRINCE: Not at present. It is a matter for the boards.

Mr McGINTY: What is the view of the boards?

Mr PRINCE: The boards ceased that arrangement. I will need to ask the boards, but as far as I am aware they do not intend to look for another contract.

Mr McGINTY: Will the Minister leave it up to the boards, given their fairly disastrous efforts in this area?

Mr PRINCE: It is their responsibility.

Mr McGINTY: It is also yours, Minister.

Mr PRINCE: I have responsibility and I am not shirking that in the least. It is, and was, the boards' decision.

Mr McGINTY: Will the Minister allow them to revert to contract management, given that they managed it so badly last time?

Mr PRINCE: They have not put up a case for contract management.

Mr McGINTY: Is that right? Is that currently the view of each of those hospital boards? I do not think it is.

Mr PRINCE: I am informed by Dr Fong that neither board has expressed an intention to change the current method of management. However, if the boards, or anybody else, for that matter, were to come up with what seemed to be a good proposition with regard to contract management, we would consider it on its merits, and so we should.

Mr McGINTY: The Minister would not envisage that happening this financial year?

Mr PRINCE: No proposal is before me, and I understand that neither of the boards has any intention of putting a proposal to me for contract management, but that does not mean to say that will not happen.

[10.40 am]

MR MINSON: The major achievements for 1996-97 under program 6.0, dental health, refer to building of a new eight chair dental clinic in Midland, plans to construct a new four chair dental clinic at Albany and an extension of the Rockingham clinic. Since dentistry in its modern form is now carried on holistically with practitioners, hygienists and therapists in a clinic, has the Minister tried seeking expressions of interest from those in the private sector to provide a service to the disadvantaged? If not, why not? We seem to be going through the phase of contracting out. If it has not been done, I sow the seed that it should be done and as a matter of urgency.

Some of these buildings have been in a very rundown state for a very long time. I know for years an old caravan - it reminded me of an old circus trailer - has been parked outside Rockingham Hospital. It was dragged around to the schools in the 1950s and early 1960s. Frankly the dental surgeons were forced to operate under Third World conditions. A similar van was parked outside the Gustafson clinic at Fremantle. I am not sure it is still there, but it was used because there was not enough room in the building. Perhaps it may have merely been parked there, but I know it was used for a time. I hope it is not still being used. The time has come either for us to look at reconstructing some clinics or for the Government to get out of providing the service. Now that practitioners have the ability to take on therapists, I know they would be willing to tender to provide services.

Mr PRINCE: The four chair dental clinic at Albany is not only completed, but is up and running. I opened it. It is a superb facility. The eight chair dental clinic in Midland is in the process of completion. With regard to the member's comments about the clinic at Rockingham, do I detect that the member may have worked there at some stage?

Mr MINSON: No, not at all.

Mr PRINCE: I cannot speak with any knowledge of what has happened or is happening at the Gustafson clinic.

Mr MINSON: I worked there for a while.

Mr PRINCE: A review of state provided dental services is being conducted at present. This is the most appropriate thing to do, particularly since the Commonwealth ceased the dental program in the August Budget. It is one of the triggers for conducting a review of the program. I am more than happy to look at contracting to private practitioners to provide services. I suppose historically the reason for having clinics in certain places has been the result of a lack of private dental practitioners in those areas. Perhaps history has moved on and we might be able to look at that in some areas.

Mr MINSON: What the Minister says is quite right. Historically that has been the reason. When I worked in these clinics they were notoriously inefficient. In the first month after my graduation, I knew I was the top performing dental surgeon at a clinic at which I worked - I thought that was extraordinary - such was the level of inefficiency of operation. I take the Minister's point that historically we had a shortage of dental surgeons. The only way a dental surgeon could make a living was by personal effort; in other words, people paid a fee for a service or the dental surgeons were on a salary. It was not in any sense entrepreneurial. Now that we have therapists, hygienists and so on, as well as the legal ability for dentists to form companies, there is an opportunity for those in the profession who have organisational skills and want to be entrepreneurial to take this role entirely off the public sector and for us to deliver a better service at a cheaper cost, in my opinion. I ask the Minister to look at that suggestion. It definitely should be looked at.

My next question may well be better asked of either the Minister for Education or the Minister for Employment and Training. The dental school in this State is in dire straits. There has even been talk of closing it and training our dentists in Adelaide, which I believe would be an absolute disgrace, given the efforts that were put in at the end of



the 1940s and early 1950s to get this dental school started. There have been plans for the construction of a new oral health sciences unit - I am not sure of the exact name - within Sir Charles Gairdner Hospital or the Queen Elizabeth II Medical Centre grounds. Can the Minister, first, give an assurance that the dental school will continue to operate in a State that is growing fairly rapidly and, secondly, give a report on the construction of the facilities? When I last visited the dental school about a year ago, I saw the rat baits and the cockroach baits which, in my opinion, were inexcusable. Paint was peeling off the walls, in exactly the same way as it was when I was there 20 years ago.

Mr PRINCE: I appreciate the concern of the member, who has specialist knowledge of the area. This is the subject of a review which includes the university. I have an agreement with Professor Norman Palmer, who is chairing the review. I expect a report will come out of the review process later this calendar year which I trust will address all of the issues raised by the member. I certainly expect it to. I think it has been termed a school of oral health. The suggestion that it be attached to the university medical school at QEII has been raised and it will be looked at within the review and will be part of the report.

Mr McGINTY: Since the ending of the commonwealth dental scheme, what has been the reported experience of people being excluded from dental care provided by the State?

Mr PRINCE: Does the member mean since the commonwealth program stopped?

Mr McGINTY: Yes.

Mr PRINCE: The commonwealth program funded private and publicly employed dentists to provide care. Subject to correction from anyone here who might be able to say more about this, as I understand it there has been an increase in the number of people seeking to use the excellent state program which has continued. Some people have suffered delays in being able to get care from the clinics run by the State. That is apocryphal and not based on any form of accurate statistics. This is a perfectly reasonable question; I am just unable to give the member any straight, factual, statistical answer.

Mr McGINTY: I am happy for the Minister to have an adviser provide me with an answer after lunch. The biggest change in the business I do in my electorate office relates to people telling me they are no longer eligible for free dental care. It has been quite profound in the past few months.

Mr PRINCE: Is that adults?

Mr McGINTY: Yes. A number of people have come to my electorate office raising this matter with me. I never used to get any complaints about people being unable to receive dental care, but I get them with great regularity now. I wonder what the general experience is and what has changed with regard to eligibility for that care. The Minister's statement in the Parliament talked about 40 000 needy Western Australians being excluded from dental care as a result of the change by the Commonwealth. What is the reported experience?

[10.50 am]

Mr PRINCE: I imagine that the experience is much the same everywhere as the member for Fremantle found in his electorate. Certainly it is in my electorate. The commonwealth eligibility encompassed a much broader range of people than state criteria, which still exist. However, as you said, about 40 000 people, by our estimates, were eligible under the commonwealth scheme but are not eligible under the state scheme.

Mr McGINTY: Have the criteria for the state scheme been amended to address this problem?

Mr PRINCE: No, not in this current financial year. It would be very difficult to change anything during the financial year and would result in funding implications. The whole question of eligibility is being examined at present.

Mr McGINTY: Is that examination of criteria part of the review to which you just referred?

Mr PRINCE: It is part of the review; it is also being examined by the department.

Mr McGINTY: What changes do you think will be desirable in this area?

Mr PRINCE: It is most undesirable for the Commonwealth to overlay and attempt to subsume a state service with a commonwealth service on the clear understanding it would be a continuing exercise and then withdraw it.

Mr McGINTY: What is your view of what you as the responsible Minister should be doing; not what someone else should be doing?

Mr PRINCE: I really need to know what direction dental services should take in the future from a training point of view, as raised by the member for Greenough, which is critical, and how those subsidised services should be provided. They may be provided by contracting where the private profession exists and not provided where it does

not exist. That obviously will beg the question: Who among adults - we are not talking about children - should be eligible for this form of subsidised or free dental service?

Mr McGINTY: The issue is basically that a range of people were given free care by the Government and they are no longer eligible. What do you think should be done to address that?

Mr MINSON: A few years ago, before the Commonwealth provided dental care, the State had a good scheme under which patients, particularly country patients - it also occurred at metropolitan clinics - would be means tested for income, which determined what percentage of dental fee they should pay. For example, based on income it might have been assessed that 60 per cent of the fee was considered reasonable by the Government.

Presumably when the Commonwealth became involved it took money from the State to run it. I would be surprised if that were not the case because the Commonwealth has never provided us with anything without taking it from us first. Now that the Commonwealth has withdrawn from the scheme is it returning that money? If not, it is a bit rich for the Commonwealth to ask the State to suddenly provide what the Commonwealth used to provide.

Mr PRINCE: The dental program run by the State costs about \$20m. The Commonwealth contributed about \$9.7m, which funding has gone. The State held onto the eligibility criteria for years, I think under a Labor State Government, at the same time as a Labor national Government was trying to take it over. I am not making that point in a political sense. At the time, quite rightly, the people in this State said they did not want the scheme taken over as part of a commonwealth program because they were somewhat fearful it would take away funding at some stage, which it has done. We are back to the original criteria. In that sense there has been no change. The commonwealth criteria were much broader. In the middle of a financial year we are unable to find the extra \$9.6m to \$10m to carry on the program.

I think Queensland had no dental program at all so the commonwealth program met a need. I think that applies to other States, but Queensland has continued it either in its same form or with a lesser amount of funding. It should be reinstated if possible. I could not find between \$9m and \$10m in August last year to replace that funding.

Mr MINSON: That money has not been given back?

Mr PRINCE: No.

Mr McGINTY: I think the member for Greenough is asking whether the money taken was from the State.

Mr PRINCE: I understand that it was not taken from the State when the scheme was introduced. However, this is something about which I have no direct personal experience or knowledge. The Commissioner of Health may know better than any of us.

Mr BANSEMER: There was none.

Mr McGINTY: Does the Minister wish to broaden the eligibility for dental care through the state dental health service in the light of the removal of that commonwealth assistance to approximately 40 000 Western Australians?

Mr PRINCE: I would like to be able to provide the best possible care, particularly to those with reduced incomes, especially the elderly. People of our age have the benefit of having had much better oral health as youngsters. Our oral health is vastly better than that of our parents or grandparents. Some of the more intractable problems elderly people suffer now should not occur among our generation. As a result of fluoridation we baby boomers have much better teeth. We would like to provide the best possible program to the elderly because their oral health is vital.

Mr McGINTY: What are you going to do about 40 000 people who no longer receive free dental care?

Mr PRINCE: I am waiting for the report of the review.

Mr McGINTY: Will that be ready by the end of this calendar year?

Mr PRINCE: Yes, as I understand it.

Mr McGINTY: Will that also address the question of eligibility?

Mr PRINCE: I hope so. It is being looked at independently by the department right now.

Dr EDWARDS: What will happen this year to the Alcohol and Drug Authority, its board and its statutory duties under the Act?

Mr PRINCE: Since the drug task force reported and many of its recommendations began to be implemented - a majority of them have been, or are in the process of being, implemented - the question has arisen of where the authority goes from here. My colleague the Minister for Family and Children's Services has had ministerial

responsibility for the drug task force since the election. She and I have met twice to discuss this matter. We are considering it.

I believe the methadone program, and that core of knowledge and expertise hard won in many respects by the officers of the Alcohol and Drug Authority, should be retained as a unit. Whether that means the Alcohol and Drug Authority will remain as a statutory authority is debatable. I am referring to the value of the people, their expertise and so on. The methadone program is being expanded, as I am sure you know, particularly by training general practitioners and community pharmacists with the aim of being able to treat, I think, between 1 200 and 1 500 addicts within a short period - a significant increase on the previous number. The other activities of the Alcohol and Drug Authority are a matter of debate between me and the Minister responsible for the drug task force -

[11.00 am]

Dr EDWARDS: When will you decide, given that the most recent annual report spoke about the uncertainty, and that Dr Joyner's replacement had not been on the board since 1995? The report also stated that all the services were above contract levels and that some were markedly above, which demonstrated a great need in the community and that it was successfully meeting that need.

Mr PRINCE: The other Minister and I have met twice. We are getting on with the job at the departmental level and the core, which is the drugs task force. The matter is being sorted out now.

Dr EDWARDS: What does the Health Department have planned for the services that were delivered last year? Will contracts be renewed with the ADA in the short term? I understand from the annual report that the ADA was contracted to perform certain services.

Mr PRINCE: The answer is yes.

Dr EDWARDS: Is the ADA receiving more money, given that last year in some cases it was 30 per cent above contracted levels?

Mr PRINCE: I cannot recall. I know that it received an extra \$300 000 for expansion of the methadone program. As to the others, I cannot answer straight away.

Dr EDWARDS: Can the Minister provide that information? For example, the residential medical detoxification area received a 60 per cent increase over the previous year. Given what we are told about drug problems, waiting lists, and the demand for those services, can the Minister reassure us that the needs of those people will be met?

Mr PRINCE: It presents a difficult problem. I will supply that detail by way of supplementary information. I cannot do that within this week because we are settling the budgets of all health services, not just the hospitals, between now and 30 June. I undertake to provide that information when it is available.

Dr EDWARDS: Is it likely that residential treatment and the outpatient services will still be provided?

Mr PRINCE: It is intended that they will continue to be provided either directly or by contract by some non-government organisation which has the expertise and ability to provide those sorts of services.

Dr EDWARDS: I understand that a review is being done or opinions are being canvassed in some of those non-government organisations. When will you release that information?

Mr PRINCE: Is the member talking about the task force?

Dr EDWARDS: No. I am talking about a review of the non-government organisations in the alcohol and drug area.

Mr PRINCE: Who did the survey?

Dr EDWARDS: I cannot remember.

Mr PRINCE: The officers sitting on either side of me do not know of any review.

Mr BANSEMER: The task force did a review 18 months ago -

Dr EDWARDS: It probably flowed on from the task force.

Mr BANSEMER: A piece of work is being done now which started a fortnight ago, but I do not think that is it.

Dr EDWARDS: I will find out and refer back to the Minister. Will the court diversion service continue? That was a service that the ADA was performing with money from the Ministry of Justice.

Mr PRINCE: In my view, it should.

Dr EDWARDS: We all agree with that.

Mr PRINCE: This is a matter for negotiation between me and the Minister for Family and Children's Services.

Dr EDWARDS: Are you saying that you are considering shifting it out of Health?

Mr PRINCE: It could be. One could argue that perhaps it should be within the Ministry of Justice.

Dr EDWARDS: One could argue that the court diversion service might be, but I am not sure about the other part.

Mr PRINCE: I am not suggesting other parts should be. I have expressed a view that particularly the methadone program and the expertise should remain in Health in some form.

Dr EDWARDS: What about people under 18 years of age who are addicted to opiates? The ADA's annual report talks about opiate usage increasing while amphetamine and cannabis use is decreasing. It talks about opiates being used increasingly by young people, and being the drug that seems to cause the most problems.

Mr PRINCE: It is.

Dr EDWARDS: People under 18 cannot get on a methadone program, for good reasons. How will they be managed, given the increasing evidence that young people are using heroin?

Mr PRINCE: It relates to the world oversupply of heroin, the vastly increased quantities that are available on the street, and the incredible purity of the heroin by comparison to 18 months ago when it would have been exceptional if it were around 20 to 30 per cent pure. These days, to find 60 per cent purity is not exceptional. The price of course has plummeted, which largely is the cause of the problems we experience on the streets currently with young people. It is a cheaply available drug and it is probably more fashionable - and these things tend to run in fashions, as we both know. This is what the task force addressed, in many respects, because it said that we cannot have -

Dr EDWARDS: It did not, in its report -

Mr PRINCE: In the sense that we cannot have an approach from one viewpoint or one agency alone. It must be across the totality of the community.

Dr EDWARDS: Someone must take the lead. If we keep discussing it, nothing will be done.

Mr PRINCE: The Minister who has responsibility for the task force is the lead. Health is a major part, Education is a major part and Police is a major part.

Dr EDWARDS: The ADA was established as a result of a royal commission. It has its own Act. The problem has not gone away. Given what the report said and what has been reported recently, the problem has worsened.

Mr PRINCE: Yes, for reasons outside the control of the ADA.

Dr EDWARDS: Illness is outside the control of the Health Department!

Mr PRINCE: Yes, that is the point. It is not something that can be addressed by the ADA, whether it remains as a statutory authority or in some other form. It must canvass the whole of government, which is what the task force was all about. With young people, prevention by getting the stuff off the streets, by being able to stop the importation, because none of it is made in Australia, involves the Federal Police and federal and state agencies. Ultimately if there is an answer to at least controlling the problem, that must be it.

The second area is education. While many education campaigns to persuade teenagers not to indulge in abuse and risky behaviour, whether with alcohol, opiates or other drugs, are successful - some more than others - it is a matter of continuing to try to get into the collective teenage consciousness in an appropriate way and at an appropriate level at all times. The 100 per cent control campaign which is running at the moment largely relates to alcohol exclusively, and it has been very successful in having an impact, but it will not necessarily work next year, because fashions will change. It is the same with any form of education when dealing with teenagers.

We are intimately concerned with treatment programs. They will continue. We are looking at a couple of education programs this coming year.

Mr BANSEMER: We are looking at two education programs this coming financial year, one aimed at teenagers and illicit drugs which will feature heroin, and another which is aimed at parents. We envisage that both programs will run during the forthcoming financial year. That will be the central focus of our education programs.

[11.10 am]

Mr PRINCE: That is only part of an across-government and across-agency exercise.

Dr EDWARDS: What role is the board of the Alcohol and Drug Authority playing in this?

Mr PRINCE: The ADA, as it rightly says in its report, has been in a state of uncertainty for far too long, wondering where it is going. That situation is being resolved by me and the Minister for Family and Children's Services.

Mr CUNNINGHAM: I receive numerous complaints every week about the quality of food at Royal Perth Hospital. What will the Health Department do about the privatisation of catering at Royal Perth?

Mr PRINCE: I will make a general comment about food in hospitals and then I will ask Mr Burns to deal strictly with this question. It is rare to find someone who is complimentary about food in hospitals because mostly when people are interned in hospital, they are not well. I realise that is a generalisation. It is not intended to be anything more than that.

Mr BURNS: The member for Girrawheen's constituents who have complained to him obviously have a particular view. From the date catering at Royal Perth Hospital was privatised, quality control measures were introduced to ensure the quality was at least equal to, if not better than, the quality previously. As part of the quality review that is carried out weekly at Royal Perth Hospital we got a firm of surveyors in to determine the benchmark before the contract was let. That was to give us a starting point - a point of view from the people outside the industry who carried out that review. Only last week I had delivered to me complimentary remarks from patients who have appreciated very much the catering at the hospital. One gentleman, a chef for 51 years, said the food in the hospital was the best he had had. He said he had cooked for the Duke and Duchess of Kent and had served in many hotels throughout the world and he could not fault the food at Royal Perth.

Another comes from a survey last week. A patient complimented the catering staff on ward 5F for the quality and variety of meals which were very good and at all times nice and hot which, he said, was a big plus. Another said he had been catered for in 14 single men's quarters at Paraburdoo and Tom Price iron ore mines by Poon Catering and Services. He took his hat off to the chef and the catering team. Compliments are given on both sides. If people who have been in hospital are asked what the clinical treatment was like, not too many people worry much. However, anyone who has been in hospital will say the food was either good or bad. That seems to determine the quality of the hospital for them.

The caterers, Gardner Merchant (Australia) Pty Ltd, have introduced a new food distribution system in Royal Perth Hospital. They deliver the food in bulk to the ward and put it on display and ask the patients what they would like. The food is hot and of high quality. If people want to look at the system at Royal Perth Hospital, I am sure they would be welcome to do so. As chief executive officer of the hospital, I am very pleased with the outcome and with the cooperation we have received from Gardner Merchant and the quality of the food it produces.

Mr CUNNINGHAM: I will start collecting letters on your behalf, Mr Burns. I have received numerous complaints over about the past 12 months. A week does not go by when I do not receive three complaints. I am amazed at that reply.

Mr PRINCE: It should be put into context. How many patients does Royal Perth deal with in any one year?

Mr BURNS: Royal Perth has 75 000 inpatients in a year. The contract was let in only February this year.

Mr CUNNINGHAM: I received complaints before and I am receiving more complaints now. Last week in Parliament I gave the example of one dear old woman who described the food at Royal Perth; butter would not melt in her mouth. I asked her whether she believed it was substandard. She said it was not substandard, but that there was only one word for it. She spelt out the word - and it had only four letters to it. I have known that woman for many years. I could not believe she was so hurt about what she received. The catering at the hospital was so bad her family had to take food there for her almost every day.

Mr PRINCE: I suggest the member call on Mr Burns at the hospital without any forewarning to see for himself what the food is like.

Mr MCGINTY: I have been told King Edward Memorial Hospital for Women has a contract to provide counselling services to its staff through Intrad Services. I am also told there has been an astronomically high utilisation of that service by staff. Has this matter been reported to the hospital? Will the CEO throw some light on what is going on?

Dr GOODIER: I would be interested to know where those figures came from. The hospital receives an annual report from the service it contracts to. I have not received a report for some months; therefore, I cannot comment. I do not think that figure is any increase on the figure for previous years. Staff can self-refer or they can be referred through

other health professionals. It is a good service. There has been no increase in the numbers in recent months as far as I am aware.

Mr McGINTY: The advice I received is that a significant development at the management level of King Edward has led to more than 200 staff requiring counselling from Indrad. That is a very high number, given the staff numbers at the hospital. It is also suggested that this has to do with certain appointments at a senior management level at the hospital. Is the chief executive officer able to make inquiries of Indrad within the limits we have discussed to determine whether a problem is reflected in those figures?

Dr GOODIER: A selection process was completed last Thursday which was unpopular among some staff in one unit. The staff were all offered the opportunity to access Indrad. That is probably what that figure relates to.

Mr McGINTY: I do not know the background to it.

Dr GOODIER: That is the only occurrence of unhappiness, if you like, of the staff that could be pinpointed. The hospital offered blanket access to Indrad Services, for that.

[11.20 am]

Mr McGINTY: What was that position, and what was the process which caused the unhappiness?

Dr GOODIER: It was the selection of a senior nurse as a co-director of one of the devolved units. There was a panel, which included two of the most senior nurses in the health system, myself, a board member and a doctor from that unit. It was a very open process.

Mr McGINTY: Which was the devolved unit?

Dr GOODIER: It was the neonatal unit.

Mr McGINTY: How many staff were offered the services of Indrad?

Dr GOODIER: There are 70 cots in the King Edward neonatal unit, 20 of which are intensive care, tertiary level cots. The budget there is close to \$10m, so 200 would probably be the right number of staff. Certainly, an offer was made to all staff that if they felt they required counselling, they could access it.

Mr McGINTY: On the basis that I do not have your background, it would seem that if even the majority of staff took up the offer, it would indicate a problem. Is it a matter that you intend to investigate?

Dr GOODIER: We are very aware of the issue, and a number of strategies are ongoing in the management of the issue.

Mr McGINTY: Turning to mental health, could the Minister tell us about the new services to be provided as a result of the Budget before us?

Mr PRINCE: I will be delighted to do so, but I expect that Professor Lipton, the fairly recently appointed head of the mental health division, might like to outline the services.

Professor LIPTON: The member will be aware that funds have been allocated over three years, and the first task was to establish the new division, as the ministerial task force indicated. We achieved that in the last three months with most senior people appointed. By and large, it has been business as usual for the bulk of the services which historically received funding. The real move has been related to the use of the \$6m, the first year's allocation. We use a fairly transparent process to consumers, carers and service providers, inside and outside the division, in allocating those funds.

Last year we divided the \$6m, with \$1m allocated to statewide endeavours, including education. Another \$1m went to non-government organisations of the large variety which fundamentally provide community care and maintenance and a variety of activities, particularly rehabilitating patients with long term illness. The other \$4m went to develop programs in the mainstream services. Those programs were divided between children, the elderly and adults. The money was subdivided with 30 per cent of the funds to rural and remote regions, and 70 per cent to the metropolitan region.

That led to a lot of service development. In the statewide service development, a lot of effort went into developing educational programs to increase the numbers of psychiatrists in training, and scholarships for mental health nurses in training as we have a great shortage in that area. In fact, we have set up a task force on work force issues looking at all the professions.

Also, we have focused on the development of "centres of excellence", as they are known in the task force report. Essentially, this is to develop university departments to cross-fertilise, attract people and provide high levels of service education and research. We have a few of those centres; one is in child psychiatry, and Professor Jablenski was appointed before I came to this position. We have interviewed for, and offered, a position of associate professor in epidemiology and remote psychiatry to be often located in Broome to form the nucleus for the development of the interest in services in that remote area. A chair of forensic psychiatry will upgrade our forensic services enormously. Others are in the pipeline.

Child and adolescent services is quite an important area because relatively few child psychiatrists and child mental health nurses are available. We have psychologists whose career structures are not as good as they should be, and so on. We did two things: We provided seeding funds for a variety of regions to consider how to develop services. We are developing policies for the working together of different health areas to achieve greater breadth and depth in the service.

Our capital works program, which I will come to separately, is developing major services at Bentley and Armadale for child and adolescent mental health services. In the area of adult services, we supported the inner-city mental health service, which Jeremy Hyde runs. By and large, we provided additional funding for additional staff in both the metropolitan and regional areas to try to plug gaps.

In the psychogeriatric area - the mental health of the elderly - we have been fortunate to recruit a few psychogeriatricians placed in different areas. A new professor of psychogeriatrics is coming up, although one has just resigned. The hope is to link that up strongly with the geriatric service as the two need to work hand in hand.

The capital works program is an important and exciting development. Some \$47m is available over five years. A number of things are happening and will happen. The bulk of the spending will be in subsequent years as we have just started to work out the program. One of the major programs is the relocation of Hillview to Bentley involving 12 adolescents' beds. At the same time, an outreach of the Bentley child psychiatry services will be built in with a major outreach and satellite service at Armadale, a very needy area for families and children.

Generally speaking, living-in units have been developed at Esperance, with one going at Geraldton Hospital and a program operating in Albany. This involves families in taking patients in and looking after them under nursing supervision. The emphasis of the policy is to avoid people having to come to Graylands from remote areas. To that end, we have plans for Broome, Kalgoorlie and Albany, which will have seven beds as well as rooming-in beds. We are looking at a lot of rural areas to develop these specialised small services which should divert patients from Graylands and provide care in the local communities.

Another area where we will proceed strongly is in using modern technology. This involves telepsychiatry and data systems. Already four or five telepsychiatry units operate in the north west at Kununurra, Derby, Broome and Karratha-Port Hedland. There is one at Graylands. Our current plan in the next year or two is to have those units throughout the State. We can manage that as we have funds to that end, but it will require a lot of training. Also, we are developing data and information systems to give a better planning capacity.

Another major priority, of course, is Aboriginal mental health. Mr Houston and I have had a number of discussions about a joint approach to that area. I have visited a number of areas in the State and spoken to many Aborigines, and obviously we must focus on that aspect as part of our rural mental health program. That is what comes to mind at the moment. A great deal is going on. One of the important things we have done with funding is with the new modelling of health conditions. Mental health is one condition in its own right. It not only entails the funds of \$137m coming through to the division next year, which includes \$14m of new funds, but also we have identified mental health services provided by other health services, which makes our budget considerably greater. It is of great interest that mental health, being an area of great need, already has considerable sums of money spent on it. The need to integrate and reformat is still there at present.

[11.30 am]

Mr McGINTY: What pressure points do you see not being fully met at the moment?

Professor LIPTON: There are a number. The work force is critical because one cannot do things if one does not have the people. The work force has improved a lot in the last year. The recruitment program has brought in 16 new psychiatrists. At the same time our training programs are delivering. We have eight new psychiatrists coming out of training this year, all of whom are going to the public sector; that is fantastic. That is still a pressure point. Child psychiatry is a critical area. The need for child and family services is enormous but the number of practitioners is few and so is the number going through the training program. I established a few weeks ago a scholarship approach for recruitment and retention in child psychiatric training, which occurs after psychiatric training.

The second pressure point is very critical and one upon which we have been working for months; that is, the whole concept of what is a viable unit for the development of broad and in-depth services. Western Australia seems to have a number of little fiefdoms all over the place. We cannot provide really good locally based services in a very small area. We are consulting with the field to try to aggregate areas into what we call regions, which are not the old-fashioned regions. There will be no extra administration. We want people to plan together so that we may have a kind of hub and spoke approach. That will not be too difficult with the adult services. Psychiatric services are coming on and it is merely a matter of development. Child psychiatry will be more difficult. Forensic psychiatric services are also short of staff. That has to do with the Ministry of Justice. It is an important service. In the rural and remote areas there are some wonderful people, particularly nurses, psychologists and visiting psychiatrists, who do an extraordinary amount of work with very few resources. We must provide them with locally based resources. The policy must be that nobody will come to Graylands unless they have a very complex or severe disorder. Graylands must become a tertiary level hospital. In order to do that we must have the rural and remote facilities. They may not need to be used all the time but must be able to be called on when the need arises. I could probably go on but the general tenor of what I would say would be along those lines.

Mr McGINTY: One area that caused me concern some months ago was the Whatley House episode. What has occurred since the announced closure on 1 April? I understand that the lease has been continued for a period of time. What is intended to be done with the 70 or 80 people who access that service at the moment?

Professor LIPTON: Whatley House was a support and rehabilitative service, as the member will probably be aware, which drew clients from the Swan area and the inner city. For some years it was thought desirable to have those facilities more available to inner city residents because the prevalence of disorder is very high there. A purchasing arrangement had been made between Swan and the inner city. St Vincent de Paul had provided a building at a peppercorn rent. In April it closed the building because it wanted to use it for something else. The issue was, what should happen now? The general feeling was that it would be better to relocate Whatley House a little closer to the inner city action without disadvantaging anybody else. The Whatley House residents have a history of arguing the case for maintenance of the service as it was in the past and they did so again. Negotiations are going on with them. I heard recently that they were used to a six days a week service but they are being offered a three days a week service. I have offered to see them but they prefer to deal with Royal Perth and Swan. I am in the background any time they want to consult me. I have the impression that the issue is going through a process and will be resolved. Whatley House will not be quite as it was. It will still be there but some people might go to Swan. That raises the question of Swan's resources, but we can help out if people want to go there. I understand that the parties to the discussions are not in agreement but that the discussions are not inimical. In the last eight weeks or so the process has not led to an outpouring of anger.

Mr McGINTY: Is Whatley House still open?

Professor LIPTON: It must be in some form but I am not sure whether a new building has been made available. I cannot answer that question.

Mr PRINCE: I can provide the answer as supplementary information.

Mr McGINTY: Will the Minister include in that some written statement about the intention for these people?

Mr PRINCE: Yes.

Mr McGINTY: There is the possibility of two locations - one in the Midland area and one in the inner city.

Professor LIPTON: The outcome must be acceptable to the residents.

Mr BURNS: That was part of our area. We are about to sign a lease in Edwards Street for a building which may be one of the alternative sites.

Mr McGINTY: Is that in East Perth?

Mr BURNS: Yes. The matter could have moved quicker. We had an agreement for a peppercorn rent for a building in the city. However, the peppercorn rent turned out to be \$17 000, which we viewed as not quite a peppercorn rent! I had discussions yesterday with John Casson from Casson Homes Inc. We are working in conjunction with him in the North Perth area.

Mr McGINTY: To move on to aged care and the changes proposed to come into effect from 1 July, what is the attitude of the Minister, who would be expected to sign off a fee for service where home and community care services are provided without charge by agencies such as Silver Chain?



Mr PRINCE: Home and community care services involve a combined commonwealth-state program of 60 per cent Commonwealth and 30 per cent State. It has grown over a period of time; it is largely submission-based. Consequently there are apparent discrepancies in the distribution of funds from one area to another which must be addressed. Other than that, I do not envisage any change to HACC in the foreseeable future. The provision is made through organisations such as Silver Chain, Meals on Wheels and numerous others, particularly those involving local government in the country. Some local government authorities in the city are also involved. It produces an enormous number of different services and is a superb exercise. There are two areas where I see HACC being able to be improved. One is in doing something about what I have been known to describe as a Byzantine committee system of innumerable committees, both Commonwealth and State, laid over one another, which is a particularly awesome method for approving things and which should be much simpler. In recent times the federal Minister has been prepared to delegate his authority to a senior officer, which helps. The second point is in looking at the distribution of funding across regions. Historically it was submission based. If, for example, one area put up a number of submissions for a number of different services and another area did not put in submissions for as many, one could have what now appears to be an inequitable distribution of moneys. I would like to see those two areas looked at.

As far as charging for the services is concerned, there has always been a charge for Meals on Wheels, for example, which varies a bit from place to place, depending on who is supplying them. Otherwise, I take the view that where there is no ability to pay and the service must be provided, there should obviously be no charge. It depends to a certain extent on the service and the individual. One could argue that a person apparently of great wealth who nonetheless receives a HACC service by reason of some sort of ageing disability perhaps should be asked to pay, but the person who has a similar disability and who has no means or a limited income should not be asked to pay.

[11.40 am]

Mr McGINTY: The great bulk of the home and community care service users are elderly and pensioners. There will be the odd affluent user, and I carry no torch on their behalf. The largest service provider in this area is the Silver Chain Nursing Association (Inc). It requests a donation from people. Will the Minister require a change from that arrangement? It is the Minister's decision. The Minister will be aware from discussions at a national level that any growth in HACC services will be derived from fees that are charged in future. Either the Minister picks up the tab for these services or he implements a fee.

Mr PRINCE: The Commonwealth's view is that some form of payment should be made. I have difficulties with that because some people simply cannot pay, and they should receive the service. I also have difficulty with a person who can pay something, and does not. The way in which donations are sought by Silver Chain is an inappropriate method of solving the problem, in that some people who could pay will not and some people who should not pay do pay. The donation method is a way of dealing with the problem. However, the Commonwealth's view is that some form of charge should be made. I have expressed my view to the two Ministers concerned. At the moment discussions are taking place at officer level.

Mr McGINTY: It is due to come into effect in six weeks' time. This issue has been in the public arena since the federal Budget before last. When can we expect a decision from the Minister on whether a user pay fee will be introduced?

Mr PRINCE: The decision will be made by the Commonwealth.

Mr McGINTY: The Minister must decide whether to implement that at a state level. The Minister has already outlined the Commonwealth's view.

Mr PRINCE: I am talking with the federal Minister; I will see him again on Friday. Discussions are being held at officer level. Currently we do not agree that there should be an across the board fee.

Mr McGINTY: All the feedback from all of the community based organisations, large and small, relates to the uncertainty about what they are required to do in six weeks' time.

Mr PRINCE: I am not in a position to give any more certainty at the moment, other than to state the view that has been put to the Commonwealth, to both Dr Wooldridge and Mrs Moylan.

Mr McGINTY: The Minister could give effect to his view and advise the agencies in Western Australia that are home and community care funded about the way in which things will operate so they can make whatever budgetary provisions are needed along those lines. The way things are going at the moment the difficulty will be that one week before 1 July people will be told to do something. The department has already conducted a survey of charges that are being applied. It is not as though the information is not all there. I do not know why the Minister has not made that decision to implement the view he has so clearly spelled out here today.

Mr PRINCE: The member for Fremantle is trying to force me to make a decision here and now. I will not do it.

Mr McGINTY: The Minister has had 12 months to make that decision. The deadline is now six weeks away and I cannot understand why the Minister is still pussyfooting around.

Mr PRINCE: I am not.

Mr McGINTY: The industry wants a decision.

Mr PRINCE: I am endeavouring to get the best result out of the Commonwealth and then I will make a decision.

Mr McGINTY: Will we see that before 1 July?

Mr PRINCE: Of course.

Mr MacLEAN: The rate of sexually transmitted diseases in remote areas, especially in Aboriginal communities, is high. A lot of publicity surrounded an education program that was put in place about 12 months ago, though that seems to have died off. What is the result of the program?

Mr HOUSTON: A number of programs have been put in place to address the question in Aboriginal communities, particularly in remote rural locations. However, we are not able to quantify the amount of change at this stage.

Mr PRINCE: Dr Psaila-Savona may like to say something more in a total community sense.

Dr PSAILA-SAVONA: I do not have the figures. However, a number of strategies have been put in place. We have been trying very hard to improve case findings by means of contact tracing. We have risk reduction programs by means of improved needle accessibility and availability of safe sex products. Education and training is an important part of the work to try to reduce harm as much as possible. A number of other educational programs target not only Aboriginal people, but also other risk groups such as youth, travellers, prisoners, injecting drug users and people of non-English speaking backgrounds.

Dr EDWARDS: The respiratory subprogram on page 457 refers to a continuum of care including health promotion and disease prevention. I am particularly interested in the statement that interventions include education about risk factors such as smoking, lack of exercise, poor air quality and also in the screening programs. Could I have some information about education about poor air quality and screening programs under this respiratory subprogram?

Dr PSAILA-SAVONA: It is again very difficult to answer that question. Air quality is not the responsibility of the Health Department of Western Australia but of the Department of Environmental Protection. Whenever there has been a problem we have endeavoured to liaise very closely with officers from the Department of Environmental Protection to assess the situation.

[11.50 am]

Dr EDWARDS: Has indoor air quality been raised as an issue?

Dr PSAILA-SAVONA: It has been raised over the years. It is a very difficult area and it impinges upon three departments, rather than just the Health Department. WorkSafe has done a lot of work on indoor air quality in workplaces. The Department of Environmental Protection has an interest in the matter. The Health Department has an interest in domestic appliances. I understand that in Western Australia the domestic appliances which are installed in homes must satisfy certain Australian Standards. These standards are well and truly the responsibility of energy instrumentalities.

Dr EDWARDS: Whenever there is an overlap between environment and public health it is unclear how to resolve the issue. An example is indoor air quality because it appears to be a big problem in the other States. Contaminated sites is another problem because there can be both a health and a public health aspect.

Mr PRINCE: Certainly, where there is a health consequence as a result of contaminated sites, it is a health problem. The Health Department has an immediate and obvious responsibility which is ongoing until there is some remediation. In a sense, it then becomes an environmental problem.

Dr EDWARDS: There may be a more subtle level. Health problems have to be bad for individuals to be affected; a level of chemical can be very low and the environment is affected. In a public health sense, the whole population could be affected in a way that is not obvious, but will become apparent after a latency period. Historically, public health owned all the issues which have now become environmental issues. Clean air came about because of health aspects, not environmental aspects.

Mr PRINCE: I take the member's point. What happened in the United Kingdom post-war with the burning of coal for domestic heating is a classic example. Previously, there was the dreaded yellow smog which actually killed the elderly and the young. It was a health problem that was resolved by the banning of certain fuels. Subsequently, it has become more than an environmental problem from the point of view of that which is visible as opposed to that which may or may not be healthy. I have no particular view other than to be aware that there is a boundary. It should not be a barrier, but simply a boundary across which expertise flows at all times to ascertain the best benefit.

Dr PSAILA-SAVONA: The Minister is absolutely right. The boundary does not really exist. There is good and strong liaison between Department of Environmental Protection and Health Department officers. Public health is a very good lever to use when it comes to issues of an environmental nature. Very rarely is public health compromised in this State. I suggest this State has very good air quality levels which are rarely exceeded. Contaminated land is the responsibility of the Department of Environmental Protection. It can always call on the Health Department's knowledge and expertise if at any time public health is seen to be an issue. There have been many occasions on which the department's toxicologists have assessed the situation, sampled the areas and given of their knowledge and expertise. There is no such thing as a boundary.

Dr EDWARDS: The Environmental Protection Authority's haze study suggests there are 70 premature deaths each year because of particulate air pollution. What is the Health Department doing about that problem?

Dr PSAILA-SAVONA: The people who conducted the haze study took a very conservative view of the number of deaths that do or could occur. One of the problems with that study - I was able to make comment on it - is it tried to extrapolate that for every microgram of increase in pollution there would be 10 additional deaths. That might hold very clearly for high levels of pollution, but when the pollution decreases that relationship may not hold. It would be unwise to state that for every microgram of pollution there would be 10 deaths because between zero and one, which is a low level of pollution, there would have to be up to 10 deaths. The report was very good in the sense that it tried to bring to a head the possibility of these occurring. I do not believe there is any way one can prove that situation on only epidemiological grounds.

Dr EDWARDS: What moneys are in the Health budget for work on contaminated sites? I refer to the big problem in Dianella in which the department is involved. It has some involvement with the problem at the Omex Petroleum Pty Ltd site.

Dr PSAILA-SAVONA: A specific amount of money is not allocated in the budget to contaminated land. The environmental health budget includes a budget for the toxicology section. The budget is used mainly for giving advice rather than for the rehabilitation of contaminated sites. That is not a responsibility of the Health Department.

Mr PRINCE: The Health Department is currently testing the soil from properties surrounding the Omex site. This is being undertaken on advice that the mixture in the soil has actually flowed out at one stage. That is being done by the Health Department with the toxicologists. That is the limit of the Health Department's involvement from an expenditure and work point of view. The decision on the Omex site will probably be a whole of government decision. It has a particular history. What should be done about contaminated sites as a generic species into the future is another matter in which the Health Department should be involved. It is not a problem which the Health Department should own. If there is any agency in government that should have the ownership of the issue it should be the Department of Environmental Protection.

Mr McGINTY: When does the Minister intend to announce the appointment of the new chief executive officer of Sir Charles Gairdner Hospital?

[12 noon]

Mr PRINCE: When the selection process is completed. I have called for recommendations and the matter is being attended to.

Mr McGINTY: Have you received recommendations yet?

Mr PRINCE: No, not to my knowledge.

Mr McGINTY: Why has it taken so long?

Mr PRINCE: We can have a nice long debate about the Public Sector Management Act.

Mr McGINTY: No. I want to know why this appointment has taken so long to be made.

Mr PRINCE: There are a number of reasons. It is partly to do with the process required by the Public Sector Management Act and the question of whether there should be one panel to select for both Royal Perth Hospital and Sir Charles Gairdner Hospital. The boards have views about that and advertising and so on.

Mr McGINTY: Has the selection panel met and completed the interviews?

Mr BANSEMER: My understanding is that two selection processes conducted by the boards of each of the hospitals, Royal Perth and Sir Charles Gairdner, have been completed. The boards have provided advice to the Commissioner for Public Sector Standards, who has advised the Minister responsible for public sector management, the Premier. There will now be a consultation process with the Minister about the appointments.

Mr McGINTY: Why have a consultation process if a recommendation has been made from the selection process?

Mr BANSEMER: I do not know what the substance of the recommendation is at this time. The recommendation could be to make an appointment or not to make an appointment.

Mr McGINTY: Do you know what the recommendation is?

Mr BANSEMER: Not at this point, no.

Mr McGINTY: Is the answer you gave true equally of Royal Perth Hospital as it is of Sir Charles Gairdner Hospital?

Mr BANSEMER: Yes, I understand it applies to both.

Mr McGINTY: When can we expect an announcement?

Mr PRINCE: When I am ready.

Mr McGINTY: We normally look at these things in terms of months or weeks. My question was when we can expect an announcement.

Mr PRINCE: When I am ready.

Mr McGINTY: When might that be?

Mr PRINCE: When I am ready.

Mr McGINTY: That is very churlish, Minister.

Mr PRINCE: I do not think so.

Mr McGINTY: You cannot leave the two major teaching hospitals without a permanent leader. They have been that way for far too long and the Minister's glib answer is when he is ready.

Mr PRINCE: It is not glib at all. It is when I am ready.

Mr McGINTY: When can the public expect a permanent head to be appointed to the two major teaching hospitals?

Mr PRINCE: It is really difficult to say days, weeks or months. It would be unfair and unreasonable to do so until I see what is recommended and I am able to consult with the Minister responsible for public sector management.

Mr McGINTY: A large number of senior staff positions within the department, apart from the chief executive officers of the two major teaching hospitals, have been vacant for some time. What action is being taken to fill the position of executive officer of the Health Department, or general manager of public health?

Mr BANSEMER: There has been an extensive executive search process. We have not made an appointment out of that process. Dr Psaila-Savona has continued to act during that time. We are currently looking at the configuration of that division. When the department reorganised last year, the public health division was not part of that process. We are currently looking at the responsibilities within the division and the alignment of those responsibilities. I envisage conducting another executive search when that task has been completed.

Mr McGINTY: When was the last time action was taken to fill the position? Was it 1995? Has anything happened since then? I do not think it has.

Mr BANSEMER: Yes, it has. The executive search was under way for a good part of 1996.

Mr McGINTY: The position that Dr Psaila-Savona is currently filling was created following a restructuring within the department. The position has never been filled in a substantive capacity. Do you now envisage another restructuring prior to filling the position?

Mr BANSEMER: My understanding is that the position that Dr Psaila-Savona now holds was part of a reorganisation four years ago.

Mr McGINTY: The position was created in November 1995.

Mr BANSEMER: No. We reorganised the department at that time with the exception of the public health division and the position was extant. The title was aligned with other titles in the department. However, there were no substantive changes to the position.

Mr McGINTY: The title of general manager of public health came into existence in 1995. Are you saying that was a renaming of an existing position?

Mr BANSEMER: It was to use the title "general manager" consistent with the other divisional heads in the department. My recollection is that there were no changes to the duties at that time.

Dr PSAILA-SAVONA: The previous title was assistant commissioner, public health. The commissioner is right: When there was a change in the structure of the department in toto, the general manager of public health assumed the same responsibilities as the assistant commissioner of public health previously except by just a change in title.

Dr EDWARDS: Does the executive director of public health have statutory authority? Is there any plan to change that?

Mr BANSEMER: It has some statutory authority, yes. I cannot answer the second part of the question until we have thought about how that organisation should work. However, I do not envisage a need for legislation to change those responsibilities.

Mr McGINTY: Are you saying you will not be moving to fill the position in a substantive way until the review/restructuring has occurred?

Mr BANSEMER: That is right.

Mr McGINTY: When do you expect that to be?

Mr BANSEMER: I envisage around September.

Mr McGINTY: What has been done to fill the position of general manager of finance?

Mr BANSEMER: The position has been advertised in Western Australia and nationally on two separate occasions. There have been two rounds of executive search and the last is still being undertaken.

Mr McGINTY: What stage has that reached?

Mr BANSEMER: It has not come up with a person who I believe has the capacity to do the job that must be done and is willing to come to Western Australia.

Mr McGINTY: Is it fair to describe your efforts as being unsuccessful in filling that position to date and you need to start again?

Mr BANSEMER: It is true that we have not been successful. We are not starting again but we are continuing. We are in the middle of a round right now.

Mr McGINTY: What other major positions in the department are being filled in an acting capacity?

Mr BANSEMER: The position of general manager, operational management, in the operations division.

Mr McGINTY: What is being done with that position?

Mr BANSEMER: That has been advertised. I believe we have a list of applicants. That is the stage it has reached.

Mr McGINTY: From the way you have described it, that is the only position which -

Mr BANSEMER: I am casting through my mind. It is the only one that I am conscious of.

[12.10 pm]

Mr PRINCE: There are the general managers in the country.

Mr BANSEMER: A chief medical officer's position is vacant, which Dr Stokes holds currently on an acting basis.

Mr McGINTY: Does this cause concern? Many senior positions are vacant because of departures from the system and this has been the case for some years. That leaves a significant level of instability, not only in the two major teaching hospitals but also in the operations, finance and public health areas.

Mr BANSEMER: Yes, I would prefer it to be otherwise but I do not believe it is in any way unworkable or that there is an unacceptable level of instability. There are fewer acting appointments now than in the past four years, and by

the end of this calendar year there will be even fewer. That is not to say more staff will not change during that period. It is a fluid system and people, quite rightly, choose to move. Generally speaking it is for the greater strength of the system in Western Australia.

Mr PRINCE: We are talking about three or four of the 15 positions at the executive level. One must question whether that is many in terms of numbers, although they may be in critical areas.

Mr MCGINTY: If that is compounded by throwing in the CEOs of the two major teaching hospitals and the time the positions have been vacant, the process of getting a permanent staff of people with a measure of excellence has not been successful, and until that is achieved the system will not operate at peak efficiency.

Mr PRINCE: It has certainly taken far longer than we hoped.

Dr EDWARDS: What has been the impact of the changes in the way the budget has been presented on the rest of the organisation? What organisational changes have flowed from the new groupings?

Mr BANSEMER: I do not think any organisational changes flow from changes to the budget structure. The change in the budget structure and the organisational philosophy go together. A number of individuals have been very stretched in putting the program structure in place within the time frame, and they are to be congratulated. They have done substantial work in a short period, and that necessarily puts stress on other activities in the department. However, I do not believe it has had any other effect.

Dr EDWARDS: What reassurance can you give the staff that there will be a period of stability without major changes? Since 1984 the department has been involved in one restructure after another.

Mr BANSEMER: The intellectual effort that has gone into putting the program structures in place and the way we dealt with the reform of the process, by not discarding the good things done in the past but by building on them, means that changes in the future in those areas will be fewer than would otherwise be the case. We live in a world of change and people in the department recognise that they are part of that. Provided the change is in the right direction, they support it.

Mr PRINCE: Soon after I became Minister for Health, I made a point of going to the department to talk to the staff. I have also visited some hospitals but have more to visit. It took four or five visits to the department over some months to speak to the staff. It was not possible to speak to all of them because some were out of the office, on leave or elsewhere. I told the staff to whom I spoke, and I repeat it now, that there should be no more restructures because the system in place should not be permanent in the sense of being rigid, but should be a structure capable of evolving. Restructuring is necessary only when the structure in place is rigid because when the world changes, the structure becomes out of date and needs to be changed. In my view the system in place should be capable of evolutionary change on an incremental basis - daily, weekly, monthly or annually - and that is the way it should operate.

Mr MCGINTY: Is the restructuring of the public health area part of that evolutionary change or part of a more classic restructuring?

Mr PRINCE: I am talking about areas that have been restructured. However, with public health it is a question of looking at what is happening now, and asking whether its structure is appropriate for what is being done now and what will be done in a predictable period. That is an evolutionary exercise. There is a difference.

Mr MCGINTY: Who employs the general managers of country hospitals?

Mr PRINCE: When there is a board, it employs the general manager. When there is no board, in a corporate sense I do.

Mr MCGINTY: Does the inability to move those general managers around present a problem?

Mr PRINCE: It is six of one and half a dozen of the other. In some instances it would be desirable to move them around, but in other instances from the point of view of stability in a place and the relationships between the general manager and the board, and the general manager and staff, it is desirable that they not be subject to movement by an outside authority. There can be positives and negatives. The current process, which is effectively taking general managers from one level to another in responsibility and pay, has caused a spill of all the positions, requiring reapplication and an incredibly complicated series of panels and selections. That process is coming to an end now. For the most part, Dr Fong has been much more involved in the appointments than I have. I do not know that I want to see in the health area that which exists in the Police Service, whereby officers are moved on a regular basis, particularly in country and small areas. It is done for good reason and, as a result of its experience, the view in the Police Service is that a police officer should not stay in one small town or country area for longer than five years. That is related to the job they do. It is not necessarily appropriate in the health area, but there are also general

managers who should move to something else - perhaps something bigger. In some circumstances a general manager may not be able to move because nothing else is available. It is a matter of balance. I favour the current system although I am aware that it has shortcomings.

Mr McGINTY: I refer to waiting lists for surgery. What current trends are emerging?

Dr FONG: The trends are pretty much static in the sense that the overall numbers on the waiting lists are being maintained at approximately 12 000. However, there is an increase in the number of people being cleared from the waiting lists. As more people are cleared from the lists, more people are going on them in terms of a comparable period during the past few years. Two issues are involved. The department is maintaining its own in the time in which it can clear patients from the list - the clearance time - and they are the two most remarkable trends at this point.

[12.20 pm]

Mr McGINTY: Is anything emerging between the different teaching hospitals during this year that is -

Dr FONG: This is the first year we have had standard reporting of the categories of waiting priorities; that is, the urgency categories. If I were to add one more trend, it would be another in relation to achieving the target for category one - that is, patients who need to be seen within 30 days - and that has improved dramatically across all teaching hospitals. In comparing the teaching hospitals, for which we have statistics, that has been an area of improvement.

Mr McGINTY: Is any different experience emerging between the hospitals?

Dr FONG: The pressure area continues to be the orthopaedics waiting lists. The Minister might request teaching hospitals to talk qualitatively about the issues they see emerging, but that is the area causing us some concern.

Mr McGINTY: Is that growing?

Dr FONG: The numbers we are clearing are not denting the overall figure.

Mr McGINTY: Are the waiting numbers for orthopaedic surgery growing?

Dr FONG: They remain about the same for those different procedures, particularly joint replacements.

Mr McGINTY: Is there any difference between Fremantle Hospital and Royal Perth Hospital?

Dr FONG: Unfortunately, I do not have the hospital figures with me. However, in terms of the clearance from those hospitals, I would like to take the question on notice.

Mr McGINTY: Before the election, the monthly bulletins detailing waiting lists for elective surgery were made available to me. About election time they seemed to dry up and I have not seen one since. Is there any reason I cannot be put back on the mailing list?

Mr PRINCE: No reason at all.

Mr BANSEMER: My understanding is that the member is on the list.

Mr McGINTY: They dried up at election time; I have not seen one since. I presume there was some method in the madness.

Mr PRINCE: I doubt it. If they have been sent out, they have been sent out. If they have not reached the member, where does he want them sent?

Mr McGINTY: To me.

Mr PRINCE: They are obviously not arriving.

Mr BANSEMER: They are being sent to the member's electorate office.

Mr McGINTY: No. The last bulletin I received was the October edition.

Mr PRINCE: I will have this investigated. As far as I am concerned, there has not been anything deliberate in this. I understand they were being sent; I will find out what has happened.

Mr McGINTY: If it is a purely administrative matter and they can be sent again that would be good.

Dr FONG: In relation to the member's previous question, it is impossible to provide the information from the one sheet. One must look at the differences between each hospital. This provides a snapshot at the end of the month for each hospital giving a figure for each major area within those hospitals.

Mr McGINTY: What is the waiting time for orthopaedics procedures at each hospital?

Dr FONG: The waiting time for orthopaedics procedures at Royal Perth Hospital is 5.45 months; Fremantle Hospital, 8.31 months; Princess Margaret Hospital, 1.31 months and Sir Charles Gairdner Hospital, 7.49 months. The average waiting time was 6.87 months at the end of April.

Mr McGINTY: The Fremantle waiting time is now and has been for some time significantly longer. What strategies are in place to bring that figure back to the field?

Mr BANSEMER: The reason in part that the waiting list at Fremantle is longer, and in the short term might increase, is that the theatres are being renovated and substantially upgraded. When those theatres are back in action the waiting list will reduce considerably.

Mr PRINCE: Dr Mark Platell, the medical director of Fremantle Hospital, might be able to say with more accuracy when the theatres will be completed.

Dr PLATELL: The theatres will come back into operation at the end of July. We also have one ward out of action. That is impacting on orthopaedics procedures, but it will come back on line at the end of July as well.

Mr McGINTY: When will the waiting time at Fremantle Hospital come back to the average of Royal Perth Hospital and Sir Charles Gairdner Hospital?

Dr PLATELL: We are working on that all the time. I am meeting with the chief medical officer this afternoon about it. We are very aware of the issue and are working on it internally and with the Health Department.

Mr BANSEMER: It is very difficult for a hospital to answer that question before it has its budget for next year, which they do not.

Mr McGINTY: I look forward to seeing them. The Government allocated \$30m over two years and \$15m in the current budget. Is there anything in the estimates to continue that funding beyond 1997-98?

Mr PRINCE: That matter will be examined as we move into the budget preparations for 1998-99, which will commence in August.

Mr McGINTY: It was a two year program.

Mr PRINCE: It was a commitment for two years. Clearly, as part of 1998-99 budgeting we look at what has happened, whether it has had the anticipated effect, if not, why not, and, if yes, good. We learn the lessons of what we have been doing and make decisions accordingly. It would not be appropriate for me to pre-empt that process and say that I would like to see it carry on without some qualitative assessment of what has happened.

Ms MacTIERNAN: I refer to page 473 of volume one, Budget Paper No 2 - details of capital works projects. What funds have been allocated to the Armadale-Kelmscott redevelopment planning process? Reference is made to more than \$2m. That is not to be spent in one year -

Mr PRINCE: No.

Ms MacTIERNAN: That is planning fees for the next three years.

Mr PRINCE: That is the estimate of total planning fees.

Ms MacTIERNAN: That is for the next three years. Is it to be in tranches of \$767 000?

Mr PRINCE: No, it is not allocated over three years. Reference is made to estimated expenditure for 1997-98 and there is nothing in that column.

[12.30 pm]

Ms MacTIERNAN: What does that mean?

Mr PRINCE: It means that it is not anticipated that any of the \$2.4m will be spent in 1997-98.

Ms MacTIERNAN: When will it be spent?

Mr PRINCE: In 1998-99, as detailed work leading up to the tendering and so forth for construction is undertaken.



Ms MacTIERNAN: It will not be spent in 1997-98?

Mr PRINCE: It is certainly not in the Budget to be spent.

Ms MacTIERNAN: What will happen in 1997-98 with regard to the redevelopment project?

Mr PRINCE: What has already been done is being consolidated, and an exercise is being undertaken to establish needs, particularly with regard to transport and education, because that is a critical factor with regard to the location and nature of the facility.

Ms MacTIERNAN: I have raised this issue with the Minister on a number of occasions but I have never had the opportunity to clarify it. What has occurred since 1991? I am aware that we changed direction in 1994, and I have no difficulty with that, but I thought that the \$3m, or more, that had been spent to date would have included various studies of the health needs of that corridor and that we would not have proceeded to this stage if we had not undertaken that assessment.

Mr PRINCE: An assessment was published in a document entitled "Initial Brief Report" in May 1991, and the recommendations contained in that report were endorsed by the South Metropolitan Regional General Manager in 1993. That took three years. Silver Thomas Hanley, who are health facility planning consultants, were commissioned to advise on master planning options. They came up with five options, with some estimates. The preferred option was a new replacement facility. That was approved in late 1993, based on the then estimate. The budget then was about \$25.5m, of which \$1.5m was allocated in 1994-95 for the commencement of planning. A project control group was established, comprising representatives of the department, the predecessor of Contract Management Services - the Building Management Authority - and a private sector consultant team. Schematic designs were commenced, and the budget was reviewed and updated during that process, which is normal. By December 1994, the revised budget was \$29.5m, and the detailed cost estimate in mid-1995 was \$38.2m. Every time anybody looks at it in any increasing degree of detail, up goes the cost. The budget is now \$45m.

I suppose this is answering the question in a longwinded way, but some planning issues are still outstanding. Clearly a budget of \$45m as opposed to the original \$25m, when we will have collocation at Bunbury, Joondalup and Peel, and other capital works, and we need to be able to move the capital works budget around, is a significant increase. In 1995, ministerial approval was given for the balance of the 1995-96 capital works funding allocation to be used to allow the stage one development, which was the functional training unit - the Golden House addition - to go ahead at that time rather than wait. That cost just under \$1m, and improvements were made to vehicular entry and exit, and so on. That work was completed last year.

The project control group and Silver Thomas Hanley then looked at the overall development to see whether the decision that was made in 1993 was still valid, and it made the following observations: Private sector participation in the sense of collocation is possible but not likely; health service requirements have not altered; the re-use of part of the existing hospital, which was the initial proposal, does not provide an economic advantage and will restrict design possibilities; and the project should proceed when funding is available, but the design should not incorporate any of the existing facility. That is where we are at the moment.

Ms MacTIERNAN: I understood from what was said previously that the decision to move from a refurbishment and expansion to a new development was made in 1994.

Mr PRINCE: No, not from the information that I have.

Ms MacTIERNAN: The difficulty is that each year money is being spent and we get to the stage where it looks like it is ready to go and we then have a change of direction. I thought that change of direction was made in 1994.

Mr PRINCE: I understand that the decision to go ahead with a totally new facility was made in 1995 - before I was in the chair, in any event - and in the May 1996 Budget, which is the one before this current financial year, \$2.4m spread over the years 1996-97 and 1997-98 was approved. However, we are not in a position to commit capital funds to the construction in 1998-99, so we will commit those funds in 1999-2000.

Ms MacTIERNAN: Has the architect drawn up the plans for the hospital?

Mr PRINCE: The detailed plans, upon which builders can tender - working drawings and so on - are a major exercise. Money will be committed to that in 1998-99. It will take about 12 months to draw up the plans and put them out to tender.

Ms MacTIERNAN: The detailed plans have not been drawn up?

Mr PRINCE: The schematics have been drawn up, and obviously people who are used to working with them -

Ms MacTIERNAN: The schematics have been completed and plans will be drawn up. A task force has now been interposed. Will the task force change the decision so that those schematics will no longer be relevant? Who is on the task force, and has it met? I have been trying for months to find out some detail about that.

Mr PRINCE: I do not think the schematics will change substantially. While they might have to be changed if another site were used, it is unlikely, because the site of the existing hospital is very large in acreage, albeit on a slope, but there might be some change if we went to a site that was configured differently. However, the use to which the site might be put might change, subject to the results of the survey that is being undertaken. An officer from my ministerial staff and other people are on the task force. Some survey work has been commissioned which is being looked at.

Ms MacTIERNAN: Can we find out who is on the task force?

Mr PRINCE: I expect so. I cannot name the members at the moment.

Ms MacTIERNAN: Can that be provided as supplementary information?

Mr PRINCE: The member will have to ask the Premier.

Ms MacTIERNAN: Is it possible that this hospital, which has been planned to a schematic stage, will be located at a site other than the current location?

Mr PRINCE: It is not probable but it is possible. The reason I say that is transport. It is on a major highway, so it is unlikely, but it is possible.

Ms MacTIERNAN: The Minister has indicated in some of his parliamentary statements that part of the facility may be located elsewhere. Is that being considered?

Mr PRINCE: It is a possibility.

Ms MacTIERNAN: Somewhere to the west?

Mr PRINCE: It may be.

Ms MacTIERNAN: Is a collocation with Murdoch being considered?

[12.40 pm]

Mr PRINCE: Not to my knowledge, no. Some other form of collocation with Murdoch at another stage or for some other purpose might be considered. Murdoch, for example, is very keen to establish a hospice, and I support that. We might then end up with a collocated service there. These things are perhaps in another area.

Ms MacTIERNAN: If we cannot move prior to the recommendations of this task force being presented, when has it been directed to complete its study?

Mr PRINCE: I expect that in which it has been involved will be to hand very soon. In passing, I make the obvious point I have made before that the facility at Bunbury has been built, as have those at Peel and Joondalup. They are under construction right now. We promised them; they have been delivered. If I promise there will be a new hospital in Armadale-Kelmscott, there will be.

Ms MacTIERNAN: I am sure there will be. In the same way as justice delayed is often justice denied, health delayed is often health denied.

Mr PRINCE: Then why did the previous Labor Government deny it for 10 years?

Ms MacTIERNAN: The previous Government completed many projects in the Armadale area.

Mr PRINCE: Not the hospital.

Ms MacTIERNAN: I can name many; in fact, it did.

Mr PRINCE: I have walked into the hospital there and found buckets collecting water from the roof because its design and construction simply does not keep the water out, and it has been like that for a long time. Those in the Labor Government must have known about it long before now.

Ms MacTIERNAN: Had we been in government, this would have been completed. Planning was under way.

Mr PRINCE: It was, and the Labor Government did nothing.

Ms MacTIERNAN: Planning was under way. We do not pretend that in 10 years we can complete all possible projects. It starts wearing a little thin.

Mr PRINCE: I am not suggesting I can do everything either. However, I can tell the member this much: I will deliver on the promises I make.

Ms MacTIERNAN: I am sure the Minister will; however, it is a question of when it will happen and how fair it is to continue to delay this and to invent little excuses involving the task force to justify yet another delay.

Mr MINSON: I seek clarification about the Geraldton Regional Hospital, for which \$1.5m has been set aside for the total cost of stage two, as well as other funding planned. I have spoken to the Minister a number of times about this matter. Work on that hospital should be confined as near as possible to maintenance only and any money spent should go into planning for the future. I point to the example of the twin hospitals to Geraldton; that is, the hospitals in Avon and in Bunbury.

A new hospital was built at Avon because it was in an earthquake zone. Unfortunately I have forgotten the figures but, as I understand it, that hospital will pay for itself in a certain number of years. I think eight or nine years of operation was mentioned. Because the pressures coming on Geraldton Hospital are such that the inefficiencies of design are beginning to show, I suggest any money spent on it should be to keep it operating and not to expand it, and that we look at planning for a new and more functional design.

This is a comment more than a question. The other day I called into the Dongara multipurpose centre, which is magnificent. I was surprised to find that it was made of solid brick. As far as I can see the private sector constructs its load bearing walls of solid brick and then fills in the spaces with partitioning made of fibro, even to the point where x-ray rooms are constructed of gyprock with lead between the walls.

As design technology changes and as new technology dictates, new designs for hospitals are required, instead of building new hospitals which will require going into the messy business of knocking down brick walls when alterations are necessary. Buildings constructed with fibro partitions can be taken apart and moved quite simply. I am not complaining that the facility at Dongara was built of solid brick, but I was surprised to see it.

I wonder whether the facility at Kalbarri is also to be built of solid brick. It is quite possible that the internal walls are not load bearing and it is cheaper to build the partitioning out of fibro, which is far easier to remove. Let us look at the example of the hospitals at Northam and Avon and also St John of God Hospital at Geraldton, which is a very recent design. The latter hospital has been built so that it can be added onto very easily, but can be gutted and completely redesigned internally without the removal of either the roof or the walls. For that reason, perhaps someone here can tell me whether Kalbarri hospital and other new buildings will be constructed of solid brick. Perhaps it might be better to consider using brick veneer as an alternative for the future.

Mr PRINCE: The member has raised an interesting point. I take very much to heart the comments he has made about Geraldton Regional Hospital. It is about the same vintage as the former Northam hospital.

Mr TRENORDEN: It is the same design, too.

Ms MacTIERNAN: And in the same condition?

Mr PRINCE: It is in about the same condition. With respect to what is being done in Geraldton, the emphasis in this capital works budget is for planning, needs analysis and so on. It would not be proper for me to speculate what will come out of that. There are obviously a number of options and quite a few that neither the member nor I can think of. I will wait to see what the report says about that.

Mr MINSON: Is that being prepared now?

Mr PRINCE: The capital works budget allows for the stage two planning phase for Geraldton Regional Hospital. That can progress. With regard to the member's concerns about the construction of the Dongara multipurpose facility, which the member has so effectively championed over the years, perhaps the nature of the construction has something to do with the quality of the member's oratory in the past! Perhaps it has something to do with decisions of the board. I cannot answer with regard to the Kalbarri facility. I am happy to find out the information and let the member know.

Mr MINSON: When we built hospitals such as those at Geraldton, Bunbury and Northam, it was thought that those wonderful brick edifices would be there for 100 years. We now know that might not be the case. Technology is changing increasingly quickly. As that happens I expect we will find that as the hospitals - I know these health centres are not necessarily hospitals - are built, they will become obsolete more quickly. The concept of building hospitals with a very solid shell that complies with earthquake specifications and that sort of thing, and with an

internal design that can be altered very easily and cheaply, is very sound. That principle should be adopted by the State, as it appears to have been by the private sector.

Mr PRINCE: That view has been expressed to me by a general manager of an outer metropolitan hospital. I hold him in high regard. If hospitals are to be built in the future, we should build a fairly solid construction for the central core services - the operating theatre, the sterilisation area and x-ray areas. Everything else surrounding those areas should be built in such a way that it can be taken down, moved and rebuilt. That tends to be what people try to do to hospitals on a fairly regular basis. We are talking about relatively small facilities, not major general hospitals, such as Royal Perth Hospital or Sir Charles Gairdner Hospital.

This concept is rather attractive, I must confess. It is much the same as what the member is saying. We must sit down and talk to those who design those places because the number of services that must go into the ceiling, walls or floor is quite daunting. It would be a major exercise in redesign of hospital construction to do that which the member and I are talking about. It is probably worth the effort, but someone should begin by examining closely how to design and construct it properly. Maybe the possible new hospital for Geraldton will be the way.

[12.50 pm]

Mr MINSON: I suggest a model might be St John of God Hospital in Geraldton, which will not carry huge services in the ceiling because it was intended to service only one storey. It was planned for internal redesign and with gable ends so that it could be added to longitudinally rather than being rebuilt altogether.

Mr PRINCE: That is fair comment. It is not as easy to move walls around inside when pipes, electricity and electronics are incorporated in them. It is not as easy as it is to move a stud wall in a house, an industrial connotation or an office. Somebody must be able to work out the technical way of doing that. I am sure that will significantly reduce the amount of capital works funding that will be otherwise spent on modification of existing buildings.

Dr EDWARDS: Earlier this morning I was at a university where I saw on a whiteboard a statement that new technology should not be introduced unless it has been the subject of a randomised control trial. I think it was an issue for debate or some such provocation. I refer to the last sentence at page 431, where it says that regardless of whether the health system receives additional funding over the next few years, choices will need to be made about the scope and volume of health services available. What does the Minister have in mind? Were they his utterings on the whiteboard?

Mr PRINCE: No, not on a whiteboard! I suppose it amounts to just what should be available - a proposition often debated - versus what technically may be available. It is often caught up in popular reporting of a significant breakthrough, particularly in cancer research. With increasing frequency when a significant scientific advance is discovered in a laboratory in the United States, Australia, Britain or Europe, and reported in some way, everyone wants to know whether it is available here and now. Often it is not. The question arises of whether it ever could be. Qualitative decisions should be made about what should be available through a publicly funded health system.

I suppose the member's analogy to the sentence on the whiteboard about technology concerns that issue. We should not experiment in a public health system, when one of its principal functions is to deliver a known service. Clearly some leading edge research is being done, because clinical practice and research obviously overlap. However, the majority of the exercise is about delivering known services.

Dr STOKES: One of the issues is the quality of health outcomes. The decision to adopt a new procedure, for example, must be under very close scrutiny. It will be on recommendations from health professionals that Governments must decide whether to do something. That is a very difficult decision in the light of demands of often a small, unwell minority who want something new done. The development of new techniques must be examined critically. As promised last year, the commissioner intends to set up a group to examine new procedures. That has been delayed because the Commonwealth is doing exactly the same thing and analysing the quality health care review of the task force. It is inappropriate for us to do something out of step with the Commonwealth at this stage. Within a few months we will have an answer to that.

Dr EDWARDS: Will that be communicated to the public? You will need the public to start thinking about it.

Dr STOKES: On that group will be representatives of the Health Consumers Council.

Ms MacTIERNAN: Recently in Parliament we discussed the role of the Department of Health in setting regulations concerning provision of toilets on construction sites. I can see the Minister smiling. It is a topic that creates some mirth, although I cannot quite see it myself. With his departmental advisers now with him, the Minister might be able to let us know the situation. As we have discussed from time to time, this has been under serious discussion since 1994. It is time for a bit more movement.

Mr PRINCE: I was aware of the problem when I was Minister for Housing. Early in my appointment as Minister for Health I examined the matter. I approved certain recommendations. It is so long ago I had forgotten the other day when you asked me the question in Parliament. The recommendations were sent for drafting in the regulations. It was only after we had a discussion in question time that I was reminded that was the case. The regulations are still being drafted. Since you raised it with me I have caused it to be followed up and I hope to be able to say soon where in the process the new regulations are.

Ms MacTIERNAN: The cheque is in the mail?

Mr PRINCE: No, the drafting of the regulations is with parliamentary counsel.

Mr McGINTY: I refer to individual hospitals which at considerable cost have pursued contracting out of hotel services, but not proceeded with it. I think it occurred at King Edward Memorial Hospital, Princess Margaret Hospital, Fremantle Hospital, Osborne Park Hospital and Kalgoorlie Regional Hospital. In each case tens of thousands of dollars were involved in the assessment.

Without worrying too much about smaller country hospitals, what was the cost of pursuing contracting out of services for the metropolitan and regional hospitals? In particular, what costs were involved where contracting out was not followed up?

Mr PRINCE: I am not in a position to give that detail at the moment. I cannot provide it within the week as supplementary information, but I give an undertaking that it will be provided as soon as it can be gathered.

Mr McGINTY: I am surprised that it cannot be done within a week. We are talking about only one cleaning, laundry and catering service at each hospital.

Mr PRINCE: I am informed that if it can be restricted to the teaching hospitals, it can be researched within a week. If it extends further, it will take longer.

Mr McGINTY: I would like the totality of it.

Mr PRINCE: I will provide it as soon as I can get it.

*Sitting suspended from 1.00 to 2.00 pm*

Mr MINSON: At page 474 under "new works" reference is made to sobering up centres. I support the creation of such centres. The crime of drunkenness was struck from the Statute books some time ago, and police no longer arrest drunken people and put them inside to dry out, therefore we have the problem of housing people who find themselves in an unfit state. Can the Minister indicate where such sobering up centres will be located and, more particularly, will one be set up in Geraldton?

Mr PRINCE: A program providing sobering up shelters has been continuing for some time. Originally this had some relevance to the abolition of drunkenness as an offence - a piece of judicial legislation by the Supreme Court in 1975 and subsequently caught up by others. Drunkenness ceased to be an offence in 1989. A number of these centres are operating around the State. When I was the Minister for Aboriginal Affairs I recall opening one at Fitzroy Crossing and another at Halls Creek. There are already sobering up centres at Kalgoorlie, Wiluna, Roebourne, Hedland and Kununurra. The allocation of \$2.515m this year is to build sobering up shelters at Wyndham, Derby and Broome, which are due to commence in the first half of 1997-98, and the fourth centre at Midland which was approved in the 1996-97 financial year but has been delayed owing to problems with the site.

Mr MINSON: Will the shelters provide only a feed or will they also provide accommodation?

Mr PRINCE: The centres are staffed by trained people who have expertise in dealing with inebriated people. This is important from a health point of view because often persons in that sort of condition could inadvertently wind up doing themselves harm because if they vomit and then inhale they could be in trouble. The staff will need to have reasonably good medical training and some counselling abilities. Fundamentally the police will be involved, as well as others, in the areas where Aboriginal patrols operate, as one does in Geraldton, and people can be taken to the sobering up centres by people other than the police. The person will enter the centre and be able to stay there usually overnight or into the following day. The intention is not to provide accommodation. It is simply a place for people to go to recover from intoxication. When they are fit enough, they will leave.

Mr McGINTY: Are negotiations being carried out to settle compensation claims by people who have medically acquired hepatitis C prior to 1990? Will any settlement for those people come from the Health budget? If not, how will the compensation be funded?

Mr PRINCE: As I understand it, negotiations are not ongoing. I think there has been some debate but one could not call it negotiating, to be strictly accurate. The Commonwealth Government has a role here. The department has launched the Look Back program to identify people. However, the compensation matter has not been taken further. That matter, together with liability, needs to be addressed at some time in the future. Currently we are concentrating on Look Back to identify people.

Mr McGINTY: When the Minister does address the question of compensation perhaps he should look beyond those who might be able to establish legal negligence. He should also look at haemophiliacs, or cancer sufferers, who have obtained blood from numerous sources. These cases are as equally deserving as those who can establish, in a technical sense, legal negligence.

Mr PRINCE: So far, of the 187 potential recipients 22 have not been able to be contacted because their whereabouts are unknown.

Mr McGINTY: That is just the Look Back program but there are thousands of others.

Mr PRINCE: I am talking about the Look Back program at the moment. Of that number 66 have been tested for hepatitis C; and 28 of the 66 have tested positive. Of the remaining people who have been contacted six have subsequently died of other illnesses, one person was found not to have been transfused, and four declined to be tested. Some of the others are awaiting test results, and so on. Eighty-three others have received letters but have not presented for testing. We are encouraging people to come forward for testing.

[2.10 pm]

Mr McGINTY: The issue I am raising is different from the Look Back program. The test case that will take place in Victoria in two months' time, with its obvious flow-on ramifications to Western Australia, has the potential to have a major impact on the Budget.

Mr PRINCE: It will depend entirely on the result of the test case. It will depend also on the question of negligence of people in Western Australia. I do not know that one can take it further until the Victorian decision has been handed down and we have the reasons and, also, until the exact number of people can be established. The member for Fremantle says there are thousands of others; Western Australia has 187.

Mr McGINTY: There are 15 000 people suffering from the disease in Western Australia. The number the Minister gives has been identified through the Government's Look Back program because it is a narrow, specific program and it does not deal with the totality of the disease.

Mr MacLEAN: What procedures have been put in place to liaise with the blood bank over diseases such as hepatitis - and, in the early days, HIV - that caught the blood bank out of step?

Dr FONG: I am not sure whether the blood bank was caught out of step.

Mr MacLEAN: I remember the person in charge of the blood bank saying that he did not see a need to put in place procedures. Whether that was the public stance and the blood bank was madly trying to find a way to test blood for HIV, I do not know.

Dr FONG: In the early 1980s when HIV was just coming to the surface, blood banks were aware of emerging infectious diseases, as diseases are emerging now. Blood banks are probably more vigilant now than they were then. The hepatitis alphabet is causing great concern among medical authorities and blood banks around the world. Australia and Western Australia were involved in dealing with the HIV epidemic in the early 1980s. The procedures of blood transfusion services were examined thoroughly, particularly after the Brisbane baby crisis in 1984. Since that time Western Australia has had an outstanding record, with the new generation tests being brought on-line quickly.

There are new generation tests for many other infectious diseases, including hepatitis C which, as the member for Fremantle mentioned earlier, is the latest disease that is causing concern. All the procedures are in place - for example, the statutory declarations that must be made by people who donate blood - to try to clean up the entry points into the system. We are confident about the blood bank's procedures, although we are ever-vigilant about the testing of blood products, and will continue to be so. I encourage the member's confidence in that.

Mr McGINTY: The Office of Health Review does not seem to have made any impact in the time it has been in existence. Is there any view on the effectiveness of that organisation? It has not made the mark its New South Wales counterpart has made. Judging by the number of people who contact me with complaints about the health system, the office does not seem to have established itself in the marketplace as a viable place to go if one has a problem with the health system.

Mr PRINCE: I agree to some extent that the Office of Health Review is not yet as widely used as it could be. The New South Wales equivalent has been around for about 10 years; hence, by a process of time, it is vastly better than our office. When the Office of Health Review started, it had a huge number of cases to deal with immediately, many of which were related to problems with a long history. It has been fully occupied in dealing with those, as well as with new matters that have been taken to it by many people. It deals with a significant number of matters at any one time. It does not make a song and dance about dealing with those matters, which is right and proper in the nature of the procedure.

My ministerial office receives a number of complaints, as I imagine most members of Parliament do. That is a traditional practice. People go to members of Parliament to complain about many things. It is part of our role to listen to those complaints. I do not wish to say we should not. However, I do not know that is a fair way to judge the effectiveness of the Office of Health Review because my information is that it has been operating very well.

Whether it is worthwhile having another campaign of some description to advertise its existence is debatable. The office received good publicity from all media when it was set up. That information was widely disseminated. The Health Consumers' Council WA has been strong in pushing the Office of Health Review and its processes as the right way to go. I suspect in time we might be able to better judge the effectiveness from the number of complaints.

Dr EDWARDS: From page 433 of the Budget Statements it appears that the budget of the Office of Health Review has diminished a little from last year. Is that because there were establishment costs?

Mr PRINCE: I am pretty sure the reason for the apparent reduction is the start-up cost of the office, much of which was fairly expensive, but a one-off expenditure. The office is seeking more funds at the moment.

Mr KIRKWOOD: An amount of \$200 000 was provided for the set-up.

Mr McGINTY: I understand the Minister is attending Collie Hospital on Wednesday. What is the purpose of that visit and what are the issues of concern to the people of Collie?

Mr PRINCE: I am going to Busselton and back to present an accreditation certificate to one of the first hospitals to achieve that standard of accreditation, which is good. The member for Collie, whom we both know well and who is an extremely persuasive person, has prevailed on me to call in to Collie for an hour. She wants me to see a number of problems that she has raised with me over a period. I have been to Collie on a number of occasions as Minister, but I have not been to the hospital. Previous visits were when I was Minister for Housing and for Aboriginal Affairs. It would help to look at the place. One of the things the member for Collie wants to talk to me about is the projected overrun of the budget, but there are other matters as well.

Mr McGINTY: Was Collie on the list you read out this morning?

Mr PRINCE: Yes. It was not under the name of Collie, but under the heading of the Wellington Health Service.

Mr McGINTY: There has been some public debate in recent weeks about the purchase of new equipment for hospitals and the role fundraising has to play in that. So we may have an accurate description of the way hospital equipment is purchased and the source of funds for that, will the Minister provide as supplementary information the total amount spent by each metropolitan teaching hospital for each of the past 10 years, and for each new equipment purchase or group of purchases the amount of money that was provided by the Health Department, the Commonwealth, other government agencies such as the Lotteries Commission, donors, and hospital fundraising?

[2.20 pm]

Mr PRINCE: I cannot take that as supplementary information as it will take a lot longer than seven days to go back 10 years.

Mr McGINTY: It took two days to go back 15 years, so I do not think it presents a problem.

Mr PRINCE: Hang on - to which hospitals does the member refer?

Mr McGINTY: These were King Edward and Princess Margaret, which already have the information.

Mr PRINCE: They went back at my request significantly in advance of the member's raising the issue because I predicted that he would do so.

Mr McGINTY: That is not what Dr Goodier told me when I spoke to him about the matter. It is something which could easily be obtained within the time. If not, if the Minister undertakes to provide the information at his -

Mr PRINCE: Dr Goodier made the statement in September of last year that this Government had provided more by way of capital equipment at Princess Margaret and King Edward in three years than the member's Government did

in 10 years, therefore I asked for some detail. I had that in hand when the member raised the issue in the context of the Mothers' Day appeal by King Edward. The information was available. To go back 10 years for all of them will take more than seven days. However, I undertake to provide the information when it is available.

*Sitting suspended from 2.23 to 3.00 pm*

**Division 55: Justice, \$290 985 000 -**

[Mr Johnson, Chairman.]

[Mr Prince, Minister for Health.]

[Mr G. Byron, Director General.]

[Mr R.J. Foster, Executive Director, Court Services.]

[Mr T.W. Simpson, Executive Director, Corporate Services.]

[Mr A.D. Jamieson, Acting Director, Financial Management.]

[Ms C. Bahemia, Director of Legal Aid.]

[Mr G.F. Downes, Assistant Director, Planning and Corporate Development, Legal Aid Commission.]

Mr RIEBELING: In the recurrent expenditure referred to on page 503 of the Program Statements, there has been an increase of \$1.3m but an FTE reduction of five. What is the reason for that? Can the Minister vouch for the accuracy of the estimation of \$8.306m for fees and the like to be collected this year that will offset expenditure? I am concerned that that amount will not be realised. If that \$8.3m is not realised, what will that do to the department and the way it functions?

Mr JAMIESON: The retained revenues of \$8.32m relate to the Family Court, and we feel the estimates are accurate. The reduction in funding for recurrent services from \$80m to \$73m again relates to the inclusion of commonwealth retained revenues. The reduction in funding for the number of FTEs is not as a result of a reduction in people in the jurisdiction of the court, but is caused by reallocation of corporate service FTEs across all the ministry's programs.

Mr RIEBELING: Is the \$8.306m a fixed grant that is made each year for the operation of the Family Court?

[3.10 pm]

Mr JAMIESON: That is right. It is usually on a cost recovery basis and the Commonwealth reimburses the State for these costs.

Mr RIEBELING: I understand the department is heading towards putting the incomes earned in its operations through the budget process. Has that occurred with the courts?

Mr JAMIESON: I refer the member to page 525 which has a section dealing with net appropriation arrangements. The last dot point on that page relates to the Family Court service the State offers and for which the Commonwealth pays. I understand it is a new arrangement.

Mr RIEBELING: There does not appear to be any offsetting for fines and the like. I understand a process is in place in the department to offset revenues collected against expenditure.

Mr JAMIESON: Not in relation to fines.

Mr PRINCE: Fines go to the consolidated fund and always have, although there is hypothecation of some fines, particularly in the road traffic area, and some are hypothecated to the road trauma trust fund. Quite strictly, all fines are part of the consolidated fund.

Mr PRINCE: With regard to the volume of work involved in courts and tribunals throughout the next 12 months, which are indicating major trends and the like, I understand there has been a reduction in the gross number of charges dealt with. However, there has been an increase in the complexity of the matters dealt with by the courts and the tribunals. Can the Minister explain where the resources will be increased to allow the court system to respond to the cases that are taking longer? I note from dot point 3 on page 504 that the superior courts are well resourced. However, as is the trend and has been for a number of years, the court at the bottom end of the food chain is burdened with all the volume of work but receives no increase in resources.



Mr PRINCE: I have a four page document and will give some figures from it. For the quarterly period January to March 1997 the Supreme Court civil lodgments for 1996-97 are slightly higher than for 1995-96. The year to date figures for 1996-97 are 143, and for 1995-96 are 132. That exceeds the 1994-95 average of 126 a month. Civil lodgments are up by 55 this quarter compared to the third quarter of last year. Civil trial listings in the Supreme Court remain constant at 24 weeks, but that represents an increase of 26 per cent over the average 1995-96 figure. The average number of Full Court appeals, which of course is important because most of them will be criminal cases although some are civil, in the quarter January-March 1997 is 10, which is less than the 15 for the equivalent period for last year. Individual numbers of Full Court appeals remain variable. Full Court appeals and appeals before a single judge are significantly down. In the same quarter last year there were 30 and nine appeals respectively, compared to 36 and 45 for the equivalent period in 1995-96. The number of criminal indictments in the Supreme Court this quarter is 29, which is significantly less than the 74 in the comparable quarter last year. That is principally because of the impact of the Criminal Law Amendment Bill, which this Parliament passed last year, which allows the transfer of sexual assault cases from the Supreme Court to the District Court.

Listing intervals have also benefited. More appeals are being lodged in the Court of Criminal Appeal compared to last year. The average number of appeals lodged a month is 19 for 1996-97, whereas it was 16 for 1995-96. The average is still the same over the whole year. Listing delay for the Court of Criminal Appeal has suffered from the impact of a series of lengthy trials. In the District Court the average number of civil lodgments a month for 1996-97 is considerably higher than for the previous two years. During the October-December quarter the low December figure is explained by commencement of the summer vacation. Overall, however, the trend is increasing with a 24 per cent increase in lodgments during the third quarter of this year compared to last year.

Workers' compensation claims appear to be the main cause of the increase. The average monthly listing interval of 14 weeks compares well with the average to date of 21. It is probable that civil trial delays will start to increase during May to November when the first case flow managed actions are listed and overlap with those that were not. Listing intervals of appeals to judges of the District Court remain low. Criminal lodgments in the District Court are nearly the same as those for the equivalent period last year. The marginal increase is probably due to the effect of the new burglary provisions of section 401 of the Criminal Code which requires burglary with aggravation to be referred to the District Court for sentencing, if not for anything else. The listing interval for criminal matters is 45 weeks on average in the District Court. It is higher than the average of 36 weeks for 1995-96, but lower than the average of 53 weeks for 1994-95.

Magistrates' Courts vary somewhat from place to place. I have some figures for Perth, Armadale, Joondalup, Midland and Fremantle, but not for the State overall. Lodgments for civil matters in the Perth court are similar to those for a comparable period last year, and the listing period is 10.66 weeks. In respect of criminal lodgments, there is a considerable downward trend in delay which is directly attributable to the temporary availability of additional judicial resources. The number of lodgments in this quarter represents a 12 per cent increase in the number for an equivalent period last year. I know the member is particularly interested in criminal matters. In Armadale criminal lodgments have risen with an average this year of 599 a month, compared to 409 for the previous year and 508 in 1994-95. The listing interval is about eight weeks, which is similar to that for a corresponding period in previous years. At Joondalup the rate of lodgment of criminal matters is growing. The number lodged monthly this year is 842, compared to 684 for a comparable period last year. Criminal listings are part of the case management pilot, so we are trying to get the interval steady at eight weeks. In Fremantle the criminal lodgments are down by 90 a month, which represents 8.6 per cent. The average listing interval is in excess of 10 weeks for 1996-97 to date, compared to nine weeks for the previous two years. In Midland for criminal matters only the figure is 24 weeks for the year to date compared to an average of 17 weeks for 1995-96. The number of criminal lodgments at Midland over the same three year period has been increasing. It was 688 a month in 1995-96 and it is 725 for this year to date. I do not have the figures and data for the rest of the State, but no doubt they can be obtained.

With regard to resources, it seems that while activity levels in the courts are increasing, the actual waiting time or delay before a matter is heard remains more or less the same.

[3.20 pm]

Mr GRILL: Is the Minister prepared to table that document? It is very comprehensive.

The CHAIRMAN: Members cannot table documents in Estimates Committees. However, the Minister can make them available.

Mr GRILL: It is hard to take in all those figures.

Mr PRINCE: I appreciate that and I was trying to give an impression. The Attorney General tables this information in the other place every quarter.

Mr RIEBELING: That is not much good to us. Can we get a copy?

Mr PRINCE: Yes.

Mr RIEBELING: The matters dealt with in the Court of Petty Sessions are getting more complex as a result of the introduction of computer based enforcement of matters that previously went to the Court of Petty Sessions.

Mr PRINCE: The member is undoubtedly speaking from his own experience.

Mr RIEBELING: The computer base was not there when I was practising.

Mr PRINCE: It actually makes things faster. Magistrates' Courts are dealing with more in less time because their listings are much better than when we were in practice and it was done on the corner of a piece of paper.

Mr RIEBELING: But they are becoming more complex.

Mr PRINCE: I doubt that.

Mr RIEBELING: Simple matters are now dealt with by computer enforcement; they do not go through the court process. Where once there were reams of summonses and the like on simple matters, that does not now happen. The matters now before the courts are necessarily the more complex matters that require a court appearance and, on average, they take more time. Therefore, a list containing the same number of complaints would now be more complex.

Mr PRINCE: Mr Foster, the Executive Director of Court Services, might be able to answer.

Mr FOSTER: It is true that many matters have been taken out of the courts as a result of the installation of an automated enforcement system. However, that is not to say that the police do not summons many people to the courts; the courts still deal with a large number of summons matters, which are dealt with primarily by justices of the peace. The large lists are still being dealt with in the Court of Petty Sessions. I do not have the figures available, but I can provide them.

Mr RIEBELING: I would like that.

Mr PRINCE: That information will be supplied as supplementary information within a week.

Mr RIEBELING: Page 504 contains reference to key outputs and the determination of criminal and civil cases. A unit measure of \$66 923 appears for both 1996-97 and 1997-98 and it excludes civil judgments. Why is that so and what civil judgments have been achieved in that period?

Mr PRINCE: I am having difficulty working out the question. Is the member saying that the figure of \$66 923 does not make sense in that it is exactly the same for two years?

Mr RIEBELING: It is basically a guesstimate. I presume the \$66 923 applied in the 1996-97 financial year, which has not concluded. Why are civil judgments excluded from the workload of the courts when civil cases are mentioned in the heading? I would like to know how many civil judgments were made.

Mr PRINCE: I request that the questions be placed on notice.

Mr MCGINTY: Page 505 contains reference to criminal injuries compensation assessors. Who are the two assessors and how many temporary assessors have been appointed?

Mr PRINCE: The two assessors are Pip Thompson, who has been an assessor for many years -

Mr MCGINTY: She has been on maternity leave for many years.

Mr PRINCE: - and Mr Brett Hillen.

Mr MCGINTY: So, only one is working at the moment.

Mr PRINCE: Yes.

Mr MCGINTY: How many temporary assessors have been appointed?

Mr PRINCE: None.

Mr MCGINTY: The table is misleading because it refers to temporary assessors being appointed to assist with the backlog. It cannot be interpreted any other way.

Mr PRINCE: It relates to the 1997-98 Budget.

Mr McGINTY: No, it does not, it refers to the 1996-97 Budget. If no appointments have been made, what is the current number of outstanding applications and how long will it take to complete them?

Mr FOSTER: As at 25 March this year, there were 2 689 outstanding claims. Previous advice to the Legislative Assembly indicated that with the current workload it would take three to four years to clear.

Mr McGINTY: When the legislation was passed in this Parliament last year it was expected that more people would be appointed to reduce the backlog. It appears that that has not occurred. I am disappointed and I urge the Minister to look at appointing additional people to do the work. To appoint an acting assessor, Brett Hillen, as the second assessor when the first assessor has been on maternity leave for two years does nothing to solve the backlog. The community expectation was that something would be done. Is there any intention to appoint more temporary assessors?

Mr FOSTER: Discussions are taking place in relation to Ms Thompson's return. That will free up the other officer and the office will have two full time assessors. It is anticipated that Ms Thompson will resume work in some capacity in the near future.

Mr McGINTY: A waiting time of three to four years is unacceptable. Something more might well need to be done along the lines of appointing temporary assessors. Is there any intention and budgetary capacity to do that this financial year?

[3.30 pm]

Mr PRINCE: I am informed that is correct. The Budget provides for the following resources to be made available in 1997-98: An additional 1.5 FTEs for assessors; an additional four FTE support staff; an additional \$427 000 in recurrent expenditure; and an additional \$573 000 in the compensation fund.

Mr RIEBELING: Will the current financial year's budget be in deficit by the end of the year; if so, to what extent, and how will that impact upon operations during the next financial year?

Mr BYRON: We will come in on budget this year.

Mr JAMIESON: I can confirm that.

Mr RIEBELING: That is fine. I had other information.

Mrs van de KLASHORST: Page 505 refers to the introduction of a pilot project to allow clients to have access to child minding services. How did that project work out, and is it planned to continue it and extend it to other courts and jurisdictions?

Mr FOSTER: The provision of child minding services for court clients started in the Rockingham Court of Petty Sessions as a pilot program in July 1996. The scheme was extended to Albany in November 1996, and to Joondalup Magistrates' Court and the Perth Children's Court in March this year. An evaluation of the acceptance and usage of the service will be undertaken in December. The cost of the existing services is being met from our current allocation, but if we were to extend the service further after the evaluation, it might be necessary to seek further funding. If it could be extended within the existing allocation, it would be extended.

Mrs van de KLASHORST: My interest is the Midland courts.

Mr RIEBELING: It amazes me that you have a new child minding service in courts such as Rockingham and Albany, which are falling to pieces. Where are those child minding services located, because those courts are in need of major renovation just to remain somewhat efficient?

Mr PRINCE: I cannot speak for Rockingham because I cannot recall when I was last in that court, but the Albany court is not falling down. The only thing that has fallen down there is the roof, which fell down in 1982. The service is located in the child minding centre, which is about 150 metres up the road.

Mr RIEBELING: It is not in the court?

Mr PRINCE: Not in Albany. I cannot speak for the other places.

Mr RIEBELING: It is certainly not the case in Rockingham, because the outer area is in the open.

Mr PRINCE: I am advised that it is the same situation in the other courts. There is an arrangement with existing child minding centres for them to mind the children while their parents are in the courts. The services are not located in the court buildings.

Mr GRILL: I return to the assessment of criminal injuries compensation. Anecdotal and other material which has been brought to my attention indicates that the prospect of payment under the Criminal Injuries Compensation Act has been used by police as an inducement for persons to bring accusations before the courts, and that it is also regarded by some people as an opportunity for enrichment by making claims in the courts. I brought up this matter in a speech in Parliament some months ago. At that time, I was operating on the basis of that anecdotal material, but I have since received some telephone calls from people who are close to the system - I cannot disclose their names - who have indicated that there is truth in the anecdotal material. Is that material acknowledged by the Ministry of Justice? What analysis or investigation has been made of that anecdotal material? What safeguards are in place or can be put in place against such an abuse of the system?

Mr PRINCE: The question of criminal injuries compensation being held out by police as an inducement to a potential witness should be addressed to the Police portfolio. With regard to prosecutors doing that, during my period in practice it was an accusation that I levelled on more than one occasion at a complainant, but it was, of course, denied vehemently. I do not recall its being even tacitly admitted by anybody, and I doubt it ever would be.

It must be remembered that criminal injuries compensation is not a bribe or some form of illegal activity. The Criminal Injuries Compensation Act exists to compensate a person against whom a criminal act has been perpetrated. I would say strongly that it is not an inducement to advise a person of the law. Whether it would act as an inducement to a victim to give evidence is debatable, particularly in the area of sexual assault; if it did, the fact that a crime had been committed and ultimately a person had been convicted would be the important thing, and the compensation would be a consequence that flowed from the Statute.

Inherent in the proposition that the member is putting is that this is an unsavoury practice and it is in some way unlawful or not to be condoned. However, we must remember that it is compensation for an offence that has been committed against an innocent victim who otherwise would not be entitled to compensation. Secondly, I do not know that anyone has ever admitted that this caused him to take a matter to court.

Mr GRILL: Was there not a fairly high profile case recently where two women were prosecuted?

Mr PRINCE: Yes - the 30 second rapist case. I do not know that criminal injuries compensation was an inducement to them. Part of the reason that they concocted the plot against that man might have been to better themselves financially, but criminal injuries compensation was not offered to them as an inducement to conspire to commit that offence, because obviously at least one of them would obtain other benefits from that act in the way of divorce and so on.

What the member has claimed is often said anecdotally, but we have to go back one pace and say, "It is not a bribe and it is not illegal. It is the law, and a victim who is truly a victim is entitled to be compensated."

[3.40 pm]

Mr GRILL: There is nothing in what the Minister has said that indicates an abuse of the system does not take place or, to put it at the lowest level, that there is not a possibility of an abuse of the system.

Mr PRINCE: If it happens, I would debate that it is an abuse.

Mr GRILL: I am talking about the possibility of an abuse.

Mr PRINCE: I pose this question: Is it an abuse to advise a person of the law? That is what it is.

Mr GRILL: It depends on the circumstances. Surely there remains the possibility of such an abuse. As I said a while ago, after I made the speech in Parliament I was contacted by people close to the system who were prepared, anonymously of course, to support the anecdotal material that was brought forward.

Mr PRINCE: I have heard that anecdotal material as well.

Mr GRILL: I want to know whether any safeguards are, or should be, in place to prevent this from happening.

Mr PRINCE: Yes, the safeguard is called the trial; presumption of innocence; that the Director of Public Prosecutions must prove it beyond reasonable doubt. Ultimately that is the best, biggest and perhaps most complex safeguard we can have.

Mr GRILL: Even if that were accepted, with respect to some of these assessments for criminal injury compensation, no trial is commenced in some cases and in other cases the trial does not go ahead.

Mr PRINCE: Mostly there is either a trial or a plea of guilty. In some instances a crime has been committed where the perpetrator cannot be found.

Mr GRILL: Or where sufficient evidence cannot be found against the perpetrator.

Mr PRINCE: Without having the figures in front of me, I speculate that would be very much in the minority. I do not know whether any of the officers here have a breakdown of those figures. I am more than happy to inquire about that information if the member wishes to see it. I would be surprised if it were more than a few cases in the totality of all that are dealt with by criminal injuries compensation.

Mr GRILL: That is a generous offer, and I would like to take the Minister up on it.

Mr PRINCE: I cannot say that I can provide the figures as supplementary information, as none of the officers can indicate how soon it can be obtained. Perhaps the best way of dealing with it would be for the member to put the question on notice.

Mr GRILL: Yes.

Mrs van de KLASHORST: I refer to the third dot point on page 505 which says that a plan for comprehensive court buildings for justice complexes across the State for the next five years is being developed. Can the Minister provide details of the various courts that are under consideration and what is involved in the five year building plan?

Mr PRINCE: It is fair to say in a general sense that the standard of most of the court complexes around the State is not acceptable; certainly the ones I know of or knew intimately, with one or two exceptions, are not acceptable. To ensure the most effective use of funds and solutions, a statewide review has been undertaken. It is appropriate for Mr Foster, the Executive Director of Court Services, to provide the answer.

Mr FOSTER: The officers within the Ministry are developing a five year program of capital works for buildings outside the central business district. There is a current program for funding over eight years and figures are in the Treasury forward estimates. That program includes Magistrates' Courts in metropolitan and country regions over the next eight years. Rockingham, Fremantle, South Hedland, Halls Creek and Busselton are the most imminent priorities. Other key country courts to be upgraded include Albany, Broome, where some interim accommodation has been provided, Derby, Karratha, Kununurra, Mandurah and Northam. There is quite an aggressive capital works program for the next eight years.

Given what the Minister has said about some of the buildings being in such poor condition, within the ministry we are trying to develop a program that might reduce the time span from eight years to five years.

Mr RIEBELING: My reading of the budget documents, in particular with regard to the allocation of resources, suggests the court complex at Port Hedland is being built in this financial year. I cannot see some of the other courts mentioned in the budget documents, at least in this budget paper. The court at Busselton is probably the worst of the courts in this State, compared with those in other areas such as Albany, with the exception of Port Hedland which needed to be replaced.

I asked questions about the Busselton complex. To my amazement the plans include a district court attached to the present Busselton court. For the life of me I cannot see why Busselton will ever have a district court trial or need jury rooms. The additional court facilities are expensive. I understand there is no money for the court at Busselton shown in this document. I wonder whether the Minister can advise why a district court has been considered for this town. I understand Rockingham has also been considered to have a district court and jury complex. One can probably understand that, given the workload generated there. However, I can see no reason for a district court at Busselton. I ask the Minister to explain why that has been considered.

Mr PRINCE: Undoubtedly Mr Foster will be able to provide the detail. There is a logic to having a district court in Rockingham, for geographical reasons and also the expansion southwards of the metropolitan area. With respect to other courts, clearly the member has never been to the court at Ravensthorpe.

Mr RIEBELING: No, and I doubt whether too many magistrates would have either.

Mr PRINCE: Every third week.

Mr RIEBELING: The situation is the same at Margaret River. A Department of Transport room is used. The rubbish is cleaned out of it so the parties can sit in it. I am talking about the existing courts that are no longer functional, of which Busselton is one. Mr Foster will no doubt be aware that that court was built with a view to putting airconditioning into it. The money ran out and the courtroom has no windows. It is an absolutely disgusting situation.

Mr PRINCE: When was it built?

Mr RIEBELING: It was probably built during the Minister's last reign of terror.

Mr PRINCE: I suggest the member look at the Ravensthorpe court. It was built on a clay pan and there is an eight inch fall from one side of the court to the other. If the plug is taken out of the floor, the mud hits the ceiling. The cracks in the wall are so big that people can put their arms through them. That complex was built when the member's party was in government. I do not want to get into that sort of slanging match; however, it is the most amazing building I have ever seen.

Mr FOSTER: Funding is in the forward estimates for construction to start on the Busselton court in 1998. A criminal court has been put into the preliminary plans for Busselton because a decision was made that the number of superior courts in the Perth CBD will be kept at 40. Busselton is a greenfields site. We are building for the future there. Any expansion from the year 2020, in terms of superior courts, will not be in the central business district and will be extended into the regions where the work is. It is considered to be economically astute to make provision for a criminal court in a greenfields site at Busselton.

[3.50 pm]

Mr RIEBELING: At what page is that estimate for Busselton Court House?

Mr PRINCE: It is not in the Budget Papers before you. It is for the year 1998.

Mr RIEBELING: How much is being allocated?

Mr PRINCE: I will provide that by way of supplementary information.

Mr MacLEAN: Where is the child victim witness service being provided? What costs are involved and how successful is it?

Mr PRINCE: I am aware of one that runs very successfully at Perth Children's Court. It was recently commended for its effectiveness and the quality and skill of the people who run it. It is a two year child victim witness service pilot to assist vulnerable witnesses prior to their delivering their evidence in court. It ends in July this year. An evaluation is being undertaken by a reference group headed by a Supreme Court judge, which will make recommendations on the continuation of the service. That is expected by the end of this month or the beginning of June.

In an article in today's *The West Australian* the service was commended by a number of national organisations as a first class exercise. On that basis I hope the review and evaluation agree.

Mr MacLEAN: If it is evaluated as successful, will it be extended to other major courts such as Joondalup Court and country areas?

Mr PRINCE: An allocation of \$1.2m is shown in the 1997-98 Budget Papers for victim support services, part of which can be used for that if the review evaluates that the pilot is successful and can be replicated elsewhere. Whether it will go to Joondalup will depend on the number of children who appear there as witnesses. Perth Children's Court is an obvious place for it to be established because children are often witnesses there. Where else it should be will depend on the number of children who appear as witnesses.

Mr RIEBELING: I understand that the pilot program has been exceptionally successful, which the evaluation will no doubt indicate. It is also my understanding that one officer has been allocated the work on that program. At any one time she can be involved in 160 cases, making her workload extreme. What sorts of resources will that program receive to make it work effectively for all cases, not just those that officer works with?

Mr PRINCE: Where someone has a good idea that translates into a program it is a pilot, in other words it is trialled, as has been the case. The problem described by the member will be considered as part of the review and evaluation. If, as everyone seems to agree, it is successful, and hence I hope will be continued, it may be redesigned in some way so that more people become involved in order to provide a better service while placing less strain on an individual.

Mr RIEBELING: I appreciate that point. However, we are dealing with a budget that will be in place from the end of July until next June. If the pilot program is proved successful and the department concludes that three people are required to do the work, where in this budget is an allocation to allow that to happen? Will the program have to wait for 12 months before funds can be provided in the next budget?

Mr PRINCE: At page 504, \$10.598m is provided for victim support and counselling services from which \$1.2m is particularly for victim support services. Within the \$10.6m or \$1.2m for victims it should be possible to find sufficient for extra FTEs if the review recommends that. Obviously an amount is not included for extra FTEs because the evaluation has not been done.

The CHAIRMAN: We are still on division 55 and there are four more divisions to cover. Do members want to continue with this division or conclude so that they have an opportunity to speak on the others?

Mr RIEBELING: We could continue with the program on which we are working now for three hours. However, we will be struggling to use all the four hours allocated on Thursday. Whoever organised this program incorrectly split the workload of the Ministry of Justice.

The CHAIRMAN: It was not me and was probably done in cooperation with whoever was on the opposition management committee. It is not a problem to spend the time on this division.

Mr TRENORDEN: At page 522 reference is made to Wooroloo Prison. The Minister gave me permission to go to Wooroloo Prison a few weeks ago. Considerable damage was done when two wings were lost in the recent fire. Provision is included in the budget for cell conversion at the prison, which I support. What will happen about the lost resources at Wooroloo Prison? Can someone in the department say whether Wooroloo's functions will be changed to any great degree and whether some support programs will be instituted to undertake more outsourcing? I think Wooroloo Prison is an underutilised resource.

Mr PRINCE: I have no doubt that by Thursday the Parliamentary Secretary to the Ministry for Justice, sitting on the member's right, will be able to answer him because that division will be dealt with then.

[4.00 pm]

Ms WARNOCK: At page 505 under major achievements for 1996-97 reference is made to the implementation of the Restraining Order Act 1996. What has been the effect of that implementation? Can the Minister provide the facts and figures? Reference was also made to the expansion of interpreter services to users of the court. Which court is this, and what funds will be used to pay for the interpreter services?

[4.10 pm]

Mr PRINCE: I point out a typographical error: The dot point on the Restraining Orders Bill should read "implementing", not "implemented".

Dr FITZGERALD: I agree. That Bill was introduced in 1996 and it was re-introduced in the autumn session this year. It has passed through the upper House and is now before the lower House. As soon as it has been passed, it will be implemented.

Ms WARNOCK: There has been no effect because the Bill has just come back again.

Mr PRINCE: In anticipation of its successful passage, since it seems to have bipartisan support, for which I am grateful, a training package and procedures and forms are in the process of being completed. It is hoped to implement the legislation quickly once it is passed.

Mr FOSTER: In July 1996 the policy for the provision of interpreters in courts was revised to include interpreters in civil courts as well as in criminal courts. That service has continued since that time. That is the increase in service referred to in the budget document. Recently the Ministry of Justice established an Aboriginal policy and services directorate. The program for the courts ties in with that program to develop and examine ways of providing a more sophisticated and better interpreting service for Aboriginal people, particularly in the remote areas of the State. That program is in the early stages of development, but work has commenced.

Ms WARNOCK: From where will the funding come to pay for those interpreter services?

Mr FOSTER: It is ongoing funding.

Mr GRILL: I return to the vexed question of listing delays and the time taken to have a matter brought before the court. The Minister indicated from the document he read previously that there were still major delays in listing cases for hearing in both the criminal and civil jurisdictions. He indicated the delay for a civil case in the Supreme Court was 24 weeks. I am sure the Minister will agree that those delays are unacceptable. Have any goals been set for what delays might be acceptable? Are any strategies other than those that are mentioned in the budget documents in place to ensure that will happen? Will further resources be put into this arena to ensure these time delays are cut to an acceptable level?

Mr FOSTER: The Supreme Court commenced a full case management system in its civil jurisdiction in November last year. Every case that is filed in the Supreme Court in civil is now managed by the court. It is no longer left to the parties to determine the progress of the action through the court. The court takes action and directs to a timetable that the court has set itself. That timetable sets out various stages for key events to occur during the process. It also

includes time for the judges to deliver their judgment. The Supreme Court has set itself standards to deliver cases and a judgment.

Mr GRILL: That is interesting. Will they be publicised?

Mr FOSTER: I suppose that is a matter for the court.

Mr PRINCE: Given His Honour the Chief Justice now has a press secretary, I imagine they will be.

Mr GRILL: I look forward to that because it is a new development. The publicity of those timetables for the judges will be interesting.

Mr FOSTER: That system and the timetables were developed in consultation with the Law Society. There was wide consultation about the matter. The District Court commenced a case managed system on 1 April last year. It also has time standards that include a time for writing judgments, and those standards are contained in the rules of the court. The court developed a handbook that sets out the system and the timetable. This practice is being adopted by most jurisdictions around Australia. Most Supreme Courts now have a timetable for the disposal of their actions. Western Australia is no exception in that regard. The listing interval from the time ready for trial to the date of trial in the Supreme Court is 24 weeks. For the types of actions the Supreme Court is dealing with, that is not considered to be excessive. Courts in Australia in recent times have had delays of up to three or four years. Western Australia's system is in pretty good shape; the delays are decreasing. The Magistrates' Courts have new listing arrangements that the Chief Magistrate developed. Those courts are listed to sit in the afternoons. They have staggered listing approaches and over-listing so that if one case falls through, another case can take its place. The courts are introducing a range of strategies to overcome delay problems.

For crime there is an unacceptable delay of up to 48 weeks for a matter to come to trial in the District Court. This time last year it was around 46 weeks. Additional resources will be put into the District Court to deal with that problem because the courts see themselves as a system and not just as a collection of individual jurisdictions. There is great cooperation between the jurisdictions to support one another to deal with their respective problems. The appointment of a commissioner to the District Court is an example of that. Overall, this document, which the Attorney General tables on a quarterly basis, and has done since the start of this process last year, sets out in detail the current situation in both civil and criminal in the Supreme Court, District Court and major Magistrates' Courts. It contains a commentary about what is happening, with an attempt to examine some of the trends.

[4.20 pm]

Mr PRINCE: The 24 weeks involved with the Supreme Court is almost half a year, which is a long time. However, given the nature and complexity of the cases with which the Supreme Court deals because it is the superior court, on balance the time involved is probably acceptable. The 48-week process in the District Court for crime is not acceptable. The Government has moved to appoint commissioners to get at the backlog and deal with it.

Mr RIEBELING: The biggest move surely is to change the jurisdiction. It will have the biggest impact on the District Court.

Mr PRINCE: The notes regarding the quarterly report do not indicate that that is the case. It must have had some effect, yes, but a marginal one in that sense.

Mr RIEBELING: What about the jurisdiction of the Local Court?

Mr PRINCE: The question put by the member for Eyre was about crime.

Mr GRILL: I was talking about both actually; we mentioned figures for both.

Mr PRINCE: I am sorry. The time to deal with crime in the District Court is too long; hence the appointment of commissioners to try to deal with it.

Mr RIEBELING: So the change of jurisdiction level in criminal actions, particularly sexual assaults, has had a minimal impact on the District Court's listing?

Mr PRINCE: If I recall my notes, which Hansard has taken, in relation to District Court crime, the general view was that jurisdictional commonality with the Supreme Court in serious sexual offences cases has not made a lot of difference to the District Court. Section 301 of the Criminal Code, dealing with burglary with a circumstance of aggravation, has put more burglaries in that category into the District Court for sentence as a minimum, if not for trial as well.



Mr FOSTER: The delay in the District Court in criminal matters has been 40 weeks-plus for in excess of 12 months. Therefore, I guess the impact of the change in jurisdiction in some respects is yet to be felt.

Mr RIEBELING: I presume the Minister will not be taking questions on capital works in relation to the prison system, and conversely he will take them in relation to items on page 491. Do the allocations to the Judges' Salaries and Pensions Act, \$5.17m; the District Court of Western Australia Act, \$3.197m; and the Salaries and Allowances Act, \$8.557m, relate to superannuation schemes and the like for judges of the Supreme, District and Magistrates' Courts?

Mr PRINCE: I imagine that to be the case.

Mr JAMIESON: Your first question relates to the Judges' Salaries and Pensions Act. Are you after its source or growth?

Mr RIEBELING: I wondered whether the three allocations relate to superannuation. Does the budget make allocation for superannuation?

Mr JAMIESON: For the judges' part, yes. What was the next one?

Mr RIEBELING: It was the District Court of Western Australia Act.

Mr JAMIESON: Not to my knowledge.

Mr RIEBELING: What about the Salaries and Allowances Act?

Mr JAMIESON: Yes. That is salaries, but not pensions.

Mr PRINCE: If the member is after the detail of the budgetary allocation for superannuation for judges of the Supreme and District Courts and for magistrates, I can supply that information as supplementary information.

Mr RIEBELING: Further to that point, I understand that over the past couple of years newly appointed magistrates have not had access to superannuation because of the contracts they sign. The last determination of salary for magistrates raised that as a issue which the department had to address. Can the Minister advise on what solution to the problem has arisen with the two different categories of magistrates?

Mr PRINCE: Are you referring to the contributory scheme?

Mr RIEBELING: They are all non-contributory schemes. My understanding is that new magistrates do not have access to the superannuation scheme. The person determining the last salary and allowances claim indicated that if the Government did not solve that problem, the tribunal would do so at the next determination this year. What solution has been put in place to resolve that problem?

Mr BYRON: I must follow up this matter to provide the details, but the inability of magistrates to access superannuation is the same as for people in my position - I do not have that power either. The state superannuation scheme was cut off. The Government is considering at the moment what to do about magistrates, so I am not in a position to answer the member.

Mr PRINCE: Perhaps it would be appropriate to put the question on notice, and I will ensure that it is followed up. Judging by Mr Byron's comments, I am not sure that I will be able to get the information in supplementary form.

Mr RIEBELING: I refer to program 3.0 on page 506 concerning the Crown Solicitor's Office. I notice that a reduction of \$2.4m is made in the allocation to this office with a reduction of three FTEs. The summary of key programs contains the answer to the reduction. I wonder how the Minister explains the major litigations listed as point 3.2 as it appears that a 10 per cent reduction has occurred in workload with a 300 per cent reduction in funding for the office's function. That appears to gobble up most of the reduction in the funding. Can the Minister explain that reduction?

Mr PRINCE: It relates to a fairly significant reduced provision to major litigation. The member will be aware, surely, of the relatively small number of nonetheless extremely complicated and difficult large cases undertaken over recent years.

Mr RIEBELING: There has been a reduction in 65 cases.

Mr PRINCE: The Rothwells cases - they are all but complete - were a huge part of the total workload but were not huge in number, and they account for the reduction in recurrent funding of \$2.4m.

Mr RIEBELING: So the Minister is saying that the 700 cases remaining are not major litigation as indicated in the line item?

Mr PRINCE: They are still important litigation, obviously, but they are not of the size of the Rothwells-related matters.

Mr SIMPSON: A trend evident almost every year is that money appropriated to major litigation is underspent significantly because of delays in matters going to trial and so on. In fact, a reduced amount is being appropriated in this year's budget. If the need for funds increases as a result of a matter speeding up in going to trial, additional funds will be provided by the supplementary funding process.

[4.30 pm]

Mr RIEBELING: What was the actual spent in 1996-97? Are you saying the allocated \$3.328m was not spent; if so, what was spent?

Mr JAMIESON: The \$3.328m is expected to be expended but it represents a termination of major litigation and land claims litigation.

Mr RIEBELING: What will happen to the officers who worked on those cases? The FTE level does not indicate that a big swag of lawyers is being removed from the payroll, unless the ministry is saying that those cases were contracted out.

Mr PRINCE: I see the member is weeping over the thought!

Mr RIEBELING: I am, because there are some very good people in that office.

Mr PRINCE: Most of the major litigation about which we are talking has been handled by outside firms. In that sense it does not affect the number of FTEs. Loading in the office might cause some reduction in work for some officers, but I am sure there is plenty more for them to do.

Mr MacLEAN: Turning to program 8.0 dealing with legal aid, on page 514, will the Minister comment on the effect of the changes in federal funding levels and whether they will impact on the new training programs' solution-orientated approach, migrant worker training, etc, indicated in the bottom two paragraphs?

Mr PRINCE: I think it is correct to say that the reductions in commonwealth funding come into effect from 1 July.

Ms BAHEMIA: Yes.

Mr DOWNES: The negotiations are still continuing. As we all know, the commonwealth's proposition is for funding reductions from 1 July 1997.

Mr MacLEAN: I asked what the impacts were likely to be.

Mr PRINCE: The impacts will undoubtedly be a reduction in the service that the Legal Aid Commission is able to offer.

Mr MacLEAN: Will there be a restriction on the services of the duty lawyers or a restriction on other services provided by the Legal Aid Commission?

Ms BAHEMIA: The Legal Aid Commission is waiting to see what the final size of the reduction in funds will be. Until we know the budget to which we will be working next year, the commission has not identified any services to be reduced. Whereas potentially every service is being looked at to see what would be the effects of cutting a service, the final decision to cut or reduce individual services has not yet been made.

Mr GRILL: There has been a lot of vociferous and justified criticism of the Commonwealth Government for cutting back legal aid funding. These figures indicate that the State Government is cutting back funding as well. On page 514 the actual for 1996-97 is \$8.457m and the estimate for 1997-98 is only \$8.253m. That would appear to be a cut in excess of \$200 000. How can we be vociferous in our criticism of the Federal Government, when we are doing the same thing?

Mr DOWNES: During the current financial year an appropriation was made for a Dietrich related matter. That amount of money equates to what is perceived to be a reduction. Obviously Dietrich matters cannot be budgeted for in advance. They are considered on their merits as they occur.

Mr PRINCE: It is fair to say that supplementary funding is usually approved for Dietrich cases.

Mr GRILL: Could that figure of \$8.253m be supplemented considerably if a number of Dietrich cases were approved?

Mr PRINCE: It would be supplemented; I do not know whether it would be significant. It is very difficult to predict because we do not know the number of cases, their nature or whether they are likely to be very long lasting, large cases - for example, the Connell trial - or small matters which last for only two or three days. So far they have been dealt with on a case by case basis.

Mr GRILL: I still make the point that if the difference represents a successful Dietrich application and the amount of money is the same, in real terms the amount of money being allocated by the State to legal aid will be reduced.

Mr PRINCE: The member may or may not be correct in his assumption. An answer would require me to be able to find out from the officers how much of the \$8.457m represents Dietrich assistance and how much was the base allocation. The difference is \$204 000.

Mr GRILL: It appears that the amount of money being allocated by the State will be reduced. Is the Minister happy about that? We have been very vociferous in our condemnation of the Federal Government. There was an example just a few minutes ago.

Mr PRINCE: If the member wants me to go into the total budget strategy of the flat revenue and expenditure, the very careful allocations among different portfolios and the fact that Health and Education budgets have had increases, not only in cash terms but in real terms, and every other portfolio by and large has had an allocation that has been the equivalent of the preceding year, because that is the revenue and we as a State have to bear not only a reduction under the commonwealth grants system but also reductions wished upon us by the Commonwealth Government to be able to meet the foreign debt burden which it inherited from the previous Administration, I can go on for hours. I can also go into the causes of it and who did it. I am sure that the member does not want me to do that and would rather ask questions.

Ms WARNOCK: We could have a philosophical discussion about worrying so much about foreign debt. Has the Minister a mortgage?

Mr PRINCE: It is not philosophical; it is real.

Ms WARNOCK: We could have a discussion about whether we should be as deeply concerned about that as the Minister's colleagues in Canberra appear to be. We could be here all night and we all have other things to do.

Mr PRINCE: Nothing as important.

Ms WARNOCK: I am sure.

Mr GRILL: It appears to be a little hypocritical.

Mr PRINCE: The point I must make is that it is not an increase in real terms, but it is not a cut. The Commonwealth is talking about only a cut - full stop. There is a world of difference.

Mr GRILL: I will not take the matter any further.

Mrs van de KLASHORST: Page 514 indicates that the Minister has implemented new training programs to reflect a solution-orientated approach on domestic violence community education. Will the Minister explain what that involves and what are the results of the program?

[4.40 pm]

Ms BAHEMIA: The commission has been working with community groups to assist groups such as migrant workers to identify the particular legal issues that come up in their daily work. We have targeted our legal education program to concentrate its focus on those people who see a wide variety of clients within the community.

Mrs van de KLASHORST: Are you training your officers to work in that field? What are the changes in outcomes from doing that?

Ms BAHEMIA: No, our officers provide training to, say, refuge workers.

Mrs van de KLASHORST: Your office is providing training to refuge workers on matters like going to court so they can assist their clients?

Ms BAHEMIA: That is right. It can be a matter of advising, say, refuge workers in the domestic violence area what constitutes evidence upon which the police could act, what other services are available - they largely know that - and if they do go to court what sorts of matters they might expect. Each of those training programs is evaluated.

Mrs van de KLASHORST: Does that apply throughout the State or only in the metropolitan area? How broad based is that training?

Ms BAHEMIA: It is largely in the metropolitan area, though we do outreach work. In the past two months a program was offered in the Broome area. Last year we visited the Albany area. Perhaps every six months or so we conduct an outreach training program.

Mrs van de KLASHORST: Will this be continued?

Ms BAHEMIA: That is the issue.

Mr McGINTY: Can the Minister estimate the number of cases to which the Dietrich principle applies each year? What part of the budgetary figure for the current financial year is attributable to those cases?

Ms BAHEMIA: Over the past two years we have had 11 Dietrich applications, so that would average out at about six a year.

Mr McGINTY: What part of this year's budget is attributable to Dietrich applications?

Ms BAHEMIA: It is \$204 000.

Mr McGINTY: Is the Minister in a position to guarantee that every trial that involves the Dietrich principle will proceed?

Mr PRINCE: It is a matter which is the subject of discussion at the moment in Cabinet. The Attorney General has the matter under consideration and is bringing it forward. It is a matter that has been wished upon government as a result of the High Court decision, and then the funding cut by the Commonwealth. We have dealt with each of these matters on a case by case basis. Without canvassing any individual matter and giving any details, that has been an appropriate way to deal with the individual matters. There have been 11 cases in two years. Whether there should be some more formal process for dealing with them in the future is something that the Attorney General is considering at present. If we are to carry on in this way, dealing with them one by one at a Cabinet level might not be appropriate. I cannot give a straightforward, unequivocal answer other than to say what is happening now. The Attorney General is in the process of formulating policy recommendations to bring to Cabinet.

Mr McGINTY: I refer to the story in this morning's newspaper about Mr Papas. Why is there a delay in that trial?

Mr PRINCE: If I recall the report the individual concerned had been refused legal aid, the Commonwealth had refused aid and it was a Commonwealth prosecution. The State has assisted people under the Dietrich principle, where it is a state responsibility to do so. However, where someone is prosecuted by commonwealth authorities under commonwealth law the Commonwealth should pick up the problem; albeit it is not a trial in the federal court, it is in a state court.

Mr McGINTY: Has any of the 11 Dietrich cases so far involved breaches of commonwealth law? I think the Minister will find that they have, so why has the principle been changed?

Ms BAHEMIA: When I gave the figure of 11, that referred to 11 cases where the Dietrich application had been successful and we had received extra funding for that from the State. Other commonwealth prosecutions have been stayed and two particularly come to mind; however, there may have been others as well as the one reported in the newspaper today.

Mr PRINCE: The Commonwealth has picked up the tab for other matters of this nature which have involved commonwealth law. It seems that it is now not so doing.

Ms BAHEMIA: The Commonwealth has not picked up the tab on any commonwealth prosecution in this State.

Mr PRINCE: It has been paying its share of aid.

Ms BAHEMIA: Under the general funding agreement.

Mr McGINTY: What has happened to those commonwealth cases that have been stayed? Are they withering on the vine?

Ms BAHEMIA: They are stayed.

Mr McGINTY: How long ago?

Ms BAHEMIA: I cannot be exact, but roughly one to two years.

Mr McGINTY: To the best of your knowledge there is no intention to proceed with the prosecutions?

Ms BAHEMIA: It is my understanding that they are stayed. That is the last I have heard on those two cases.

Mr McGINTY: So Mr Papas will not be prosecuted?

Mr PRINCE: He has been prosecuted, but the judge has refused to deal with the trial until he is represented under the Dietrich principle.

Mr McGINTY: To the extent that the matter is in the Minister's hands we will not see any action taken?

Mr PRINCE: It is not in my hands at all.

Mr McGINTY: To the extent that it is?

Mr PRINCE: I would wish to see the person tried.

Mr McGINTY: The Minister said that he would not do anything about it.

Mr PRINCE: Of course we are doing something about it. Representations are being made all the time to the commonwealth Attorney General, Mr Daryl Williams, for the commonwealth authorities to see sense in this matter, and to pick up what is their obligation and responsibility to aid people like that - and not through some open-ended cheque book exercise, but the way in which we have dealt with it responsibly on a case by case basis and negotiating a fee with the solicitors concerned.

Mr McGINTY: Apart from urging the Commonwealth to pick up the tab, do I understand the Minister to say that the State will not pick up the tab?

Mr PRINCE: Given the nature, particularly of some commonwealth prosecutions, which can be lengthy as they are often complicated and lengthy cases - I am thinking especially about the importation of drugs - we are not in a position to pick up the cost. It is a commonwealth responsibility.

Mr McGINTY: I wanted a fairly clear statement that the Minister sees that as a commonwealth responsibility and not a state responsibility and therefore the State will not be picking up the tab.

Mr PRINCE: That is right. The criminal court in which the trial is to proceed is a state court empowered with federal jurisdiction to deal with the matter. It is a state appointed judge and the infrastructure is owned by the State. However, they are commonwealth matters by way of investigation, prosecution and so on. It has always been the case that the commonwealth pays its way in that regard. The Commonwealth's suddenly deciding not to pay its way is unacceptable.

Mr McGINTY: So that we know what to expect for the future, is it the policy, where it is a commonwealth offence, that the trial will not proceed unless the Commonwealth picks up the tab for a Dietrich defence?

[4.50 pm]

Mr PRINCE: It will be difficult where there is a mixture, which often happens. At present we take it that we have a responsibility to deal with Dietrich matters when they involve a state prosecution. We have dealt appropriately with those matters. When it is a matter of commonwealth jurisdiction, the Commonwealth should deal with it.

Mr RIEBELING: I understood the Minister to say that Cabinet makes the decision in reference to funding those cases which come under state Statutes. As a political person, is the Minister happy with that situation, given that in the very near future there may be trials of a political nature and applications will be made for funding?

Mr PRINCE: The 11 cases which have come before Cabinet in the past couple of years have been dealt with individually on their merits. There has not been a problem with any of them. Most of the discussion has been on the level of fee to be paid to the lawyers. I am very confident in the integrity of the people who sit around the Cabinet table and the process which gets the matter before Cabinet. Each case is dealt with strictly according to merit. To deal with it any other way, pending a completely new process to deal with Dietrich applications, would be difficult. The Attorney has that matter before him for consideration.

Mr RIEBELING: Basically, it could be a political decision.

Mr PRINCE: The member implies a degree of interference and I think it highly unlikely that any politician of the modern age from any political persuasion would even contemplate that.

Mr TRENORDEN: Recently I received notification from the Legal Aid Commission that a review was likely to take place. I presume the review is motivated by the current crisis of \$8m not coming into the system. I also understand

the way the Legal Aid Commission prioritises its level of inquiries. Difficulties are experienced with the mid-level applications for legal assistance. Will there be a direction towards dispute resolution mediation away from lawyers to a more simple and less costly mechanism where possible; for example, the Family Law Court?

Mr PRINCE: The alternative dispute resolution has progressed enormously in recent times. It is largely the purview of judges and lawyers in that they are as heavily involved in that as they are in the court process. The tremendous advantage is in the informal nature in which it is conducted.

Ms BAHEMIA: We are in the process of piloting what we hope will be a very cost effective service in the family law area. The service involves a conferencing model. For a limited fixed fee applicants can receive an investigation of their claim and independent advice in written form, and be funded to attend a conference with their lawyer with a view to agreeing the issues between them. If agreement is reached aid will be extended to formalising that in terms of documentation and lodging it in court. If agreement is not reached, the matter will be closely scrutinised to see whether it should be funded further. Interstate experience is that has proved a very cost effective way of getting assistance to people in the family law area.

Mr TRENORDEN: It is a very good move.

Mr PRINCE: Clerks of courts and assistant clerks of courts will undergo training in mediation and alternative dispute resolution next week.

Mr RIEBELING: I understand the training is a precursor to the new magistrates Bill which is under consideration. I have asked for a briefing on that Bill, but I have not received a reply. I presume I will receive a reply before the Bill is introduced into the Parliament. Is it one of the changes to the legislation?

Mr PRINCE: No. It will happen irrespective of the new legislation.

Mr RIEBELING: I refer to pages 508 and 509 of the Budget Statements. I congratulate the Public Advocate's Office for the way it has operated since it has been in existence. I am concerned at the lack of increased resources in this area. There appears to be minimal movement in the allocation of resources. On page 497 at dot point 4 there is an indication that in the next four years between 9 and 11 per cent of the population will fall into a category where they will require assistance. In the second table on page 509 the indication is that in the next 12 months there will be a reduction in the amount of work the agency undertakes. That flies in the face of the facts on the ageing population of Australia and the expected massive increase in workload that will occur over the next decade.

Mr BYRON: This year the corporate executive of the Ministry of Justice gave consideration to a number of matters. One was the funding level of each of the programs. It reached the view that the public advocate does need additional resources but, under the relevant Act, a review is mandated and it must happen before the end of October this year. The resource needs and the operations of the Public Advocate's Office will be taken into account in that review. It will be done quickly, which will put us in a position where we will know precisely the funding and other resource needs of that office.

Mr RIEBELING: Can the director explain the figures in the table of the summary of key program levels? It includes the unit measures for last year of 250 advocacy services; this year the figure is 190. Is that right? Will the work reduce or increase?

Mr BYRON: The work will increase but the work is very much dictated by the capacity of the office to do the work. It is similar to when a courthouse is opened in a new area. It generates work and the size of the office dictates the amount of work that will be done.

Mr RIEBELING: I understand that, but the document states there will be a reduction from 250 to 190 advocacy services units.

[5.00 pm]

Mr BYRON: That is correct. The difference was made up by the employment of a contract officer who is not currently employed.

Mr PRINCE: I appreciate the point the member is making. I suspect the result of the review of the legislation and operations will address the concerns that the member has raised and also the projected increase in the number of people who will be needed. I have been advised that there is a typographical error in the output estimates of guardian of last resort. The estimate of actual output for 1996-97 should read "50" not "60" persons, which makes a little more sense of those figures.

Mr RIEBELING: One of the things that concerns me is the second dot point under major achievements, relating to appointing private administrators.

Mr PRINCE: I do not have a problem with that.

Mr RIEBELING: The Minister may not have, philosophically.

Mr PRINCE: No, from a practical point of view.

Mr RIEBELING: From a practical point of view, I believe putting people in need of this sort of protection in the hands of private industry, which is there firstly to make a profit and then to provide a service, is a backward step. I hope the Minister has already answered that by saying that the review will increase the resources so that there is no need to push people into the private sector. Is that happening?

Mr PRINCE: A private administrator does not necessarily mean the private executive administrator companies, of which there are many - mostly associated with banks and financial institutions. It also means private individuals.

Mr RIEBELING: Absolutely; I am talking about individuals.

Mr PRINCE: Individual members of families.

Mr RIEBELING: Who may have substantial holdings, of course.

Mr PRINCE: Yes. I do not see anything wrong with a private individual or several from a family being a private manager of affairs. That was the situation before the guardianship Act came into existence.

Mr RIEBELING: That is why it came in.

Mr PRINCE: There may have been some instances where it was not particularly good. However, I have had some involvement in many, which were handled absolutely scrupulously. I do not have a problem with a flexible system which involves publicly funded officers who are also private administrators who may be part of the profit side of commerce or members of the family.

Mr RIEBELING: At the very least it sets a standard which we are hoping to achieve.

Mr PRINCE: Yes, it does and that is a good idea, particularly for people in the country. The demography of the member's area would not involve a great many elderly people. Nearly 20 per cent of the people in Denmark, which is in my area, are seniors aged 75 years and over. Albany has about 15 or 16 per cent of the same age group. There is a considerable requirement for this sort of service in the community; however, there is no office. It would be hard to justify on a public purse basis setting up an office to deal with that because the numbers are not there.

Mr RIEBELING: That may not be the case in 10 or 15 years. What is lacking in this document is some sort of vision about where it will be in that time. The document points out that in 10 years the situation will be chronically worse, but that projection has not been recognised in this document.

Mr PRINCE: Which is why the approach must be flexible and involve not only a publicly funded office but also people in the commercial sector and members of families. It is an excellent way of doing things to have a publicly funded office as the standard. That is the vision.

Mr RIEBELING: I applaud the way the office has operated.

Mrs van de KLASHORST: The fourth dot point on page 509 of the Budget Statements states -

Progressed development of culturally appropriate information and services to ensure the needs of people from non-English speaking backgrounds are met.

Are any public education programs in place especially to look after Aboriginal elders? Does the public advocate handle those or is that done by the Aboriginal Legal Service? If so, are special programs in place? Is there a problem with some of the older Aboriginal people not having access to this program?

Mr PRINCE: Most of the work being done in this area relates to language - to improve access to information services for people who do not have English as their first language. It has involved training staff, particularly Aboriginal people, to communicate. A leaflet in 12 languages has been produced and brochures are available on request. That is relatively complex, but it is in a sense limited to the language part of things. A person's culture in some respects being different - the member mentioned Aboriginal elders - has not yet been subsumed into this area. It is still largely a matter that is dealt with on the ground by officers of the Aboriginal Legal Service when they are there - Aboriginal Legal Service officers are not everywhere; often by officers from the Department of Family and Children's Services; and sometimes, but not often, by health workers and government officers who are around at the time and who are able to assist.

That is not necessarily a bad solution because the people who are consulted are usually those who have had a long connection with that group of Aboriginal people, especially the elders, and they are prepared to confide in, trust and take assistance from the government officer they have known for some time, who is often an Aborigine. It is an ad hoc arrangement, but it works. It is an area that should be looked at in future.

Mr RIEBELING: For the first time the summary on page 510 of the Budget Statements includes revenue of \$5.736m, presumably from one section of the Public Trustee's operations. I understand that is not the full income of the Public Trustee. My information is that approximately \$40m is raised through the Public Trustee's operations overall and that it is a contributor to state revenue. Where does the Minister draw the line on what should or should not be included in the positives for an agency such as the Public Trustee? I have had discussions with some people who operate in the office of the Public Trustee and there appears to be a great deal of concern that the Government is heading towards privatisation of certain sections of that office. What does the Minister say about that?

[5.10 pm]

Mr JAMIESON: The proceeds from Public Trustee fees of \$5.7m are a fee for service revenue source. The estates in management generate revenues which are within the Public Trust asset base. The Public Trust administrator looks after those estates and manages those funds and real assets on their behalf.

Mr RIEBELING: Is that to the extent of \$40m a year?

Mr JAMIESON: I am not aware of the value of the estate being managed.

Mr RIEBELING: I am talking about the return to the Public Trustee. Does it include an additional \$35m to make up the \$40m?

Mr JAMIESON: No, I do not think that is correct.

Mr RIEBELING: What do you think the amount is?

Mr JAMIESON: Below \$10m, but I must follow that up.

Mr PRINCE: That information will be provided as supplementary information.

Mr RIEBELING: What are the Minister's comments on privatisation?

Mr BYRON: Last year a review of the Public Trust Office was undertaken for the Attorney General. At this stage expressions of interest have been called for people to nominate an interest in working on an advisory board that will last 12 months, with a view to putting the Public Trust Office on a more commercial basis. At this stage there is no intention to privatise the Public Trust Office.

Mr RIEBELING: Is that not normally a precursor to privatisation?

Mr BYRON: All I know is what I have told you. They are the facts.

Mr TRENORDEN: I refer to page 512. With the current noise from Canberra about the Wik decision and the 10 point plan, there could be a call on the records of the Registrar General. If new legislation is introduced on native title, is it anticipated that there will be a demand for services from the Registrar General, or will individuals be seeking information from the records of that office?

Mr PRINCE: It is unlikely to cause any significant effect on the Registrar General's office for a number of reasons. First, the records of people who were born, married and died in this State prior to about 1910 are very patchy. In some instances they are accurate and in others they are not. Many are simply not recorded. The records of births and deaths among Aboriginal people were not accurate until fairly recent times. That is largely as a result of the evolving nature of the way in which our society has included, rather than excluded, Aboriginal people in the past 30 years. I know of Aboriginal children born in my part of the world whose birth was never registered, and that is exceptional in the south of the State. However, I suggest that in the more remote areas it would have been the norm until recently. When the missions existed, I imagine the missionaries recorded most of these events. When they ceased to exist and communities took over, the maintenance of records may have been good in some places but not in others.

Having been Minister for Aboriginal Affairs for three years, my knowledge of inquiries made for a genealogy by Aboriginal persons, or other people looking for a genealogy for Aboriginal people, is that they were largely directed to the Aboriginal Affairs Department rather than to the Registry of Births, Deaths and Marriages. That was partly because the department had significant records from the old Native Welfare Department, it had other family history information collected over the years, and it also had a copy of the Tyndale collection. Aboriginality in the sense of



the genealogy is able to be traced largely through those sources and, to a very limited extent, through births, deaths and marriages. While it is possible there could be an effect, my knowledge suggests that it is unlikely to be in any way significant. There is likely to be more significant inquiry to the Aboriginal Affairs Department than anywhere else.

Mr RIEBELING: Will the Minister explain why the Fremantle registry office was closed? I do not think it was because of the workload of that facility. Secondly, why are district registrars in regional areas no longer able to marry people, other than in exceptional circumstances? Although the service provided in the courts was not that flash - I remember doing them myself - it gave people a cheap alternative to the religious ceremonies.

Mr PRINCE: The Fremantle registry has been transferred to the Fremantle courthouse simply because of a significant reduction of work over a period. It would have been necessary to provide a registry in Fremantle once the port was established because of the large number of people in that area. Also, before the First World War and during the wars, Fremantle was a long way from Perth from a transport point of view. Today that is not the case.

With regard to the district registrars ceasing to perform civil marriages, there is now a plethora of civil marriage celebrants in society and virtually every community, and that was not the case even 20 years ago. It has been a mark of more recent times, particularly the past 10 years, and those who seek a non-religious service, who in the past went to the courthouse, these days are much more likely to use a civil celebrant who will marry them in more congenial surroundings than those of a courthouse. It can still be done where there is good reason.

Mr RIEBELING: I agree that marriages should end in courthouses rather than start in them. However, until recently the appointment of marriage celebrants in country areas was abysmal. I tried for three years to have one appointed in Karratha and originally when I made inquiries to the federal authorities, I was told that one had been appointed in Kalgoorlie. That is a great help to people who live 2 500 kilometres away in Karratha! The federal agency that controls civil celebrants was very reluctant and did not appoint any for two and a half years because a review was taking place. That review has now been completed. In the metropolitan area there are hundreds of celebrants, but that is not the case in the country. There are now two in the Karratha area and one in Port Hedland. These people are known in the area and have personalities which do not always match those of the people getting married. The Government is removing, for no apparent good reason, an option for people in country areas to use the registry office.

[5.20 pm]

Mr PRINCE: That is not correct. The member might be right in relation to individual examples; I do not dispute that. However, in country Western Australia - the south west, the wheatbelt, Esperance and Kalgoorlie - there is a significant number of civil marriage celebrants. I accept that in the member's part of the world there are few, but the registrar can still perform marriage ceremonies. I can still remember one day walking into the Albany court house with jury trials being conducted upstairs, the Supreme Court sitting in the Children's Court, the magistrate hearing the Children's Court in his office and the registrar marrying people in the corridor. That is not appropriate.

By and large, most people no longer go to the registry office to marry; that is a thing of the past. In places such as Karratha and Port Hedland, where the choice is very limited, there is no reason the registrar cannot continue to perform civil marriage ceremonies.

Mr RIEBELING: Is there a huge number of civil celebrants in places like Kununurra and Broome?

Mr PRINCE: I do not know.

Mr RIEBELING: Do the Minister's advisers know?

Mr PRINCE: The district registrars can continue to marry in exceptional circumstances. Surely they are exceptional circumstances when there is no civil marriage celebrant or for some reason people do not want to use the established celebrant. The reason for registrars having that capacity to marry people has largely passed or is passing.

Mr RIEBELING: It is removing a cheap option that some people would like to take up. Civil celebrants are in the business of making money from marriages. The celebrants appointed by the Government charge the fee to register the marriage; they make absolutely no money.

Mr PRINCE: I do not know that most civil marriage celebrants make a lot of money.

Mrs van de KLASHORST: I refer the Minister to page 513 and the information technology plan. How far has work on the online storage and access project progressed? What savings can be seen to be achieved by spending time, effort and money on this project? Have the clients, especially those in the rural and remote areas, benefited because much of this information is online? Why was it done? It was obviously expensive.

Mr PRINCE: The Registrar General's in-house computer system is 13 years old and is in urgent need of replacement and updating. It has very much restricted the office's ability to improve processes and expand the range of services offered to customers. That was recognised in a business plan prepared last year and a recommendation was made to review all office systems. That recommendation gave rise to the information technology plan, which is in final draft form.

Capital expenditure of \$451 000 is provided in the 1997-98 Budget for the development of a much better process. This updating will include a new registration system, obviously an upgrading of the technology infrastructure and greater utilisation of electronic commerce. It will take several years to implement and will apply across the State. It should therefore be able to provide vastly better access to everyone, not only those in the metropolitan area. Often problems arise in the country where people have difficulty obtaining a certified copy of a death certificate in a reasonable time after the date and registration of death. Anything that can speed up that turnaround is good, particularly when the previous system has been in service for 13 years.

Mr RIEBELING: Now that the Registrar General's records system is computerised -

Mr PRINCE: It has been computerised for 13 years. This program will completely update, renew and replace.

Mr RIEBELING: What benefits will accrue?

Mr PRINCE: It involves a hardware and software system that will allow much better access and the ability to service customer requirements that cannot be addressed at the moment.

Mr RIEBELING: Such as providing family trees and so on?

Mr PRINCE: Yes. That sort of interconnectivity is difficult now. It will also affect the turnaround.

Mr RIEBELING: Where are the records of the old Fremantle registry office stored?

Mr PRINCE: I imagine they are stored by the Registrar General's office because they are part of its records. If the member wants that information, I will provide it. I request that the question be put on notice.

Mr RIEBELING: I will ring the Registrar General and if there are problems I will ask the Minister again.

Mr PRINCE: So the member has not rung him already?

Mr RIEBELING: No, I have not, but the information came from someone who should know.

**Division 56: Commissioner for Equal Opportunity, \$1 605 000 -**

[Mr Sweetman, Chairman.]

[Mr Prince, Minister for Health.]

[Ms J. Williams, Commissioner.]

[Ms M. White, Manager, Conciliation.]

Mr RIEBELING: I am concerned about the allocation of funds for the financial year as summarised on pages 162 and 163. The information shows a reduction of \$140 000 in operating costs. Will the Minister explain the reduction and what services will be affected? How will savings be made? I note a retained revenue of \$60 000. Does that relate to lodgment fees? Is there a cost involved in accessing the commission?

Mr PRINCE: There is a reasonable and detailed explanation for what is an apparent reduction, but which is not. Ms Williams, the Commissioner, will provide that explanation.

[5.30 pm]

Ms WILLIAMS: Funding was reduced by the productivity savings and the electoral promises, and we were then hit by the federal productivity savings. We received \$42 000 for the enterprise bargaining agreement and \$13 000 for rent increases, and Treasury made a mistake last year of \$1 000. We also received \$94 000 from the Disability Services Commission for handling complaints under the Disability Services Act. Therefore, you need to do those subtractions and additions. That \$94 000 does not show up in the budget papers but comes through as a budget transfer. In addition, the \$60 000 of retained revenue is because we have been doing customised training for business on equal opportunity issues on a fee for service basis. We are earning that money and retaining that revenue.

Mr RIEBELING: Services and contracts appear to have been reduced by \$100 000 this financial year. What contracts or services have been reduced?

Ms WILLIAMS: Again, it is partly disguised by that \$94 000 that comes in as a budget transfer rather than showing up in the budget papers, so in real terms there has not been a cut in contracts and services.

Mr RIEBELING: You get that money from other agencies basically for services provided?

Ms WILLIAMS: Yes.

Mr RIEBELING: Is part of the funding agreement with the State that if you receive income from outside sources, your funding from the State is reduced accordingly?

Ms WILLIAMS: That is just the way Treasury accounts, as I understand it.

Mr PRINCE: Sounds right to me!

Mr RIEBELING: What is the workload of the commission? How many cases are completed in a year?

Ms WILLIAMS: There has been a steady increase in the number of complaints and inquiries that we receive. This year to date we are up to about 120 complaints, and we are nearly up to last year's level on inquiries. We always have a carryover from the previous year as well. Overall, it is a fairly steady increase.

Mr RIEBELING: I know you produced 18 reports. Is your workload increasing in a particular area?

Ms WILLIAMS: Yes. Racial discrimination complaints and inquiries have increased, sexual harassment complaints and inquiries have increased, and racial harassment complaints have increased by about a third.

Mr RIEBELING: Within what period?

Ms WILLIAMS: In the year to date.

Mrs van de KLASHORST: I refer to the first dot point at page 166. I congratulate you on reducing the time that is taken to attend to cases from 8.8 months to 6.8 months - that is a significant achievement - and also for increasing your clients' satisfaction with the time taken. The next dot point refers to the provision of customised training courses to large corporations, local government and small business. Are you using that as a revenue raising exercise to help defray costs?

Ms WILLIAMS: It has turned out that it has helped us with our budget position, but it was not our idea. It was a demand from, firstly, the mining sector, and its demand was so great that the only way we could meet it was to charge it to provide that service; and it has spread from the mining sector to nearly all other sectors, including local government and the public sector.

Mrs van de KLASHORST: You also liaise with special interest groups, obviously as a free service, but you charge larger companies to recover some of your costs. I would hate to think that special groups could be charged for these services.

Ms WILLIAMS: We try to balance the fee for service with what we call our community service and recognise it as being of equal importance.

Mr MCGOWAN: The commissioner mentioned an increase in inquiries and complaints in three categories: Sexual harassment, racial abuse and racial discrimination. What was the number of either inquiries or complaints in each of those categories, and what was the percentage increase?

Ms WILLIAMS: I have that information in graph form. It might be best if I sent it to you.

Mr PRINCE: It is in graph form under various headings. I assume that can be provided as supplementary information, and because a graph does not appear too well in *Hansard*, it probably should be reduced to a table of some description.

Mr MCGINTY: What was the approximate increase in the number of racial complaints or inquiries?

Ms WILLIAMS: The number of racial discrimination complaints increased from 61 to 129.

Mr PRINCE: That is complaints on the grounds of race. Complaints on the ground of racial harassment increased from 8 to 14.

Ms WILLIAMS: That is only to March this year.

Mr MCGINTY: In each case, that seems more like a 100 per cent increase than the figure the commissioner mentioned, which was 25 or 30 per cent.

Ms WILLIAMS: I said a third.

Mr McGINTY: It has increased to one-third of the complaints?

Ms WILLIAMS: An increase of one-third.

Mr McGINTY: An increase from 61 to 129 is not one-third.

Ms WILLIAMS: The reason I made that comment is that about 50 of those racial discrimination complaints in that increase from 61 to 129 were related to Homeswest, where there has been a particular community activity.

Mr McGINTY: The section 64 campaign? Have you categorised that as racial?

Ms WILLIAMS: Yes; that is included in the 129.

Mr McGINTY: Would that account significantly for the increase in racial complaints?

Mr PRINCE: Perhaps that should be shown as a subset of the question you are asking.

Ms WILLIAMS: My point was that by treating that as one category of complaints that has been peculiar to this year, there has been a one-third increase in racial discrimination complaints.

Mr McGINTY: Is that putting those complaints to one side?

Ms WILLIAMS: Yes.

Mr McGINTY: To what do you attribute that increase?

Ms WILLIAMS: I could say lots of things, but I prefer not to.

Mr McGINTY: Is it Pauline Hanson?

Mr PRINCE: That question calls for a good deal of speculation, unless officers of the commission have inquired of those who make the complaints whether there is a particular cause, as there was with regard to Homeswest, which was the section 64 campaign.

[5.40 pm]

Mr McGINTY: I would be amazed if there had not been some inquiry by the Equal Opportunity Commission to identify the reason for such a dramatic change in the number of these complaints coming to it. My question to the commissioner is whether such an inquiry has taken place.

Mr PRINCE: The commissioner is clearly unwilling to speculate.

Mr McGINTY: Is she?

Ms WILLIAMS: Yes. I would not speculate about it. I need to inquire into it.

Mr McGINTY: Has the commissioner caused that inquiry to take place?

Ms WILLIAMS: We are not at the end of the financial year. I might review it then. I just add that we are doing a special research inquiry into racism in the workplace, in both the public and private sectors, which is reported, but I am not quite sure where. A report will be released probably just before the end of the financial year. That is mentioned on page 165. We are concerned with the issue of racism and we are undertaking certain research projects; however, I suggest we wait until the end of this financial year. We might then be in a position to give a more informed answer.

Mr McGINTY: The commissioner has identified the Homeswest complaints, so I will put them to one side. There is a one-third increase in the racial area. Have any trends within that area emerged? Are the complaints to do with what has occurred in the workplace or are people saying that they have been harassed? Is any trend emerging through that fairly dramatic increase in the number of inquiries and complaints about race?

Ms WILLIAMS: No. They are mostly in relation to work. I suggest we will get a lot from sport, following the Australian Football League taking up the issue of racism in sport.

Mr McGINTY: Have any such complaints been received yet?

Ms WILLIAMS: Yes. Some of them have been to the tribunal in the past year or two. I expect an increase in those sorts of complaints. At the moment we are subject to negotiations with some of the major sporting clubs about training. They recognise the need to tackle the issue.

Mr McGINTY: It is interesting that the commissioner will speculate about the AFL, but not about Pauline Hanson.

Ms WILLIAMS: I am negotiating with clubs about the AFL; it is not speculation.

Mrs van de KLASHORST: How does the one-third increase this year compare with the increase in previous years?

Ms WILLIAMS: It is large, compared with previous years.

Mrs van de KLASHORST: Is it mainly to do with Aboriginal concerns? Has there been an increase in complaints from those of other nationalities?

Ms WILLIAMS: I prefer to provide that information by way of a supplementary answer. I must look at the figures.

Mr McGINTY: Will that be provided to all members of the committee?

Mrs van de KLASHORST: Every member receives a copy.

Mr PRINCE: As I understand it, supplementary information is provided in the *Hansard*, hence it is provided to every member. If it is not, I will get it to the member.

Mr GRILL: What capacity does the commission have to deal with disputed or defended complaints about the denial of opportunity?

Ms WILLIAMS: Can the member explain more clearly what he is after?

Mr GRILL: Let us say a complaint comes to the commission and it is disputed or defended by the person against whom the complaint is made. What capacity does the commissioner have to deal with that complaint?

Ms WILLIAMS: It is not a question of capacity; I am required to investigate the matter and try to conciliate it. If that conciliation fails, the matter then goes to the Equal Opportunity Tribunal either because I send it there; or if I decline to do that, saying that I do not think it has any substance, the person making the complaint can appeal my decision to the tribunal. The tribunal is quite separate from my office. If I refer the matter and the complainant requests it, I am then required under the Act to assist the complainant in the presentation of that person's case.

Mr GRILL: How many complaints have been referred to the tribunal by the commissioner in the past financial year?

Ms WILLIAMS: Again, I do not know as I do not have the figures in front of me. Perhaps there have been between 12 and 15.

Mr GRILL: In effect, the commissioner makes some sort of value judgment about the complaints before they go to the tribunal.

Ms WILLIAMS: Yes. I decide whether I think it is vexatious, misconceived or lacking in substance.

Mr GRILL: In the past financial year about 15 complaints have gone through that process.

Ms WILLIAMS: Yes, on my referral. Others have gone because the parties have appealed my declination.

Mr GRILL: What has been the success rate of those complaints?

Ms WILLIAMS: Again, I must get out the figures. It has been quite high, if success is defined by the fact that I have referred a complaint and the tribunal has confirmed my decision as one that should have been referred. I prefer to get the figures. On occasion new evidence has been brought forward at the tribunal hearing which has changed the complexion of the case. Of 60 appeals against my decision to decline a complaint, one was successful. In perhaps only one or two has there been a disagreement in the decision.

Mr GRILL: Is the Minister happy to provide that information by way of supplementary information?

Ms WILLIAMS: Yes, I will.

Mr PRINCE: Yes, certainly.

Mr MacLEAN: I refer to page 166, which states that negotiations have been held with the Commonwealth regarding cooperative arrangements. In the words of Pauline Hanson, please explain.

Ms WILLIAMS: If I could get people from the Commonwealth here, I might. Under a cooperative arrangement that has been in place for some years, I am an agent in Western Australia for the race discrimination commissioner and the sex discrimination commissioner. They have paid us to do that work in this State. I might add, we have not been paid to do racial discrimination or disability discrimination or human rights work. The Commonwealth is seeking

a new cooperative arrangement and it was very quick to send us a fax of its budget cuts, which are about 43 per cent over the next three years. I do not know at this stage the implications of that for our funding.

Mr MacLEAN: The Commonwealth is forecasting that it will not provide funding at the previous level.

Ms WILLIAMS: It has hinted that.

Mr RIEBELING: I have some concern about what appears to be an increase in the volume of work that is heading the way of the commissioner. There is an indication on page 166 that the commission has been successful in reducing the time it takes to process a claim by two months. If there is a 10 per cent to 12 per cent increase in the work, which appears to be the magnitude that the commissioner is looking at, what will be required to maintain those clearance rates?

Ms WILLIAMS: We are getting close to our limit of being able to absorb more work. We have improved our processes and have had some assistance in capital expenditure to be able to use computer programs in tracking and so forth. If the workload becomes heavier, it will be difficult to cope without increased staffing.

Mrs van de KLASHORST: What sort of increase has occurred in sexual harassment cases? Does the commissioner know whether any investigations have been undertaken along those lines?

Ms WILLIAMS: No. Again, I would be speculating. It has gone from 76 to 101 complaints in the first nine months to March this year. It has gone up by one-third again. Again, at the end of the financial year we will try to establish some of the reasons for that increase.

[5.50 pm]

Mrs van de KLASHORST: Is it a trend, or is it a large increase this year?

Ms WILLIAMS: They are fairly large increases this year.

Mrs van de KLASHORST: Do you attribute some of that increase to your educational programs in the community? Point 66 refers to the Equal Opportunity Commission's efforts to create a greater awareness of equal opportunity issues in the community.

Ms WILLIAMS: We may well find that; but it would be speculation. We have always undertaken community education; it is not new. The fact that we are being paid by companies to tailor-make their programs is new.

Mrs van de KLASHORST: What sort of percentage of the 110 cases result in recommendations to take action?

Ms WILLIAMS: Many of them are settled privately in conciliation.

Mrs van de KLASHORST: So you do not send many to the tribunal?

Ms WILLIAMS: No, they are our failures. Our successes are the ones we conciliate.

Mrs van de KLASHORST: What percentage is that?

Ms WILLIAMS: It is about 25 or 26 per cent. Many people drop out because they find the process difficult. The 25 per cent conciliation success rate is compatible with experience in other States. We keep an eye on what is happening elsewhere.

Mrs van de KLASHORST: Are they mostly women?

Ms WILLIAMS: About 99 per cent are women and 1 per cent are men. We do receive complaints from men.

**Division 58: Office of the Director of Public Prosecutions , \$9 221 000 -**

[Mr Sweetman, Chairman.]

[Mr Prince, Minister for Health.]

[Mr J. McKechnie, Director of Public Prosecutions.]

[Mr J. Plunkett, Executive Officer.]

Mr TRENORDEN: Recently there has been a fair amount of publicity on historic cases of sexual assaults. I am conscious of a few cases where people have been arrested but nothing further has happened. Is there a process within the DPP where more certainty will enable the DPP to take up those somewhat historic cases of sexual assault?

Mr PRINCE: The investigatory work for any charge, whether it be "old cases" of sexual assault or anything else, is a police matter. The police investigate and lay charges and do the arresting. It is only when the matter is brought to the indictable stage, if it is an indictable offence, that the DPP becomes involved. The DPP's office then reviews the strength and nature of the evidence capable of being presented in court. Further inquiries may be made by the police. If the DPP's office comes to the conclusion that the case is of insufficient strength to bring a prosecution to success, it does not proceed.

Mr TRENORDEN: Is the problem with the weight of information or evidence being insufficient in the light of the amount of time that has passed? Some of the newspaper reports have indicated that cases were not progressed because of the age of the events.

Mr McKECHNIE: Age is never a consideration with prosecuting cases. We have prosecuted cases from as far back as 1947; nonetheless time can affect the strength of the case.

Mr TRENORDEN: It is not a singular issue.

Mr McKECHNIE: No.

Mr GRILL: The budget estimate of the Office of the Director of Public Prosecutions appears to have decreased by about \$600 000 or \$700 000. The number of FTEs is to increase by about 10 per cent. The allocation for services and contracts in the forthcoming year appears to be reduced by about \$1m. Does that indicate that the DPP is contracting out less work? Does he intend to pursue that policy in future? What is the reason for the decrease?

Mr PRINCE: The reduction is mostly in relation to the Rothwells prosecutions division and the royal commission prosecutions division being substantially wound down between 1996 and 1997. The major Rothwells conspiracy trial finished in December 1996. It should be closed as a division by the end of 1997 subject to the appeal Mr Carter has brought. Liaison with the Australian Securities Commission will be required for the document bureau to be dealt with. Some funds are allocated to finalise appeals. However, the principal reason for the reduction is that that large case load has come to an end.

Mr GRILL: Is that the reason for the reduction in the allocation for services and contracts?

Mr PRINCE: As far as I am aware that is the only reason.

Mr GRILL: Obviously the DPP is not contemplating a decrease in work because the number of FTEs will increase substantially.

I am intrigued by what powers of investigation the DPP has. Does he have the power of investigation and does he exercise it? What is his relationship with the other agencies he mentions under point 1 at page 262, particularly the police? Does he initiate investigations through his relationship with the Police Force? The budget statements refer to the fact that he has cooperation with a range of other agencies to improve the effectiveness of the criminal justice system.

Mr McKECHNIE: The DPP does not have investigative powers as such under the Act. He may cause investigations into matters. The police consult with the DPP as and when they consider they require legal advice or advice as to prosecution. That advice is given to them. Cooperation with a range of other agencies includes of course people at either end, the police from whom our work comes and the courts to whom our work goes. It is part of the whole criminal justice system.

Mr GRILL: Do I conclude from that that the DPP's office initiates investigations through the Police Force where it considers it appropriate?

Mr McKECHNIE: Under, I think, section 21 of the Act, if the DPP has reasonable cause to suspect an offence may have been committed, he can ask for an investigation of that matter or that information be supplied. That information shall be supplied notwithstanding any other law.

Mr GRILL: Allegations from the Anti-Corruption Commission have come here in the past and the DPP has been publicly critical of that office. To what degree are complaints coming forward from that office now?

Mr McKECHNIE: I am about 95 per cent sure that we have not received any this year from that body.

*Sitting suspended from 6.00 to 7.00 pm*

**Division 60: Culture and the Arts, \$65 982 000 -**

[Mr Johnson, Chairman.]

[Mrs Edwardes, Minister for the Environment.]

[Dr W.J. Cox, Chairman, Implementation Committee, Arts WA.]

[Dr M. Seares, Executive Director, Department of the Arts.]

[Dr D.L. Allen, Chief Executive Officer and State Librarian, Library Board of WA.]

[Mr A.F. Bennett, Manager, Finance and Building Services, Library Board of WA.]

[Mr K. Lord, Director, Corporate Services, Art Gallery of WA.]

[Mr G.E. Dufour, Director, Curatorial Programs, Art Gallery of WA.]

[Ms D. Allanson, Chief Executive Officer, Screen West.]

[Mr N. Mayman, Director, Corporate and Planning Services, Department for the Arts.]

[Mr L.C. Henry, Director, Finance and Administration, Perth Theatre Trust.]

[Mr S. Dawkins, General Manager, Perth Theatre Trust.]

[Mr G.E. Dufour, Director, Curatorial Programs, Art Gallery of WA.]

[Mr S. Praxl, Manager, Corporate Services, WA Museum.]

Ms McHALE: Will the Minister provide a general overview of how the 1996-97 Budget is panning out? Are there any areas of overspending or underspending?

Dr SEARES: Are you referring to the entire portfolio?

Ms McHALE: I am referring to each agency at the moment, because that is the way the budget is constructed.

Dr SEARES: For the Department for the Arts the budget outcomes should be very much as anticipated. As you will be aware, there has been some downturn in the Lotteries' income funding but we are making adjustments for that. I am also representing the Directors of the Museum and the Art Gallery, but I will ask the finance managers to answer the question.

Mr LORD: The Art Gallery is expected to continue as detailed in the budget papers for the rest of the year.

Mr PRAXL: The Museum is in a similar situation and will come in on target. There has been little variation.

Ms McHALE: Can you describe that variation?

Mr PRAXL: There have been some whole of government reductions, I think of 1 per cent, and that must be considered as an outturn. Expenditure will be somewhat less than at the beginning of the year.

Ms McHALE: Are you saying that it will be 1 per cent less than the estimates for 1996-97?

Mr PRAXL: The outturn will be, yes.

Mr HENRY: Our outturn will be more than originally envisaged in the budget because His Majesty's Theatre has been dark for more weeks than originally anticipated.

Dr ALLEN: The Library Board situation is similar to the others. We expect to be on target, although we have had a productivity saving which applied during the year, and we always have a variable in relation to book ordering because it is impossible to forecast exactly the turnout on 30 June. But we expect to be on target.

[7.10 pm]

Ms ALLANSON: Screen West anticipates being on target with a slight surplus in its marketing area, which is looking at marketing initiatives.

Ms McHALE: In this Budget we have the new ministry. It is somewhat difficult to compare the Budget from 1996-97 to 1997-98 because we are not comparing like with like. Therefore, will the Minister provide a bird's eye view of the structure of the 1997-98 Budget from a comparative point of view and how the appropriations have been put together?

Dr COX: I refer the member to page 225 of the Budget Statements. The Budget has been constructed on a like for like basis, but in the new format. In other words, rather than seeing the individual agencies, we now see a proposed program structure and a subprogram structure for the new ministry. The first table at the top of page 225 shows the



estimated actuals for 1996-97; that is, the estimated outcomes for the new ministry in the new format. The left hand side of the same table indicates the associated FTEs that go with that. For comparative purposes, on the right hand side the statements include the estimated FTEs and the estimated dollars for 1997-98. We have proposed one main program for the new ministry - cultural development and access. We proposed four subprograms - Western Australia's heritage, access services, cultural industry development and public policy. If we add those and take away the proposed revenue or income provided by each of the service agencies, we get a net for recurrent services. The direct comparison is \$60.851m for 1996-97 and \$59.429m for 1997-98. The capital comparison sits underneath that in the statements; that is, \$17.396m versus \$6.553m.

Ms McHALE: I understand that table clearly. My point was more the difficulty with looking at the individual agencies in 1996-97 and making sense of the Budget. Perhaps that is not a question you can answer. I can see the global figures for 1996-97, but currently they are separated into the five agencies. I wanted to look at the appropriation for those agencies and roughly compare it with the figures for 1997-98. For instance, if X million dollars was allocated to Arts WA and X hundred thousand dollars was allocated to the Perth Theatre Trust in 1996-97, I want to know what the allocations are for those services in 1997-98, even though they do not exist as independent authorities. Can that question be answered?

Dr COX: I will provide a general answer and then provide the specific answer to a question on notice, if the member wishes. The recurrent budget for each of those statutory authorities is directly comparable with the resource allocation to those agencies in 1997-98, with the exception of the corporate service component that will be taken out of the budgets of the statutory authorities and administered centrally. If we compare apples with apples, the resource allocation on the recurrent side of the equation is comparable, with the exception of the efficiency dividends that have been introduced by government.

Ms McHALE: Are you saying that if I go back to the 1996-97 estimates and take off the amount for corporate services, that figure, less the productivity savings you are talking about, will be the allocation to the authorities?

Dr COX: In approximate terms that would be exactly what you would find.

Ms WARNOCK: I go directly to a simple comparison in expenditure between the 1996-97 and 1997-98 Budgets. It is mentioned on pages 225 and 228; roughly \$78m in one case and roughly \$65m in another. What is the reason for that discrepancy? I believe it is in capital spending. Also, for the layman, what is the difference between a department and a ministry?

Dr SEARES: I refer the member to the devolution of the miscellaneous services division on page 225 and, in particular, to the allocation to the Mandurah Cultural Centre of \$10.4m. That money was held in Treasury's miscellaneous services division. During the current financial year Treasury decided to devolve various aspects in that division out to the relevant departments; that is, to devolve the Mandurah Cultural Centre out to the Department for the Arts. That, together with the smaller amounts, and amounts such as the 1 per cent dividend which we have all heard of, accounts for the difference in those figures.

Dr COX: I will give a somewhat circular answer to the second part of the question, but I will answer the question. The community will see ongoing services provided by a number of capable service agencies. The public will see service quality and, it is hoped, improved service quality. That gets back to the issue: Why have a ministry versus a series of statutory agencies and a department? It is to ensure we maximise the benefits offered by those cultural institutions by economising on corporate services. That is more easily done if it is structured as either a large department or, preferably, a coordinating umbrella called a ministry. The emphasis in a ministry-type concept is much more on coordination than on every agency being part of a larger department and being called a division.

To take it a step further, the vision for the ministry is about providing improved services; to fund those services through savings in improved corporate service delivery; and for the savings from improvements in the efficiency of delivery of corporate services to be put back into productive elements called services to customers. Within the framework it is envisaged that the ministry will undertake contracts with the service agencies to have the agencies deliver the services to the public. It is an internal contractual arrangement between the buyer, the ministry, and the service provider - each of those institutions that currently operates independently, but in future will operate under the umbrella of a ministry. I think I share your difficulties. People on the street do not want to know about the differences between the ministry and the department; they want to know whether services will be provided and the answer to that is, yes they will.

[7.20 pm]

Ms McHALE: During last year's Estimates Committee, the CEO of the Department for the Arts informed the committee that a council of chief executive officers had been formed to look at ways the portfolio could operate as

an entity while maintaining the independence of each department. What has happened in the last 12 months to deviate from that point of view?

Dr COX: The Arts portfolio has been quite innovative in recognising opportunities to improve the efficiency of its corporate service. It has done that by establishing a finance service bureau collectively owned by the agencies. It is located in the Library and Information Service of WA, which has responsibility for providing that service to the agencies in the portfolio. This was an opportunity to achieve economies of scale rather than have each agency providing its own financial service. The bureau was established to operate effectively to provide a service to all portfolio agencies. We are now talking about going one step further. The CEOs, when they had their portfolio council, recognised an opportunity to cooperate to achieve economies of scale and natural symbiosis so people may work to achieve a better outcome, rather than working individually. This included working together on other initiatives such as marketing.

My summation of the last 12 months is that officers have worked together to establish a framework which is now the basis for the established ministry. It has been very successful in providing improved corporate services. I hope that when the ministry is up and running, it will improve services to the component agencies and provide a better total package to the community at large.

Mrs EDWARDES: For the member's information, the ministry was formed today and Dr Cox is the acting director general as from today.

Ms McHALE: Notwithstanding that the House has not discussed the legislation yet.

Dr COX: The ministry has been established under the Public Sector Management Act, under which it is possible to establish ministries and departments of government. However, the ministry cannot operate in its full model until legislation has been passed, and the proposed Bill will be introduced into Parliament in the spring session.

Ms McHALE: Nine FTEs were allocated to corporate services in 1996-97 and nine FTEs are outlined for 1997-98 although the allocation has decreased from \$605 000 to \$525 000. Will the Minister explain to the committee whether it is intended to retain the FTEs? If so, why are they costing less than they did in the previous financial year? If the idea was to have more efficient corporate services, I would have expected in theory to see some variation, not necessarily downwards, in the FTEs allocated to corporate services. I would like some demonstrated support of the rhetoric about more efficiency in corporate services.

Dr COX: With the Minister's concurrence, for the second part of the question I will hand over to Mr Mayman to detail. The ministry was established today and we are currently undertaking the detailed planning to structure that ministry. This was occurring at the time the forward estimates were put in place, and they have been further refined. Planning to date by the corporate executive of the proposed ministry has put together a plan to result in fewer resources being allocated to corporate services in the overall ministry in its various compartments. The end product will be that the corporate support group within the ministry will have fewer resources than currently within its total parts. That is the part to be delivered on.

Mr MAYMAN: That line item relates solely to the corporate service of the current Department for the Arts. When the estimate was put together, it was not possible to have a title "portfolio corporate structure service". The current nine FTEs will form part of the new corporate structure, but will not comprise all of it.

Ms WARNOCK: The bottom of page 228 refers to the "faster development of electronic communication networks offering many opportunities for delivering services". What has been done to develop those networks? I seem to recall we talked about this point last year. What has happened in that area during the year?

Dr ALLEN: I will respond on behalf of the Library Board first and pick up on any further clarification. The last two years have seen the implementation of a major computer system over a three year period with a capital injection of \$2.4m. Our collections are now on the Internet. We are developing some new media products, one of which is to go on the Internet. We are looking to develop it further in cooperation with ministry partners, and the budget has an allowance of \$200 000 to connect regional libraries to the Internet. We have made an application to the Federal Government for an additional \$200 000 matching funding under a program Senator Alston is running. We plan to get 11 regional libraries throughout the State on the network so all ministry services can be delivered through the network.

Ms WARNOCK: The top of page 229 refers, I assume, to the cultural tourism program, the launch of which I attended some months ago. It states -

The leisure and recreation industry is one of the fastest growing sectors in the Australian economy. The Ministry is in a position to support this development in Western Australia.

What do you mean by that, other than making a nice noise? I agree that the ministry should be in a position to support that intention, but what will happen for the benefit of us all in that area?

Dr SEARES: You mentioned cultural tourism, and this is one of a number of industry support programs. Although they have been running out of the Department for the Arts, they have already had portfolio-wide significance. One was regional cultural planning as we have a regional service group operating throughout the portfolio to develop the arts and entertainment services going to regional areas. It refers here to a number of industry-wide programs which do not remain within the confines of one agency but pertain to all of us. We will receive faster development by virtue of having one or two officers coordinating their work within the industry and the totality of the agencies within the industry.

Ms McHALE: My next question relates to the last one I asked, which may have been a little garbled. I am trying to compare this year's and last year's Budgets. As shadow minister for the Arts, if I am asked how much the Art Gallery or the Museum will receive in 1997-98, how do I answer that question?

[7.30 pm]

Dr COX: The current income is broadly the same as last year, with a reduction of 1 per cent for the efficiency dividend which applies to all agencies. The member asked whether we could obtain that information from the estimates papers. We cannot, because the estimates papers are being produced in the new program format. There is an indication that the information can be provided in the format the member requires.

Ms McHALE: The budget for 1997-98 is not in the functional structure but in the programs, and the five agencies which will still exist, albeit under a new ministry, will all form bits and pieces of those four programs?

Dr COX: That is a very good summary, in the sense that each agency delivers outputs in support of an outcome. Those outcomes are associated with the programs that are summarised on page 225 and other pages in the budget papers. Therefore, each agency contributes its output to the desired outcomes and outputs delivered by the ministry in totality.

Ms McHALE: Does the Minister see a difficulty in the fact that we basically have a matrix, as it were, with five agencies still existing but four programs? Does the Minister see any difficulties in the ultimate accountability of performance and output or financial accountability in having a budget structure while five agencies are still in existence?

Mrs EDWARDES: No, not at all.

Dr COX: If I may elaborate on that, we are changing to accountability for outputs rather than accountability for specific component outputs by specific agencies. I argue that that is accountability at a higher level. Ultimately, if we start thinking about the functions and purpose of the new ministry, we are starting to hold the new ministry to account for the total outputs delivered by the agencies within the new ministry, in support of the outcomes that the Government espouses on behalf of the community. I argue therefore that we will have a higher level of accountability for those outputs and outcomes. Financial accountability is simpler, in the sense that in the future, Parliament and the Government can hold a single ministry to account for its management of the resources allocated to it. In turn, the ministry must hold its component parts to account for the outputs they contribute to the total outputs of the ministry and for the allocation and use of the resources that are allocated to those component service agencies that make up the ministry. Of course, that accountability will be very much managed through service agreements between the ministry and the service agency, which will specify the outcomes to be produced by the service agency in support of the higher level of output for the ministry. One of the underpinning concepts of modern management is increased accountability and not reduced accountability.

Mrs van de KLASHORST: On page 232 the third major achievements dot point refers to facilitating an Aboriginal cultural awareness training program across the Arts portfolio and reassessing the Arts portfolio support for Aboriginal cultural activities. I had the privilege to travel to Warburton to look at the wonderful cultural arts program involving glass and painting. It is a trial which has been running for a while. Is there a plan to continue that through other Aboriginal communities throughout Western Australia, or is it just a one-off?

Dr SEARES: The cultural awareness training program was organised for staff within the portfolio. As to the support for Aboriginal cultural activities, the Minister in the last financial year allocated some funding to the Broome Aboriginal cultural centre. This year we will travel to Geraldton to do the same. A new centre is just about to take off there. The planning stage is finished and it has support from the mid west region, the community centre and the council in Geraldton. It will be taking place within the next four weeks. In the 1997-98 financial year I believe that we will be looking at Warburton again because the centre there is getting near to fruition. We are working with four other government agencies - Planning, Transport, Tourism and Aboriginal Affairs - to support the Aboriginal

Advancement Council with its proposed Aboriginal cultural centre in Northbridge. We expect that to come very much to the fore at the end of this financial year or in 1998-99. We are supporting the council by approaches to the Federal Government as well as the State Government.

Mrs van de KLASHORST: When I went to Warburton I was involved in the prevention of domestic violence. Are the programs that we are setting up through Arts giving not just an art outcome but also an outcome in positive social terms? Is that the main objective?

Dr SEARES: Yes, very much so. I should mention one other program in this context. The Department for the Arts and the Ministry of Justice have combined on a program called "Young Black and Deadly" which is taking place through the prisons. It involves one of our Aboriginal arts companies known as Yirra Yaakin going into the prisons and working with young offenders or young at-risk Aboriginal youth in the rock industry. They train them as rock bands, record their music, take the music, sign young people up as members of the Australian Performing Rights Association and take the tapes to the Aboriginal radio station. They have the recordings played there and have their friends ring up with requests for them to be played many times so that the young performers receive payments through APRA. It has a great deal to do with their self-esteem and their recognition among their peers. It appears to be having some singular success.

One of the bands won one of the competitions run by the West Australian Music Industry Associates, which is the rock industry service organisation. We understand that one young man who was in that program was given a good behaviour bond as opposed to a sentence on the basis of the work that he was putting into that program. We have been very alert to the fact that we can see a number of ways in which the arts can be used for more than just their end point, as the member has said.

Ms WARNOCK: I am very pleased to hear about that initiative in Northbridge. I will certainly be prepared to support the ministry in its approaches to Canberra about that. As I recall, it was the first Aboriginal owned public property in Perth from the 1950s. The Aboriginal Advancement Council is a very important cultural centre. I am also concerned about the Perth cultural centre, which is right smack in the middle of the Perth electorate. What is happening about the Perth cultural centre program? Like many other people, I put in a submission about it. I am very interested to see what is happening about the capital works and what progress has been made in securing the involvement of the City of Perth in the centre. We heard all about it a couple of years ago and we have been waiting ever since to see what will happen.

Dr SEARES: As we speak the Perth City Council may be dealing with the issue. Stage one of the redevelopment is very soon to be launched. One of the benefits of the new structure of the ministry is that we will be able to coordinate our work possibly more easily in this area. Nick Mayman is facilitating the cultural centre redevelopment committee.

Mr MAYMAN: I am not quite sure how much detail the member would like. In summary, the first project we have is the relocation of the entry to the library car park to the other side of the building in Francis Street. This has a number of advantages, one of which is that it stops vehicles going into that entry of the cultural centre. It frees up land next to the entry that can be redeveloped. At the moment it is quite unsightly and unsafe. The shops to the north of the James Street area can also be redeveloped. That project is being carried out in conjunction with the City of Perth. As Dr Seares has indicated, I have my fingers crossed that the City of Perth will actually approve the project at its next council meeting. The second project that could come out of that is upgrading the area between the PICA Building and Arts House which, again, is unsightly and a security problem. That would also be done in conjunction with the City of Perth. Funding for that project must be negotiated.

[7.40 pm]

Mr MacLEAN: Will the new Arts House in King Street replace the gallery at the Perth railway station? How successful has that gallery been in promoting local artists?

Dr SEARES: Murray Street Arts House in King Street will be Craftwest, which is the institution in the railway centre the member referred to. By moving to the new Arts House, Craftwest will have much greater exposure to the general population as they pass Murray and King Streets. The building has full length windows opening onto Murray Street and Craftwest's gallery and shop will be located there. Craftwest has been successful in its promotion of Western Australian crafts. It is looking forward to the move, because it will enable Craftwest to attract more business and therefore attract the funding to add more staff. It is doing well as a major representative of Western Australian crafts. One of its big issues has been the Premier's gift award. That has been of particular importance and significant benefit to it.

Mr McGINTY: The last dot point on page 241 relates to the Western Australian Museum and in particular to the maritime history museum. Has the site of the proposed maritime history museum to house *Australia II* and HMAS *Ovens* been determined?

Dr SEARES: It has not been finalised.

Mr McGINTY: When do you expect it will be?

Dr SEARES: I hope within the next two months.

Mr McGINTY: When will the submarine become available? It is my understanding it is 1 July, which is six weeks away.

Mrs EDWARDES: We will provide that information in detail.

Mr McGINTY: I am particularly interested in the final location. Everyone is talking about Victoria Quay west of the existing Port Authority building. That could impact on the existing lessees, which would cause some concern.

Mrs EDWARDES: It is not within my briefing notes, so I will provide that by way of supplementary information.

Mr McGINTY: The final point on that page relates to the construction of the new Geraldton Museum.

Dr SEARES: The Mid West Development Commission in Geraldton has provided funding for the feasibility study for the new museum. General community support exists for that, so the planning phase is now taking place. We anticipate that over the next five years that redevelopment will be completed.

Mr McGINTY: Planning will be completed over five years?

Dr SEARES: The planning and I hope the development of the museum. It will be a new museum in a different position from the present location.

Mr McGINTY: Is it still proposed to fragment the *Batavia* exhibition by taking the portico away from the exhibition in Fremantle and relocating that in Geraldton?

Dr SEARES: The proposal is to provide a replica portico to Fremantle and take the original to Geraldton. It is being negotiated between the Geraldton Museum and the Maritime Museum.

Mrs van de KLASHORST: On page 232 a major achievement is the consolidation of art and urban renewal strategies by facilitating the contracting of 30 new public art programs. Can the Minister assure me these will not all be located in Perth, but also in the outer metropolitan and country areas? One tends to find that these things occur in the centre of Perth, and I represent a large outer metropolitan area.

Dr SEARES: We will provide the details of the 30 projects. However, I know they include government constructions in the outer metropolitan area, the south west, and the far north. The project is by no means limited to the metropolitan region. I will provide the member with the exact details.

Ms McHALE: The table on page 231 relates to the program of cultural development and access. Will the Minister explain the reduction in the funding for arts industry development from \$25.7m in 1996-97 to \$15.5m in 1997-98?

Mr MAYMAN: The capital works for the Mandurah Cultural Centre have been distributed through the program and on that table it is \$10.4m.

Dr TURNBULL: The 30 new public art projects are listed as a major achievement for 1996-97, so those have been done. Is that a continuing program, and where do artists apply?

Dr SEARES: This is an ongoing program which is facilitated through Contract and Management Services. It relates to any new government building costing above \$2m. Each time such a building comes onto the projections stage a letter goes from the Minister for the Arts to the relevant Minister pointing out the desirability of becoming involved in this scheme. The idea is that a percentage of the total of the building costs is allocated to public art; it is not extra money, but perhaps shaved off carpeting or whatever. CAMS has a list of artists. CAMS liaises with the Artists Foundation of Fremantle, to which that aspect of the public art program has been devolved from the Department for the Arts. The Artists Foundation has a complete list of Western Australian artists, sculptors and so forth. It draws upon that list in communication with CAMS.

Dr TURNBULL: Page 232 refers to the outsourcing of the management of the community arts network. I do not notice anywhere an assessment of the community arts network in managing community arts funding, nor how much money is in the department's community arts funding program.

Dr SEARES: That has been negotiated this financial year but the full outcomes will not be seen until the 1997-98 financial year. The community arts network has had a strong renaissance in management over the past few years. A clear vote of confidence was given to CAN when it picked up nearly 23 per cent of the Australia Council's community arts funding in the last round which was allocated about three months ago. Arts WA is committed to evaluating any outsourced program on a routine basis.

Dr TURNBULL: How much money has been allocated to that program for 1997-98?

[7.50 pm]

Mr MAYMAN: My estimate is that it is in the order of \$215 000. If the member would like the exact figure, I will obtain it for her.

Dr TURNBULL: The estimate is sufficient.

Mr MCGINTY: Reference was made in the introductory budgetary description to the cost overruns at His Majesty's Theatre. Will the Minister describe in detail the cause and extent of the cost overruns and how they will be met?

Mrs EDWARDES: I will ask Mr Dawkins to answer the question.

Mr DAWKINS: The issue is not one of overruns in cost, but the income we predict will come from a series of hirers, including local hirers, to cover the cost of managing His Majesty's Theatre. The estimates were inaccurate to the extent that some of the events did not take place. In the year under question a number of local companies did not complete their planned program, although they probably fulfilled their obligations. We presented some events which failed to meet their budget.

Mr MCGINTY: Can you be more specific about the productions you are referring to?

Mr DAWKINS: During that year we presented with the Black Swan Theatre Company Ltd a program of theatre called the "Perth Theatre Season". One of those productions failed to achieve its target, and I refer to the show "Heretic" by David Williamson. In general, the shortfall in the number of vacancies which occurred during that year was the major problem with His Majesty's.

Mr MCGINTY: I described it incorrectly as overspending. What is the extent of the shortfall in income?

Mr DAWKINS: We applied for supplementary funding of \$600 000, which entails a number of items including a consultancy fee of \$100 000 relating to the outsourcing of BOCS. We also included in the request a number of items of capital equipment which were considered "drop dead" in terms of the importance of the proper functioning of the theatre.

Mr MCGINTY: The last dot point on page 240 of the Budget Statements refers to identifying a range of options for the future operations of the BOCS ticketing service. On page 247 it states that the preferred option has been identified and the department is currently looking at implementing a strategy. What is the department's preferred option with BOCS?

Mr DAWKINS: Some two months ago the Minister announced that he had agreed with the strategy of offering the management of BOCS to the private sector. That recommendation came from a study which we did with the help of consultants. The implementation of that strategy is being bound up with a further study of other elements of the department's activities which are also being investigated for management by the private sector. Therefore, the implementation of that strategy will take place in the coming financial year.

Mr MCGINTY: In the lead-up to the 1993 election great prominence was placed on the construction of a 2 000 seat theatre in Northbridge. It seems to have withered on the vine. Is that a fair assessment or is it still a live proposal?

Mr DAWKINS: I understand that the investigation by the Government which has taken place over some time has shown some support for the need for such a facility. I also understand that the opportunity for private sector provision of that particular venue is being encouraged. It may take place in a form other than by direct capital support from government.

Mr MCGINTY: Therefore, the Government is getting out of it?

Mr DAWKINS: I do not think it was ever in it.

Mrs EDWARDES: I think Mr Dawkins is saying that the Government may not need to be involved in it.

Mr MCGINTY: The election commitment has gone.

Ms WARNOCK: I refer to the third dot point on page 233 of the Budget Statements, which refers to the establishment of a Perth-based campus for the Institute of Aboriginal Culture. Is that the project which was referred to in discussion on the old Aboriginal Advancement Council, or is it another matter altogether?

Dr SEARES: It is the Aboriginal Advancement Council.

Ms WARNOCK: I raised with Dr Seares in the last 12 months the fact that the idea of an Aboriginal cultural centre in Perth had been discussed unsuccessfully for some years. The idea, which I support, is to have a series of campuses throughout the State. Reference has already been made to the campus in Broome which was funded in the last financial year, developments in Geraldton and the Perth-based campus. What is the future for the idea of different campuses for Aboriginal arts throughout the State?

Dr SEARES: The pattern has been that progressively, as it has become known within the Aboriginal communities that these centres are developing, they have approached us rather than us trying to engineer something which may not be what that community wants. We believe we will be approached about a centre in the south west as soon as we have finished with the Warburton and Perth projects. It is an organic process in that they have come to us when they feel ready or able to do something with state support which they feel will be meaningful. We have been incredibly impressed with exactly how far they have gone before they feel they need to go that further step. With the exception of Perth - we believe it is important to have something in the capital city - we have made it known that there is an ongoing program of support. People have approached us on that basis.

Mrs van de KLASHORST: I refer to the State Library Board. Having been a teacher librarian I am pleased at the trend towards high school library facilities being shared with the local community, which is what will happen with the library being built in Bullsbrook. Will this be general policy throughout the State?

[8.00 pm]

Mrs EDWARDES: Obviously, shared facilities are something that Governments have been working towards for some time now. It is pleasing that there has been some achievement in that regard.

Dr ALLEN: There has been a number of joint use libraries, including with the TAFE sector. Karratha and Port Hedland are very successful. We are also negotiating with universities about sharing with them. The time is right to look at joint use facilities. A couple of working parties are looking at how to make that work. The main driver is that everybody needs a computer system and many small libraries cannot afford them. We want to do more of the same. I have already had fairly extensive discussions with the chief executives of the Education Department and the Department of Training and they are enthusiastic also.

Mrs van de KLASHORST: You are preparing and implementing a five year plan to provide extra services to libraries, which will be 40 000 volumes next year. Will this meet the need? I remember when we first came into government, libraries were in a dreadful state. I made a speech in Parliament asking for extra library funding for borrowers. Are we meeting the need statewide? Are we catching up?

Dr ALLEN: This outcome is a particularly pleasing one in this financial year because as the member rightly pointed out, for several years we were struggling to maintain existing systems. Provided the funding continues, this will be the first year that we will be able to put these 40 000 new volumes into new and expanded libraries. It is hard to say whether, over the five years, that will meet the population growth because that is hard to predict. However, we are travelling fairly well at the moment, although people will always want more books.

Dr TURNBULL: There has been a long debate about a joint library facility between the Donnybrook High School and the shire. My understanding is that discussions are taking place between the shire and the Education Department. Under joint facilities, does the library allocation fund anything to do with the buildings, or does it fund only books and computer equipment in the library?

Dr ALLEN: When we have a partnership with local government for a straight public library system, we provide the resources, the catalogue records and the training consultancy standards - that kind of thing. Local government provides the building, staff and computer systems. When we go into joint arrangements we continue to provide the same things. However, the arrangement between the shire and the Education Department is different in terms of capital expenditure and computer systems. Interesting negotiations must take place over those. Typically, collections come from the Education Department and the State Government and discussions go on about common computer systems, shared staffing and opening hours and the collections tend to become integrated.

Dr TURNBULL: Do you have any input into priorities? Do you have any say on which areas get the joint facility?

Dr ALLEN: If I understand the question, the member is asking about how we distribute the available resources in relation to demand. We have standards; for example, we try to meet 1.25 items of stock per head of population. We divert our resources into places that, perhaps due to population growth, are getting below that 1.25 figure.

Dr TURNBULL: I was referring more to the decisions relating to which towns would get the funding for the joint facility when there is only enough money to do two or three in a year and there are seven or eight applications.

Dr ALLEN: The dash under the first dot point on page 232 refers to a five year development plan. That contains decisions about who gets where on the list. The selection criteria include whether another library is close by, whether it is being serviced by a mobile, or whether there is nothing at all. Those selection criteria attempt to put resources into areas of greatest need.

Ms McHALE: My question is somewhat hypothetical; however, it is germane to many concerns of the arts community. What would happen if under the new budget structure another agency like the Perth Theatre Trust experienced a similar overrun or downturn in income? The Perth Theatre Trust has gone to Cabinet to ask for \$600 000. Under the new ministry, what is likely to happen if a similar incident occurs?

Mrs EDWARDES: It is difficult to answer a hypothetical question along those lines. The idea of bringing the ministry together is not to downsize. While some of that may be occurring within corporate services - that is one of the advantages of bringing the ministry together - any savings will go back into service delivery. If the Perth Theatre Trust experienced difficulty through circumstances beyond its control, that would be considered favourably by the Treasury Department. Therefore, it is not expected that other agencies within the ministry are likely to have to give up some of their funds from their service delivery to support the other agency.

Ms McHALE: What safeguards will be put in place to ensure that very thing does not happen, particularly with grants money to non-government agencies through Arts WA?

Dr COX: It is fair to say the same safeguards exist. Currently, an allocation mechanism is in place from Parliament to individual agencies. Government makes its judgment about how it wants to allocate resources. A number of the arts agency groups have asked me whether they would be at risk if another agency overspent. We have assured them that the current commitment by government to the arts community will be maintained using exactly the same mechanisms that exist. They are at no more risk from the establishment of a ministry structure than they were through the operations of the current framework in the Arts portfolio.

Ms McHALE: What is the current commitment by the Government to those agencies?

Dr COX: The arts agencies have three-year agreements and those three-year agreements are like a legal commitment to fund for that time.

Dr SEARES: We are using the term "arts agencies" to apply to the arts organisations, which we fund. There are, I think, 21 on triennial contracts. The intention is that they will be ongoing contracts unless there is a major dramatic issue. Aside from that, the money that comes to the Department for the Arts from the Lotteries Commission goes into the lotteries trust account and its expenditure is governed by the Act, which says it must be expended in the way it is being expended now.

I know there are concerns within the arts community that the money may disappear into other areas, but we are dealing with not only the procedures in our department but also those under the Lotteries Act.

[8.10 pm]

Mr MacLEAN: My question relates to the library service. What liaison takes place between the Library Board and local government regarding provision of new services, especially in areas with rapid population growth?

Dr ALLEN: There is a multiplicity, but in terms of funding new service points or brand new libraries, the board calls annually for submissions from local government authorities indicating whether they plan to build any new service points and anticipates a certain need. The Library Board tries to plan accordingly.

Mr MacLEAN: The new Joondalup library seems to have stymied growth in all other libraries in the northern suburbs and there could be a situation where a library building has no books.

Dr ALLEN: That is not the case; the new Joondalup library is expected to open with its full complement of books.

Mr MacLEAN: I agree; but because the Joondalup library will open with its full complement, there is a danger that one of the other new libraries may not have enough books.



Dr ALLEN: The City of Wanneroo chose to build such a single large library. It could have built five or six smaller libraries. Therefore a wide region is being served by the large library, and it will certainly have electronic and reference services that a large library can deliver but smaller libraries cannot. I understand the City of Wanneroo has another library on the books and it wants commitments for the books, but it is difficult to commit to the next one when Joondalup has not been opened. Negotiations are continuing on that one.

Ms WARNOCK: At page 233 of the statements there is reference to a youth arts policy which is important for encouraging creativity in young people, as well as building audiences for the future. At dot point four reference is made to arts and education. What progress is there on this policy of encouraging young people, as both audience and creative artists, and what is the short-notice investment scheme for youth arts activities?

Mr DAWKINS: I can refer in our case to the establishment of an arts education program under three headings: One is SAVO - a program to encourage attendance at theatres by young people at school because there has been a downturn in the number of school parties attending theatre events. That has been established with the assistance of funding from the Department for the Arts for an education officer working on that program, plus secondment of a senior officer from the Education Department. In addition, we have established a program to encourage the development of teachers' understanding of the performing arts in theatres under the broad heading of "Arts Edge". That will result in the establishment of an education aesthetics institute based partly at the University of Western Australia which will give teachers a better background with which to equip them when they bring students to the theatre. Both programs will increase dramatically the number of school kids coming to the theatre and it is a concrete project to increase future audiences. The third part of the program is the introduction of the youth arts card, which is being established with the help of two media outlets. It is still in the formative stage, but before the end of this year, when we may lose the services of our senior secondee from the Education Department, we hope to have launched a youth arts card which involves young people who are making independent decisions to visit the theatre.

Dr SEARES: The short notice investment scheme for arts has been established as part of our arts for young people policy. It comprises \$40 000 annually to which young people under the age of 25 years can apply. It is short notice because it takes two to three months to go through the process of applications and advice at the other end with our overall arts project schemes. We all know young people are sometimes more impatient and sometimes schemes come up quickly that they need to know about. This short notice policy has been formed at the request of the young people who helped in its formation. We realise it would be wonderful for all artists, and we hope to extend it to older age groups at a later date. However, we felt that for the first time we should give younger groups the first shot.

Dr TURNBULL: My question relates to the Perth Theatre Trust and the statement that the Made to Move Season will be held at His Majesty's Theatre and the Playhouse Theatre. How much money was involved and how successful was it? Will it take place again?

Mr DAWKINS: The Made to Move Season was an initiative of the Playing Australia program which encouraged the identification of subscription marketing of contemporary dance in a number of centres. Most major arts centres, including the Perth Theatre Trust, took up this opportunity during the last calendar year and presented a number of dance companies under that banner. Unfortunately, in that year the performers in one of those companies was ill, and there was a joint season at the Playhouse of two companies. As a result of the lack of success of that program, it has not been repeated this year. The program of Made to Move is working in other centres which have had greater success with their productions. Most centres entered into the arrangement on the understanding that it was a long term investment in the development of contemporary dance, and in our case it was too late to support Chrissie Parrott whose company was wound up at the beginning of last year. The opportunity this program affords is to tour contemporary dance across the nation and give regional companies exposure to major markets. Next year I plan to give the trust the opportunity to present a couple of companies - the Sydney Dance Company and Chunky Move - but it has not been finalised at this point.

Dr TURNBULL: I refer to the SAVO program. While encouraging young people to attend various arts events, what do you do to encourage and assist people from country schools?

Mr DAWKINS: We have a newsletter which goes to all schools by courtesy of the Education Department, and we encourage them to be aware of what is happening in the city. Our program is largely based around the idea of getting children into the major venues in the city. We do not have particular programs to encourage school parties into regional venues, but we are equipping teachers with the opportunity to call on elaborate and well designed teachers' notes for productions in our venues and, when they tour, some of those are also available to schools. One of the problems has been that in order to get school parties to visit the theatre, they must compete with better resourced programs in science and other areas. We believe we are presenting schools throughout the State with a range of educational materials which better equip them with the resources and motivation to attend the shows wherever they take place.

[8.20 pm]

Dr TURNBULL: Would the youth arts card be any help?

Mr DAWKINS: Only to young adults making independent decisions to visit. Where we can achieve cooperation from presenters and centres whereby they provide discounts and special evenings the existence of the youth arts card will help dramatically in allowing youths cheaper access to the performing arts and to information about forthcoming shows in a variety of forms, including the Internet.

Dr TURNBULL: Would that be much help in Bunbury?

Mr DAWKINS: We have had a dramatic response from schools in Mandurah and Bunbury to a couple of shows we are presenting later this year. They can travel to and from relatively easily. However, any further away than that, I am not sure.

Mr McGINTY: On page 237 reference is made to completion of the drafting of a government records Bill. Is that as recommended by the royal commission and when was the drafting completed?

Dr ALLEN: The drafting has not been completed; we have a draft and we are answering a whole series of questions put to us by parliamentary counsel. As far as the relationship between the content and the royal commission is concerned, the principles and end result will be the same but the method might not be. In other words, the exact bureaucratic infrastructure recommended by the commission might not be implemented but the end result of independence and accountability to Parliament will be.

Mr McGINTY: When is that likely to surface?

Dr ALLEN: I will follow that up, but my understanding is that it is hoped to be presented in the spring session.

Mrs EDWARDES: My understanding is that it will be towards the end of this year, but that information can be provided.

Mr McGINTY: That is fine.

Ms McHALE: Is the Minister aware of the report by the Auditor General in relation to the marketing of the Art Gallery and the Western Australian Museum and the declining attendance rates from 1991 to 1996, which are mentioned in the report? Has the Minister decided to implement one of the recommendations in that report, which called for the establishment of an indemnity scheme to cover visiting exhibitions? The inference was that, if there were such a scheme, the agencies would be able to hold much grander and more expensive exhibitions. What is the current status of that recommendation in relation to this Budget?

Mrs EDWARDES: It was one of the Auditor General's recommendations. Many of the recommendations are being implemented and that recommendation is currently being considered by the Minister for the Arts.

Ms McHALE: I refer the Minister to the youth arts policy launched earlier this year. Has the existing funding identified in the policy been continued through to the 1997-98 Budget? Those two items in particular are \$130 000 for the youth arts panel and \$115 000 for organisations with a proven track record.

Mrs EDWARDES: Yes.

Ms McHALE: I refer the Minister to the allocation of \$500 000 announced earlier this year, most of which will come into effect next year. Is that funding in addition to the 1996-97 funding or is it a reallocation of existing funding?

Dr SEARES: Because the policy was launched in February this calendar year, that \$500 000 is spread over the coming financial year. The first youth arts panel will not meet until September this year and, therefore, that funding will not be distributed until the 1997-98 financial year.

Ms McHALE: The \$500 000 did not include the \$130 000 and the \$115 000. Is that \$500 000 new money?

Dr SEARES: The youth initiatives money was in addition to the existing money allocated to a whole variety of programs, including youth programs.

Mrs van de KLASHORST: I refer to page 236 on which mention is made of the increased awareness and appreciation of the value of public library services. Reference is made to the development of a trial model library service for the Warburton community. What sort of training will the Aboriginal librarians be given? Is this an overall training program offered to Aboriginal people? How will it work? Will it be on computer?

Dr ALLEN: For some time we have wanted to deliver library services to Aboriginal communities. We tried to achieve that through local government by establishing a normal public library, but it was clear that we needed to come

up with something different. In consultation with the Department for the Arts and the Aboriginal liaison officer who came to work with us for a while, we met with the Warburton community. We are now trying to design something new that meets that community's needs.

In relation to the model and how it will look, we will try very hard to make it fit into the community. There is unlikely to be a librarian as most small libraries are run by library officers. Those officers are supported by a regional librarian in one of the major centres. If we can install a computer, that will be terrific. We will provide the appropriate training. This is part of the statewide library system supported by officers in Perth and regional librarians. We very much want to call it a model and a trial, because, if we get it wrong, we will throw it out and try something different.

[8.30 pm]

Ms WARNOCK: I refer to page 234 and the Art Gallery. Difficulties have surfaced at the Art Gallery in the past couple of years relating to a painful and unpleasant dispute about staffing. People like me who are involved in the arts have received copious amounts of mail and many personal representations about this matter.

One of the things that people said was that some of the new people who were being employed by the Art Gallery as attendants and gallery staff were contract security people who knew nothing about the arts, and that was generally a bad idea. That may not be correct. Page 234 refers to "implementing multi-functionality training amongst museum services staff". That is a wonderful phrase! Is multi-functionality what we are talking about here, or is that another issue? I will deal with the contract security staff first. The picture that some people were painting for me was that many people who would normally have batons on their hips were standing in front of paintings but knew nothing about them. Who are the gallery staff now, and does multi-functionality have anything to do with them, or is it referring to behind the scenes staff who work in areas like the area in which Mr Dufour works?

Mr LORD: The attendant staff have been replaced by contractors. The current contractor is Chubb Security Australia Pty Ltd. At the commencement of the contract, we went to a great deal of trouble to make sure that there were training and induction programs for the new contract staff to make them aware of the Art Gallery's requirements so that they could provide some value to the public. A manual is distributed to new staff when they sign on with the contractor, and from time to time we run refresher programs for those people.

Ms WARNOCK: I mean no disrespect to the people who stand in front of night clubs and have a lot of muscles, because they perform a tremendously important function, but we are talking not about people who work in that field but about people who are trained entirely differently.

Mr LORD: All of the staff are provided by the contractor, but we stipulate that the staff must be given training and induction before they commence work at the Art Gallery. Some of our existing staff did transfer to the contractor.

Mr DUFOUR: Multi-functionality is not related to the attendant staff. We provide a number of services, both inside the gallery and to regional clients, that involve site visits to inspect a painting or do a condition check on the environment. In the past, often someone from the registration department and then someone from the conservation department would visit the same site. Multi-functionality is about cross training all the staff so that those visits can be carried out more effectively by a single staff member. Training will take place between this week and the end of this financial year so that by the start of the next financial year, all the staff in museum services will be able to carry out those tasks.

Dr TURNBULL: Page 233 refers to international cultural opportunities, such as introducing an artists exchange program with Hyogo Prefecture. Has that occurred, how effective is it, and how much money is being spent on it?

Dr SEARES: Earlier this year, the first exchange in the scheme came to Perth. I should point out that negotiations had nearly been concluded when the Kobe earthquake occurred, and the scheme was put in abeyance. The Telemann Ensemble, which is a baroque performance ensemble from Japan, came to Western Australia in January and give two recitals at Government House ballroom. It performed on its own and also with a Western Australian ensemble. That was the first of the projects.

The Department for the Arts is currently working with Western Australian artists and with Hyogo Prefecture to see what exchange it would prefer. It has a great interest in a visit by a Western Australian architect, because of the earthquake and because of the work that is going on within the prefecture. The scheme has been relaunched as from this year.

Ms McHALE: Prior to the state election in December 1996, did the Liberal Party put out an arts policy?

Mrs EDWARDES: No.

Ms McHALE: Why not?

Mrs EDWARDES: I will get the answer from the Minister and provide it as supplementary information.

Mrs van de KLASHORST: Why is the Library Board publishing a catalogue in original script for resources available in the Dutch language? I am married to a Dutchman, so I must ask that! What is the significance of that?

Dr ALLEN: We collect in a multiplicity of languages, and this is the third year in which we have published a catalogue that focuses on a special language. We are particularly choosing languages that are in non-Roman script because it is very difficult to have them on the computer. We have done Chinese, Vietnamese and Dutch.

Ms WARNOCK: Page 250 refers to the Rechabite Hall redevelopment. I have been harassing the Department of the Arts staff for some time about Rechabite Hall. What is happening with that redevelopment?

Mr DAWKINS: There is an allocation of \$50 000 in next year's Budget for a detailed planning study of Rechabite Hall, and we are working with the current occupant, Michael Leslie, to determine whether he will be a player in the future of Rechabite Hall. It is also tied up in the cultural centre planning. We hope that the development of that precinct, which will take up the back part of those properties in William Street up to Rechabite Hall, will incorporate Rechabite Hall. I believe that with that detailed planning, we are on the track to something fairly positive.

Mr MacLEAN: I congratulate the Art Gallery on its attendants. I was there not long ago, and the attendant was very knowledgeable - I do not know whether he knew what he was talking about, but he was very convincing! Page 236 refers to developing a private archives access plan. How will that be done, and will it be voluntary?

Dr ALLEN: Yes. The private archives are the documentary heritage, such as diaries and manuscripts, produced by private citizens as opposed to public records. As a result of a recent restructure, we have developed some new teams. One team is focusing on original materials, and this has given us the resources to look at completing a plan for preserving, cataloguing, indexing and making available quite a lot of that material.

Mr MacLEAN: Are these private archives, diaries and other writings that families have handed in from early settlers or people of public importance and influence?

Dr ALLEN: Yes.

[8.40 pm]

Ms WARNOCK: I refer to page 241. I am interested in the new form of tax based production investment. What is its status and how does it relate to what Screen West will be doing over the next 12 months?

Ms ALLANSON: That is a recommendation of the review of federal films assistance, undertaken by David Gonski last year and released in January this year. Since January this year Screen West has been involved with all the federal and state funding agencies in researching the implementation of that recommendation. It put a recommendation jointly through its screen finance group to the Federal Government. However, it was not accepted for the current Budget and has been deferred until further research has been carried out. The outcome is that the 10BA tax provisions have been retained for the current period and further work will go into the new tax arrangements.

Ms WARNOCK: The report on film and television funding in Western Australia conducted by the Deloittes group recommended a number of measures to increase private investment which are being further researched. What amount of private investment has Screen West raised over the past 12 months and what does it expect to raise over the coming 12 months?

Ms ALLANSON: I will have to provide the exact amount of investment that has been raised later. Screen West does not raise private investment.

Ms WARNOCK: I am aware of that.

Ms ALLANSON: The private investment is raised by the producer. The funds provided by Screen West act as a trigger or a top up to facilitate its raising of the full investment. Currently it is involved in a number of projects where funding has been committed to productions so that they may achieve their full financing through private investment. Until 30 June when prospectuses close, I will not have a final position on the amount that has been raised.

I point out that the review carried out by Deloittes indicated the requirement for new methods of delivering funding by Screen West so that private investment can be increased. Those methods are currently being researched. We have also developed a number of proposals which are being discussed within the industry. We will know the amount after the discussions have been concluded. The additional information will have to be provided in the future.

Mrs EDWARDES: Would the member mind putting that question on notice?

Ms WARNOCK: I will make a note to do that.

Mrs van de KLASHORST: I refer to the section on the Western Australian Museum on page 241. I believe we should not be spending all our money in Perth and it should be devolved to other parts of the State as well. Several sites are suggested for redevelopment including the Perth site, the Fremantle Museum, the Geraldton Museum and the Duyfken Foundation, which I presume is in Fremantle. Are there plans to diversify and start moving some of the museums? Do we fund museums outside the inner Perth area? Nothing in the budget says that will occur.

Dr SEARES: The Western Australian Museum comprises the Perth site; the Fremantle Maritime Museum; the Fremantle history site, which is at the Fremantle Arts Centre; the Geraldton Museum; the Albany Museum; and the Kalgoorlie Museum. They are presented in the regions south of Geraldton. The major redevelopment in the regional areas is that in Geraldton, as is shown in this budget paper.

A lot of work is being done at the moment on a proposal for Albany which would be a working relationship with the Albany Museum. This would be at Whaleworld, the old whaling station. Along with a number of other parties, the Western Australian Museum is looking into that project. In fact, the director of the Western Australian Museum and the Minister for the Arts took the federal Minister to Albany last October to interest the Federal Government in funding that facility. If it is funded, we believe it will possibly be one of the top three international whaling museums and will attract an enormous amount of tourism and infrastructure support to Albany. That will be a major regional initiative for the Western Australian Museum in cooperation with the Federal Government.

Mrs van de KLASHORST: What about country towns, such as York and Northam, that have a fabulous history? Are museums in those places funded other than locally?

Dr SEARES: Although they may be funded locally, the Western Australian Museum offers its services and support, whether it be through conservation or advice. The Department for the Arts funds Museums Australia annually to support small local museums within Western Australia. The director of the Western Australian Museum is working very hard with the Federal Government to try to get a new funding line that will support only regional museums. Although there is no direct funding in the way in which the member mentioned, a lot of support in kind is provided in personnel, and from the Department for the Arts through funding from Museums Australia.

Ms McHALE: In May last year the Minister announced a dollar for dollar support scheme for the WA music industry association. Is that continuing in this financial year?

Dr SEARES: The scheme will be evaluated at the end of the current financial year. Depending on its success or how the scheme has worked, we will look at either continuing it or supporting it in a different way. A small committee within the Department for the Arts is looking at all the support for contemporary music in Western Australia. At the moment we are writing a report and looking at the best way in which we can proceed in this very diverse area. Very specific approaches are needed to develop it.

Ms McHALE: Has that been accounted for in this Budget?

Dr SEARES: I must take that question on notice.

Ms McHALE: Can the answer be provided as supplementary information?

Mrs EDWARDES: Yes.

Ms McHALE: I refer to the public records about which Dr Allen answered a question earlier. Can the Minister be more specific about how the ultimate recommendations will align with the royal commission's recommendation; that is, to ensure independence and to have a separate chief executive officer reporting directly to the Parliament?

Mrs EDWARDES: I will provide that answer as supplementary information.

Ms McHALE: A question is already on notice about this.

Mrs EDWARDES: Dr Allen is suggesting that this issue is quite complex and the Bill will be distributed shortly. Perhaps the Minister has some information on this issue that he can provide to the Parliament. I will take undertake to provide an answer by way of supplementary information. If the Minister wishes to provide the information in another way, I will get back to the member through the recording process of this committee. Dr Allen is also asking whether the member can be a little more specific about what she is seeking to know.

Ms McHALE: I want to know how specific the Government will be in marrying the recommendation of the royal commission with the ultimate outcome. I might have heard the Minister talk about the ultimate outcome not being exactly the same as the recommendation; that is, not accepting the key principles of the royal commission's recommendation on public records. It goes to the bureaucratic structure that is ultimately set up.

Mrs EDWARDES: The outcome and the principles will be the same. The machinery and method of getting there may be somewhat different. We will provide that as supplementary information.

[8.50 pm]

Ms WARNOCK: I am trying to ascertain the success of Screen West in encouraging production in Western Australia. I refer to page 241 where the statements refer to the establishment of a new production company featuring highly experienced and well connected industry people, some of whom have moved to Western Australia from overseas. What is this company and what has it done here? What kind of film making activity is taking place in Western Australia at the moment?

Ms ALLANSON: That company is primarily involved in documentary production. In February this year, during a conference hosted by Screen West, it was publicly announced that it secured a co-production deal between the Channel Seven network and Scottish Television. It was an illustrious opening for that quite small company. However, it features some people with skills which will supplement the skills available in the industry here. We have provided no direct support to that company to encourage it to establish here, although it has been successful in securing development funding under our normal programs.

Ms WARNOCK: I refer to page 241. I attended a glamorous launch in the interesting old WA Museum building on the Perth site, the most important of the museum sites, the renovation of Hackett Hall and the Jubilee buildings. What progress has been made and what is expected over the next 12 months on that site, after that promising opening some months ago?

Mr PRAXL: In November 1995 Cox Howlett and Bailey Architects and Planners did a review of the project and recommended that Hackett Hall include a major museum entrance within it and that the new James Street entrance be completed. The redevelopment plan includes the James Street entrance to the museum which will open into a cultural precinct opposite the Art Gallery. The project has gone to tender and the site works are scheduled to commence in June 1997. In addition, the capital works provision for 1997-98 includes funding to proceed with the stages of redevelopment and commencement of detailed designs and functional briefing for the western wing of the WA Museum.

Ms WARNOCK: What were the attendance figures for the past 12 months? I am an irregular visitor, although I am pleased to attend when I can.

Mr PRAXL: The museum's attendance figures have steadily increased over the past four years. I think about 600 000 people a year pass through it. The Western Australian Museum on the Perth site has about 400 000 visitors a year. However, they have increased steadily over the past four years.

Ms WARNOCK: I refer to the Fremantle history site at the Fremantle Arts Centre. Will the immigration museum be on a fixed site, or will it be an occasional exhibition concerning matters of immigration? What was the purpose of the exhibition held there over the past year?

Mr PRAXL: According to notes prepared by the Director of the Social Cultural History Museum, two major initiatives of the museum have particular relevance to the Western Australian migrant community. One is entitled "New Australia", which attracts an enthusiastic audience, and the Community Access Gallery which has a full program for 1997-98. It is available to community groups to mount displays with assistance from the museum.

The Aboriginal gallery will open in late 1997 on the Perth site. That gallery is part of the social cultural program although there may be some difficulties in relation to that exhibition.

Mrs van de KLASHORST: The last point at page 242 refers to Aboriginal outreach and anthropology. Is the museum planning to open a separate Aboriginal gallery somewhere, or will it be part of the Perth site?

Mr PRAXL: The first floor gallery is an Aboriginal gallery which is being redesigned to be opened in late 1997. As I said, the museum may encounter some difficulties in continuing to fund the Aboriginal outreach office if ATSI funding ceases in 1997. Nonetheless, the gallery will open as a new exhibition.

Mrs van de KLASHORST: Is that gallery for visitors who know nothing about Aboriginal people, or is it meant to involve the Aboriginal people in their communities? Is there a chance of opening any Aboriginal museums in other areas?

Mr PRAXL: In regional museums there are some components of Aboriginal exhibitions and other programs relating to Aboriginal culture. However, the main emphasis now is on the WA Museum Perth site where the exhibition program includes the Aboriginal display which is being redeveloped. The exhibition will depict from pre-European settlement to contemporary issues.

Ms McHALE: Will the downturn in income from the Lotteries Commission affect the Festival of Perth either next year or the year after?

Dr SEARES: The clause in the Lotteries Commission Act which governs funding to the Festival of Perth provides that no more than 2 per cent of lotteries turnover will go to both the Festival of Perth and Screen West. There is probably room for the Lotteries Commission to maintain that funding, if not increase it.

Ms McHALE: Does the figure in the budget for the Lotteries Commission of \$7 700 000 include Lotteries Commission funding to Screen West?

Dr SEARES: No, that is simply the funding that comes to the Department for the Arts for the arts funding programs.

Ms McHALE: Where will I find income from the Lotteries Commission for film?

Dr SEARES: For Screen West it is the item identified under Screen West. The Festival of Perth does not appear within the Department for the Arts' figures. It is funded directly from the Lotteries Commission through the University of Western Australia.

Ms McHALE: In the 1997-98 Budget where will I find the Screen West Lotteries Commission film incentive scheme?

Ms ALLANSON: The Screen West program budget is recognised as a Lotteries Commission scheme at \$2m in both the 1997-98 and the 1998-99 financial year.

Ms McHALE: This is Dr Seares' last attendance at an Estimates Committee, which she will probably want to cheer about. However, I acknowledge the contribution she has made as Chief Executive Officer of the Department for the Arts and the thorough analyses she has provided to members at these committees.

*Committee adjourned at 9.00 pm*

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